



WALGWAN CENTRE

ANNUAL REPORT  
2008-2009

FIRST NATIONS YOUTH REHABILITATION CENTRE



## **Words from Chairperson Mrs Jackie Kistabish**

*It is an honour for me to represent the Walgwan Centre since my recent nomination as president. On behalf of the Board of Directors we are proud to present our annual report.*

*You will find here information regarding the 2008-2009 achievements. Every year brings challenges as we make the efforts to better meet the needs of the clients and addressing their well being looking towards the future for the next generations.*

*It is important to mention that without the involvement of the personnel, clients would not have opportunities such as the services we provide at the Centre, and finding resources to help them on their path to recovery. While addressing many difficult issues and ensuring continuum of care, the Board of Directors will continue to oversee the activities of the Centre with an approach that promotes respect and wellness.*

*I take this opportunity to congratulate members of the Board of Directors and the staff for their involvement, devotion and for the work accomplished in the year 2008-2009.*

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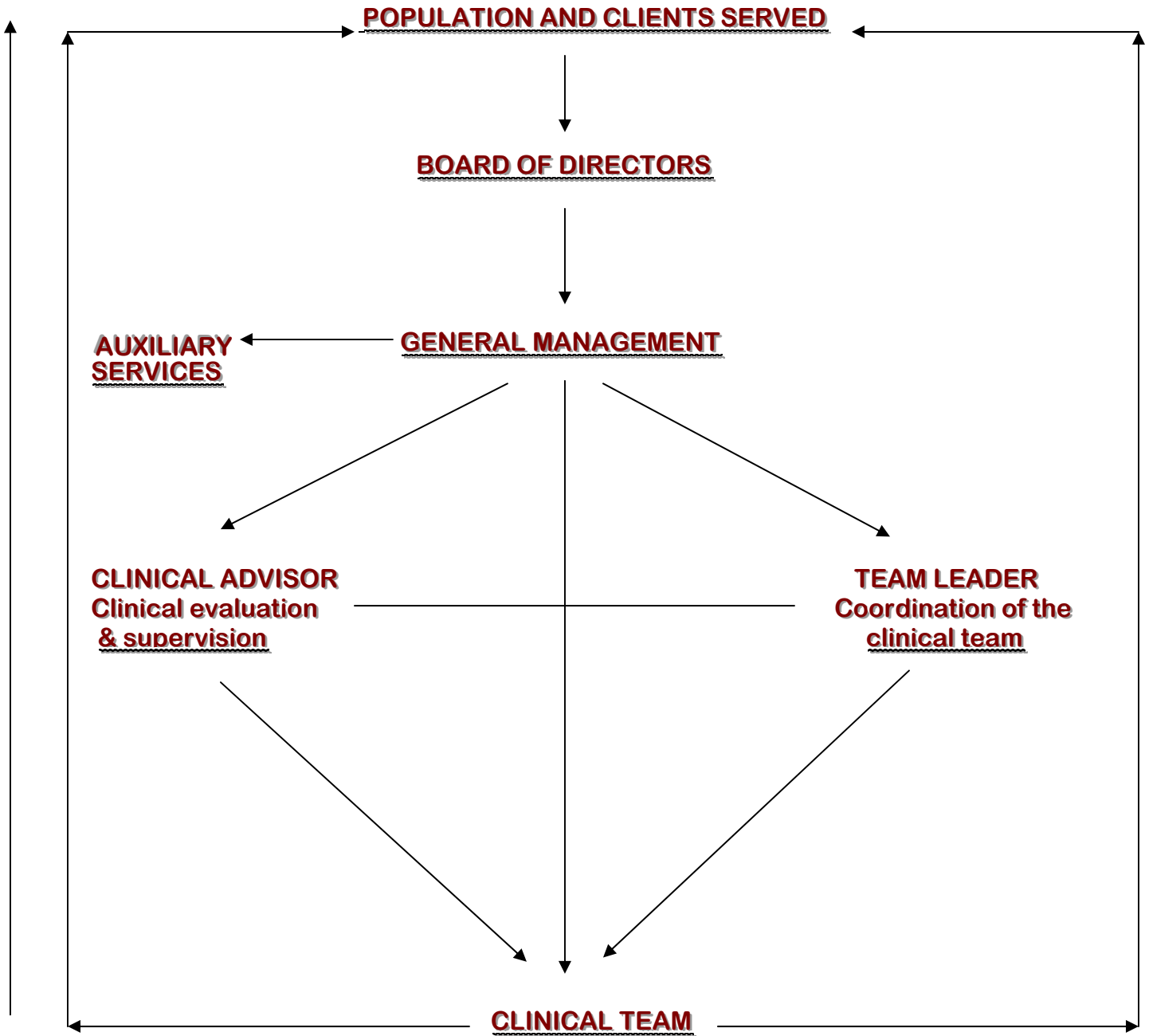
### **Our Mission**

*Provide each First Nations and Inuit youth with a personally centered, holistic and culturally appropriate transition to her/his own path to well-being and healthy life.*

- *By youth we mean any First Nation or Inuit youth aged 12 to 17, who acknowledges an unhealthy dependence to 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 admission “preparation” and the after care.*

*Culturally bases; the Centre brings in Elders to share knowledge of the different First Nations traditions. This enables each youth to benefit from the appropriate cultural and traditional healing and teaching.*

# WALGWAN CENTRE ORGANIGRAM



## **Program overview**

*The residential program can span up to a maximum of six months at the Walgwan Center. Our services are provided in both official languages (French/English) and whenever possible we encourage our staff and clients to use their native language.*

*In the first stages of the program, we take time needed to get acquainted and for the youth to feel at ease in establishing trusting relationships that will enable him/her to initiate a recovery journey. We evaluate their health and their capacity to understand the program components in initiating the daily activities progressively. We also provide psychological assessment in this first stage of the program in order to better identify the youth 's needs and this assessment also guides our clinical team in defining personal individual residential plan.*

*Through the personal individual residential plan, each youth, with guidance from our staff worked more precisely on aspects of their life that they have recognized as needing to be changed or improved. These recovery goals aimed at personal growth but also addressing issues of their family, peers, school and or community.*

*School activities are also included within the Center. Therefore the youth arrived at the Centre with the their respective school material provided by their community school or where they are registered at the moment of referral. In some cases, where the material was not made available, the youth were following the school program provided by the Centre.*

*Throughout their stay in our program the individualized recovery plans were revised by our clinical team and adjusted in accordance with the youth's progress and capacity to integrate the teachings and changes proposed. These teachings were revised individual plans and defined with youth's involvement and also with participation of family or significant resources of the youth. The life aspects being addressed through the residential program and each individualized plan included;*

### **❖ Behavioral**

*It is the manner of acting or conduct of an individual:*

*The way the person behaves towards other people:*

*It also refers to the actions or reactions of a person:*

*Usually in relation to the environment:*

### **❖ Psychological and Affective**

*It refers to the feelings and emotions of a person:*

*It also refers to the state of mind of a person in relation to the person's environment, past experiences, education, level of self-esteem.*

*This aspect has major impacts on the person's capacity to develop and maintain relationships.*

**❖ Pedagogical**

*It refers to the person's level of interest towards school or other educational activities:*

*It also refers to a person's willingness to achieve future career goals.*

*This aspect also includes the person's capacity to cope with learning disabilities*

**❖ Cognitive**

*It refers to the person's perception of the environment.*

*It also refers to the way a person describes herself/himself and the others (family, friends, teachers, workers.).*

*It could further refer to the person's level of attention, learning, memory, thought, concept, reading, problem solving.*

*This aspect has major impacts on the person's capacity to develop and maintain relationships.*

**❖ Family**

*It refers to the person's family environment and history.*

*It also refers to the person's extended family and attachment figures.*

**❖ Social**

*It refers to the person's network of friends and access to social support resources.*

*It also refers to the person's community environment and social life conditions.*

*It further refers to the person's capacity and willingness to participate and contribute to social and sport activities available in the community and to develop and maintain a social life network.*

**❖ Spiritual / Cultural**

*It refers to the person's beliefs and values in relation to culture, religion and traditions*

*It also refers to the person's capacity to develop trust and faith in healing.*

**❖ Physical**

*It refers to the person's physical aspect and the way the person takes care of himself / herself and develops and maintains healthy or non-healthy habits.*

*In the last stage, we worked on preparing the youth to return home, preparing them to reintegrate daily activities as they present themselves in the community, working on a plan of action guiding the youth once back home and identifying resources that will provide the support needed for the youth to continue in their recovery process.*

*•A family program is also included in the phases of the residential program. We have invited family members and/or significant ones to come to our program and participate in the youth's recovery journey. This year we have identified as one of our priorities the development of the family program, to further improve that aspect of our program while reviewing the approach to favour integrated interventions with the families.*

*As you will see in more details in the data provided in this report, this year we had less admissions at the Walgwan Centre due to the closing of the Centre for nearly four (4) months. Being a program offering continuous intake over a period of twelve months, closing our residential program had an important impact on our admission prior to the closing and as well as when we planned our reopening. During that closing period we have increased our services to the communities and visited clients at home in their aftercare phases of the program, details of aftercare services are also provided in the statistical data reports.*



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## **The Services**

*Our services are designed based on the holistic approach. Our interventions are done in respect with the youths' desire to change and re-establishing a healthier lifestyle. It is about creating balance with the spiritual, emotional, mental and physical elements in their life.*

*One predominant aspect of the Walgwan centre is the native culture and traditions. This component of the program, while addressing issues concerning the youth through the holistic approach, is the "backbone" in reinstating a sense of well-being. Involvement of traditionalist elders to our program by; conducting weekly sweats, talking circles, special ceremonies, and by providing guidance to our team as been once more an important asset this year. We also provided opportunities to participate to; community Pow Wow gatherings, traditional art classes, picking of sweet grass, daily smudging,(...) therefore continuing teachings through these activities.*



### **Highlights**

*-This year during the February school break we were very fortunate to provide our clients with a winter excursion trip. During that special event, clients participate in dogsled day excursions, also they were able to observe and learn about wolf in their natural habitat. Leaving the Centre for one week during the long winter months was beneficial for our clients and we were able to contribute in creating new life experiences that has left positive imprint adding to the teaching provided. This experience has also provided some teachings for our own program development looking into future programming and therapeutic approaches.*

*-Four some of our staff, this year was marked by teaching opportunities as well, through a University collaboration for the implementation certificate in First Nations youth intervention teaching program. 7 of our clinical staff have embarked into this program being provided by the University of Quebec in Chicoutimi and in collaboration with the First Nations Health and Social Services Commission of Quebec and Labrador.*

*(Highlight continued )*

*- As mentioned here above, in 2008-2009 we had to close our residential program due to major repairs to the roof. While these repairs were taking place we were able to keep some of our employees, we relocated to temporarily offices and have maintained services such as admission request assessments. Some of these cases were referred to other youth facilities while others opted to wait until we reopened our residential program. That period of closing also allowed us to travel to some communities and offer Outreach and Aftercare services, 5 clinical staff members travelled to several communities within the Quebec and Atlantic regions.*

*-Through our partnership with Health Canada our Board of Directors and its executive committee has put a lot of efforts this past year to ensure ongoing development for improvement of our services. These efforts were put into the transfer (flexible) agreement. Being of an annual contribution agreement type of funding from Health Canada, we have maintained the process to reach a 5 years transfer agreement, and that required additional work from our Board of Directors. We believe that these efforts will conclude into the signing of the 5 years program in the months to come.*

*-Furthermore we have also worked on the Walgwan Centre planning and development through the "modernization" project funding made available by Health Canada. Within the regional development and strategic planning, in accordance with regional survey on the substance abuse consumer profiles and need assessment, Walgwan centre has identified three projects to be tabled for the regional Modernization funding,; program review and development ; family involvement improvements into the youth residential program and community recovery programs.*

*In the statistic reports here provided, you will find the data that supports our efforts for our development as we strive to better meet the changing needs of our clients. We invite you to take time to consider these data as it represent in more details the 2008-2009 activities and offering comparison of our clients characteristics, over the last five years of our operations.*



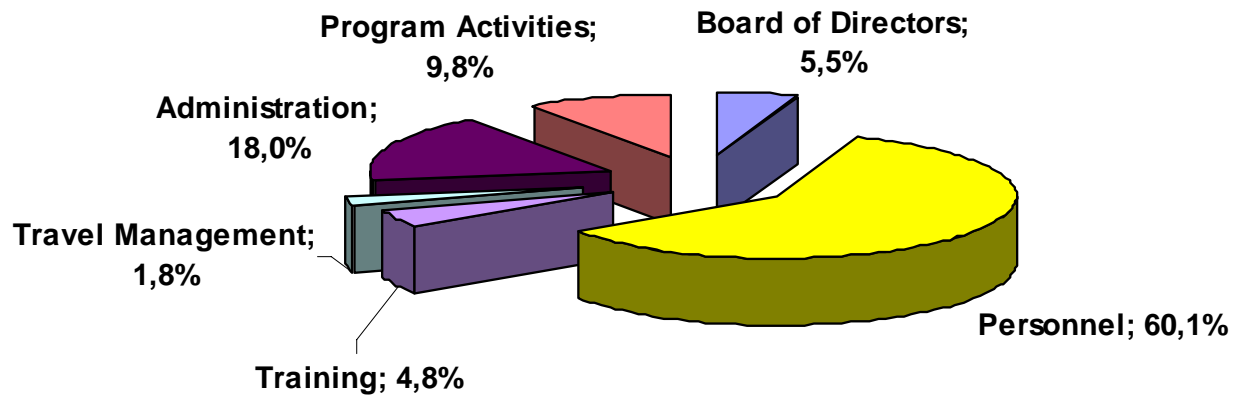
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# Annual Report Statistics

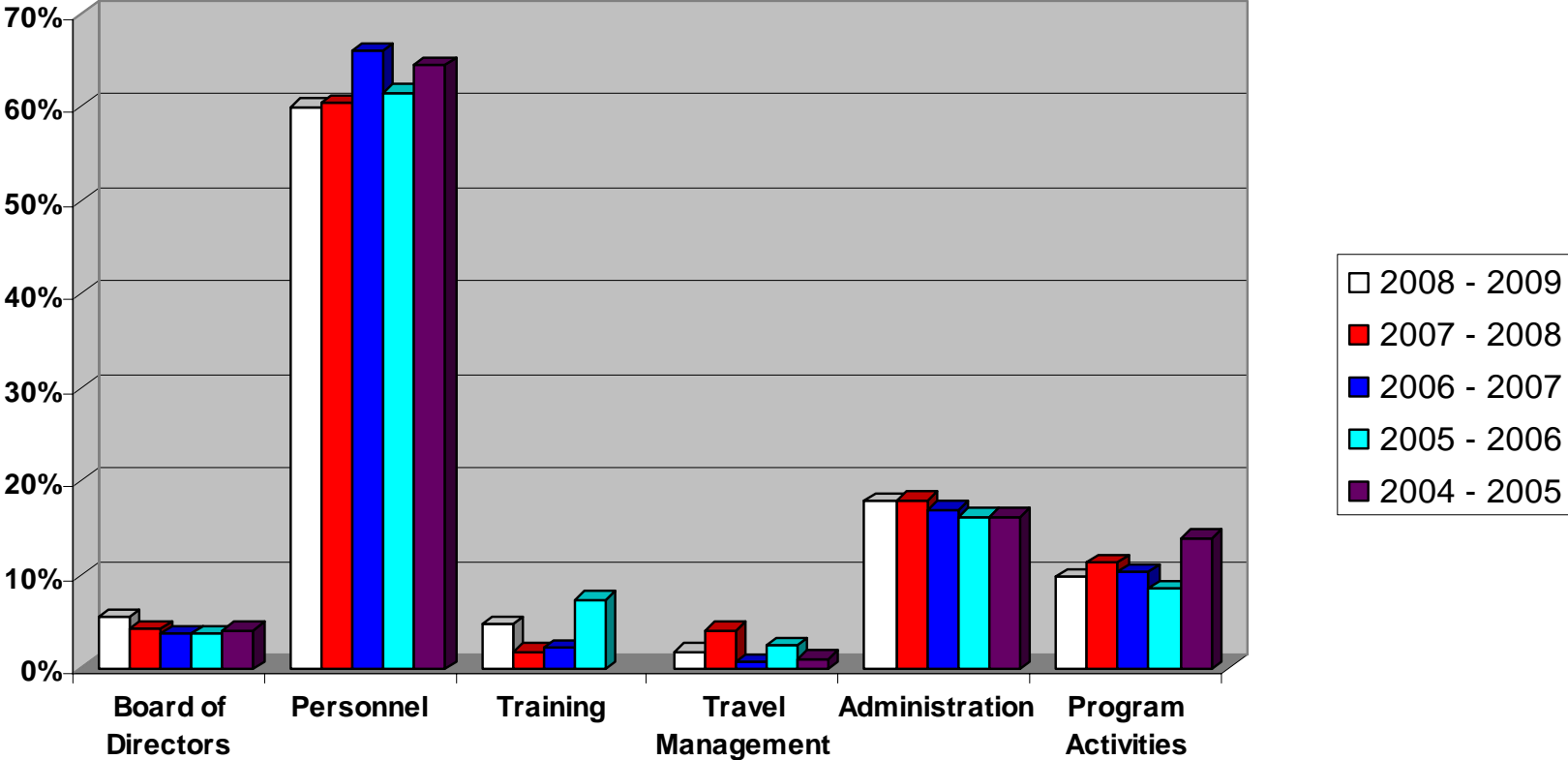
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2008 - 2009

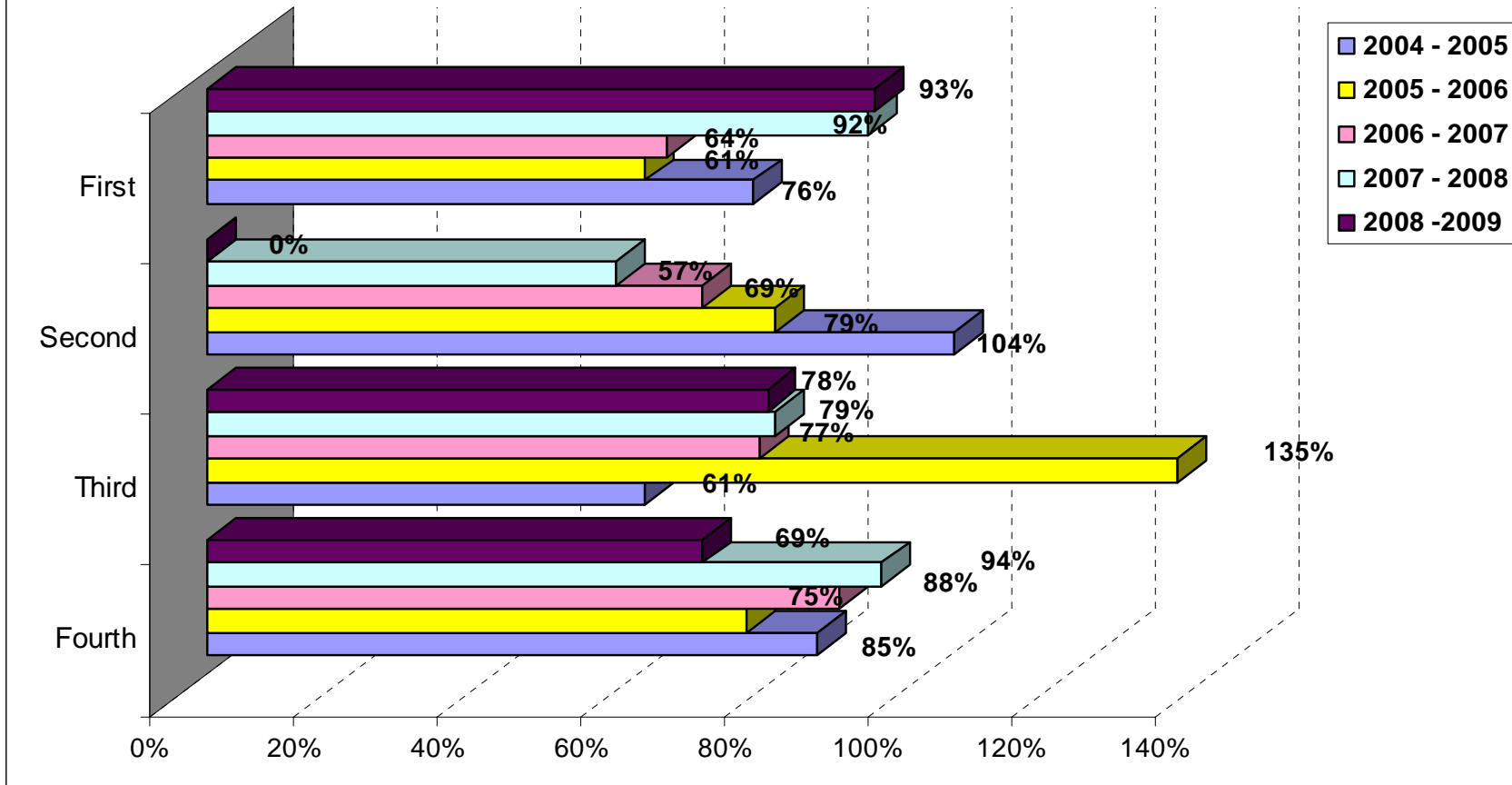
# Overall expenses 2008 -2009



### Annual Expenses over the last 5 years



## Occupancy by quarters over 5 years

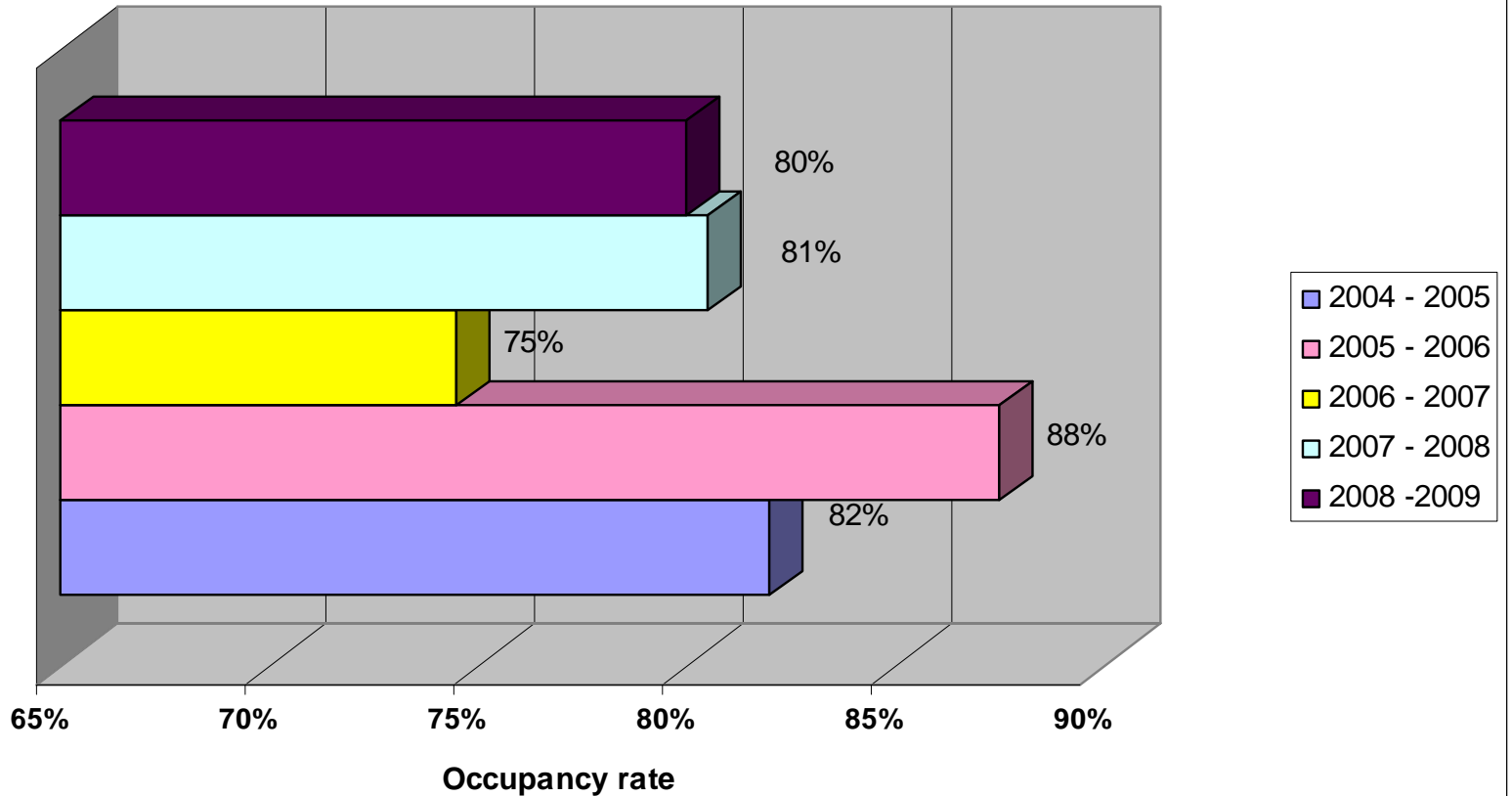


In 2008 – 2009, second quarter, Centre closed for renovation. There were no admissions.

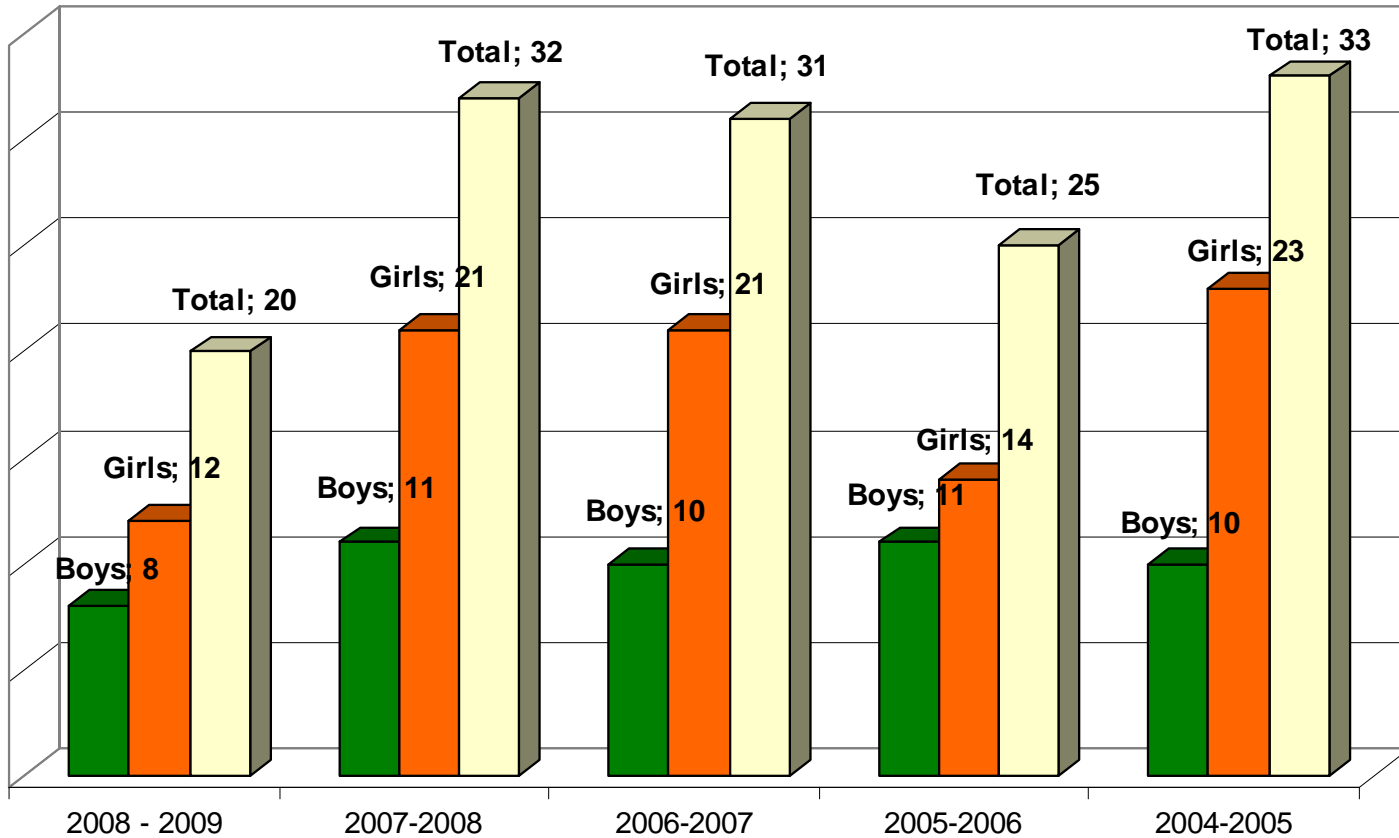
# Clients seen in After Care during the quarter we were closed – July, August and September 2008

	<b>Boys</b>	<b>Girls</b>
Charlottetown, P.E.I.	1	1
Chisasibi, Qc.		3
Eel Ground, N.B.		1
Elsipogtog, N.B.		2
Indian Brook, Nova-Scotia.	1	
Kahnawake, Qc.	2	3
Lac Simon, Qc.	2	1
Listuguj, Qc.		2
Natuashish, labrador		3
Opitciwan, Qc.		6
Red Bank, N.B.	1	
Sheshastshiu, Labrador		8
Tobique, NB.	1	1
Uashat et Maliotenam, Qc.	1	
Waskaganish, Qc.		1
We'koqma'q, NS.		1
Wemindji, Qc.	1	
Wemotaci, Qc.	2	3
Wendake, Qc.		1
	<b>12</b>	<b>37</b>

## Annual Occupancy over 5 years

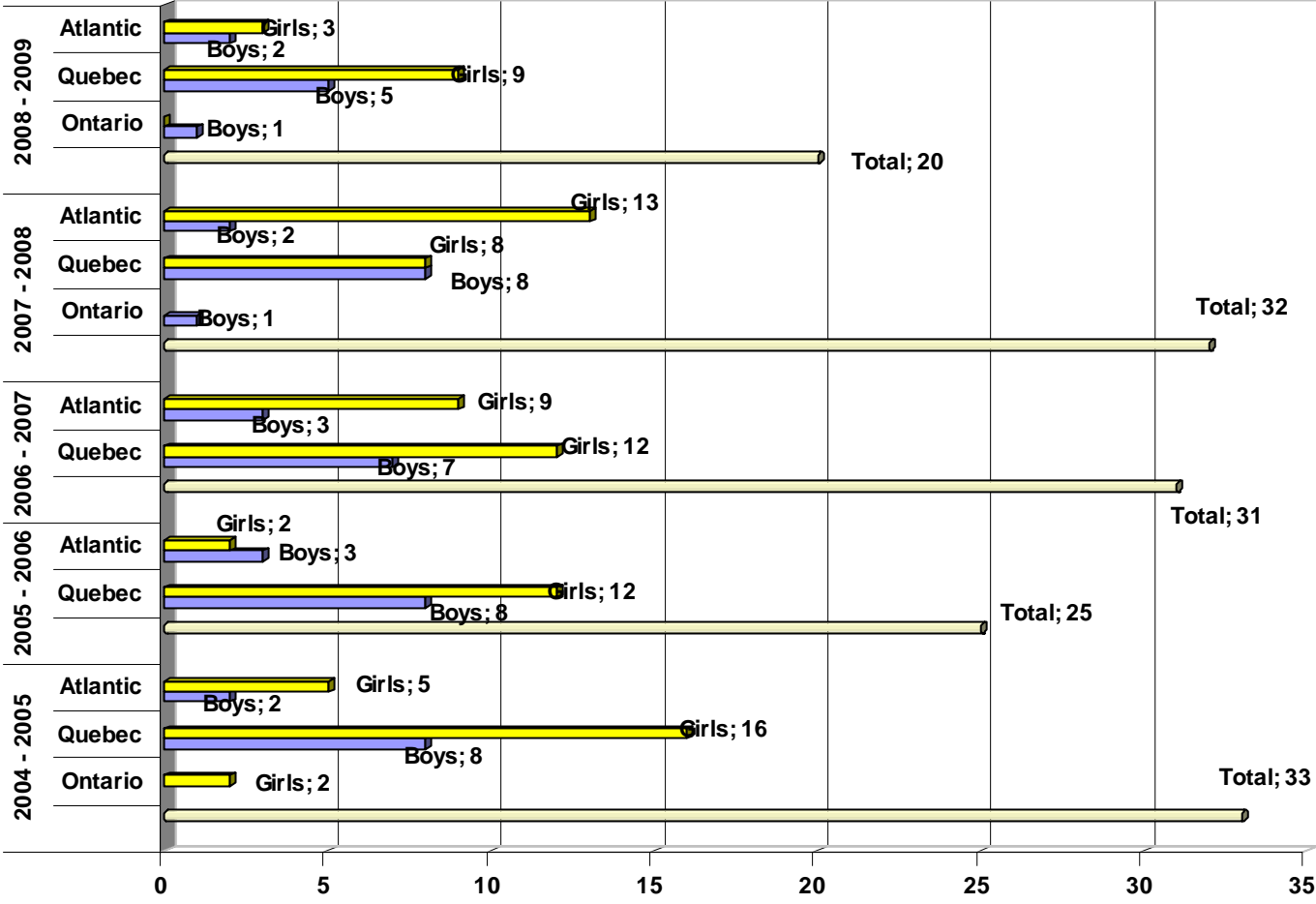


### Total clients per year



	Boys	Girls
Age Average	16,1	15,7

# Region of origin last 5 years

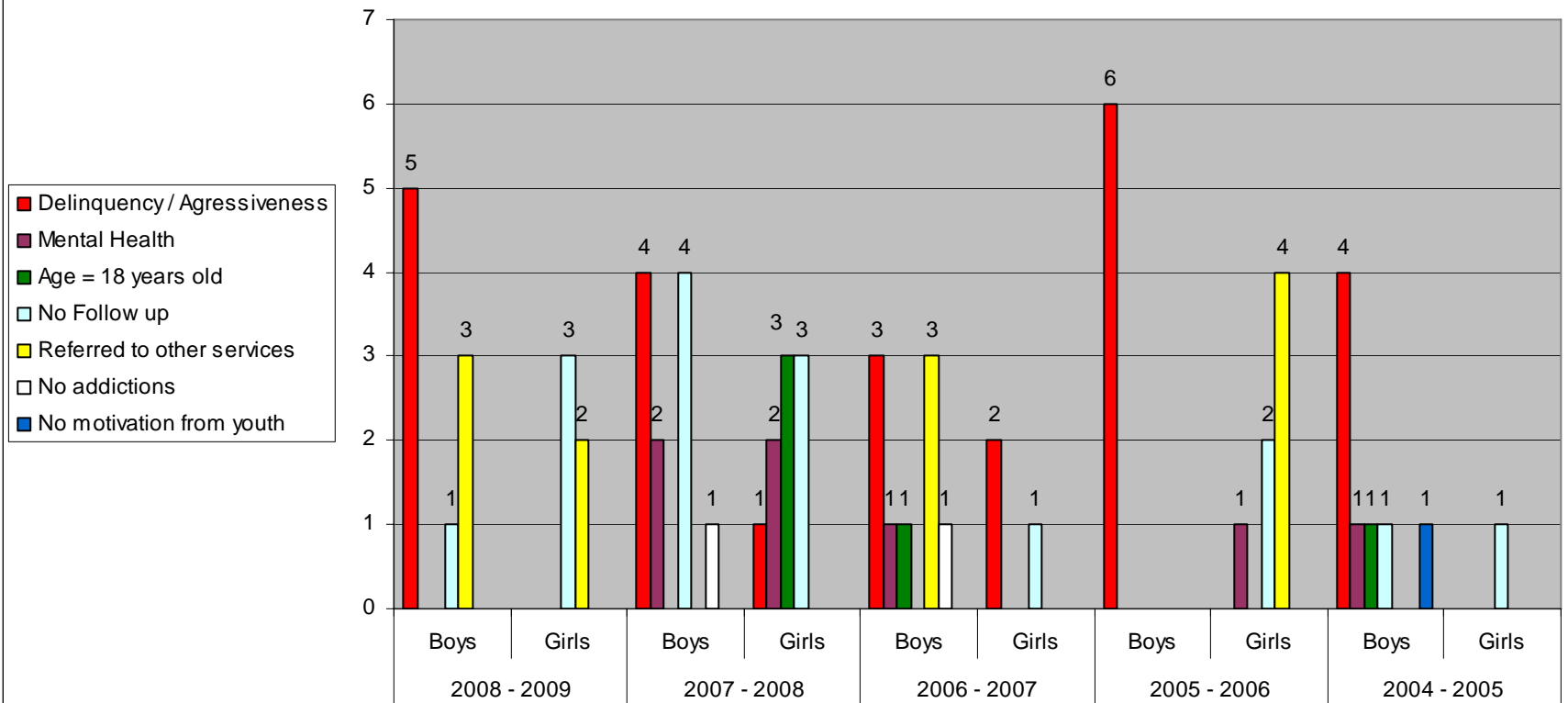


# Admission Request Refusals

Admission Request Refusals		
	Boys	Girls
	9	5
Total	14	

Reasons for Refusal	2008 - 2009	
	Boys	Girls
Delinquency / Agressiveness	5	
Mental Health		
Age = 18 years old		
No Follow up	1	3
Referred to other services	3	2
No addictions		
No motivation from youth		
<b>Total</b>	<b>9</b>	<b>5</b>
	<b>14</b>	

## Reasons for refusal last 5 years



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## Admission Requests Withdrawn During Process of Intake Assessment

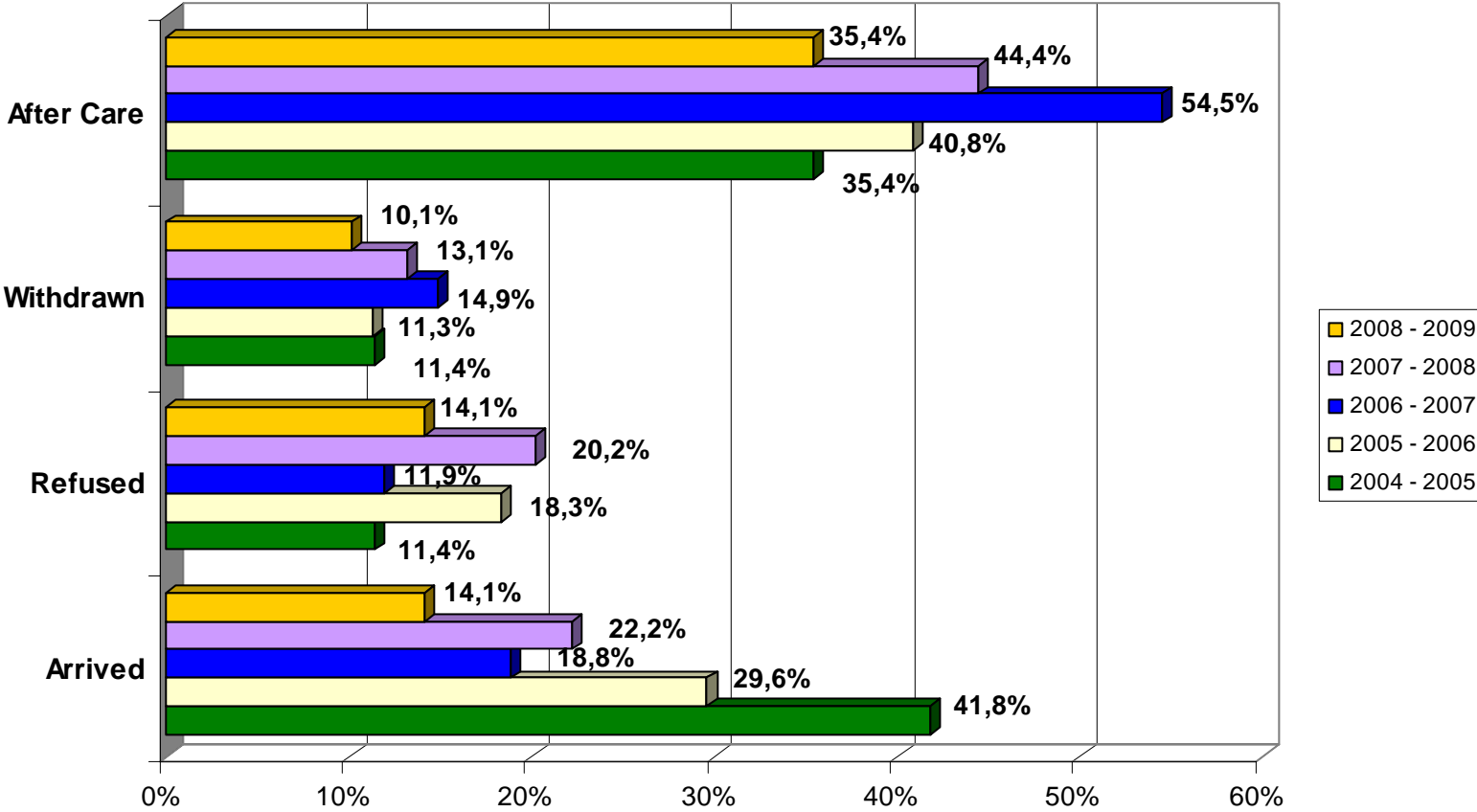
Withdrawn			
	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	4	6	10
Average age	13,3	14,8	

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# Aftercare Services

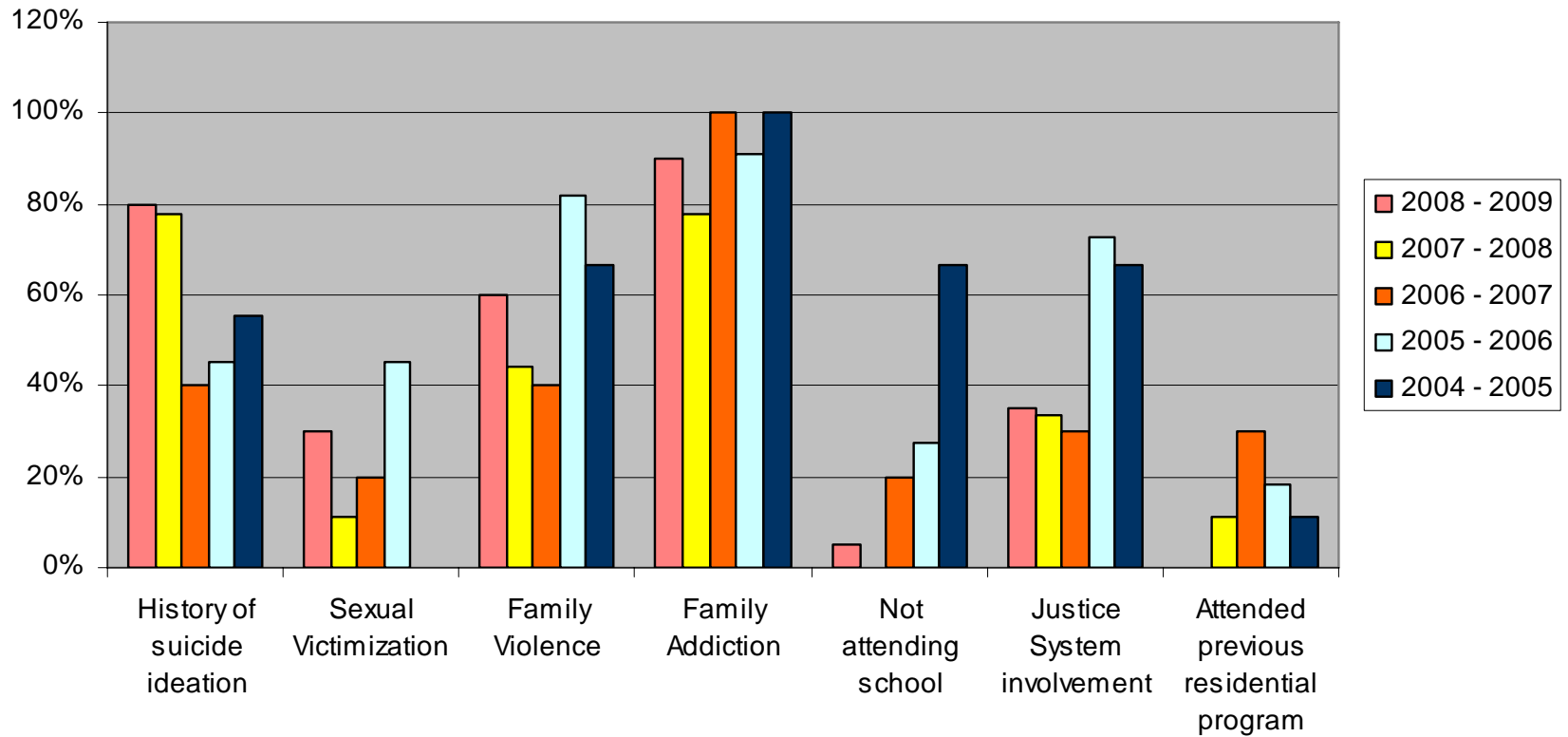
	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
<b>Clients contacted</b>	20	56	76
<b>Average age</b>	18,3	18,3	

**Clientele over 5 years**

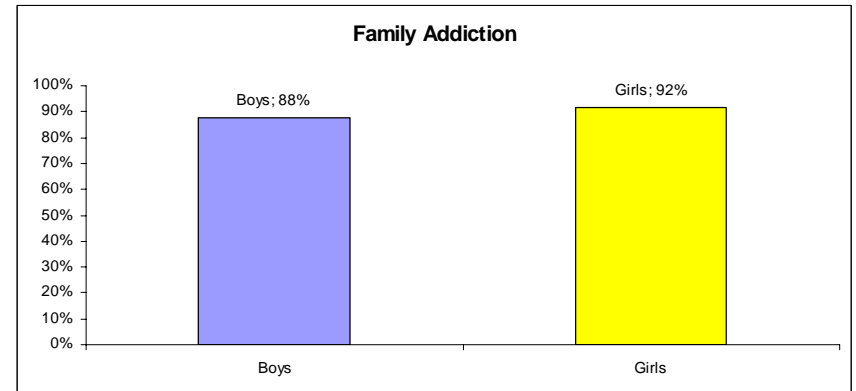
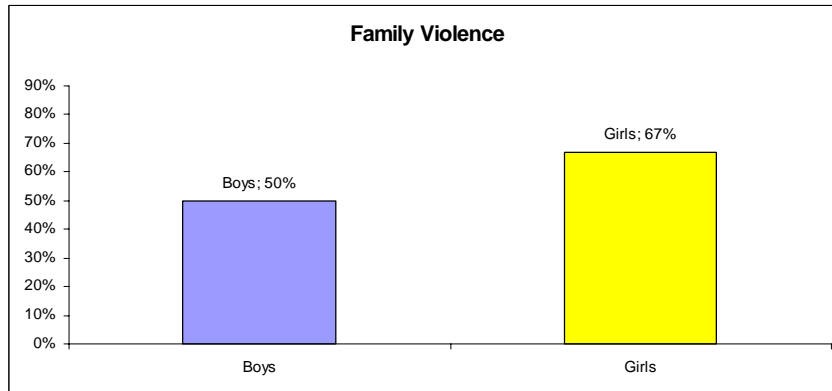
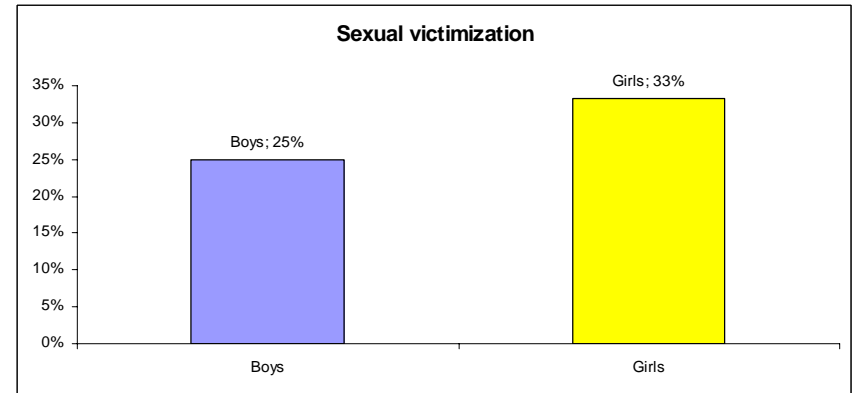
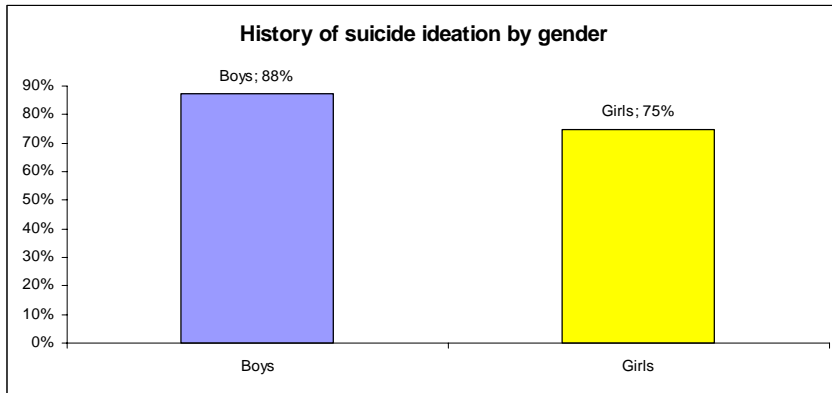


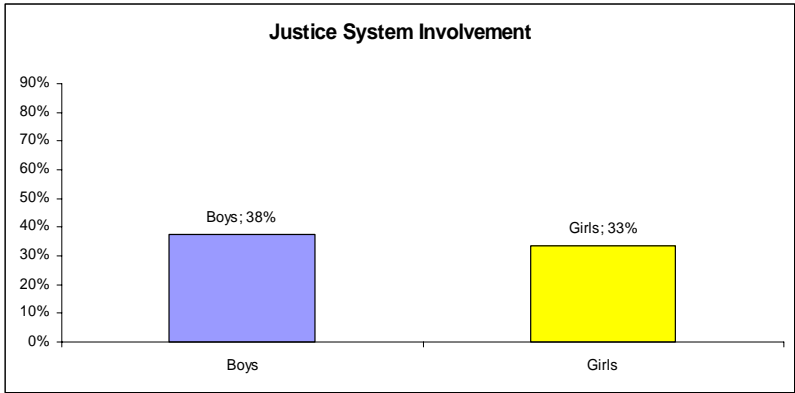
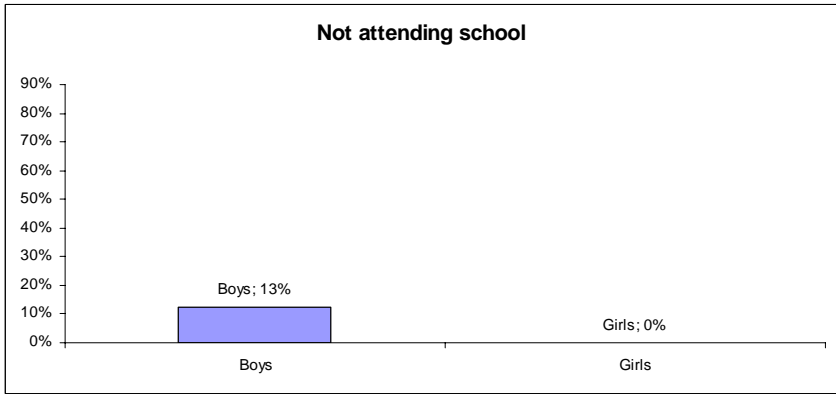
# Client Information

Significant characteristics for the whole clientele

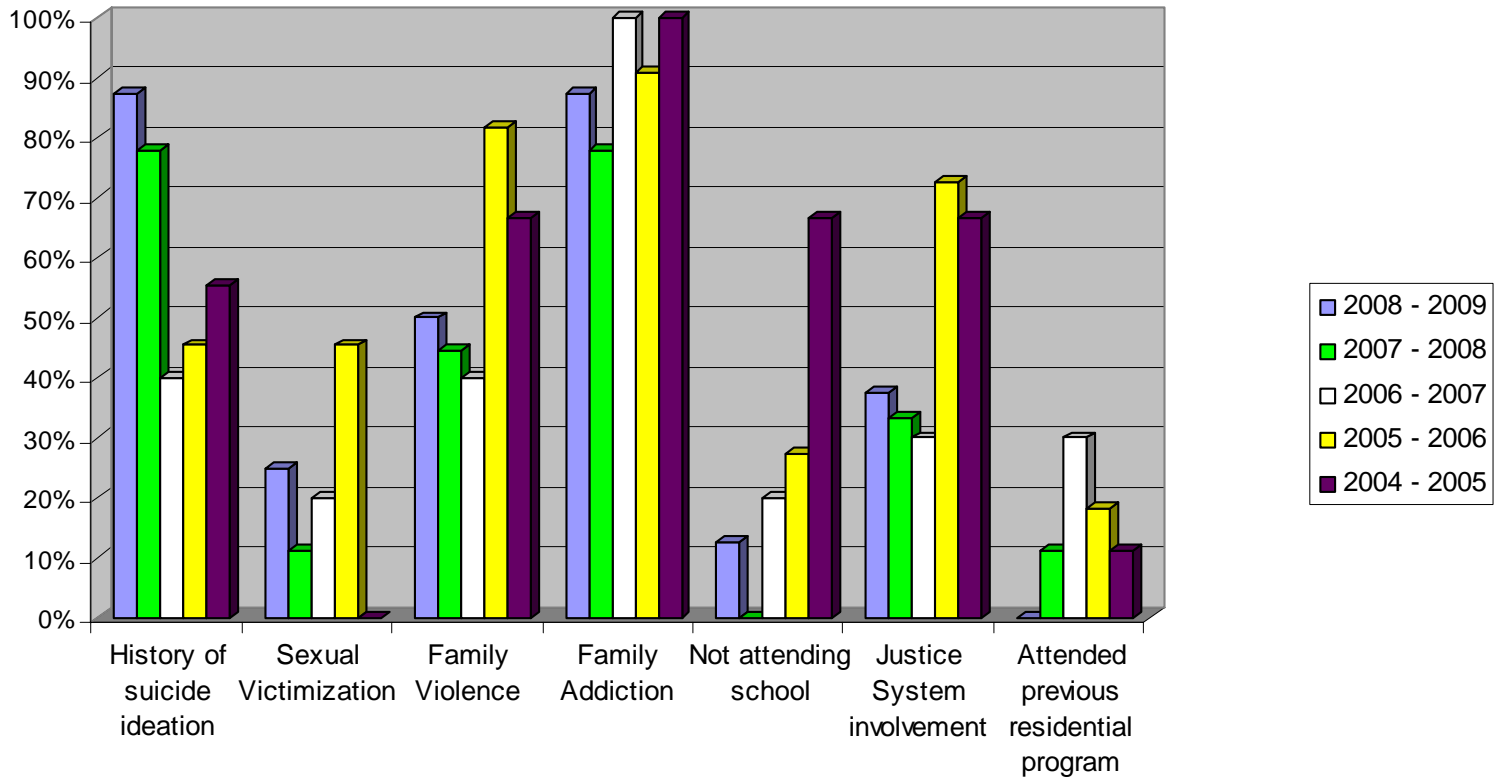


# Detailed Significant characteristics

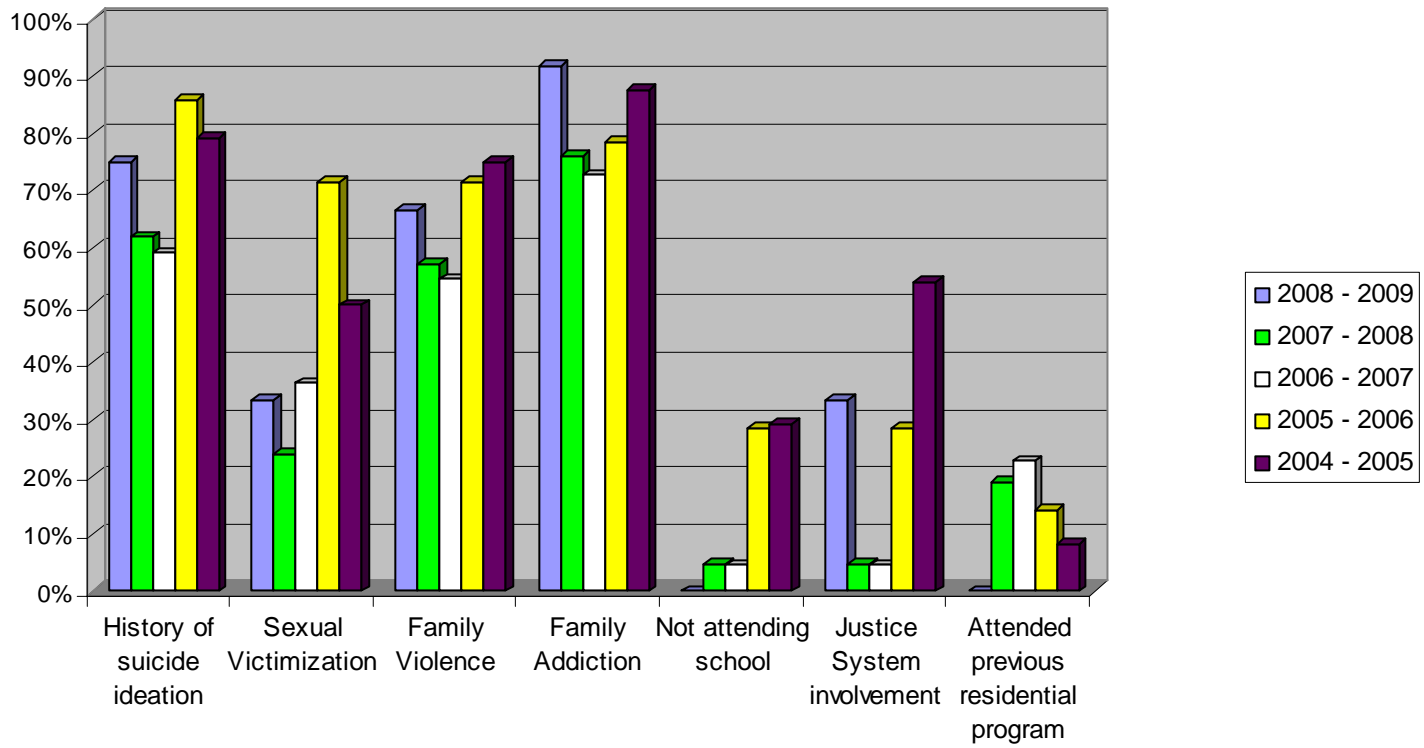




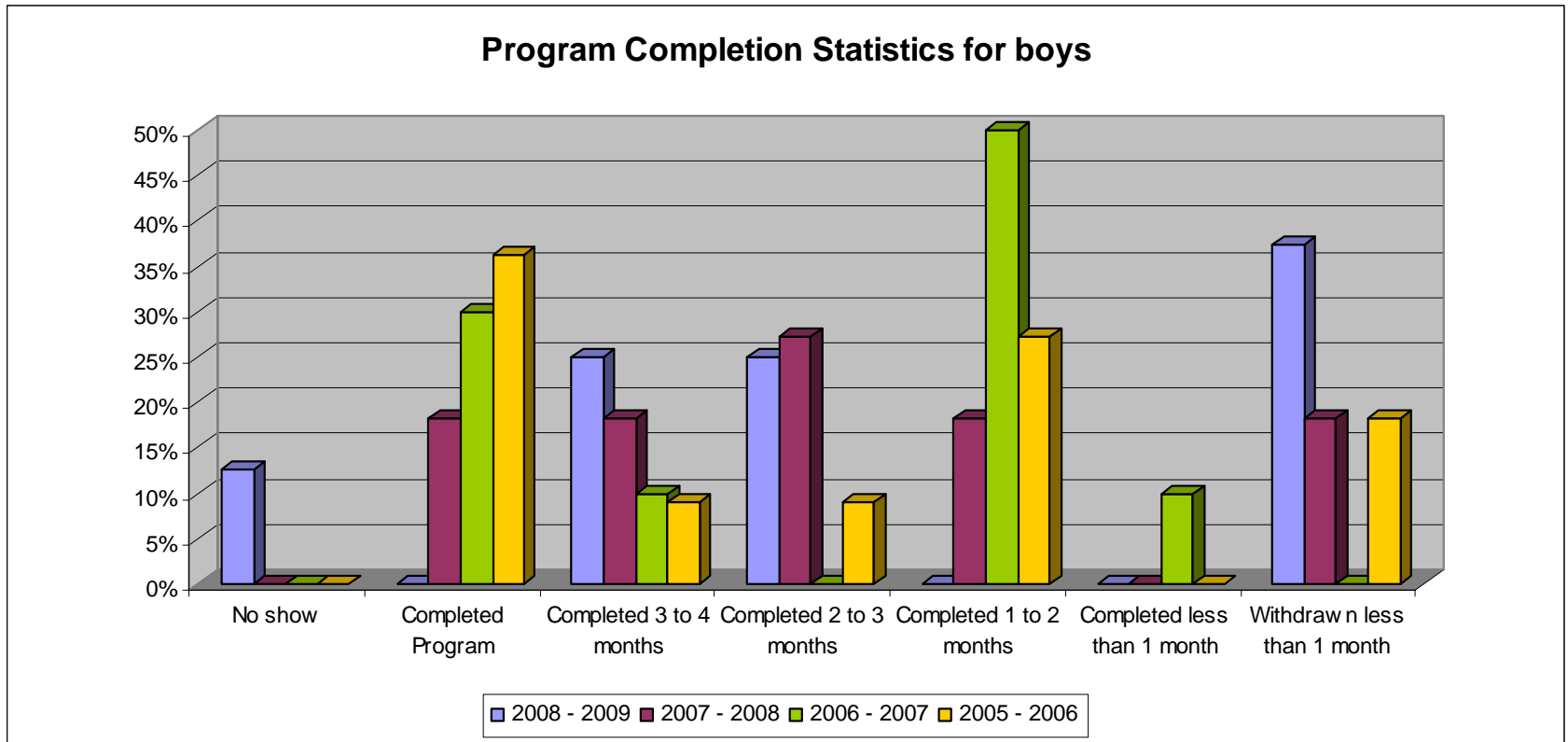
### History for boys over 5 years



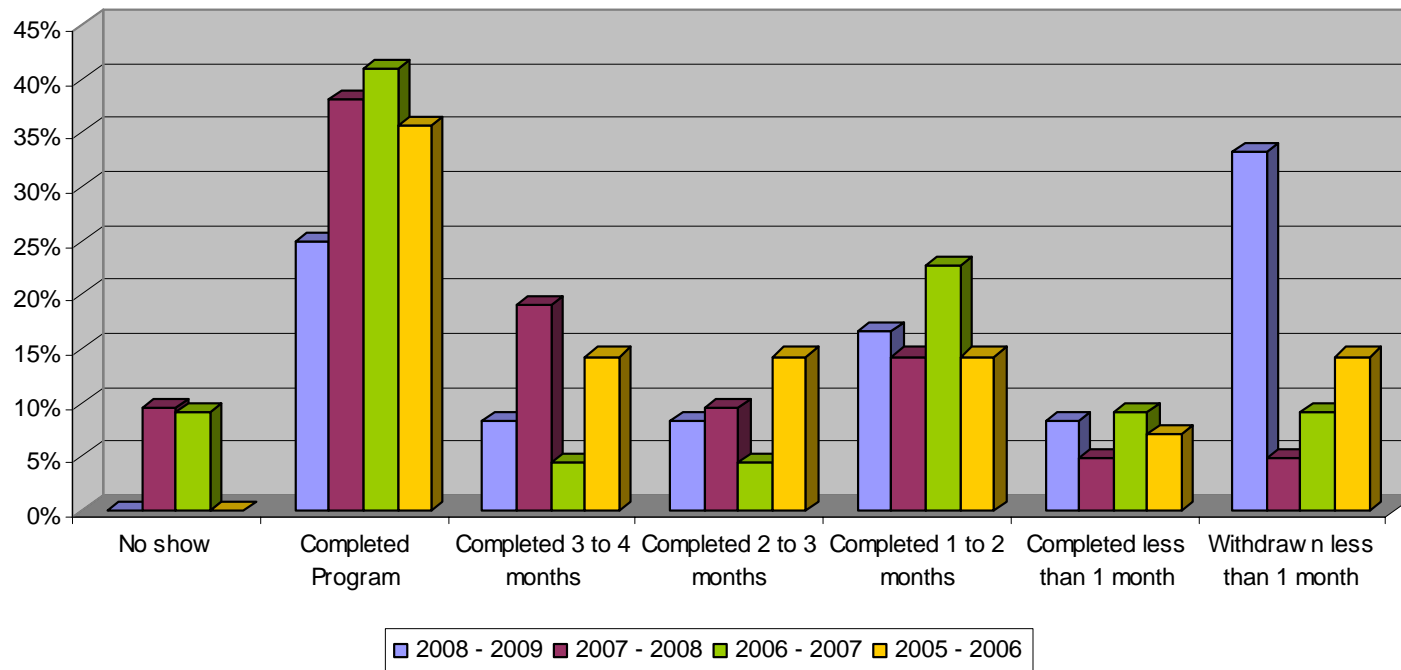
### History for girls over 5 years



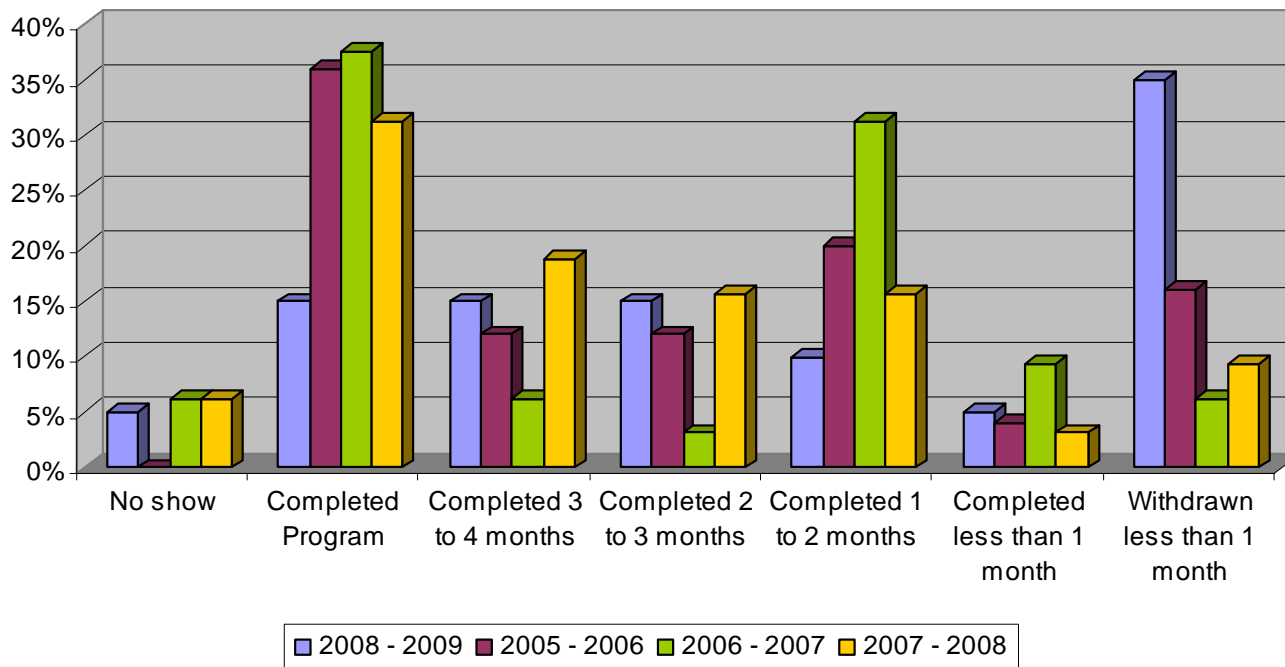
# Program Completion Statistics



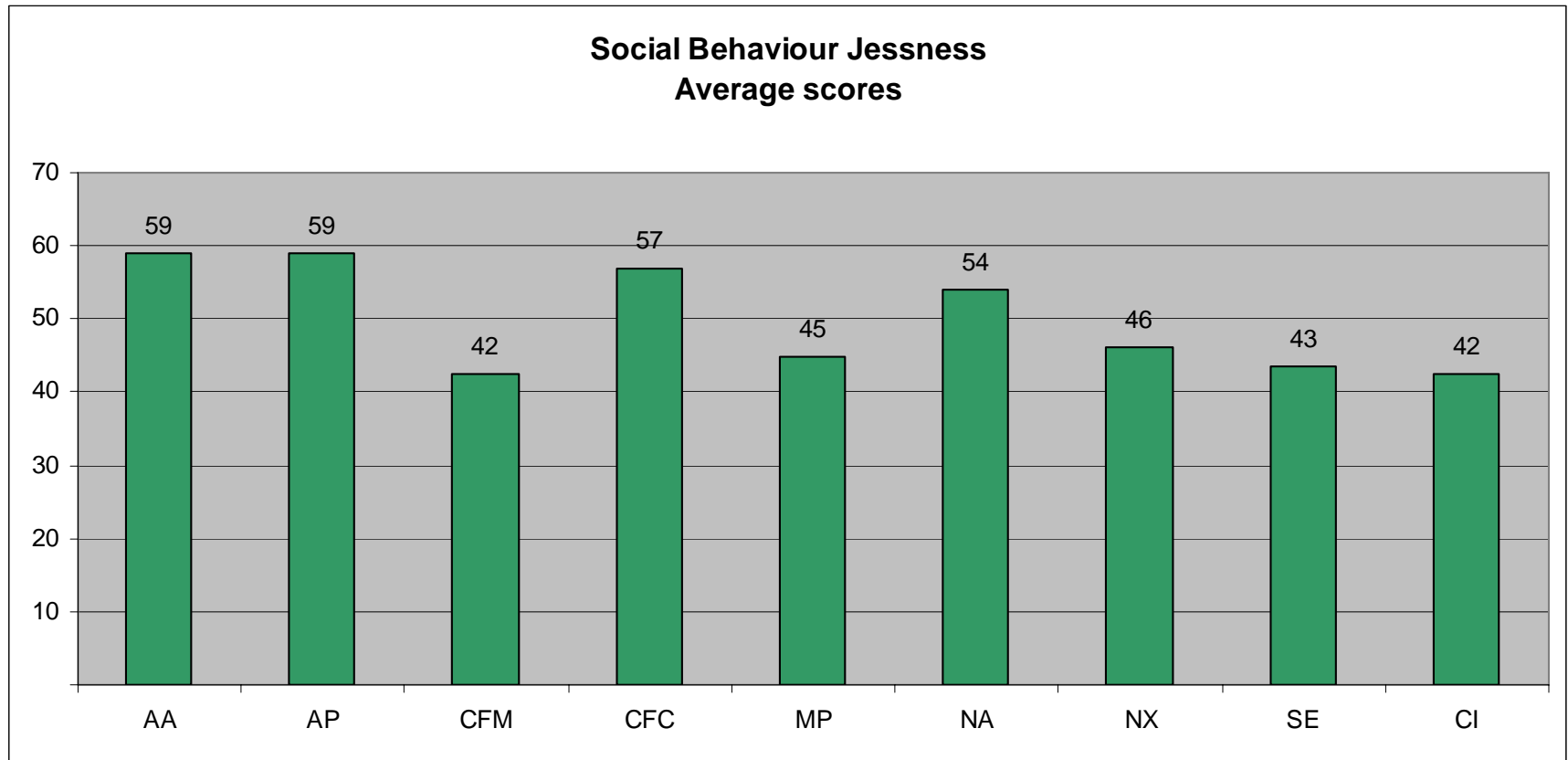
### Program Completion Statistics for girls



### Program Completion Statistics for Total number of clients



# Mental health data over 5 years

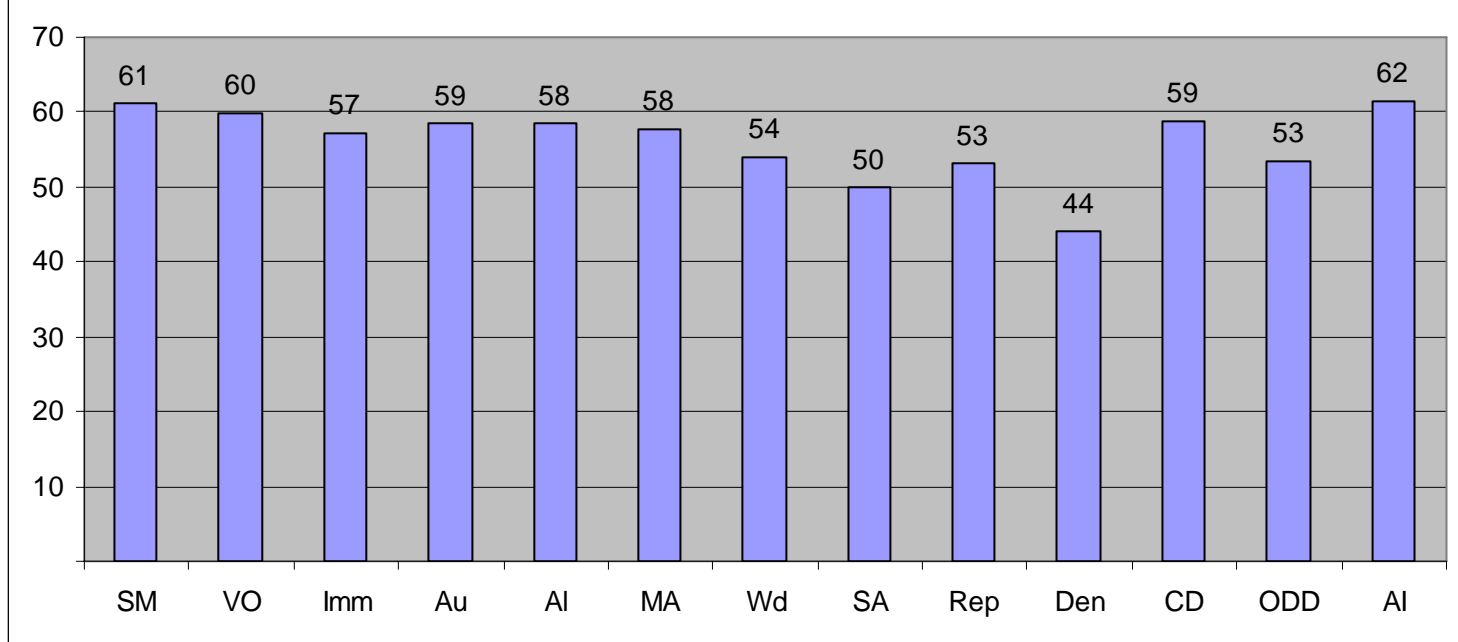


AA Unsocialized, Aggressive, Undersocialized, Active  
AP Unsocialized, Passive/Undersocialized, Passive  
CFM Immature Conformist/Conformist  
CFC Culture Conformist/Group-oriented  
MP Manipulator/Pragmatist

NA Neurotic, Acting-out/Autonomy-oriented  
NX Neurotic, Anxious/Introspective  
SE Situational Emotional Reaction/Inhibited  
CI Cultural Identifier/Adaptive

For each of these aspects when score is over 50, the youth presented these characteristics

## Psychological Evaluation Average scores



SM Social Maladjustment  
VO Value Orientation  
IMM Immaturity  
Au Autism  
AI Alienation  
MA Manifest Aggression  
Wd Withdrawal-depression

SA Social Anxiety  
Rep Repression  
Den Denial  
CD Conduct disorder  
ODD Oppositional Defiant Disorder  
AI Asocial Index