

CENTRE WALGWAN CENTER
ANNUAL REPORT
2021-2022



PRESENTED BY PAMELA CHARLONG, EXECUTIVE DIRECTOR

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A Description of the Cover

Symbolic of the Tipi

In the different Nations across Canada, there are different ways to set up a Tipi based on the area.

Let's start off with the teachings for the first 3 poles we will put up and the meanings of these poles.

1. **Obedience** – Learning process just like receiving tobacco to be able to teach and share. To be able to listen to parents, teachers, and mentors for the enhancement of one's journey. Learn by behavior and reminders of others, so we know what is right and what is wrong.
2. **Respect** – To have respect in the teachings, the laws, mother earth, your parents, your peers, and most of all respect for yourself. Giving honor to other people within our community, those who visit, and our environment.
3. **Humility** – To know you are equal with everyone regardless of social class, race, success in one's life, we are not above or below others in the circle of life. We feel humble and realize we are just a strand in the web of all life. Respect and value life.
4. **Remaining poles represent** – happiness, love, faith, kinship, cleanliness, thankfulness, sharing, strength, child rearing, hope, protection, and safety.

These are the first three poles that will go up to form the foundation. The foundation of the Tipi, but also the foundation of human character.

It was a women's job back in the day to put up the Tipi. When a woman would put up a Tipi there is a ceremony, song, and food that will go with it because this is the shelter of those that you love.

The Tipi stands tall and open to show that invitation that everyone is welcome. The Tipi stands tall like a woman's dress and everyone inside the Tipi is within the circle and safety of the woman's skirt.

The strength of our culture is so strong and it's the young people who are the keepers of this strength to carry it on.

Executive Summary

Dear Ms. President, Directors and Stakeholders,

It is with great honor and gratitude that I present the Walgwan Annual Report for 2021-2022. In the midst of a pandemic that challenges our humanity and connection to one another, we have greatly relied on one another's strengths and messages of hope to overcome the challenges as a team, and family.

Given the pandemic and positive cases our human resource capacity was challenged much like many other organizations. Sustainability that was already a barrier became an even greater trial with the onset of positive cases and isolation periods. An abundance of gratitude to our team, our family for all their sacrifices in supporting our mission; time away with their respective families, extra shifts on their days off, working nights, accepting added responsibilities, going above and beyond in providing hours of dedication in assuring that the center could operate at a level of quality that has become the standard of care we all admire and adhere to. We have grown as a team; we became a family during these difficult times, and are now connected with everyone and everything around us.

We are grateful for our board of directors in supporting and guiding us through the ambiguity of the pandemic and believing in our leadership in navigating the year with the intent focused on our responsibility towards our future leaders; our youth, families and communities.

It has been a busy year where our focus has been in creating partnerships and networks in strengthening our continuum of care with frontline services, provincial services and families. As a result, it has permitted us to enhance service delivery, visibility at the provincial and national levels and improved delivery of services within various levels of care. We have had the opportunity to be actively involved in making an effort to decolonize health care within our region by addressing cultural safety, conversations around health equity, anti-racism and emphasizing the richness of indigenous knowledge and value within wellness strategies.

Another area of focus has been in expanding cultural practices guided by the national framework "honoring our strengths" and the mental wellness continuum framework. Culture is the essence of who we are, who we belong to, where we come from, and how we relate to one another. Culture is another form of school, it is the accumulated teachings of our elders, our warriors, our medicine keepers, our life givers and of our ancestors. It is the basis of traditions, customs, protocols, values, spirituality, ceremonies, language, ways of knowing and being, and connections to the land. Culture as intervention is promising in building on resiliency and connection in reinforcing hope, meaning, purpose and belonging for our youth, families and communities in taking charge and responsibility for their view of wellbeing.

As we prepare for the future in addressing human resource sustainability, we have been visionary in adopting a shared leadership culture as an organization. As we prepare to welcome new workers, we want to be proactive in providing the best outcomes for success in nurturing hope, meaning, purpose and belonging within the organizational culture and as our worldview as a way of being and doing.

Our new normal brings about a lot of reflection in how to adapt to this new reality. It is no secret or discovery that the pandemic has changed our world and with that it has changed the needs of our youth and families. We must collectively explore how to adapt to this reality and ensure that our service delivery can support the new needs of our youth and families moving forward.

Year End Highlights

- ✓ Securing crown land to support land-based healing initiatives
- ✓ Food sustainability Initiatives within a garden project
- ✓ Incorporating animals within programming to support mental health
- ✓ Secured an Outpatient/Aftercare worker in 2022
- ✓ Several initiatives towards family support systems (family circles, group family support sessions)
- ✓ Staff certifications within ICBOC and First Nations Health Manager Association
- ✓ Partnerships with provincial services (AIDQ, CISSS, Centre de Jeunesse, CASA)
- ✓ Networking in the development of services with the Inuit communities
- ✓ Enhancements within the information management system for better data collection and outcomes
- ✓ Continuous residential programming despite the pandemic
- ✓ Technological enhancements to support virtual component
- ✓ Broaden scope of service due to the pandemic (virtual programming, virtual brief treatment)
- ✓ Increased partnerships and collaboration at the community level with access to technology and virtual formats
- ✓ Launch of our new logo with the focus on family and significant others in supporting the healing journey of our youth, families and community
- ✓ Adopted a shared leadership concept within our organizational culture
- ✓ Prioritized training opportunities in building staff competencies
- ✓ Obtained our accreditation status with honourable mention

Center Demographics

Biographical and Contact Information	
Contact	<i>Pamela Charlong</i>
Phone	418-759-3006
Extension	222
Email	pamela@walgwan.com or edwalgwan@globetrotter.net
Additional Information	
CA Funding Type	Transferred
Intake Frequency	Continuous
Average Cycle Length (days)	100
In-patient beds funded by	NYSAP
Number of in-patient beds (Youth/NYSAP)	7
Number of in-patient beds (Other)	0
Program offered in English	Yes
Program offered in French	Yes
Program Offered in Indigenous Languages	No
Please specify Indigenous language(s)	
Accessible to Clients with Physical Disability	Yes
Accepts Pregnant Women	Yes
Court Referral	Yes
From Corrections	Yes
Accepts Clients on Methadone	Yes
Accepts Clients on Suboxone	Yes
Accepts Clients Taking Other Psychoactive Medications	Yes
Teaching Staff and/or School on Site for Children	Yes
Access to Child Care	Yes
Types of Programs Offered	
Gender Specific Cycle	No
Gender Based	No
Concurrent Disorder Capable	Yes
Residential Schools	Yes
On-The-Land	No
Family Treatment	Yes
Child Counselling	Yes
Couples Counselling	Yes
Prescription Drug Abuse-Specific	Yes
Access to Specialized Staff Within the Centre	
Psychologist Direct Service	Yes
Psychiatrist Direct Service	No
Psychologist/Psychiatrist Clinical Supervision	Yes
Case Manager	Yes
Elder	Yes
Cultural Practitioner	Yes
Clergy	No
Other	
Please specify other	
Access to Specialized Staff Outside of the Centre	
Psychologist Direct Service	Yes
Psychiatrist Direct Service	Yes
Psychologist/Psychiatrist Clinical Supervision	Yes
Case Manager	No
Elder	Yes
Cultural Practitioner	Yes
Clergy	Yes

Addictions Information System (AMIS) Data

Total Number of Applicants and Total Number of Admissions by Gender

	Males	Females	Combined
Applicants	14	42	56
Admissions	8	24	32
Pre-Treatment Services	0	0	0

Total Number of Clients Accessing Levels of Care

Level of Care	Number of Treatment Instances
Pre-Treatment Services	0
Day Program	0
Outpatient	0
Outpatient – After Care	46
Outpatient Virtual	3
Inpatient	32
Number of treatment Instances	34
	*2 Clients that entered the program twice during the same fiscal year
Day Program	0

Clients could be counted in more than one level of care as they move through their continuum of care

*No Shows not included in this chart

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
2021-2022	323	42	7	2261

Occupancy and Repeat Treatment

	2018-2019	2019-2020	2020-2021	2021-2022
Occupancy Rate	77%	75%	36%	85%
Service Utilization Rate	605%	362%	167%	162%
Repeat Treatment Rate	27%	27%	24%	25%
Cost of Treatment per operational day	\$504.42	\$486.22	\$634.80	\$795.12

*Service utilization rate includes outreach activities.

Certified Counsellors

	2018-2019	2019-2020	2019-2020	2021-2022
Total Counsellors/Youth and Family Workers/Director/teaching staff	16	16	21	22
Certified CCPC				
Certified ICBOC	11	11	8	8
Certified FNHM	1 in process	1 In process	1 in process	1
Degreed (Non-certified)	2	2	2	2
Non-Certified/Non degreed	6	6	4	5

Post Treatment Referrals

Post Referral Type	Total Clients
Case Management services	0
Community Mental Health Supports	4
Community-based peer support programs	0
Cultural activities and supports	11
Doctor/Physician	2
Education and/or Job training	2
Elders	0
Employment supports	0
Family supports and programs (i.e. AHSOR, FASD, MCH)	0
Housing services	0
NNADAP community-based workers	2
No post-treatment referral	0
Provincial services and programs	5
Psychiatrist/Psychologist	6
Total Number of Clients	32

Client Age Breakdown by Gender

Age Group	Males	Females	Combined
under 12		2	2
12		2	
13	3	9	12
14	2	11	13
15	2	9	11
16	5	10	15
17	1	3	4
18			
over 18			
Total Number clients	14	42	56
Average age	15	14	14

Total number of clients combined refers to applicants, and admissions.

Client Status by Gender

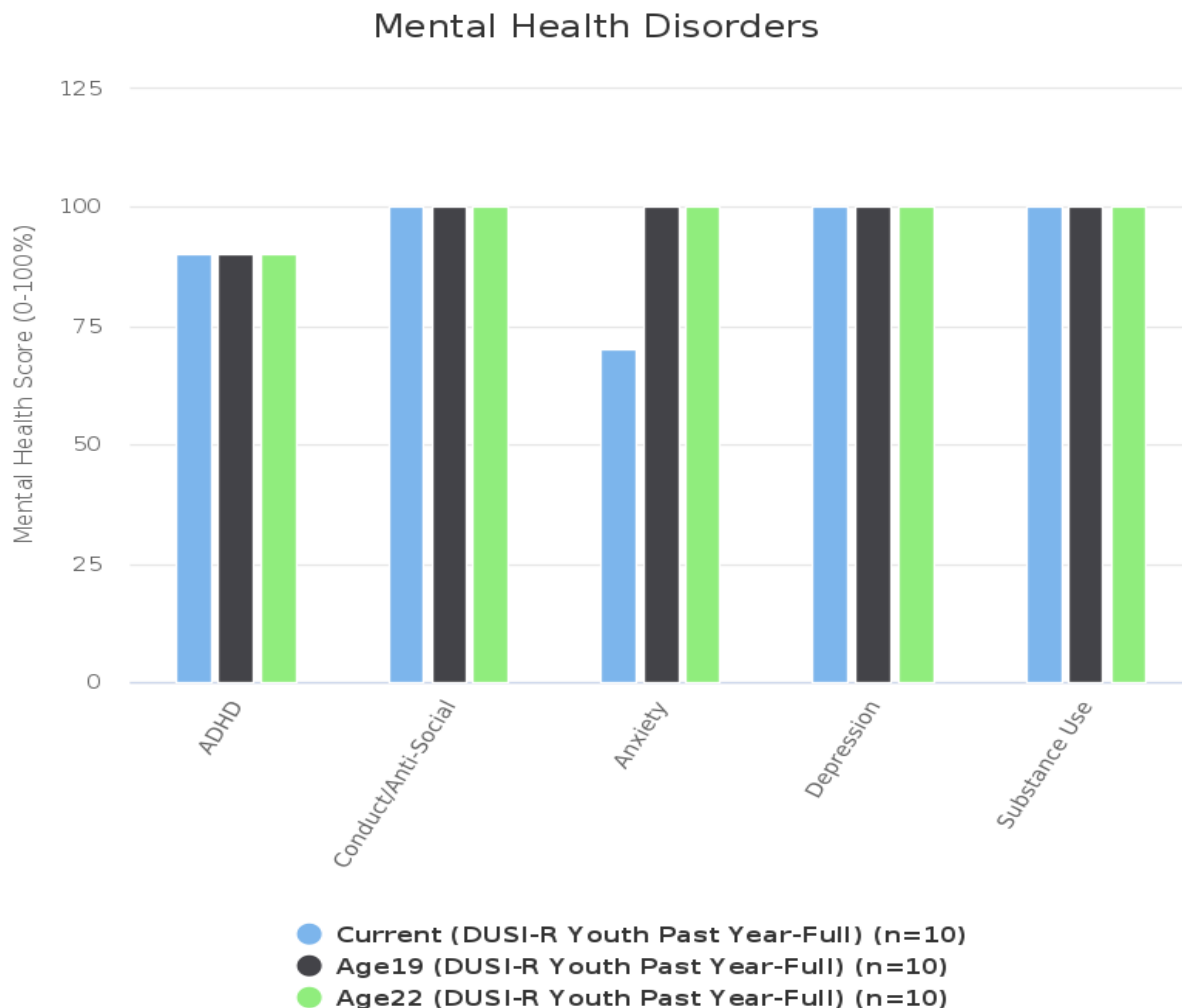
Status	Males	Females	Combined
First Nation Non-Status		2	2
First Nation Status	14	42	56
Inuit Non-Status			
Métis			
Recognized Inuit			
Total Number of Clients	14	42	56

Clients Accessing Treatment with DSM Diagnosis by Sex

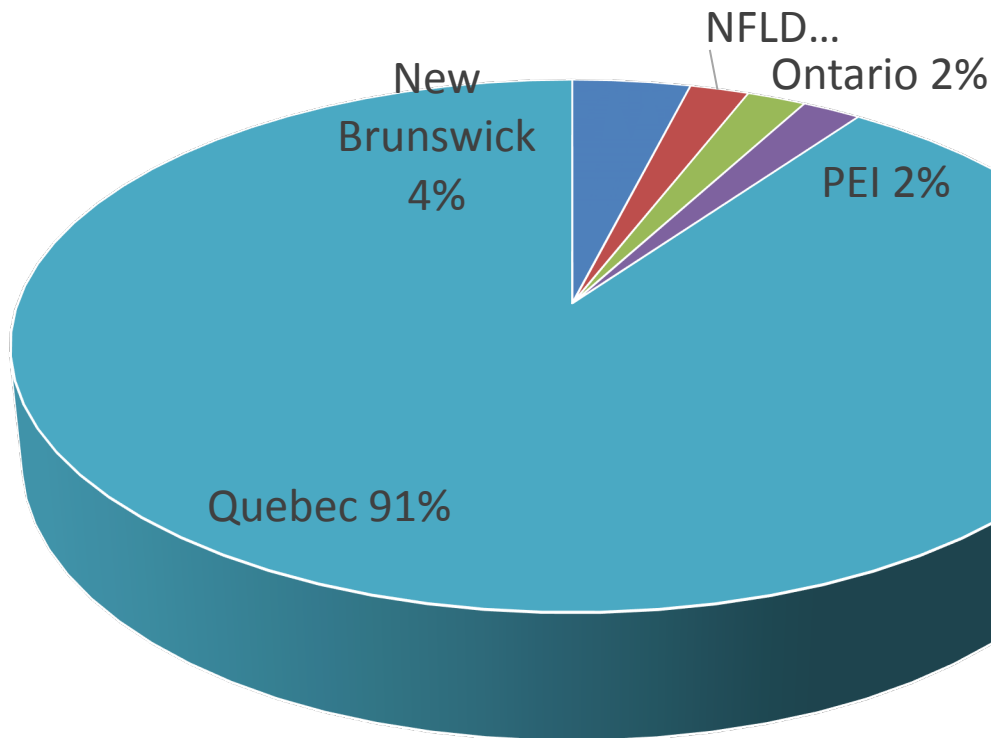
*The following data is collected from DSM-V and the Client demographic record

*This only includes clients entering treatment with an existing DSM diagnosis on medical record

Males	Females	Combined
3(23%)	4(9%)	7(12%)



Client Region of Origin



Client History of Suicide Ideation

*The following data is collected from the YSAC Intake/referral form

Males	Females	Combined
11 (85%)	34 (81%)	45 (82%)
N=14	N=42	N=56

*The following data is collected from the YSAC Intake/referral form

Client Education

Education Level	Males	Females	Combined
Does Not Attend School	2 (15%)	3 (7%)	5 (9%)
Attends School	11 (85%)	40 (98%)	52 (95%)
Total Number of Clients	N=14	N=42	N=56

Justice System Involvement

Clients Accessing Treatment Involved in the Justice System by Sex – Summarized

*The following data is collected from Client Tags and the Client demographic record

*Clients involved in the justice system at intake

*Clients could be counted in more than one level of justice as they move through the Justice System

Males	Females	Combined
1 (2%)	1 (2%)	2 (4%)
N=14	N=42	N=56

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

Justice System Involved	Males	Females	Combined
Charges Pending	2		
Court Order			
Court Referral			
Criminal Court			
Drug Court Treatment			
Family Court			
Probation			
Restorative Justice			
Unknown		2	
Total Number of Clients	N=14	N=42	N=56

Client Accessing Treatment with Social History by Sex

	Males	Females	Combined
DPJ	7 (54%)	12 (27%)	19 (33%)
Self-Harming Behaviors	6 (46%)	20 (45%)	26 (46%)
Gang Involvement	0	1 (2%)	1 (2%)
Total number of clients	N=14	N= 42	N=56

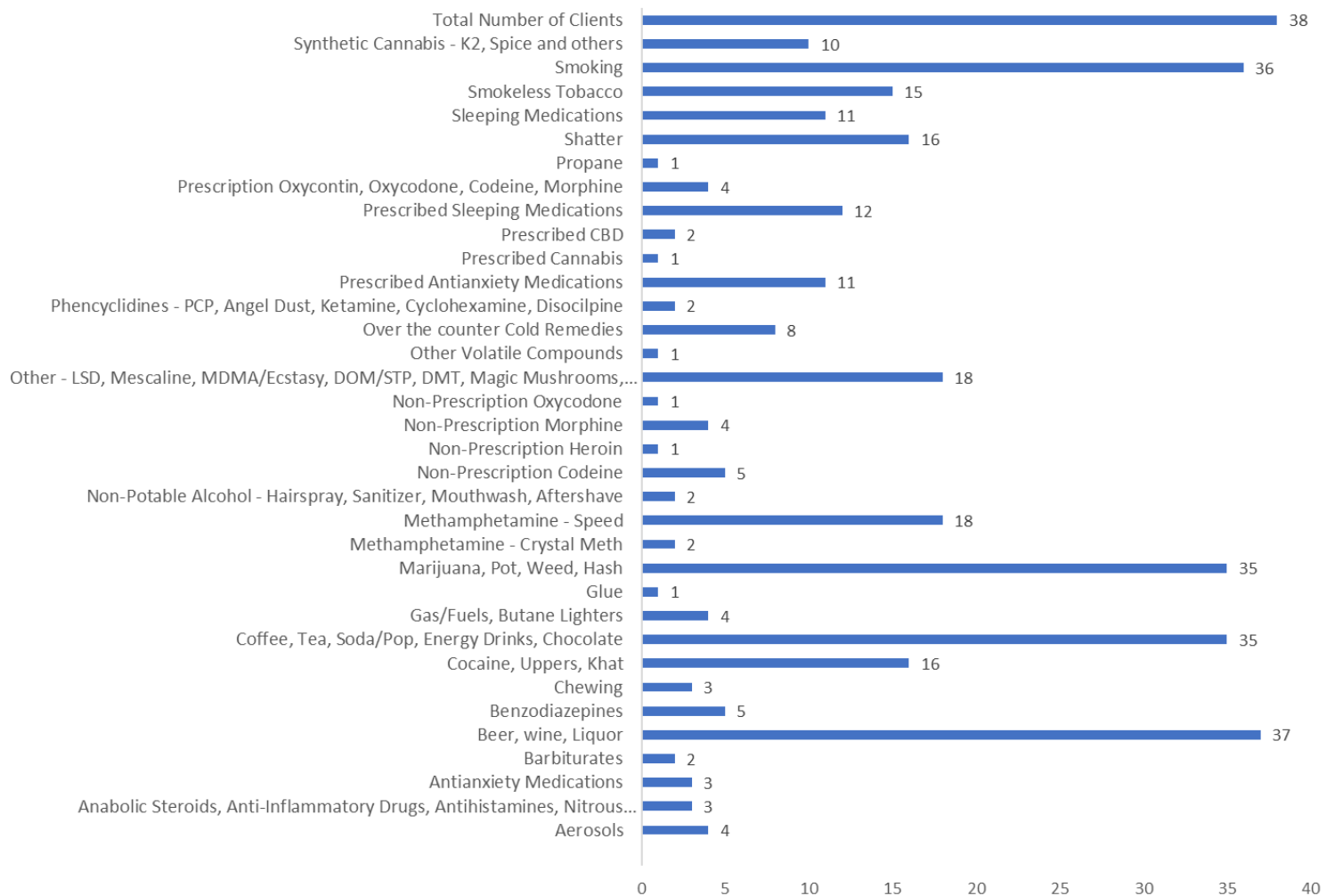
Reason for Termination of Treatment by Sex

Reason for Termination	Males	Females	Combined
Unknown			
Transferred to another substance abuse program or facility			
Terminated by Facility			
Retained for Next Treatment Cycle			
Relapsed			
Recommend more intense services			
Recommend less intense services			
Recommend another program			
No Reason Specified			
Mental Health Issues		1 (5%)	
Medical Needs			
Left voluntarily, before treatment completed	5 (83%)	11 (%)	16 (%)
Left against professional advice (dropped out)			
Incarcerated			
Family Emergency			
Employment Issues			
Discharged at the request of family			
Death			
Completed Treatment	3 (%)	13 (%)	16 (%)
Client / Referral Worker Abandoned file			
Child Care			
Change of Residence			
Total Number of Terminations	6	24	31

No Show and Number of Clients Not Discharged

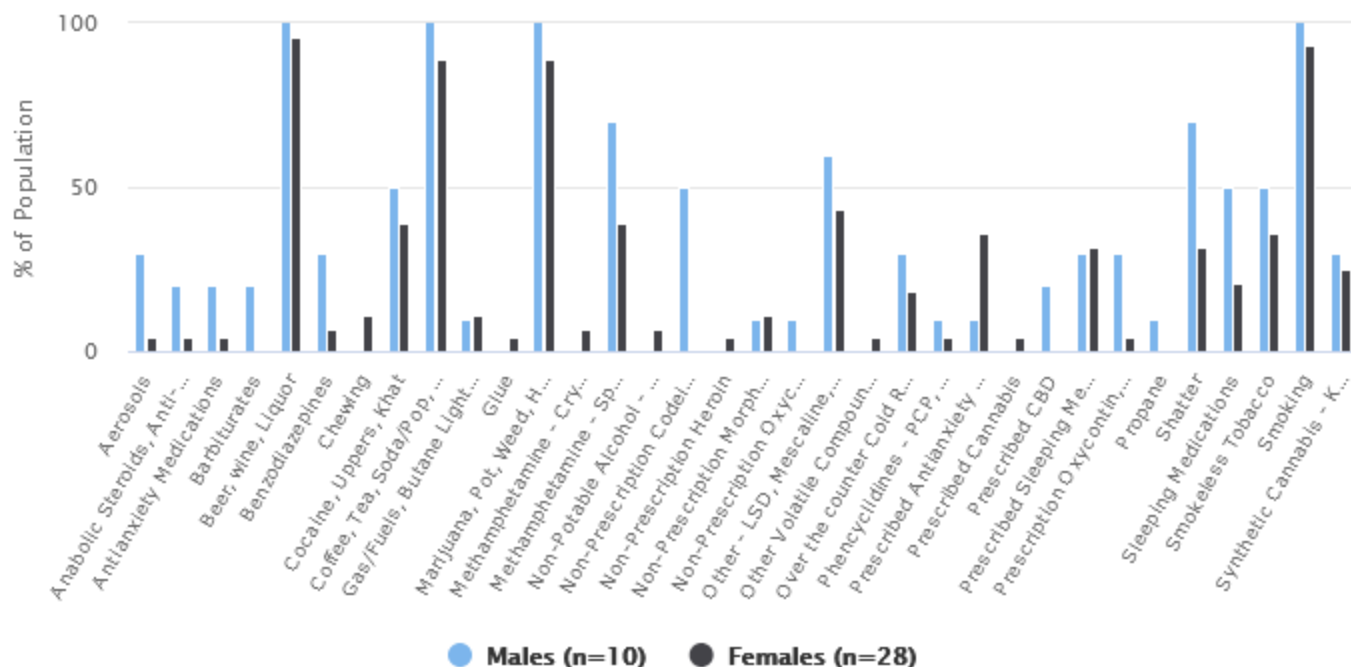
Reason for Termination	Males	Females	Combined
No Show	0	0	0
Not Discharged During Report Period	2	6	8
Total number of clients	8	23	31

Clients Accessing Treatment by Type of Substances Abused



Inhalant Use		
Males	Females	Combined
2 (20%)	7 (15%)	7 (25%)
Average age 12		
Alcohol Use		
Males	Females	Combined
10 (100%)	27 (96%)	37 (97%)
Average age 12		
Cannabis		
Males	Females	Combined
10 (100%)	25 (89%)	35 (92%)
Shatter		
Males	Females	Combined
7 (70%)	9 (32%)	16 (42%)
Average age 13		
Methamphetamine-Speed		
Males	Females	Combined
7 (70%)	11 (39%)	18 (47%)
Average age 13		
Methamphetamine-Crystal Meth		
Males	Females	Combined
0	2 (7%)	2 (5%)
Average age 13		
MDMA		
Males	Females	Combined
6 (60%)	12(43%)	18 (47%)
Average age 13		
Total Number of clients		
10	28	38

Clients Accessing Treatment by Type of Substances Abused and Sex



History of Family Violence or Abuse

	Males	Females	Combined
History of Family Violence or Abuse	7 (54%)	28 (67%)	35 (64%)

Family Addiction

	Males	Females	Combined
History of Family Addiction	7 (54%)	24 (57%)	31 (56%)

History of Sexual Victimization

	Males	Females	Combined
History of Sexual Victimization	2 (15%)	22 (52%)	24 (44%)

Native Wellness Assessment (NWA) Outcome Scores

The Native Wellness Assessment is the first instrument of its kind which measures the effect of cultural interventions on a person's wellness, from a whole person and strengths-based perspective. It is statistically and psychometrically validated as a reliable measure of change in wellness over time, across all genders, age groups, and cultures. NWA is imbedded in the AMIS data system, so for the first time ever we as an individual treatment centres have some valid measures of change.

*Introduced in 2015, the assessment is a product of the **Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment (CasI)** research project, which YSAC centers participated in.*

It is an instrument that demonstrates the effectiveness of First Nations culture as a health intervention in addressing substance use and mental health issues. The NWA measures the impact of cultural interventions on client wellness and proves something that First Nations people have long known; culture is the key to restoring and maintaining wellness. Over time, the use of the NWA will establish an evidence base for the key role of Indigenous culture in addressing substance use issues and in promoting wellness. Walgwan systematically uses the instrument for all in-house youth participating in the 14-week wellness and care sequence.

Over time, the data collected by using the tool will go into a national database, establishing evidence on how important culture is in getting a client's life back on track and eventually shaping the way treatment centres across the country guide their clients through their wellness journey.

The cultural mentors are asked to complete the assessment within the first seven days of the youth's arrival. The youth complete an individual survey based on various statements related to identity, culture and traditional practices, spirit, connection on all my relations grounded on their initial thoughts and feeling. As we can see within the results there is a lack of consistency in the observer ratings due to absences and sudden youth departures. According to client satisfaction, the youth overall appreciate the cultural components of the program and enjoy the traditional healing initiatives taking place within their wellness journey.

Each youth has a cultural objective incorporated into their wellness-care plans based on the assessment results and taking into consideration the youth's needs and interest to pursue various elements within hope, meaning, purpose and belonging. The cultural mentors accomplish this by providing the youth with individual sessions working towards their cultural outcomes. The families are also involved within the cultural outcomes by asking the family their expectations and needs within a cultural framework. The mentors accompany the youth and the family in realising their goals and expectations within concrete activities. The cultural mentors are involved in various levels of care with the youth and families and not necessarily restricted to inhouse youth. The mentors have been solicited by the CISSS de la Gaspésie to provide cultural sensitivity training and the use of traditional medicines to the mental health team in an initiative to better understand our youth and adapt their approaches collectively to meet the need of First Nations. The mentors have also been invited to the CEGEP de la Gaspésie in providing cultural content to students studying in the helping fields.

Some of the areas of exploration are as described;

- Land-based activities (moose hunting, salmon fishing, canoeing, kayaking, camping, harvesting. etc.)
- Building a drum and shaker activities
- Building a sweat lodge
- Ceremony (sun rise ceremony, pipe ceremony, fasting, tobacco offerings, gratitude)
- Sacred fire teachings

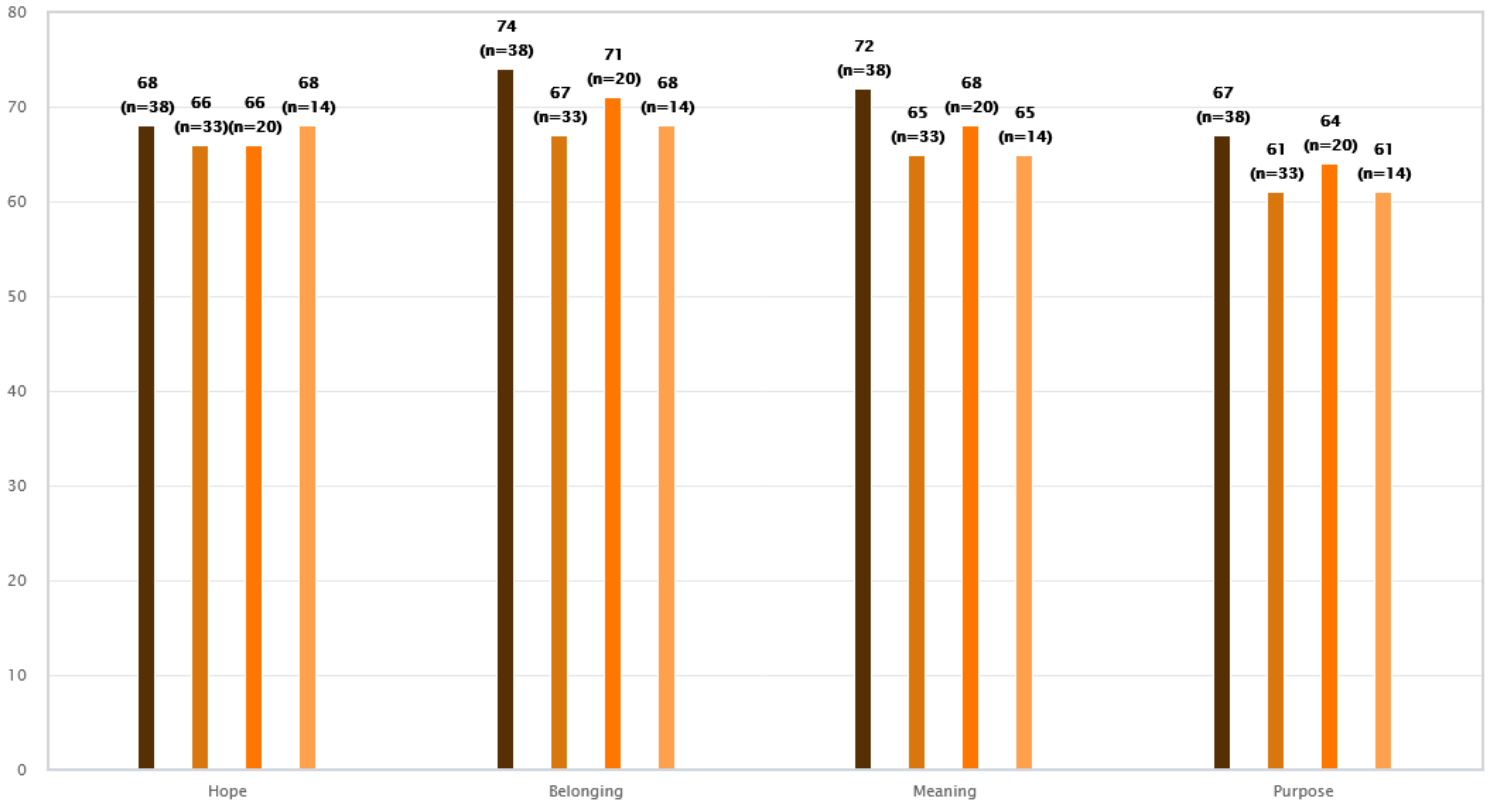
- *Picking of traditional medicines (tea, lotions, honey, ointment)*
- *Trapping*
- *Traditional Song*
- *Seven Teachings*
- *Totem (animal spirit)*
- *Involvement in community (social events, support of causes MMIWG, Pride Day, Orange shirt day)*
- *Identity Project*
- *Creating a bundle*
- *Personal medallion (beading)*
- *Traditional basket making*
- *Gardening*
- *Animals (rabbit and chickens)*
- *Creation story*
- *Guided Meditation*
- *Tee pee teachings*
- *Traditional music project*
- *Visiting elders' program (elders from various nations provide traditional healing to staff and youth)*

Comparative Bar Graph: Balance in Wellness across Time

The following aggregate report was generated using the following parameters

Client Status: Active

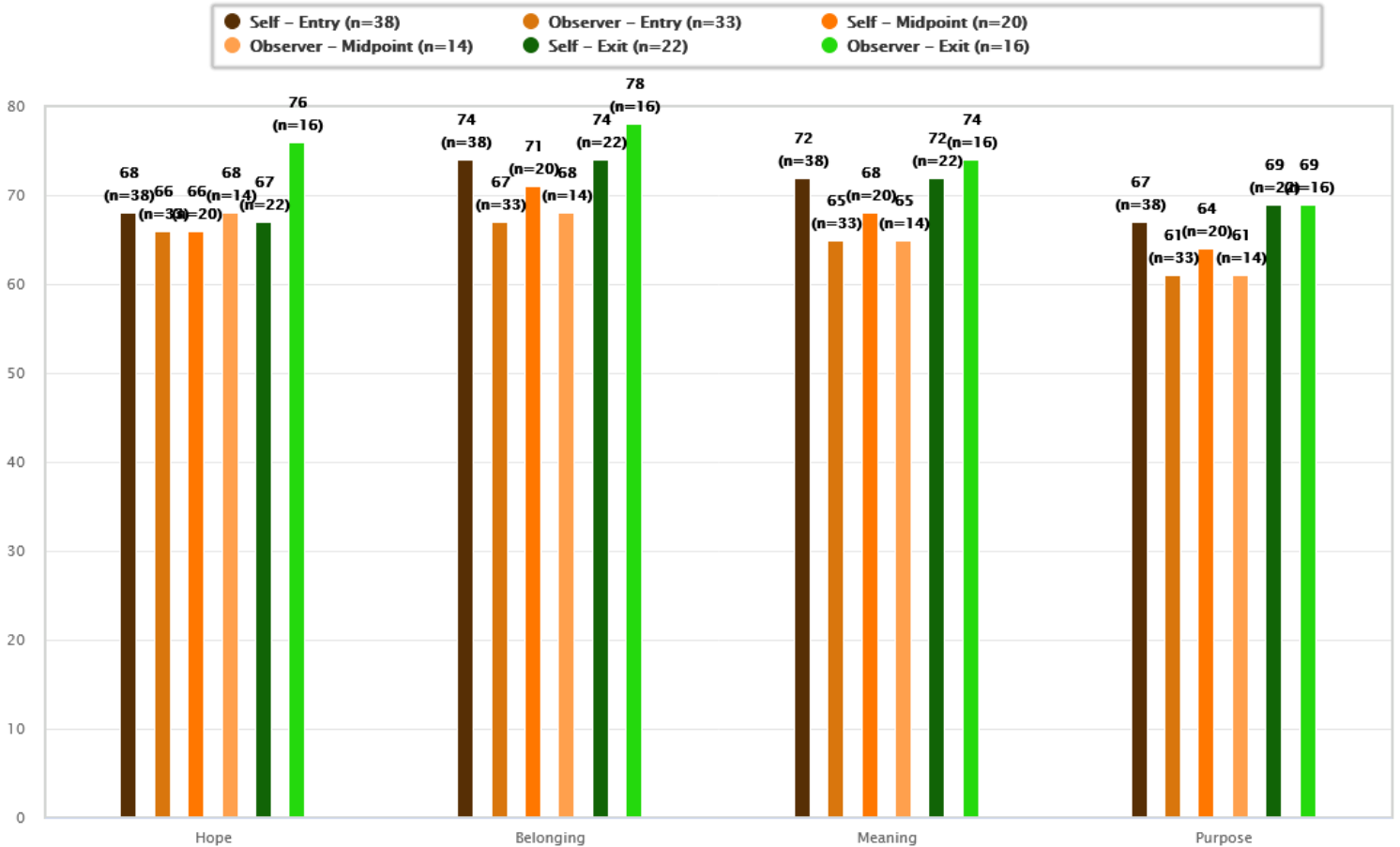
Self - Entry (n=38)
Observer - Entry (n=33)
Self - Midpoint (n=20)
Observer - Midpoint (n=14)



Comparative Bar Graph: Balance in Wellness across Time

The following aggregate report was generated using the following parameters

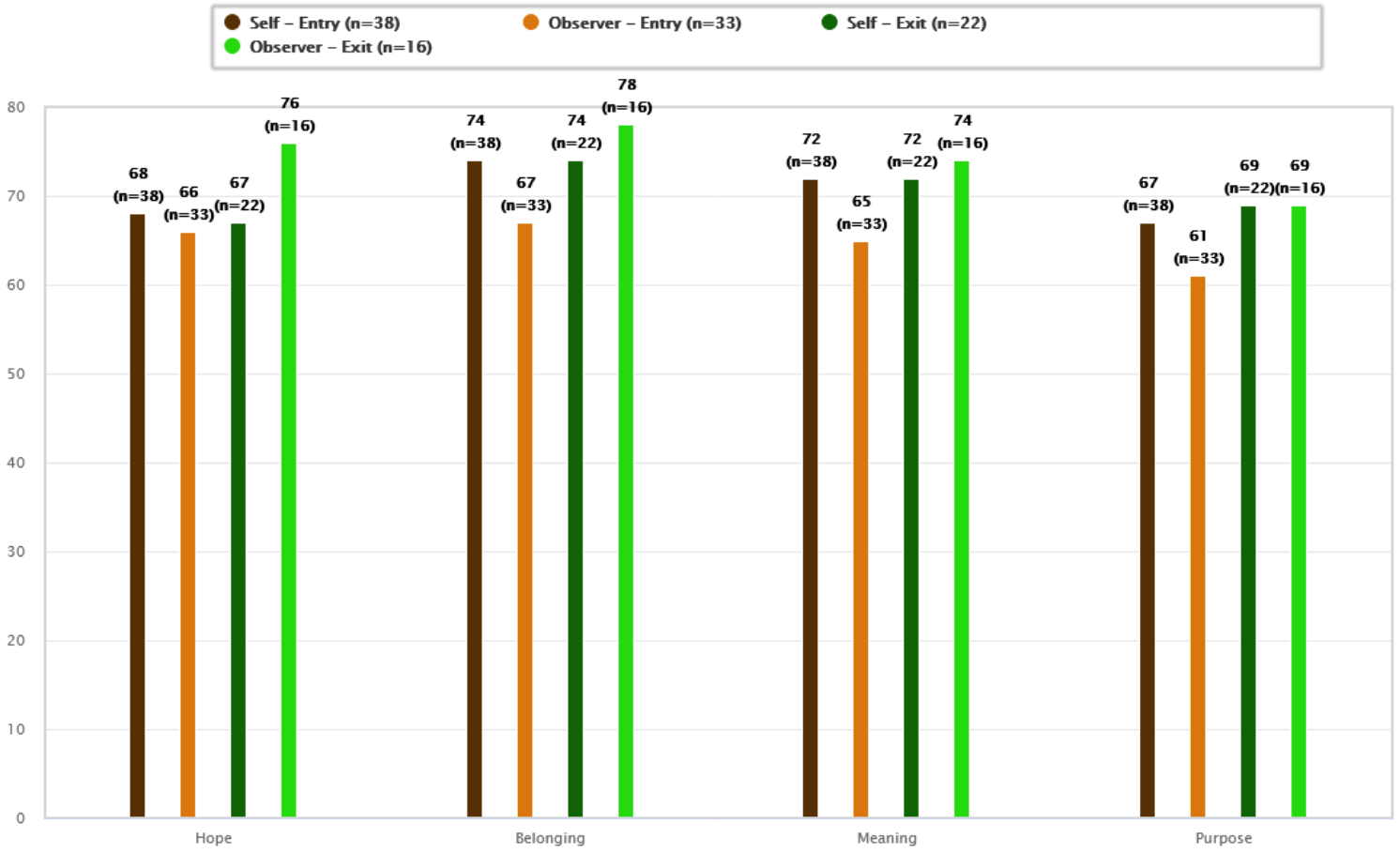
Client Status: Active



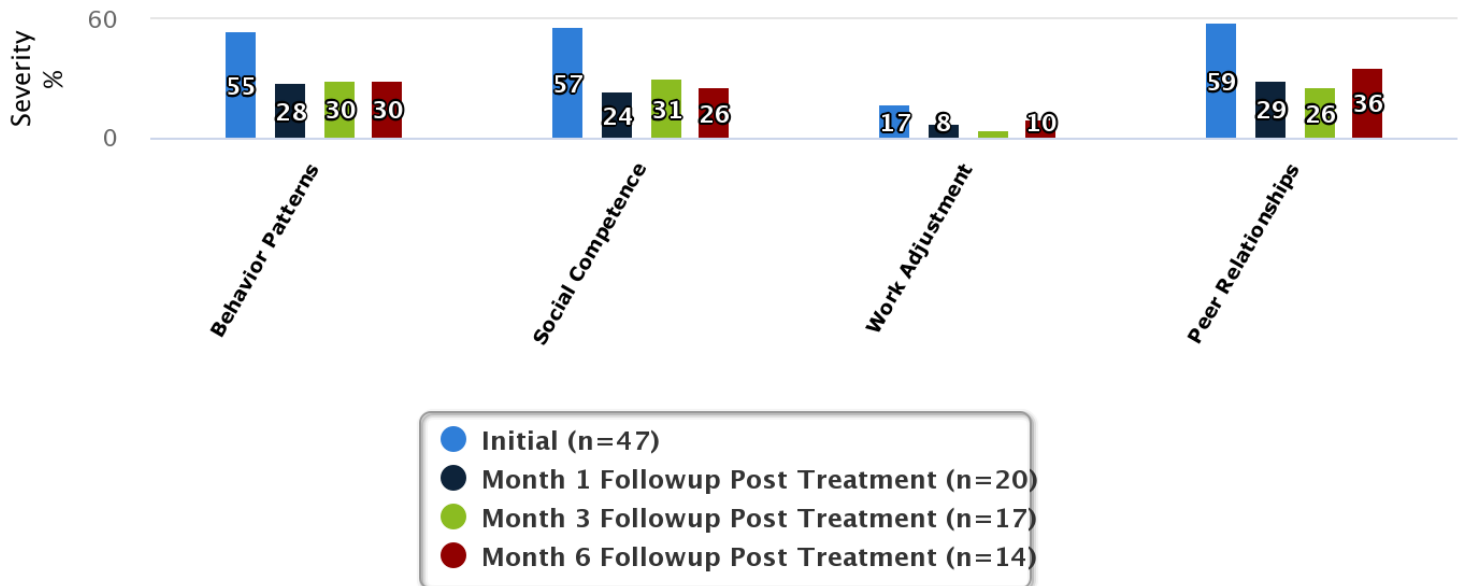
Comparative Bar Graph: Balance in Wellness across Time

The following aggregate report was generated using the following parameters

Client Status: Active

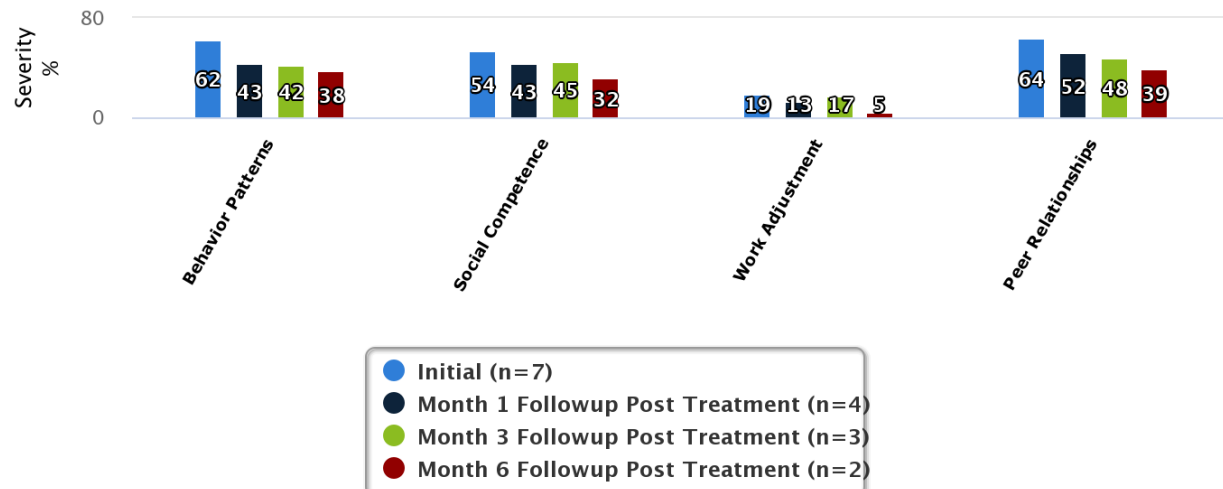


Absolute Problem Density - Episode of Care 1



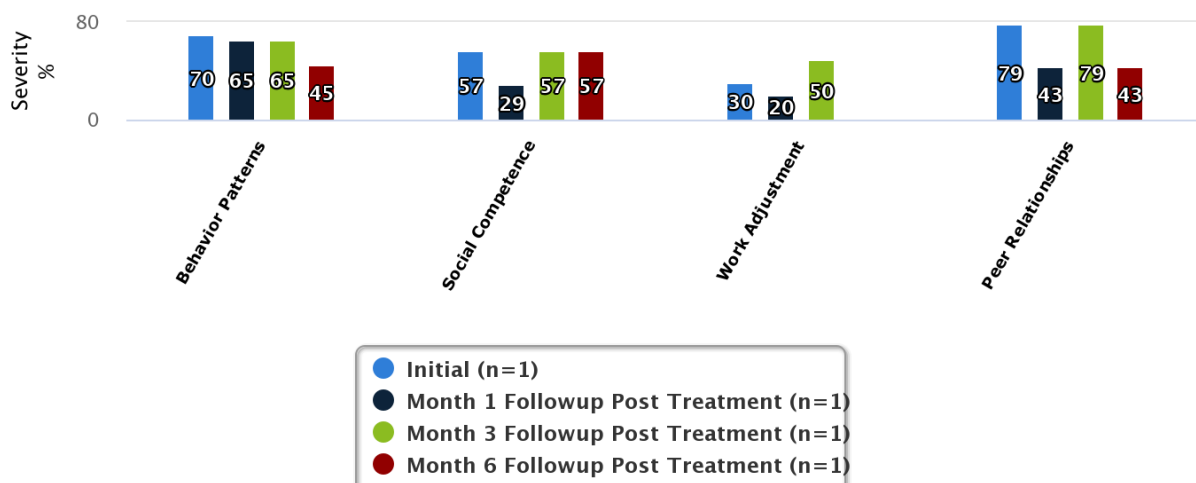
DUSI-R Episode of Care 2

Absolute Problem Density - Episode of Care 2



DUSI-R Episode of Care 4

Absolute Problem Density - Episode of Care 4



Outpatient-Outreach Program Summary

During the pandemic our Outreach worker resigned and we did not immediately repost the position due to the travel restrictions around the global pandemic in supporting sanitary infection prevention measures.

As of January 2022, we were able to recruit a new outreach worker. Taking into consideration the demand for services, reduced bed occupancy, and travel restrictions the existing job description was modified to accommodate virtual outpatient services through group and individual virtual sessions offering substance awareness sessions, prevention education programming through the Buffalo Riders curriculum and individual brief counselling in partnership with community frontline providers.

When in-patient treatment just isn't an option, our virtual out-patient program (IOP) is an option to help families and their loved one to address substance misuse and mental health concerns. Our treatment program provides a comprehensive approach that includes counselling, psychology, substance education awareness, cultural intervention, family care, and much more! We accomplish this through client-centred personalized care towards wellness. Post-treatment can last up to two years, this consists of access to periodic check-ins where assessment of risk factors is explored, on-demand online counselling sessions as part of our maintenance and relapse prevention program.

Moving forward we would like to explore Virtual Reality therapy within our services. Delivering VR-based counselling and mental health services to remote areas could have a far-reaching impact.

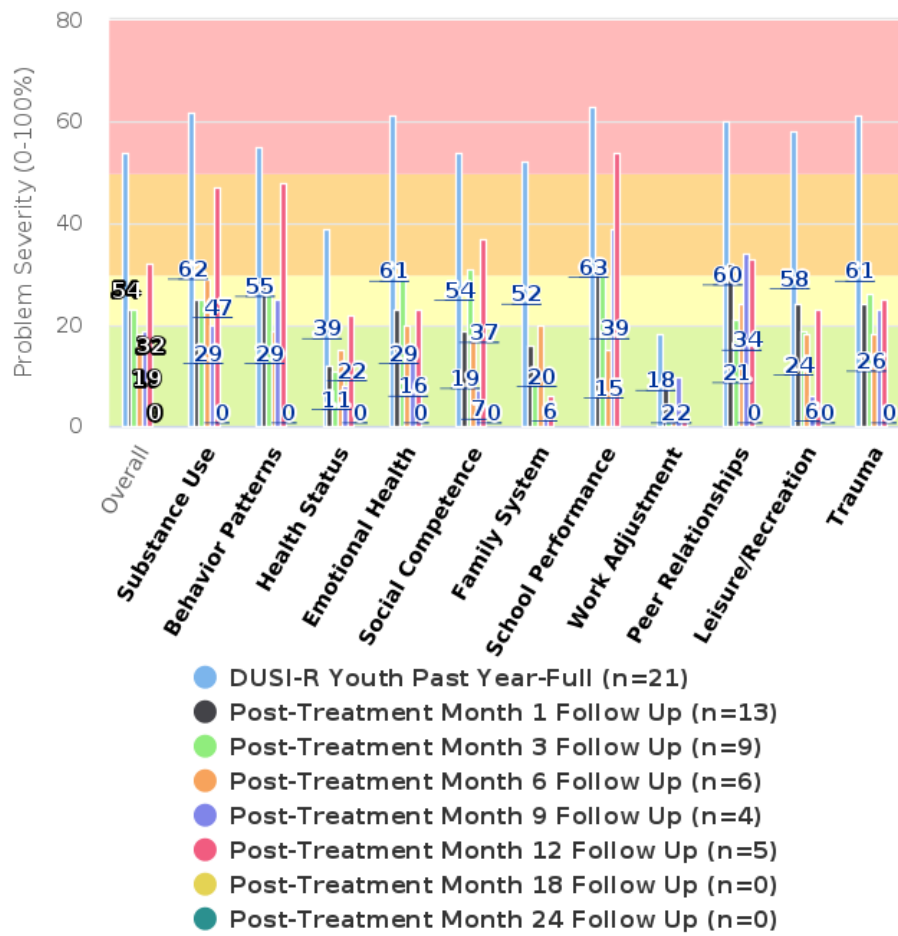
As a result of momentum around virtual care, we have created partnerships with the Provincial Youth centers in Val D'or, Baie Comeau and Sept-Îles in the delivery of school-based prevention activities. Locally we have created partnerships with the First Nation primary schools in the delivery of substance awareness education around cannabis, let's talk curriculum and mental health.

A partnership was equally created with CASA (Committee for Social Action Anglophone) in providing group prevention activities to the provincial Anglophone schools around the medicine wheel teachings and how this model can be used in decision making.

A great deal of effort has also been made in supporting the families through family circles that take place at least three times during a youth's stay. We have also adopted this model when a youth requests to withdraw from their program. In addition to these initiatives, we have incorporated family group support circles that take place once a month with the families as a group. A brief resume is provided to the team after each circle to address any concerns the parents may express during that time.

The overall consensus of the parents is that they feel engaged and implicated in their child's wellness and care, supported in planning their child's reintegration and overall support within the group from other parents. Our future goal, is to develop a parent curriculum providing parenting skills based on individual family needs.

Absolute Problem Density



Outreach Program Summary for period starting April 1, 2021 and ending March 31, 2022

Outreach Program Summary for period starting 2021-04-01 and ending 2022-03-31					
Name of Community Served	Number of Services Provided	Type of Activity	Number of Participants	Date of Service	Total Hours
Micmacs of Gesgapegiag	4	Mobile Outreach	12	11/11/2021	12.00
Micmacs of Gesgapegiag	2	School Based Prevention	80	11/24/2021	2.00
Micmacs of Gesgapegiag	2	Wellness Conference	60	11/24/2021	6.00
Micmacs of Gesgapegiag	1	School Based Prevention	15	11/25/2021	1.00
Micmacs of Gesgapegiag	1	Wellness Conference	20	11/25/2021	2.00
No Community Specified	1	Wellness Conference	20	11/26/2021	2.00
Micmacs of Gesgapegiag	5	Wellness Conference	130	11/26/2021	12.00
Uashat-Malotenam	3	Intake/Aftercare	3	01/18/2022	3.00
La Nation Innu Matimekush-Lac John	1	Intake/Aftercare	1	01/24/2022	1.00
La Romaine	1	Intake/Aftercare	1	01/25/2022	1.00
Winneway	1	Mobile Outreach	3	01/26/2022	1.00
Lac Simon	1	Mobile Outreach	2	01/31/2022	0.50
Uashat-Malotenam	1	Mobile Outreach	2	01/31/2022	0.50
Naskapi Nation of Kawawachikamach	1	Mobile Outreach	3	02/03/2022	1.00
Micmacs of Gesgapegiag	1	Mobile Outreach	3	02/11/2022	3.00
Abegweit	1	Intake/Aftercare	1	02/14/2022	1.00
Uashat-Malotenam	1	Intake/Aftercare	1	02/15/2022	1.00
Kitzisakik	1	Intake/Aftercare	1	02/18/2022	1.00
Uashat-Malotenam	1	Mobile Outreach	4	02/18/2022	2.00
Betsiamites	1	Mobile Outreach	6	02/25/2022	2.00
Naskapi Nation of Kawawachikamach	1	Mobile Outreach	5	02/25/2022	2.00
Uashat-Malotenam	1	Intake/Aftercare	1	03/04/2022	1.00
Schefferville	1	Mobile Outreach	3	03/07/2022	1.50
Lac Simon	1	Mobile Outreach	5	03/09/2022	2.00
Uashat-Malotenam	1	Intake/Aftercare	1	03/13/2022	1.00
No Community Specified	5	Mobile Outreach	15	03/15/2022	5.00
Micmacs of Gesgapegiag	1	Mobile Outreach	15	03/15/2022	0.50
Winneway	2	Mobile Outreach	6	03/15/2022	2.00
Micmacs of Gesgapegiag	1	Mobile Outreach	3	03/17/2022	1.00
Naskapi Nation of Kawawachikamach	1	Mobile Outreach	3	03/17/2022	1.50
Kitzisakik	1	Mobile Outreach	9	03/22/2022	2.00
Micmacs of Gesgapegiag	1	Harm Reduction (Needle Exchange, Education, etc.)	3	03/23/2022	1.50
Betsiamites	1	Mobile Outreach	4	03/24/2022	2.00
Micmacs of Gesgapegiag	1	Mobile Outreach	3	03/24/2022	1.50
Pakuashipi	1	Intake/Aftercare	1	03/24/2022	1.00
La Romaine	1	Intake/Aftercare	1	03/25/2022	1.00
Micmacs of Gesgapegiag	1	Wellness Conference	20	03/25/2022	2.00

Development of a healthy community today represents an important collaboration across different sectors of health in addressing the increased demand for services around addictions and wellness, especially for improvement of population health and for health promotion intervention among vulnerable population groups. A community orientated approach particularly ensures proper identification and meeting the needs of vulnerable groups. Community strengthening for improvement of their health is realised through the wide and sustainable partnership of local community members, their leaders, supportive organisations, financiers and government services which is present in all phases of health promotion intervention.

Our emphasis around Community-based prevention is not focused on changing individual characteristics. Rather, the focus is on population health, that is, on the health outcomes of a group of individuals, including the distribution of such outcomes within the group.

There are three types of school prevention programs in place: universal, selective, and indicated. Universal prevention includes all youth regardless of their risk status. Selective prevention focuses on individuals who have a risk for substance misuse and/or mental health. Indicated prevention means an intervention for individuals who already have mild to moderate symptoms.

Among the three types of prevention programs, universal school prevention has several innate advantages. First, a universal prevention program can access most youth who are enrolled in each school or long-term placement, while rarely experiencing adverse outcomes. Second, a universal approach can minimize the risk of “labeling” for youth who are removed from a classroom or group for selective or indicated interventions. Third, a universal approach can strengthen the protective role of the environment, which might have proximal influences on youth, according to the ecological model. Fourth, because all youth can participate regardless of risk or diagnostic status, implementation of a universal prevention program can support future selective and/or indicated interventions as a framework for layered or stepped preventive approach. Universal prevention based on a cognitive-behavioral approach is designed to enhance individuals’ specific coping strategies for current/future adversity, and encourages application of those skills to support wellness.

Within the last year we have created significant partnerships with the local area and across the Québec region. Given the emphasis on the use of technology within the pandemic in continuing to provide services this has become a furthering way in creating partnerships with other communities from a distance. The provincial institutions are now open to collaborate in seeking services for the First Nation groups within their services. This allows us to meet with the groups in providing universal prevention around substance awareness education, wellness and culture as healing. As a result, we have also provided indicated prevention services that encompass many levels of care at different stages within their respective wellness goals.

In the end, the most valuable resource for the health of the people are the people themselves.

Early Identification, Brief Intervention and Aftercare

Early identification, accurate diagnosis and effective treatment of mental health and substance misuse conditions can alleviate enormous suffering for young people and their families dealing with behavioral health challenges. Providing early care can help young people to more quickly recover and benefit from their education, to develop positive relationships, to gain access to resources and services, and to ultimately lead more meaningful and productive lives around hope, meaning, purpose and belonging.

Community outreach and education are necessary to identify problems in order to refer youth to additional comprehensive assessment and to the care they need to cope with mental health and substance use challenges. Funding and promotion of community outreach and education to identify early signs of mental health and substance misuse conditions can support parents, teachers, friends, cultural leaders, mentors, and community leaders with knowledge, skills, and resources for identifying and referring youth into necessary care.

Whenever warning signs are observed, resources are made available to parents or guardians to access comprehensive mental health and substance misuse evaluations and services needed to promote wellness. Access to adequate care can reduce barriers to learning and improve educational, behavioral and health outcomes for our youth. The best services promote collaboration among all of the people available to help, including families, educators, case workers, and community mental health and frontline services. Barriers should be reduced and incentives created to ensure increase collaboration across systems and funding sources. We feel that this work is accomplished through our family group circles that involve the family, significant others, youth and key partners surrounding the youth and family in sharing openly about the concerns of the group and together identifying solutions in supporting the needs of the youth and the family. This is done by each person making a commitment towards the youth and the family. The outpatient/outreach worker ensures that those commitments are followed through and the proposed solutions are evaluated periodically and readjusted as needed.

Youth are assessed systematically using the DUSI-R (Drug User Screening Inventory revised) and the NWA (Native Wellness Assessment).

***(DUSI-R)** was developed to identify consequences of alcohol and drug involvement. The DUSI is a 159-item multidimensional instrument that quantifies not only involvement with drugs and alcohol, but also associated problems in the areas of mental health and psychosocial domains. One goal of the revised version was to incorporate a "lie scale" to account for denial of problem areas.*

Both the original and revised versions cover 10 domains. These are:

- *substance use*
- *behavior problems*
- *health status*
- *psychiatric disorder*
- *social competency*
- *family adjustment*
- *school adjustment*
- *peer relations*
- *leisure/recreation.*

The revised version allows to aggregate items into scales that implicate current and future psychiatric disorders, with scales derived for ADHD, conduct, antisocial, anxiety, depression and substance use disorders.

Secondary Risk Reduction

Our scope of understanding of secondary risk reduction spirals towards a harm reduction approach. Our goal is to reduce the negative consequences of substance misuse. Harm reduction focuses on “meeting the person where they are at” and their immediate needs for care and services. Small gains lead towards wellness and a safer, healthier community.

Interventions may be targeted at the youth, family, and community. They can target the health, social, or economic consequences of substance use.

Harm reduction is an important part of our approach to addressing substance misuse through prevention, treatment, and regaining control where youth set their own goals. These goals do not necessarily support total abstinence and emphasize quality and safety. We incorporate a spectrum of strategies that meet youth “where they are” on their own terms, and may serve as a pathway to additional prevention, treatment, and recovery services. Many families adopt the mindset of total abstinence around substance misuse. We advocate for the youth with family in supporting where the youth is at and work with the family in accepting their child’s view and eventually work together towards building trust, safety and accountability.

An example of harm reduction is our Nicotine Replacement Therapy Program (NRTP).

We offer a nicotine replacement therapy program and provide a smoking cessation program as we are a smoke free center. We currently have two staff who completed the CAMH smoking cessation program. Youth are met as part of the admission process and evaluated in terms of their use of tobacco. Based on the results of the assessment, a smoking cessation plan is developed. At times, nicotine replacement options are utilized such as the gum or patches, all dependent on the users use. A systematic follow-up is provided for several weeks with the client to monitor symptoms and progress.

We strongly support and advocate physical activity to reduce depressive like symptoms and cravings. We have developed partnership with a fitness center.

Active Treatment

We offer three services within our healing program. Our regular program which is our core program that is 14 weeks or ~~by~~ dependent on client needs, we also run two prevention programs per year which are 6-week cycles, and virtual services for brief intervention.

Regular program is divided into phases;

Phase 1 - Coyote: Orientation, drug awareness, impacts, motivation to change

Phase 2 - Wolf: Communication, emotions and relationships

Phase 3 - Beaver: Self-esteem (personal project)

Phase 4 - Eagle: Relapse Prevention

Prevention program covers topics from the honoring our strengths framework and the Buffalo Riders program. There is a focus on substance awareness, medicine wheel teachings, self-esteem and culture.

Within the two programs the cultural component consists of the following;

Smudging ceremonies at the start and end of each day

Cultural activities

Talking circlesSweats

Arts and crafts

Grieving

Individual support as requested

Moving forward we wish to review and evaluate the effectiveness of our program and explore how we can broaden our scope of services to include family programming, partnerships with frontline services, mobile services, and brief treatment.

Care Facilitation

The client's caregiver while in treatment is a shared responsibility between the primary counsellor, family members, significant others, mentors and cultural mentors where the family and youth are the primary focus. It is a collaborative effort to work intensely through the different priority needs identified in assessments. The primary counsellor has the mandate to meet their clients three times a week for individual sessions and the mentors provide around the clock support in working through the different objectives and program delivery. These individual sessions are structured with an objective, the means and expected outcome.

We work with the following approaches;

- Emotional Intelligence
- Motivational Interviewing
- Attachment Based Intervention
- Cognitive behavioral approach
- Positive reinforcement approach
- Resiliency model
- Trauma informed practices
- Positive Discipline
- Mindfulness
- Land-based (culture as healing)

Workforce Development Activities

TRAINING	DATE	FACILITATOR
<i>Cognitive Behavioral Training</i>	<i>June 2021</i>	<i>Thunderbird partnership foundation</i>
<i>Trauma Informed Training</i>	<i>August 16-19, 2021</i>	<i>Thunderbird partnership foundation</i>
<i>Team Building</i>	<i>August 23, 2021</i>	<i>Benoit Lamarche/Kayla Gedeon</i>
<i>Cultural Training</i>	<i>August 24-26, 2021</i>	<i>Kin8at</i>
<i>Jordan's Principal training</i>	<i>September 1, 2021</i>	<i>Marge Buhler</i>
<i>Non-violent Crisis Intervention</i>	<i>October 28-29, 2021</i>	<i>Lucy Campbell</i>
<i>Train the trainer 2nd edition</i>		
<i>Buffalo Riders</i>	<i>November 2021</i>	<i>Thunderbird Partnership Foundation</i>
<i>Perspectives sur la cyberdépendance chez les ados et jeunes adultes : piste pour intervenir et référer</i>	<i>December 1, 2021</i>	
<i>CPI</i>	<i>December 20-21, 2021</i>	<i>Lucy Campbell</i>
<i>Strength -based strategies for challenges at school: tools for educators who support indigenous children and youth</i>	<i>January 2022</i>	<i>CAMH- Shkaabe Makwa</i>
<i>Introduction to Motivational Interviewing</i>	<i>January 26-27, 2022</i>	<i>PsyMontreal</i>
<i>Family group conferencing</i>	<i>February 2022</i>	<i>Kristen Basque</i>
<i>Let's talk cannabis</i>	<i>March 2022</i>	<i>Thunderbird Partnership Foundation</i>
<i>Amis Annual Report Training</i>	<i>March 23-24, 2022</i>	<i>Thunderbird Partnership Foundation</i>
<i>First peoples Wellness circle: belonging and connection</i>	<i>March 24, 2022</i>	<i>FPWC</i>
<i>Profan 2.0 Training Program</i>	<i>March 31, 2022</i>	<i>AIDQ</i>

Governance and Coordination of Systems

Despite the challenges of the pandemic the board of Directors have maintained their presence and contributions throughout the pandemic. An open-minded approach was adopted in the use of technology to support virtual meetings in fulfilling their role and responsibilities as a board.

It is our vision that effective governance and coordination are key elements for success. Whereas coordination is an important factor, it needs to operate alongside other key conditions to strengthen governance. When governance is supported by effective communication, sustainable financing and effective coordination, it has the best chance of supporting the organization as a whole in fulfilling their mandates, mission and supporting the vision-outcomes.

Working from a strength-based approach individual strengths were taken into consideration in supporting and advocating the mission of Walgwan. Board members played an important role in recruitment of new members, elaborated the marketing strategy, and advocated for the center's needs at the political level. The board was involved in the preparation and policy review for our accreditation visit that took place in October 2021. The Board of directors advocated that a cultural component be embedded in the pay management policy to recognize culture as an asset and to ensure equity for First Nation employees.

Addressing Mental Health Needs

We are in our first year within our MOU (memorandum of understanding) with the CISSS in addressing mental health needs within our youth through developing a corridor of access to the pediatrician and mental health supports. The MOU has been revised at its six-month mark to ensure good coordination and response to our needs.

The Center has created a multi-disciplinary team for case discussions and strategies. The mental health supports within the CISSS may be called to participate in particular cases as needed.

We have secured a family doctor within the area that works in collaboration with the Walgwan clinical team. Going forward we would like to explore the option of telehealth.

As the trends in mental health increase within our youth we will need to explore greater investments in mental health training and recruitment of personnel with mental health backgrounds.

More youth are arriving with a diagnosis DSM-5 and have adopted a pharmacological treatment plan.

We continue to have a contract with a psychologist who comes once a week to meet with the youth who require specialized services.

Performance Measurements

A great amount of time and money has been invested in the team to broaden their skill set related to best practices in responding to the youth and family needs. Our pay management system has been reviewed every five years to ensure that we are able to provide competitive wages as part of our recruitment strategies.

As an organization we devoted a lot of time in developing our organizational culture in adopting a shared leadership vision. It is our strategy in moving from a traditional leadership model towards a more inclusive approach in welcoming the new generation of workers in the workforce. This has been an enjoyable venture to work with the team in defining and supporting our vision of a shared leadership.

As a result, the team has grown within taking initiative and engagement on all levels for their wellbeing, program enhancements, quality programming, continued education and outcome focused.

Each staff member has an individual appreciation of performance annually. Within this process they are asked to explore their goals and aspirations. Development plans are based on these goals, aspirations and strategic outcomes. Plans are reviewed systematically within coaching sessions with their supervisor and revised as needed.

At Walgwan, we use the medicine wheel approach in reflecting and identifying needs. Each staff member is asked to complete a self-care plan based on the medicine wheel teachings. They are asked to reflect on where they are at now and where they would like to be by the end of next year. Each quadrant of the medicine wheel is identified with an action and accountability is enforced within the systematic coaching sessions.

Working within a First Nation organization involving trauma, it is important to feed your spirit and to connect with the youth and families through culture and values. Each member is asked to identify where they are at within their cultural knowledge and practices using a cultural rubric. From this point on, staff are asked to commit to an objective within their development plan to increase their cultural competency.

Pharmacological Approaches

We do not offer any pharmacological approaches other than prescribed medications provided with a prescription upon admission or during the youths' stay. There is an increased incidence of prescribed medications among our youth due to more youth being formally diagnosed with mental health disorders.

Much of our focus has been geared towards the use of traditional healing methods that involve ceremony, such as smudging, cedar baths and healing circles, that are safe to use as complementary therapies. We have also harvested and dried plants from herbal medicines. Herbal medicines may be used in various forms such as teas, powders or ointment in managing physical ailments, moon time cycles, and insomnia.