

# CENTRE WALGWAN CENTER

Annual Report  
2020 - 2021



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## Mission

With full respect for the dignity and value of each person, the Center provides a safe environment to each First nations and Inuit Youth with a personally centered, holistic and culturally appropriate transition to their own path to well-being and a healthy life

## Vision

Our vision: Empowered and engaged Indigenous Youth, fully in control of their wellbeing and their lives, and contributing to the wellbeing of their families and communities

## Our Values

Respect, compassion, love and sharing, trust, honesty and integrity, client and family -oriented, safety and teamwork.



# EXECUTIVE SUMMARY

*Dear friends, partners and stakeholders,*

*The Walgwan Center represents many different things to the different individuals we serve, from our partners, to other organizations and community members. It is a place of healing, connection with others, returning to the grass roots of our culture and beliefs; and most of all a place of renewed hope, meaning, purpose, and belonging. It is a place where our staff, community and family play an active role in contributing to the growth and well-being of our future leaders, our youth. It is a place of transparency and accountability with our stakeholders, working together in trying to make a difference and reinforce the strength of those we serve in taking control and ownership of their wellness journey.*

*This has been an exceptional year with exceptional circumstances in light of the pandemic. Needless to say, it has brought about much reflection in regards to our priorities as an organization, as a family and in the delivery of our services. Through the challenge of the pandemic, we were able to act quickly to provide services from a virtual capacity and ensure sanitation measures were set in motion to resume residential care within a safe environment. Our team acted quickly in light of the pandemic to ensure that services would continue from a distance through various means such as online platforms, virtual counseling, psychological services, prevention programs and harm reduction models to ensure safe use during a pandemic.*

*It is an honor and privilege in working with so many wonderful people who genuinely care about the wellbeing of our youth, families and communities. This report highlights our achievements, opportunities and commitment in responding to the needs of our people and inspires us to continue to grow as an organization.*

*We would like to extend a heartfelt and sincere thank you to our committed board, our dedicated and compassionate staff, our partner's collaboration and stakeholders in supporting us throughout our different initiatives within the mental wellness continuum framework focusing on hope, meaning, purpose and belonging.*

*We would like to acknowledge the communities, parents, grandparents, aunties and uncles, cousins and nephews in trusting us with your children and being open to work with us to improve the overall wellbeing of our communities and our families.*

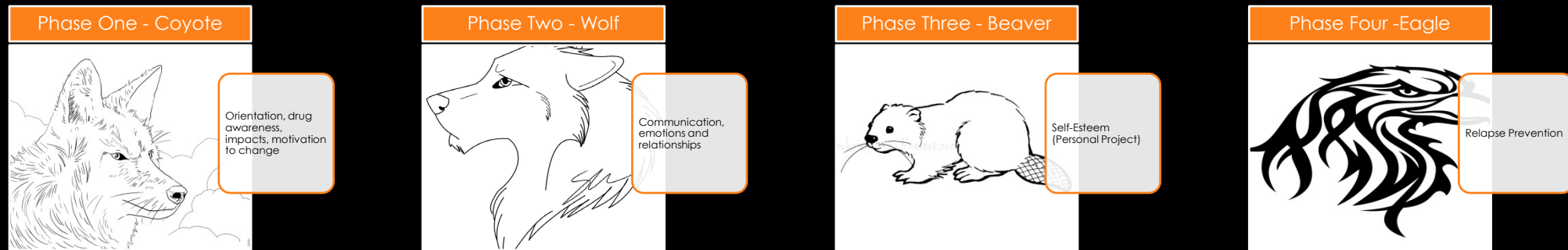
*We look forward to the journey ahead of us in being together, working together and growing together as we pursue excellence for our staff, board of directors, clients, families and communities.*

*Take good care of one another,*

*Pamela Charlong, Executive Director*



# PROGRAM DESCRIPTION



The Walgwan Centre is a nationally accredited 12 bed residential treatment program targeted for First Nation and Inuit youth between the ages of 12-17 years. We are a unique center that offers client-centered residential programming on a continuous calendar, we are co-ed and offer services in both languages, English and French.

We work closely with the youth and their family until they feel that they are ready to reintegrate into their communities. Generally, the length of program is 14 weeks but can be extended or shortened based on the youth's healing journey to wellness. Treatment programs and objectives are developed in collaboration with community resources, family and the youth based on a variety of assessments and in correlation with the youth and family's perception of wellness.



# YEAR-END HIGHLIGHTS

- Virtual programming offered during the pandemic
- Resumed residential care in August 2020
- Formal agreement with CISSS for specialized services (pediatrician, social workers, mental health supports)
- Formal agreement with CEGEP de la Gaspésie et des Îles (practicum placements and on-site learning)
- Moving towards an appreciative leadership
- Several invitations as a panelist for addictions in advocating a holistic approach (AIDQ, CAMH)
- Involvement at the National level through YSAC, Thunderbird Partnership Foundation and AFN
- Land based project
- Food sustainability project
- Website redesign, new logo to represent our strategic objectives and a marketing strategy
- Implementation of animals within the program (guinea pig, rabbits and chickens) to permit a connection during the pandemic (social distancing)

## ***EARLY IDENTIFICATION, BRIEF INTERVENTION AND AFTERCARE SECONDARY RISK REDUCTION***



During the Pandemic some of our staff participated in the trainer modules regarding early identification and continued to provide outpatient/aftercare services virtually.

Admission criteria were modified in terms of risk during a Pandemic and communities were provided virtual support through individualized counselling and psychological services.

## Active Treatment

- *Residential services were suspended from April 1, 2020 until August 9, 2020 in light of the Pandemic. Residential services resumed on August 10, 2020 within a reduced capacity of 50% to ensure universal infection prevention and reduce the risk of community exposure to the COVID-19 virus.*

## Specialized Treatment

- *In light of the pandemic, we developed virtual prevention programs. These virtual programs are not intended to replace residential treatment. Going forward we are exploring in developing a more in-depth virtual program that could be used in pre and post treatment.*

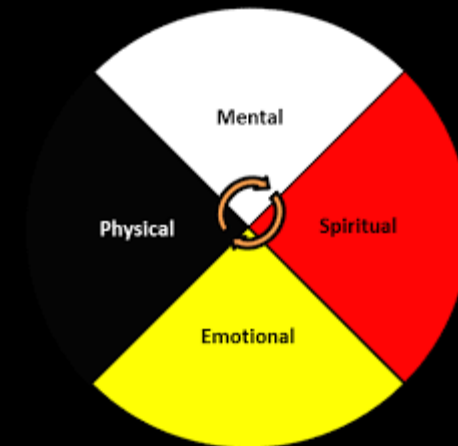


# CARE FACILITATION

*Everyone among the team plays a key role in the treatment program of each youth. As we moved to a 12-hour shift rotation we have incorporated mentors for the youth for when their primary counsellor is not available. Our goal is to offer the youth a balanced approach and ensuring that someone they have established a relationship with is always present to ensure continuity.*

*We work with the following approaches;*

- *Emotional Intelligence*
- *Motivational Interviewing*
- *Attachment Based Intervention*
- *Cognitive behavioral approach*
- *Positive reinforcement approach*
- *Resiliency model*
- *Trauma informed practices*
- *Relational psychotherapy*







# CARE FACILITATION

*A lot of emphasis goes into the relational aspect between clients and workers. Relational psychotherapy is founded on the concept of relationships with others being an essential aspect of emotional well-being.*

*In general, relational psychotherapy sessions emphasize the development of relational awareness. To achieve this, the counsellor and the person in therapy must typically gain an understanding of the individual's strategies for disconnection or the styles of interpersonal interaction that are used to push others away. Once they are identified, the counsellor and individual can explore the potential reasons behind the use of these strategies.*

*Transformation begins to occur when the counsellor and individual build new relational images using the counsellor-person in therapy relationship as a model for a secure and healthy relationship.*



# AMIS DATA

## Understanding the DATA

In this report, we summarize clients served and services provided by the centre during fiscal year 2020-2021. This data includes 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 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 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 at a particular program. 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-once for each level, if applicable. At the end you will see data related to our prevention and outreach interventions. Keep in mind while this might not be our primary funded mandate it is an important part of the continuum of care.

*Total Number of Applicants and Total Number of Admissions by Gender:*

	<i>Males</i>	<i>Females</i>	<i>Combined</i>
<b><i>Applicants</i></b>	5	18	23
<b><i>Admissions</i></b>	3	14	17
<b><i>Pre-Treatment Services</i></b>	0	0	0

*Total Number of Clients Accessing Levels of Care:*

<i>Level of Care</i>	<i>Number of Treatment Instances</i>
<b><i>Pre-Treatment Services</i></b>	0
<b><i>Outpatient - After Care</i></b>	50
<b><i>Outpatient</i></b>	1
<b><i>Outpatient Virtual</i></b>	8
<b><i>Inpatient</i></b>	17
<b><i>Day Program</i></b>	0

### *Total Number of Operational and Non-Operational Days:*

	Number of Operational Days	Number of Non-Operational Days	Number of Beds Available	Total Number of Available Bed Days
<b>2017-2018</b>	313	52	12	3756
<b>2018-2019</b>	284	81	12	3408
<b>2019-2020</b>				
<b>2020-2021</b>	236	129	12	2832

### *Occupancy and Repeat Treatment*

	2017-2018	2018-2019	2019-2020	2020-2021
<b>Occupancy Rate</b>	61%	77%	75%	36%
<b>Service Utilization Rate</b>	411%	605%	362%	167%
<b>Repeat Treatment Rate</b>	33%	27%	27%	26%
<b>Cost of Treatment per operational day</b>	\$477.11	\$504.42	\$486.22	\$634.80

## Certified Counsellors

	2017-2018	2018-2019	2019-2020	2020-2021
<b>Total Counsellors/Youth and Family Workers/Director/teaching staff</b>	18	16	21	19
<b>Certified CCPC</b>				
<b>Certified ICBOC</b>	11	11	8	7
<b>Certified FNHM</b>	1 in process	1 in process	1 in process	1 in process
<b>Degreed (Non-certified)</b>	3	2	2	2
<b>Non-Certified/Non degreed</b>	4	6	4	6

## Post Treatment Referrals

Post Referral Type	Total Clients
Case Management services	0
Community Mental Health Supports	1
Community-based peer support programs	1
Cultural activities and supports	9
Doctor/Physician	3
Education and/or Job training	7
Elders	2
Employment supports	0
Family supports and programs (i.e. AHSOR, FASD, MCH)	7
Housing services	0
NNADAP community-based workers	7
No post-treatment referral	0
Provincial services and programs	4
Psychiatrist/Psychologist	8
<b>Total Number of Clients</b>	<b>14</b>



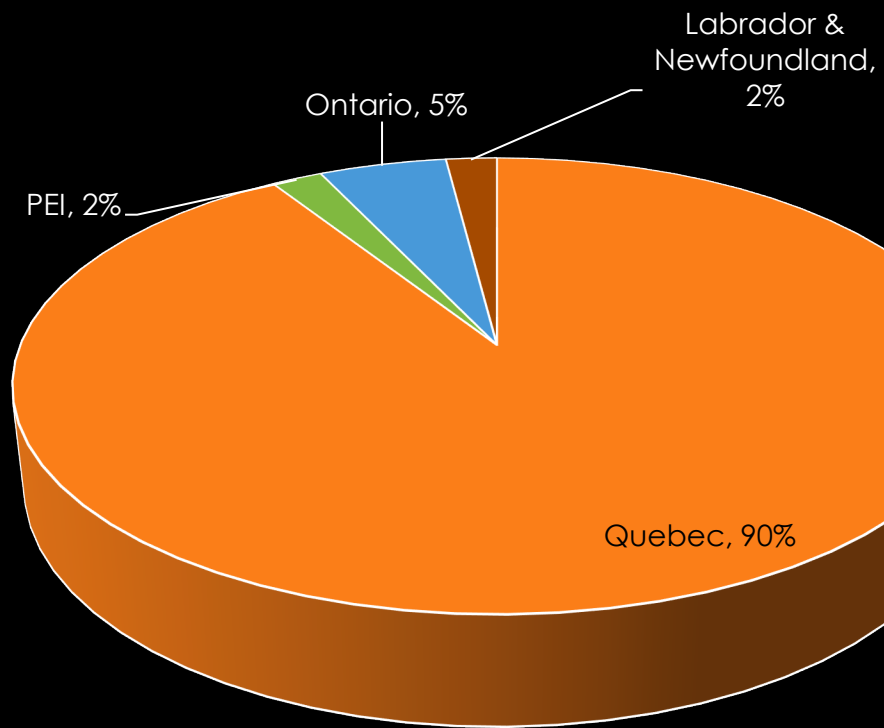
### *Client Age Breakdown by Gender:*

Age Group	Males	Females	Combined
under 12	0	0	0
12	0	0	0
13	1	4	5
14	1	0	1
15	1	3	4
16	0	2	2
17	0	4	3
18	0	1	1
over 18	0	0	0
Total Number of Clients	3	14	17
Average Age	14	15	15

### *Client Status by Gender*

Status	Males	Females	Combined
First Nation Non-Status	0	1	1 (3%)
First Nation Status	11	26	37 (95%)
Inuit Non-Status	0	0	0 (0%)
Métis	1	0	1 (3%)
Recognized Inuit	0	0	0 (0%)
Total Number of Clients	12	27	39

### *Client Region of Origin*



## *Client History of Suicide Ideation*

Males	Females	Combined
<i>N=7 (58%)</i>	<i>N=22 (85%)</i>	<i>N=29 (76%)</i>
12	26	38

## *Client Education*

Education Level	Males	Females	Combined
Does Not Attend School	<i>N=2 (17%)</i>	<i>N=1 (4%)</i>	<i>N=3 (8%)</i>
Attends School	<i>N=4 (33%)</i>	<i>N=17 (65%)</i>	<i>N=21 (55%)</i>
Total Number of Clients	<b>N=12</b>	<b>N=26</b>	<b>N=38</b>

*Our education funding is obtained through Jordan's Principle funds.*

*Justice System Involvement*

**Clients Accessing Treatment Involved in the Justice System by Sex - Summarized**

Males	Females	Combined
(0%)	(0%)	(0%)
12	27	39

*Clients Accessing Treatment Involved in the Justice System by Sex - System Breakdown*

Justice System Involved	Males	Females	Combined
Charges Pending	0	0	(0%)
Court Order	0	0	(0%)
Court Referral	0	0	(0%)
Criminal Court	0	0	(0%)
Drug Court Treatment	0	0	(0%)
Family Court	0	0	(0%)
Probation	0	0	(0%)
Restorative Justice	0	0	(0%)
Total Number of Clients	12	27	39

## Reasons for Termination of Treatment by Gender:

Reason for Termination	Males	Females	Combined
Unknown	0	0	0
Transferred to another substance abuse program or facility	0	0	0
Terminated by Facility	0	1	1
Retained for Next Treatment Cycle	0	0	0
Relapsed	0	0	0
Recommend more intense services	0	0	0
Recommend less intense services	0	0	0
Recommend another program	0	0	0
No Reason Specified	0	0	0
Mental Health Issues	0	0	0
Medical Needs	0	0	0
Left voluntarily, before treatment completed	0	3	3
Left against professional advice (dropped out)	0	0	0
Incarcerated	0	0	0
Family Emergency	0	0	0
Employment Issues	0	0	0
Discharged at the request of family	0	0	0
Death	0	0	0
Completed Treatment	2	6	8
Client / Referral Worker Abandoned file	0	0	0
Child Care	0	0	0
Change of Residence	0	0	0
<b>Total Number of Terminations</b>	<b>2</b>	<b>10</b>	<b>12</b>

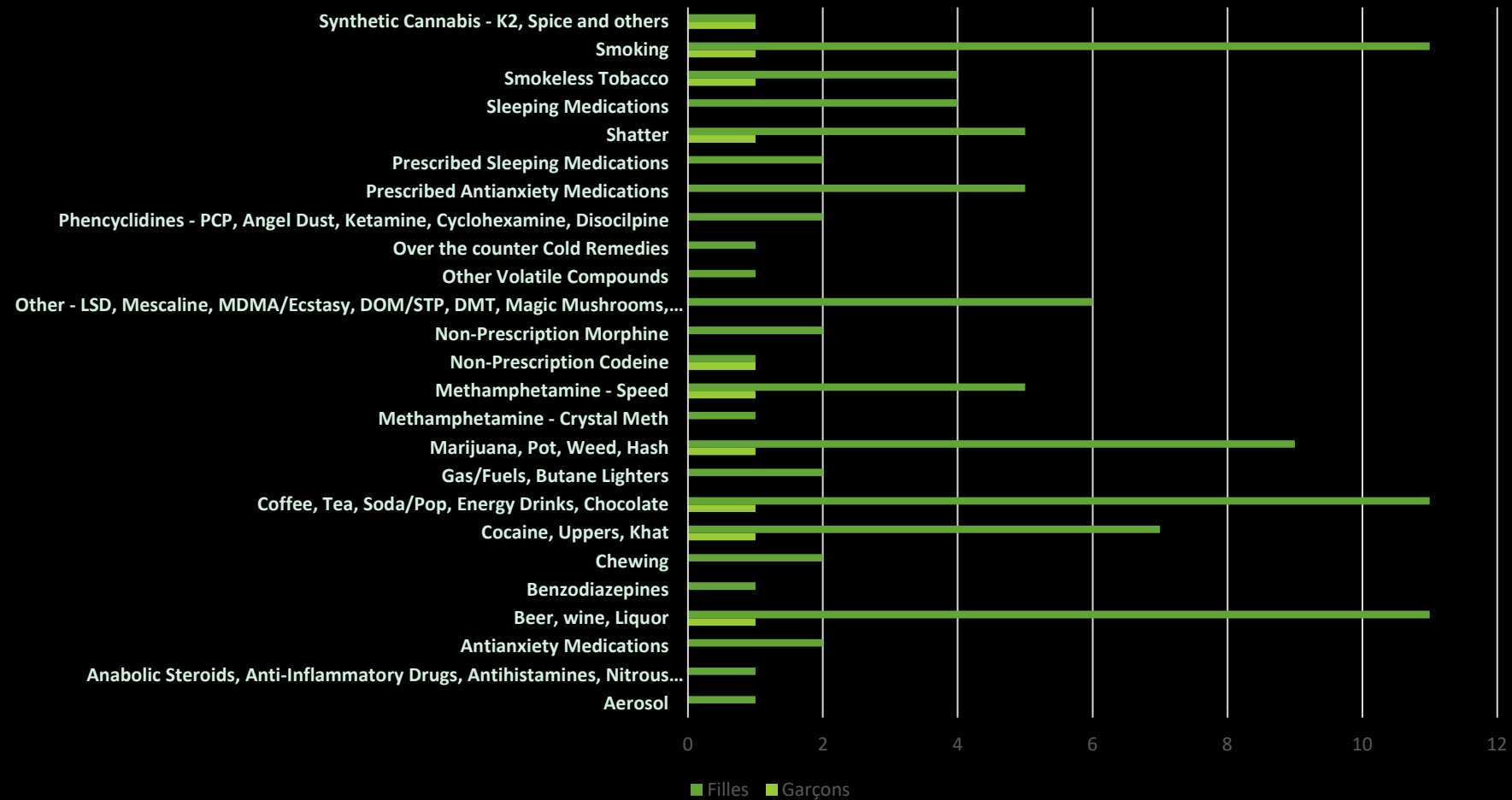
## No Shows and Number of Clients Not Discharged

Reason for Termination	Males	Females	Combined
No Show	0	0	0 (0%)
Not Discharged During Report Period	1	4	5 (33%)

<b>Total Number of Clients</b>	<b>3</b>	<b>14</b>	<b>17</b>
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## Substance Use by Gender:



## *Substance Initiation by gender*

Inhalant Use		
Males	Females	Combined
11 Years Old	13 Years Old	12 Years Old
4	10	14

Alcohol Use		
Males	Females	Combined
11 Years Old	12 Years Old	12 Years Old
8	23	31

Other Drugs		
Males	Females	Combined
10 Years Old	12 Years Old	12 Years Old
9	24	33

***History of Family Violence or Abuse:***

	Males	Females	Combined
History of Family Violence or Abuse	2 (17%)	6 (23%)	8 (21%)

***Family Addiction***

	Males	Females	Combined
History of Family Addiction	1 (8%)	8 (31%)	9 (24%)

***History of Sexual Victimization:***

	Males	Females	Combined
History of Sexual Victimization	3 (25%)	14 (54%)	17 (45%)

**Clients Accessing Treatment with DSM Diagnosis**

	Males	Females	Combined
Clients Accessing Treatment with DSM Diagnosis	0 (0%)	3 (11%)	3 (11%)

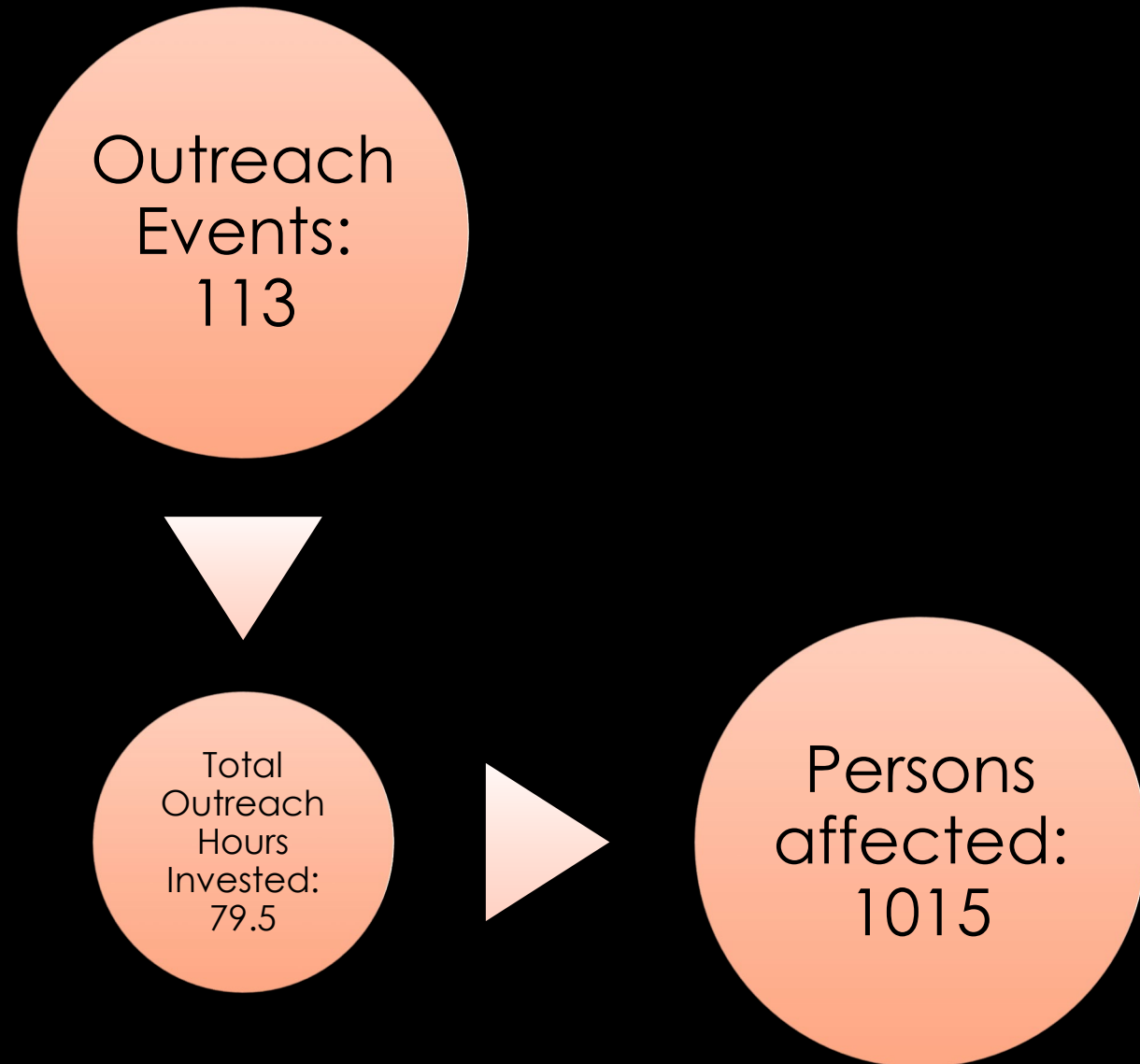
## *COMMUNITY DEVELOPMENT, UNIVERSAL PREVENTION, AND HEALTH PROMOTIONS*

Universal Prevention and Health Promotion from a harm reduction strategy was utilized on our social media platforms and virtual programming in regards to safe use during a Pandemic. There were also awareness campaigns developed around social distancing, vaccine hesitancy campaigns and infection prevention on our social media platforms.

There was a great deal of collaboration with YSAC (Youth Substance Abuse Committee) and TPF (Thunderbird Partnership Foundation) and ISC (Indigenous Services Canada) in supporting our Center in preparing to evaluate our readiness to resume residential services, ensuring policy, protocols and procedures were in place to support infection prevention and risk of community exposures to the virus.

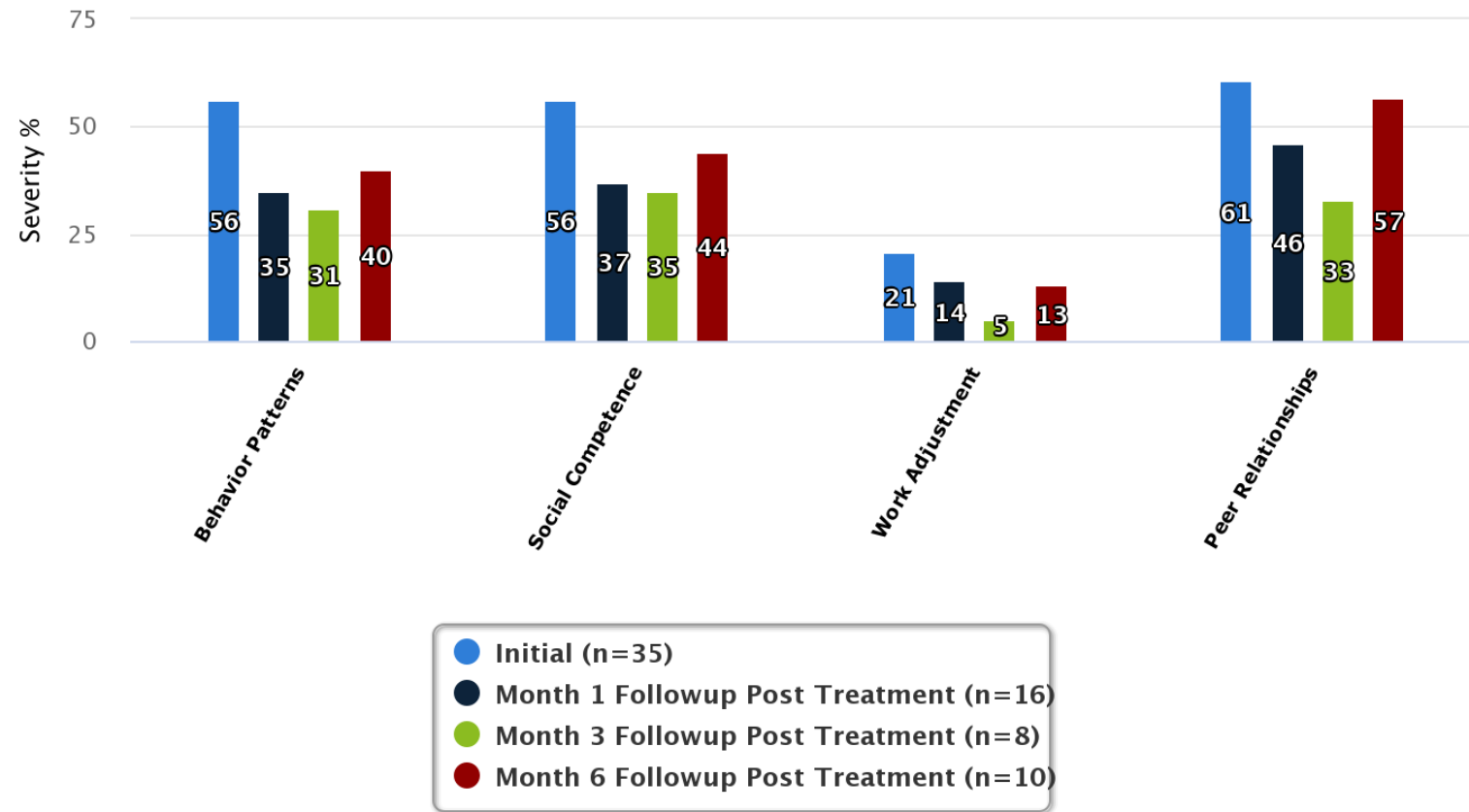


# *Outreach*

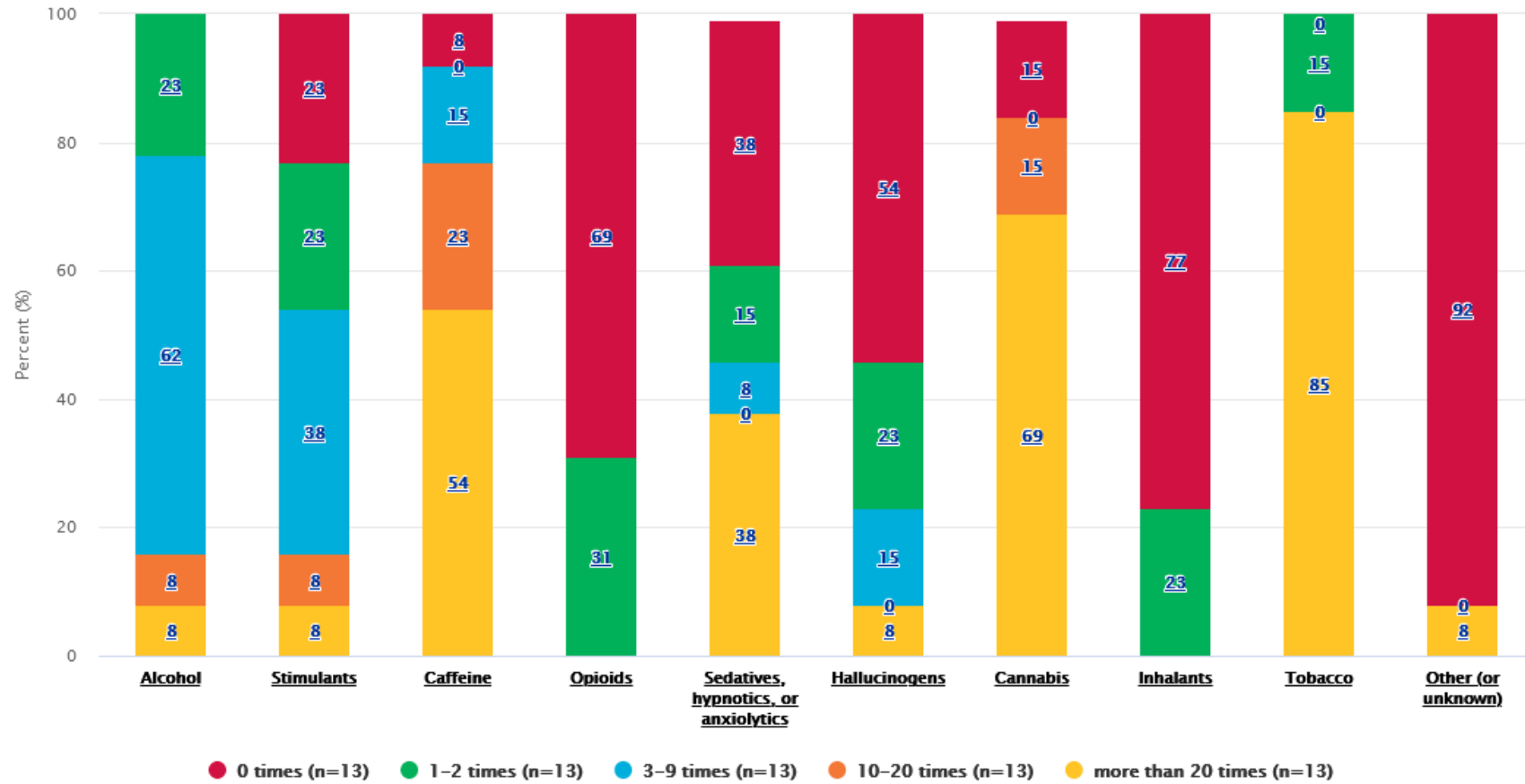




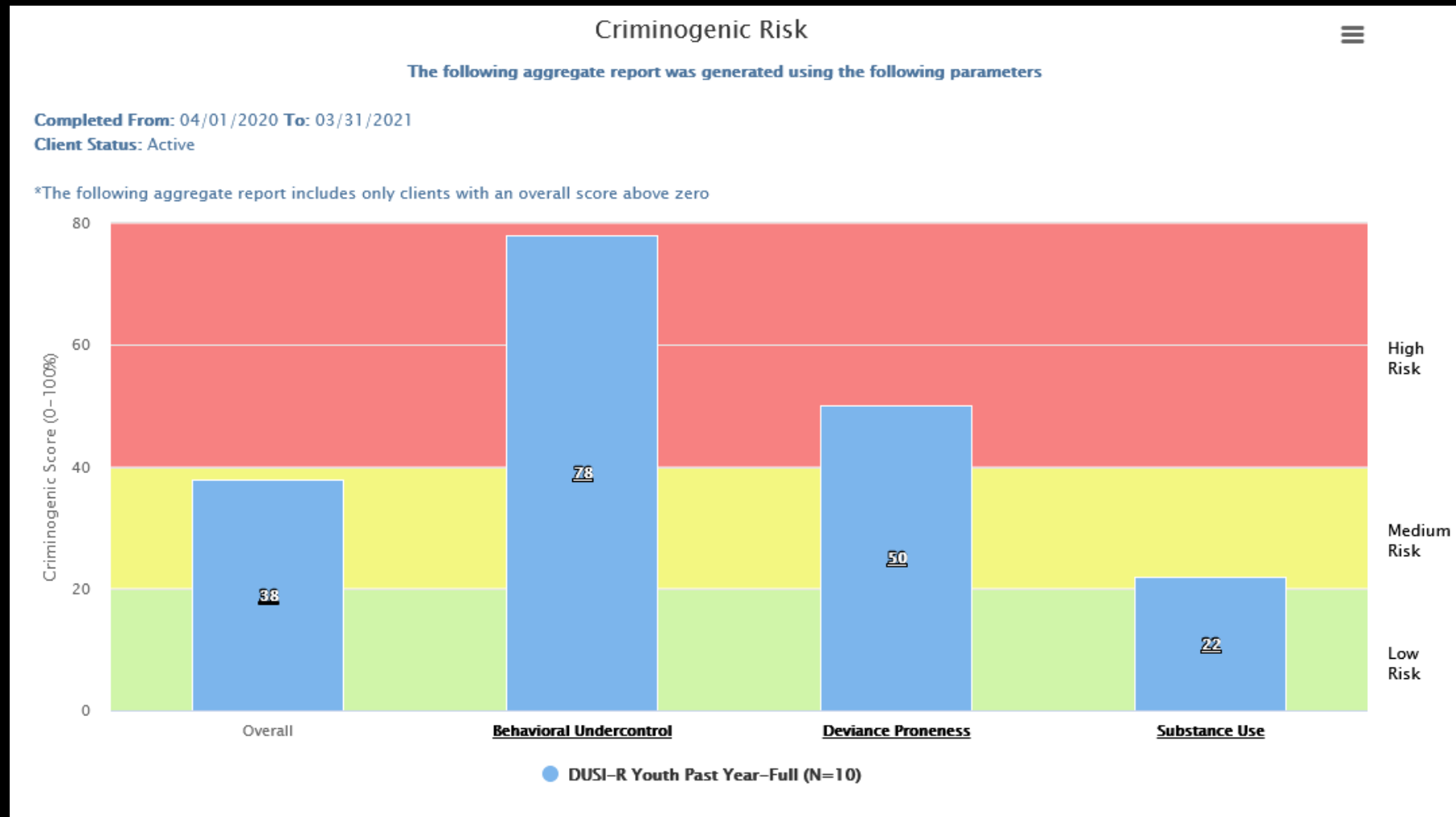
### Absolute Problem Density - Episode of Care 1



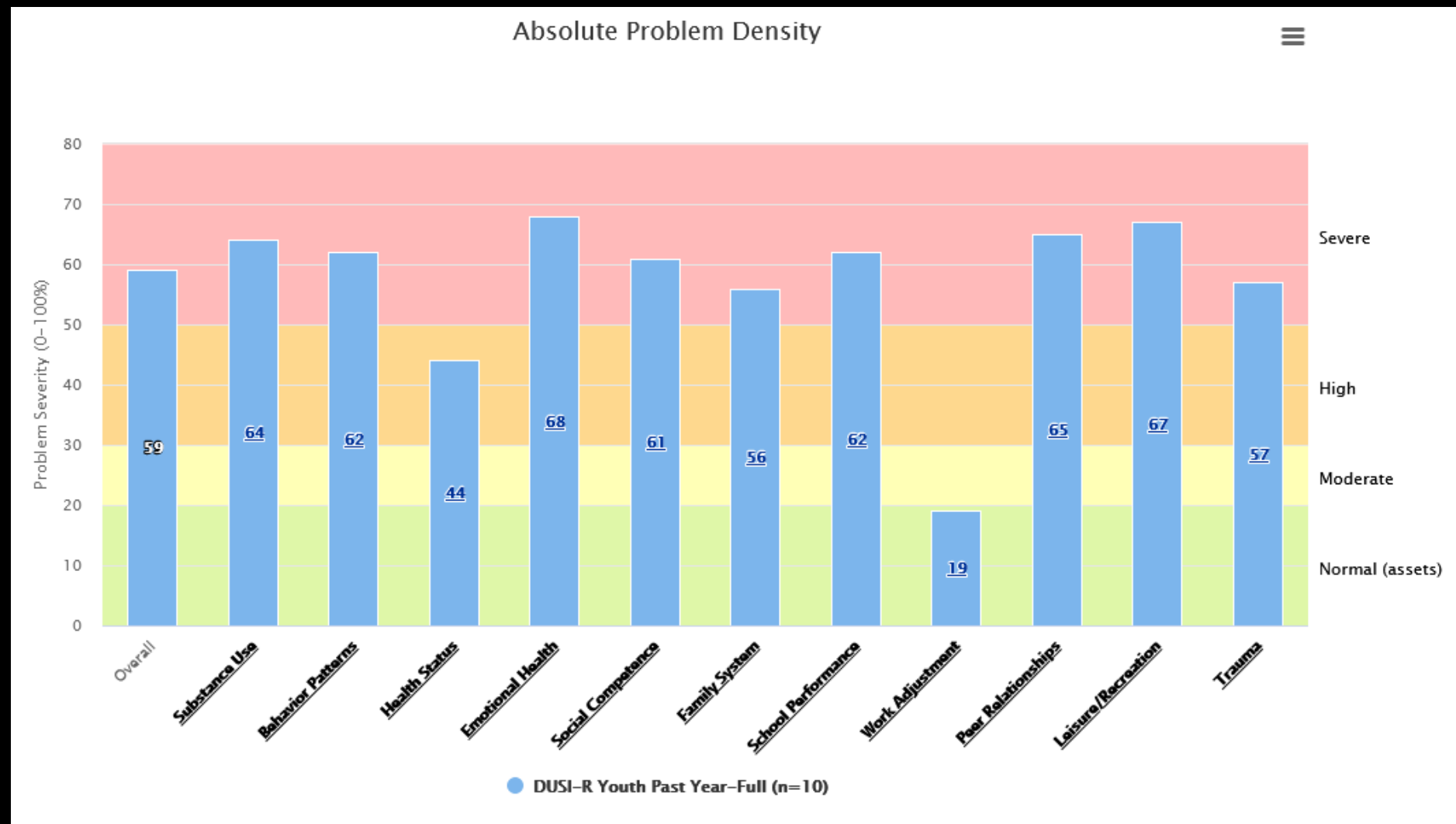
Substance Use Frequency – DUSI-R Youth Past Year–Full



Risk

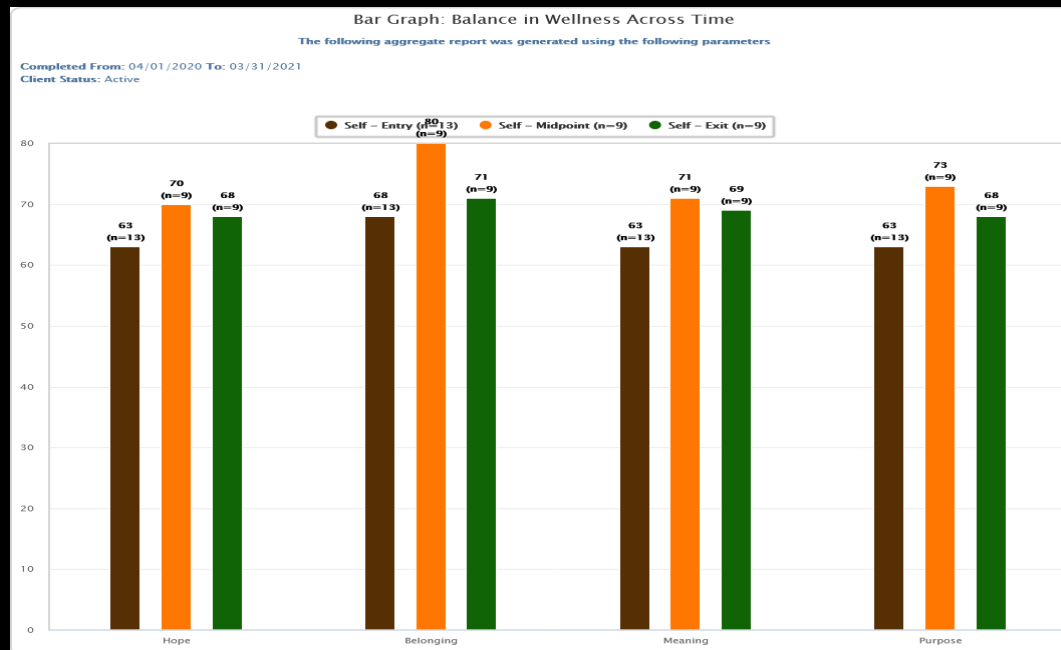


*DUSI-R*



# NWA 2020-2021

## Wellness across time



## Balance in wellness

