

**YOUTH SOLVENT ADDICTION  
COMMITTEE (YSAC)  
ANNUAL REPORT  
2002-2003**



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# Canadian Youth Solvent Abuse Programs

## At a Glance

<b>Treatment Centre and Location</b>	<b># of beds</b>	<b>Age Range</b>	<b>Gender</b>	<b>Intake Dates</b>	<b>Special Services</b>	<b>Total Admissions 2002-2003</b>
Charles J Andrew Centre Sheshatshiu, Labrador Established– May 2000	12	11-17	Co-Ed	Continuous	Outreach Day Program Family Treatment Wilderness Program	30
Ka Na Chi Hih Solvent Treatment Centre Thunder Bay, Ontario Established–November 1996	12	16-25	Males	Continuous	Adult Services 2-year Program	44
Nenqayni Treatment Center, Williams Lake, B.C.	10	13-18	Female	January/July	Family Treatment	40
Nimkee NupiGawagan Healing Center Muncey Ontario	12	12-17	Gender blocks	January (female) July (male)	Family Treatment Aftercare Outreach Outpatient	34
Walgwan First Nations Youth Rehabilitation Center, Gesgapegiag, Quebec Established– June 6, 1997	12	12-17	Co-Ed	Continuous	Outreach Bilingual Services	Not reported
Whiskyjack Treatment Center, Thompson, Manitoba Established– October 1996	12	11-17	Co-Ed	Continuous	Aftercare Community Development	67
White Buffalo Youth Inhalant Treatment Center, Sturgeon Lake, Saskatchewan Established—January, 1997	10	12-17	Females	January/July	Aftercare Outreach Mobile Tx camps	31
White Swan Treatment Center Inc. Kinuso, Alberta Established– September, 2000	12	8-17	Co-Ed	Continuous	Aftercare Outreach Community Development	39

## CHAIRPERSONS MESSAGE...



I am pleased to present to you the YSAC annual report for the 2002-2003 fiscal year. This is the third year we have successfully coordinated the data gathering for eight of the solvent centres, and collated the information together to provide you the reader with a picture of the multitude of issues that face the client group within a solvent abuse centre. This knowledge assists us as a network to better prepare for meeting these challenges through our environmental, Human Resources, Cultural and Addictions programming initiatives.

We remain committed to partnering with research based centres, like the Canadian Center on Substance Abuse, and the National Native Addiction Partnership Foundation in order that we may benefit from the knowledge, research and ideas of these organizations and use such knowledge to demonstrate a commitment to continued quality improvement.

I am pleased to report the status of accreditation for the YSAC centres in continually improving. This fiscal year three additional YSAC centres received accreditation standing, bringing the total accredited centres to five. We remain committed to continually improving the accreditation process through YSAC membership on both the Board of the Canadian Council on Health Services Accreditation, and various standards review teams.

As you look through this report take special notice of the new facilities that have been built for Nenqayni and Whiskyjack, we congratulate them on Grand Openings of two very beautiful centres obviously designed to maximize client safety and comfort while on their healing journey.

This year we were able to secure funding for the operations of the YSAC group and appreciate the commitment to our shared projects that has been demonstrated by our partners at First Nations and Inuit Health Branch.

### ***Our Vision***

***“Developing partnerships to provide Solvent Addiction Treatment service for First Nations and Inuit young people and their families***

### ***Our Mission***

***To Create a First Nations and Inuit Health Recovery Network of Solvent Treatment Centres for Native young people, their families and communities.***

***This national continuum of quality support services will be based on First Nations and Inuit principles and values, committed to developing partnerships.***

***To recognize and respect the natural value of First Nations and Inuit youth and to assist them in recapturing their self worth and sense of belonging in balance with their families’ and communities’.***

# HISTORY

In 1995, Health Canada, through the Brighter Futures/ Solvent Abuse Initiative, began the development phase for several First Nations Treatment Centres geared toward adolescent Solvent Abuse. Six centres were initially awarded, (with one already in existence) in various regions of Canada. In July 1996, First Nations and Inuit Health Branch began the establishment and implementation phase for the permanent sites. In 1998, there were additional fiscal resources set aside, adding an additional three treatment centres to this network.

The original group of seven centres formed what has become a supportive network of communication and idea sharing, including the development of visionary planning for creating a cohesive and fully integrated system of national cooperation.

Throughout 1998 this network, named The Youth Solvent Abuse Committee or YSAC, came together to begin the development of a formal accreditation model. In conjunction with the accreditation process, several methods of effective treatment delivery were shared within the group. From this sharing, the group began to develop a vision of best practice guidelines for adolescent solvent treatment.

## Youth Solvent Addiction Centre's Working Group (YSAC)

The National YSAC group is now comprised of a network of 9 First Nation Youth Treatment Centres spread throughout Canada. The National network of Youth Solvent Treatment Centres is composed of one representative from each of the National Solvent Treatment Centres, usually the Executive Director, with regional and national representation from First Nations and Inuit Health Branch. This group has met on a quarterly basis since its inception in 1997. Since that time this group has accomplished many tasks that have furthered the development of the national solvent addiction program. The strengths of this group lies in its ability to come together in a shared national vision, while still supporting each centre to function within its individual treatment philosophy.

The YSAC committee membership consists of one member from each treatment centre, usually the Executive

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**Carol Hopkins, Nimkee NupiGawagan Healing Centre, Muncey, Ontario (Chairperson for YSAC)**

**Bruce Mack, Nenqayni Treatment Centre, Williams Lake, B.C.**

**Connie Forbister, White Swan Treatment Centres, Kinuso, Alberta**

**Gary MacArthur, Eagle's Path Treatment Centre, North Battleford, Saskatchewan**

**Deborah Dell, White Buffalo Youth Inhalant Treatment Centre, Prince Albert, Saskatchewan**

**Steve Clarke, Whiskyjack Treatment Centre, Thompson, Manitoba**

**Vincent Simon, Ka Na Chi Hih Solvent Abuse Treatment Centre, Thunder Bay Ontario**

**John Graham, Charles J. Andrew Youth Restoration Centre, Sheshatshiu, Labrador**

Director. Each member is responsible for attending quarterly meetings and carrying out work plans as decided by the committee.

Through regular participation from all members, the YSAC group has developed a shared network with a vision of "Best Practice." The committee has begun the process of evaluating all parts of the treatment system. The most significant contribution to the field of First Nations Addictions Treatment has been their participation in the development of the National First Nations and Inuit Substance Abuse Standards.

# 2002-2003 STRATEGIC GOALS

## Overview

The Directors of the National Solvent Addiction Program have identified common interests that will improve the quality of the national solvent addiction program. The identified priorities have been organized in alignment with the substance abuse services accreditation program to ensure that national initiatives are reflective of the standards of excellence. A formal work plan has been developed based on these initiatives and involves the following components.

## Leadership & Partnership

Leadership and partnership activities have always played a major role in shaping and influencing the National Solvent Addiction Program. The National Solvent Committee has become a prominent leader in the solvent addiction field. They have formalized a group and established operational values which include a Terms of Reference and Code of Ethics.

Linkages with other organizations have also been made on national and regional levels. The partnership with the National Native Addictions Partnership Foundation with formalized with YSAC representation on this board. Connie Forbister and Carol Hopkins shared the voice for solvent abuse issues on the Foundation Board during 2001-2002.

### **Leadership & Partnership Goals:**

1. With our partners, adopt the implementations of the Addictions Renewal Framework.
2. Explore partnerships for joint projects with other National and International Organizations

### **Additional Leadership and Partnership Successes**

- **Nimkee Nupigawagan participated in a project to develop critical success indicators and then monitored then to ensure achievement.**
- **White Buffalo developed a model for board evaluation which includes a 360 degree model for board and individual director evaluation.**
- **YSAC assisted in completion of a peer review of the Charles J Andrew Center to ensure basic requirements were met before program reopening.**

### **Leadership & Partnership Goals Achieved**

1. YSAC member continues to sit on regional working groups across the country who are tasked with developing plans to implement the renewal framework.
2. A formal partnership for research was developed, collaborative research paper completed in conjunction with the Canadian Center on Substance Abuse.

## 2002-2003 STRATEGIC GOALS

### Best Practice Manual / Client Services

The committee has been in the process over the past 3 years of developing a YSAC Best Practice Manual which includes: Partnership Protocols with FNIHB, National Goal statements and Best Practices Guidelines. The manual is not meant to be a static document and is designed as a framework to embark on as the field of YSAC grows. The document is reviewed at each meeting to ensure continued relevance and adherence to the collective vision of YSAC. As the centres experiment with different treatment options, it is acknowledged that some of these practices will lead to better client outcomes which can then be further verified through indicator development and monitoring.

#### ***Client Services Goals:***

1. Develop Policy and Implementation plan for care and debriefing after a serious occurrence.
2. Participate with NNAPF to strengthen the continuum of services through development of a community Emergency Response system
3. Develop a standardized assessment and planning guidelines for program redevelopment
4. Develop rationale for potential renegotiation to revise program to four-month program
5. With a contracted researcher, develop possible research questions, that will form the basis for a five year review of the YSAC program

#### **Additional Client Services Successes**

- White Buffalo began a project to test the hand eye motor coordination change administering a standardized test at intake and discharge, results of the first testing group show a 92% improvement in a four month interval.
- Ka Na Chi Hih embarked on a project to evaluate the extent of change in physical conditioning that occurs during the treatment episode.
- Nimkee Nupigawagan administered a self esteem scale at entry and exit results for this year show a 5% improvement in client self reported self esteem

#### ***Client Services Goals Achieved***

- ✓ 1. Care and debriefing policy and program plan developed.
- ✓ 2. YSAC continued to sit as an advisor on the expert panel to CERP development.
- ✓ 3. Assessment and Redevelopment guide was developed and utilized during the centre peer review process.
- ✓ 4. YSAC embarked on a 1 year pilot test of a four month intake process, this pilot test will conclude in December 2003.
- ✓ 5. Framework questions for a five year review were developed by the YSAC group.



# 2002-2003 STRATEGIC GOALS

## Information Management

Another fundamental activity the YSAC group has been their involvement as “experts” and providing consultation to various programs and / or groups. These activities include a number of activities: involvement in focus groups for the National Native Addictions Information System to provide feedback on client services, standardizing both the Quality Monitoring Process and Client Outcome Measurements and providing ongoing communication and networking activities at quarterly YSAC meetings.

### *Information Management*

1. Continue to add to and strengthen the reported information in Annual Report through shared data collection.
2. Continue to advocate for and participate in the design of a new improved addictions information management system

### **Additional Information Management Successes**

- Nimkee Nupigawagan centre received recognition through Canadian Council on Health Services Accreditation as displaying a “Good Practice” with regard to the client information systems in place at the facility.
- Through the research project with Kim Scott, a standard follow up survey was developed. This tool has potential to be used on an ongoing basis.
- YSAC centres have been selected to participate as pilot sites for the roll out of the new NNAIMS system, 4 centres have been outfitted with new satellite internet systems.

### *Information Management Goals*

- ✓ 1. This year two additional categories were added to the data collection section of the annual report.
- ✓ 2. YSAC continued to sit as a partner on the user group of the National Native Addictions Information Management System (NNAIMS)

## 2002-2003 STRATEGIC GOALS

### Human Services

All Directors have identified human services as a critical component to providing quality service to clients. The Directors have devoted considerable time addressing issues such as staff certification, staff retention and recruitment of qualified staff. Specific objectives have been identified for Standardized Employee Training, making all components and curriculum uniform throughout all treatment centres. The Best Practice and specialized services research on common human resource issues has been initiated: i.e., compensation for on-call responsibilities, recruitment and hiring strategies.

1. Develop Memorandum of Understanding for sharing resources to develop curriculum for Youth Workers, in collaboration with Nechi Institute

#### **Additional Human Services Successes**

- YSAC completed the first Youth Addictions Worker Training Program at Nechi Institute August 19-23, 2002, the same program was then delivered to a new staff team at Charles J Andrew Centre.
- Nenqayni centre began a project of personal and professional development– to certify all counselling staff. This project is in partnership with University of British Columbia
- White Swan began the first of 9 staff training modules in partnership with Nechi Institute. 23 staff and 3 community members
- Nimkee certified 2 staff certified as trainers in the ASIST, suicide prevention program.

Training and investment in human resources continues to be a priority for all YSAC centres, each centre delivers a concentrated employee development program which often includes a focus on community capacity building

#### **Human Services Goals Achieved**

- Memorandum of Agreement was signed with Nechi Institute, and partnership for employee and general youth training modules was established.

## 2002-2003 STRATEGIC GOALS

### Environment

Each centre is responsible for environmental maintenance and for developing a capital reserve plan. Any facility upgrades require planning within the annual budget.

#### ***Environment Goals:***

1. Capital Reserve Planning & Facility Maintenance tools will be developed

#### ***Environment Goals Achieved***

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1. A complete capital planning guide was developed for use at all YSAC centres

#### ***Additional Environment Successes***

- Nenqayni completed construction on a new youth facility, a Grand Opening was held September 20, 2002
- Whiskyjack completed construction on a new building at Whiskyjack Landing in Manitoba in April of 2002
- Nimkee Nupigawagan completed construction on a new ceremonial lodge in April 2002.

### Accreditation

Two centres received their second accreditation award - White Buffalo, and Nimkee Nupigawagan

Ka Na Cha Hih, Whiskyjack and Nenqayni completed their self assessment, survey site visit and received accreditation awards.

This brings the total accredited centres in the YSAC network to five of eight

White Swan and Charles J Andrew centres are registered for surveys in the fall of 2003

The number of surveyors for CCHSA from the YSAC network increased from 3 to 6 in the 2002-2003 year.

## **Accountability**

YSAC minutes are circulated through each treatment centre and its Board of Directors and included with regional FNIHB reports and NNADF 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 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.

## **Finance**

All nine 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 at 40,000.00 per annum for travel and meeting expenses.

To date the impressive achievements of the group has been realized solely through the conscientious efforts and capacity of its members.

## Networking and Promotions

This year has been one that has been filled with many requests for speaking engagement from the YSAC group.

The ability to share the story of YSAC and some of the centres successes is one that helps raise the profile of solvent abuse and effective treatment modalities across the country, the continent and in some cases the world.

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### **May 2002**

*Presentation to Health Canada Regional and National Representatives  
5 protocols were presented for ratification.*

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### **Healing Our Spirit Worldwide**

*Sept, 2002*

*2 YSAC presentations– were completed at the Albuquerque conference.*

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### **World Forum on Drug Dependency**

*September, 2002– Carol Hopkins and Dr Colleen Dell presented a paper on Resiliency and Holistic Inhalant Abuse Treatment, to this world forum..*

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### **HEP and CCENDU**

*YSAC information was presented to these two national addictions data gathering groups in July, 2002*

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### **Behavioral Health Science Conference**

*July 2002– Carol Hopkins in partnership with Health Canada, did a presentation on First Nations Addictions and Mental Health Services in Canada. This conference was hosted by Indian Health Services, USA, Portland, Oregon.*



# *PROGRAM DESCRIPTIONS*

## Charles J Andrew Youth Treatment Centre



The Charles J. Andrew Youth Treatment Centre is located in the community of Sheshatshiu, Labrador. The Centre offers solvent addiction treatment services for First Nation youth, between the ages of 12 and 18. Charles J Andrew is a twelve-bed facility that operates a continuous intake cycle all year round.

**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.*

### Services Offered:

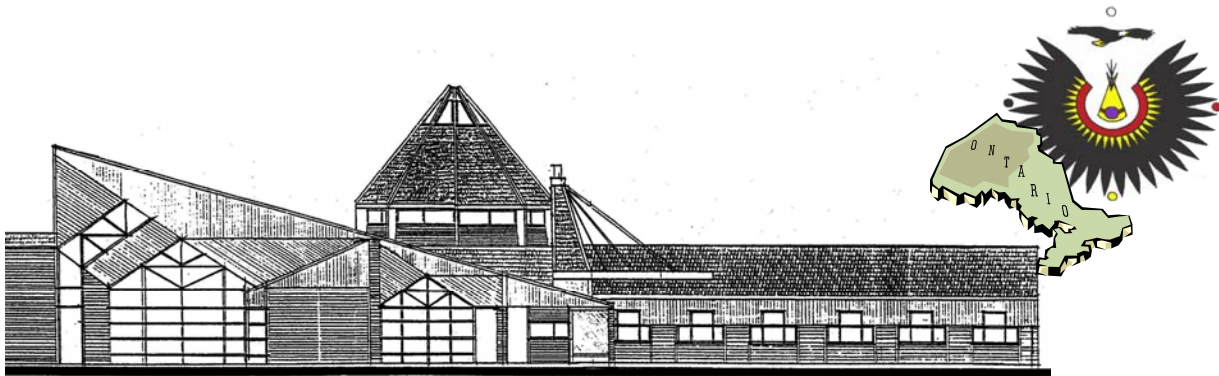
#### Treatment Program

- Individual Therapy
- Group Therapy
- Traditional Native Therapy
- Family Counseling
- Academic studies
- Recreation
- Wilderness Program

#### Pre & Post Treatment

- Help referral agencies complete individual assessments
- Help referral agencies develop treatment plan for clients
- Develop individual aftercare plan with clients and community agencies
- Contact former clients on a regular basis
- Provide communities with workshops on solvent abuse

## Ka Na Chi Hih Treatment Centre



*Elevation of New centre-currently awaiting construction*

### ***Our Mission:***

*In keeping with the sacred teachings of the Creator, Ka-Na –Chi-Hih Specialized Solvent Abuse Treatment Centre will provide a nurturing and supportive environment for youth who are embarking on their healing journey to wellness of body, heart , mind and spirit.*

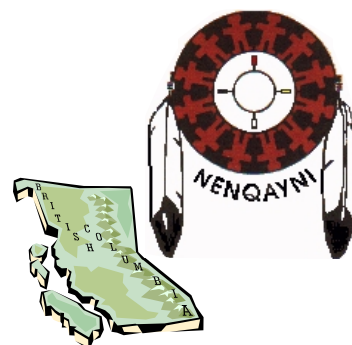
Ka– Na –Chi– Hih is a 12 bed residential centre for males 16-25. We are currently located in the Lakehead Psychiatric Hospital in Thunder Bay , Ontario, and are now in the process of constructing a separate facility for long term use. The treatment program is based on the medicine wheel concept, and combines traditional and contemporary approaches to holistic treatment. A residential program, the centre operates 7 days per week 24 hours per day. A typical day consists of breakfast, morning circle, educational sessions, one on one counselling, drumming, arts and crafts, life-skills training and recreation, with a weekly healing lodge. Clients are afforded the opportunity to attend educational upgrading through an offsite centre ( Youth Employment Services) in Thunder bay.

The clients attend local pow wows and are engaged in a culturally focused recreation program which includes annual field trips for fasting and medicine gathering.

There is generally a waiting list of 10-15 clients who are referred from across Canada by community workers. The referral process involves a unified process of information gathering between the treatment manager and treatment team to ensure client needs are met.



## Nenqayni Treatment Centre



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 5 years. We serve First Nations Youth and their families from communities across Canada. The Youth & Family Inhalant Program is a six 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.

Our statement of purpose is;

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

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, a 24-hour telephone counselling is available and community visits are made by staff whenever possible.

## Nimkee Nupigawagan Healing Centre Inc.



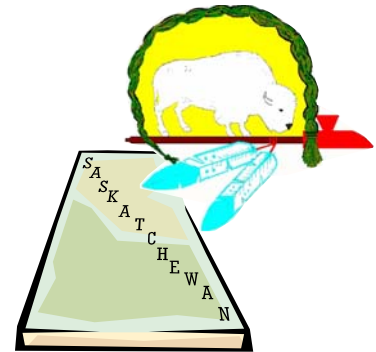
Nimkee NupiGawagan offers residential treatment services for First Nation Youth, ages 12 to 16, who suffer from solvent abuse. The female program runs from January to June and the male program runs from July to December. Families of (3 people) the youth are invited to stay in the residence with the youth midway through the six month program for 1 to 3 weeks.

When necessary and appropriate, Psychological and Psychiatric assessments are completed through referrals.

Treatment Program Includes:

- ❖ Individual Therapy: Expressive Arts Therapy, Traditional Native Therapy
- ❖ Individual & Group Counselling: 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 Counselling: 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



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.

## Whiskyjack Treatment Centre



Whiskyjack Treatment Centre program offers 22 beds for residential treatment services of which 12 beds are dedicated to solvent abuse and 10 beds for other addictions. The program is designed to accommodate First Nation Youth, ages 11 to 17. The program is based on providing effective holistic healing for youth and their families within a safe environment of respect, trust and love. The program is offered continuously throughout the year for female and male clients with both programs operating simultaneously but separated by gender. Intake occurs continuously.

When necessary and appropriate, Psychological and Psychiatric assessments are referred.

### Treatment Program Includes:

Individual Therapy: Expressive Arts Therapy, Traditional Native Therapy

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

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

Traditional Native Therapy: Sweat Lodge, Pipe, Smudge, Fasting & Naming Ceremonies; Clan, Male & Female Roles & Responsibilities and other Traditional Teachings.

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

Education: On site classroom.

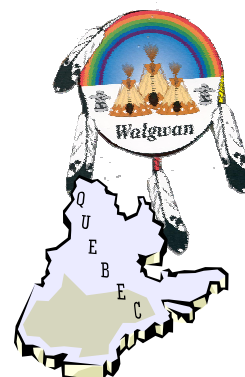
Recreation: swimming, skating, bowling, outdoor/indoor team sports, camping, field trips, Gym

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

Personal Life Management: Structured and systematic program, develop coping skills.



## Walgwan Center



The Walgwan center is a 12 bed centre for male and female youth ages 12-17, it is situated in Quebec on the Gaspé Coast in the Mi'kmaq community of Gesgapegiag. The services offered at Walgwan include pre and post treatment services. Walgwan's interveners are involved in evaluating clientele prior to their admission into our residential program. While in the community our interveners also perform follow up services to past clients.

The residential program is 6 months in duration, in the first stage our primary concern is detoxification; youth are closely monitored and a complete evaluation is conducted. Following completion of the first month a comprehensive intervention plan is developed, which will specify individual areas to focus on in treatment. This plan formulates the majority of their treatment stay. The youth move through the program into the final stage, which is preparation for returning home. This stage prepares them to reintegrate daily activities as they present themselves in the community. A plan of action is developed to guide and identify resources that may assist the youth once they are back home as they continue to work through the recovery process.

Our family program is an important process in the treatment at Walgwan. Family or significant supports are invited to join the youth and participate in portions of their recovery journey.

Our services are based on the principles of holistic healing. Interventions respect a young persons desire to change and move towards re-establishing a healthier lifestyle, and create a balance with the spiritual, emotional, physical and mental aspects in their lives.

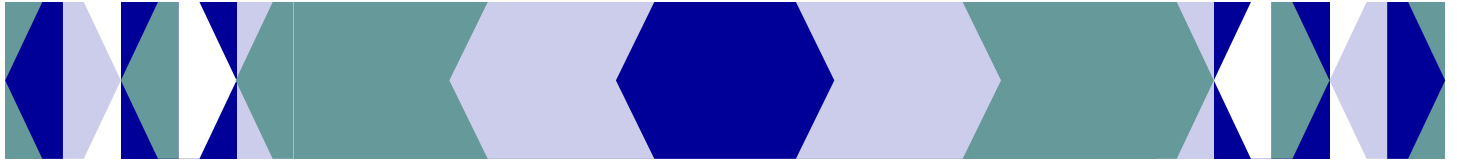
## White Swan Centre



The White Swan Treatment Centres are located in two separate facilities located in Swan River First Nation and Whitefish Lake First Nation, Alberta. The Swan River centre is 3 hours Northwest of Edmonton. The Whitefish Lake Centre is 4 1/2 hours Northwest of Edmonton.

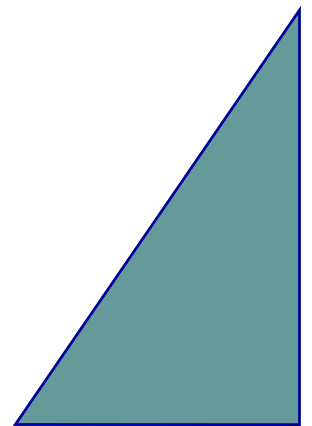
White Swan was developed in 1999 to assist young people who have a history of inhalant addictions and trauma. The target populations for the White Swan Treatment Centres are male and female Aboriginal youth between the ages of 8 and 17 years. In addition to the use of substances, clients accepted into White Swan Treatment Centres usually exhibit, or are affected by underlying factors which contribute to their inhalant/chemical usage such as trouble with the law and family dysfunction.

The residential treatment care program is six months in duration. The program is made up of several required modules, which are deemed essential to learning prior to a client's discharge. However, it is anticipated that some clients may require extended lengths of stay in order to facilitate and achieve baseline rehabilitation. The program at White Swan Treatment Centres is directed and guided by principles of holistic treatment. These principles respect Aboriginal traditional practices and western practices of treatment, integrating the mental, physical, emotional and spiritual aspects of the individual. It is imperative to the foundation of programs and services, that one on one counselling be provided to the clients, on a regular and consistent basis. In addition, clinical services will be extended to clients on a case by case basis.



# Statistical Information

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## 2002-2003 PROGRAM HIGHLIGHTS

### White Buffalo Treatment Centre

June 12, 2003 10 clients participated in a self study CD Rom delivered babysitting course under the guidance of our Case Coordinator. The self study was finalized with a four hour practical session offered by St John's ambulance. The end result was 100% of the clients who took the course received certification in "What every babysitter should know."

November 20-22, 2002 Two staff attended a workshop provided by Saskatchewan Region Treatment Centres, entitled The life– process model of addiction, by Stanton Peele. Mr. Peele is an Internationally recognized lecturer on the non disease model of addiction.

November 25, 2002, White Buffalo completed a second accreditation cycle and survey. The report showed vast improvements over the three years, with recommendations going down from 24 to 4 recommendations, most centred around client medications.

In December 2002, Outreach finalized the development of two additional Inhalant prevention posters. Inhalants are poisons and Don't let sniffing be your bag are full color posters designed to teach young children the dangers of trying sniffing even once. These animal themed cartoon drawings have received much positive attention during Outreach presentations.

January 2003– One staff took a distance learning course "Core Functions of Addictions" through Brown University online.





## Whiskyjack Treatment Centre

The most significant program highlight is of course the relocation of our centre to Whiskyjack crossing in March of 2002, unfortunately we encountered several difficulties with the new building and were forced to move back to the Thompson facility for the period between August 25, 2002 and March 28, 2003.. A formal grand opening is scheduled to occur later in the year.

Native Healing is an important component of our traditional program. Our traditional Counsellor invited Elders to come their teachings with the clients of Whiskyjack. The clients watched the Elder perform healing ceremonies and were then encouraged to ask questions. One Elder, from Mosakahiken Cree Nation performed ceremonies in name giving, pipe, sweats and healing. In addition our traditional counsellor conducts sweats twice weekly. The clients are involved in the whole process by gathering rocks and wood and maintaining the Sweat lodge site.

Community Outreach contacts have been made with Nelson House First Nation to network with community resource people, Nelson House Medicine Lodge, Family and Community Wellness Centre, Education Authority and the personal care home. The reception from the community was very reassuring and encouraging.

Clients of the centre attended an Aboriginal Youth Conference at RD Parker Collegiate in Thompson , Manitoba.

Staff of the centre participated in several training workshops throughout this fiscal year, including:

- Non Violent Crisis Intervention
- Introduction to computers
- Applied Counselling Certificate
- Communication Skills in Counselling
- Case Management , through RDL Software systems
- CPR and First Aid
- Family Focused practice

## Ka Na Chi Hih Treatment Centre

- The major program success was the completion of the accreditation self assessment and surveyor visit that occurred in November
- September: SAAFE Walk in conjunction with Drug Awareness Week. This event acts as a promotional venue for the centre, and provides a degree of preventative services for the City of Thunderbay.
- Clients were enrolled and certified for Forest Fire Response Team
- Clients enrolled in cooking classes in preparation for independent living upon completion of treatment  
Stats indicate an increased rate of client satisfaction and completing treatment following programming and recreational schedule changes
- 4-day wilderness camping, blueberry picking trip, overnight fishing and hunting trips
- 4-day wilderness ice fishing and camping trip in March

### Program Successes

- Cultural program: 100% participation
  - Recreational programs: 100% participation
  - Arts & Crafts: 100% participation
  - Harm Reduction: Discharged clients who relapse do not abuse solvents to same extent
- 90% discharged youth maintain telephone contact with KNCH staff  
100% youth in treatment maintain telephone contact with parents

### Staff Development Highlights:

- January 2003 Ka Na Chi Hih staff participated in a "Team Building" Retreat

## Nenqayni Treatment Centre

In December 2002 staff of Nenqayni participated in a week long course on *Therapeutic Enactment*, the course was delivered on site through a training team from the University of British Columbia.

The centre will be switching from an all female client group, to a rotational block gender intake plan, which will begin in July 2003.

Nenqayni celebrated the Grand Opening of our new youth facility on September 20, 2002. This facility replaces the trailer style housing previously utilized for our youth services program.

Following the 2002 Annual General Meeting, Nenqayni Society members voted to change the name of the facility. The selected name will be announce in the 2003 fiscal year.

## **Nimkee NupiGawagan Healing Centre**

### **Program Highlights:**

- Self Esteem scales given at entry and program exit show a 5 % increase for both male and female clients.
- Client surveys show an 89% rate of client satisfaction with staff helping skills as well as an 78% satisfaction rate with treatment activities, with the top three being cultural programming, respect and boundaries and the anti– bullying program.
- Referral workers rated a 92% satisfaction with staff, specifically, for being friendly and showing a genuine interest in the youth.

### **Program Statistics**

- The education program shows grade level improvement of .8 in math and 1.5 in Language arts for males, as well as .6 for math and 1.3 in language arts for females.
- Parent participation in programs shows an average of two family members attending programs for 5 days per client, for a total of 318 family days this year.

### **Staff Development Highlights:**

- This fiscal year we report a 14% turnover rate, down from 31% in 2001-2002
- 91% of staff report job satisfaction, with 81% reporting satisfaction overall with management, communication and team work.
- Two staff were certified in the ASIST suicide prevention program.
- Three staff presented sessions at the Healing Our Spirit Worldwide conference, in Albuquerque, New Mexico September 2002.

### **Regional Activities**

Nimkee participated with seven other organizations in completing the “ Understanding of Indigenous Healing Practice

Nimkee continues to accept Post Secondary student placements from the following programs: Traditional Aboriginal Healing, School of Social Work and the Child and Youth Care Worker diploma program.

## **Charles J. Andrew Youth Treatment Centre**

In April of 2002, our youth participated in a 570 Km walk, which took 3.5 weeks to complete, from Goose Bay to Minei Nipit Lake as part of their cultural awareness programming.

In August of 2002, 4 youth participated in a 3 week canoe trip from Churchill Falls to Sheshatshiu to learn traditional paths.

A sweat lodge was completed on-site and it is also used by the community at least five days a week, often twice a day

A Peer Review was conducted by two members of YSAC. Also, a volunteer from Canadian Executive Services Overseas provided assistance with program evaluation and initiatives.

At the end of November, Health Canada advised the Centre that referrals would be suspended due to the lack of counselling services offered to the youth. This resulted in the program being closed for admission until April 14, 2003

A new staffing model was developed along with new job descriptions. Life skills training is a new responsibility incorporated into 2 positions. The new model meets the concerns of Health Canada with a counsellor being on each day and evening shift, 7 days a week. Also, it allows for overlap between shift changes.

Extensive staff training took place in life skills & group leaderships, fundamental concepts and inhalant abuse, children affected by trauma, FAS and clinical issues.

## White Swan Treatment Centre

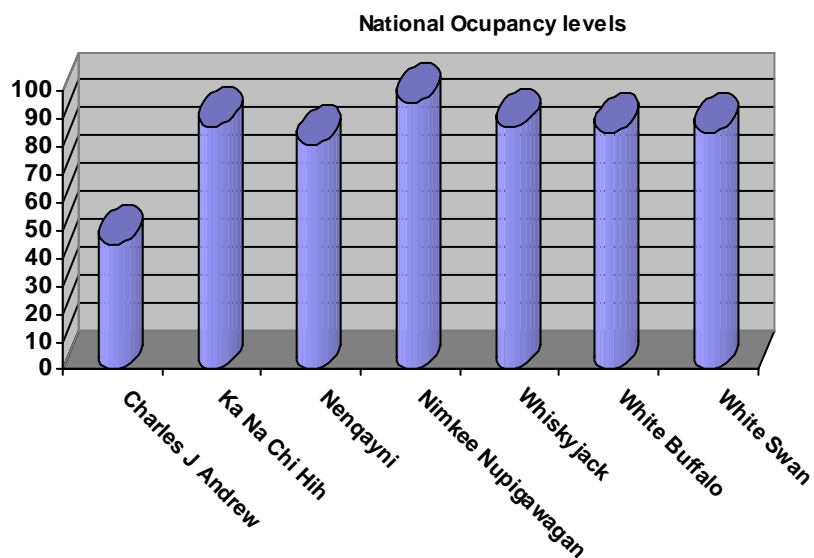
### Staff Development Highlights:

There has been a considerable amount of time and resources devoted to this area during the reporting period. The following list will outline these efforts to improve our services to the clients and families we serve:

- October' 02 – Six staff attended a Youth Inhalant Addiction Training presented by Nechi Training and Health Promotions Institute;
- November'02 – Five staff completed their First Aid Training;
- November'02 – Eleven staff attended a Suicide Prevention Training presented by the Lesser Slave Lake Indian Regional Council, Child Welfare staff;
- December'02 – Eight staff attended a Child Welfare Act Review Training
- December'02 – Five staff attended a Stress Management and Conflict Resolution Training;
- December'02 – Eight staff attended a Crisis Intervention Training;
- December'02 – Treatment Centre Staff and Clients attended an Anger Management Training hosted by the Swan River Band Health Centre;
- January'03 – Four staff attended a four day training provided by NNADAP in Edmonton with topics including: Team Building, Trauma, Grief and Loss, Street Drugs, Sexual Abuse, Bullying, Youth Issues, and Traditional Healing;
- January'03 – Ten staff completed a follow-up training on Sexual Abuse provided by Child Welfare;
- January'03 – All staff and clients participated in a Grief and Loss Workshop, 2 days;
- January'03 – Staff trained on Report Writing, 4 days, included Assessments, Treatment Plans, Monthly Progress Reports and Discharge Summaries;
- February'03 – Three staff attended an Emergency Response and Pharmacology training put on by NNADAP and Nechi Training and Health Promotions in Edmonton;
- March'03 – One staff member completed her Program Managers Training at Nechi;
- March'03 – The first of eighteen training modules for staff at both centres specifically designed for White Swan Treatment Centres provided by Nechi began. The first module was on Communications and Ethics. Twenty three staff and three community members attended and completed the week long training;
- March'03 – Two staff attended a five day training provided by NNADAP and Treaty 8 Health on Trauma and Solution Focused Therapies in St. Albert, AB;
- March'03 – Twelve staff attended a Crisis Intervention and Personal Safety class at Swan River School, this training is required for our Centre accreditation.

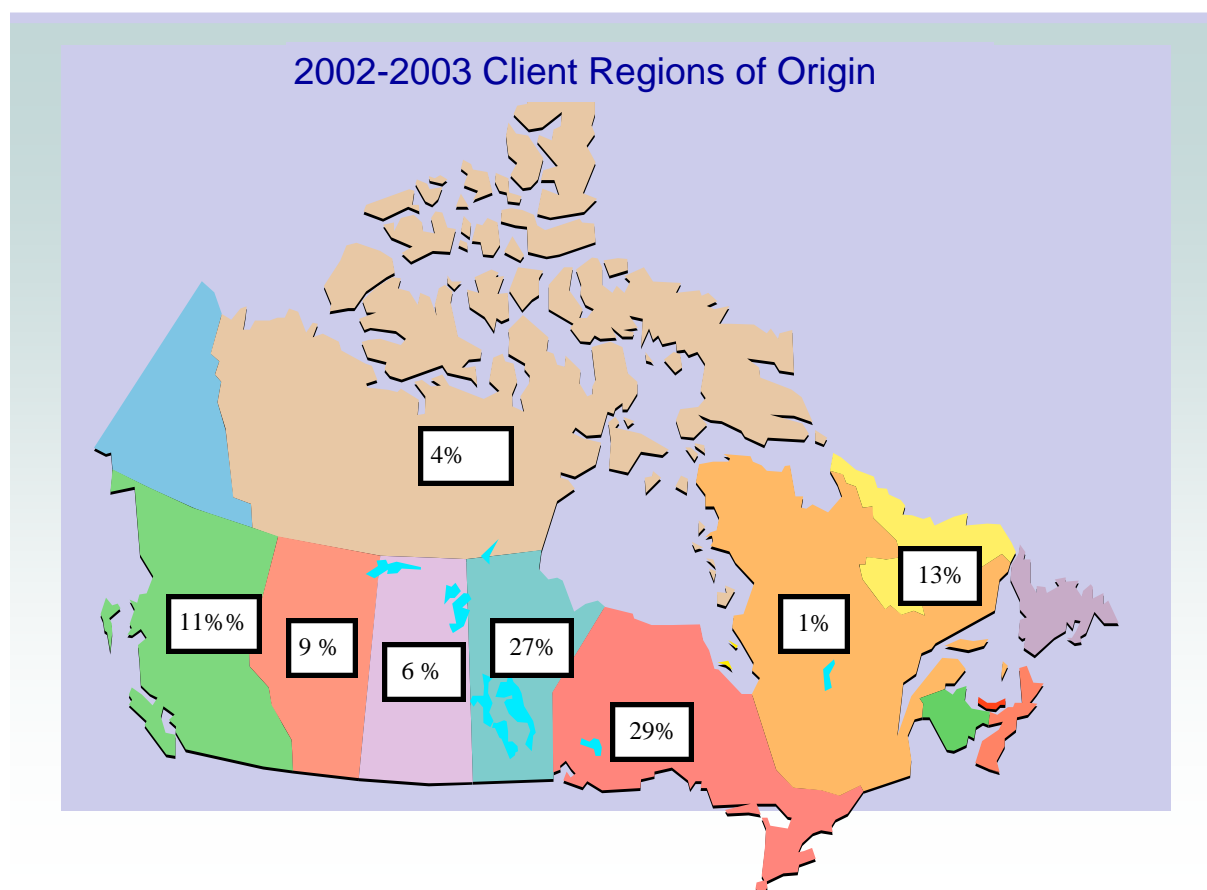
## NATIONAL OCCUPANCY RATES

Treatment Centre	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Annual
Nenqayni Treatment Centre	83.3%	81%	66.3%	95.3	81%
White Buffalo Youth Inhalant Centre	92%	70%	83%	96%	85%
Whiskyjack Treatment Centre	84%	90%	87%	86%	87%
Ka Na Chi Hih Solvent Abuse Treatment Centre	92%	83%	83%	92%	87.5%
Nimkee NupiGawagan Healing Centre	96%	94%	96%	98%	96%
Charles J. Andrew Youth Treatment Centre	52.1%	55%	29.6%	0*	45%
White Swan Treatment Centre					85%
* Centre temporarily closed					



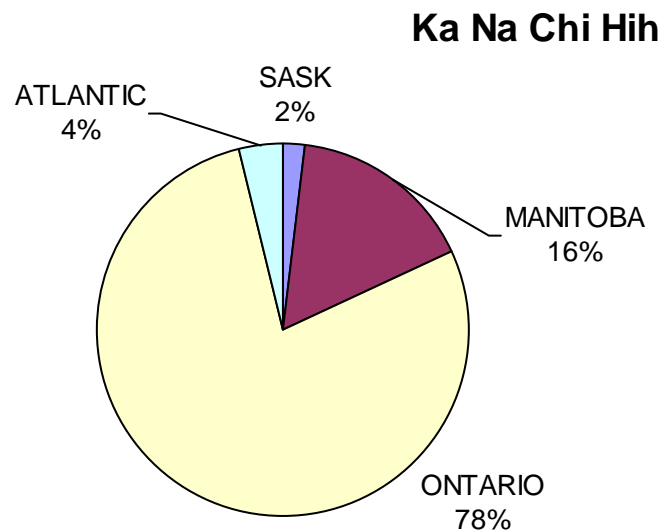
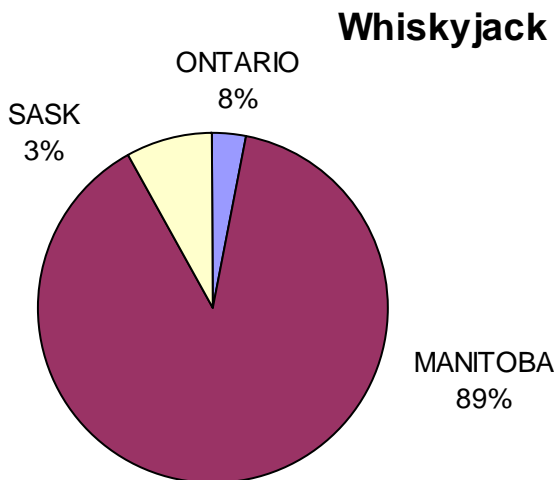
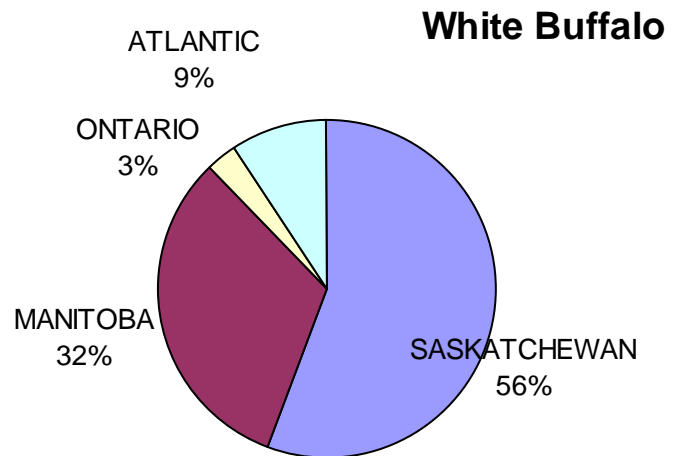
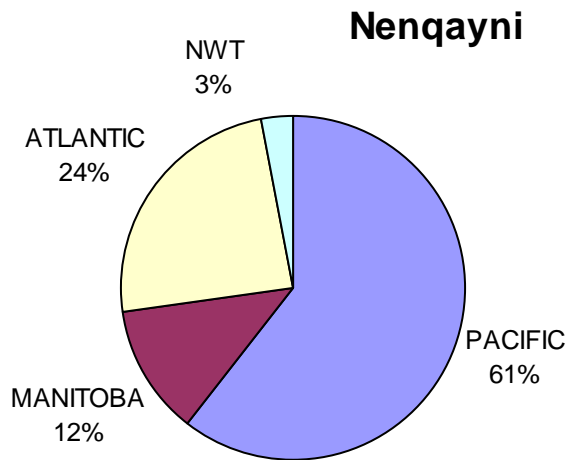
## REGION OF ORIGIN NATIONALLY

In 2002-2003 **285** Clients were admitted for residential solvent abuse treatment as reported by seven of the nine centres in Canada. The gender split is defined as 137 (48%) male and 148 (52%) female. The chart below represents percentage of clients referred from each region of origin.



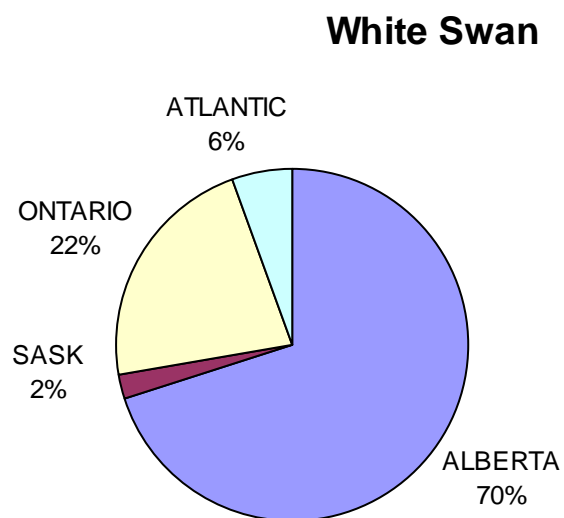
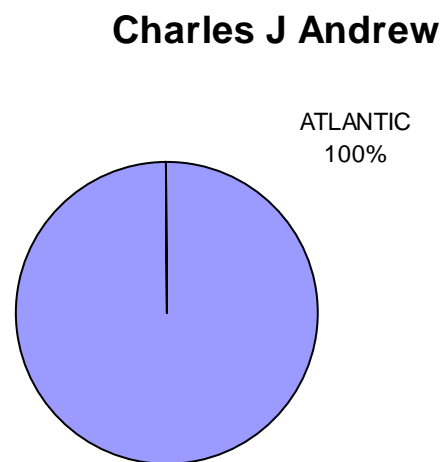
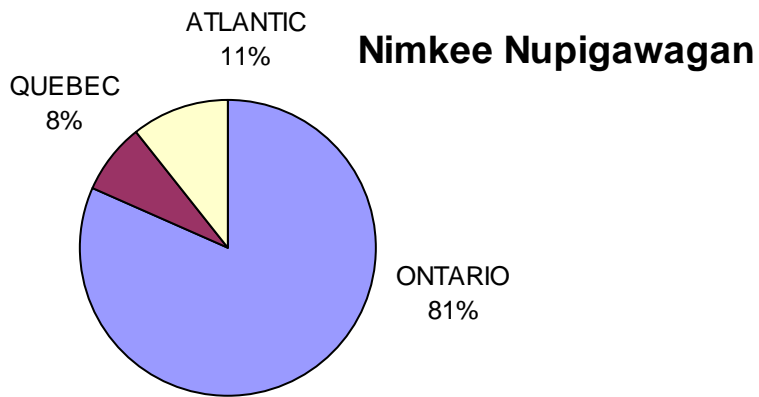
Historical Client Regions of Origin	2000-2001	2001-2002
Pacific	5%	6%
Alberta	4%	7%
Manitoba	24%	23%
Saskatchewan	18%	7%
Ontario	17%	22%
Quebec	7%	7%
Atlantic	25%	28%
NWT/Nunavut	<1%	<1%

## REGION OF CLIENT ORIGIN BY CENTRE





## REGION OF CLIENT ORIGIN BY CENTRE



## NATIONAL CLIENT PROFILE

Average Client Age ( At Intake)	Males	Females	Combined
Nationally	15.5	15	15
Charles J Andrew	14.9	15.2	15
Ka Na Chi Hih	18	—	18
Nenqayni	—	16.5	16.5
Nimkee	14	15	14.5
Walgwan	N/R	N/R	N/R
Whiskyjack	N/R	N/R	N/R
White Buffalo	—	14.1	14.1
White Swan	15	15	15

Not attending school at entry	Males	Females	Combined
Nationally	61%	48%	55%
Charles J Andrew	85%	65%	73%
Ka Na Chi Hih	100%	-	100%
Nenqayni	—	70%	70%
Nimkee	31%	52%	42%
Walgwan	N/R	N/R	N/R
Whiskyjack	53%	38%	48%
White Buffalo	—	45%	45%
White Swan	38%	20%	58%

NR= Non reported

\*Ka Na Chi Hih accepts clients who are over age of majority and therefore the # representing not in school at entry is higher.

\*\*national averages are based on the reported centres only

## NATIONAL CLIENT PROFILE

History of Suicide Ideation	Males	Females	Combined
Nationally	47%	70%	58.5%
Charles J Andrew	41%	100%	71%
Ka Na Chi Hih	50%	—	50%
Nenqayni	68%	—	68%
Nimkee	38%	67%	52.5
Walgwan	NR	NR	NR
Whiskyjack	38%	53%	45.5
White Buffalo	—	61%	61%
White Swan	48%	70%	59%

History of Family Addiction	Males	Females	Combined
Nationally	69%	80%	75%
Charles J Andrew	85%	88%	86.5%
Ka Na Chi Hih	41%	—	41%
Nenqayni	—	83%	83%
Nimkee	71%	76%	73%
Walgwan	NR	NR	NR
Whiskyjack	87%	83%	85%
White Buffalo	—	81%	81%
White Swan	59%	70%	64.5%

## NATIONAL CLIENT PROFILE

History of Sexual Victimization	Males	Females	Combined
Nationally	28%	61%	45%
Charles J Andrew	15%	47%	31%
Ka Na Chi Hih	32%	—	32%
Nenqayni	—	55%	55%
Nimkee	36%	62%	49%
Walgwan	NA	NA	NA
Whiskyjack	37%	45%	41%
White Buffalo	—	84%	84%
White Swan	21%	70%	46%

Program Completion	Males	Females	Combined
Nationally	44%	40%	42%
Charles J Andrew	31%	12%	22%
Ka Na Chi Hih	11%	—	11%
Nenqayni	—	0%	0%
Nimkee	79%	67%	73%
Walgwan	NR	NR	NR
Whiskyjack	53%	72%	62.5%
White Buffalo	—	48%	48%
White Swan	48%	40%	44%

\* Clients still in program at time of data gathering.

## NATIONAL CLIENT PROFILE

National Statistics	Males	Females	Combined
Family Violence	43%	75%	62%
Involvement in Justice System	43%	39%	42%
Attended treatment Previously	47%	42%	45%

## National Client Profile

