



N i s i c h a w a y a s i h k C r e e N a t i o n

YEAR IN REVIEW

Annual Report 2003-2004

October 2004

NELSON HOUSE MEDICINE LODGE



Ed Azure
Executive Director

VISION STATEMENT
Paving the Red Road
to wellness

MISSION STATEMENT
Medicine wheel
firekeepers empowering
healthy lifestyles

Message from the Executive Director

Ed Azure, Executive Director

The Nelson House Medicine Lodge boasts three distinct programs. It has been in operation for 15 years and is situated in the traditional territory of the Nisichawayasihk Cree Nation. The 2003-2004 fiscal year was a time of change, challenge and excitement for the board of directors, staff and clients of the NHML.

We have had changes in the composition of the board of directors, the staff of our three programs and in the client group we serve. Challenges include maintaining quality programs and services in the face of unplanned demands on our fixed revenues. Our revamped vision and mission statements raised excitement most significantly.

Change visited the composition of our board of directors with the departure of Pauline Primrose and the addition of her replacement, Cheryl Linklater. Our staff groups in treatment, prevention and outpatient programs also witnessed change. In all cases, the staff groups were strengthened with the recruitments at the management and front-line levels of the organization. The mix of clients in our three programs - the 21 bed inpatient, non-medical alcohol and drug treatment program, the NNADAP prevention/referral program and the Pisimweyapiy Counselling Centre outpatient/residential school program - have seen a constant movement of clients in and out of programs.

As indicated in the chair of the board's address, action by the board of directors, relative to the First Nation's user fee directive, has resulted in fiscal stability for the organization for the current fiscal year. There is some optimism across the organization that this stability will be enduring.

The NHML undertakes an Annual Strategic Planning session involving all levels of the organization from clients to the board of directors. This year's efforts netted a revised vision and mission statement, which captured the essence and direction of the NHML. This essence and direction ensuing from the planning sessions reaffirmed the organization's commitment to cultural practices as a substantive means to promoting substance abuse-free lifestyles for our clientele. Along with the revised vision and mission statements, the board of directors saw fit to restructure the NHML salary grid, thereby making the organization a more competitive employer in the First Nations and Aboriginal addictions field.

Finally, 2003-2004 marks the final year of our accredited status from the Canadian Council on Health Services Accreditation. Next year, the NHML embarks on a new three-year accreditation cycle with the CCHSA. In this way, the NHML remains committed to providing the highest level of services commanded of us by clients and funding agencies alike.



Message from the Chair

On behalf of board of directors, staff, clients and volunteers of the Nelson House Medicine Lodge (NHML), I am again honored to report on the challenges and successes for the fiscal year ended March 31, 2004. In addition, I will share some of our plans for the coming fiscal year.

In this, our 15th year of operations as a non-medical, inpatient alcohol and drug treatment centre, the organization was confronted with a number of matters demanding the board of directors' attention. The most significant of these was the 10 percent user fee collected from the NHML by the Nisichawayasihk Cree Nation Governing Authority.

Under the user fee directive, the NHML contributed \$109,674 towards the First Nation's general revenue in the fiscal year. Decisive action by the NHML board of directors resulted in organization reclaiming \$87,739 annually, thus allowing the organization to proceed with plans to strengthen program and service delivery. Another difficult challenge proved to be our closed intake experiment, which, for this fiscal year, resulted in a below normal bed utilization rate. In response to this challenge, the board would support a return to a continuous intake of program clients.

Successes for this past fiscal year included a Annual Strategic Planning Session, which gave us revamped vision and mission statements: *Paving the Red Road to Wellness* and *Medicine Wheel Firekeepers Empowering Healthy Lifestyles*, respectively. In addition, the planning sessions produced sound plans for the current fiscal year. Staff turnover has been kept at a minimum, but we did lose one of our board members, due to a career change. I will take this opportunity to welcome Cheryl Linklater as our newest member of the board of directors.

A major success has been our ability to pay off our building expansion loan and in the process, acquire an electrified sign, revise our staff's salary grid and support a major powwow, held in Nelson House, in August 2004.

All in all, the year has been an exercise in change management. We have moved through some trying times only to see a brighter future for those we serve. In the current fiscal year, not only was the NHML a key sponsor of our major competition powwow, but we will also strengthen our staff's internal and external communications abilities. In the current fiscal year, the NHML will initiate two significant role model initiatives, plus implement a post-secondary bursary program that will encourage graduates of institutes of higher learning to seek out the NHML for career opportunities.



Rick Linklater
Chair

MEDICINE LODGE ORGANIZATION

NISICHAWAYASIHK CREE NATION BAND COUNCIL (Forms the Membership of the Corporation)

- Chief Jerry Primrose
- Councillor Agnes Spence, NHML Portfolio Holder
- Councillor Darcy Linklater, NHML Portfolio Holder
- Councillor Jimmy Hunter-Spence
- Councillor Shirley Linklater
- Councillor Elvis Thomas
- Councillor David Spence

FUNDING AGENCIES

- First Nations & Inuit Health Branch (NNADAP)
- Aboriginal Healing Foundation

BOARD OF DIRECTORS (consists of 5 directors)

- Rick Linklater, Chair
- Henry Wood, Vice-Chair
- Laurel Wood, Board Director
- Madelaine Spence, Board Director
- Cheryl Linklater, Board Director

EXECUTIVE DIRECTOR

- Ed Azure

ADMINISTRATION TEAM

- Sarazine Spence
- Wenda Clearsky
- Audrey Dumas

TREATMENT TEAM

- Ray Sandberg
- Lorraine McDonald
- Edna Spence
- Helen Linklater
- Marie Ballantyne
- Lydia Penner
- Counselor (vacant)
- Joshua Spence

PISIMWEYAPIY COUNSELLING TEAM

- Myra Hart
- Clara Yetman
- Marty Nicholas
- Pauline Primrose

NNADAP PREVENTION TEAM

- Judy Wood
- Anna May Linklater

KITCHEN and MAINTENANCE STAFF

- Christy Moody
- Lorna Spence
- Joshua Spence
- Lena Moore
- Stanley Spence

Quality Improvement Plan

The Quality Improvement Plan (QIP) is an ongoing initiative of the NHML. Last year the NHML provided an update on the QIP and will updated again this year. Twelve areas of the NHML were identified by our accrediting agency, the Canadian Council on Health Services Accreditation, as areas for improvement. These areas and corresponding updates are as follows.

1. The board of directors will regularly evaluate how effective its quality improvement system is and make improvement(s) to it as they deem necessary.

- Last year we reported the NHML board of directors requested a change in reporting format. The resulting change has proven to be problematic in that the reports became overly detailed. Again the board has requested a revamped reporting system. Staff is now tasked with producing a system that informs and is mindful of time constraints. Formerly, monthly reports were provided and this was replaced by quarterly updates on the staff's implementation of quality improvement plans. The new system will maintain the quarterly reporting system, but instead of details, the report will be a synopsis of quarterly activities.
- As in past years, program managers' activity reports will continue to focus on the progress of the implementation, the annual work plan and board of directors' suggestions. Input and approval are instituted as an integral component of the quality improvement plan.

2. To develop a new policy on research activities and infection control procedures.

- Last year, we reported an Infection Control Policy/Manual was provided to the NHML in December 2002, which was subsequently implemented across the organization.
- A draft research policy was received and has been implemented by the NHML, despite the fact the board has had but one reading of this policy. A second and third reading of the research policy is scheduled for the current fiscal year.

3. The board of directors will complete an annual self-assessment.

- The very first NHML board self-assessment was conducted in February 2004. The process produced some significant learning for the board members and senior management. From this assessment, the board and staff will work together to better serve the clients our organization is intended to serve.

4. To provide staff training on infection control, first aid and high-risk behavior

- Staff received training on the Infection Control Policy/Manual in the fiscal year ended March 31, 2002. Each new staff joining the NHML team after December 2002 was given a copy of the Infection Control Policy/Manual as part of their orientation to the job.
- While all staff was trained in First Aid and CPR in September 2003, not all would pass the requisite examination. Due to what would become a concern for financial constraints, First Aid and CPR training was deferred to fiscal year 2004-2005. In April 2004, all applicable NHML staff was successful in passing the First Aid examination. Charlie Hart, a certified First Aid/CPR instructor, was the trainer who worked with the NHML staff.



5. NHML will have a process for preventing and controlling infections based on current knowledge and accepted practice, and meet legal requirements.

- As reported above, and in last year's annual report, Kris Breckman, developed the NHML Infection Control Policy/Manual in September 2002.
- The policy and manual were subsequently reviewed and adopted by the board of directors. All NHML personnel have received training in its contents, practices and procedures.
- A final note in this regard is that appropriate staff must check off and initial a washroom facilities cleaning schedule.

6. The NHML participate in and support activities that teach the community how to reduce the risk and spread of infection.

- Last year, we reported that educating the community at large on how to reduce the risk and spread of infection is well beyond the NHML's scope of practice, though we have undertaken to maintain such an effort with our own staff and clientele on this matter. Such activity has resulted in praise from our accrediting agent, The Canadian Council on Health Services Accreditation.

7. To develop a Human Resource plan.

- During our Annual Strategic Planning session in November and October 2003, the NHML board of directors and senior managers produced a Human Resources Plan for the NHML.
- In early 2004, the board of directors would formally adopt the Human Resources plan as an integral component of the NHML.
- The Canadian Council on Health Services Accreditation has reviewed and accepted the Human Resource Plan as a standing means by which the organization addresses and responds to its Human Resource needs.

8. To review and revise the NHML communication strategies to ensure timely and appropriate feedback to all staff on human resources and all other issues.

- Communication across the organization remains problematic. The problem remains the timely and informative communiqués to staff, clients and board members on matters of importance to the organization as a whole. Measures have been proposed to address this problem and positive results are anticipated.
- At present, the front desk continues to serve the vital function of the nerve-centre for the organization. Such details as day-to-day programming/services, client and client-counsellor lists, client room assignments, program activity and intake schedules, referral package, data station for SAIS, staff contact information and work schedule, client chore/cleaning schedule, policy and procedures manual, all administration forms, medication storage, dispensation/administration and disposal site, incoming/outgoing correspondence, messages for staff and clients and the visitor/client/staff sign in and out book are all positioned at the front desk.
- This year the board of directors approved the purchase and deployment of an electronic sign to display the organization's service options to clients, staff, board members and the community at large.
- Half-hour radio talk shows are regularly held to inform the public about the organization's service offerings.

9. To have all are files kept in a central location of the building.

- A multi-functional filing system has been purchased and installed by New Millennium, an information management systems firm based in Winnipeg. The system became fully functional in September 2003. Client files for all three programs of the NHML are housed in the unit.

10. Develop a formal policy to deal with high-risk clients. The policy should define high-risk, outline procedures that should be used to address high-risk situations and establish a protocol for situations involving clients who are suicidal.

- From our report on this matter in last year's Annual Review, a policy has been developed and implemented across the organization. Also, all staff of the NHML has undergone training in the area of dealing with high-risk clients. Our accrediting agency, The Canadian Council on Health Services Accreditation, has urged this policy be supported by a risk management plan. The NHML Management team, comprising the NHML managers, has included the risk management plan on their task list for the current fiscal year.

11. To develop and implement clear policies on the dispensation, storage, administration and disposal of medication.

- As reported in last year's submission, the board of directors have adopted and implemented the dispensation, storage administration and disposal of medication policy. Staff has acted on the board's direction by acquiring the necessary equipment - sharps container, expired pills containers, small fridge and a logbook to note dispensation of client medication.

12. To train our counselling staff on evaluating the results of service and determine if clients have achieved set goals and expected results.

- Last year we reported senior staff received training in Stages of Change - a six-stage planning/monitoring tool applied in assessing clients' progress towards identified treatment goals. Senior staff will be providing this training to line-staff in October 2004. The Stages of Change tool will become a functioning aspect of our treatment services by the new fiscal year.
- In keeping with this initiative, counsellors' monthly client progress report formats are undergoing modification so measures can be readily made of client's progress.

TREATMENT CENTRE 2003/04 ACTIVITY REPORT

As part of a network of some 48 NNADAP Treatment Centres across Canada, the Nelson House Medicine Lodge provides in-patient alcohol and drug treatment program beyond the boundaries of our primary target area of northern Manitoba. Our primary purpose is to provide services to those individuals experiencing alcohol and/or drug addiction. The Nelson House Medicine Lodge is a non-medical unit.



The Nelson House Medicine Lodge In-Patient Treatment Centre Program:

- Long-term residential treatment program (17 weeks)
- Emphasis on Aboriginal cultural, spiritual and traditional practices
- Continuous intakes
- In-house workshops include Healing & Wellness, Anger Management, Grieving & Loss, HomeComing - An Inner Child Workshop, Personal Portraits, Aboriginal Culture & Recovery, Building Healthy Relationships and Family Violence
- Cultural ceremonies include fasting camps, gathering medicines (sweetgrass, sage, cedar), sweetgrass ceremonies, pipe ceremonies and winter camp.

Challenges of the Nelson House Medicine Lodge Treatment Program

The treatment staff experienced some challenges during the year. Some of these challenges were:

- Maintaining required bed utilization because some clients were not returning after the client's 10-day break during closed intakes, or not arriving as expected
- Changing program format from 20 weeks to 17 weeks
- Staff shortages in the positions of treatment counsellor and night supervisor
- Attracting casual staff to cover the night supervisor position when required
- Computer training is required for some of the Treatment staff.

Accomplishments of the Nelson House Medicine Lodge Treatment Program

The Treatment staff has experienced many successes during the year. Some of the successes were:

- Changing program format from 20 weeks to 17 weeks
- Developing and integrating workshops into the 17-week treatment program
- More couples requesting treatment for long-term programming
- Accepting couples into the treatment program
- Filling vacant counsellor positions as they become open

- Filling vacant night supervisor positions as they became vacant
- Providing in-house workshops for the clients of the NML
- Treatment staff provided services to the community (presentations)
- Strategic planning workshop
- Treatment staff team-building retreat
- Fasting camp at Mile 33 (67 attended, 19 fasters)
- Purchase of 16 sleeping bags for clients' use (winter weight)
- Purchase of two pop-up tents for clients' use at fasting camp
- Winter camping at Leftrock Lake
- Some computer training was provided for treatment staff
- New beds, mattresses and furniture were purchased for clients' use
- New tables and chairs were purchased for dining room
- Trip with clients to Sapotawayak area to pick traditional medicines (sweetgrass, sage, cedar).

Program Activities

- Provide one-on-one counselling for clients
- Provide group sessions (large and small)
- House meetings for clients to voice bouquets, concerns and beefs
- Traditional teachings provided on a weekly basis
- Weekly sweat lodge ceremonies
- Provide eight in-house workshops
- All lectures are related to and pertinent to addictions (alcohol and/or drug education)
- Weekly arts & crafts sessions for clients
- A.A. meetings, ACOA meetings, CoDep meetings
- Accessing community resources (Wellness Centre Program)
- Recreational activities
- Sunrise ceremonies for clients in spiritual room
- Trip to gather traditional medicines
- Fund raising activities for client trips (e.g., A.A. Roundups, movies)
- Graduation ceremonies.

Suggestions or Plans Implemented to Improve the Sessions

Client evaluations of the treatment program provided suggestions for improvements of services provided and/or required.

- Development and implementation of in-house workshops
- Accepting couples into the treatment program
- Converting program from 20 weeks to 17 weeks (August 2003)
- Providing opportunities for clients' fundraising activities.

Meetings

- Treatment staff meetings occur each morning and afternoon
- The purpose of these meetings is to provide and/or obtain information about clients as written by night supervisor in log book, and to debrief as a way of dealing with issues or concerns of clients
- Regular staff meetings where all treatment teams participate
- Screening committee - screens all applications to assess client suitability prior to being accepted into the program
- Attend community meetings or presentations as requested.



Training Conferences

- National Addictions Awareness Week (11/03)
- Troy Lake Residential School conference (8/03)
- National Addictions Partnership Foundation Conference in Saskatoon (February/04)
- Canadian Council on Accreditation meeting.

Plans for the Coming Year

- Continue to provide counselling and therapeutic services for participants entering the 17-week program
- Continue to explore new methods and techniques that would enhance the personal growth and professional development of the program staff
- Continue to maintain professional ethics and good working relationships with other community resources
- Add more workshops to our treatment program to engage our clients more effectively
- Host fasting camp in May/June 2004
- Co-Host NCN Annual Powwow.

What Else Should the Community Know About the Program

- The Nelson House Medicine Lodge is a Canadian Council on Health Services Accreditation (CCHSA) Accredited Treatment Facility
- The NHML Treatment Centre is now accepting couples
- All NHML treatment staff are First Nations members
- The NHML treatment team consists of four treatment counsellors, one traditional counsellor, one therapist and one senior counsellor
- We also have two full-time night supervisors and one part-time night supervisor
- The NHML now operates on a continuous intake basis (bed space is filled as they become available)
- The NHML practices Continuous Quality Improvement and Best Practices approaches to addressing our client needs.

Treatment Centre Plans For 2004/05 Fiscal Year

1. To continue to deliver the Residential Treatment Program
2. To clarify the tradition and cultural activities provided by the Nelson House Medicine Lodge
3. To provide potential clientele with the full spectrum of care pre-treatment, treatment and after care
4. To explore the possibilities to utilize satellite facilities to provide a outing for clients and deliver the NHML program while at the satellite facility (eg. Moak Lake).
5. Revamp program content and program schedule
6. Utilize external resources that specialize in specific topic(s).
7. Have one annual weekend gathering for Nelson House Medicine Lodge Treatment program graduates
8. Develop an orientation package for clients
9. Develop a professional poster size clients' rights and responsibilities and have it framed and posted in the clients' living areas.
10. Develop an extensive evening/weekend program of activities for clients in the NHML
11. It is recommended that a formal policy be developed to deal with high-risk clients. The policy should define high-risk, outline procedures that should be used to address high-risk situations and establish a protocol for situations involving clients who are suicidal
12. The organization develops and implements clear policies on the dispensation, storage, administration and disposal of medication
13. Teams' clients achieve their set goals and expected results
14. That the team receive training on evaluating the results of services and determining if clients have achieved goals and expected results
15. To work with the Treatment Centre and Pisimweyapiy to develop an aftercare and continuing care program for local clients who attend treatment programs.



PISIMWEYAPIY COUNSELLING CENTRE 2003/04 ACTIVITY REPORT

The Pisimweyapiy Counselling Centre is one of six top programs in Canada and uses the best practice approach. The Aboriginal Healing Foundation funds the PCC Program. The PCC Program works with residential school survivors. The program focuses on healing of the individual, family and community as a whole. The program has a continuous intake and can accommodate 15 or more people at any given time.

The staff consists of:

- Myra Hart, Program Coordinator
- Pauline Primrose, Counsellor
- Martin Nicholas, Counsellor
- Clara Yetman, Intake Worker

The Residential School Advisory Committee consists of:

- Emily Spence
- Phyllis Hart
- Maggie Linklater
- Donald Hart
- Shirley Linklater
- Anna May Linklater

The Residential School Advisory committee provides advice and guidance to the PCC Program. The Program Coordinator meets with the committee on a monthly basis.

Purpose

To promote the healing and wellness of the individual, family and community, using holistic and western methods of healing.

The PCC Program has changed and is now offered as a ten-week program. The topics offered are as follows:

- Aboriginal Women
- Adult Survivors Of Child Sexual Abuse
- Anger
- Caring Community
- Co-Dependency
- Cree
- Depression
- Emotional Abuse
- Family Violence in Aboriginal Communities
- Give Away
- Identity
- Love and Relationships Tips for Marriage
- Marriage – What Not to Say
- Multiple Victim Child Sexual Abuse
- Parenting
- The Seven Sacred Directions
- Relationships of Marriage
- Self Esteem
- Stages of Growth and Development
- The Period of Dependence
- The Tipi
- Turn Your Marriage Around
- Worldview
- Abuse of Persons with Disabilities
- Alcohol & Drugs
- Anger Management
- Child Sexual Abuse
- Communication Skills
- Death, Bereavement & Healing
- Divorce
- Family Violence and Substance Abuse
- Fetal Alcohol Syndrome
- How Love is Expressed in Different Stages of Growth
- Loss, Grief and Support
- Low Self Esteem
- Marriage
- Neglect and Abuse of Older Adults
- Powwow
- Relationship: Marriage Built on Compatibility
- Self Care and Relationships
- Songs
- Suicide
- The Power of the Four Directions
- Traditional Practices and Beliefs I, II, III
- Wellness Workshop I, II, III, IV

What the Community Should Know About the PCC Program

- The PCC Program pays child care costs for participants who want to take part in the ten-week program
- There is a bus that picks up and takes participants home after the sessions are over
- The program provides individual counselling sessions
- The clients can have supper at the Lodge
- The clients are encouraged to participate in the spring and fall ceremonies, (the Troy Lake Residential School Conference is held in August and other camping trips are planned)
- Guest speakers are sometimes asked to come and talk to the participants
- The participants take part in sharing circles, outings and are encouraged, but not forced to partake in ceremonies such as sweats and pipe ceremonies
- When a participant completes the ten-week program, there is a graduation ceremony conducted and the participants are presented with a certificate. Afterwards the clients and his/her family are invited to stay for lunch.

Accomplishments This Past Year

- Residential School Survivors Conference in Troy Lake, August 11 - 15, 2003
- Wellness Fair held at the arena in Nelson House – August 19 - 20, 2003
- Attended Elder's gathering in Suwannee – August 28 - 29, 2003
- Martin Nicholas and Judy Wood, NNADAP Worker did a presentation for the teachers at the high school on the inter-generational impacts of residential school - August 21, 2003
- Pipe ceremony in the school gymnasium, Otetiskewin Kishinwamahto Wekamik School – August 31, 2003
- Formed crisis intervention teams in association with the Family and Community Wellness Centre. Some teams visited schools and had sharing circles
- NNADAP work and staff continue to follow up with clients
- Strategic planning sessions were held at Kikiwak Inn, The Pas, November 11 - 13, 2003
- Managers of each department met in Winnipeg November 20 - 24, 2003 and worked over the weekend. The Board of Directors joined meeting Monday, November 24, 2003
- National Addictions Awareness Week – November 15 - 22, 2003. A committee of volunteers from various community resources were formed (NNADAP, PCC, Family and Community Wellness Centre). A week of various activities was planned
- South Indian Lake community visit – November 24 - 26, 2003
- Dr. Joseph Gone was hired by the Aboriginal Healing Foundation to evaluate the PCC Program. Dr. Gone interviewed staff, participants and residential school survivors. He also gathered as much information as he could on the PCC Program, November 24 to December 12, 2003
- Three feasts were held. The first feast was to honour residential school survivors for the whole of Canada. The second feast was to honour residential school survivors for the whole of Manitoba. The third was to honour residential school survivors from Nisichawayasihk Cree Nation – October, November and December 2003
- Personal and Community Development Workshop for 34 teachers and administrative staff. Martin Nicholas, Counsellor, and Judy Wood, NNADAP Coordinator, conducted the workshop – January 21, 2004
- Drafted a proposal to the Indigenous Healing Fund – March 10, 2004



- Youth Workshop, South Indian Lake. Workshop was well done and there was a large group of resource people on hand from NCN (PCC, Human Resources, Counselling Services, Family and Community Wellness Centre) – March 15 - 16, 2004
- Work with NNADAP Coordinator to conduct Women's Group – every second Thursday
- Meet with Residential School Advisory Committee on a monthly basis – on-going
- Dr. Joseph Gone completed evaluation on PCC Program. He also evaluated the NHML in-patient program and the NNADAP Prevention Program
- Pipe ceremony, sweat and feast – May 8, 2004
- Distributed information on role models – May 18, 2004
- Trip to South Indian Lake – May 25 - 27, 2004
- Fasting Camp – May 30, 31, June 1 - 4, 2004
- The training and conferences the staff attended are as follows:
 - Grammar & Writing Skills Workshop, Sheraton Hotel, Winnipeg, Manitoba February 1 - 4, 2004
 - International Residential School Conference, The Shaw Conference Centre in Edmonton, Alberta, February 12 -16, 2004
 - Attended a conference that was hosted by MKO. MKO paid for travel, meals and hotel accommodations. The conference was for resource people working with residential school survivors, February 24 - 26, 2004
 - Microsoft Windows Basic training at TEAM Training and Development, Thompson, Manitoba, April 1 - 3, 2004
 - First Aid Training, April 26 - 27, 2004

Challenges Faced This Past Year

- To recruit clients, staff makes telephone calls and go out and talk to different community resources. An announcement is also made on the local radio station.
- The funding for the PCC Program will end January 2005
- The Executive Director and the Program Coordinator will have to negotiate permanent funding.

Pisimweyapiy Counselling Centre Plans For 2004/05 Fiscal Year

1. To promote an alcohol and drug free lifestyle in Nisichawayasihk by linking such abuse as an impact of residential schools.
2. To provide support groups for those impacted by residential schools.
3. PCC will network with the Family and Community Wellness Centre's Rediscovering Families to coordinate utilization of CFWS as required.
4. To have a linkage and partnership with the local residential school committee and other programs associated with residential schools.
5. To develop and promote an educational program explaining the inter-generational impacts of the residential school system.
6. To build a conversational Cree component into the program activities to address the loss of language resulting from the residential school system.
7. To network with various organizations, committees and councils.
8. Maintain established linkages and partnerships with organizations outside the community to the benefit of former, current and future PCC program participants.
9. Continue to use the services of the local tv and radio station.
10. Develop a proposal towards re-profiling the PCC program into a mobile treatment component of the NHML.
11. Institute a wall of fame in the NHML that recognizes community role models.

NNADAP PREVENTION 2003/04 ACTIVITY REPORT

The NNADAP program is one of three significant programs offered under the auspices of the NHML. As an integral component of the Medicine Lodge continuum of care, leading to an addictions free community, NNADAP conducts three core functions: prevention, intervention and aftercare.

Our prevention activities are intended to provide culturally appropriate programs to educate and promote addictions awareness and addiction free lifestyles.

Program Activities (Community Awareness, Alternatives, Direct Client Services)

- Initial contact with clients involves a contract, which is signed by the client and counsellor. It stipulates the conditions and activities that the clients are expected to live by while he/she is in the program. There is also a consent for release of information that the clients can sign. The alcohol/drug assessment begins immediately after the contract is signed and the process is thoroughly explained to the clients.
- Clients are seen once a week for short-term counselling during the waiting period, prior to entering a treatment program. As soon as a bed becomes available at the recommended program, travel arrangements are made with the local Nursing Station and Medical Services.
- Follow-up home visits are done soon after the clients return to the community, to ensure that the continuum care plans are being followed through.
- Sobriety Support Group meetings, women's support group, and the local radio station announces other NNADAP activities.
- Prevention staff will provide informational sessions on the local radio station every Wednesday afternoon. Staff will also do presentations at the school and other organizations upon request. Topics vary, but all pertain to drugs/alcohol, i.e. family violence, life skills or drunk driving and bullying.
- Prevention staff and Pisimweyapiy did a presentation for all the teachers in both schools about the generational effects of residential schools, in August 2003.
- The prevention staff participated in the NCN Career Day and disseminated information and pamphlets, with the support of visual aids on drugs and alcohol abuse. The participants asked questions about the physical effects of alcohol. This event is very informational for the community.

Program Development: (Administration and Community Involvement)

We had a "Community March" to promote wellness, which community resources and the schools participated. The march took place in July 2003. There was also a camp-out at the school grounds where we provided various mini-workshops. Many of our members came out to these sessions. The Prevention Program did a community needs survey, which was circulated in August 2003. We use the feedback to implement new activities for the community and clients.

Prevention staff started planning the National Addictions Awareness Week in October 2003. We had a committee of ten resource people from the community and many volunteers. NCN had another successful National Addictions Awareness Week 2003.

The program networks and works closely with the other service providers in the community, for example the Probation Services, the Family and Community Wellness Centre, the schools and the Pisimweyapiy Counseling Program. The local clergyman is also very helpful and participates in the cultural aspect of the program, where he shares his wisdom with our clients.



The Sassi assessments are done with all clients who use the prevention program. The program uses the Sassi system to input client statistics for the funding agency.

We participate in the strategic planning with all the programs under the NHML, and we learn a great deal from each area of the organizational structure, i.e., kitchen, maintenance, treatment and outpatient program, managers and the board. Each program has plans and tasks to implement before the year-end.

The staff evaluations are done at the end of each year and the feedback we receive helps our staff to identify their strengths and where we need to improve as individual assets to the organization.

Meetings

- Staff meetings occur every two months. This is where we resolve any concerns or address new developments in the organization.
- Staff also attends community resource meetings, where we strategize for the well being of our community at large. Prevention staff will attend the band meetings and other community events to ensure we are informed about community matters.
- Prevention staff was invited to attend a meeting with the high school's mapping future of N.N.O.C. meeting. This meeting involved meeting with the new teaching staff and the new plans for the high school.
- National Addictions Awareness Week committee weekly meetings started early October 2003. To ensure that all the planned activities were assigned and the funding was secured for each event. There were a lot of volunteers from each organization in the community.
- Co-creating preferred solutions training was introduced and presented by Myriad Consultation and counselling staff from Thompson. This training involved a new approach to counselling and motivating clients. Our staff already practiced some of the information and some new ideas were interesting.
- The coordinator participated in a Life Skills Program and is now a certified trainer.
- All the NHML staff received the First Aid/CPR training in September 2003.

Conferences/Workshops

- Prevention staff was involved in the Incident Stress Debriefing Sessions the community had for the youth and young adults in our community. Most of the resources took part and we had a huge number of participants.
- We also attended the Elder's Gathering and participated in the cultural events. Staff invited some of the outpatient clients to participate in this event. The Elders shared their knowledge and wisdom about life skills.

Activities Most Effective in Reaching Clients

The community survey conducted by prevention staff is one of the most effective ways to reach our clients. This survey specifically pertains to alcohol/drug abuse and what kinds of activities NNADAP can host to create awareness for the community. Home visits and follow-ups continue to be a good way to see and reach our clients. We also are fortunate to network with the local radio station to help us announce the events hosted by NNADAP.

Current Year Activities

- To work with the school and implement a school curriculum on topics related to the effects of alcohol and drug abuse. The coordinator made an initial visit to the school to meet with the principal and was invited to participate in the School's strategic planning workshop (June 14 -15, 2004).
- Prevention staff will also design and deliver group sessions for Residential School Anonymous, Alateen, Alanon, and Aftercare. We have already started some sessions with people affected by family members struggling with addictions.
- Staff will establish a gambling support group and will work with the group until it becomes established as a self-help group.
- NNADAP staff and the Pisimweyapiy Program will establish a Hall of Fame for the role models of our community. There is a committee who will take care of the nomination process for the people who will be included in the Hall of Fame. Nomination forms are currently circulating in the community.
- The prevention program will also plan to host an A.A. Round-up in our community in conjunction with the Fasting Camp at Mile #33.

Challenges of the Program

- Resources are scarce for youth and there are a growing number of young people who are using and abusing drugs and alcohol. Many already have chronic problems before they end up in our office. We need more youth programs.
- The waiting period is a challenge for a lot of our clients and they get discouraged and will sometimes void their contract with NNADAP before they get a chance to get treatment.
- Funding is also a challenge, as we always need funds to initiate activities for the community.

Other Comments

- NNADAP Prevention Programs are a much-needed resource in our communities and the funding is very minimal. The programs serve many community members and there is a lot of work involved to ensure the activities are implemented.

Major Problems or Successes Encountered

- Not having access to programs needed for our youth.
- Not having enough funds to initiate ongoing community activities.

**NNADAP Prevention Plans For 2004/05 Fiscal Year**

1. To work with the Treatment Centre and Pisimweyapiy to develop an aftercare and continuing care program for local clients who attend treatment programs.
2. To network with the Treatment Centre and PCC to host an annual AA Round up.
3. Network with CHRs, Mental Health, public health nurse to provide informational sessions on FAS/FAE and HIV/AIDS.
4. Network with the Treatment Centre and PCC to establish a gambling support group.
5. Develop a written schedule well in advance (six months) on weekly, monthly and annual activities.
6. To ensure translation services are available for community activities coordinated and hosted by NNADAP.
7. To work with the local school and the Pisimweyapiy program to develop a school curriculum that will educate the youth on the effects of alcohol and drug abuse.
8. To engage in outreach efforts by advertising on the local radio station the impacts of residential school including the inter-generational impacts.
9. In collaboration with PCC, educate the community on the addictions-residential school linkage.
10. Work with the PCC program to have past and current NNADAP and PCC clients attend annual healing gatherings and events.

STATISTICAL REPORT

	Treatment Centre	Pisimweyapiy Counselling Centre	NNADAP Prevention	Total
Clients served	125	59	98	282
Status	120	59	114	293
Non-status	5	0	5	10
Females	50	24	39	113
Male	75	35	59	169
Substances abused				
Alcohol	98	57	108	263
Hallucinogens	6	0	8	14
Narcotics	49	21	8	125
Prescription Drugs	3	0	55	3
Solvents	3	-	0	3
Other	0	7	1	8
Recidivism Rate	20.8%	100%	41.9%	
Bed Utilization	86.9	-	-	

Age & Sex Breakdown

Age @ Intake	Treatment Centre		Pisimweyapiy Counselling Centre		NNADAP Prevention		Total
	Female	Male	Female	Male	Female	Male	
12 & under	2	4	3	0	0	1	10
12 - 18	0	3	0	0	5	5	13
18 - 25	9	11	4	3	9	12	48
25 - 35	16	18	11	13	31	37	126
35 - 45	16	21	5	13	10	25	90
45 & over	7	18	1	6	0	15	47
Total	50	75	24	45	55	95	334

MEDICINE LODGE FINANCIAL REPORT

STATEMENT OF FINANCIAL POSITION - MARCH 31, 2003

	Operating Fund	Capital	Replace	2004	2003
CURRENT ASSETS					
Cash - unrestricted	\$72,250	-	-	\$ 72,250	\$ 805,513
Cash - restricted	-	-	12,6132	126,132	126,132
Funding receivable - NNADAP	14202	-	-	14202	-
Accounts receivable- Other	29,5918	-	-	295918	101,646
Due from Operating Fund	-	-	-	-	23,524
Due from replacement Reserve fund	23,636	-	-	23,636	-
Prepaid Expense	3,861	-	-	3,861	9,136
	<u>\$ 409,867</u>	<u>-</u>	<u>\$ 126,132</u>	<u>\$ 3,861</u>	<u>\$ 1,065,951</u>
CAPITAL ASSETS					
	-	171,826	-	1,718,269	1,662,475
	<u>\$ 409,867</u>	<u>\$ 1,718,269 5</u>	<u>\$ 126,132</u>	<u>\$ 2,254,268</u>	<u>\$ 2,728,426</u>
CURRENT LIABILITIES					
Accounts payable & accrued liabilities	\$ 71,206	-	-	\$ 71,206	\$ 61,089
Accrued interest payable	-	-	-	-	1,985
Security deposits	600	-	-	600	600
Wages & vacation pay payable	125,387	-	-	125,387	63,433
Deferred revenue	52,482	-	-	52,482	680,107
Due to Aboriginal Healing Foundation	-	-	-	-	55,780
Due to related parties	72,672	-	-	72,672	72,672
Due to Operating Fund	-	-	23,636	23,636	-
Due to Replace Reserve Fund	-	-	-	-	23,524
Current portion of long term debt	-	4,869	-	4,869	38,223
	<u>\$ 322,347</u>	<u>\$ 4,869</u>	<u>-</u>	<u>\$ 350,852</u>	<u>\$ 997,263</u>
LONG-TERM DEBT					
	-	486,777	-	486,777	-
	<u>\$ 957,055</u>	<u>\$ 526,985</u>	<u>-</u>	<u>\$ 1,484,040</u>	<u>\$ 1,004,679</u>
NET ASSETS					
Unrestricted	87,520	-	-	87,520	-40,760
Invested in Capital Assets	-	1,701,376	-	1,701,376	1,135,490
Restricted	-	-	102,496	102496	149,656
	<u>\$ 409,867</u>	<u>\$ 1,718,269</u>	<u>\$ 126,132</u>	<u>\$ 2,254,268</u>	<u>\$ 2,728,426</u>



COMBINED STATEMENT OF REVENUES AND EXPENDITURES

	2004	2003
REVENUES		
Health Canada Transfer Agreement	\$1,096,740	\$1,096,740
Health Canada NNADAP Funding	85,220	85,220
AHF Funding	418,234	407,298
Health Canada Agreement - Building Expansion	-	39,400
Health Canada Agreement - Bathroom Renovations	-	1,764
Mileage Revenue	19,093	5,244
Staff trailer rentals	14,754	15,228
Administration charges	76,188	74,280
Miscellaneous	5,835	38,018
	<u>\$ 1,716,064</u>	<u>\$ 1,763,192</u>
Add: revenues deferred from previous year	680,107	600,806
Less: revenues deferred to following year	(52,482)	(680,107)
Less: recovery of AHF funding	-	(8,072)
	<u>\$ 2,200,819</u>	<u>\$ 1,675,819</u>
EXPENDITURES		
Administration	74,231	75,281
Administration fees - NCN	109,674	-
Audit and accounting	10,600	10,000
Bank charges and interest	2,718	14,809
Capital expansion	32,970	798,071
Equipment and fixtures	32,669	-
Food (Net of recovery: 2004 - \$12,215, 2003 - \$4,129)	60,977	23,150
Freight	7,107	67,646
Honorariums	34,450	8,928
Kitchen and janitorial	10,642	48,164
Laundry	9,887	6,484
Loan Payment	557,434	4,509
Miscellaneous	22,861	41,752
Office supplies	22,157	12,704
Printing supplies	958	3,688
Program materials	51,520	22,122
Rent and utilities	114,097	98,053
Salaries and benefits	877,732	828,093
Training	32,167	27,962
Transfer to Replacement Reserve	24,622	24,622
Travel	115,004	73,651
Vehicle Upkeep	8,101	12,019
Workshops	2,831	-
	<u>\$ 2,215,409</u>	<u>\$ 1,676,708</u>
SURPLUS (DEFICIT) FOR THE YEAR	<u>\$ (128,280)</u>	<u>\$ (889)</u>



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