

YOUTH SOLVENT ADDICTION COMMITTEE

ANNUAL REPORT



2012 - 2013



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CHAIRPERSON'S MESSAGE



2012–2013 has been a very busy year for the YSAC network. We are very proud to have hosted the second National Inhalant conference in Saskatoon, Saskatchewan. On June 26 and 27, 2012, White Buffalo Treatment Centre and Leading Thunderbird Lodge, together with the YSAC committee hosted the second regional inhalant conference, following on the lead of Ka-Na-Chi-Hih Treatment Centre in 2010. The conference provided the opportunity for front line NNADAP and Health workers to hear the latest in inhalant abuse research as it relates to prevention and intervention. We had many community based attendees, who are interested in learning more about inhalant abuse and what communities can do in the area of prevention. We also welcomed guests and speakers from as far away as Mexico and Australia. Colleagues who share an interest in inhalant abuse prevention and intervention in their own countries.

Shortly after the conference, an international meeting was hosted by **Institute of Attention and Prevention of Addiction (IAPA)** in Mexico City, Mexico on September 17 & 18, 2012. YSAC was invited to join the meeting and share some Canadian success stories as it related to the YSAC centres establishment, and prevention initiatives we have led.

Workforce development, continues to be a priority for us. You will see from our report that we have focused on Capacity building, we have added 5 resiliency trainers and 2 additional mental health facilitators to the YSAC pool of YSAC course trainers. Our goal is to have a Resiliency trainer on staff at every YSAC centre before 2015.

We continue to develop partnerships with NNADAP for many of the YSAC trainings, In October 2012, we delivered our Mental health – Building Concurrent Capable Centres to 22 NNADAP workers in the Ontario region.

This year marks a very special year for YSAC and the accreditation project. We attained 100% of YSAC centres being accredited. 10 through The Canadian Accreditation Council (CAC) and 1 through Accreditation Canada.

It is my pleasure to present to you the YSAC Annual report for 2012–2013.

Ernie Sauve
YSAC Chairperson

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 aligned with the supporting priorities and elements of the 2010 NNADAP Renewal Document.

These areas are:

Element 1: Community Development, Universal Prevention and Health Promotion

Element 2: Early Identification, Intervention and Aftercare

Element 3: Secondary Risk Reduction

Elements 4: Active Treatment

Element 5: Specialized Treatment

Element 6: Care Facilitation

Supports to the Care Elements:

Workforce Development:

a well-trained, certified and stable workforce with the supports needed to effectively meet the complex needs of the clients it serves.

Governance and Coordination of Systems: effective oversight of the system at community, regional and national levels.

Addressing Mental Health Needs of Clients, Families and Communities:

supports to ensure that the mental health needs of clients and communities can be addressed within addictions programming or through referrals.

Performance Measurement and Research: information to support

CENTRES AT A GLANCE

planning at a program, community, regional and national level; research and knowledge exchange to develop and apply approaches to care and services that work for First Nations clients and communities.

Pharmacological Approaches: awareness of the need for the correct use of medications to address addictions and mental health issues.

Accreditation: a process that ensures excellence and effectiveness in programs and facilities.

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.

MEETINGS FOR THIS PAST FISCAL YEAR:

Date	Location	General Highlights
May 2–14, 2012	Williams Lake, BC	Paperless meeting initiative • YSAC strategic direction • Saskatchewan Inhalant Conference • YSAC National Staff satisfaction Roll Up report • YSAC Ethics committee established
Sept. 26–27, 2012	Carleton, Quebec	Welcoming Walgwan Centre back into the YSAC network and tour of facility • Saskatchewan Prevention funding initiative • Change in NNAPF representation
Feb. 5–7, 2013	Ottawa , Ontario	YSAC job description • Education meeting with AFN • Medical Forms and Intake packages • Renewal of YSAC Chairperson

Treatment Centre and Location	# of Beds	Age Range	Gender	Intake Dates	Special Services	Total Admissions 2012–2013
Charles J Andrew Centre Sheshatshiu, Labrador Established– May 2000	10	11–17	Gender Blocks	4 month block July/April/August	Outreach Day Program Family Treatment Wilderness Program	28
Ka Na Chi Hih Solvent Treatment Centre Thunder Bay, Ontario Established–November 1996	12	16–25	Male	Continuous	Psychological Consultations	27
Nenqayni Wellness Centre Williams Lake, B.C. Established– September 1996	10	13–18	Female	January/May/August (ongoing) 3.5 month blocks	Family Treatment	28
Nimkee NupiGawagan Healing Centre Muncey Ontario Established– January 1997	9	12–17	Gender blocks	January/May/August (alternating genders)	Family Treatment Outpatient Community Based interventions Training	26
Whiskyjack Treatment Centre Hwy 373–374 Junction Manitoba Established– October 1996	20	12–17	Gender blocks	January/May/September 4 month block intake	Aftercare Land Based Program	66
White Buffalo Youth Inhalant Treatment Centre Sturgeon Lake, Saskatchewan Established—January, 1997	10	12–17	Females	January/May/September	Aftercare Outreach Mobile Treatment Camps	33
Young Spirit Winds Centre Hobbema, Alberta Established	Out patient	12–17	Co Ed	Day Treatment Spaces (40)	Out Patient Mobile Treatment Family Support	40
Kainaiwa Adolescent Centre Standoff, Alberta	7	12–17	Co Ed	Block Intake: 4 intakes per year	Residential	31
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	59
Siksika Medicine Lodge Grand Opening August 2009	10	12–17	Co Ed	January/May/September	Family Treatment	41
Walgwan Centre	12	12–17	Co Ed		Culturally Based Program	41

GOVERNANCE AND COORDINATION OF SYSTEMS

The YSAC Governance and Coordination of Systems activities are developed from the understanding that leaders learn from experience and from peers. The Governance activities we partake in at and between meetings are designed to transform the traditional meeting experience into one of structured activity and learning. The Governance and Coordination 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.

2012–2013 GOVERNANCE AND COORDINATION PLANNED ACTIVITIES

- Conduct Board self evaluations as requested by each YSAC centre
- Deliver 3 YSAC Leadership modules; 1 at each YSAC meeting
- Administer Accreditation support services as requested

2012–2013 LEADERSHIP AND PARTNERSHIP COMPLETED ACTIVITIES

- Board Self Evaluation surveys were completed by 4 YSAC centres
- Leadership modules on Human Resource Management occurred at the May YSAC meeting.
- Several individual centre accreditation supports were conducted. 100% of YSAC centres are accredited as of 2013.
- National Inhalant conference was held June 2012
- A 3 day course in Emotional Intelligence for Leadership was developed and delivered November 18–20, 2012

WORKFORCE DEVELOPMENT

Maintaining competent and dedicated personnel is a priority for all YSAC centres. Workforce Development activities are affected by such things as industry competition, geographic barriers and a workforce that is susceptible to high burn out rates. The Workforce development 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 now entering over 10 years of employment. Through our shared work plan and the accreditation of the centres we envision a Workforce Development 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.

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

2012–2013 WORKFORCE DEVELOPMENT PLANNED ACTIVITIES

- Deliver a 3 day training of trainers on Resiliency Theory
- Deliver a 5 day Emotional Intelligence level one certification
- Deliver a 3 day Clinical Supervision Course
- Complete a National Staff Satisfaction Survey
- YSAC mental health training review
- Cultural Competence Training Development

2012–2013 WORKFORCE DEVELOPMENT COMPLETED ACTIVITIES

- Resiliency Theory Training occurred and brought 5 more National trainers on stream.
- Emotional Intelligence Level one completed July 9–13, 2012
- Clinical Supervision completed March 11/12, 2013
- National Staff Satisfaction Completed April 2012, individual centre results as well as national roll up disseminated a record
- Mental Health Training Curriculum was completed and training was delivered at 5 YSAC centres as well as to Ontario NNADAP workers. YSAC Mental health group met in March to review content and add 2 new trainers. Over 100 YSAC employees received mental Health training this year
- All three YSAC online courses All trainings have received pre certification credit through CCPC May , 2012. A total of 136 YSAC staff completed trainings online so far.
- A Standard course module was developed, for adaptation at individual YSAC centres, Siksika used the course as written with much success.

PERFORMANCE MEASUREMENT

Performance Measurement 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.

2012–2013 PERFORMANCE MEASUREMENT PLANNED ACTIVITIES

- Participate on the AMIS data collection system development committee
- Utilize the electronic Referral worker satisfaction survey
- Utilize the electronic client satisfaction survey

2012–2013 PERFORMANCE MEASUREMENT COMPLETED ACTIVITIES

- YSAC participation occurred at the majority of scheduled AMIS meetings
- 6 YSAC centres are using the YSAC client electronic satisfaction survey and did so at several intervals this fiscal year. The survey tool underwent focus group feedback, and several improvements were made.





OUR CENTRES



WALGWAN CENTRE



Vision

Empowering First Nations and Inuit Youth on taking charge of their well being.

Mission

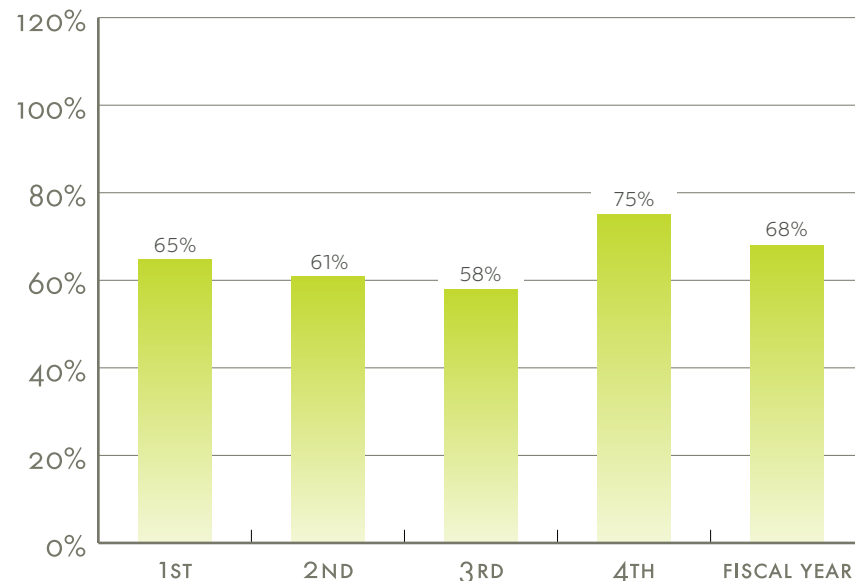
With full respect for the dignity and value of each person, the Centre provides a safe environment to each First Nations and Inuit Youth with a personally centered, holistic and culturally appropriate transition to her/his own path to well-being and a healthy life. By "Youth" we mean any First Nation or Inuit Youth, aged 12 to 17, who acknowledges an unhealthy dependence on solvents, and other substances and addictive activities. We also include her/his family and community with whom we work in a supportive partnership. By "transition" we mean working in partnership to support the youth through the different recovery steps, including the pre-Centre "preparation" and the "after care". By "personally centered" we mean that we take each person where s/he is, and support her/him on the transition to where s/he wants to go.

CULTURALLY BASED:

The Centre brings in Elders to share knowledge of the different First Nations' traditions. This enables each youth to benefit from an appropriate cultural and traditional healing and teaching.

OUR PROGRAM:

Walgwan Centre is an accredited 12 bed residential treatment centre located in the Mi'gmaq First Nation community of Gesgapegiag in Eastern Quebec. Our intake is ongoing and we welcome and assist First Nations and Inuit youth from 12 to 17 years of age from both



genders. We help restore a harmonious balance between their physical, emotional, mental, and spiritual needs while assisting them in recapturing their sense of self-worth. Our program usually takes 6 months to complete. The residential program has 4 phases and is culturally based with clear indicators for each phase. In the completion of each of these phases our elders do a specific ceremony in recognition of the achievement. We also provide aftercare services for up to two years.



KAINAI ADOLESCENT TREATMENT CENTRE

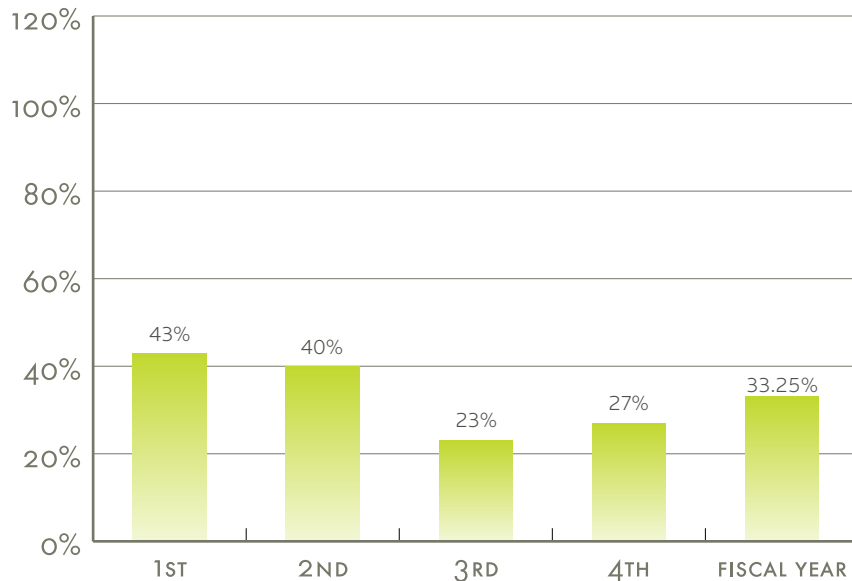
PROGRAM DESCRIPTION

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.





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.

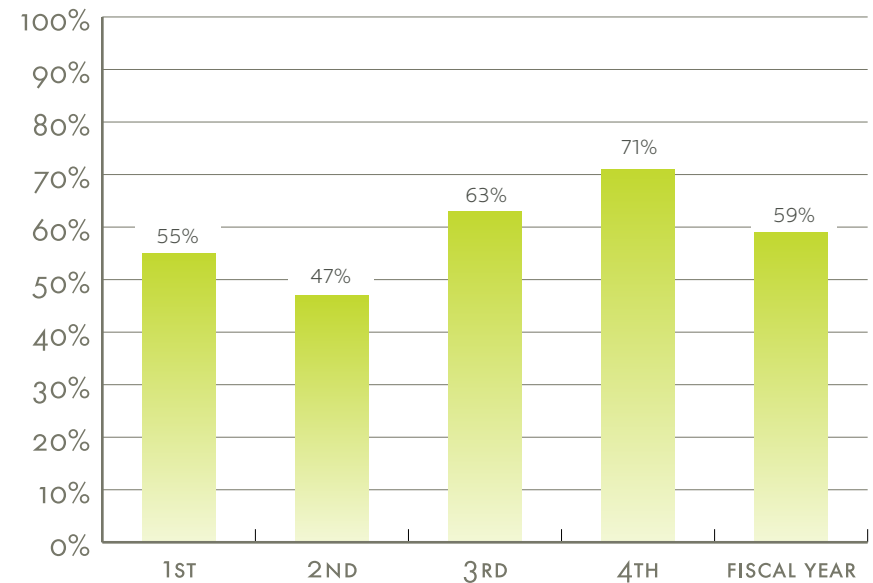
PROGRAM DESCRIPTION

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 10 bed facility that operates a four month intake cycle with a 6 week family component all year round.

Nutshimit is one of the core components of the program based on aboriginal culture, this land based program comprises 50% of the treatment delivery. 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.

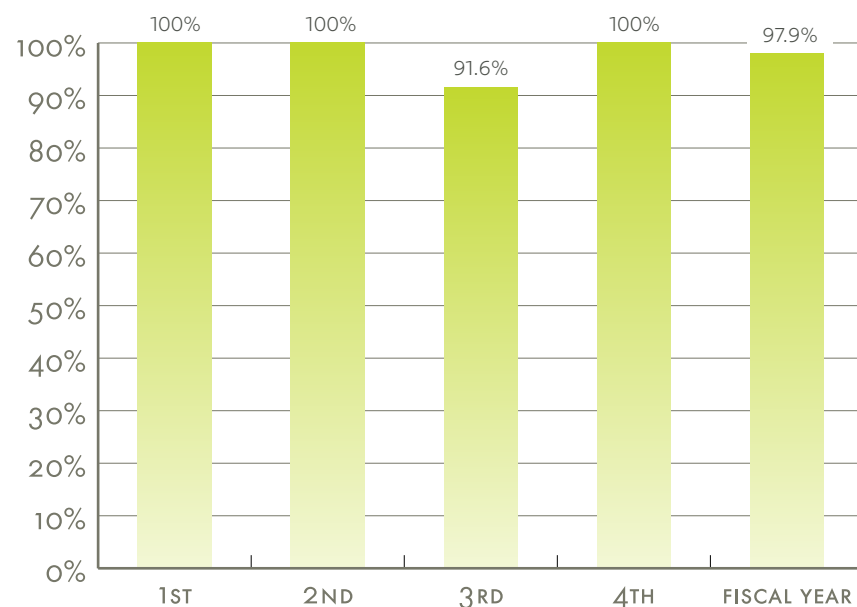




KA-NA-CHI-HIH

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 an awareness of community resources available.



NIMKEE NUPIGAWAGAN



Mission

With respect, humility and compassion, Nimkee Nupigawagan Healing Centre Inc is committed to empowering Indigenous youth, families and communities through culturally-based holistic treatment services.

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:

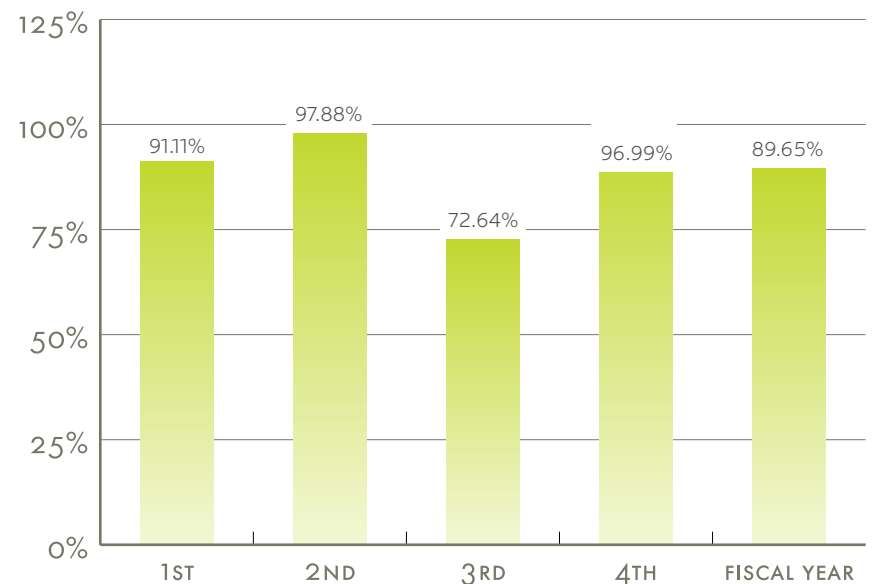
Individual Therapy: Expressive Arts Therapy, Traditional Native Therapy

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 medicines for cleansing

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.

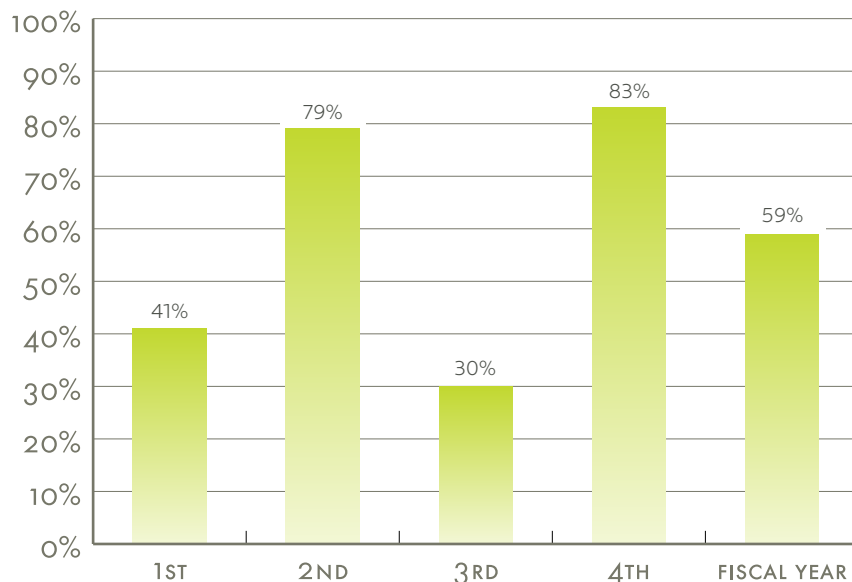
The program is based on a holistic treatment model. Using the four cornerstones of treatment, spiritual emotional, physical and mental, as well as using the concept of “living therapy” where by treatment is integrated into all interactions in which the youth participate.

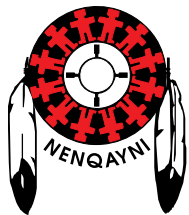
It is the belief of the White Buffalo Treatment Centre that while it is essential to have both intensive casework and group sessions to review individual problems, it is equally important to integrate relaxation, recreation life-skills, formal education and cultural activities into a positive therapeutic,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



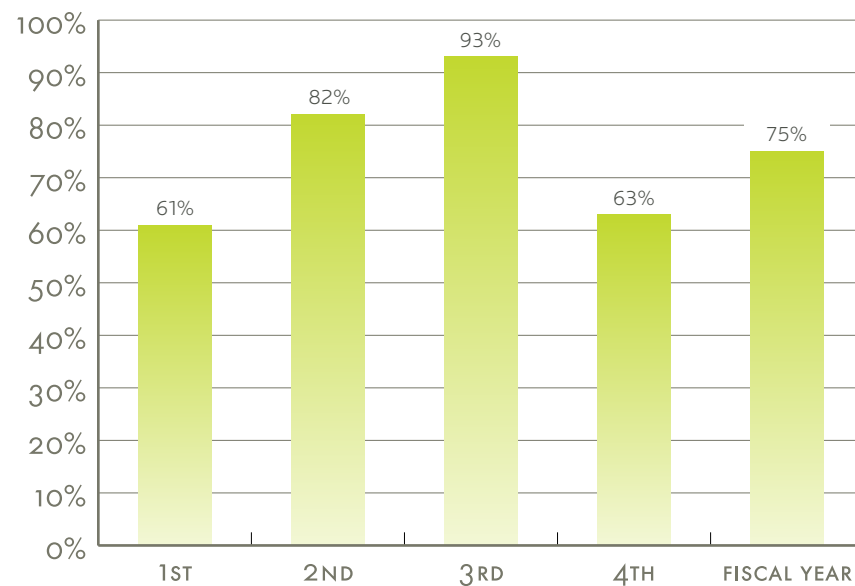
Mission

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, Shuswap and Carrier First Nations. Nenqayni's Youth Program has been running for over 15 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 seven 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.

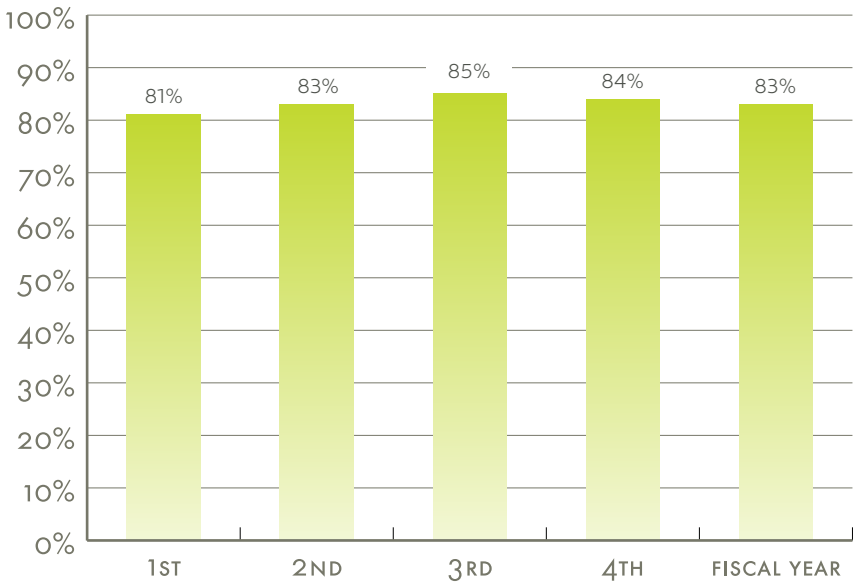




LEADING THUNDERBIRD LODGE

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

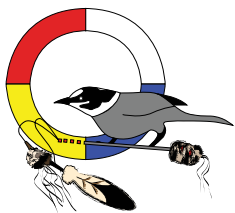
Leading Thunderbird Lodge provides a 12 week First Nation culturally based residential treatment program for First Nation or Inuit male youth from across Canada who are between 12 – 17 years. The holistic treatment program provides personal development in the four area's of self: spiritual, physical, 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:

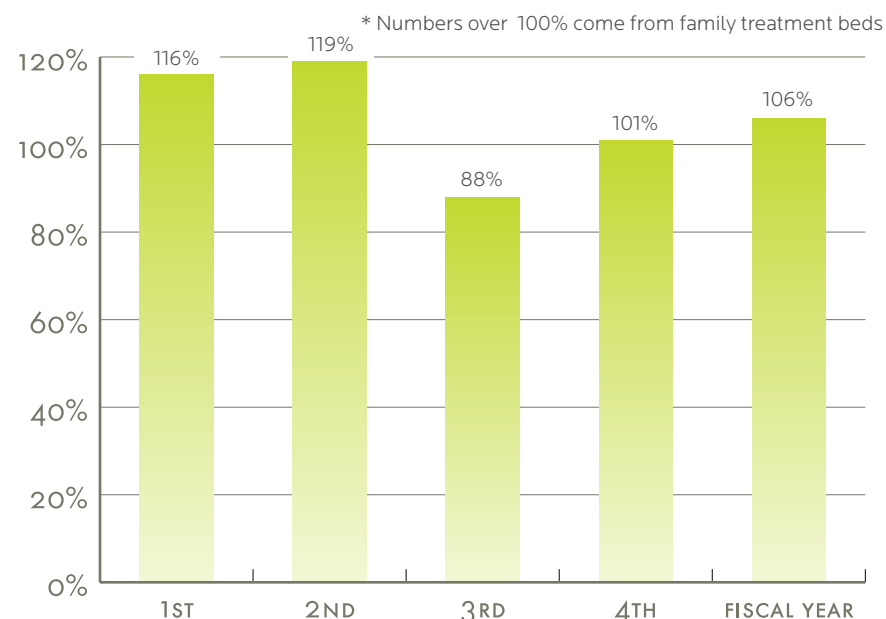
Individual Therapy: Expressive Arts Therapy, Traditional Native Therapy
Individual & Group Counseling: Reality Therapy, Social/Life Skills,
Personal Life Management, Violence Prevention, Sexuality, Addictions.

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

While maintaining high quality standards of service, Hobbema Young Spirit Winds Society offers First Nations youth holistic treatment, aftercare & support by utilizing cultural teachings, appropriate resources and partnerships.

PROGRAM DESCRIPTION

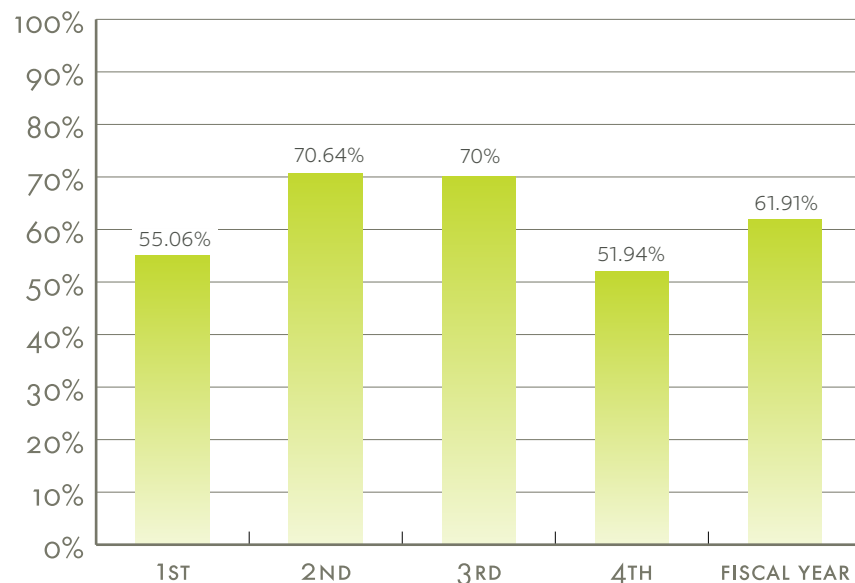
Young Spirit Winds is an outpatient day program for aboriginal youth ages 12–17 years of age. It is a co-ed program with a seat capacity of 12 youth for the day program. The Youth begin at 10:00 am and leave at 3:00 pm. Transportation is provided for those who reside within the 4 bands of Hobbema Alberta.

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.





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.

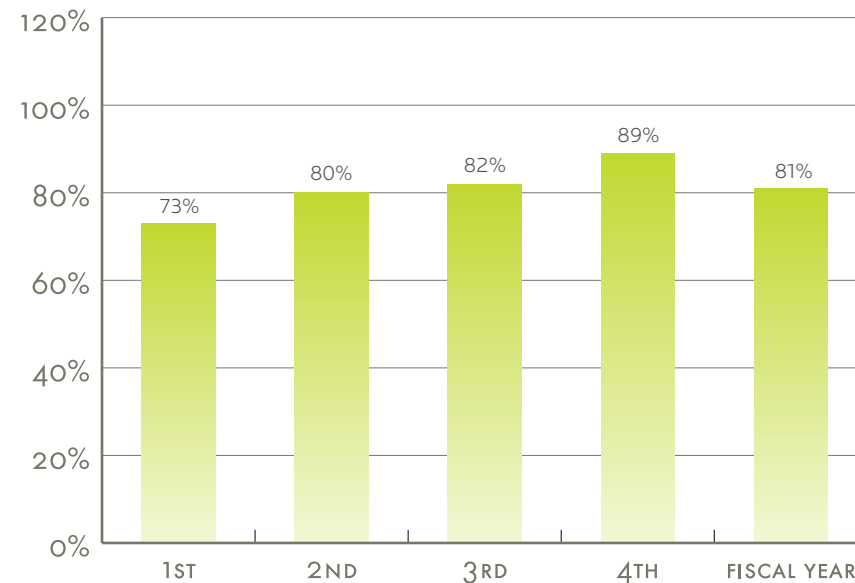
The treatment program includes: Assessment and Treatment Planning; Individual and group; Counselling; Educational component; Equine-Assisted Learning; Recreational activities; Cultural teachings; Nutrition Program; Health Care; Aftercare Planning and Follow up; Outreach activities; and Training.

Mission

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

Vision

The Siksika Medicine Lodge is an environment where First Nation and Inuit people are interdependent, respectful, and have the courage to ensure the continuance of our cultural values.





TRAINING

EMOTIONAL INTELLIGENCE

JULY, 2012

COURSE CONTENT

COURSE EVALUATION

Evaluation Statement	Average Increase
I understand my own emotions and emotional reactions.	83%
My emotional intelligence is well developed.	100%
I have a strong understanding of EQ.	176%
I have a range of tools for training people in emotional intelligence.	192%
I am able to help people improve their emotional intelligence	196%
I can integrate EQ in my work	238%
I have a high level of emotional energy and optimism	80%

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?

- To understand myself, my emotions, my actions—to understand others
- The exposure to EQ has increased, thus increasing my ei, around thinking , feeling and acting
- Connecting with feelings, thoughts and how they are connected was such an eye opener
- 6 seconds to reattach my brain, empathy, focus on feelings
- That we as humans have much to learn and explore and emotions play a huge part in it

- The tools - I learned many tools to help with life and work
- Materials, explanations, examples
- The activities related to the topic discussed
- Environment- no distractions, humour, all the toolbox of teaching methods
- Everything was excellent
- The interactive parts and videos
- Loved all the movie clips and pics and sharing of real life stories

COURSE OUTLINE

Evaluation Statement	Average Increase	Before (avg 1-10)	After (avg 1-10)
I can define Clinical Supervision	140%	3.82	9.18
I can define various models of clinical supervision	175%	2.91	8.00
I have a strong understanding of aspects of supervisory process	96%	4.55	8.91
I have a range of tools to provide supervision in my centre.	90%	4.73	9.00
I am able to help staff develop themselves	58%	5.64	8.91
I can integrate ethical decision making into my work	34%	6.64	8.91
I have a high level of confidence in my ability to supervise others	36%	6.64	9.00

CLINICAL SUPERVISION

MARCH 11 & 12, 2013

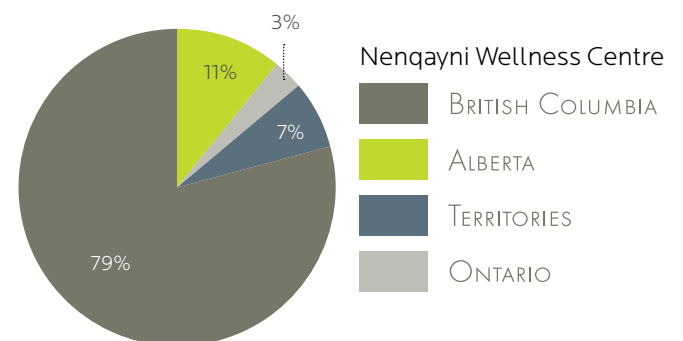
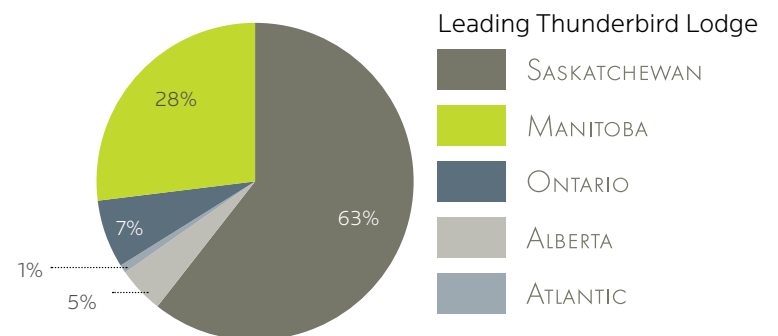
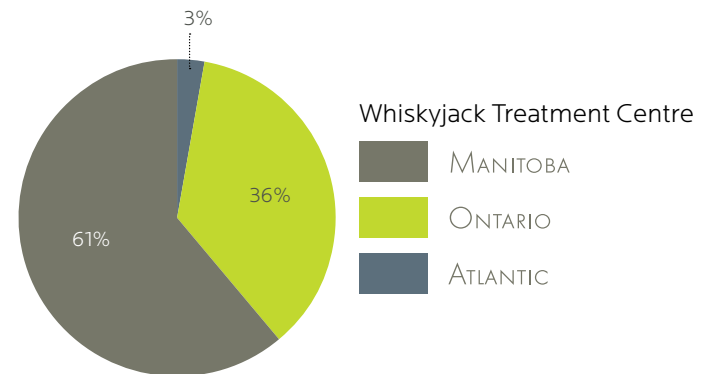
Clinical Supervision is a three day course designed for team leaders, case coordinators and staff who fill supervisory roles in the centres. This year 11 YSAC managers were trained in the model. The course starts out with completion of a clinical supervision competency assessment and continues on with 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 accreditation self assessment. Participants are challenged to look at all aspects of staff orientation, training, and ongoing monitoring as the 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).

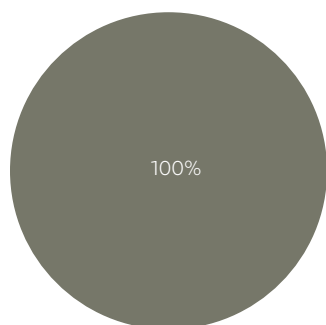
PARTICIPANTS WERE ASKED WHAT WILL YOU TAKE AWAY FROM THIS COURSE?

- Understanding practical approaches to clinical supervision
- Knowledge and process
- New methods of supervision
- How to formalize a supervision profile for staff (binder)
- Education and experience, knowledge about what supervision actually does
- I will definitely be more confident in my supervisory ability
- How to better meet the needs of the clinical and admin teams

- The level of supervisor I am and goals I need to set for myself as well as the idea that my staff are a reflection of my supervision
- The importance of supervision, my role as a supervisor and ways to go about being good at it
- That clinical supervision entails much more than the care of workers under you it affects the entire community.
- The supervision tools

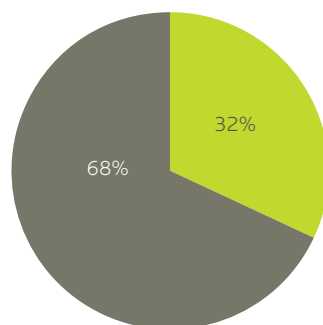
STATISTICAL INFORMATION





Young Spirit Winds Youth Program

ALBERTA

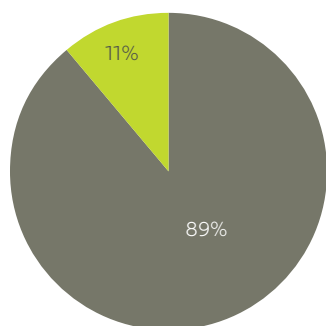


Walgwan

QUEBEC

ATLANTIC

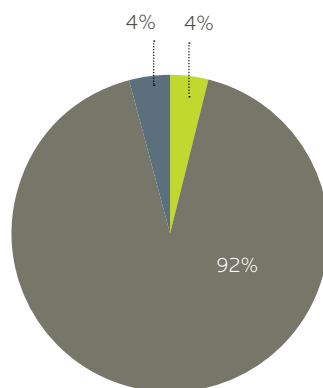
REGION OF ORIGIN BY CENTRE



Charles J Andrew

ATLANTIC

NWT

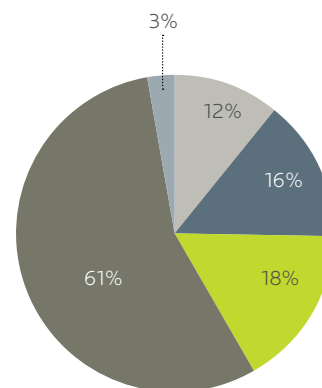


Nimkee NupiGawagan

ONTARIO

MANITOBA

QUEBEC



White Buffalo Treatment Centre

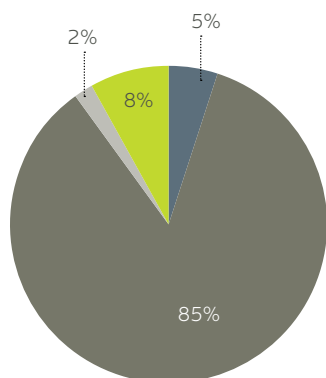
SASKATCHEWAN

MANITOBA

ONTARIO

ATLANTIC

ALBERTA



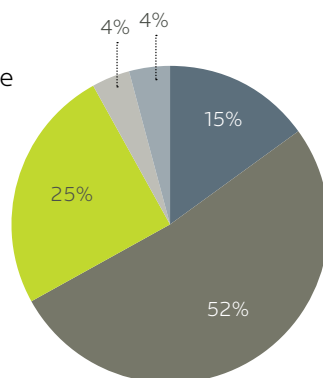
Siksika Medicine Lodge

ALBERTA

MANITOBA

TERRITORIES

NUNAVUT



Ka-Na-Chi-Hih

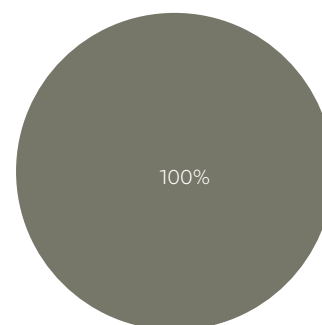
ONTARIO

MANITOBA

ATLANTIC

SASKATCHEWAN

TERRITORIES



Kainai

ALBERTA

SUICIDE IDEATION

Centre	Male	Female	Combined	
Charle J Andrew	60%	44%	50%	
KaNaChiHih	33%	-	33%	
Kanai	12.5%	9%	10%	
Leading Thunderbird	24%	-	24%	
Nenqayni	-	43%	43%	
Nimkee	57%	68%	65%	
Siksika	38%	76%	61%	
Walgwan	52%	69%	59%	
White Buffalo	-	33%	33%	
Whiskyjack	16%	24%	33%	
Young Spirit Winds	24%	32%	28%	

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

HISTORY OF SEXUAL VICTIMIZATION

Centre	Male	Female	Combined
Charle J Andrew	50%	50%	50%
KaNaChiHih	63%	-	63%
Kanai	12.5%	20%	16%
Leading Thunderbird	2%	-	2%
Nenqayni	-	50%	50%
Nimkee	57%	26%	35%
Siksika	6%	56%	37%
Walgwan	5%	46%	21%
White Buffalo	-	42%	42%
Whiskyjack	3%	7%	5%
Young Spirit Winds	5%	16%	10%

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

AVERAGE AGE AT INTAKE

Centre	Male	Female	Combined	
Charle J Andrew	15	14	14.5	
KaNaChiHih	20	-	20	
Kanai	16	15	15.5	
Leading Thunderbird	15	-	15	
Nenqayni	-	15.2	15.2	
Nimkee	15.8	15.3	15.5	
Siksika	15.5	16	15.75	
Walgwan	15.7	16.3	16	
White Buffalo	-	15.5	15.5	
Whiskyjack	13	14	13.5	
Young Spirit Winds	13	13	13	

24 YSAC ANNUAL REPORT 2012–2013 * when gender is n/a denotes specific treatment at that centre

FAMILY VIOLENCE

Centre	Male	Female	Combined
Charle J Andrew	70%	33%	46%
KaNaChiHih	63%	-	63%
Kanai	25%	33%	29%
Leading Thunderbird	61%	-	61%
Nenqayni	-	61%	61%
Nimkee	71%	68%	69%
Siksika	43%	68%	59%
Walgwan	52%	62%	56%
White Buffalo	-	61%	61%
Whiskyjack	27%	34%	30%
Young Spirit Winds	33%	11%	23%

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

FAMILY ADDICTION

Centre	Male	Female	Combined
Charle J Andrew	100%	72%	82%
KaNaChiHih	85%	-	85%
Kanai	56%	27%	42%
Leading Thunderbird	63%	-	63%
Nenqayni	-	96%	96%
Nimkee	71%	74%	73%
Siksika	81%	80%	80.5%
Walgwan	72%	92%	82%
White Buffalo	-	64%	64%
Whiskyjack	100%	100%	100%
Young Spirit Winds	57%	26%	43%

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

HISTORIES CALCULATIONS

NOT ATTENDING SCHOOL AT ENTRY

Centre	Male	Female	Combined
Charle J Andrew	100%	78%	86%
KaNaChiHih	85%	-	85%
Kanai	87.5%	93%	90%
Leading Thunderbird	27%	-	27%
Nenqayni	-	43%	43%
Nimkee	71%	42%	50%
Siksika	19%	52%	39%
Walgwan	19%	0%	12%
White Buffalo	-	33%	33%
Whiskyjack	68%	69%	68.5%
Young Spirit Winds	86%	74%	80%

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

JUSTICE SYSTEM INVOLVEMENT

Centre	Male	Female	Combined
Charle J Andrew	40%	17%	25%
KaNaChiHih	59%	-	59%
Kanai	25%	0%	13%
Leading Thunderbird	37%	-	37%
Nenqayni	-	46%	46%
Nimkee	57%	58%	57.5%
Siksika	56%	52%	54%
Walgwan	14%	23%	18%
White Buffalo	-	45%	45%
Whiskyjack	19%	10%	15%
Young Spirit Winds	14%	23%	18%

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

ATTENDED PREVIOUS TREATMENT					PROGRAM COMPLETION			
Centre	Male	Female	Combined		Centre	Male	Female	Combined
Charle J Andrew	50%	44%	47%		Charle J Andrew	50%	27%	36%
KaNaChiHih	81%	-	81%		KaNaChiHih	41%	-	41%*
Kanai	0%	13%	6%		Kanai	56%	73%	67%
Leading Thunderbird	37%	-	37%		Leading Thunderbird	59%	-	59%
Nenqayni	-	25%	25%		Nenqayni	NR	NR	NR
Nimkee	29%	26%	27%		Nimkee	71%	74%	73%
Siksika	6%	24%	17%		Siksika	31%	48%	41%
Walgwan	33%	23%	29%		Walgwan	24%	23%	23.5%
White Buffalo	27%	-	27%		White Buffalo	-	24%	24%
Whiskyjack	32%	17%	26%		Whiskyjack	78%	52%	67%
Young Spirit Winds	19%	21%	20%		Young Spirit Winds	71%	58%	65%
* when gender is n/a denotes specific treatment at that centre					* when gender is n/a denotes specific treatment at that centre			

NATIONAL AVERAGES								
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Not attending school at entry	53%	52.3%	49.8%	62%	50.3%	51%	39%	54%
History of Suicide Ideation	48%	48%	50.5%	42%	44.3%	52%	38.8%	35%
History of Sexual Victimization	31%	38%	28.7%	33%	34%	34%	17.6	25%
History of Family Addictions	78%	72.3%	69%	68%	77.2%	78.5%	67%	74%
Attended Previous Residential Treatment	30%	35.1%	26.8%	31.5%	34.6%	27%	25.6%	30%
Program Completion	56%	55.7%	59.7%	51%	42%	54%	47%	48%
* when gender is n/a denotes specific treatment at that centre								

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.

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
Walgwan	418-759-3006



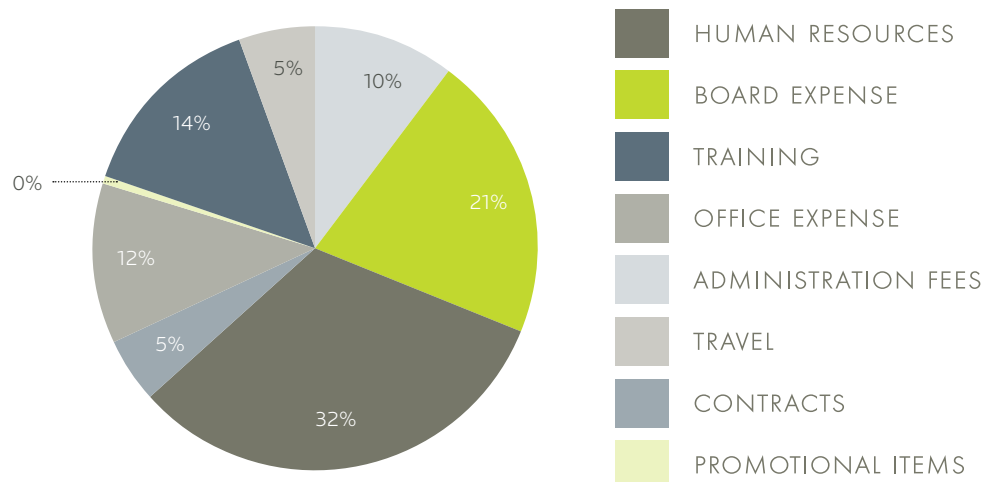
FINANCIAL

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 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.

YSAC FINANCIAL REPORT 2012–2013



YSAC TRAINING AND PROMOTION EXPENDITURES

Fiscal Year	2013	2012
Assets		
Current: cash and bank	206,322	201,304
Accounts Receivable	–	29,173
	206,322	230,477
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	63,340	115,045
Deferred Revenue	27,550	–
	90,890	167,122
Net Assets		
Member contribution	45,057	45,057
Member's equity- nonappropriated funds	70,375	70,375
	115,432	115,432
Total	206,322	230,477

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, 2013, 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, 2013 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 TBD

CENTRES BY GEOGRAPHIC LOCATION



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2012 - 2013 ANNUAL REPORT

YOUTH SOLVENT ADDICTION COMMITTEE

Youth Solvent Addiction Committee

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EMAIL ysac@shaw.ca

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