

President's Remarks

One year ago the Behavioural Health Foundation was filled with proud and busy people as residents, staff, Board members and guests gathered to celebrate the 40th anniversary of the organization. It was a significant event and an opportunity to reflect on the history and philosophy behind this unique treatment program. It was also an opportunity to look ahead, and renew our commitment to the values of the therapeutic community and its wholistic approach to healthy living. The months since then demonstrate just how genuine that commitment is, and what significant achievements it continues to generate.

The fiscal year 2011 – 2012 included some milestone events as well as the continuation and growth of on-going programs. Notable among the milestones was the January visit of three CARF (Commission on Accreditation of Rehabilitation Facilities) surveyors. As they have every three years since 1993, when BHF became the first Canadian residential treatment centre to earn this international accreditation, surveyors examined records and files, interviewed members and stakeholders, and observed daily practices of the community. Once again, the survey resulted in BHF programs being awarded the maximum three year accreditation, with a special commendation for its inclusive and relevant Aboriginal program components. Other milestones this year included the 17th annual Henry Shingoose Pow Wow, and the celebration of the first one-year birthday at Breezy Point, recognizing the achievement of a young woman who was among the first participants in the gender-specific Breezy Point Program which opened in March 2011.

Visitors and referring agents often comment on the breadth of programming available at BHF. This reflects the organization's philosophy that moving away from a lifestyle ruled by addictions and co-occurring mental health issues means, quite simply, learning to fill one's life with healthy practices, from sleeping and eating well, to abiding by the laws of our society, to finding personal meaning and beauty in the world. Because BHF serves a diverse population, achieving this goal requires many different interventions. For some, seminars and formal learning are a key component; BHF continues to offer relevant seminar series as well as a variety

of courses at the adult education centre. For some, one to one counselling or therapy sessions are important. This year BHF was pleased to resume auricular acupuncture and introduce mindfulness practice as components of therapy services. Daily routine, including work that matters, is another critical part of preparing residents for success. In the past fiscal year, thirty previously unemployed adults moved from on-site work experience to joining the paid work force while continuing to live at BHF.

At BHF, we believe that self-help comes from helping others. This is put into practice both within the treatment program and in the wider community. Over the years BHF has developed many productive partnerships and valuable ties with other organizations and within the St. Norbert neighbourhood. This year the organization's long relationship with Winnipeg Technical College led to the introduction of a Culinary Arts program using BHF's facilities. BHF members volunteered at various civic events, including helping with the Manitoba Marathon and participating in the Adopt a Highway program. The BHF Aboriginal drum group responded to numerous requests to sing at schools, ceremonies and other community events over the year.

It has been a busy year. There is much to be proud of, notably the achievements of the individual adults, teens and families who took on the challenge of overcoming addictions and moving forward with their lives. There is much to be thankful for as well, including support from donors, funders, and friends. And as always, there is much yet to be done. On behalf of the BHF Board of Directors, I would like to offer my congratulations to all our members, as well as a most sincere thank you to our friends and supporters. I am confident that the same goodwill and effort will bring further success as the years go by.



Dr. Ron Buzahora
President, Board of Directors

Board of Directors

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Jan Hiebert, Secretary

Acknowledgements

The Board of Directors, members and staff of the Behavioural Health Foundation Inc. gratefully acknowledge the endorsement, encouragement and support of private agencies, the Federal, Provincial and Municipal governments, private businesses, and members of the public. In a very real way, these people and agencies are directly responsible for the existence, quality and ongoing improvement of the programs and services of the Behavioural Health Foundation. Thank you.

Photography

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Programs accreditation provided by
www.carf.org



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1.0 GUIDING PRINCIPLES

Philosophy

The philosophy is based on the belief that no person is an island unto themselves and that self-help comes from helping others. The positive power that resides in everyone can overcome the negative aspects of life. And, if we are to learn and to teach, we must attach ourselves to an environment that is created and dedicated to the betterment of humanity. We cannot cross a desert until we have prepared ourselves. We cannot travel the road of life blaming those about us, but rather we must accept responsibility for ourselves and each other and conquer each situation that we meet. Our pasts have been written and cannot be erased. Therefore, we must work and concentrate for today with a vision of tomorrow.

Purpose

The Behavioural Health Foundation Inc. is a therapeutic community with the purpose of providing long-term programming to persons experiencing addiction and co-occurring mental health problems and the chronically unemployed due to addictive behaviours. Dependents of these persons are also accommodated - both in residence and in programs. This long-term purpose is designed to offer graduated opportunities aimed at equipping a person with the skills necessary for successful integration into normative society free of addictive behaviours.

Mission Statement

To provide quality behavioural health services of a wholistic nature to men, women, dependent children and youth leading to personal and family wellness in areas of education, employment, health and family values.

The ongoing fulfillment of this mission will reduce the harm to individuals and family units that is caused by the misuse of substances, other addictive behaviours, and co-occurring mental health concerns.

Core Values

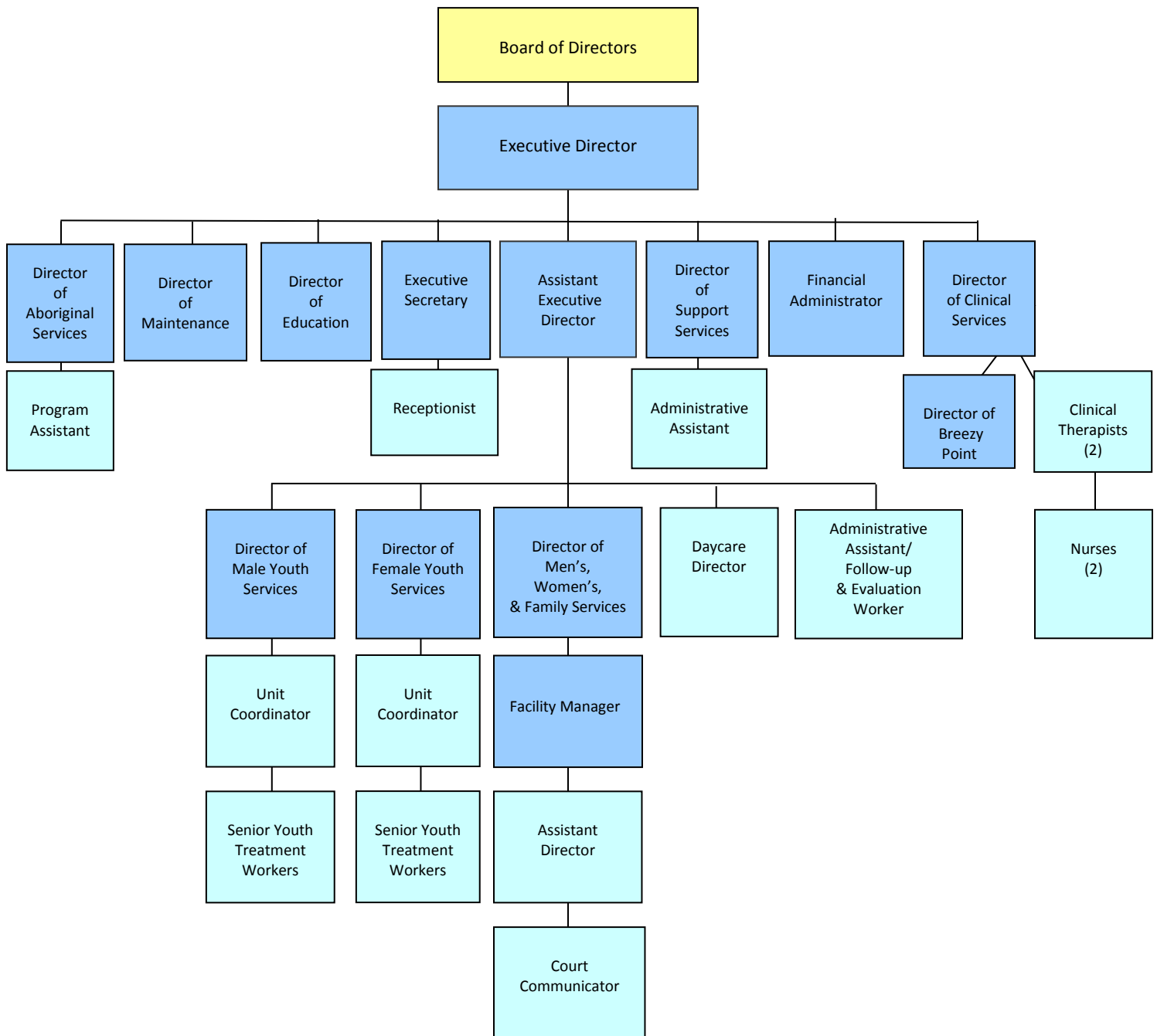
1. The Behavioural Health Foundation welcomes and promotes diversity in societal and cultural values amongst members.
2. Members have the right to be treated with dignity and respect.
3. Members have the right to receive treatment without discrimination regarding race, ethnic origin, gender, sexual orientation or age.
4. Members have the right to have their religious beliefs respected.
5. Members should recognize that the best interests of the client may be better served by referring or releasing the client to another agency or professional.

2.0 OPERATING AUTHORITIES

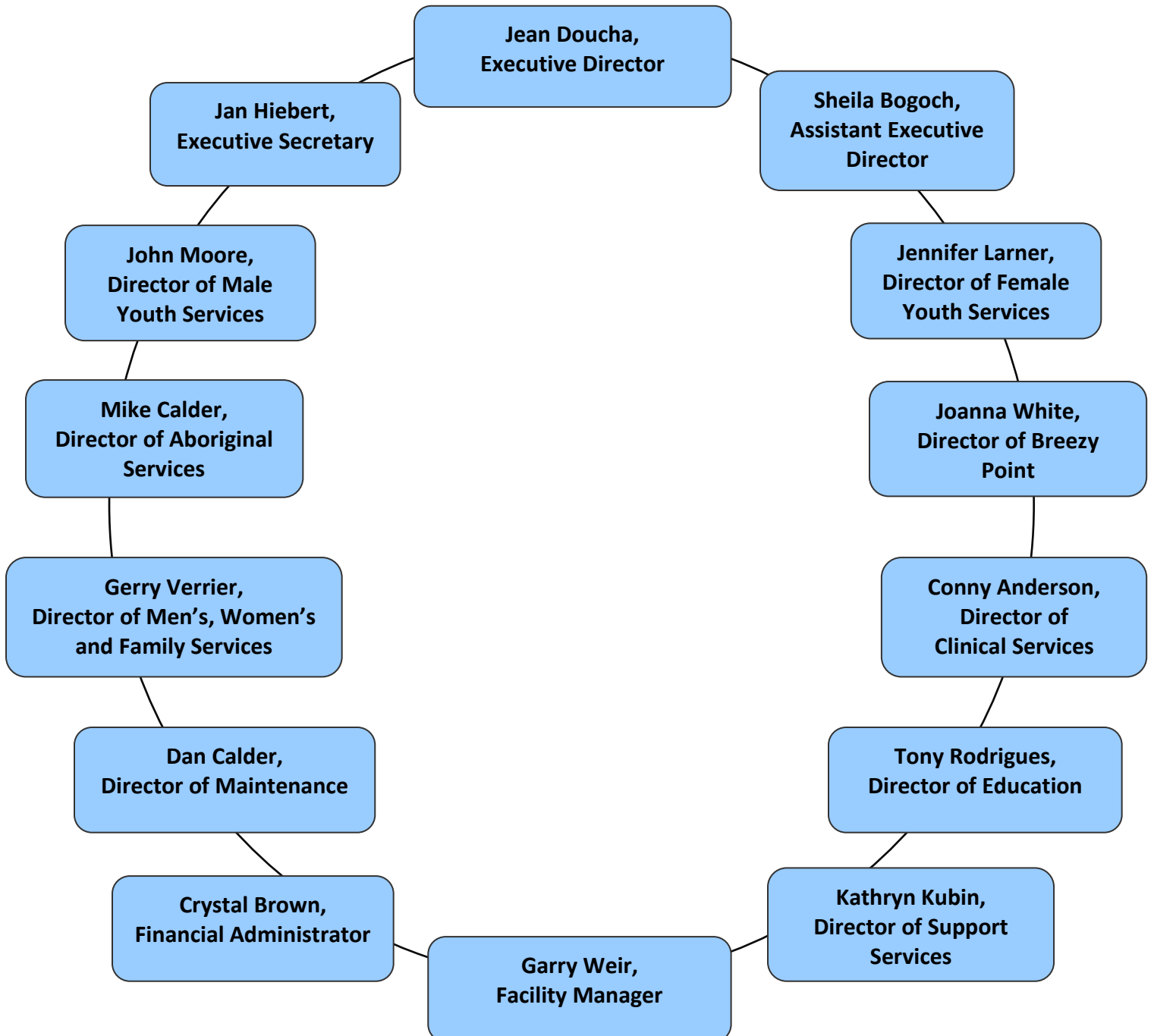
- The Behavioural Health Foundation Inc. (BHF) is located at 35 avenue de la Digue in St. Norbert, Manitoba. BHF also operates its Male Youth Services and Breezy Point Adult Female Services at 1147 Breezy Point Road in Selkirk, Manitoba.
- BHF is a federally registered charitable organization (Revenue Canada Charitable Organization Registration Number 12933 3027 RR0001).
- BHF conducts fundraising activities under the auspices of The Charities Endorsement Act (Permit Number 36094).
- BHF is registered provincially under Section X of the Companies Act of the Province of Manitoba.
- BHF Female and Male Youth Services are licensed by Manitoba Family Services and Labour under the Provincial Social Services Administration Act, Residential Care Licensing, Special Resource.
- BHF Day Care is licensed by Manitoba Family Services and Labour under the Community Child Care Standards Act.
- The BHF's Men's, Women's and Family Treatment Services, Breezy Point program and the Female and Male Youth Services programs are CARF¹ accredited under the category of Behavioural Health, Integrated Alcohol and other Drugs/Mental Health. Included in this program accreditation are the following Core Program Designations:
 - Community Housing
 - Residential Treatment
 - Therapeutic Communities
 - Children and Adolescents
 - Employment Development Services

¹ The Commission on Accreditation of Rehabilitation Facilities (CARF) operates out of Tucson, Arizona and Edmonton, Alberta. CARF provides international accreditation and continuous quality improvement services to organizations around the world. The Behavioural Health Foundation Inc. was the first addictions treatment program in Canada to be accredited by an external agency.

3.0 ORGANIZATIONAL CHART



4.0 MANAGEMENT TEAM



5.0 ACHIEVEMENTS 2011-2012

In January 2012, BHF programs underwent their 7th accreditation survey (since 1993) through the Commission on Accreditation of Rehabilitation Facilities (CARF). As was the case in all previous surveys, the following programs and services received the maximum three year award under the “Alcohol and Other Drug/Mental Health” category:

- Community Housing
- Residential Treatment (Adults)
- Residential Treatment: (Children and Adolescents)
- Therapeutic Communities (Adults)
- Therapeutic Communities (Children and Adults)
- Employment Services: Employment Development Services.

In addition, the Survey Report noted numerous BHF strengths including, but not limited, to the following:

“Although the program offers prioritized spaces for pregnant women who are in need of treatment, the program also provides a therapeutic community that embraces the mother and child.” (Breezy Point)

“BHF has demonstrated innovation in a concurrent approach by implementing a Fetal Alcohol Spectrum Disorder screening tool during the assessment process for all residents.”

“BHF has strong support from its funders and community partners for the program that offers a needed service to persons served to develop long-term abstinence, life skills development, employment readiness, cultural relevance, and high quality interventions.”

“BHF collects quality information and has a strong approach to data management that demonstrates both the impact of the programs and a strong return on investments for funders and stakeholders.”

“BHF staff members are committed to and contributing members of this community of healing. They display a great deal of pride in adhering to the therapeutic community approach and model.”

BHF received “exemplary conformance to the standards” and is referred to as “a culturally rich organization”, noting BHF’s traditional Aboriginal ceremonies and teachings. In this section of the Survey Report, it also states “The inclusive nature of the program welcomes persons of all ages, gender, and sexual orientation and includes a range of services to meet the needs of children through seniors in the program.”

Other Achievements:

Finances

BHF is pleased and thankful for the continued financial support from the following:

- Correctional Service of Canada – Parole
- First Nations and Inuit Health
- Manitoba Advanced Education and Literacy
- Manitoba Education
- Manitoba Entrepreneurship, Training and Trade
- Manitoba Family Services and Labour
- Manitoba Healthy Living, Seniors and Consumer Affairs
- Manitoba Housing and Community Development, Community Places
- The Winnipeg Foundation

Program Quality and Effectiveness

Men's, Women's and Family Program:

- The average length of stay was 93 days
- 65% of all intakes completed primary treatment
- 88% of clients were free from substance use and 100% reduced their substance use at exit from the program
- 34% of clients had stable or transitional housing at exit from the program
- 100% of clients had no new criminal justice system involvement during their treatment stay
- The Consumer-Based Program Evaluations and Exit Questionnaires showed high levels of satisfaction with BHF services.

Breezy Point:

- The average length of stay was 118 days
- 76% of all clients completed primary treatment
- 95% of clients were free from substance use and 100% reduced their substance use at exit from the program
- 34% of clients had stable or transitional housing at exit from the program
- 100 % of clients had no new criminal justice system involvement during their treatment stay
- The Consumer-Based Program Evaluations showed high levels of satisfaction with the program.

Youth Services:

- Had an 87% occupancy rate
- 76% of the youth had co-occurring addiction and mental health problems
- 65% of all youth completed primary treatment
- 95% of youth had reduced substance use at exit from the program
- 100% of youth attended school during their treatment stay
- 68% of youth completed program sessions.

6.0 PROGRAMS AND SERVICES

Program Description

The Behavioural Health Foundation Inc., a co-occurring disorders capable facility, provides long-term residential programming for men, women, youth and family units who are experiencing addiction problems with alcohol and other drugs, including inhalants. The treatment program is designed to offer graduated opportunities to help members acquire the vocational, intellectual and communication skills necessary for successful integration into society, while remaining free of addictive behaviours.

The underlying emphasis of treatment is a flexible intensity of service delivery that corresponds as closely as possible to the changing variables of a member's presenting problem. While there are certain treatment approaches that are unilaterally used, there is no single specific treatment delivery model that is applied to all members to the exclusion of other treatment models. During treatment, members are exposed to a core program of didactic information and receive skills training in a variety of life areas before they graduate from the program. The aim of these programs is to effect measurable behavioural, cognitive and affective changes that will support their new lifestyle when they return to their community.

The Behavioural Health Foundation Inc. is a therapeutic community. This distinguishes it from other treatment modalities in a number of fundamental ways. A person is thought of as a member of the therapeutic community, rather than as a client, and a therapeutic community itself is defined as the physical and social environment within which the member lives. Personal change is understood as being multi-dimensional, requiring several interventions on a variety of different levels. The community is the mechanism by which these interventions are accomplished; hence, the community itself is the primary therapist and teacher. Staff members serve as guides in the treatment process. All community activities are designed to produce therapeutic and educational results. Taken singly and/or in combination, they all constitute interventions for change that impact, either directly or indirectly, on the member.

Member Profile

Substance abuse implies dysfunction in several areas of a person's life. Cognitive, behavioural and mood disturbances are common. Expectations may be unrealistic; thinking is disorganized; and value systems are confounded or non-existent. Antisocial behaviour is the rule not the exception; deficits in social, verbal, reading, writing and marketable skills all conspire to place even the best-intentioned person at odds with normative society.

"I have a better attitude, I'm staying sober. I'm healthy, have patience, a clear mind and spirituality. I have better working habits, I'm a better listener, I have closer relationships with family and I'm able to express emotions and use humor."

-Program Participant

BHF Systems Evaluation Report 2010-2011

The array of life problems, the number of substance abuse issues and concerns and the presenting severity of addictive behaviour patterns are different for each individual person when s/he enters treatment. In addition, before arriving at the Behavioural Health Foundation, these disorders are not static. They tend to fluctuate over time and are much more manageable on some occasions than on others. Thus, people entering treatment are not without some experience (from marginal to highly successful) living in the general population in spite of their dysfunctions.

- Many new members arrive with long histories of family dysfunction – including, although not limited to, sexual, emotional and physical abuse, familial substance abuse, generational welfare, parental neglect and multiple experiences in foster care.
- Drug related arrests and hospitalizations prior to entry are common due to the fact that many members attempted to cope with the reality of their lives by abusing alcohol and other drugs, including inhalants.
- Many members come from communities where unemployment is rampant and welfare is the norm. Hence, they possess few job skills and/or work experiences. Returning to these same communities after graduating from treatment often presents a formidable obstacle to a member's hard won self-confidence and sense of achievement.
- Membership in the Behavioural Health Foundation is often an alternative to being sentenced to a jail and/or completing a prison term behind bars.
- Finally, the desire to improve the quality of one's life is a prerequisite to living at BHF. To achieve this, members come to the BHF voluntarily.

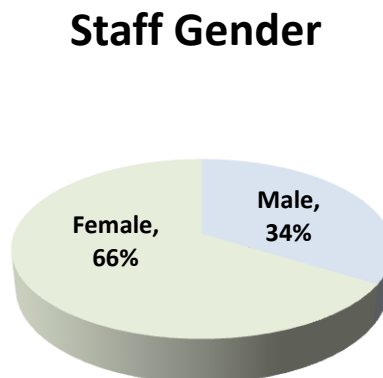
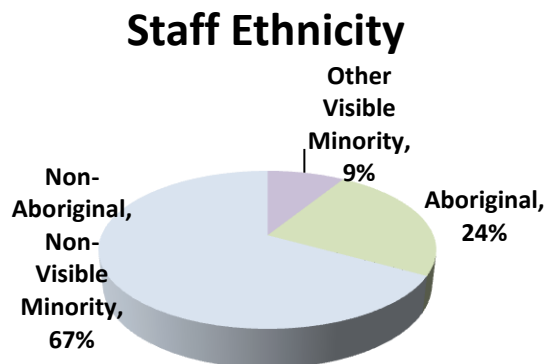


Male Youth Services Tree Planting, Spring 2011

6.1 STAFF DEMOGRAPHICS AND TRAINING

Staff Demographics

As of March 31, 2012, BHF had 136 staff. Of these, 104 were full time employees and 32 were part time employees.



Staff Training

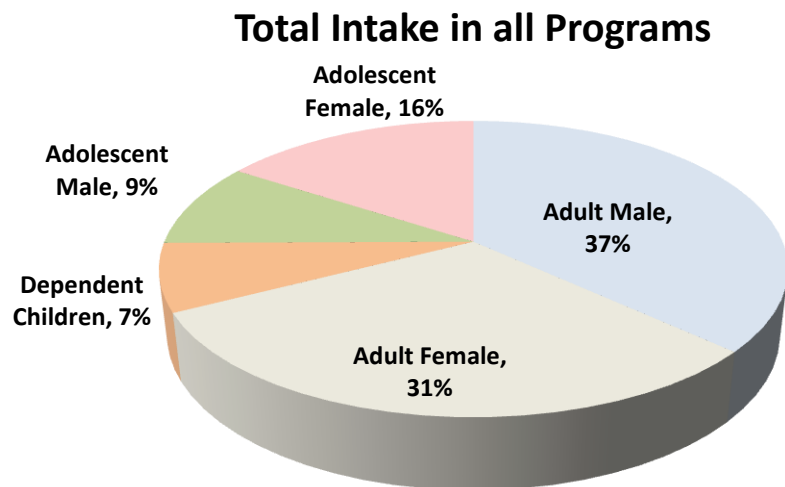
In addition to attending numerous community-based workshops and courses, BHF staff participated in a number of internal training sessions including:

- Aboriginal Cultural Training
- Blood Spill Clean-up & Medical Emergencies
- Crisis Prevention Intervention
- Critical Incident Debriefing
- Cultural Competence
- FASD Training
- Fire Extinguisher Training
- Fire Panel Training
- First Aid / CPR
- Individual Plan Development
- Medication Management
- Mental Health Disorders
- Motivational Interviewing
- New Hire Training / Orientation
- Power Outages
- Staff Code of Ethics, Professional Conduct
- Suicide / Self-Mutilation Prevention & Intervention
- WHMIS
- Workplace Threats

6.2 INTAKE AND DAYS CARE PROVIDED

Intake

Adult Male	139
Adult Female	116
Dependent Children	28
Adolescent Male	35
Adolescent Female	60
Total Intake	378



Days of Care Provided

Adults	27,462
Dependent Children	5,048
Adolescent Male	4,015
Adolescent Female	3,618
Total Days of Care Provided	40,143

6.3 **MEN'S, WOMEN'S AND FAMILY TREATMENT SERVICES**

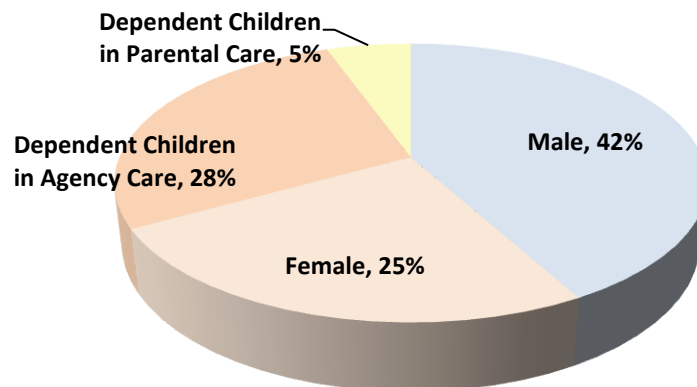
The Behavioural Health Foundation Men's, Women's and Family Program is internationally accredited. The residential addictions treatment facility accommodates adults and dependent children. Members are housed in the main building, located in the community of St. Norbert, as well as in 5 transition houses in the nearby community. The maximum occupancy is 100 adults and children.

Referrals

A total of 1,203 referrals of adults and dependent children were made to the Men's, Women's and Family program in the 2011-2012 fiscal year. These referrals consisted of 505 men, 300 women, 66 children in their parents' care, and 332 children in the care of Child & Family Services agencies.

For referrals who were admitted into the program, the average time spent on the waiting list was 47 days.

Men's, Women's & Family Treatment Services Referrals

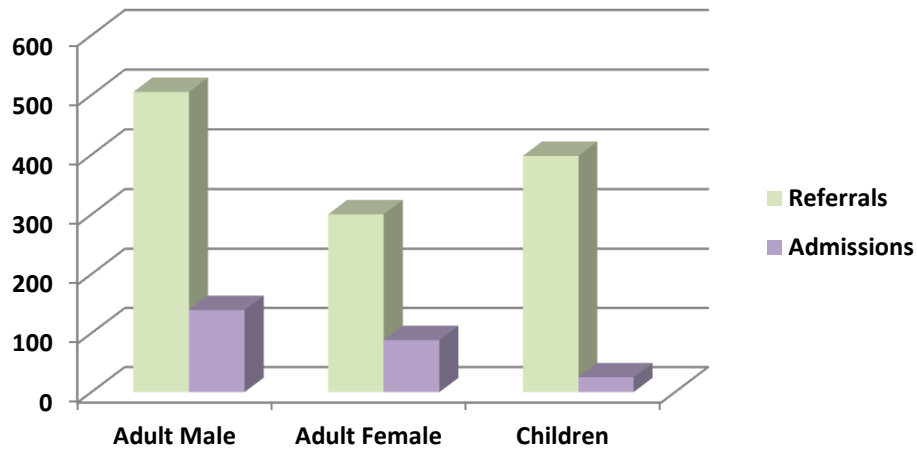


Referrals versus Admissions

There are numerous reasons that referrals did not enter the program, as follows:

- Clients experiencing long waiting periods decided to seek other treatment or had changed their mind about attending treatment when bed space became available.
- Clients were found unsuitable for the program due to histories of sexual offence, arson, or other serious offences.
- Clients were unsuitable due to serious and persistent health/mental health concerns.

Referrals vs. Admissions



Men's, Women's and Family Program Admissions

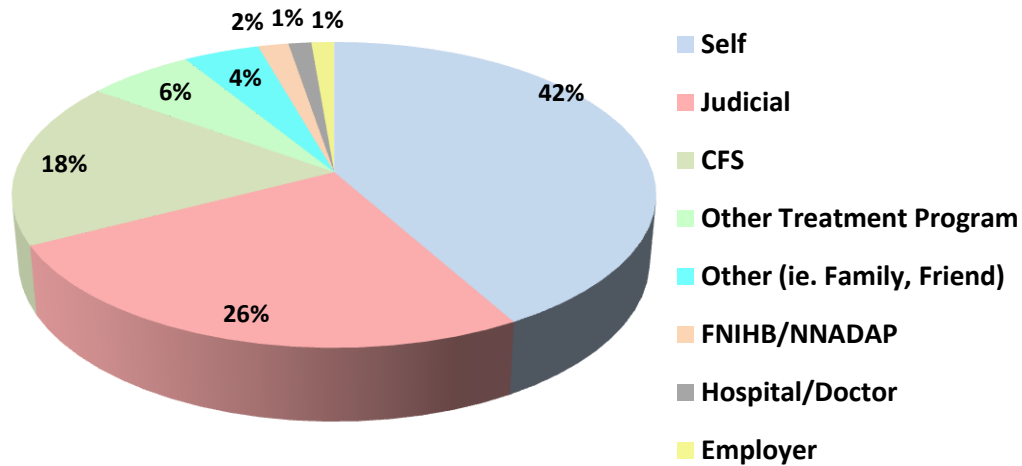
Adult Male	139
Adult Female	88
Total Adults Admitted to Program	227
Children of Members	25
Total Residents	252

Client Detail

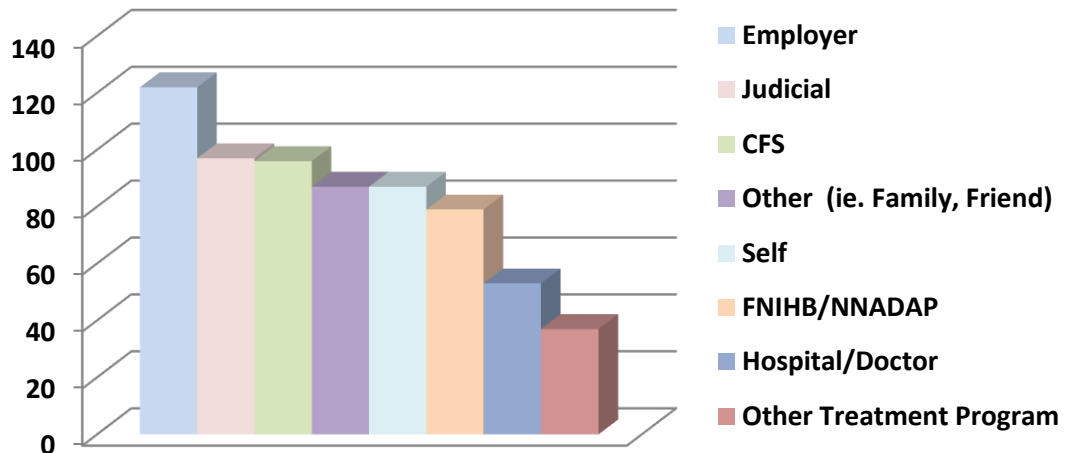
Average Age of Adults	30.5
Age Range	18-73
Average Length of Stay in Treatment	93*
Completed Primary Treatment	152
Adults who stayed over 90 Days	92
Adults who stayed over 1 Year	4*

**Several clients who entered during the 2011-2012 fiscal year remain in the program at the time of this report. These figures will increase until all clients from the year exit.*

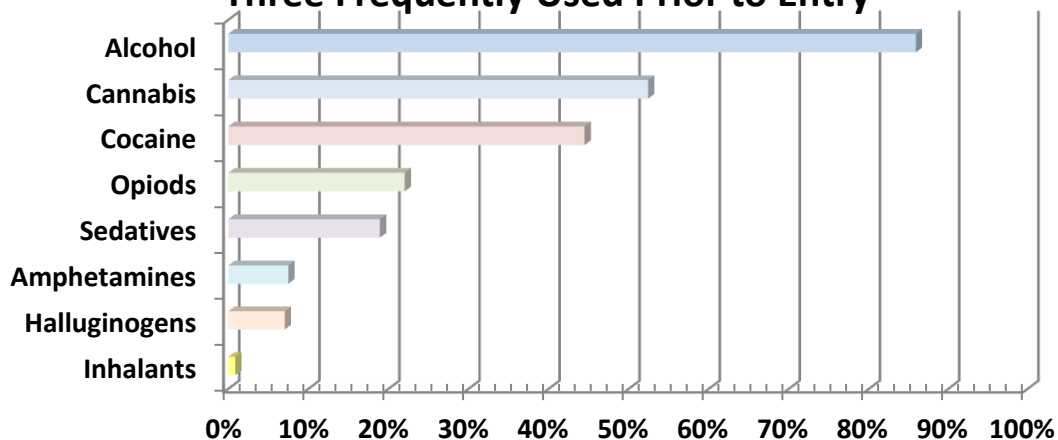
Intake Referral Sources



Average Length of Stay in Days by Referral Source

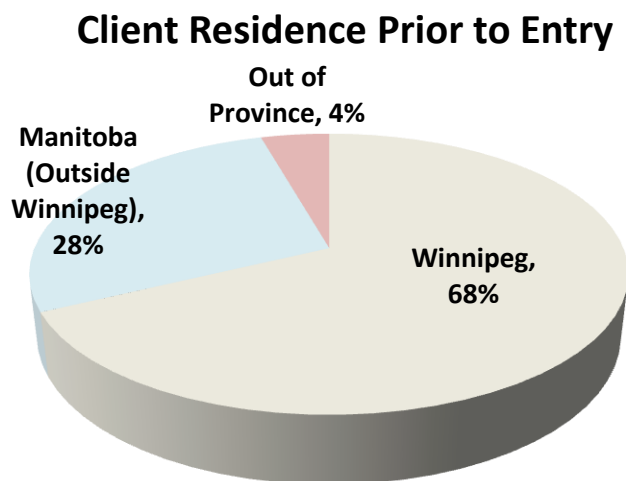


Percentage of Clients Listing Substance as Top Three Frequently Used Prior to Entry



Client Residence

Of the 227 adult intakes in St. Norbert, 154 clients were from the city of Winnipeg. Sixty-three clients stated their home communities were in other areas of Manitoba, while 10 clients resided out-of-province prior to entering treatment at BHF.



Dependent Children of Clients

During the 2011-2012 fiscal year, 25 children came to live at BHF while their parents participated in treatment. At entry, 9 (36%) children were in agency care. Of the 16 (64%) who were not in care at entry, 5 (20%) had been in care previously. Nineteen children (76%) stayed for over 30 days, 14 (56%) stayed over 90 days. Nine (36%) children had regular visitation with their parents at BHF prior to moving in. There were 2 babies born to mothers in the program during the fiscal year. Three of the children who entered in 2011-2012 remain in the program at the time of this report. Of the 9 children who entered BHF in care of Child & Family Services, 3 (33%) were returned to the care of their parents before exit from the program. An additional 2 (22%) of the 9 children who entered BHF in CFS care in the fiscal year remain in the program with their parents who are on track to regain their custody.

Post-Treatment Follow-Up

The Behavioural Health Foundation conducts a continuous 6-month follow-up study of program participants. The information below is based on clients who attended treatment during the fiscal period of April 1, 2010 to March 31, 2011. The fiscal 2011-2012 follow-up year (at the time of this report) is in progress, and the results will be available in the Systems Evaluation Report in early 2013.

Ex-residents are contacted 6 months after completion of primary treatment. They are asked a variety of questions pertaining to whether or not they are using substances and to what extent, their employment status, educational pursuits, criminal justice system involvement and several

other areas. Residents who participated in BHF's programs for more than 3 months are asked to participate in a Program Content Survey, whereby they express their level of satisfaction with aspects of the program. The comprehensive results of the ongoing follow up study are available in the annual Systems Evaluation Report. The following is a brief summary of some results of the 2010-2011 study.

Substance Use Reduction

Of the 56 clients located and interviewed 6 months after completion of primary treatment, 52 (93%) significantly reduced their use of substances. The average reduction of substance use was 12 points on the World Health Organization's ASSIST Scale, which translates to a client eliminating two substances that they had previously been using on a daily basis.

Criminal Justice System Involvement

Eighty-three percent of all residents who entered in the 2010-2011 fiscal year had involvement with the Criminal Justice System. They were on parole, bail, probation, serving a conditional sentence, or involved with the Winnipeg Drug Treatment Court. At the time of follow-up, 91% of located clients had no new involvement with the law.

Employment

Upon entry, 92% of clients were unemployed. The remaining 8% had full or part time employment, were participating in full-time vocational education programming, or were the homemaker of a household. At the time of follow-up, 54% of clients were involved in these successful pursuits, a significant increase.

Education

In this reporting period, 27 residents took advantage of the on-site Literacy Program and Adult Education Centre. Thirteen of the 56 residents who were successfully contacted at 6 months had been continuing their educational pursuits, either at the St. Norbert Adult Education Centre, or at other centres, colleges, or universities.

"I'm not angry and I don't let other people's stuff completely ruin my day. I have tons of support. I'm lonely but I can cope with it and all other roadblocks sober. I have goals and enjoy being alive and helping others."

-Program Participant
BHF Systems Evaluation Report 2010-2011

6.4 BREEZY POINT

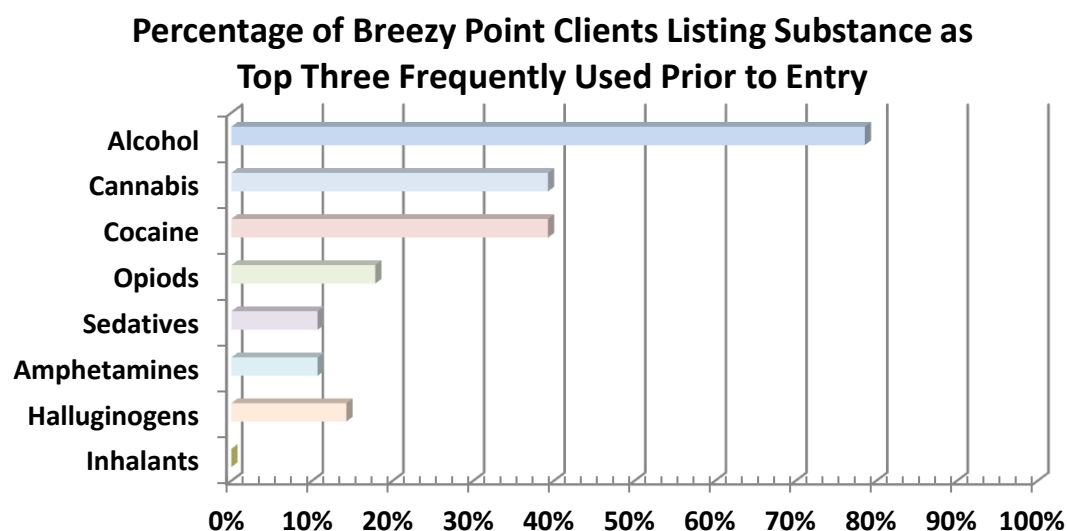
Client Detail

Breezy Point is a ten-bed women's facility in Selkirk, Manitoba. Twenty-eight women entered the Breezy Point program in 2011-2012.

Average Age of Women	31.6
Age Range	19-55
Average Length of Stay in Treatment	116*
Completed Primary Treatment	19
Adults who stayed over 90 Days	13
Adults who stayed over 1 Year	2*

There were 28 intakes during the first full fiscal year of the new program. Referral sources included judicial, other treatment programs including transfers from BHF's Men's, Women's and Family Treatment Program, CFS, self referrals, medical referrals, and referrals from family and friends. The average age of Breezy Point clients was 31.6 years. Twenty-one (75%) percent of these women were from the city of Winnipeg while 7 (25%) were from elsewhere in Manitoba. Twenty-two (79%) were Aboriginal.

Twenty-three (82%) of the 28 women were mothers whose children were either in the care of foster homes or extended family. The total number of children among this population was 63, an average of 2.7 children per mother. Two of the intakes were pregnant women. Twenty-five (89%) of the women were unemployed at entry. At the time of this report, 7 of the women who entered in the last fiscal year remain in the program. The facility also housed three children during the fiscal year, one of whom was born during the parent's treatment stay.



**Several clients who entered during the 2011-2012 fiscal year remain in the program at the time of this report. These figures will increase until all clients from the year exit.*

6.5 BHF YOUTH SERVICES

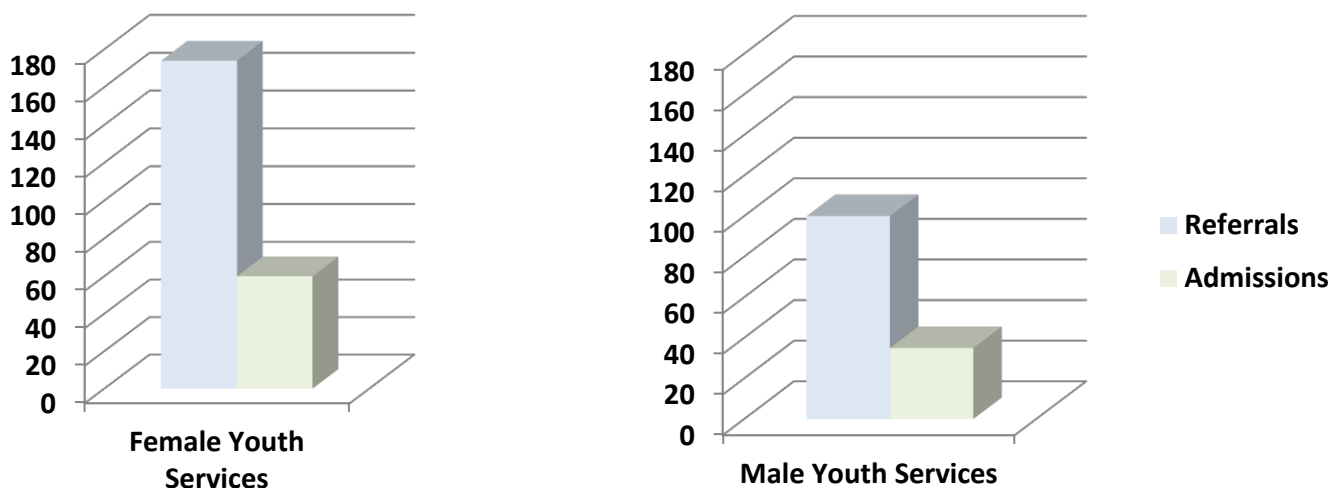
BHF Female Youth Services is a provincially licensed, internationally accredited residential addictions treatment program for adolescent girls. It has a placement capacity for 16 teens. It is located on the property of the Behavioural Health Foundation in St. Norbert, Manitoba.

BHF Male Youth Services is a provincially licensed, internationally accredited residential addictions treatment program for adolescent boys. It has a placement capacity for 16 teens. It is located on the outskirts of Selkirk, Manitoba.

Admissions	Female Youth Services	Male Youth Services
Number of Admissions	60	35
Residential Days Care	3618	4015
% Occupancy Rate	83%	90%
Average Age	15	15
Age Range	11 – 17	11 – 17
Staying over 90 days	15 (25%)	18 (51%)
History of Previous Treatment	21 (35%)	14 (40%)
Justice System Involvement	28 (47%)	19 (54%)
Attending School at Entry	49 (82%)	27 (77%)
Attending School at Exit	60 (100%)	35 (100%)

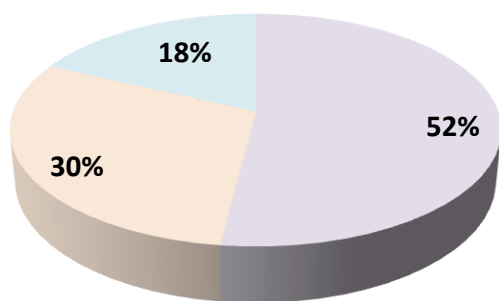
Youth Services Referrals vs. Admissions

Referrals

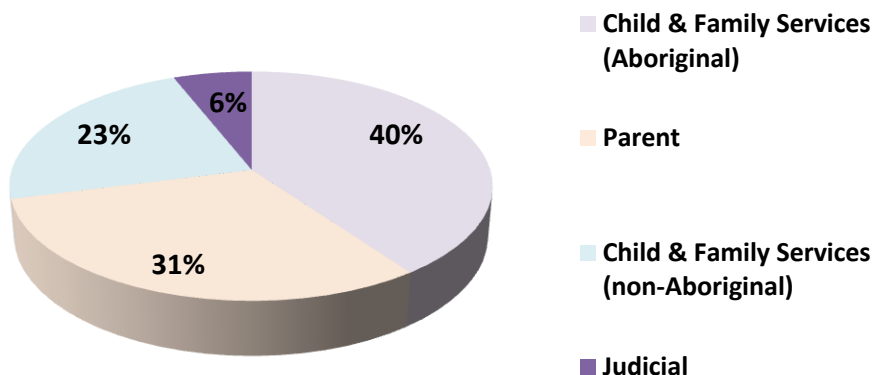


The number of referrals received by Female Youth Services (FYS) in the 2011-2012 fiscal year was 174. The number of referrals received by Male Youth Services in the year was 100. Consistent with past years, a major referral source for youth intakes are Aboriginal Child & Family Services agencies.

FYS Referral Sources



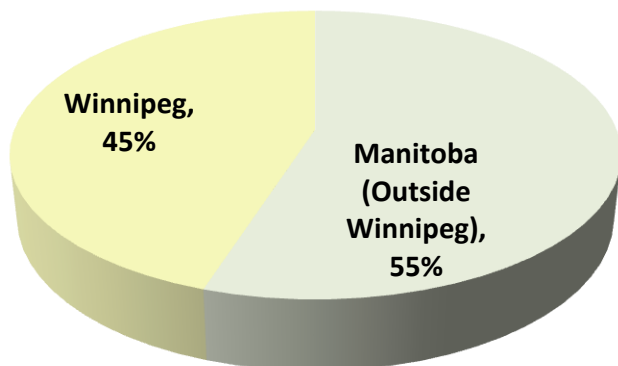
MYS Referral Sources



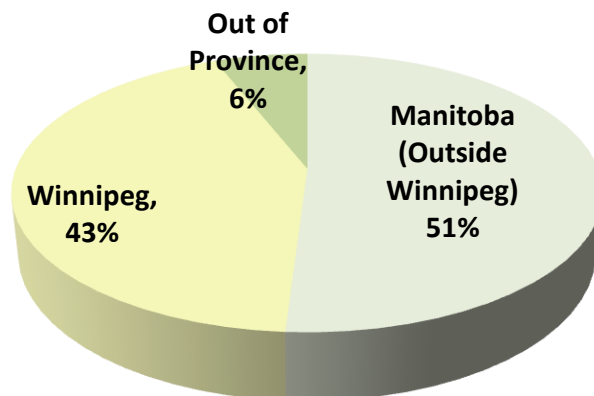
Client Residence

The majority of adolescents come from rural communities in Manitoba. The out-of-province clients have home communities in rural Ontario, Northwest Territories and Nunavut.

FYS Place of Residence Prior to Entry



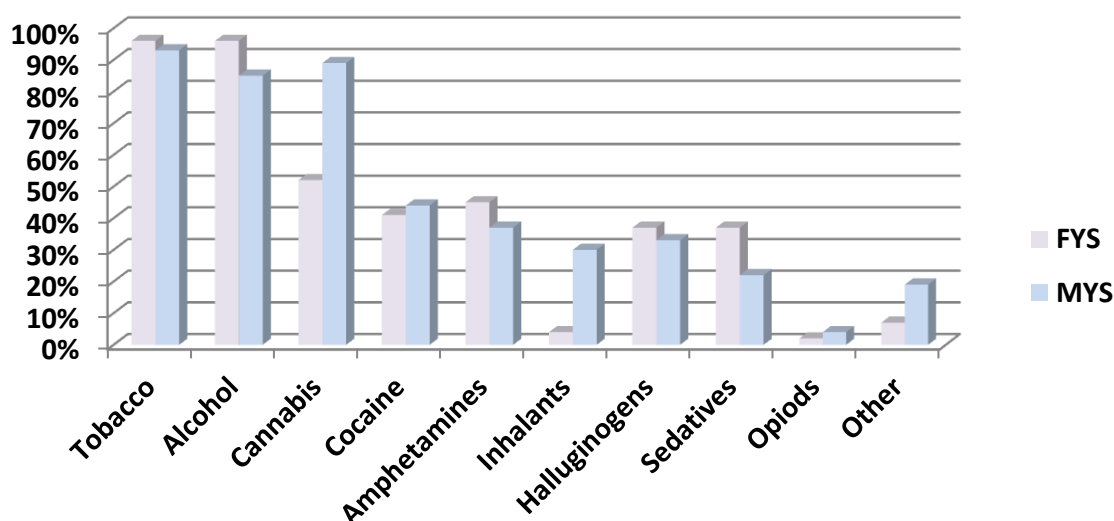
MYS Place of Residence Prior to Entry



Education

There are 16 special education seats for female adolescents ages 11-17 from Female Youth Services, located on the grounds of the Behavioural Health Foundation's St. Norbert location. There are 16 special education seats for male adolescents ages 11-17 located at Male Youth Services, in Selkirk. The special education classrooms are run under the auspices of the Winnipeg Technical College #3000. Each classroom is staffed by 1 instructor and 1 to 2 teacher aides.

Substance Use at Entry



Post Treatment Follow-Up (2010-2011):

The Behavioural Health Foundation conducts a continuous 6-month follow-up study of BHF Youth Services Program participants. The information below is based on clients who attended treatment during the fiscal period of April 2010 to March 2011. At the time of this report, the fiscal 2011-2012 follow-up year is coming to an end, and the results from this study will be available in the Systems Evaluation Report in early 2013.

Ex-residents are contacted 6 months after completion of primary treatment. They are asked questions in regard to substance use, criminal justice system involvement, employment, education, and utilization of community supports. Residents who were in treatment for 3 months or more are asked to participate in a Program Content Survey, whereby they express their level of satisfaction with aspects of the program. The comprehensive results of the on-going follow-up study are outlined in the annual Systems Evaluation Report. The following is a brief summary of some of the results of the study.

During the reporting period, 18 of 24 eligible participants of Female Youth Services (75%) of eligible intakes were surveyed. Of these, 71% indicated a reduction in substance use between the time they entered treatment and the date of the six-month follow-up contact. The program members had formalized a total of 245 treatment goals for themselves. A total of 50% of these treatment goals had been reached, with 12 of 18 participants (67%) indicating that they had achieved 50% or better of the expectations they had set for themselves. At the time of the 6-month follow-up survey, 12 of the 18 (67%) female youth contacted were still enrolled in school.

During the reporting period, 20 of 30 eligible participants of the Male Youth Services (67%) were surveyed. Of these, 95% indicated a reduction in substance use between the time they entered treatment and the date of the 6-month follow-up contact. The program members had formalized a total of 208 treatment goals for themselves. A total of 74% of these treatment goals had been reached, with 13 of the 20 participants (65%) indicating that they had achieved 50% or better of the expectations they had set for themselves. At the time of the 6-month follow-up survey, 12 of the 20 (60%) male youth contacted were still enrolled in school.

Voluntary Youth Stabilization Units:

In November 2007 the Behavioural Health Foundation, in partnership with Manitoba Health/Healthy Living, made 5 beds available within BHF Youth Services to serve as the Voluntary Stabilizations Units for youth. These beds complement the Mandatory Stabilization Unit provided at Marymount. Both units are services provided as a result of the Youth Drug Stabilization (Support for Parents) Act that came into effect November 1, 2006.

The Voluntary Stabilization Units at BHF serve male and female youth ages 12-17 for periods of short duration, generally up to 7 days. The purpose of the units are to serve youth who may be severely involved with alcohol or other drugs and require a period of stabilization. Unlike the mandatory unit where referrals must come from a Justice of the Peace, youth are referred by a guardian. The youth are provided 24-hour supervision in an abstinence-based facility where work on substance abuse issues begin and comprehensive treatment planning occurs.

During the 2011 - 2012 fiscal year, 51 youth, comprising 32 females and 19 males (housed in separate facilities), entered the BHF Voluntary Stabilization Units. Youth on average stayed 5 days. Fifty-two percent of the youth entered substance abuse treatment facilities following their period of stabilization at BHF.

"I am not into hard drugs anymore. I have learned to say no. I deal with my anger now. I talk a lot in group."

-Youth Program Participant

BHF Systems Evaluation Report 2010-2011

6.6 BHF CLINICAL SERVICES

The Clinical Services component of the Behavioural Health Foundation provides consultation and training to all BHF programs as well as individual and family assessment/therapy to residents and their families. The following provides an overview of Clinical Services activities.

Therapy/Assessments/Consultations

While the therapeutic community model emphasizes “the community is the treatment”, BHF also recognizes the important role counselling can play in the healing process. All residents are encouraged to attend weekly counselling sessions with their Keyworkers. Assessment Workers and Keyworkers work with the residents in formulating treatment plans and addressing the presenting issues that brought them to treatment. Staff are encouraged to consult with Clinical Services when faced with unfamiliar or confusing issues and make referrals to Clinical Services for more direct interventions. An additional service offered by Clinical Services is Auricular Acupuncture Clinics. Auricular Acupuncture has been used to treat substance use, sleep, and anxiety disorders in the USA since the mid-1970’s. Clinics continue to be well attended by BHF residents.

Of the 255 adult intakes in 2011-2012 (Men’s, Women’s and Family Program and Breezy Point combined) 247 were screened for past and present mental health concerns. Seventy-nine (32%) had past and/or present mental health concerns. Ninety-five (100%) youth intakes in 2011-2012 were screened for past and present mental health concerns. Sixty-three (66%) youth had past and/or present mental health concerns. All residents with co-occurring mental health concerns are monitored by Clinical Services with assessment, intervention, and referral as needed.

Medical

In addition to monitoring the use of medications by all residents and ensuring referrals are made to community resources, BHF nurses provide on-going education regarding healthy living and best practices for BHF residents and staff. The Nurse at St. Norbert also coordinates weekly physician clinics. The Men’s, Women’s and Family program continues its relationship with Dr. Joseph Partyka of St. Boniface Clinic who attends on-site weekly to see adult residents and children. Numerous flu clinics were used by staff and residents as a preventative measure.

"I have a routine, I eat and sleep healthier, my mind is clear. I had time to think about all the wrong I have done to others. I have built a relationship with my mother and sister. I have hope for the future."

-Program Participant

BHF Systems Evaluation Report 2010-2011

6.7 ST. NORBERT ADULT EDUCATION CENTRE

The goal at St. Norbert Adult Education Centre (SNAEC) is to meet the needs of the adult learner through inclusive, quality programming. An atmosphere that is sensitive and receptive to adult learners' diversified needs is fostered. As learners, we commit ourselves to continued professional growth and development.

SNAEC operates within a partnership agreement between BHF and Winnipeg Technical College (WTC). SNAEC's staffing complement includes the following: 2.65 full time equivalent teachers, an administrative assistant/student advisor and a director of education. Adult Learners at SNAEC continue to enjoy success with the integrated programs such as Math 20S/Science 20S, English 20F and Applied Integrated Computer Technology 15F/KB 25S. These four credits may be used toward graduation with a mature high school diploma and/or access to vocational options (Culinary Arts, Hairstyling, Production Art, Industrial Electronics, Industrial Welding and Technical Drafting) at WTC. SNAEC offers 28 high school credit courses, which are available from 9:00am - 12:00pm, 1:00pm - 4:00pm and 6:00pm – 9:00pm time slots from Monday through Thursday. Semester I of the new school year will begin September 4, 2012 and conclude January 30, 2013. Semester II will begin on January 31, 2013 and conclude June 30, 2013.

The student enrollment at SNAEC from September 2011 to June 2012 was 195 (an increase of 27% from the previous academic year). Adult learners at SNAEC earned a total of 298 credits, of which 38.5 were earned by BHF residents. Congratulations go out to the 38 graduates of the St. Norbert Adult Education Centre Class of 2012. Two residents and two employees from BHF were members of the Class of 2012. This puts the total number of graduates from SNAEC to 392 to date.

BHF Literacy Program

THE BHF Adult Literacy program accommodates learners from both the BHF residential program and from the St. Norbert and surrounding communities (Fort Richmond, Fort Garry, St. Adolphe, St. Vital, Ide des Chenes, St. Agathe and La Salle). Some of the learners enroll in the literacy class to improve their reading, writing and math skills for work or as part of personal growth. The other learners do so to prepare to enroll in credit courses to graduate with their mature high school diploma at St. Norbert Adult Education Centre. Most of these learners have been out of school for a number of years, so improving their literacy skills is a must.

Literacy classes are offered mornings and afternoons from September through to the end of July. Flexible, individualized programs are based on each learner's needs and are designed to build on the wealth of his/her life's experiences. In 2011 – 2012, 60 adult learners (53% BHF residents) enrolled in the literacy program. BHF Literacy is now in the second year of the new funding agreement with Manitoba Education, Adult Learning and Literacy Branch. The average grade level of BHF literacy students was 6.8 at entry, and the average grade level at exit was 8.7.

6.8 BHF K-12 INSTITUTIONAL SCHOOL (#2235)

The Behavioural Health Foundation (BHF) K-12 Independent School provides education in three classroom settings. It is important to note that all teachers employed at BHF K-12 independent School are certified with Manitoba Education. Furthermore, the teachers follow the appropriate and required curricula for their respective classrooms. The Early Years Classroom (EYC) provides educational programming for children from Kindergarten to Grade 6 at the BHF facility in St. Norbert for the children whose parents are in treatment. EYC is a very supportive, safe and comfortable environment for children to learn. The Female Youth Services (FYS) classroom provides educational programming from Grade 7 to Grade 12 (ages 12-17). The FYS classroom is located at the BHF St. Norbert Facility. The Male Youth Service (MYS) classroom provides educational programming from Grade 7 to Grade 12 (ages 12-17). It is located at the BHF Selkirk facility.

6.9 BHF SUPPORT SERVICES

Behavioural Health Foundation Support Services are comprised of food services, childcare, employment development and liaison between treatment and education. They are designed primarily to meet the needs of adults and families living at BHF, but are extended to include program graduates and members of the nearby community when appropriate.

BHF Daycare

On-site licensed daycare is a unique support for families dealing with addictions and co-occurring mental health issues. BHF Daycare is licensed to provide care for four infants, eight preschoolers and twelve school aged children. BHF gratefully acknowledges Early Learning and Child Care Manitoba whose continued support and individualized funding agreement makes the provision of on-site daycare possible. The Early Childhood Educators and Child Care Assistants work diligently with parents and with the therapeutic community as a whole to achieve five objectives: provide a safe physical environment for the children, ensure children are responded to in a caring and attentive manner, provide a variety of interesting play opportunities, help children maintain a positive sense of family, and support a positive cultural identity. In the period April 1, 2011 – March 31, 2012 forty-six children were accommodated in the various age groups, with lengths of stay ranging from one week to the full year.

Employment Development

For most people, stable employment is a crucial component of a healthy, sustainable lifestyle. The majority of adults entering BHF must overcome significant difficulties before they can achieve this goal. Barriers include interrupted or incomplete education, poor or non-existent employment histories, lack of role models, experiences of perceived or systemic discrimination, and diminished self-confidence. The BHF Employment Development program is designed to help members overcome these barriers and prepare them to enter or re-enter the paid workforce, at whatever point makes sense in conjunction with personal goals, family commitments, and individual treatment plans. In the 2011 – 2012 fiscal year, sixty-one men and thirty-three women participated in employment development activities. All completed at least four weeks of on-site work placements, developing transferable skills for future employment. Eighty-one people completed the

primary phase of the project, identifying employment interests, learning job search skills and preparing individual resumes. Sixteen participants exited to adult education or training programs. Thirty individuals engaged in successful job search prior to exiting treatment. At the fiscal year end, six people from this group remained active participants and continued to receive services. BHF gratefully acknowledges Manitoba Entrepreneurship, Training and Trade for their financial contribution to this program.

Food Services

The BHF kitchen is a vital part of the organization. Kitchen staff ensure meals are nutritious, well-prepared and presented on time. In addition, they teach and supervise safe food handling, operation of kitchen equipment, food preparation and food service. In the course of the year, staff and residents worked together to produce approximately 13,000 meals, as well as snacks for adults and children, refreshments at numerous meetings, and special feasts.

6.10 BHF CULTURAL SERVICES

During the period of April 1, 2011 to March 31, 2012 weekly sweats were held at the sacred grounds in St. Norbert twice a week and once a week in Selkirk. A women's sweat was held the second Wednesday of every month. A total of 96 residents from the Adult and Family Program, 20 residents from Female Youth Services, 28 residents from Male Youth Services and 35 community members attended these sweats. Sweat lodge ceremonies were also conducted for BHF children.



Among the community members and groups attending sweat lodge ceremonies were the Pembina Trails School Division, Louis Riel School Division, First Nations Inuit and Health, the City of Winnipeg Police recruit staff, students from Sturgeon Heights and Dakota, and Argyle High Schools, and workers from the Truth and Reconciliation Commission.

One full moon ceremony was held each month. Twenty-seven female residents from the Adult and Family Program, 19 residents from Female Youth Services and 14 women from the community attended these ceremonies.

On June 4 and 5, 2011 the Behavioural Health Foundation hosted the 17th annual Henry Shingoose Traditional Pow Wow on the Pow Wow grounds at the BHF facility in Selkirk. This year approximately 200 dancers showed up to dance with 11 drum groups and approximately 1,500 people took part in the event. Approximately one month was spent preparing for this event with help from residents and staff.

From July 14-18, 2011, BHF was host to Mike Calder's (Director of Aboriginal Services) first Sundance ceremony. Forty-three dancers participated with approximately 200 people who gave support to the ceremony.

From April 1, 2011 to March 31, 2012, 15 days were spent gathering various traditional medicines. Eight residents from the adult and family program participated in this.

During the period of April 1, 2011 to March 31, 2012 the Brown Bear Spirit singers practiced and sang. The group sang at the St. Norbert Adult Education Centre Graduation on June 23 and numerous celebrations and ceremonies at the Behavioural Health Foundation.



During the period of April 1 to October 31 residents and staff created and maintained a garden at the Behavioural Health Foundation. Various traditional medicines as well as food were grown.

At Breezy Point, the women have built their own traditional grounds which includes two sweat lodges. They have had the opportunity to participate in a variety of Aboriginal traditional activities and ceremonies. These have included preparing sweat lodges, growing and harvesting tobacco, sewing skirts to be worn during ceremonies, weekly hand-drumming groups, and picking medicines. The women have participated in Sundance and cedar bush ceremonies. They gather grandmothers and grandfathers (rocks) for sweat lodges.

Other Activities

- During the period of April 1, 2011 to March 31, 2012 residents and staff worked on the traditional grounds, gathered rocks for sweats, and cut over 40 cords of wood for sweats and sacred fires.
- Three Sundance preparation ceremonies were held.
- A Ghost Dance ceremony was held in October, attended by 34 people.
- Residents and staff worked on various traditional arts and craft projects.
- A 2011 calendar with art work from residents and staff was put together for mass production and included the dates of all our ceremonies.
- Naming ceremonies were performed for people upon request.
- Traditional counseling and teaching were available on an ongoing basis as requested.

"Through traditional spiritual teachings I have become more aware of who I am and where I want to go in life. I have come to re-establish my values and in turn change my behavior to maintain those values."

-Program Participant

BHF Systems Evaluation Report 2010-2011

7.0 ACCREDITING AGENCY

The Behavioural Health Foundation's programs have been accredited by CARF since 1993. The following programs and services are presently accredited under the designations provided:



- Community Housing: Integrated: AOD/MH (Adults)
- Residential Treatment: Integrated: AOD/MH (Adults)
- Residential Treatment: Integrated: AOD/MH (Children and Adolescents)
- Therapeutic Communities: Integrated: AOD/MH (Adults)
- Therapeutic Communities: Integrated: AOD/MH (Children and Adolescents)
- Employment Services: Employment Development Services

What is CARF?

CARF is a private, not-for-profit organization that promotes quality rehabilitation services. It does this by establishing standards of quality for organizations to use as guidelines in developing and offering their programs or services to consumers. CARF uses the standards to determine how well an organization is serving its consumers and how it can improve.

The CARF standards are developed with input from consumers, rehabilitation professionals, state and national organizations, and funders. Every year the standards are reviewed and new ones are developed to keep pace with changing conditions and current consumer needs.

What Does It Mean to be Accredited?

After an organization applies for accreditation of its services or programs, CARF sends professionals in the field to conduct an on-site survey to determine the degree to which the organization meets the standards. CARF surveyors also consult with staff members and offer suggestions for improving the quality of services.

CARF-accredited programs and services have demonstrated that they substantially meet internationally recognized standards. CARF accreditation means that you can be confident that an organization has made a commitment to continually enhance the quality of its services and programs, and its focus is on consumer satisfaction.

The Benefits of Accreditation to You, the Consumer of Services

Choosing CARF-accredited programs and services gives you the assurance that:

- The programs or services actively involve consumers in selecting, planning and using services.
- The organization's programs and services have met consumer-focused, state-of-the-art international standards of performance.
- These standards were developed with the involvement and input of consumers.
- The organization is focused on assisting each consumer in achieving his or her chosen goals and outcomes.

To obtain a list of organizations in your area with accredited programs or services, or a catalog of CARF's publications, please contact:

CARF 6951 E. Southpoint Road Tucson, Arizona 85756

Voice/TDD (520) 325-1044 Fax (520) 318-1129

www.carf.org

CARF is an accrediting body and is not connected with or responsible for the administration, acts, personnel, property, or practices of organizations with accredited programs or services.



8.0 SUMMARIZED FINANCIAL STATEMENTS

BEHAVIOURAL HEALTH FOUNDATION INC. SUMMARIZED BALANCE SHEET MARCH 31, 2012

The following is a summary of the financial position of the Foundation as at March 31, 2012. Audited financial statements are available upon request.

	2012	2011
ASSETS		
CURRENT ASSETS		
Cash	\$ 106,712	\$ 30,954
Accounts receivable	327,372	315,521
Inventory	2,815	2,815
Marketable securities	14,249	18,343
Prepaid expenses	<u>74,208</u>	<u>89,266</u>
	525,356	456,899
CAPITAL ASSETS	2,904,020	3,089,617
RESERVE FUNDS	<u>1,316,121</u>	<u>1,051,406</u>
	<u>\$ 4,814,970</u>	<u>\$ 4,684,285</u>
LIABILITIES		
CURRENT LIABILITIES	\$ 206,371	\$ 176,121
Accounts payable, accrued liabilities and other		
DEFERRED CONTRIBUTIONS RELATING TO CAPITAL ASSETS	206,674	176,121
DEFERRED CONTRIBUTIONS RELATING TO OPERATING EXPENSES	18,750	10,000
LONG TERM DEBT	<u>730,997</u>	<u>824,227</u>
	1,162,792	1,247,472
NET ASSETS		
BALANCE, end of year	<u>3,652,178</u>	<u>3,436,813</u>
	<u>\$ 4,814,970</u>	<u>\$ 4,684,285</u>

**BEHAVIOURAL HEALTH FOUNDATION INC.
SUMMARIZED STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2012**

The following is a summary of the Foundation's operations for the year ended March 31, 2012. Audited financial statements are available upon request.

	2012	2011
Revenues		
Donations	\$ 15,725	\$ 12,645
Fees for services	2,379,434	2,294,325
Grants	4,563,990	3,730,503
Other	<u>102,016</u>	<u>140,643</u>
Total revenues	7,061,165	6,178,116
Expenses		
Salaries and benefits	4,490,748	4,112,458
Shelter	915,065	841,525
Care	1,032,468	940,617
Administration	<u>407,519</u>	<u>279,330</u>
Total expenses	<u>6,845,800</u>	<u>6,173,930</u>
Net (loss) income for the year	<u>\$ 215,365</u>	<u>\$ 4,186</u>