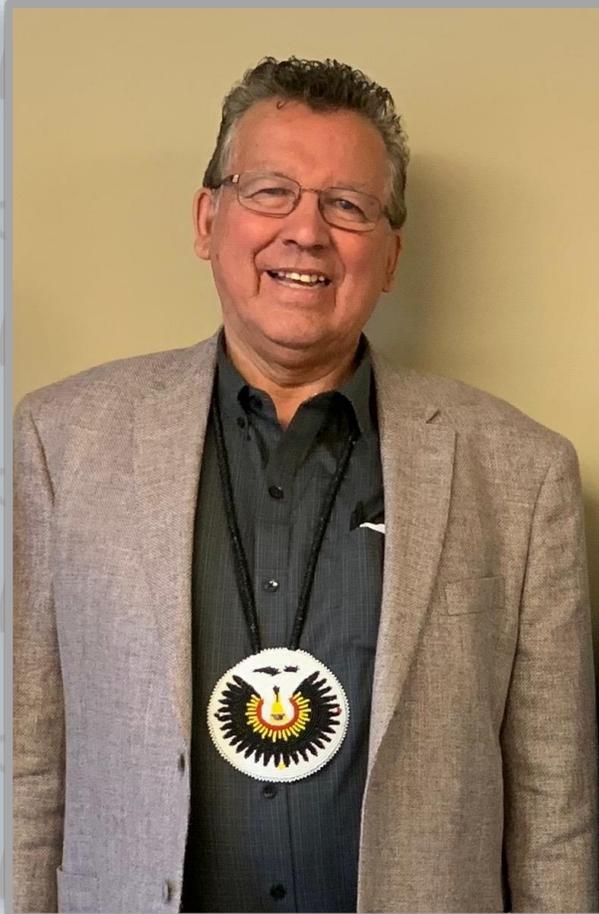


2019 2020 ANNUAL REPORT



Youth Solvent Addiction Committee

Executive Summary



This year we welcomed a new director into the YSAC family. Felicia Allingham began as the director for Charles J. Andrew Family Treatment Centre. At the same time as we were welcoming Felicia, we were saying a very sad goodbye to the long-term director of Siksika Medicine Lodge, Yvonne Olivier. The sudden and permanent closure of Siksika Medicine Lodge was met with very heavy hearts.

This year we celebrate a partnership with Saskatchewan Indian Institute of Technology, a college in Saskatoon that is working with us to develop an accredited addictions certificate pathway for all YSAC and community-based addictions workers in Saskatchewan. The first course certificate was launched in June 2019.

Exciting news for KaNaChiHh this year. We have been awarded development contracts for two new youth centres in partnership with the province of Ontario. The high peaks youth lodge is currently being developed in Sioux Lookout and a not yet named centre will be in construction in Timmins.

The ending of the 2019-2020 fiscal year will not be one that is easily forgotten. Many of the YSAC centres were forced into quick closure as the world learned to navigate the Covid-19 pandemic. You will note some small decreases in occupancy this year as a result of the quick move to ensure safety for all residents and staff. Another busy year has come and gone. YSAC is pleased to present the annual report for 2019-2020.


Vincent Simon
YSAC Board Chair

Centres at a Glance						
Centre	# of Beds	Age Range	Gender	Intake dates	Special Services	Total Inpatient Admissions 2019-2020
Charles J Andrew Centre Sheshatsui , Labrador Established May 2000	10	Families	Coed	8-week cycles	Land based Outreach Youth Day Counselling	25
Ka-Na-Chi-Hih Solvent Treatment Centre Thunder Bay, Ontario Established November 1996	12	18-30	Male	Continuous	Psychological consultation Long term placements	39
Leading Thunderbird Lodge Fort San, Saskatchewan Established January 2007	15	12-17	Male	January/May/ September	Outreach Matrix Programming First Nations Culturally Based	47 -Lodge 5- Pekiwewin
Nenqayni Wellness Centre Williams Lake, BC Established September 1996	10	13-18	Female	Jan/May/ Sept	Family Treatment onsite Mobile Treatment	31
Nimkee NupiGawagan Healing Centre Muncey, Ontario Established January 1997	9	12-17	Gender Blocks	January/May/Aug (alternating genders)	Family Treatment Outpatient Community Based Intervention	8
Siksika Medicine Lodge Siksika, Alberta Established 2011	10	12-17	Gender Blocks	January/May/ September	Family Treatment Outreach	0
Walgwan Centre Gesgapegiag, Québec Established 1996	12	12-17	Co-ed	Jan, Apr, June, Aug, Nov	Culturally Based Program 14-week residential programs 4-week prevention programs	50
Whiskyjack Treatment Centre Established 1997	16	12-17	Gender Blocks Families	Jan/April/ Sept	Outreach Family Treatment	57
White Buffalo Treatment Centre Muskoday, Saskatchewan Established 1996	10	12-17	Female	Jan /April/ Aug	Outreach Culturally Based Program Land Based Programming	43
Young Spirit Winds Centre Macwasis, Alberta	Day Treatment	12-17	Co-ed	Jan/April/July/Sept	Day Treatment Spaces Outreach	36 (Day Treatment)

Annual Workplan

The Strategic Goals for YSAC are formulated each year at a YSAC meeting and then submitted to Indigenous Services Canada 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

Element 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 referral.

Performance Measurement and Research: Information to support 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 Indigenous Services Canada. 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 treatment centre.

Workplan Accomplishments

Governance and Coordination of Systems

- YSAC Centres are adopting a strength-based model of strategic planning, using an appreciative inquiry methodology. Two YSAC staff members were trained in the model this year.
- Three YSAC centres completed their 5 years strategic plans using this process.
- YSAC centres agreed on a process for national board self evaluation to occur in May of every fiscal year.

Workforce Development

- New course developed for assessment and treatment planning using Amis and NWA. First training took place in March 2019
- Annual Reporting Workshop, April 2019
- National Staff satisfaction survey completed in December 2019

Addressing Mental Health Needs of Clients, Families and Communities

- Mental Health: Building Concurrent Capable Treatment Centres was delivered September 22 & 23, 2019

Performance Measurement and Research:

- YSAC centres have worked diligently to incorporate a variety of standardized assessment tools including Native Wellness Assessment (NWA), The Drug Use Screening Inventory (DUSI- R), annual staff satisfaction, bi- annual core competency surveys, client satisfaction and referral worker feedback.
- In 2019-2020 the group made a decision to begin running a governance self evaluation one time per year.
- In July 2019 YSAC and two YSAC centres hosted DR Lisa Chant, a Maori research from New Zealand who was doing a project about best practices for substance misuse intervention for children under 12.
- This year we added three collection items to intake reports. In the AMIS data you will now self harm history, involvement with child welfare and involvement with gangs as data collection items.

Pharmacological Approaches:

- YSAC continues to review policy and practices related to opioid replacement therapy as of 2018- 2019 3 YSAC centres accept clients on methadone and 5 accept clients on suboxone.
- YSAC began a partnership process with the Saskatchewan Indian Institute of technology (SIIT) to develop a comprehensive online addictions training, the first course focuses on pharmacology and was completed in June 2019
- A total of 63 students completed Pharmacology (Substances of Misuse) this fiscal year.

Accreditation

- 100 percent of YSAC centres are accredited through either Canadian Accreditation Council or Accreditation Canada. White Buffalo and Whiskyjack completed accreditation review in this fiscal year.



Our Centres



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.

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



Vision

The Siksika Medicine Lodge nurtures an environment where First Nation and Inuit youth are interdependent, respectful, and have the desire to live a healthy lifestyle, practice cultural and spiritual values.

Mission

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

Program

The Siksika Medicine Lodge (SML) is located in Alberta on the Siksika Nation, one hour east of the Calgary city limits and three kilometers south of the Trans Canada Highway. The SML is a service for First Nation and 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.



Vision

Happy, healthy and empowered communities

Mission

The Charles J. Andrew Youth Treatment Centre is committed to empowering aboriginal youth and families 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 and families to help them reach their full potential as community members.

Program

The clinical portion of the program takes place at the main building in Sheshatshiu. A team of dedicated staff works with families on core issues of trauma, family dynamics, life skills, emotional management and addictions processes. 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.



Vision

That all youth who have been a part of Ka-Na-Chi-Hih will have gained the strength and skills necessary to continue on their life’s path with pride, dignity, respect and a strong sense of identity. They will have achieved balance in their life’s long journey towards fulfillment and will be contributing members of their communities and to society.

Mission

In keeping with the sacred teachings of the Creator, Ka-Na-Chi-Hih will provide a nurturing and supportive environment for First Nation Youth who are embarking on their Healing Journey to Wellness of Body, Heart, Mind, and Spirit.

Program

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 18 to 30years 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.



Vision

[Redacted vision statement]

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

- Nimkee Nupigawagan offers residential treatment services for First Nation Youth, ages 12 to 17, who are challenged with solvent addiction who are challenged with solvent addiction. As a culturally based program, assessment and 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



Vision

Indigenous youth use the Creator's gifts to achieve well and vibrant communities

Mission

To empower Indigenous youth through culturally-based, holistic treatment and community outreach services.

Program

The White Buffalo Treatment Program is a 10-bed residential facility located on Muskoday First nation, 15 minutes South east 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 substance misuse 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” whereby 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 a substance 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.



Mission

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

Program

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 20 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 eight weeks to participate in family counseling sessions designed to strengthen family unity prior to their return to their home community. Aftercare is also provided for the youth, 24-hour telephone counselling is available and community visits are made by staff whenever possible



Vision

We reawaken healthy communities and families by rebuilding cultural pride and holistic health.

Mission

To empower Indigenous youth by providing a culturally based program to eliminate substance misuse

Program

Leading Thunderbird Lodge provides a 16 week culturally based residential treatment program for First Nation or Inuit male youth from across Canada who are between 12 – 17 years of age. The holistic treatment program provides personal development in the four areas of: Spiritual, Physical, Mental and Social well-being. Education, Addiction and Mental Health programming are the focus of the treatment program which are all grounded in the First Nations teachings and culture of the local Cree, Saulteaux, Dakota, Lakota and Nakota First Nations.

An extension of LTL's programming includes Pekiwewin House – a transitional home for older graduates of the residential treatment program. Pekiwewin House offers a peer supported living environment where youth can continue their healing journey while continuing their education and/or gaining work experience. Enhanced life skills are offered to the residents to assist them in transitioning to a future independent and healthy lifestyle.



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

Mission

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

Program

- 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



Vision

- The Maskwacis Young Spirit Winds Society empowers healthy, balanced, proud First Nations youth in a safe, respectful and holistic environment

Mission

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

Program

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 Maskwacis 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.

Workforce Development Initiatives



Mental Health Training September 22, 23, 2019



Treatment Planning September 26 & 27, 2019

Course Content

This course was developed during fiscal years 2009-2011.

The program focuses on the intersection of addiction and mental health issues in First Nation's and Inuit youth. The program was developed using the latest available research, and with a focus on strength-based intervention, prevention and early intervention mechanisms. There is a strong focus on sleep, nutrition and exercise as early intervention strategies. Participants work together to define centre based strategies to mental health intervention, specifically as it relates to depression, anxiety, trauma and self harm.

	WEIGHTED AVERAGE-- (1-10) rating scale
The course is relevant to my work.	9.83
I will use what I learned in this course to improve performance at work.	9.67
The course has real value to my organization.	9.75
I will use what I learned in this course to assist staff in developing themselves.	9.58
The facilitators demonstrate expertise in the subject matter.	9.83
The facilitators model the messages they're teaching.	9.75
My work will notice improvement because I took this course.	9.58



We asked participants what will you take most from this course?

- How trauma and mental health are connected
- Nutrition is very Important in mental health
- Nutrition has a lot do with mental and physical health
- Information on Depression
- Ways to improve how we approach and guide youth dealing with mental health symptoms, issues or disorders.
- Different strategies and defining mental health

Course Content

Assessment and Treatment Planning is a brand-new course developed last fiscal year. The course content centres on worker competency related to intake assessment using both the Native Wellness Assessment and the DUSI R addiction screening instrument. Students learn to work with domain specific information to formulate a comprehensive case conceptualization and treatment plan. Using AMIS based tools learners learn to print and assess individual level assessment data, create outcomes for centre based reporting, and plan for follow up and aftercare.

(Rating out of 10 on confidence level per competency)	Pre-Course Average	Post Course Average
I can assess the behavior of an adolescent or family within the context of his/her individual development, family situation, culture, and can recognize family dysfunction and crisis that contribute to substance use and can tailor helping strategies to same.	5.0	7.08
Understand the need for and the use of methods for measuring treatment outcome.	5.7	8.0
I have a strong understanding of the aspects of the youth and resiliency	5.85	7.31
Assist the youth or family member to identify the impact of substance use on his or her current life problems and the effects of continued harmful use.	6.23	7.92
I understand and recognize the indicators of change and other signs of treatment progress.	5.46	7.46
I know the behavioral indicators and dynamics of depression, unresolved anger, grief, low self-esteem, family dysfunction, and other emotional disturbances and know how to match the same to effective treatment interventions.	6.46	8.0
I can assess treatment and recovery progress and, in consultation with the client and family members, make appropriate changes to the treatment plan to ensure progress toward treatment goals.	4.85	7.46
Describe and document the treatment planning process, progress, and outcome.	5.23	7.54
I can use DUSI-R and NWA information to develop treatment plans that address the emotional, social mental and physical factors (medicine wheel) contributing to the adolescent's substance misuse.	4.85	7.92
Conduct continuing care, relapse prevention, and discharge planning with the client and community/family members.	5.38	7.54

What were the best elements of the course?



- Tactile creative use of domain cards. Talk with other workers.
- I loved the DUSI-R analysis and planning activity.
- Meeting others in same field.
- The content was easily explained to understand the process as a whole.
- Using the info to help treatment plan.

Course Content

Developed in 2019. This course focuses on emotionally intelligent leadership for front line supervision. The course covers the history of emotional intelligence theory as it related to employee supervision. Including components on building trust rapport and strength-based coaching. Practical activities add context to key theoretical components. The course is highly participatory, using a collaborative constructivist learning theory.

	Pre course	Post course
I understand the definition of emotional intelligence	5.92	9.31
I can define the competencies of the six seconds EI model	6.46	8.77
I have a strong understanding of the aspects of emotional intelligence	6.77	8.77
I have a range of tools to promote my own emotionally intelligent leadership	6.69	8.85
I am able to help plan strength-based employee evaluation	7.77	8.85
I can integrate EI practices making in my work	7.00	9.08
I have a high level of confidence in my ability to lead with emotional intelligence	6.62	8.85

How will you use what you learned in the course?



- I will use The different tools, networking and activities
- How to choose myself more Take the time to be more personable professionally and personally How to delegate more Trust my staff Ask staff what their purpose at the Centre is, are they there for the right reasons
- I will take from this course is; - curiosity - reflection - approach - trust - motivation - be open to learning
- To be mindful of where other people are at and respect that. Focus on a strength-based model and be a motivator.
- How to recognize and define our emotions and the importance it is for ourselves, workplace, day to day lives and others.
- Knowing self to work stronger as a leader and helper
- To recognize my own emotions and continue to develop me skills. Improving my use of emotional communication.

Course Content

This course was designed as the first course in a shared Addictions and Mental Health certificate pathway that was developed in conjunction with Saskatchewan Indian Institute of Technology. YSAC staff are able to obtain college level credit for the courses that will be developed in this project. Pilot testing of the course happened over three separate periods between June and August 2019. The flexibility of the course means staff teams can take it together and use in person time to discuss content. Charles J Andrew and Nenqayni Treatment centre were able to take the course in their respective employee groups. In total 78 students participated in pharmacology in the inaugural course offerings in 2019-2020



What were the best elements of the course?



This was an informative course I am happy that I'm able to learn about drugs, categories and what effects happen to a person while using substances. I have also got educated on harm reduction and how the brain reacts and the body to addiction

Overall, it has taught me that I do have to be really open-minded and look at the clients' well-being from a holistic view. Take into account everything the client has been through.

Through this guided study I have learned so much in these past four weeks. The course materials were set up so that I kept wanting to learn more. I had many aha moments. Also reading other peoples reflections helped me to go in right direction when I got stuck on something. As well, there are so many excellent websites with information that helped me with my studies.

Distance Learning Courses

Beginning in 2010 YSAC developed a suite of online learning modules. The intent was to provide a place where centre employees could have timely access to learning modules that were required for specific job functions. Many of the modules have been running for several years, in 2017-2018 we began reporting attainment in our annual report. In 2020 we began using an alternate learning management system, so numbers on this chart represent only a portion of the distance learning completion rates.

Course Name	In Progress	Missed Deadline	Completed	Passed
Charles J Andrew Medication Management	0	2	13	3
CJAY Incident Report Writing	1	0	2	2
Ethics and Ethical Decision Making	3	0	33	33
Medication Supervision Nenqayni	0	0	26	26
Pharmacology- Introduction	2	1	18	13
White Buffalo Treatment Centre Medication Supervision	0	3	16	16
YSAC Outcome Collection	1	0	22	22
YSAC Workforce Diversity Training	8	0	30	30
	15	6	160	145



Addictions Management Information Statistics

AMIS ✦ **SGIT**

Addictions Management Information System
Système de gestion de l'information sur les toxicomanies

Available Treatment Spaces

In this report, we summarize clients served and services provided by the YSAC centres during fiscal year 2018-2019. These data include clients served in our National Youth Solvent Abuse Program (NYSAP). The clients and the services are diverse, and the data is complex. This report will, at different times, report different (n/N) numbers that refer to different subgroups or events that are based on specific filtering of the data. We also distinguish between unique clients and unique episodes of care. This distinction is important: Client demographic and social history counts are unduplicated counts in which each client is counted once. Episode counts represent an episode of care to a client – entailing admission, all services received, and discharge. All occur within the context of a period of healing for a client. Each client may have multiple levels of care (treatment instances) that occur within the fiscal year; thus, the client may be counted multiple times in some data sets that relate to services.. In all cases N values are reported so percentages can be considered. The data in this data set is reported across 8 YSAC youth focused Treatment centres. Charles J Andrew and Whiskyjack’s family data is not yet captured fully in the AMIS data base.



*10 bed spaces lost due to Siksika closure

Client Age

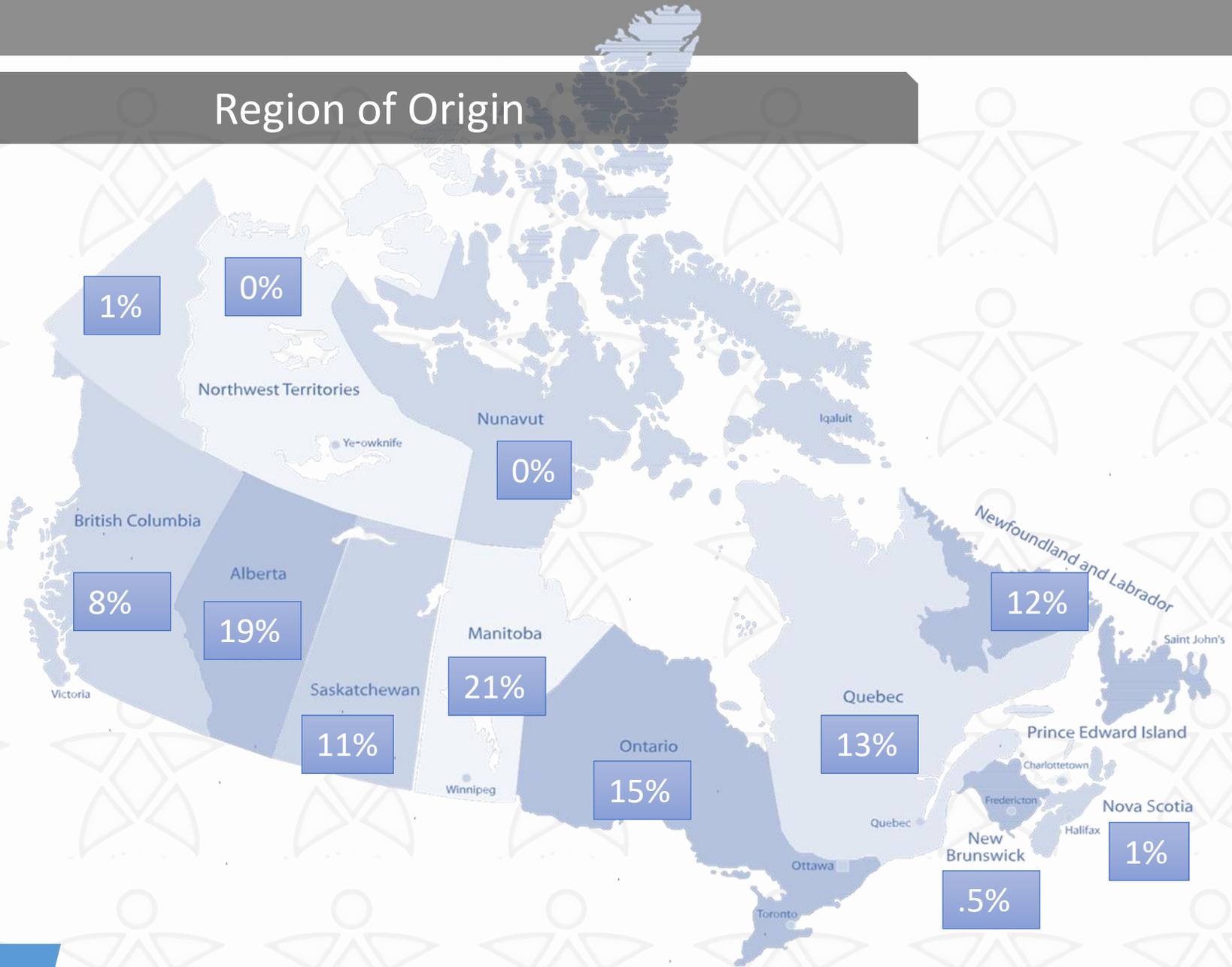
Level of Care	Number of Treatment Instances
Day Program	42
Inpatient	285
Outpatient	32
Out Patient-Aftercare	0
Pre- Treatment Services	19

Age Group	Males	Females	Combined
under 12	N=3 (2%)	N=3 (2%)	N=6 (2%)
12	N=10 (7%)	N=25 (13%)	N=35 (10%)
13	N=15 (10%)	N=23 (12%)	N=38 (11%)
14	N=17 (11%)	N=34 (18%)	N=51 (15%)
15	N=20 (13%)	N=34 (18%)	N=54 (16%)
16	N=16 (11%)	N=28 (15%)	N=44 (13%)
17	N=24 (16%)	N=17 (9%)	N=41 (12%)
18	N=2 (1%)	N=3 (2%)	N=5 (1%)
over 18	N=44 (29%)	N=25 (13%)	N=69 (20%)
Total Number of Clients	N=151	N=192	N=343
Average Age	24	18	21

Indigenous Status

Status	Males	Females	Combined
First Nation Non-Status	N=1 (1%)	N=8 (4%)	N=9 (2%)
First Nation Status	N=150 (94%)	N=189 (90%)	N=339 (92%)
Inuit Non-Status	N=1 (1%)	N=0 (0%)	N=1 (0%)
Métis	N=1 (1%)	N=3 (1%)	N=4 (1%)
Recognized Inuit	N=7 (4%)	N=10 (5%)	N=17 (5%)
Total Number of Clients	N=160	N=210	N=370

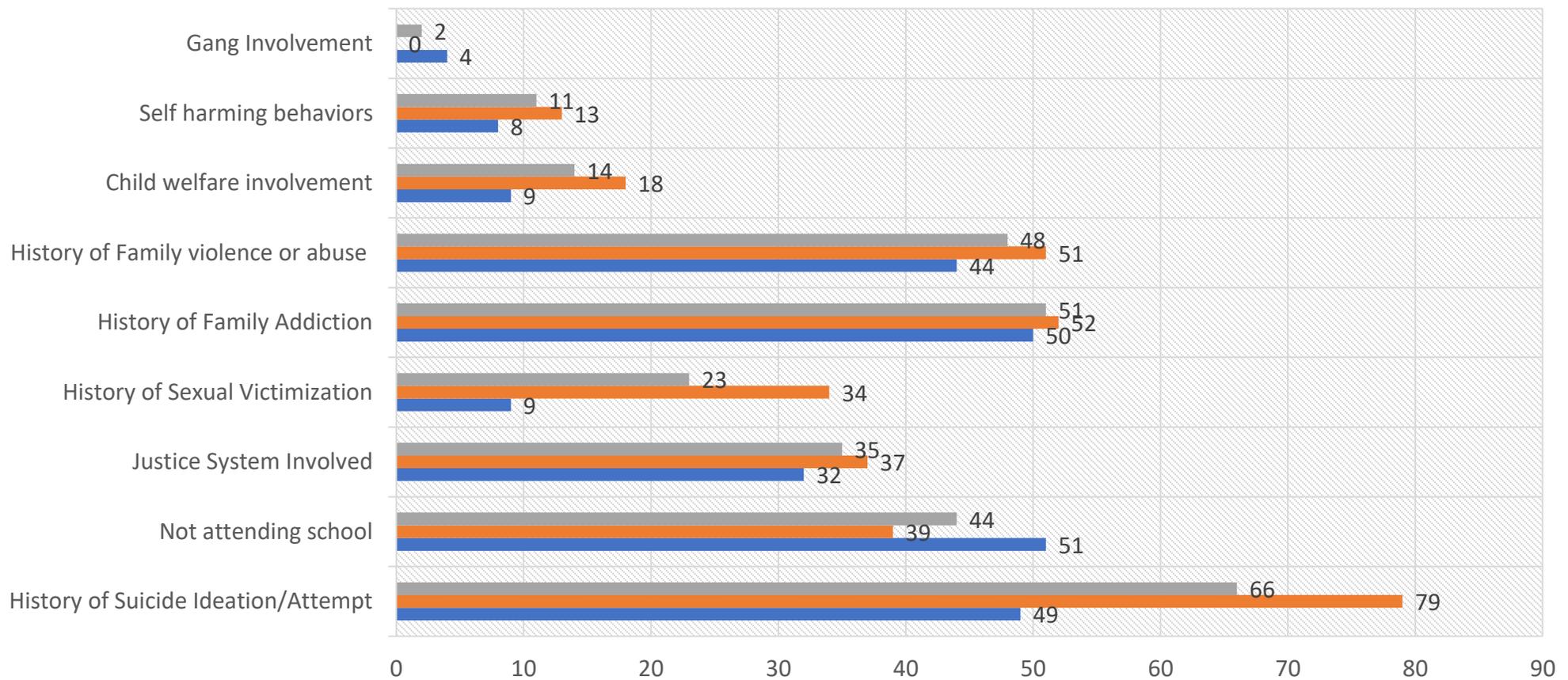
Region of Origin



Client Characteristic Profile

2019-2020 %

■ Combined ■ Females ■ Males



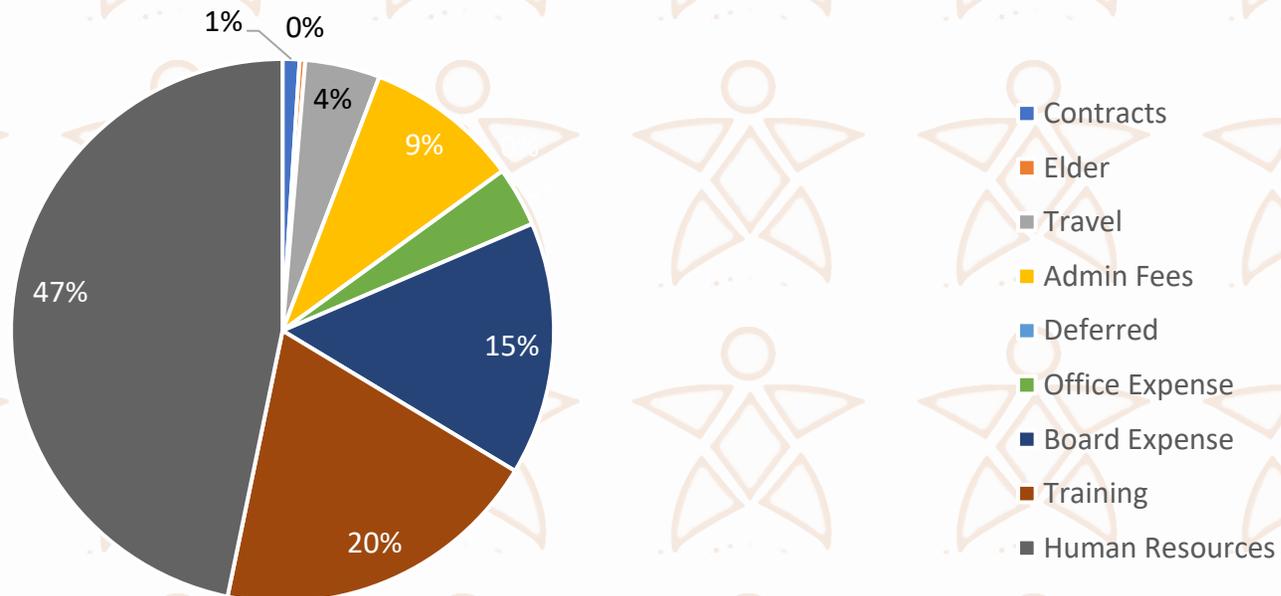
Drug Utilization

Substance by Type	Males	Females	Combined
Anabolic Steroids, Anti-Inflammatory Drugs, Antihistamines, Nitrous Oxide/Laughing Gas	N=2 (2%)	N=0 (0%)	N=2 (1%)
Beer, Wine, Liquor	N=86 (83%)	N=100 (82%)	N=186 (82%)
Benzodiazepines, Barbiturates, Sleeping Medications, Antianxiety Medications	N=4 (4%)	N=4 (3%)	N=8 (4%)
Cocaine, Uppers, Crystal Meth, Khat, Methamphetamine	N=34 (33%)	N=35 (29%)	N=69 (31%)
Gas/Fuels, Butane Lighters	N=30 (29%)	N=16 (13%)	N=46 (20%)
Glue	N=7 (7%)	N=4 (3%)	N=11 (5%)
Heroin	N=12 (12%)	N=11 (9%)	N=23 (10%)
Marijuana/Pot/Weed/Hash	N=94 (90%)	N=100 (82%)	N=194 (86%)
Methadone, Suboxone	N=6 (6%)	N=6 (5%)	N=12 (5%)
Other - LSD, Mescaline, MDMA/Ecstasy, DOM/STP, DMT, Magic Mushrooms, Morning Glory Seeds, Jimson Weed, Salvia Divinorum	N=10 (10%)	N=23 (19%)	N=33 (15%)
Over the Counter Medications (Cold Remedies, Weight Loss Aids)	N=17 (16%)	N=26 (21%)	N=43 (19%)
Phencyclidine - PCP, Angel Dust, Ketamine, Cyclohexamine, Disocilpine	N=11 (11%)	N=15 (12%)	N=26 (12%)
Prescription Pain Killers (Oxycontin/Oxycodone, Codeine, Morphine)	N=19 (18%)	N=35 (29%)	N=54 (24%)
Smoking, Chewing, Smokeless Tobacco	N=90 (87%)	N=113 (93%)	N=203 (90%)
Total Number of Clients	N=104	N=122	N=226

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.

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 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 KaNaChiHih Treatment Centre acted as host and administrator for the YSAC accounts.



Contact List

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Centre permanently closed

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Geographic Locations

