

YOUTH SOLVENT ADDICTION COMMITTEE

ANNUAL REPORT



2010 - 2011



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DEDICATION



It is with heavy hearts that we dedicate this annual report, to a long time friend and former YSAC Chairperson, Mr. Antoine Archie. Antoine passed away on January 13, 2011. Antoine was the director of the Nenqayni Wellness Centre since 2005, and YSAC Chairperson from 2008 until his retirement in June 2010.

Antoine is remembered for his outgoing personality, affection for people, well timed humour and irrepressible optimism.

Antoine came from a life of extreme hardship including the early death of both parents, and nine years at residential school. He started his healing journey in 1981, and went on to be a role model for many people.

Antoine would have joined our excitement this year and we share with our partners in NNADAP renewal, he was a strong advocate for many of the projects contained within the document. The YSAC family misses him very much.

Ernie Sauve

YSAC ANNUAL WORKPLAN

The Strategic Goals for YSAC are formulated each year at a YSAC meeting and then submitted to First Nations and Inuit Health Branch in the form of an annual work plan. The identified priorities have been organized in alignment with the substance abuse services accreditation program to ensure that national initiatives are reflective of the entire spectrum of requirements to run a residential treatment facility.

These areas include:

Leadership and Partnership, Human Resources, Environment, Information Management, Client Specific Services.

The YSAC committee meets three times each fiscal year to review progress on

the annual workplan, offer ideas for continued development, share and record best practice initiatives and demonstrate commitment to the partnership with Health Canada, First Nations and Inuit health branch. The meetings are open to both national and regional departments of FNIHB and minutes are available of all proceedings. Each centre contributes to the agenda by both identifying agenda items, pressing issues as well as preparing an update of specific activities and initiatives at their particular treatment centre. Newly established centre often join the meetings prior to opening a facility and in this sense the meetings themselves act as an orientation to effective service delivery.

CENTRES AT A GLANCE

MEETINGS FOR THIS PAST FISCAL YEAR:

Date	Location	General Agenda
June 22-23, 2010	Thunder Bay, Ontario	Propane emerging issue • Staff satisfaction report • Ka Na Chi Hih Inhalant Conference
Oct. 12-14, 2010	Ottawa, Ontario	NNADAP Renewal • AMIS • Conference Outcome • Risk Management Planning
March 8-10, 2011	Vancouver, BC	YSAC mental health Training Module • Grief Recovery • Non Prescription Meds • Staff Core Competency Survey Results

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Treatment Centre and Location	# of Beds	Age Range	Gender	Intake Dates	Special Services	Total Admissions 2010-2011
Charles J Andrew Centre Sheshatshiu, Labrador Established– May 2000	10	11-17	Gender Blocks	January/May/August	Outreach Day Program Family Treatment Wilderness Program	19
Ka Na Chi Hih Solvent Treatment Centre Thunder Bay, Ontario Established-November 1996	12	16-25	Male	Continuous	Psychological Consultations	35
Nenqayni Wellness Centre Williams Lake, B.C. Established– September 1996	10	13-18	Female	January/May/August (ongoing) 4 month blocks	Family Treatment	38
Nimkee NupiGawagan Healing Centre Muncey Ontario Established– January 1997	10	12-17	Gender blocks	January/May/September (alternating genders)	Family Treatment Outpatient Community based interventions Training	27
Whiskyjack Treatment Centre Hwy 373-374 Junction Manitoba Established– October 1996	20	12-17	Gender blocks	January/May/September 4 month block intake	Aftercare Community Development Wilderness Program	64
White Buffalo Youth Inhalant Treatment Centre Sturgeon Lake, Saskatchewan Established—January, 1997	10	12-17	Female	January/July	Aftercare Outreach Mobile Treatment Camps	27
Young Spirit Winds Centre Hobbema, Alberta Established	N/A	12-17	Co Ed	Day Treatment Spaces	Out Patient Mobile Treatment Family Support	30
Kainaiwa Adolescent Centre Standoff, Alberta	7	12-17	Co Ed	Block Intake: 4 intakes per year	Residential	NR
Leading Thunderbird Lodge Fort San, Saskatchewan Established January 2007	15	12-17	Male	January/April/July/ October	Outreach Residential Treatment First Nation Cultural Based Programs	78
Siksika Medicine Lodge Grand Opening August 2009	10	12-17	Gender Blocks	January/May/September	Family Treatment	39

LEADERSHIP AND PARTNERSHIP

The YSAC Leadership and Partnership Activities are developed from the understanding that leaders learn from experience and from peers. The leadership and partnership activities we partake in at and between meetings are designed to transform the traditional meeting experience into one of structured activity and learning. The leadership and partnership activities we define each year include activities that will build the confidence, commitment and capacity of the centres boards and management. Activities that include strategic or human resource planning, risk management, quality assurance mechanisms and community capacity work often make it to our annual work plan.

2010-2011 LEADERSHIP AND PARTNERSHIP PLANNED ACTIVITIES

- Conduct Board self evaluations as requested by each YSAC centre
- Deliver 3 YSAC Leadership modules; one at each YSAC meeting
- Administer Accreditation support services

2010-2011 LEADERSHIP AND PARTNERSHIP COMPLETED ACTIVITIES

- Board Self Evaluation were completed by three YSAC centres (2 more than last fiscal year)
- Leadership modules on vicarious trauma, risk management and accreditation specifics were completed
- Several individual centre accreditation supports were conducted, and YSAC as a whole made the decision to change accreditation bodies.



HUMAN RESOURCES

Maintaining competent and dedicated personnel is a priority for all YSAC centres. Human Resource activities are affected by such things as industry competition, geographic barriers and a workforce that is susceptible to high burn out rates.

The Human Resource Activities of the YSAC group are focused around both improving Human Resource administration systems and increasing the quality of work life for the employees of the YSAC centres. There has been a lot of success as evidenced by the large contingent of YSAC employees entering between five and ten years of employment.

Through our shared work plan and the accreditation of the centres we envision a Human Resource system that considers:

- Maximum competency
- Nationally or provincially certified workers
- High employee satisfaction
- Systems for streamlined recruiting, retention and reporting

The goals of the YSAC work plan are aligned around meeting these framework objectives.

2010-2011 HUMAN RESOURCES PLANNED ACTIVITIES

- Deliver a 3 day training on Resiliency Theory
- Deliver a 5 day Emotional Intelligence level one certification
- Deliver a 3 day Clinical Supervision Course
- Complete a National Core Competency Assessment
- Complete a National Staff Satisfaction Survey
- Pilot a new YSAC mental health training

2010-2011 HUMAN RESOURCES COMPLETED ACTIVITIES

- Resiliency Theory Training took place January 11-13, 2011
- Emotional Intelligence Level one completed December 6-10, 2010
- Clinical Supervision completed November 2-4, 2010. including 20 NNADAP participants
- National Core Competency Completed March 2011, results disseminated
- National Staff Satisfaction Completed April 2010, individual centre results as well as national roll up disseminated
- Mental Health Training Curriculum was completed and pilot tested with a trainer focus group March 2 & 3, 2011



INFORMATION MANAGEMENT

Information Management activities are activities related to gathering, reporting, recording and data collection systems. This area has been one that has historically received little attention and little funding, yet it is the area that most directly affects the committee and the individual centres attempts to be transparent, accountable and prove effectiveness of treatment services. We are elated to report the development of a national data base that YSAC centres can use to record client and centre data. The data base has been utilized since April 1, 2006 and centres are diligent about submitting suggestions for additions and improvements. While we do not yet have full centre usage, we are able to draw out a significant array of statistical information.

2010-2011 INFORMATION MANAGEMENT PLANNED ACTIVITIES

- Complete an annual YSAC newsletter
- Participate on the AMIS data collection system development committee
- Expand the YSAC data base to include data collection for outreach activities

2010-2011 INFORMATION MANAGEMENT COMPLETED ACTIVITIES

- YSAC newsletter completed and disseminated June 2010
- YSAC participation occurred at all AMIS meetings
- The data base has been updated to include 10 collection fields related to outreach activity

CLIENT SERVICES

Client Services goals are goals that are specific to improving the direct service delivery. YSAC centres consider historical problems, a view to streamlined services and client Centred approaches when developing our National Client Services Goals. In addition to the collective work we do as a team, each centre has undertaken a thorough review of its client services programs through the three year accreditation cycle. Having a focus on client services both as a national committee and as accredited centres allows us to ensure:

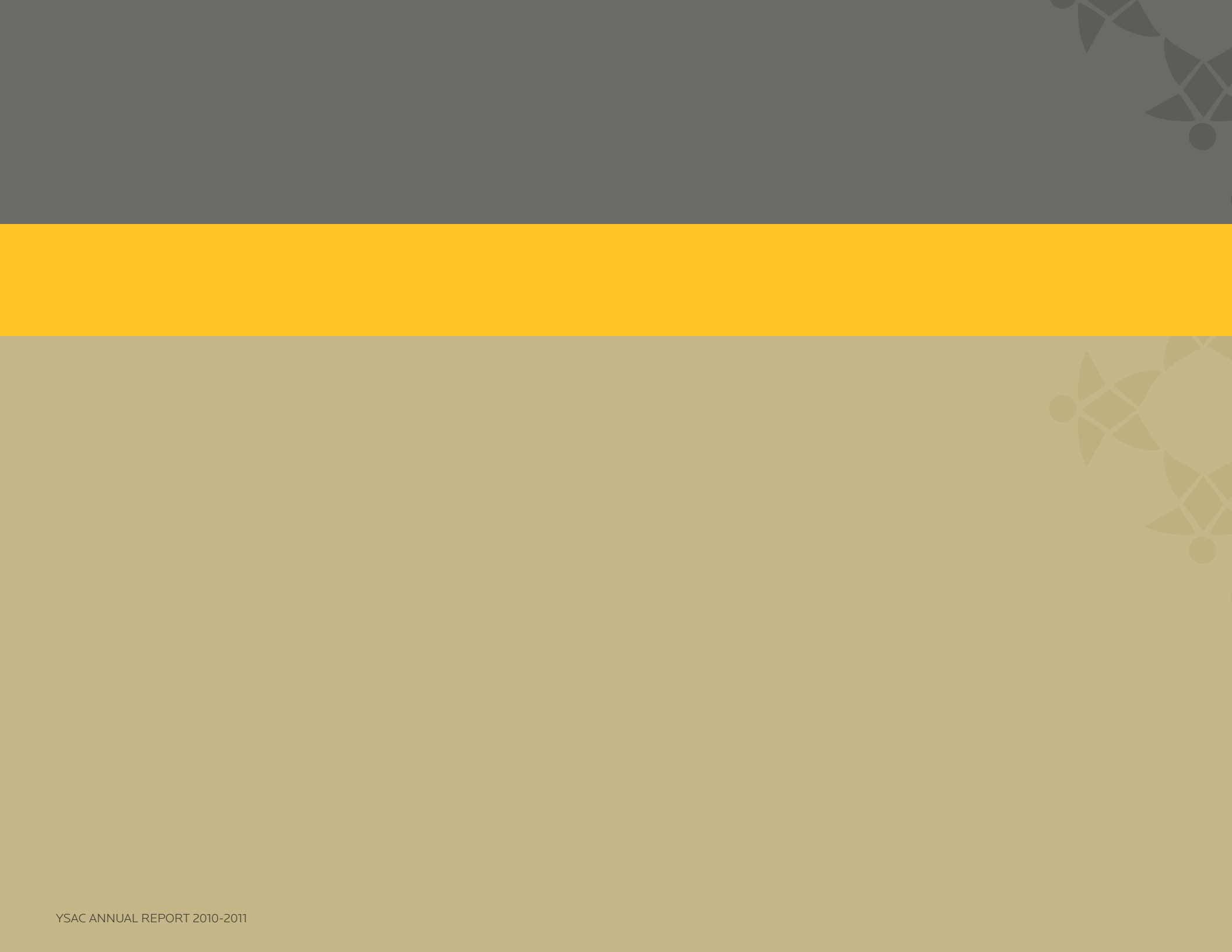
- Commitment to excellence in client treatment experience
- Guaranteed client Centred focus and participation in our clients care
- Consistency in approach regardless of location
- Responsiveness, accessibility, reliability and security for our clients in the treatment centres

2010-2011 CLIENT SERVICES PLANNED ACTIVITIES

- Deliver and report on automated client satisfaction surveys as requested by centres
- Automate the referral source satisfaction summary

2010-2011 CLIENT SERVICES COMPLETED ACTIVITIES

- Client satisfaction surveys have been automated, and used at 2 YSAC centres this fiscal year
- Referral satisfaction surveys have been automated, allowing centres to conduct anonymous surveys at treatment exit points





OUR CENTRES



CHARLES J ANDREW



Mission

The Charles J. Andrew Youth Treatment Centre is committed to empowering aboriginal youth throughout Canada through the provision of a holistic healing program. The program is strongly influenced by traditional aboriginal values, beliefs and practices. Spirituality and reconnecting to the land will be key components in nurturing and building self-confidence and developing skills amongst youth to help them reach their full potential as community members.

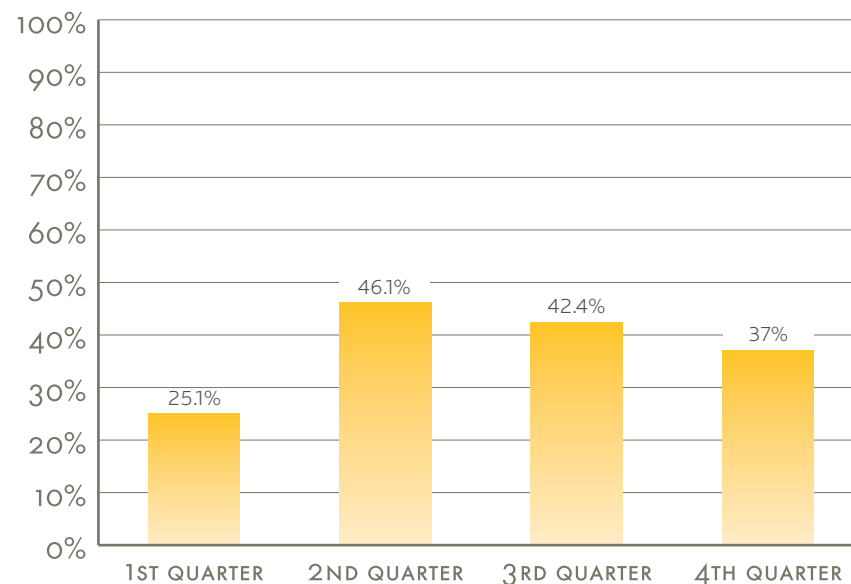
PROGRAM DESCRIPTION

Charles J Andrew is located in the community of Sheshatshiu, Labrador. The Centre offers solvent addiction treatment services for First Nation and Inuit youth, between the ages of 11 and 17. Charles J Andrew is a twelve-bed facility that operates a four month intake cycle with a 6 week family component all year round.

Nutshimit (land based program) is one of the core components of the program that is based on aboriginal culture. This included elder's traditional knowledge and teachings.

In patient clients participated in many activities such as youth/Elder gatherings, Life skills/Craft program, Cultural sensitivity sessions and circles, a successful bi weekly land based program and were actively involved in the Voices of our Children program.

The Outreach program has partnered with community groups and provided many successful events such as Tea Doll making, canoe safety training by Olympic medalist, providing sessions with youth by local artist in making talking sticks and recreation activities such as swimming, curling and skating.





KA-NA-CHI-HIH

Vision

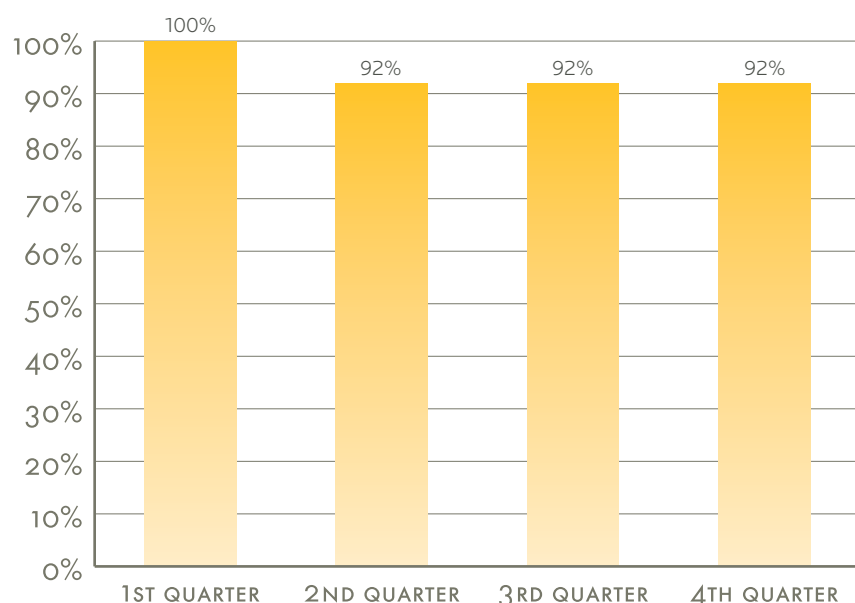
of the Creator, Ka-Na-Chi-Hih will provide a nurturing and supportive environment for First Nations youth who are embarking on their healing journey to wellness of body, heart, mind and spirit.

PROGRAM DESCRIPTION

Ka-Na-Chi-Hih Specialized Solvent Abuse Treatment Centre was initiated by Nishnawbe Aski Nation in 1996; the first client was admitted January 1997. Ka-Na-Chi-Hih had a vision to find a location that would be best suitable and accessible to resources for the care and safety of the clients. The vision became reality when the doors re-opened for clients May 2005 at its beautiful newly renovated building inside the city of Thunder Bay on a three-acre lot near the river.

Ka-Na-Chi-Hih is a 12-bed long-term treatment program, for First Nations males between 16 & 25 years old throughout Canada, who are chronic solvent abusers; which is affecting their life socially, physically, emotionally and spiritually. The programming is holistic and uses traditional as well as contemporary models of treatment. Ka-na-chi-hih Specialized Solvent Abuse Treatment Centre program currently consists of two treatment phases. Phase I: The "Core Group Program" of programming designed to educate the clients for healthier skills in addition to one on one counselling sessions.

Phase II: The "Individualized Treatment Plan" is geared towards meeting the client's specific needs. Goals for self-development include utilization of the skills obtained, to execute confidence & take responsibility in positive decision-making, to develop motivation and empowerment of self, to continue and maintain education for higher living, and to increase in awareness of community resources available.





NIMKEE NUPIGAWAGAN

Mission

With respect, humility, and compassion, Nimkee Nupigawagan Healing Centre Inc. is committed to providing First Nations culturally-based holistic treatment services. Guided by the Creator, we empower youth, families and communities challenged with solvent abuse.

PROGRAM DESCRIPTION

Nimkee Nupigawagan offers residential treatment services for First Nation Youth, ages 12 to 17, who are challenged with solvent addiction. As a culturally based program, assessment & counseling begin from a place of respect that focuses upon the strengths of Native youth, their family and community. There are 3 intakes per year: January to April, May to August, and September to December. These intakes alternate between female and male gender-based program. Families of the youth (3 people) are invited to stay in the residence with the youth midway through the program for 1 to 3 weeks. When necessary and appropriate, psychological and psychiatric assessments are completed through referral. Treatment Program Includes:

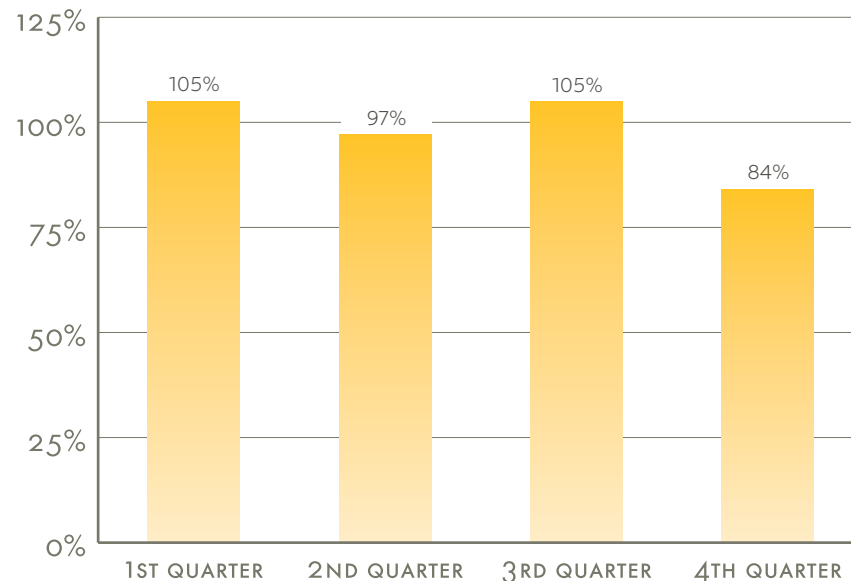
Individual Therapy: Expressive Arts Therapy, Traditional Native Therapy

Individual & Group Counseling: Reality Therapy, Life/Social Skills, Personal Life Management, Violence Prevention, Sexuality, Addictions

Group Therapy: Art Therapy, Sexual Abuse, Family Violence, Grief & Loss

Traditional Native Therapy: Sweat Lodge, Pipe Smudge, Fasting & Other Ceremonies; Clan, Male & Female Roles & Responsibilities and other Traditional Teachings; natural medicine for cleansing and liver detoxification

Family Counseling: Parenting Skills, Parent Support, support networks, family dynamics



Education: on site learning centre

Recreation: biking, swimming, skating, bowling, outdoor/indoor team sports, camping

Health Services: Physician, Dentist & Eye Doctor appointments, referrals for other health care needs

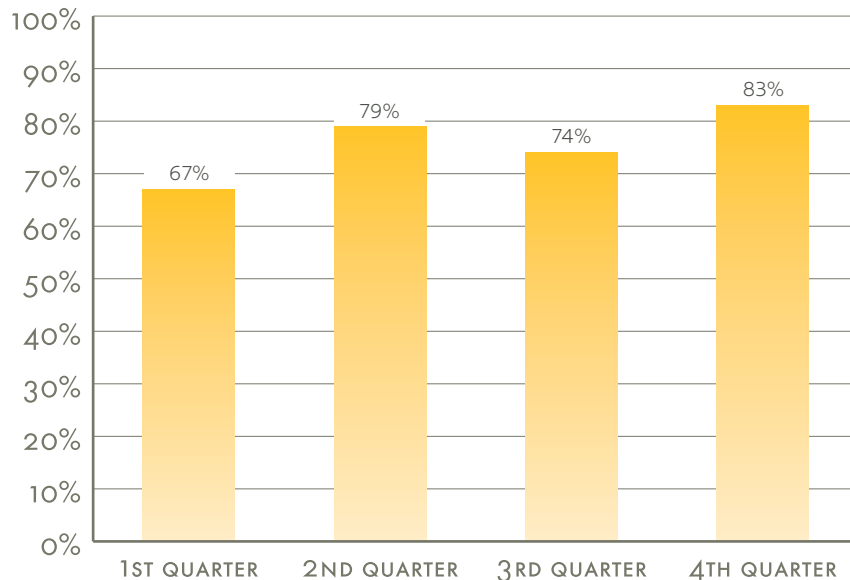
Work Placement: day care, summer day camp, library within NNHC Adventure Based Recreation Program



WHITE BUFFALO TREATMENT CENTRE

Mission

To provide a culturally appropriate, therapeutic inhalant treatment and community intervention program for First Nations, youth and families



PROGRAM DESCRIPTION

The White Buffalo Youth Inhalant Treatment and Intervention Program is a 10 bed residential facility located on the Sturgeon Lake First Nation, 40 minutes North West of Prince Albert, Saskatchewan. The Treatment Centre is designed to meet the needs of First Nations youth between the ages of 12 and 17, who are involved with inhalant abuse and who are experiencing related problem areas.

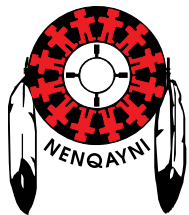
The program is based on a holistic treatment model. Using the four cornerstones of treatment, spiritual emotional, physical and mental, as well as using the concept of "living therapy" where by treatment is integrated into all interactions in which the youth participate.

It is the belief of the White Buffalo Treatment Centre that while it is essential to have both intensive casework and group sessions to review individual problems, it is equally important to integrate relaxation, recreation life-skills, formal education and cultural activities into a positive therapeutic, interdisciplinary treatment model.

The Treatment Program at White Buffalo Treatment Centre is designed to maximize youth potential through systematically improving self-esteem and equipping youth with "tools for life" The concepts of inner resiliency and strength based assessment are used extensively throughout the treatment process.

The Treatment Program is separated into four distinct six-week phases, with each phase designed to teach different skills useful in developing an inhalant free lifestyle.

One of the unique features of the White Buffalo program is the extensive prevention, early intervention and mobile treatment services that are available to communities of Saskatchewan through the outreach component of the program.



NENQAYNI WELLNESS CENTRE



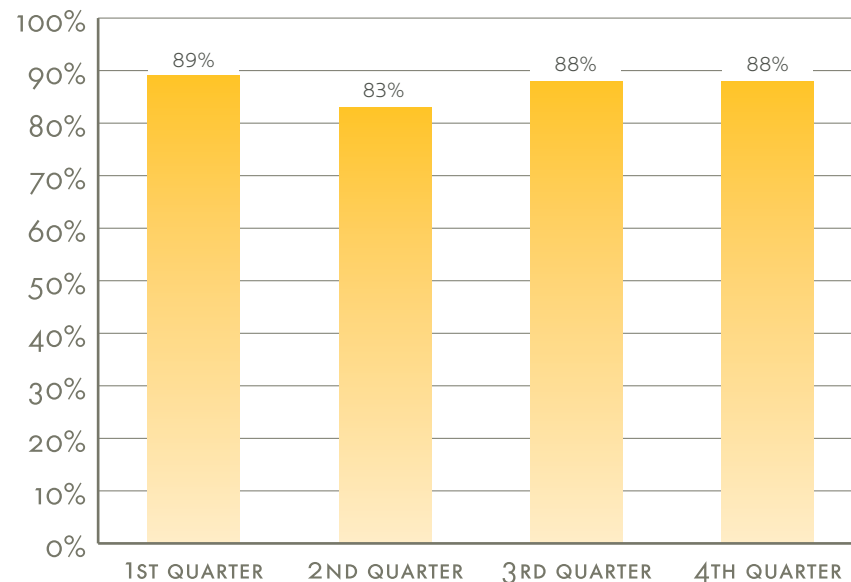
Mission

"To provide holistic healing to First Nations and Inuit youth and families, and communities in a safe and secure environment."

PROGRAM DESCRIPTION

Nenqayni is located in the heart of the Cariboo Region of British Columbia in the territory of the Chilcotin Shushwap and Carrier First Nations. Nenqayni's Youth Program has been running for over 10 years. We serve First Nations Youth and their families from communities across Canada. The Youth & Family Inhalant Program is a four month program for the treatment of female solvent abusers ages 13- 18. The program also addresses other issues through individual and group sessions such as: drug alcohol and cross addictions, grief and loss, anger management, family violence, self-esteem, sexual abuse, co-dependency, self-awareness communication skills, life-skills, spirituality, health education and personal wellness. The balanced program is enhanced by cultural teaching academic assistance, hand crafts, recreation and a variety of physical activities.

We believe that the family and community is an important part of youth treatment. We provide a family component near the end of the youth's treatment cycle. The families are given an opportunity to join the program for a period of four weeks to participate in family counseling sessions designed to strengthen family unity prior to their return to the home community. Aftercare is also provided for the youth, 24-hour telephone counselling is available and community visits are made by staff whenever possible.





LEADING THUNDERBIRD LODGE

Mission

To empower First Nation and Inuit youth by providing a credible, safe and culturally based program that promotes a holistic healthy lifestyle.

PROGRAM DESCRIPTION

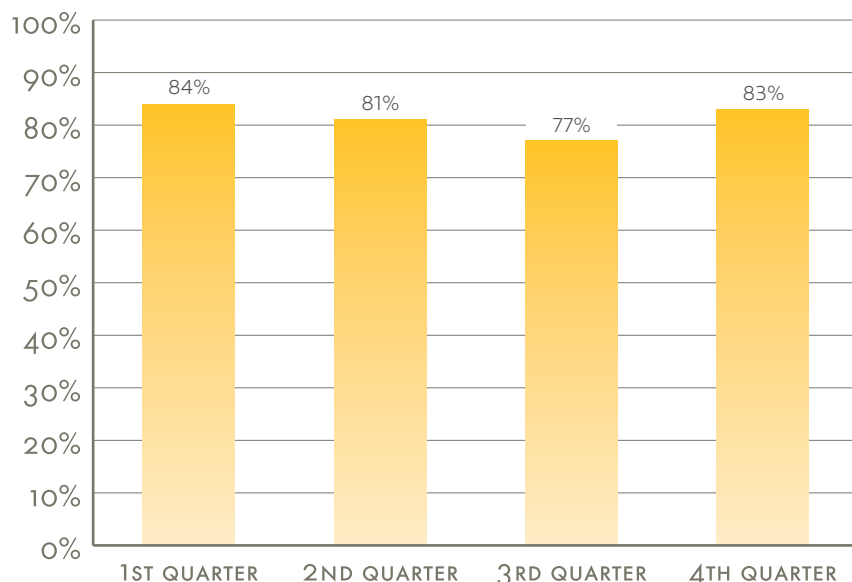
Leading Thunderbird Lodge has been in operation for approximately 4 1/2 years. The Lodge provides a 12 week First Nation culturally based residential treatment program for First Nation or Inuit male youth from across Canada who are between 12 – 17 years. The holistic treatment program provides personal development in the four area's of self: spiritual, physical, social and mental well-being. During stabilization, the youth participate in several pre-assessments. The results of these assessments are utilized to create individual client treatment plans based on their individual needs.

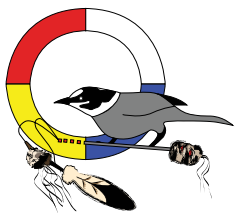
Spiritual growth is fostered through First Nations cultural and ceremonial practices including: smudging, prayer, sweat lodges, drumming, singing, beading, feasts, change of season pipe ceremonies, etc.

Physical growth is provided through: sleep/rest, nutritional meals/snacks, attention to personal health and hygiene, and an abundance of recreational activities including: swimming, hiking, biking, hill climbing, sliding, fitness instruction and utilization of the full size gymnasium and weight room.

Social growth is provided through participation in team building exercises such as in-house activities, educational excursions and community outings.

Lastly, **mental growth** is facilitated through academic education provided within the classroom and through addiction and personal one to one counseling or through group counseling.





"Serving Aboriginal Youth"

WHISKYJACK TREATMENT CENTRE

Vision

The Whiskyjack Treatment Centre provides effective holistic healing for youth and their families within a safe environment of respect, trust, and love. The Whiskyjack Treatment Centre leads First Nations communities to wellness by delivering quality care through consistent teamwork, unique services and traditional values.

PROGRAM DESCRIPTION

Whiskyjack Treatment Centre is licensed for 20 beds, for residential treatment, designed to accommodate First Nations youth, between the ages of 12 – 17. The culturally based program "provides effective holistic healing for youth and their families within a safe environment of respect, trust and love." The program operates 3-16 week gender specific intakes per year; of which, one week of each intake is dedicated to family programming. When necessary and appropriate, Psychological and Psychiatric assessments are referred.

TREATMENT PROGRAM INCLUDES:

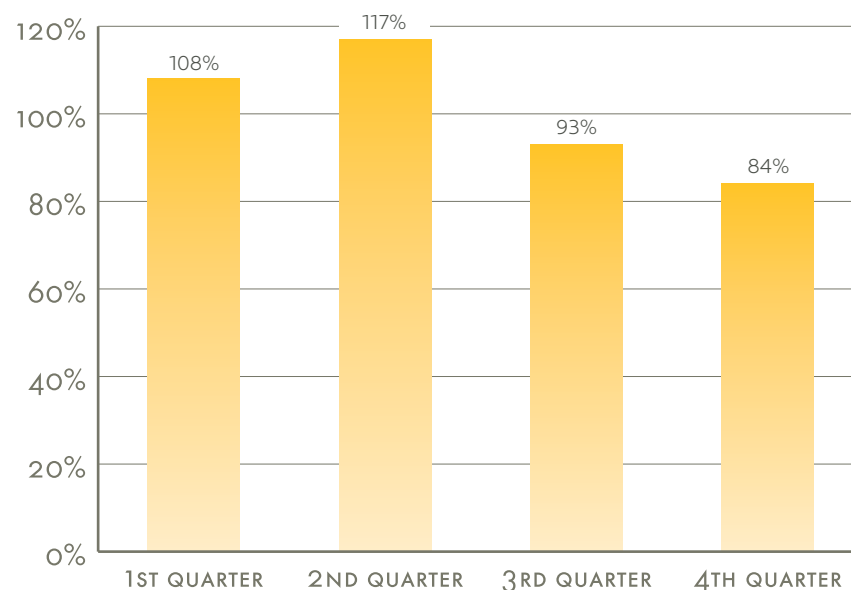
Individual Therapy: Expressive Arts Therapy, Traditional Native Therapy
Individual & Group Counseling: Reality Therapy, Social/Life Skills,
Personal Life Management, Violence Prevention, Sexuality, Addictions.

Group Therapy: Sexual Abuse, Family Violence, Grief & Loss

Traditional Native Therapy: Sweat Lodge, Pipe, Smudge & Naming
Ceremonies; Clan, Male & Female Roles & Responsibilities, Land-Based
Program, and Traditional teachings.

Family Program: Parenting Skills, Parent Support,
Support Networks, Family Dynamics.

Education: On-site classroom, Life Skills.



Recreation: On-site gymnasium; swimming, skating outdoor/indoor
team sports, canoeing, camping, field trips, etc.

Health Services: Regular Medical, Dental, and Optical
appointments, referrals for other health care needs

Personal Life Management: Structured and systematic program,
Develop coping skills, Work education program.

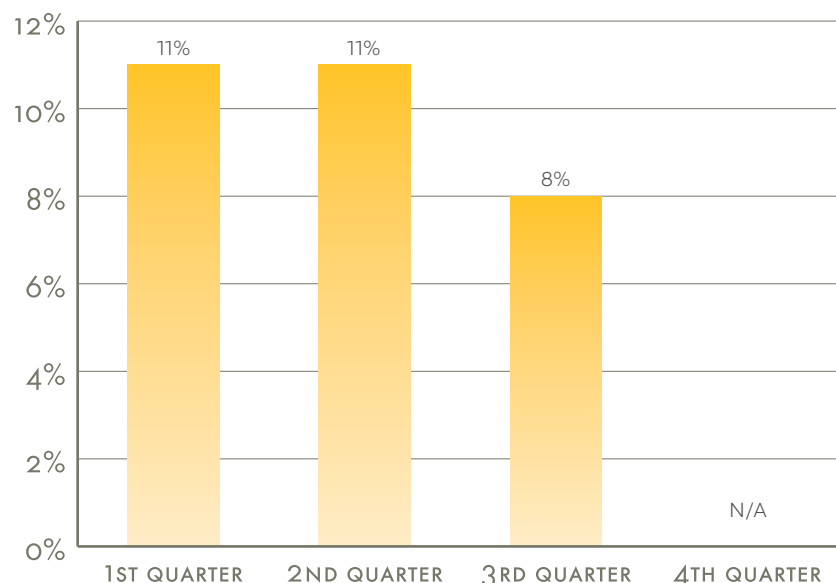
The Whiskyjack Treatment Centre leads First Nations communities to wellness by delivering quality care through consistent teamwork, unique services and traditional values.



YOUNG SPIRIT WINDS YOUTH PROGRAM

Mission

Young Spirit Winds Treatment Centre provides high standards of service delivery to the youth by promoting healthy lifestyles and strengthen First Nations core values, history and identity by utilizing appropriate tools, resources and partnerships.



PROGRAM DESCRIPTION

Young Spirit Winds is an outpatient day program for aboriginal youth ages 12 -17 years of age. It is a co-ed program with a seat capacity of 12 youth for the day program. The Youth begin at 10:00 am and leave at 3:00 pm. Transportation is provided for those who reside within the 4 bands of Hobbema Alberta

Day Treatment

Topics covered in the day treatment program include: Communication & Self Awareness; Addictions & Assessments; Cultural Identity; Health & Awareness; Grief, Loss & Recovery; Self Esteem & Peer Pressure; Anger Management & Cycle of Violence; Family & Community; NAAAW; Addictions & Relapse Prevention; Coping Skills & Change.

Mobile Treatment

Topics covered the mobile treatment program include: Substance/Process Addiction Education; Self-Esteem & Peer Pressure; Communication; Cultural Awareness; Anger Management & Cycle of Violence; Residential School Impacts; Grief, Loss & Recovery; Gang Awareness & Prevention; Health Awareness; Brain Gym, Brain Power.

Family Support Program

In order to support and encourage active participation of the Family, Young Spirit Winds Treatment Program has developed a Family Support Program: "Yours, Mine & Ours". Family members and caregivers of any youth are welcome to attend evening sessions that occur bimonthly. The sessions not only provide valuable information related to youth and addictions but also demonstrate to the family members/caregivers that they are not alone in facing such issues.



SIKSIKA MEDICINE LODGE

PROGRAM DESCRIPTION

The Siksika Medicine Lodge (SML) is located in Alberta on the Siksika Nation, one hour east of the Calgary city limits and three kilometres south of the Trans Canada Highway. The 12,000 square foot facility is handicap accessible with 10-private room/sleeping quarters, two family rooms, cultural/ceremonial room, administrative offices, individual/group therapy rooms, classroom, resident dining room, kitchen, resident lounge area, private washroom with separate showers, public washroom, and laundry room.

The SML is a service for First Nation, Metis, & Inuit youth in Canada 12 to 17 years of ages with a solvent abuse and/or substance abuse problem. This gender-based program is a ten-bed residential treatment facility that operates on 4-month cycles; Rotating genders three times a year: January, May, & September. The treatment program is based on First Nation Culture and Spirituality. It combines both traditional and contemporary approaches to holistic treatment. Youth receive 24-hour supervision by qualified staff.

The treatment program includes: Assessment and Treatment Planning; Individual and group; Counselling; Educational component; Equine-Assisted Learning; Recreational activities; Cultural teachings; Nutrition Program; Health Care; Aftercare Planning and Follow up; Outreach activities; and Training.

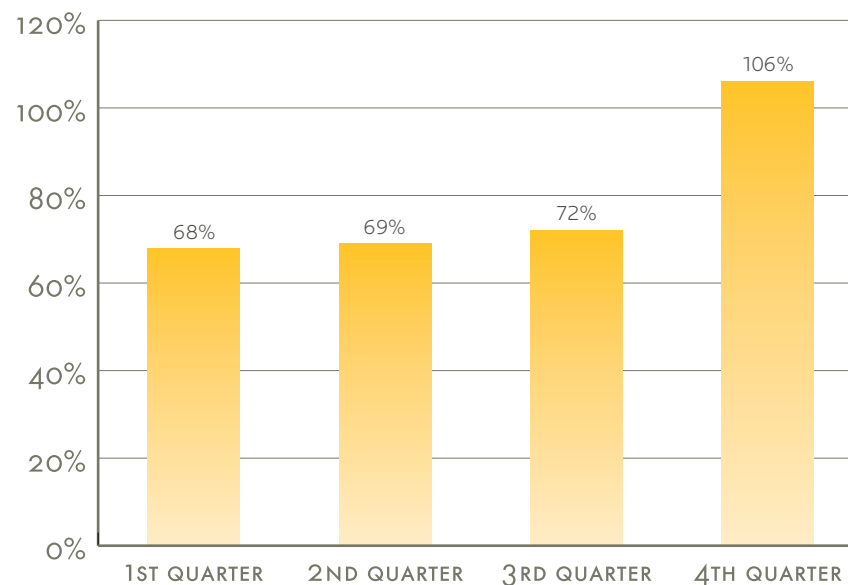
Mission

Like the Sun provides medicine to the earth, the Siksika Medicine Lodge will provide medicine through culture based addictions treatment services for First Nations and Inuit youth, and their families.



Vision

The Siksika Medicine Lodge will provide holistic healing through culturally based treatment services for First Nations and Inuit youth, families, and their communities.





KAINAI ADOLESCENT TREATMENT CENTRE

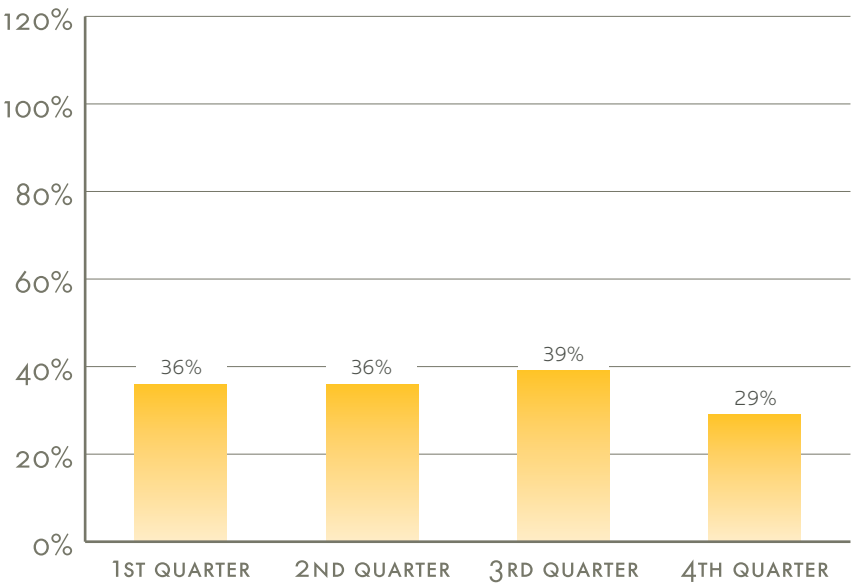
PROGRAM DESCRIPTION

The Kainai Adolescent Treatment Centre, on the Blood Reserve, is a Licensed and Accredited 90 day 7 bed Co-ed Residential Treatment Facility serving youth 12-17 years of age. The treatment program utilizes a holistic treatment model based on First Nations Culture and the 12 step recovery process values to assist residents struggling with substance abuse and addictions, in guidance of young people into becoming healthy contributing members to their communities.

TREATMENT PHILOSOPHY

Using Kainaiwa values and Beliefs, the Kainai Adolescent Treatment Centre is a safe, healthy and therapeutic environment for residents and staff. The holistic treatment methods combine current best practices with the aim of balancing the 4 aspects of being according to traditional First Nations values. Accurate assessment of resident's needs through an integrated multi-disciplinary approach is culturally based and requires resident's involvement in all aspects of treatment planning.

KATC recognizes that all individuals deserve respect, honour, dignity and are gifts from the creator. KATC strives to teach residents to become contributing members of their communities using the 12 steps of Alcoholics Anonymous.





TRAINING

COURSE EVALUATION

Evaluation Statement	Average Increase
I understand my own emotions and emotional reactions.	41%
My emotional intelligence is well developed.	52%
I have a strong understanding of EQ.	107%
I have a range of tools for training people in emotional intelligence.	102%
I am able to help people improve their emotional intelligence	75%
I can integrate EQ in my work	102%
I have a high level of emotional energy and optimism	32%

EMOTIONAL INTELLIGENCE

DECEMBER 6-10, 2010



COURSE CONTENT

Why EQ? What is the link between emotions and addiction?

Defining EQ. There are all these different definitions of emotional intelligence -- what does it really mean?

Emotional Literacy. How do people learn to identify and appropriately express emotions?

The Brain. What's the neuroscience behind this powerful way of learning, where do emotions come from, how does this affect the addictive process how does this manifest itself in adolescents.

Patterns. How come people end up having the same kinds of conflicts over and over -- and develop unhealthy habits?

Choice and Values. How do I help people see that they are making choices about their own lives?

Optimism. What's the key secret to getting people to take charge of their lives?

Empathy. What does it take to really connect with someone, understand them, and build a solid foundation?

PARTICIPANTS WERE ASKED WHAT WERE THE MOST USEFUL PARTS OF THE COURSE?

- Understanding the brain, and the teen brain in particular
- It was all so relevant, it went so fast
- Hard to pick one thing, so much I can use in my work
- The movie clips, made the point so quickly
- All of it
- The games, what a fun way to make a point
- The cultural teachings included in the emotions slides
- The bagel brains activity

CLINICAL SUPERVISION NOVEMBER 2-4, 2010

This year YSAC held the Clinical Supervision course in conjunction with Ontario Regional NNADAP Conference. This new format allowed for training of 16 staff from adult treatment centres in addition to the 8 YSAC personnel. NNAPF was also on hand to capture content of the course for a new Clinical Supervision Guide. Clinical Supervision is a three day course designed for team leaders, case coordinators and staff who fill supervisory roles in the centres. The course starts out with completion of a clinical supervision competency assessment and continues on with a day of training in the various elements of effective addictions supervision. Day two focuses on counsellor development including training on the 12 international core functions, various certification models, and tools for

conducting regular counsellor supervision. Day three concludes with a focus on ethics and professional responsibility as well as a module on integrating supervision related activities into the CCHSA accreditation self assessment. Participants are challenged to look at all aspects of staff orientation, training, and ongoing monitoring as they design an individualized plan for improving or developing comprehensive clinical supervision plans in their centres. Evaluations from this year show the following change related outcomes: (Participants are asked to rate their knowledge level before and after course).

COURSE OUTLINE

DAY 1

- Welcome and Introductions
- Supervisory Challenges/Frustrations
- Complete Clinical Supervisor core competencies assessment
- History (why do training)
- Definitions of Clinical Supervision
- IC&RC Certification Standards for clinical supervisors
- Models of Clinical Supervision
- Supervisor Development

DAY 2

- The Four Domains of Clinical Supervision

DAY 3

- Ethics and professional responsibility
- Accreditation and Clinical Supervision
- Conclusion and Wrap Up

THE 2010 CLINICAL SUPERVISION CLASS

Can you think of ways in which you may put this training to use immediately? And do you have any lingering questions about moving forward with seeking certification?

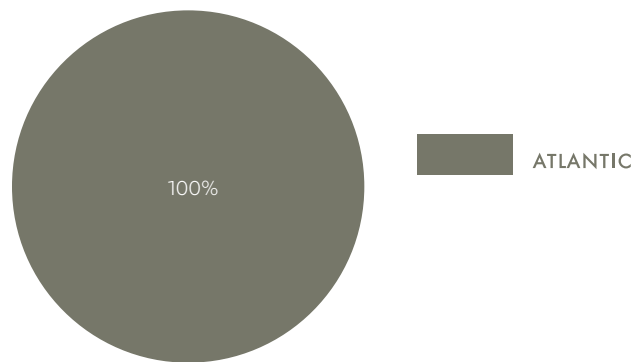
- Setting up a plan to be proactive about supervision
- Using competency assessments to get to know staff
- I want to use all the tools
- Seems like it would make annual evaluation easier, if portfolios were used
- There is so much I want to use right now, now to find the time



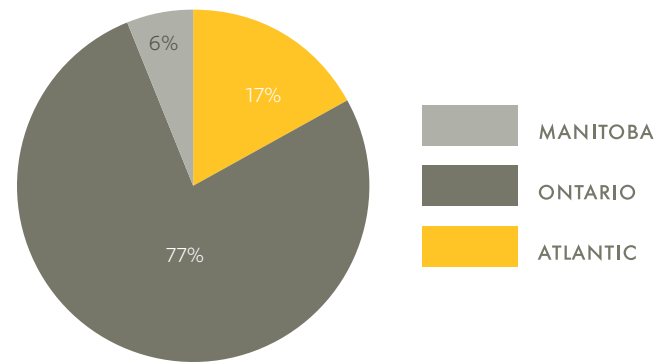
STATISTICAL INFORMATION

REGION OF ORIGIN BY CENTRE

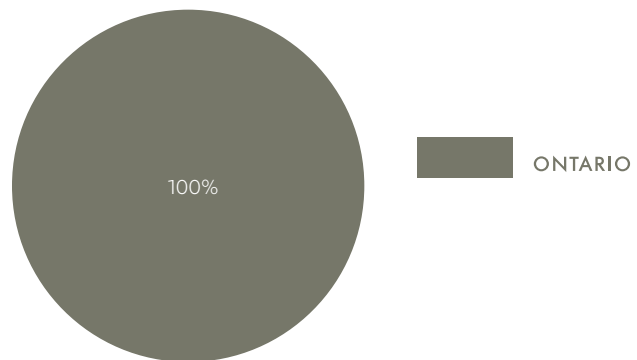
Charles J Andrew



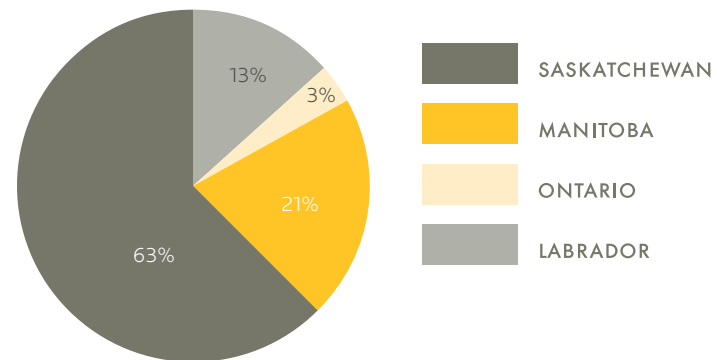
Ka-Na-Chi-Hih



Nimkee NupiGawagan

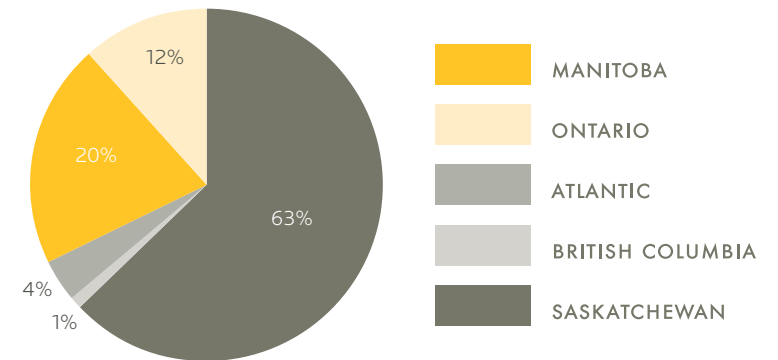


White Buffalo Treatment Centre

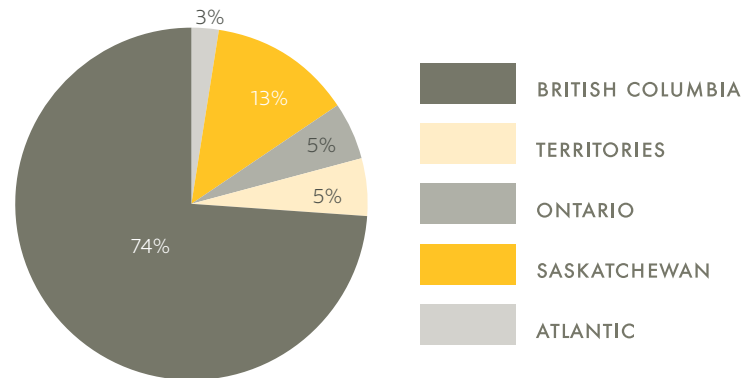




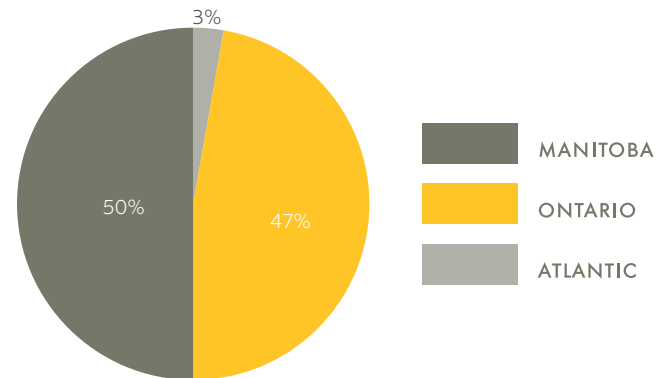
Leading Thunderbird Lodge



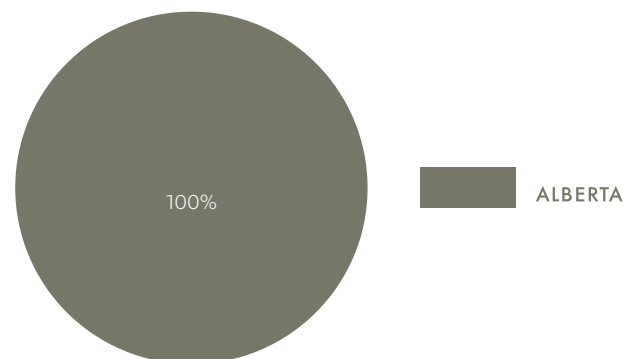
Nenqayni Wellness Centre



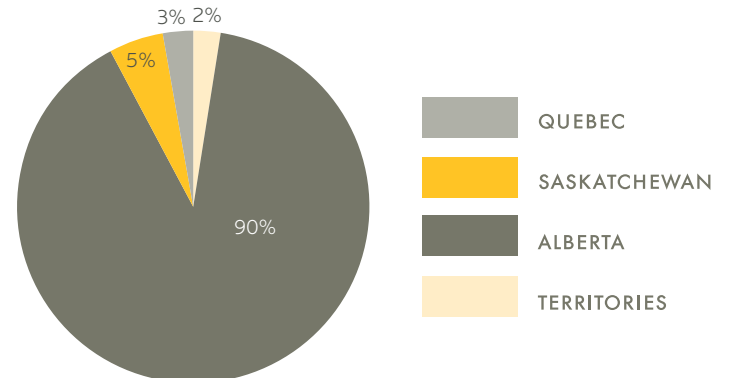
Whiskyjack Treatment Centre



Young Spirit Winds Youth Program



Siksika Medicine Lodge



AVERAGE AGE BY CLIENT

Centre	Male	Female	Combined
Charles J Andrew	13	13	13
Ka Na Chi Hih	18	n/a	18
Leading Thunderbird	15	n/a	15
Nenqayni	n/a	15.8	15.8
Nimkee Nupigawagan	15.5	14.8	15.2
Siksika Medicine Lodge	15	15	15
White Buffalo	n/a	14	14
Whiskyjack	15	15	15
Young Spirit	14.45	14.2	14.3
National	15.1	14.6	15.2

* when gender is n/a denotes specific treatment at that centre

NOT ATTENDING SCHOOL AT ENTRY

Centre	Male	Female	Combined
Charles J Andrew	29%	50%	39.5%
Ka Na Chi Hih	86%	n/a	86%
Leading Thunderbird	53%	n/a	53%
Nenqayni	n/a	58%	58%
Nimkee Nupigawagan	33.3%	80%	56.7%
Siksika Medicine Lodge	6.2%	4.3%	5.3%
White Buffalo	n/a	41.5%	41.5%
Whiskyjack	32%	52%	42%
Young Spirit	76.2%	77.7%	77%
National	45%	52%	51%

* when gender is n/a denotes specific treatment at that centre

HISTORY OF SUICIDE IDEATION

Centre	Male	Female	Combined
Charles J Andrew	100%	67%	83.5%
Ka Na Chi Hih	80%	n/a	80%
Leading Thunderbird	12%	n/a	12%
Nenqayni	n/a	53%	53%
Nimkee Nupigawagan	33.3%	60%	46.7%
Siksika Medicine Lodge	94%	34.8%	64.4%
White Buffalo	n/a	63%	63%
Whiskyjack	39%	55%	47%
Young Spirit	4.8%	33.3%	19.1%
National	51.9%	52.3%	52%

* when gender is n/a denotes specific treatment at that centre

FAMILY ADDICTION

Centre	Male	Female	Combined
Charles J Andrew	100%	83%	91.5%
Ka Na Chi Hih	80%	n/a	80%
Leading Thunderbird	68%	n/a	68%
Nenqayni	n/a	84%	84%
Nimkee Nupigawagan	44.4%	82.5%	63.5
Siksika Medicine Lodge	100%	78.3%	89.2%
White Buffalo	n/a	88.5%	88.5%
Whiskyjack	77%	97%	87%
Young Spirit	76.2%	33.3%	54.8%
National	78%	78%	78.5%

* when gender is n/a denotes specific treatment at that centre

PROGRAM COMPLETION

Centre	Male	Female	Combined
Charles J Andrew	71%	58%	64.5%
Ka Na Chi Hih	37%	n/a	37%
Leading Thunderbird	44%	n/a	44%
Nenqayni	n/a	--	--
Nimkee Nupigawagan	77.7%	68.8%	73.3%
Siksika Medicine Lodge	38%	82.6%	60.3%
White Buffalo	n/a	52%	52%
Whiskyjack	90%	76%	83%
Young Spirit	52.4%	33.3%	42.9%
National	58.6%	53.1%	53.6%

* when gender is n/a denotes specific treatment at that centre

STATISTICAL DATA

HISTORY OF SEXUAL VICTIMIZATION

Centre	Male	Female	Combined
Charles J Andrew	100%	100%	100%
Ka Na Chi Hih	20%	n/a	20%
Leading Thunderbird	28%	n/a	28%
Nenqayni	n/a	26%	26%
Nimkee Nupigawagan	44.4%	10%	27.2%
Siksika Medicine Lodge	93.8%	34.8%	64.3%
White Buffalo	n/a	80%	80%
Whiskyjack	6%	18%	12%
Young Spirit	0%	0%	0%
National	41.7%	30.6%	34.4%

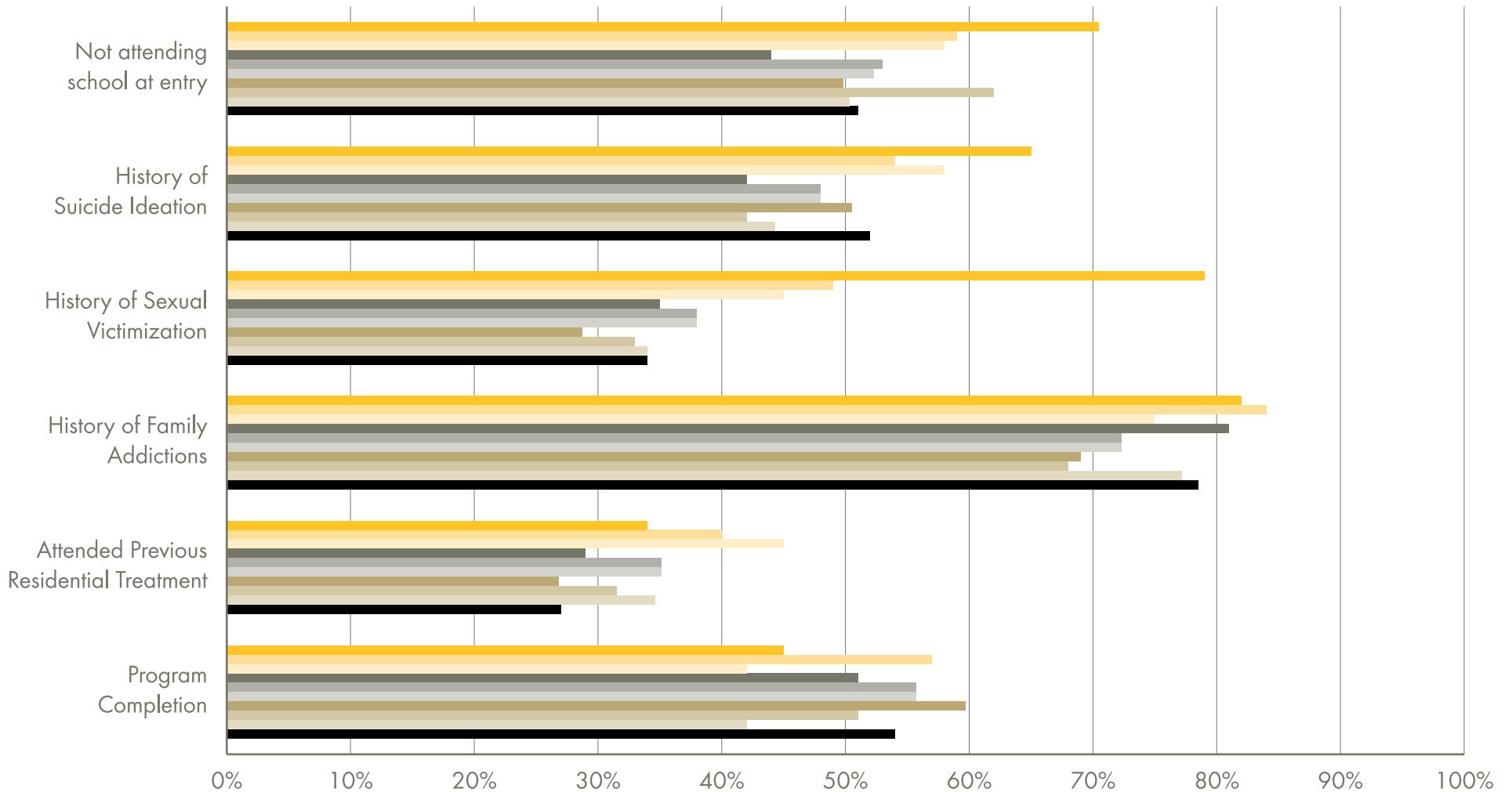
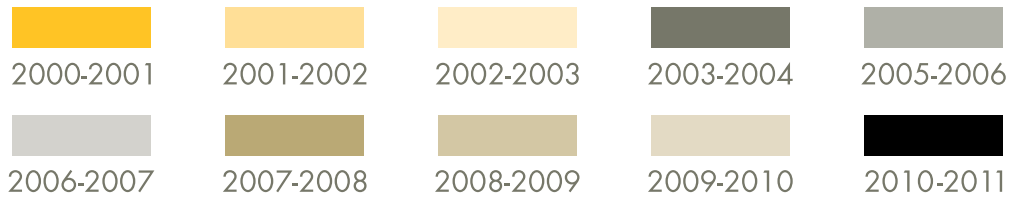
* when gender is n/a denotes specific treatment at that centre

ATTENDED PREVIOUS TREATMENT

Centre	Male	Female	Combined
Charles J Andrew	0%	17%	8.5%
Ka Na Chi Hih	74%	n/a	74%
Leading Thunderbird	33%	n/a	33%
Nenqayni	n/a	47%	47%
Nimkee Nupigawagan	22.2%	32.5%	27.4%
Siksika Medicine Lodge	18.8%	26%	22.4%
White Buffalo	n/a	22%	22%
Whiskyjack	19%	0%	9.5%
Young Spirit	0%	0%	0%
National	33.4%	28.9%	27%

* when gender is n/a denotes specific treatment at that centre

HISTORICAL ANALYSIS NATIONAL SUMMARY



ACCOUNTABILITY

YSAC as a committee and the individual centres have several mechanisms in place to promote accountability to clients, families, referral agents and funders. YSAC centres employ a routine procedure of published satisfaction surveys, annual general meetings and publication of individual centre annual reports.

As a regular portion of the accreditation process surveyors speak directly to client and community focus groups, centre staff, and referral sources about their experiences with the centre.

YSAC committee minutes are circulated through each treatment centre and its board of directors and included with regional FNIHB reports and NNAPF Board meetings.

In addition, YSAC demonstrates accountability through the standard processes of each centre: an annual audit, Substance Abuse Information System Reports, Client Data-Base Profiles, Occupancy rates (minimum of 80%), Operational Days (minimum of 351 days), and Accreditation and/or Provincial licensing status.

Perhaps the most significant indicator of YSAC accountability has been in the achievement of the majority of our goals over the year. The summary of goal achievement presented earlier in this report provides some perspective of the scope of work the YSAC group has taken on and achieved as a team with sincere commitment to advancing the field of solvent / inhalant addiction services.

FINANCIAL SUMMARY

All YSAC centres are federally funded projects through the Federal Brighter Futures Initiative. Each centre is managed through some form of First Nations governance structure which may include provincial Incorporation or tribal administration. As a result of their various governance structures, all centres undergo an annual audit performed by an independent provincial auditor. Audits as well as individual centre annual reports are submitted to First Nations and Inuit Health Branch both regionally and nationally.

Each centre is funded at 103,000.00 per bed annually. The youth solvent addiction committee is funded for coordination services, meeting expenses and projects as submitted in advance by way of an annual work plan. Itemized financial statements are reviewed in the presence of First Nations and Inuit Health Branch at each quarterly YSAC meeting, and an annual audited financial summary is provided by the incorporated organization hired to administer the YSAC contribution agreement. This fiscal year Nimkee Nupigawagan acted as host and administrator for the YSAC contribution agreement.

QUICK CONTACT LIST

Centre	Phone
Charles J Andrew	709-497-8995
Ka Na Chi Hih	807-623-5577
Kainai	403-653-3315
Leading Thunderbird	306-332-5659
Nenqayni	250-989-0301
Nimkee Nupigawagan	519-264-2277
Siksika	403-734-3444
Whiskyjack	204-359-8995
White Buffalo	306-764-5250
Young Spirit Winds	780-585-2219

AUDITORS REVIEW

To the Members of YOUTH SOLVENT ABUSE ADDICTION COMMITTEE

We have audited the accompanying financial statements of YOUTH SOLVENT ABUSE ADDICTION COMMITTEE, which comprise the statement of financial position as at March 31, 2011, and the statements of revenues and expenditures, unappropriated funds and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

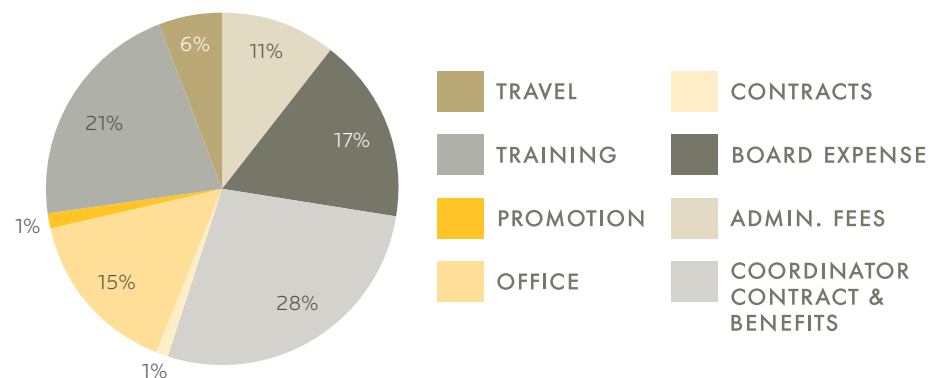
In our opinion, the financial statements present fairly, in all material respects, the financial position of YOUTH SOLVENT ABUSE ADDICTION COMMITTEE as at March 31, 2011 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants, Licensed Public Accountants
London, Ontario
July 8, 2011

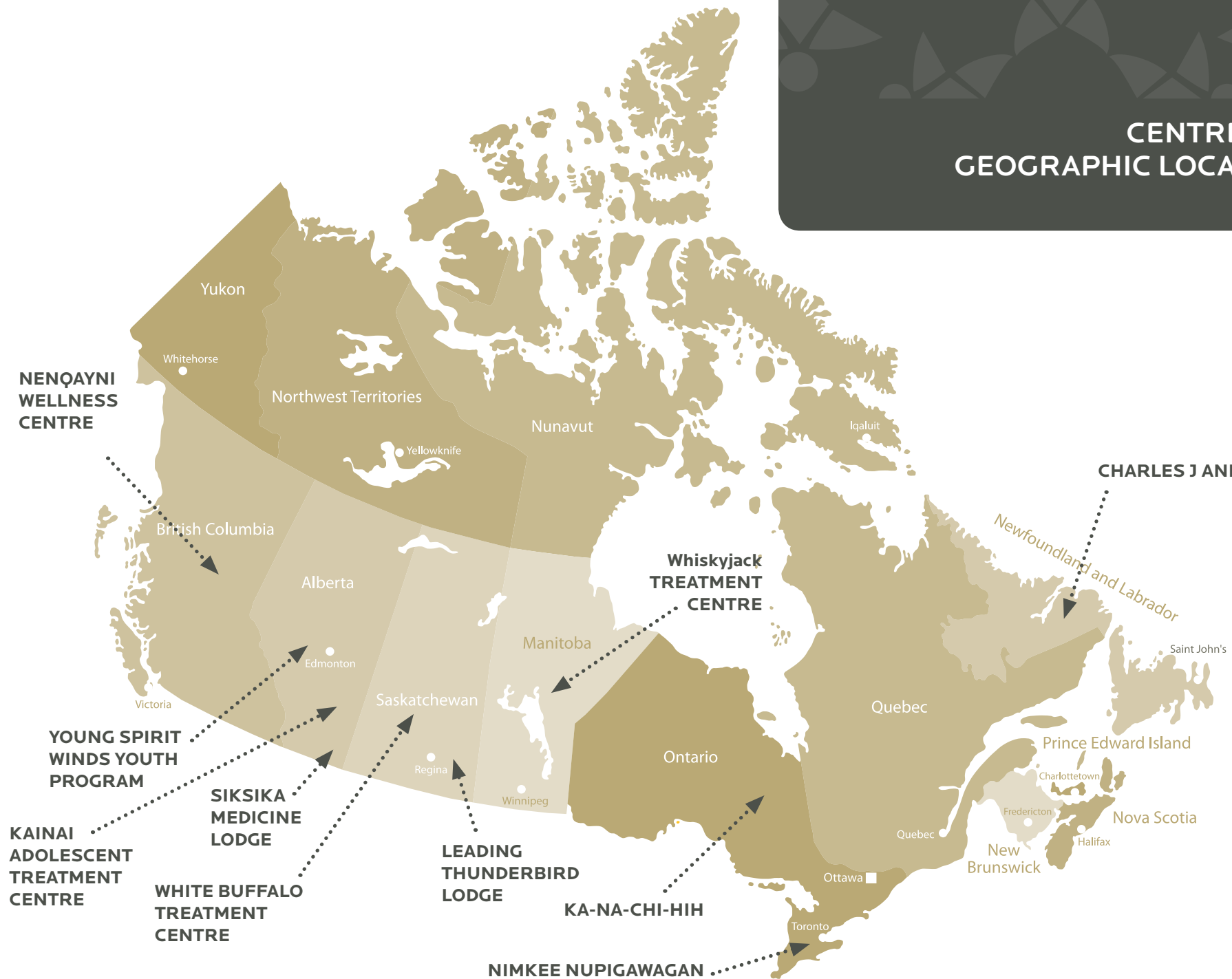
YSAC TRAINING AND PROMOTION EXPENDITURES

Fiscal Year	2011	2010
Assets		
Current: cash and bank	201,304	111,615
Accounts Receivable	29, 173	-
Prepaid Expenses	-	6, 316
Liabilities and Member's Equity		
Current		
Accounts payable and accrued liabilities	115,045	2,499
Net Assets		
Member contribution	45,057	45,057
Member's equity- inappropriate funds	70,375	70,375
	115,432	115,432
Total	230,477	117,931

YSAC FINANCIAL REPORT 2010-2011



CENTRES BY GEOGRAPHIC LOCATION





CHARLES J ANDREW	KA-NA-CHI-HIH	NIMKEE NUPIGAWAGAN	WHISKYJACK TREATMENT CENTRE	WHITE BUFFALO TREATMENT CENTRE
Box 109 Sheshatshiu, Labrador A0P 1M0 PH 709-497-8995 FX 709-497-8993 irisallen@cjay.org www.cjay.org	1700 Dease Street Thunder Bay, ON P7C 5H4 PH 807-623-5577 FX 807-623-5588 vinsimon@hotmail.com www.kanachihih.ca	RR1 Muncey, ON N0L 1Y0 PH 519-264-2277 ext: 226 FX 519-264-1552 mardel@nimkee.org www.nimkee.ca	Box 580 Norway House, MB R0B 1B0 PH 204-359-8995 FX 204- 359-6497 rkozak@wtcentre.ca www.wtcentre.ca	Box 2500 Prince Albert, SK S6V 7B3 PH 306-764-5250 FX 306-764-5255 wbuffalo@sasktel.net
LEADING THUNDERBIRD LODGE	YOUNG SPIRIT WINDS YOUTH PROGRAM	KAINAI ADOLESCENT TREATMENT CENTRE	NENQAYNI WELLNESS CENTRE	SIKSIKA MEDICINE LODGE
Box 400 Fort Qu'Appelle, SK S0G 1S0 PH (306) 332-5659 FX (306) 332-1850 Kmain.ltl@sasktel.net www.leadingthunderbirdlodge.ca	Box 570 Hobbema, AB T0C 1N0 PH 780-585-2219 FX 780-585-2665 mward_1234@yahoo.ca	Box 120 Standoff, AB T0L 1Y0 PH 403-653-3315 FX 403-653-3338 Dshade@kainaicsc.ca www.kainaicsc.ca	Box 2529 Williams Lake, BC V2G 4P2 PH 250-989-0301 FX 250-989-0307 walphonse@nenqayni.com www.nenqayni.com	Box 1550 Siksika, AB T0J 3W0 PH (403) 403-734-3444 FX (403) 734-4433 yvonneo@siksikamedicinelodge.com www.siksikamedicinelodge.com



2010 - 2011 ANNUAL REPORT

YOUTH SOLVENT ADDICTION COMMITTEE

Youth Solvent Addiction Committee

PH 1-306-683-4651

FX 1-306-382-0989

EMAIL ysac@shaw.ca

www.members.shaw.ca/ysac