2009

Medicine Creek
Solutions
In Association With
Summit Innovations

MFNAC
MANITOBA FIRST NATION ADDICTIONS COMMITTEE

NNADAP Regional Needs Assessment

MANITOBA REGION

Commissioned by the First Nations and Inuit Health Branch of Health Canada, this systematic review of substance use and addiction services in Manitoba highlights best practices and identifies programmatic gaps. The strategic recommendations and plans are designed to inform the national process of NNADAP program renewal, which follows this and other regional processes. The ultimate goal is to ensure that Manitoba First Nations have access to an effective, sustainable, and culturally appropriate continuum of addiction prevention and treatment services.

Disclaimer:

The ideas and opinions expressed in this document are those of the authors, except where referenced, and do not necessarily represent the ideas and opinions of the organizations for which this paper has been created.

Acknowledgments:

The researchers would like to acknowledge the Manitoba First Nations Addictions Committee for the time and effort they invested in guiding and contributing to this process, whom include:

- Ed Azure, Chair, Nelson House Medicine Lodge
- Roxanne Kozak, Whiskey Jack Treatment Centre
- Susan Thomas, Sagkeeng Mino Pimatiziwin Family Treatment Centre
- Bertha Fontaine, Native Addictions Council of Manitoba
- Dianne Bear, Peguis Al-Care
- Eli Beardy, Keewatin Tribal Council
- Peter Constant, Cree Nation Tribal Health
- Derek Harper, Island Lake
- Nora McLeod, Cross Lake & Northern Independent Communities
- Gloria Rach, Dakota Ojibway Tribal Council
- Linda Grieve, Southeast Resource Development Corporation
- Renita Paul, West Region Tribal Health
- Mari Stagg, Interlake Reserves Tribal Council
- Marcy Richard, NNADAP Coordinator, FNIH

We would also like to thank the too many to be named community-based workers who participated in the focus group sessions: A total of 142 community members representing NNADAP community-based and treatment centre staff, Brighter Futures, Building Healthy Communities, Home and Community Care, Community Health Nursing, Health Directors, and Health Portfolio Councillors attended.

We also greatly appreciate the input provided by the 49 clients who anonymously participated in this process and the 17 representatives of the Addictions Foundation of Manitoba.

Co-Authors:

For questions or points of clarification please contact either:

Melanie MacKinnon
Medicine Creek Solutions
P.O. Box 70
Scanterbury, Manitoba R0E 1W0
Phone: (204) 803-5885
Fax: (204) 757-7706

Debbie Grimes
Summit Innovations
P.O. Box 11 Group 552, RR 5
Winnipeg, Manitoba R2C 2Z2
Phone: (204) 222-2615
Fax: (204) 224-1192

Definitions:

Case Management has been defined by Substance Abuse and Mental Health Services Administration (SAMHSA) as including:

- planning or co-ordinating a package of health and social services to meet a particular client's needs;
- ensuring that consumers are provided with whatever services they need in a co-ordinated, effective and efficient manner;
- helping people who need assistance from several helpers at once;
- monitoring, tracking and providing support throughout the course of a person's treatment and after;
- assisting the person to re-establish an awareness of internal resources such as intelligence, competence, and problem-solving abilities; establishing and negotiating lines of operation and communication between the person and external resources; and advocating with those external resources in order to enhance the continuity, accessibility, accountability, and efficiency of those resources; and
- assessing the needs of the client and client's family, when appropriate, and arranging, co-ordinating, monitoring, evaluating and advocating for a package of multiple services to meet the person's complex needs.

Governance: In this context, governance refers to political level leadership.

Administration: In this context, administration refers to program leadership responsibilities conducted on behalf of the political leadership.

High Risk Behaviours: In this context, high risk behaviour includes alcohol and substance misuse that leads to addiction.

Table of Contents

Key Findings 1
Introduction 3
Purpose 3
Methodology 3
Limitations 4
Manitoba Region 5
First Nation Community Overview 5
Prevalence of Substance Use 6
Addiction Services 6
NNADAP Network 6
Addictions Foundation of Manitoba 8
Other Addiction Services 9
Best Practices 10
Ideal Program Framework 12
Principles 12
Critical Elements 12
Continuum of Care 13
Gaps 18
Infrastructure gaps 18
Fiscal, Human, and Material Resources 18
Intake, Screening, and Assessment Procedures 20
Referral Processes 20
Local, Regional, and National Policies and Legislation 21
Gaps in the Continuum of Care 23
Withdrawal Management 24

RESIDENTIAL TREATMENT SERVICES 25

AFTER CARE (MAINTENANCE & RELAPSE PREVENTION) 25

Priorities & Strategic Recommendations 26

Community-Based Program Priorities & Recommendations 27

Treatment / Intervention Priorities & Recommendations 29

Post-treatment / Relapse Prevention Priorities & Recommendations 31

Conclusion 33

Appendix A 34

DATA COLLECTION TOOL: PART 1 34

DATA COLLECTION TOOL: PART 2 35

Appendix B 38

LISTING OF FOCUS GROUPS 38

Appendix C 40

OVERVIEW OF NNADAP RESIDENTIAL TREATMENT PROGRAMS 40

Appendix D 41

DIRECTORY OF ADULT ADDICTIONS SERVICES IN MANITOBA 41

AGENCIES BY CATEGORY 41

Directory of Youth Addictions Services in Manitoba 50

Key Findings

Extrapolated from the report are the following key findings. They are not presented in order of priority.

A. Alcohol use remains the substance of choice for Manitoba First Nations followed by marijuana, prescription drugs containing codeine, then crack and cocaine; although there are geographical differences. Super juice (homemade brew) is most prevalent in remote areas.
B. Community-based addictions workers report that the abuse of drugs and alcohol impacts their communities in many ways, including motor vehicle accidents, family violence, child neglect, children being taken into the care of Child and Family Service agencies, gangs, prostitution, drug trafficking, suicide, and homicide.
C. Manitoba's NNADAP residential treatment facilities include 3 adult treatment centres, 1 located in Winnipeg and 2 on reserve, 1 family treatment centre, and 1 facility for the treatment of youth solvent and substance abuse.
D. Two of the residential treatment centres also offer non-residential outreach programs; however, these services are not necessarily funded by NNADAP.
E. NIHB policies make outreach programs inaccessible to persons not residing in either Winnipeg or Nelson House.
F. Workload expectations are unrealistic for community-based NNADAP workers and gaps in programming result.
G. The wait times for space or availability of residential treatment facilities was the second most commonly cited challenge on the Manitoba Needs Assessment survey; referrals are usually made to the facility with the earliest bed available.
H. The coordination of self-help aftercare programming is controversial and problematic. The success of these self-help programs relates directly to individuals helping themselves by helping others. In some communities the NNADAP worker is mandated to run the program.
I. Participation in self-help groups or circles is reported to be inconsistent, cyclical, seasonal, and in some cases, completely lacking.
J. NNADAP workers report a lack of familial and community support for individuals returning home from treatment.
K. NNADAP workers, health directors, Tribal Council Coordinators, and FNIH representatives all spoke about the inadequacy of NNADAP salaries and compensation for overtime and travel expenses.
L. Counsellor salaries in AFM treatment facilities exceed those in NNADAP facilities by $15,000 to $21,000 per year.

M. Community-based AFM salaries exceed community-based NNADAP salaries by $23, 000 per year on average.
N. Insufficient program funding was cited by all stakeholders in the region. In fact, many community-based workers reported paying out of their pockets for work-related activities.
O. Transportation policies and per diem fees impact the accessibility of many non-NNADAP addiction services for First Nations living on reserve.
P. Indigenous cultural approaches were identified as the most promising practices across the continuum of care. This model of intervention, prevention, and treatment is offered within all NNADAP facilities although it is not funded or recognized as a valid treatment tool.
Q. Treatment Centre staff and clients spoke about how their ability to remain connected with the centre upon completion of residential treatment aided the journey of recovery and lifestyle change.
R. Pre- and post-treatment outpatient programming is not accessible for those clients living on reserve due to the lack of housing and/or transportation supports, unless available in their home community.
S. Inefficiencies in referral processes strain already overburdened systems and create financial hardships for those clients who are required to pay for medical assessments and the completion of assessment forms.
T. In some cases NIHB policies restrict rather than provide access to services.
U. Community-based and Treatment Centre-based workers alike reported either a lack of or limited access to detoxification and withdrawal management services in the region.
V. The lack of clinical support within the treatment centre context, for clients with mental health issues, has been a long-standing concern.
W. The interpretation of privacy legislation has restricted the ability of NNADAP community-based and residential treatment centre staff to provide holistic, client centred care.
X. Treatment Centres report that clients arrive ill-prepared for treatment; arriving under the influence of drugs and/or alcohol, requiring withdrawal management, without necessary personal items, requiring medical appointments, with upcoming court appearances, and unfamiliar with group-based sessions.
Y. Treatment centre staff express that they get ‘dumped on’ when community level mental health services and support are lacking.
Z. NIHB transportation policies restrict the ability of treatment centres to send inappropriately referred clients home.

Introduction

Purpose

The purpose of the NNADAP Regional Needs Assessment is to systematically review First Nations regional substance use and addiction services to inform a national process of program renewal that will enhance the coordination and integration of addiction systems and services within each region. This collaborative process allows the voice of community members, service providers, and service users to contribute to regional and national decision-making. The ultimate goal of this process to ensure that Manitoba First Nation communities have access to an effective, sustainable, and culturally appropriate continuum of addiction prevention and treatment services.

Methodology

The Manitoba First Nations Addictions Committee (MFNAC), comprised of Tribal Council Coordinators, Treatment Centre Directors, Independent First Nation representatives, and the First Nations and Inuit Health Regional Coordinator steered the Needs Assessment process, with a sub-committee of 3 members who were tasked with reviewing and approving select materials such as data collection tools. Researchers met with the committee regularly for planning, interpretation and validation of findings, ongoing direction, dissemination of information, and establishing regional priorities. The research findings informed the MFNAC, who then established the strategic directions upon which all recommendations are based.

The assessment began with the development of a survey that was sent out to all Manitoba First Nation community NNADAP workers (see appendix A). The survey was designed to provide an overview of the activities provided along the continuum of addictions care in First Nations communities, as well as to document program best practices and challenges. In an attempt to optimize survey completion rates, each community-based NNADAP worker was requested to complete the survey and bring it to the regional conference with them.

Additionally, focus groups were planned to capture detailed qualitative data about the continuum of addictions programs and services offered to Manitoba First Nations. Appendix B provides a listing of each focus group. Focus groups included community-based NNADAP workers and coordinators; Health Directors, Brighter Futures and Building Healthy Community workers, Home and Community Care and Community Health Nursing, Tribal Council NNADAP Coordinators, Treatment Centre staff, clients, Directors and Supervisors of services offered by the Addictions

Foundation of Manitoba. A total of 159 individuals participated in focus group or interview sessions, representing more than 64% of Manitoba First Nation communities.

The FNIH Regional NNADAP Coordinator attended some of the focus groups where participants unanimously decided that her presence would not impact their ability to openly discuss their programs and their challenges. Participants were advised that if sensitive areas of discussion arose at any time during the process that the FNIH representative could and would be excused. The fact that she was excused in approximately half of the tribal council focus groups demonstrated the comfort level of participants in ensuring that the discussion was open and honest. Overall the FNIH representative was present in approximately one quarter (26%) of the data collection sessions, where she assisted in recording the proceedings. She did not, however, contribute to the discussion.

Limitations

The survey completion rate was approximately 40%, despite asking community-based workers to complete it and bring it to the regional conference, and in person follow up requests. Offers to complete the survey over the phone with the researcher were also made. Additionally, the responses were limited in some areas. Not all survey responses included the number of referrals received; therefore making it difficult to quantitatively assess annual caseloads. Descriptions requested of prevention, intervention and aftercare activities, and best practices were limited in their detail; however focus groups allowed for participants to elaborate on their program activities and caseload and describe in detail their successes.

Another limitation of this process was engaging community members impacted by drug and/or alcohol use but who were not accessing NNADAP services. Service providers and clients were asked to suggest ways to reach this population. Responses indicated that those not accessing services were those denying that they need addiction programs and services.

Manitoba Region

First Nation Community Overview

There are a total of sixty-four (64) First Nation communities in Manitoba; fifty-six (56) First Nation communities are divided into seven (7) tribal councils and an additional nine (9) communities do not have tribal council affiliations. Indian and Northern Affairs Canada reports that as of January 2007, there were 124,410 registered First Nation members in Manitoba, with 61.6% or 76,660 members living on reserve.

Indian and Northern Affairs Canada (2001) have established a Band Classification system based upon geographic zones. These zones are defined as follows:

Zone 1	A geographic zone where the First Nation is located **within 50 km** of the nearest service centre with year-round road access
Zone 2	A geographic zone where the First Nation is located **between 50 and 350 km** from the nearest service centre with year-round road access.
Zone 3:	A geographic zone where the First Nation is located **over 350 km** from the nearest service centre with year-round road access.
Zone 4	A geographic zone where the First Nation has **no year-round road access** to a service centre and, as a result, experiences a higher cost of transportation.

Only 8% of Manitoba's First Nations communities are located within 50 kilometers of a service centre. 62% are between 50 and 350 kilometers of a service centre and 30% of Manitoba First Nations communities are without all weather road access.

Prevalence of Substance Use

The 1991 Aboriginal Peoples Survey reported that 73% of First Nations respondents indicated that alcohol use was problematic in their community and 59% reported drug abuse as a problem (Health Canada, 2000). The 2002/03 First Nations Regional Longitudinal Health Survey (RHS) reports that only one-third of respondents felt that the rate of drug and alcohol abuse was declining in their communities (Assembly of First Nations, 2003). In Manitoba, 35% of adult respondents indicated that drinking was a problem in their household, whereas, 27% of adults responded that drug use was problematic (AMC, Elias & LaPlante, 2006). Furthermore, 42% of youth "indicated that drinking caused arguments, fights, or unhappiness in their homes" (AMC, Elias & LaPlante, p. 50).

The Manitoba 2002/03 RHS found that while alcohol consumption was most prevalent, the most commonly used illicit drug was marijuana followed by codeine/morphine/opiates, cocaine/crack, then sedatives/downers (AMC, Elias & LaPlante, 2006). The survey conducted during this Regional Needs Assessment indicates that alcohol use remains the substance of choice for Manitoba First Nations followed by marijuana, prescription drugs containing codeine, then crack and cocaine. There are however, geographical differences: super juice (homemade brew) being most prevalent in remote areas. Solvent use, while reportedly problematic only in remote areas, was almost eradicated in favour of super juice in the Island Lake Tribal Council communities.

Community-based addictions workers report that the abuse of drugs and alcohol impacts their communities in many ways, including motor vehicle accidents, family violence, child neglect, children being taken into the care of Child and Family Service agencies, gangs, prostitution, drug trafficking, and homicide.

Addiction Services

NNADAP Network

Manitoba's NNADAP residential treatment facilities include 3 adult treatment centres, 1 located in Winnipeg and 2 on reserve, 1 family treatment centre, and 1 facility for the treatment of youth solvent and substance abuse. Two of the residential treatment centres also offer non-residential outreach / community-based programs; however, these services are not necessarily funded by NNADAP. Due to NIHB policies these supportive programs for adults are not accessible to persons not residing in either Winnipeg or Nelson House. See appendix C for an overview of NNADAP Residential Treatment programs.

The Manitoba First Nations Addictions Committee (MFNAC) provides a forum for the discussion of issues related to First Nation addiction prevention and treatment programs and serves as a liaison between FNIH, NNADAP Coordinators, and Treatment Centres. It is not, however, a governing body. The FNIH regional NNADAP Consultant is an ex-officio member of MFNAC. Voting members consist of Tribal Council Coordinators and community-based workers. Coordinator positions exist in all tribal areas, and northern and southern independent communities have community-based representatives, although the southern representative position is currently vacant.

Each community-based NNADAP program is governed at the community level by Chief and Council, although program administration is often delegated to health directors or program managers. Residential treatment centres are governed by boards of directors. Funding arrangements vary community to community, and facility to facility; each entering into individual agreements with FNIH.

The objectives and activities for NNADAP community-based program delivery include prevention, intervention and aftercare services. Intervention services include assessment, referral, and pre-treatment preparation; short-term crisis counseling; and out-patient counseling. In many First Nations communities, responding to crises is a full-time job, with many hours put in outside the normal work day. NNADAP workers also report that the referral process is extremely time consuming. Each treatment centre has different admission requirements and separate medical assessment forms to be completed. With the lengthy wait times, referrals are usually made to the facility with the earliest bed availability. At times, referrals are made to more than one facility. With no administrative support, workers are left with little time for other activities, including primary and secondary prevention.

Prevention is recognized as key to the health of future generations, and as such, each community provides addictions awareness presentations, education sessions, workshops, and land-based activities. The frequency of which these preventative activities can be held varies considerably.

Workshops and presentations are offered as both prevention and intervention activities. The duality stems from the fact that intervening often involves educating those engaged in high risk behaviours. The same session provides others with information to assist them in their decision-making against becoming involved in the high risk behaviour. Other interventions offered in each community include one-on-one counseling using the stages of change framework.

The coordination of self-help aftercare programming is controversial and problematic. It has been demonstrated that the success of these self-help programs relates directly to individuals helping themselves by helping others. However, in some communities the NNADAP worker is mandated

to run the program. Furthermore, participation in self-help groups or circles is reported to be inconsistent, cyclical, seasonal, and in some cases, completely lacking. Additionally, NNADAP workers report a lack of familial and community support for individuals returning home from treatment. Many felt ill prepared to engage families and create supportive environments for those clients striving to sustain healthier, substance-free lifestyles.

In discussion with clients and treatment centre staff, they spoke about having difficulty creating recovery plans, which is one element of their treatment. A perceived lack of community support post-treatment became apparent; that programming, case management, and support groups are either not available or limited to the extent of having little effect.

ADDICTIONS FOUNDATION OF MANITOBA

The Addictions Foundation of Manitoba (AFM) offers a variety of substance abuse and gambling prevention, education, and rehabilitation programs and services throughout the province. There is one youth residential treatment facility located in Southport, two adult residential treatment facilities in the city of Winnipeg, one for women only, and three adult residential facilities in Brandon, Ste Rose du Lac, and Thompson. Their community – based programs run out of the 3 regional offices in Winnipeg, Brandon, and Thompson with satellite services offered in Beausejour, Portage La Prairie, Steinbach, Gimli, Morden, Selkirk, Rossburn, Swan River, Killarney, Neepawa, Dauphin, Virden, Minnedosa, Flin Flon, and The Pas. A Winnipeg-based Methadone Intervention and Needle Exchange program is also available; however, numerous transportation- related barriers exist for First Nations living on reserve making these services inaccessible without relocation.

First Nations Addictions Workers are welcome to participate in AFM's educational programs offered in regional centres or satellite offices. Course fees are waived for First Nations enrolled in courses specific to gambling. AFM will also provide training on reserve for groups of 6 to 8 First Nations Addictions Workers when invited. These services require payment of associated travel costs and a negotiated course fee. On reserve education and training is available free of charge for gambling related courses.

The AFM partners with the University of Manitoba in offering the Applied Counselling Certificate Program with a Specialization in Addictions. Applied Counselling students who choose this area of specialization are required to complete 210 hours of required courses in the Applied Counselling

Certificate Program (ACCP) at University of Manitoba AND 100 hours of Addictions Studies courses offered through AFM.

AFM also has a library service available to all Manitobans. Their library contains audiovisual materials, books, reference books, and journals which can be borrowed free of charge; shipping costs do however apply.

OTHER ADDICTION SERVICES

Other agencies also offer addiction services in the city of Winnipeg. These include detoxification programs, community-based (non-residential) treatment programs, residential treatment programs, and post-treatment supports. Again, transportation policies and per diem fees impact the accessibility of some of these programs for First Nations living on reserve.

The Main Street Project offers a social detoxification program and houses the intoxicated person's detention facility. They also provide 24 hour crisis intervention, an emergency shelter, drop in services, and transitional housing. The Non-Insured Health Benefits (NIHB) program does not cover transportation to access social detoxification; however First Nation people living off reserve in Winnipeg access these services. It has also been reported that some First Nations have covered transportation for remote community members to access these services. Winnipeg's Health Sciences Centre has an Addictions Unit for patients requiring hospitalization for withdrawal or medical stabilization related to addictions and co-occurring medical or psychological disorders. NIHB will cover transportation for hospital care; however admission to the unit is reportedly difficult. The perception amongst NNADAP workers is that referrals from First Nation communities or NNADAP treatment facilities are not accepted.

In addition to the AFM community-based programs, the Laurel Centre provides outpatient services, including individual and group therapy, to women who have experienced victimization and who have been affected by addictions.

The Behavioural Health Foundation, formerly known as the St. Norbert Foundation, consists of adult and youth long-term, per diem, residential treatment facilities. Programming for men, women, youth, and families includes transitional supports such as adult education and employment counseling.

Three post-treatment residential support programs are also available in Winnipeg, although the associated per diems create barriers for First Nation clients. Esther House is a women's program. Addictions Recovery Inc (ARI) and Tamarack Rehab Inc are for adult men. These programs are designed for clients who have completed a primary treatment program but need additional support to live independently and sustain lifestyle change. Services include temporary, affordable, drug free, living environments where supports are provided to learn skills for successful long term recovery.

Similar programs are also available in Winnipeg targeting youth populations, including information, prevention and education services, detoxification programs, crisis services, community-based (non-residential) treatment programs, residential treatment programs, post-treatment supports, and stabilization programs. A complete listing of provincial addictions services (Manitoba Healthy Living, ND) for both adults and youth are appended (see Appendix C).

Best Practices

While not all First Nations in Manitoba practice traditional ways, the incorporation of spirituality was identified as the most successful across the board; whether it is Indigenous or non-Indigenous spirituality. One-on-one counselling was also identified as a best practice; clients and staff alike stated that 'having someone who listens really helps'. Community-based NNADAP workers identified a variety of best practices that have been grouped together and labeled cultural approaches for the purpose of this report. These best practices include use of First Nations language, land-based activities, inclusion of Elders in programming (stories, teachings, etc), and utilization of a variety of traditional Indigenous ceremonies.

The experiential benefit of Indigenous cultural approaches is identified as being a vital and natural component to supporting healing and promoting an addictions free lifestyle. It is reportedly important to begin cultural awareness by providing education and understanding of the intergenerational impacts and effects of a legacy of systematic colonization of Indigenous peoples, which includes the residential school syndrome.

A best practice is the sharing and caring received by clients, which offers an enhanced awareness of identity that is provided in the exchange between clients and knowledgeable and competent Spiritual Leaders. This exchange takes place within various ceremonial venues for example sweat lodge, memorial feasts, naming feast, spiritual name giving and Clan giving. A teaching is given prior to all ceremonies that provide the historical or originating explanation and it is always expressed in truth and fact that spirit names and clan names are meant for all; they are gifts from the Creator. A spirit name and clan automatically provides an understanding for the individual of who they are their intended place within family and with relatives. Clients learn to communicate in healthier ways participating in a sharing circle, often feeling safe enough to talk about past abuse and trauma. Ceremonies provide clients with a sense of groundedness in their identity as Indigenous peoples; it opens up an inner path for them in terms of their spirituality. They are

provided an opportunity to explore a possible new belief in their ancestral practices for physical, mental, emotional and spiritual healing, and way of living.

A best practice then is being able to holistically journey with a person in their colonial experience, where addictions is but a symptom, to some greater self understanding of their role and right as an indigenous person. This model of intervention, prevention, and treatment is offered within all NNADAP facilities and it is not funded or recognized as a valid treatment tool.

Most NNADAP treatment centres provide the following positive indigenous culturally appropriate experiential practices within their treatment facilities:

- Sweat Lodge ceremonies & appropriate teachings
- Traditional teachings regarding pipes as part of a personal bundle and way to communicate with Creator and spiritual helpers
- Round Dance for healing and connectedness to community and relatives
- Traditional Sharing Circles which often include teachings about the Seven Sacred Laws - Respect, Truth, Love, Honesty, Wisdom, Humility and Courage
- Through ceremony men and women learn about their original roles and responsibilities within family, relatives, community
- Land based activities i.e. fasting, sacred fire, medicines
- Encouragement in the use of one's own language, i.e. learning to pray in one's own language

It is recognized and appreciated that not all Indigenous persons practice a traditional way of life; therefore, other beliefs and practices are respected.

Treatment Centre staff and clients also spoke about how their ability to remain connected with the centre upon completion of residential treatment aided the journey of recovery and lifestyle change. Outpatient day programs were cited as beneficial options both prior to and following residential treatment. Frequently offered evening group sessions were cited as equally important for those with employment, educational, or childcare responsibilities. Unfortunately, pre- and post-treatment outpatient programming is not accessible for those clients living on reserve due to the lack of housing and/or transportation supports, unless available in their home community.

Post treatment community-based transitional housing and daily outpatient programming are potential alternatives; however this is currently not an option given the existing housing, human resource, and programmatic shortages in the majority of communities. One of the best practices identified by all parties is one that largely does not exist; client-centred case management. The importance of community-based resources working together to support clients cannot be understated.

Ideal Program Framework

Principles

Key stakeholders in the Manitoba NNADAP Network support the principles upon which an ideal model of a comprehensive system of addictions services is founded, as posed by Skinner (Centre for Addiction and Mental Health, 2006). These principles include:

- Gender, diversity, and culturally-sensitive
- Client-centred
- Health promoting
- Evidence-based
- Comprehensive / Holistic
- Coordinated
- Cost-effective
- Ethical
- De-stigmatizing, respectful, and compassionate

Critical Elements

In addition to foundational principles, Skinner (CAMH, 2006) suggests that a comprehensive model of addiction services has a number of critical elements, including:

- Leadership
- Partnership development
- Workforce development
- System integration
- Research, Evaluation, and Knowledge Transfer

These critical elements were also universally supported during focus groups and interviews with key stakeholders during the Manitoba Needs Assessment process.

Continuum of Care

As with the founding principles and critical elements, the model continuum of addiction services and support posed by Skinner (CAMH, 2006) is consistent with the findings of the Manitoba NNADAP Needs Assessment. An ideal continuum of addiction services and supports:

- Utilizes approaches based on best practices
- Creates, implements, and evaluates new methods, models, and tools
- Provides seamless access to specialized addiction services that support community-based services
- Collaborates to provide client-centred case management and continuing care
- Is capable of responding effectively to the acuity and complexity of addiction related issues
- Provides tools, training, and support to non-specialized services so that non-specialized providers are fully equipped to screen and offer first line interventions
- Reaches out to individuals and families affected by addiction
- Works with individuals to reduce harm by assisting them to stop, reduce, or use more safely
- Reaches out to health care and social service workers who are engaged with people with addiction problems

The continuum of care in the NNADAP Renewal Framework (NNAP & Thatcher, 2000), and depicted in Figure 1 below, resonated with community-based NNADAP workers and treatment centre staff in Manitoba once it was explained. The complexity and language posed some difficulties, i.e. primary and secondary prevention, the term diagnosis, and tertiary intervention.

Figure 1: Continuum of Care (NNADAP Renewal Framework, NNAP & Thatcher, 2000)

Primary Prevention	Secondary Prevention	Assessment & Referral	Diagnosis	Pre-care	Tertiary Intervention	Aftercare	Booster Programs
Targets non abusers / non addicts	Targets high-risk and early stage problem drinkers / drug users & drug / alcohol abusers	Information gathering re m ental status, social situation, & motivators of substance abuse Referrals to appropriate treatment program – based upon needs identified in assessment	Identify behaviour pattern, assess risk, identify intervention goals	Pre-treatment advise & counselling; family support; assistance with practical affairs; arranging transporta-tion	Including: Outpatient counseling Residential treatment (28-35day) Long term residential treatment (2 + mos) Family support counseling & self-help Ongoing harm reduction	Post treatment support Relapse prevention Couples therapy Family therapy Job club Social club Voluntary service	Later stage relapse prevention, including stays at residential treatment centre

Skinner (CAMH, 2006) utilizes a model based upon the established functions of addiction treatment services, which include screening, withdrawal management, assessment, referral, outpatient treatment, day/evening treatment, residential treatment, and case management.

The ideal continuum of addiction supports and services, according to the stakeholders of the Manitoba NNADAP Network (see figure 2), is circular, reflective of Indigenous values, is built upon the teachings of the Medicine Wheel and in today's environment, interconnected to western addiction service paradigms. There are numerous versions, interpretations and teachings of the Medicine Wheel but in this context; our version represents the four directions, the four stages of life, and the four natural phases of being with the seven sacred teachings as inherent principles within the circle of life. These principles include Humility, Love, Respect, Courage, Truth, Honesty and Wisdom. Out of respect for varying cultures and teachings regarding the colors of the Medicine Wheel, the committee has opted to use more earth tone colors in depicting the ideal continuum of care.

The Medicine Wheel helps us to see things holistically and represents a journey of exploring, learning, developing relationships, healing and promoting wellness throughout the lifecycle. Our ideal continuum integrates the Indigenous teachings and principles with the Stages of Change Model (SCM) and combines the language and functions posed by Skinner (2006) and the continuum as suggested by NNAP & Thatcher (2000).

THE IDEAL CONTINUUM TEACHINGS:

The Client – Identity

The teachings of the Medicine Wheel are vast and diverse but remind us of many things such as the importance of knowing who you are and where you come from. We are taught that within each of us is a spirit; some refer to as a fire, which must be kept safely burning to remain alive and well. Sometimes we forget where we came from and our teachings and at times we don't know who we are as individual people. When the light of our spirit or fire is dampened, we may lose our way and find it difficult to see the path back. Reclaiming our self-worth as Indigenous people and identifying our strengths and weaknesses as a person suffering from an addiction is the first step in walking towards recovery.

Eastern Doorway –Humility

The sun rises in the East and through its light brings us visions or offers an awakening; the life stage is birth, which signifies renewal and the natural phase is the soul and spiritual well-being. This awakening, rebirth and renewal period is connected to the pre-contemplation and contemplation SCM as the client begins to identify with him or herself and recognizes that addictive behaviors are becoming a problem. This is a humbling moment and at this stage the client may contemplate change and begin their healing journey through entering the Eastern

Doorway to participate in addiction education and prevention activities as well as screening and assessment services offered by the NNADAP program.

Southern Doorway – Love & Respect

The South represents youth, human relationships and the natural phase is emotional and social well-being. At this stage the most important human relationship is with oneself. To have a healthy relationship with oneself, you must respect and love yourself. When you begin to love yourself, you accept yourself for who are and what you've done and your imperfections. With that acceptance and growing self-worth, you begin to get ready for change. This readiness can be recognized in the preparation and determination phases of the SCM when the client is motivated and committed to change. Once determined, the client will choose to enter the Southern Doorway where the restoration of emotional and social well-being begins through referrals to counseling and pre-treatment preparation services. Often, this is a transitional coordination phase between community-based NNADAP prevention programs and interventions or residential treatment centres.

Western Doorway – Courage & Truth

The West represents adulthood and growth; the natural phase is the body and physical well-being. It is a time of continued nurturance, strength, morality and accountability. The client begins to physically feel better, recognize their true meaning/purpose in life, and with courage, they gain the mental and moral strength to do what is right for them and their families. In doing so, they believe they have the ability to change their addictive behavior and are actively involved in taking steps to change; thereby, completing the action and willpower stages of the SCM. By entering the Western Doorway they have actively engaged in their addiction treatment plans, either through residential or outpatient services.

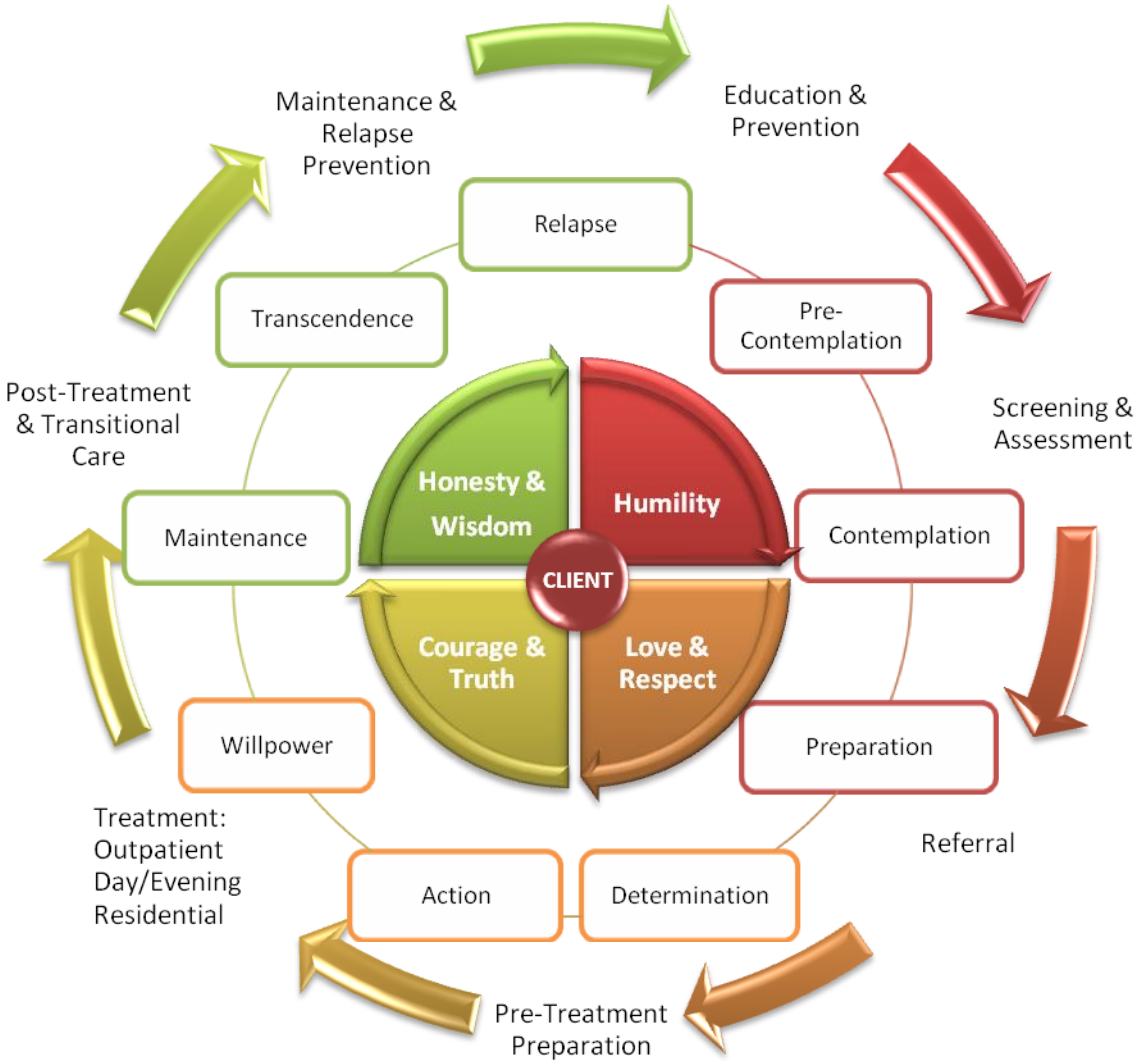
Northern Doorway – Honesty & Wisdom

The natural phase is the mind and mental well-being; the North represents maturity and movement. The client remains honest with him or herself and becomes a more whole and healthy person that is more peaceful. They have matured and learned many lessons along their healing journey and are focused on maintaining their changed behavior. In the maintenance stage of the SCM, the client is constantly resisting temptations to return to their old addictive patterns. As they enter the Northern Doorway the NNADAP Network is working with their clients to deal with life and avoid relapse through post-treatment and transitional care services.

Unfortunately, relapse does occur in many of the cases but this should not be viewed as a failure; instead, it is an opportunity to learn how to support/cope differently. If relapse occurs, the client

may chose to re-enter the any of the Doorways and re-light their fire that will illuminate their healing path once again. If relapse does not occur the client has entered the Transcendence stage where the client now truly understands their own behavior and has moved into a 'new' life.

Figure 2: Ideal Continuum of Addiction Services and Support



Given appropriate resources, the NNADAP Network in Manitoba would be able to offer this comprehensive continuum of addiction services and support to all First Nation community members in Manitoba. While most of these services are offered or accessed by NNADAP, each community offers unique combinations of them, versus complete, comprehensive programming. Currently, a number of gaps exist.

Gaps

The gaps identified can be divided into two separate categories; the first being infrastructure or program support gaps, the remainder are gaps in the continuum of care.

Infrastructure gaps

Fiscal, Human, and Material Resources

NNADAP workers, health directors, Tribal Council Coordinators, and FNIH representatives all spoke about the inadequacy of NNADAP salaries and compensation for overtime and travel expenses. NNADAP job descriptions outline requirements for after normal work hour sessions and emergency response duties; however, where provision is made for these extra hours it is with time off for time worked. It is worth noting that compensation for overtime is not universally available to all community-based workers in the region. Where it is available, workload issues prevent workers from taking time off for those hours worked outside the normal work day. When time off is taken, community perception is negatively impacted; it is believed that the worker is not doing their job. Furthermore, the home visiting travel requirements need to be resourced.

Current NNADAP Treatment Centre counsellor job descriptions and salaries were compared to similar Residential Treatment Centre positions and salaries of the Addictions Foundation of Manitoba (AFM). Where qualifications and duties are comparable, salaries in AFM facilities exceed those in NNADAP facilities by $15,000 to $21,000 per year. Unfortunately, due to limited educational opportunities in communities, job descriptions for community-based NNADAP workers do not cite similar educational requirements as AFM community-based workers. Job descriptions are similar in many respects; however salary discrepancies are even wider. AFM salaries exceed NNADAP salaries by $23, 000 per year on average, based on the average community NNADAP salary of approximately $20,000 per year. In 2005 the Manitoba First Nations

Addictions Committee created an Orientation Manual complete with employment levels based upon qualifications and comparable salary scales. The resources required to implement recommended salaries have not been made available.

In 2006 the MFNAC decided to move towards certification with the First Nations Wellness/Addictions Counsellor Certification Board; whose standards for certification are

compliant with 11 International Boards and 70 US Districts, First Nations alcohol/drug programs as well as various foreign alcoholism commissions, branches of the military and the First Nations Health Services. Since that time, regional NNADAP education and training has been targeted towards certification at the Indigenous Certified Addictions Specialist I, II, or III level. While these levels differ from those outlined in the CAS Orientation Manual the salary range remains as recommended.

Although the National Anti-Drug Strategy has recently provided incentives for certification achievement, these additional monies do not address salary deficiencies. NNADAP salaries will remain inequitable in relation to similar positions in the region.

While Manitoba Region has obtained monies for education and training, the process for NNADAP workers to gain certification remains lengthy unless they are hired with a human services or related social sciences degree from an accredited university. The Community Centered Therapy Program, offered by Red River College, is a two year modular program that will graduate the first intake of 15 students in June and will provide graduates with an opportunity for certification. A second cohort of 15 students began the program in October 2008. The other FNIH funded educational opportunities offered in the region consist of workshops held at the annual regional professional development conference and additional screening and assessment training sessions. These can be applied towards certification as can the AFM courses, although individuals must pay for these themselves. A NNADAP Worker may achieve Level lll certification, which requires four years of full time work experience in addition to a 4 year degree or 460 contact hours of addiction counseling studies.

Salaries remain inequitable for comparable services

Insufficient program funding was also cited by all stakeholders in the region. In fact, due to insufficient program funding, many community-based workers reported paying for traditional activities out of their pockets, such as honoraria for Elders, sweat lodge and other ceremonies, medicines, etc. Community-based workers report a sense of inadequacy based upon their need to rely on other program areas to offer traditional approaches for recovery, such as land-based activities.

Unreasonable workload expectations of community-based NNADAP workers include duties around the clock, seven days per week. Additionally, they are expected to provide a comprehensive continuum of addiction prevention, education, intervention, pre-treatment, and aftercare services. Given that the prevalence of addictive behaviours in communities, the fact that the majority of communities have only one NNADAP worker, the lack of administrative support, the lack of dedicated fax machines, and the time it takes to complete referral packages for residential

treatment, these expectations are unrealistic and gaps in programming result. The availability of online referral processes and electronic health records, which facilitate comprehensive, inter-agency case management, would alleviate some workload issues; however, connectivity continues to be problematic for some First Nation communities in Manitoba.

It is also unrealistic for community-based workers to provide counseling services to clients without space which offers a basic level of privacy. Workers report that clients come in after hours, during lunch hour, or during other periods when there are few people in the building to reduce the likelihood of conversations being overheard. The vast majority of workers with their own offices state they play music to muffle conversations and enhance client privacy.

Intake, Screening, and Assessment Procedures

The Substance Abuse Subtle Screening Inventory (SASSI) was recommended nationally in 2001 as the standardized NNADAP screening tool and has been the standard in the region since that time. Despite being recognized as the regional standard, community NNADAP programs did not have the funds to purchase the tool and community workers were not trained to conduct them. This has resulted in a significant level of frustration at NNADAP Residential Treatment Centres and substantial systemic inefficiencies. Clients referred for treatment are not screened using the standardized tool to determine if they require residential treatment, resulting in potentially inappropriate referrals and, due to medical transportation policies, an inability for the treatment centre to send inappropriately referred clients home. Training has been occurring over that last year and screening forms are currently in the process of being purchased by the FNIH Regional Coordinator for distribution.

Family and Youth Treatment Centre staff identified additional assessment requirements to assist in the development of treatment plans for youth, such as information regarding family dynamics, how the youth is doing in school, any history of physical or sexual abuse, existing behavioural issues, etc. Other assessment tools such as Addictions Severity Index (ASI) used in the Parent Child Assistance Program provide a more comprehensive view of issues facing individuals. Those

NNADAP workers, who also hold the FASD file and have accessed training in both the family mentorship program and the accompanying assessment process, have found it very useful in their work with families.

Referral Processes

The Addictions Foundation of Manitoba has recently streamlined their referral process, establishing one package for all residential treatment centres in the province. Although discussions regarding streamlining NNADAP referral packages have occurred at the MFNAC table, each NNADAP residential treatment centre currently has a unique referral process and accompanying paperwork. Similarly, each medical form is unique. Furthermore, due to the lengthy wait times for residential treatment, the facility clients may be referred to several facilities or the facility initially referred to may be changed if an earlier space opens up. This requires the completion of an entirely different referral package and second medical assessment. These inefficiencies strain already overburdened systems and create financial hardships for those clients who are required to pay for medical assessments and the completion of any assessment forms. The lack of online referral processes and electronic health records negatively impacts the ability of addictions workers to engage in comprehensive, inter-agency case management.

LOCAL, REGIONAL, AND NATIONAL POLICIES AND LEGISLATION

The National Non-Insured Health Benefit (NIHB) Program, which is a benefit that provides access to services not available on reserve, contributes to the inefficiencies and inequities in referral processes. In some cases these policies restrict rather than provide access to services. For example, in communities where physician services are accessed off reserve, transportation to medical appointments is provided; however, the costs associated with medical assessments for residential treatment programs are not. Clients who cannot afford the costs associated with the required medical assessment are either unable to attend residential treatment or the community-based program covers costs. As funding is not provided for these costs, community funding agreements run into deficit or other mandated services are compromised. Furthermore, Tuberculosis screening procedures are required by treatment facilities but Mantoux skin testing is not available in all medical clinics. Therefore, chest x-rays are conducted. This significantly lengthens the wait times for treatment as receipt of radiography reports may take several months.

The transportation policies are also problematic, particularly where stipulations are made regarding completion of treatment to be eligible for return travel. As mentioned previously, this restricts the ability of treatment centres to send inappropriately referred clients home, following a period of assessment. Furthermore, residential treatment centres are not budgeted to cover transportation costs for client medical appointments; however, clients frequently require medical care during the course of residential treatment. Individuals who have been under the influence of addictive substances for significant periods of time are bound to discover physical ailments once they begin recovery and maintain sobriety.

The provision of Mental Health services through NIHB is limited to crisis intervention outlined as 12 visits per year; however, First Nation clients engaging in addictive behaviour do so to cope with the histories of abuse and/or trauma and require longer-term therapy to deal with issues and establish healthier coping mechanisms. The NNADAP network in Manitoba has identified the need for clinical support in residential treatment facilities and is in the process of making provision for these services. Improved mental health services and enhanced supports for community-based workers are also required to address the needs of clients with concurrent mental health issues.

On a regional level, the interpretation of privacy legislation has restricted the ability of NNADAP community-based and residential treatment centre staff to provide holistic, client centred care. Child and Family Services agencies are reported to be particularly reluctant to engage in information sharing and client-centred case management conferences. Clients struggling to recover have consistently requested CFS involvement in their recovery plans. It is imperative that health and social services workers have adequate knowledge, accurate interpretations of privacy legislation, such as the Personal Health Information Act, and established processes to facilitate client-centred case management and holistic care.

Access to withdrawal management services is also reportedly problematic. None of the NNADAP Treatment Centres are funded to provide withdrawal management services, and many NNADAP workers, both community-based and from residential treatment centres, claim they are unable to access hospital-based services for their clients in the Addictions Unit at Winnipeg's Health Science Centre. Many claim that referrals are only accepted from their AFM counterparts, others report that physicians refuse to make the necessary referral. Other communities report using band resources to pay air transportation costs for community members to access social withdrawal services in Winnipeg, as NIHB will not cover these costs.

The need for local policy support became evident as tribal council coordinators and health directors spoke passionately about setting examples of healthy living. For example, implementation of human resource policies which require immediate referral to NNADAP for assessment and education if band employees report to work while under the influence of drugs or alcohol would support healthy lifestyles. Similar policy options include ones for parents/caregivers who arrive at daycares and/or schools to pick up young children while under the influence, or those who are charged with driving under the influence.

INFORMATION SHARING AND CASE MANAGEMENT

As previously discussed, the lack of online referral processes and electronic health records negatively impacts the ability of health and social service workers to engage in comprehensive, inter-agency case management. In the absence of clear information-sharing policies and processes, overburdened, community-based service providers cannot be expected to deliver comprehensive, holistic, client-centred care.

GAPS IN THE CONTINUUM OF CARE

As previously discussed, the majority of the components of an ideal model of addiction services and support are offered in Manitoba. The problem is that they are not offered comprehensively or accessible in/by each community. For example, some communities offer primary prevention programming, but do not target individuals who are already suffering the effects the addictions. Other communities offer both primary and secondary prevention programming but do little for clients when they return from residential treatment. Others still offer great post-treatment programs, such as self-help groups, social activities, and employment / volunteer opportunities but education and prevention programs are limited to pamphlet distribution during National Addictions Awareness week. These differences cannot be explained by the unique needs of community members but rather by differing areas of interest, comfort, and expertise amongst community-based workers. The number of addictions workers related to the expected workload is the most significant barrier to comprehensive service delivery.

PRE-TREATMENT PREPARATION

Few community-based workers report that they are offering pre-treatment services, with the exception of making travel arrangements. Both clients and treatment centre staff validate this finding. Treatment Centres report that clients arrive ill-prepared for treatment; arriving under the influence of drugs and/or alcohol, requiring withdrawal management, without necessary personal

items, requiring medical appointments, with upcoming court appearances, and unfamiliar with group-based sessions. Standardized, pre-treatment preparation was identified as either an expectation or a need by the majority of stakeholders.

Clients also present for residential treatment in facilities ill-equipped to handle their unique needs. Due to safety concerns, clients with co-occurring, unstable mental health/psychiatric disorders are unsuitable for residential treatment. For example, acutely suicidal or psychotic individuals have been referred and transported to residential treatment when dangerous to themselves and/or to

others. Conducting assessments at the community-level has been identified as an appropriate solution to this area of concern.

Admitting clients with more stable mental health issues is somewhat concerning for treatment centre staff. They are prepared to offer programming to assist clients with their addictions and addictive behaviour but are, at times, reluctant to begin exploring the underlying issues when the required long term supports are unavailable to clients upon discharge from treatment. Clients require access to qualified mental health therapist; however, these services are limited in most and unavailable in other communities. Treatment centre staff have expressed feeling "dumped on" at times, when community level mental health services and supports are lacking.

COMMUNITY-BASED INTERVENTION PROGRAMMING

With the long wait times for residential treatment and given the obstacles limiting access to residential treatment for some clients, many stakeholders expressed a need for community-based interventions / outpatient treatment programs. One community is currently engaged in the development of outpatient programming to offer prior to, or as an alternative to, residential treatment. Additional program elements cannot be considered, however, without additional human resources, as community-based workers are currently unable to manage the workload associated with existing program elements.

WITHDRAWAL MANAGEMENT

Community-based and Treatment Centre-based workers alike reported either a lack of or limited access to detoxification and withdrawal management services in the region. A perception exists that non-First Nation addiction workers can access hospital-based withdrawal services whereas, they cannot. As a rule, a physician referral is required to access hospital-based services; however the Manitoba Healthy Living website states that facilities can contact either the Addiction Unit's physician or nurse clinician if they believe a patient may require admission. NNADAP treatment facility personnel report an inability to access these services for clients experiencing acute alcohol withdrawal.

As discussed earlier, access to withdrawal services is hindered as transportation policies restrict coverage to access for medical services only. Costs associated with social withdrawal management services are not covered; although some communities are covering the costs for community members requiring these services. Treatment facilities, which are not budgeted to transport clients to hospital, are not reimbursed for assisting clients to access medical services.

RESIDENTIAL TREATMENT SERVICES

A number of issues were reported related to residential treatment programs. Firstly, the lack of clinical support within the treatment centre context, for clients with mental health issues has been a long-standing concern. A Manitoba study conducted in early 2009 recommends acquiring clinical psychological support services for all NNADAP Treatment Centres. Implementation of this recommendation is currently being explored.

Secondly, the ability to involve families in the recovery process of their loved ones, while considered a best practice, is not financially feasible for many First Nation families. The Non-Insured Health Benefit program provides transportation for individuals to access treatment services; however coverage for family members to attend is limited. Despite the importance of the extended family in First Nation communities, and the fact that many of these extended family members often reside in the same household, transportation policies enforce a nuclear family ideal and limit transportation of family member attendance during treatment to one or two persons. Technology offers additional mechanisms to facilitate family participation, such as Telehealth and Illuminate; however processes have not been developed or resourced.

The wait times for space or availability of residential treatment facilities was the second most commonly cited challenge on the Manitoba Needs Assessment survey. This is further complicated by the fact that existing residential treatment centres are inequitably distributed in the province. Most notably, residential treatment facilities are lacking in Southwest Manitoba and in the Island Lake region, which has four remote First Nation communities and a combined population that approximates 10,000.

AFTER CARE (MAINTENANCE & RELAPSE PREVENTION)

Gaps in post treatment and transitional programming were also frequently cited in the survey and during focus group discussions with treatment centre staff and clients. Clients and treatment centre staff reported that addiction-related support groups were unavailable, while community-based workers voiced frustration with the lack of attendance at self-help group meetings. Being mandated by their employers to offer self-help groups also frustrated community-based workers who understand that self-help groups are most successful when run by community-members in recovery. It is clear that meetings are a necessary element of support for individuals recovering

from additions; however the promotion of attendance through other transitional programming is likely required.

The need for transitional programming was identified by the majority of stakeholders, as clients often require longer-term support than what is provided during residential treatment. As supported in the literature (Gossop, 2006), the Native Addictions Council of Manitoba (NACM) reports that clients who remain connected with their programming for extended periods of time are more successful in their recovery. Clients living on reserve, who return to households where family members continue to use and/or abuse substances, are particularly in need of transitional programming. Outpatient transitional programming is a cost-effective option for individuals requiring ongoing support. NACM offers outpatient programming in Winnipeg and the Addictions Foundation of Manitoba offers these supports in both Winnipeg and Thompson; however, these programs are inaccessible for First Nation clients living on reserve. Non-Insured Health Benefits provide neither housing to facilitate access to outpatient transitional programs nor cover daily transportation costs from the reserve to program locations, where such travel is feasible. Access to booster programming is also reported to improve post residential treatment outcomes (Gossop, 2006)

Enhancements in family programming are also needed to improve community-based supports for individuals in recovery. Healthier families who support family members and friends are cornerstones to successful recovery as well as healthier communities.

Priorities & Strategic Recommendations

When considering priorities and strategic recommendations for Manitoba's NNADAP program it is imperative to begin with the organization's overall vision and mission. These are:

NNADAP Vision:

Assisted by an integrated national, regional, district and local network of both highly effective and culturally sensitive substance abuse and addictions service providers, First Nations and Inuit

people will gradually liberate themselves, their families, and their communities from the burdens of past and present substance abuse and addictive behaviours.

NNADAP Mission:

Our mission is to promote healthy spirits and sober lifestyles by providing a high quality, full continuum of culturally-sensitive intervention and prevention services in all First Nations and Inuit Health Regions in Canada.

Reviewing these statements suggests the following organizational goals:

1. To attract, develop and retain high quality substance abuse and addictions service providers; and
2. To provide the financial, physical, and infrastructure resources to support the delivery of a full continuum of high quality prevention and intervention services

The priorities identified in this Manitoba process align with these overarching goals and were identified according to broad categories along the continuum of care, specifically:

- Community-based programming, including prevention, pre-treatment, and intervention programs
- Residential treatment; and
- Post-treatment, relapse prevention programming.

Community-Based Program Priorities & Recommendations

The community-based program priorities can be further broken down into the following 3 categories:

- Infrastructure / Program Support – includes human, financial, and material resource issues
- Program Framework – includes issues related to case management and the continuum of care; and
- Community Support

Of these, information and case management were identified as the highest priorities. Information management, including information sharing, standardized screening and assessment tools, and

electronic health records, has been identified as critical to facilitate effective, client-centred, coordinated care.

Strategic Recommendation #1: Community Based Case Management

A. Facilitate effective case management amongst health and social service providers through the establishment of information management systems, information sharing mechanisms, and electronic health records.

B. Facilitate the completion of standardized screening and assessments at the community level through provision of training and supplies.

C. Establish case management processes that clearly identify the roles and responsibilities of all stakeholders, including which agency takes the lead.

Financial enhancements were identified as the next highest priority. Additional funding is required to achieve wage parity and to ensure the incorporation of best practices i.e. land-based, spiritually focused, and cultural / traditional programming.

Financial enhancements are also necessary to close the gaps in the continuum of care. Community-based workloads prohibit the delivery of comprehensive addiction services and supports. Additional salary and education/training dollars are required to ensure a sufficient number of competent, community-based addiction specialists are available to deliver the full range of addiction services. Furthermore, additional funding is required to provide access to withdrawal management services, whether community or regionally based.

Strategic Recommendation #2: Financial Allocations

A. Facilitate the retention of competent, experienced community addiction specialists by providing salary scales comparable to other federal and provincial employees in comparable positions

B. Facilitate employee retention by facilitating work-life balance through the establishment of workload indicators and reasonable work expectations.

C. *Facilitate employee retention by funding the number of positions required to meet stated work expectations*

D. *Ensure budget allocations facilitate the implementation of evidence-based, best practice program approaches*

E. *Ensure budget allocations support the delivery of addiction services and support across the full continuum of care including withdrawal management services*

Treatment / Intervention Priorities & Recommendations

Information and case management and enhanced budget allocations to facilitate pay equity, education, and program enhancements were also among the top priorities for the treatment portion of the continuum of care. In this area, streamlined referral processes are considered an element of case management. However, changes to the NIHB transportation policy was identified as the top priority.

Strategic Recommendation #3: Treatment Based Case Management

A. *Streamline referral processes, explore, and implement a system for online booking*

While some of the current difficulties will be alleviated once standardized screening is conducted at the community level, it is imperative that transportation policies support the provision of best practice approaches, such as family participation in residential treatment programming. Resources must also be adequate to support the incorporation of traditional, cultural, and spiritual program elements, as these too, are identified best practices.

Strategic Recommendation #4: Transportation

A. *Transportation of clients to residential treatment facilities should be compensated at rates comparable to government travel rates*

B. *NIHB transportation policies should facilitate family participation in residential treatment, and allow for return travel where inappropriate referrals have been made*

C. *Transportation policies must make provision for client safety and facility liability in situations where individuals are asked to leave residential treatment, especially during inclement weather*

Strategic Recommendation #5: Best Practices

A. *Enhance budget allocations to facilitate implementation of identified best practice, traditional, cultural, and spiritual approaches*

Financial support of programming for targeted groups such as youth and persons with co-occurring mental health disorders are required. Youth program enhancements were identified as a priority, such as the inclusion of full-time youth educators in treatment facilities serving families and youth. Furthermore, the need for full-time clinical mental health support was identified as a priority, to facilitate treatment programming for individuals with concurrent disorders. Clinical supervision is also required for NNADAP workers as they work towards FNWACCB level lll certification.

Strategic Recommendation #6: Targeted Programs

A. Enhance financial and human resource allocations to facilitate implementation of targeted programs for youth and individuals with concurrent disorders

To address gaps in the continuum of care, transitional housing and programming are amongst the top priorities. Provision of more cost-effective outpatient intervention and relapse prevention programs will alleviate lengthy wait times and the need for additional residential treatment spaces.

Strategic Recommendation #7: Gaps in the Continuum of Care

A. Establish a full continuum of addiction services through the Implementation of:

- *withdrawal management services*
- *community-based, outpatient intervention (day / evening) programming*
- *targeted programs for women, youth, and persons with concurrent mental health disorders.*
- *relapse prevention transitional programming including housing*

B. Support the full continuum of care through potential enhancements in human, fiscal, capital, and material resources

Post-treatment / Relapse Prevention Priorities & Recommendations

Improving community capacity to support individuals on their healing journey is considered of utmost importance. To accomplish this, the following sub-priorities were identified: continuing competency development of health and social service providers, networking, case management,

and transitional programming. Because familial support is often lacking, and individuals are returning to environments where alcohol and drug use are prevalent in the household, transitional programming must include the provision of transitional housing.

Strategic Recommendation #8: Community Capacity and Support

A. *Facilitate effective case management and networking amongst health and social service providers through the establishment of information management systems, information sharing mechanisms, and electronic health records.*

B. *Establish case management processes that clearly identify the roles and responsibilities of all stakeholders*

C. *Facilitate implementation of transitional programming with enhanced human, fiscal, and material resource allocations where necessary*

As with priorities in other areas of the continuum, financial allocations must be sufficient to effectively deliver post-treatment/relapse prevention programming. It is incomprehensible that some NNADAP workers are covering the costs of program delivery out of their own pockets. A certified workforce, program space, resource materials, and equipment are essential elements of effective, credible program delivery, and it has been reported that the credibility of NNADAP requires strengthening.

Strategic Recommendation #9: Strengthening Program Credibility

A. *Implement comparable salary scales as per certification levels*

B. *Facilitate effective program delivery by ensuring adequate levels of human, fiscal, capital, and material resources*

C. *Explore accreditation opportunities for community-based health services and facilities*

The implementation of local policies related to illicit drug and alcohol use, will promote healthy lifestyles and support recovering individuals and families.

Strategic Recommendation #10: Policy Development

A. *Increase community capacity to support sobriety, recovery, and healthy lifestyles through the development and implementation of supportive policies. For example, making referral to NNADAP for screening and assessment mandatory for employees reporting for work and for caregivers picking up children while under the influence of illicit drugs or alcohol*

Conclusion

This systematic review of substance use and addiction services in Manitoba highlights best practices and identifies programmatic gaps. The strategic recommendations are designed to inform the national process of NNADAP program renewal, which follows this and other regional processes. The ultimate goal is to ensure that Manitoba First Nations have access to an effective, sustainable, and culturally appropriate continuum of addiction prevention and treatment services.

This review highlights pockets of extraordinary work being done throughout the region, despite the fact that program resources have not kept pace with the evolving needs for addiction services. The gaps resulting from limited resources and program unresponsiveness have been outlined and strategic recommendations for Manitoba Region are proposed. The next step, to be undertaken at the national level, will be to develop a national program framework to guide NNADAP renewal activities.

References

Assembly of First Nations. 2003. First Nations Regional Longitudinal Health Survey (RHS) 2002/03.

Assembly of Manitoba Chiefs Health Information Research and Governance Committee, Elias, B., and LaPlante, J. (2006). Manitoba First Nations Regional Longitudinal Health Survey (RHS) Report

2002/03. Retrieved January 6, 2009 from http://www.manitobachiefs.com/issue/health/MB%20FNS%20RHS%20Report%202002-03.pdf

Gossop, M. (2006). *Treating Drug Misuse Problems: Evidence of Effectiveness*. London: National Treatment Agency for Substance Misuse.

Health Canada. 2005. *A Statistical Profile on the Health of First Nations in Canada for the Year 2000*. Ottawa: Health Canada.

Indian and Northern Affairs Canada. 2009. *Meet Manitoba First Nations*. Retrieved March 3, 2009 from http://www.ainc-inac.gc.ca/ai/scr/mb/mbfns-eng.asp.

Indian and Northern Affairs Canada. 2001. Band Classification Manual – March 2001. Retrieved March 6, 2009 from http://www.collectionscanada.gc.ca/webarchives/20071206003705/http://www.ainc-inac.gc.ca/pr/pub/fnnrg/2001/bandc_e.pdf

Manitoba Healthy Living. ND. *Directory of Adult Addictions Services in Manitoba*. Retrieved January 25, 2009 from http://www.manitoba.ca/healthyliving/mh/adult.html

Manitoba Healthy Living. ND. *Directory of Youth Addictions Services in Manitoba*. Retrieved January 25, 2009 from http://www.manitoba.ca/healthyliving/mh/youth.html

National Native Addictions Partnership Foundation Inc. and Thatcher, R. (2000). *NNADAP Renewal Framework for Implementing the Strategic Recommendations of the 1998 General Review of the National Native Alcohol and Drug Abuse Program. December 2000*.

Skinner, W. (Centre for Addiction & Mental Health, University of Toronto, 2006). Mapping a Model System of Services and Supports for Addictions. Retrieved August 15, 2008 from http://www.ccsa.ca/2006%20CCSA%20Documents/ccsa-summinst-Skinner-2006-e.pdf

Substance Abuse and Mental Health Services Administration. (2000). *Case management for substance abuse treatment: A guide for treatment providers*. Rockville, MD: Author. (p.2).

Appendix A

DATA COLLECTION TOOL: PART 1

Please gather the following information, complete the forms, and bring them to the Regional Conference being held October 27-30, 2008 at the Canad Inns Fort Garry, 1824 Pembina Hwy, Winnipeg.

Also, please bring along copies of any completed program evaluations or research studies related to your program.

Community Name		
Program Name		
Number of program staff		
Level of Training for each staff person	Number of Staff with: ☐ Certificate _____ ☐ Diploma _____ ☐ Degree _____ ☐ Other _____	
Continuing Educational Opportunities available (please list)		
Average number of referrals received per year		
Number of referrals made to:	Number	Average Wait Time (in weeks)
Mental health:		
▪ Community Mental Health Worker		
▪ Psychologist		
▪ Psychiatrist		
▪ Child and Family Services Worker		
▪ Traditional/Cultural Practitioner		
▪ Nursing Station		
Physician		
Community Health Representative		
Treatment Facility		
Detox		
Child and Family Services		
Other		
Drug or Substance of Choice (top 5)		

DATA COLLECTION TOOL: PART 2

1. Please provide a 2-3 sentence summary/description of the protective/preventative activities being offered in your program. Ensure you include the target group for each.

Activity	**Target Group**	**Activity frequency within past 24 months, e.g. weekly, monthly, quarterly, annually**

2. **Please provide a 2-3 sentence summary/description of the intervention activities being offered in your program. Ensure you include the target group for each.**

Intervention Activity	Target Group	Activity frequency within past 24 months, e.g. weekly, monthly, quarterly, annually

3. **Please provide a 2-3 sentence summary/description of the post-intervention or after care activities being offered in your program. Ensure you include the target group for each.**

Postvention/Aftercare Activities	Target Group	Activity frequency within past 24 months, e.g. weekly, monthly, quarterly, annually

4. **Have the core services outlined in the contribution agreement changed over the past 3 years? If yes, please explain how and whether or not the budget changed as well.**

5. **Are you integrating NADAP dollars with BF and/or BHC dollars to carry out your activities? If yes, please state which or both.**

6. **Please identify and briefly describe your key successes or examples of best practices.**

Key Success/Best Practices	Description/Example of how this works

7. **Please identify your key challenges.**

8. **List the partners involved in delivering your programs?**

9. **If not already discussed above, please outline / briefly describe any traditional or cultural approaches used in your programs.**

ACTIVITY:

- ☐ **Sweatlodge**
- ☐ **Land-based/Camping**
- ☐ **Traditional Ceremonies**
- ☐ **Fast Camps**
- ☐ **Other**

Appendix B

LISTING OF FOCUS GROUPS

1. DOTC area meeting October 23rd, 2008
2. Focus Groups at Conference October 26th, 27th, & 28th, 2008
3. KTC area meeting December 1st. 2008

4. SERDC area meeting December 2nd, 2008
5. *WRTC area meeting December 3rd, 2008
6. *CNTC area meeting December 4th, 2008
7. *Nelson House Medicine Lodge, Clients and staff, December 8th, 2008
8. *IRTC area meeting December 9th, 2008
9. Sagkeeng Family Treatment Centre January 12th, 2009
10. Addictions Foundation of Manitoba, Winnipeg Region, January 20th, 2009
11. Native Addictions Council of Manitoba (Pritchard House), Jan 21 & 22, 2009
12. Peguis Al-Care Treatment Centre, Clients and Staff, January 28th, 2009
13. Addictions Foundation of Manitoba, Western Region, February 3rd, 2009
14. Addictions Foundation of Manitoba, Northern Region, February 3rd, 2009
15. *Whiskey Jack Treatment Centre, February 5, 2009
16. ILTC meeting February 18, 2009

* indicate those sessions the FNIH representative was present for portions or all of.

Appendix C

OVERVIEW OF NNADAP RESIDENTIAL TREATMENT PROGRAMS

	Native Addictions Council of MB	Peguis Al-Care	Nelson House Medicine Lodge	Sagkeeng Family Treatment Centre	Whiskey Jack Youth Solvent Treatment Centre
Length	5 weeks	6 weeks	17 weeks	7 weeks	16 weeks
# of clients	35 Coed, couples	20 Coed, no couples	21 Coed, couples	3 – 5 families	20 – 24 Alternate male & female intakes
# Intakes	10 per year	8 per year	Continuous intakes	6 per year	3 per year
Approach	Cultural • Services offered in all regional native languages except Dene	12 Step	Cultural • Daily & weekly ceremonies	Cultural • Elders available • Utilizes 7 Sacred Teachings	Cultural • Cultural advisor on staff
Programming	• Address residential school impacts & Intergenerational trauma (IGT) • Include parenting, anger management, life skills, etc	• Work through steps as group	• Address residential school impacts & IGT • Include parenting, anger management, life skills, etc	• Ceremonies • Schooling and daycare	• Traditional programming offered daily • Schooling offered including reading remediation
Counsellors on site	7:30 am – 11:30 pm Mon - Fri	8 – 4 Mon – Fri	8 am – 9 pm Mon – Fri	8:30 – 4:30 Mon – Fri Family coaches: 4 – 12 midnight & weekends	9 am – 12 midnight
Associated Outpatient programs	• 6 week closed program: 30 – 40 spaces • 6 week closed Women's • 8 week open program program: 20 spaces	None	10 week AHF funded day/evening program – 15 spaces	None	None
Accreditation	Yes	No	Yes	Yes	No

Appendix D

DIRECTORY OF ADULT ADDICTIONS SERVICES IN MANITOBA

Manitoba Healthy Living
http://www.manitoba.ca/healthyliving/mh/adult.html

AGENCIES BY CATEGORY

People who are affected by their own or someone else's alcohol and other drug use or gambling experience a variety of problems. Manitoba offers a continuum of addictions services that support individuals and families in their recovery process.

INFORMATION, PREVENTION AND EDUCATION SERVICES
Information regarding safe and unsafe use of drugs and alcohol and effects on the body, etc. are available widely through a variety of media. Resources have been developed for specific ages and genders as well as specific settings e.g. workplaces, educational settings, health care settings, etc.

- The Addictions Foundation of Manitoba

DETOXIFICATION PROGRAMS
For some people with substance use problems, recovery begins in a detoxification facility. Staff at these facilities provides a safe environment where the individual is able to undergo the process of alcohol and other drug withdrawal and stabilization.

- The Addictions Unit – Health Sciences Centre
- Main Street Project Inc.

COMMUNITY BASED TREATMENT PROGRAMS
These programs provide services and support for families and individuals concerned about their own, or others' use of alcohol or other drugs and/or gambling problems. Qualified addiction counselors provide a range of services including assessments, individual and group counseling, education, and support. Individuals can attend these programs and carry on with their day to day activities, such as working, going to school and caring for the family.

- The Addictions Foundation of Manitoba
- The Native Addictions Council of Manitoba
- The Laurel Centre
- Tamarack Rehab Inc.

RESIDENTIAL TREATMENT PROGRAMS
These programs offer services similar to those of community based programs but on a more structured and intensive basis, with the individual living at the facility for a period of time.

- The Addictions Foundation of Manitoba
- The Behavioural Health Foundation Inc.
- Tamarack Rehab Inc.
- Salvation Army – Anchorage Program
- The Native Addictions Council of Manitoba

- Rosaire House

POST-TREATMENT SUPPORT
Post-treatment support is put into place for individuals transitioning from residential treatment back to their home communities. The goal of post-treatment support is to establish and implement a long-term plan that supports the individual's recovery in his/her home community.

- Esther House
- Addictions Recovery Inc.

A – Z SERVICE DIRECTORY

THE ADDICTIONS FOUNDATION OF MANITOBA (AFM)

Executive Offices
1031 Portage Avenue
Winnipeg MB R3G 0R8
Telephone: Men's Intake (204) 944-6289
Women's Intake (204) 944-6229
Fax: (204) 786-7768
Email execoff@afm.mb.ca
Telephone: General: (204) 944-6200
Toll Free Number: 1-866-638-2561
Fax: (204) 779-9165
e-mail: wpgreg@afm.mb.ca
Library : William Potoroka Memorial Library
1031 Portage Avenue
Winnipeg MB R3G 0R8
Telephone: General: (204) 944-6233
Toll Free Number: 1-866-638-2561
Fax: (204) 772-0225
e-mail: library@afm.mb.ca
Western Region: 510 Frederick Street
Brandon MB R7A 6Z4
Telephone: (204) 729-3838
Toll Free Number 1-866-767 3838
Fax: (204) 729 3844
e-mail: westreg@afm.mb.ca
Northern Region 23 Nickel Road
Thompson MB R8N 0Y4
Telephone: (204) 677 7300
Toll Free Number : 1-866-291-7774
Fax: (204) 677 7328
e-mail: northreg@afm.mb.ca

PURPOSE:
To contribute to the health and well being of Manitobans by addressing the harm associated with addictions through education, prevention, rehabilitation and research.
Regional Offices:
Substance abuse and gambling prevention, education and rehabilitation programs, and impaired driver services are available across the province. These services are administered through Regional Offices in Brandon (Western Region), Thompson (Northern Region) and Winnipeg (Winnipeg Region). Programs and their availability may vary from location to location. Each Region has satellite offices in various communities.

Residential Programs:

Winnipeg:
River House
586 River Avenue
Winnipeg MB R3L 0E8
Phone: (204) 944-6229
Fax (204) 284-5520

Inpatient program for adult women – 28 days
James Toal Centre
1041 Portage Avenue
Winnipeg MB R3G 0R8
Phone: (204) 944-6200
Fax: (204) 775-5261
Email jtc@afm.mb.ca
Inpatient program for adult men - 21 days

Outside Winnipeg:
AFM - Brandon
510 Frederick Street
Brandon MB R7A 6Z4
Phone: 729-3838
Email: westreg@afm.mb.ca
Inpatient for alcohol and other drugs (co-ed)
Inpatient for problem gambling (co-ed)
Alcohol & drug program – 21 day program
Gambling program – 14 day program
AFM - Ste. Rose Du Lac
Willard Monson House
P.O. Box 490
Ste. Rose du Lac MB R0L 1S0
Phone: (204) 447-4040
Inpatient (co-ed) - 21 day program

AFM - Thompson
Polaris Place
23 Nickel Road.
Thompson MB R8N 0Y4
Inpatient (co-ed) - 26 day program

Community-based Services:

Winnipeg:
James Toal Centre
1041 Portage Avenue
Winnipeg MB R3G 0R8
Phone: (204) 944-6200
Fax: (204) 775-5261
Email jtc@afm.mb.ca

Methadone Intervention and Needle Exchange (M.I.N.E.)
Unit 7 – 25 Sherbrook Street
Winnipeg MB R3C 2B1
Phone: (204) 944-7070
Fax: (204) 772-0125
Email: mine@afm.mb.ca

Family & Women's Services
586 River Avenue
Winnipeg MB R3L 0E8
Phone: (204) 944-6229
Fax: (204) 284-5520
Email: family@afm.mc.ca
12 week community based alcohol & other drug day treatment
program for women only.

Brandon:
Parkwood Centre
10 Frederick Street
Brandon MB R7A 6Z4
Toll free: 1-866-767-3838
Phone: (204) 729-3838
Fax: (204) 729-3844
Methadone Clinic
Phone: (204) 729-3866
Toll free: 1-866-767-3838
7th Street Health Access Centre
20 7th Street
Brandon MB R7A 6N5
Phone (204) 578-4800
Fax: (204) 578-4950

Thompson:
Polaris Place
23 Nickel Road, Thompson MB R8N 0Y4
Phone: 204 677 7300
Fax: 204 677 7300
Satellite Services:
Beausejour, Portage La Prairie, Steinbach, Gimli, Morden, Selkirk, Rossburn, Swan River, Killarney, Neepawa, Dauphin, Virden, Minnedosa, Flin Flon, The Pas

ADDICTIONS RECOVERY INC. (ARI)

Box 25005 – RPO West Kildonan
Winnipeg MB R2V 4C8
Office Telephone: (204) 586-2550
Fax: (204) 586-2550
Office address: 93 Cathedral Avenue
Men's Residence: 93 Cathedral Avenue and 333 Cathedral Avenue

PURPOSE:
To provide clients with temporary, affordable, safe (drug free), supportive (mentored and peer/self help) living environments where they can develop living and social skills necessary for their successful long term recovery within their community.
POPULATION SERVED:
Adult men, 18 years of age and over, who have completed a primary treatment program.
ADMISSION CRITERIA:
Individuals are:

- recovering from chemical dependency;
- detoxified and in reasonably good health;
- knowledgeable and accepting of their problem;
- motivated and sincere; and
- accepting of AA/NA(self help) as their long term program of recovery.

THE ADDICTIONS UNIT, HEALTH SCIENCES CENTRE:

GB2 Health Sciences Centre
820 Sherbrook Street
Winnipeg MB R3A 1R9
Telephone: (204) 787-3843
Fax: (204) 787-3996
PROGRAM DESCRIPTION:
The Addictions Unit is located at the Health Sciences Centre General Hospital. The unit is voluntary and admission is either through the Health Sciences Centre Emergency Department or pre-arranged by one of the physicians, or the nurse clinician on the unit. Occasionally transfers from other hospitals or emergency departments will be accepted. Physicians wishing to discuss a transfer can discuss this with the physician on call or the nurse clinician on the unit.
The length of stay on the unit ranges between three and ten days. While on the unit, patients receive group and individual counselling, full medical assessments, psychiatric and social work referrals if needed as well as referrals to addiction treatment agencies.
ADMISSION CRITERIA:

- Patients at risk for serious or life-threatening withdrawal from alcohol, sedative-hypnotics or opiates.
- Patients who have serious medical problems along with addictions and require hospitalization. Pregnant women with addictions will also be priorized for admission.
- Patients who are awaiting admission to a residential program and require a period of detoxification and stabilization beforehand. This would include persons with complex needs who are addicted to psychostimulants (e.g. crystal meth, cocaine). Addiction facilities who believe that a patient may require an admission to the Addictions Unit can contact one of the physicians or the nurse clinician on the unit at (204)787-3855.
- Patients with a combination of problems including addictions, social difficulties and psychiatric illness such that they cannot be treated safely in the community.

THE BEHAVIOURAL HEALTH FOUNDATION INC. (BHF)

Mailing address: Box 250, 35 Ave de la Digue
St. Norbert MB R3V 1L6
Telephone: (204) 269-3430
Fax: (204) 269-8049
Web-site: www.bhf.ca

PURPOSE:

The Behavioural Health Foundation Inc. provides long term residential programming to men, women, teens and family units experiencing a variety of addiction and mental health problems. BHF is a therapeutic community that offers experiential decision making opportunities during which the resident can become increasingly more accountable for his/her behaviour, and hence, more in command of planning his/her future. The program is designed to offer graduated opportunities for equipping a person with the vocational, intellectual and communicative skills necessary for successful re-integration into the community.

POPULATION SERVED:

• Men, women, teens and family units experiencing a variety of addiction problems. Dependents of these persons are also accommodated both in residence and in program.

ADMISSION CRITERIA:

ADULTS:

- Adults who have been unable, through the use of alcohol, other drugs or other addictions and many interrelated problems, to effectively function in society.
- Adults whose lifestyles are such that they are regarded as having a living problem by their families, themselves, and/or their community and are sincerely interested in changing.
- Adults, male or female, with or without dependents.
- Adults who have the ability to absorb and respond and carry out basic work routines.
- Adults who are not on any non-prescribed, mood-altering or psychotropic substances. Exceptions may be made in the following cases:
    1. a) individuals with medical conditions such as epilepsy
    2. b) individuals on a step-down program monitored by their general physician or psychiatrist. Each case involving medically monitored drug reduction will be assessed individually, but in general, admission to the Foundation's program are accepted only during the final 30 days of the drug reduction.
    3. c) Individuals under the care of a psychiatrist who meet all other admission criteria but for whom prescription modification is contraindicated due to mental health concerns. A complete psychiatric report, satisfactory in form and content to The Behavioural Health foundation, must be submitted with the Application for Admission.
- When bed space is available, the first available person on the waiting list will be allotted that space, dependent on receipt of proper documentation (i.e. application for admissions, confirmation of financial arrangements, etc.)
- Preference is given to pregnant women followed by persons being released from detoxification units.

FAMILY:

In addition to the criteria for Adults, the selection of family units must meet the criteria set out for family admission.

- Admission of families will depend on the available accommodations and the size of the family unit, as well as the age and sex of the children. A list of families is maintained and families are notified when space becomes available. This is not done on a first come, first served basis due to space restrictions. For example, a family with three children may have been on the list for some time, but the space available may only accommodate a single parent with one child.
- Immediate admission of the total family unit is considered only if the parents are parenting their children at the time of the request for admission. In some instances, the parent(s) may be encouraged to make alternate arrangement for the child or children for an initial 30 day assessment period.
- In most cases couples initially live separately while in residence. Children live with one of the parents during the assessment period.

- Each family member's needs are assessed separately. In every case, however, parents are involved in any decision-making regarding their child(ren)'s needs.

ESTHER HOUSE

Mailing address 62 Folkstone Blvd.
Winnipeg MB R3P 0S3
Telephone: (204) 582 4043
Fax #: (204) 586 9485
Residence: 292 Aubrey Street
Winnipeg MB R3G 2J2
e-mail: estheRHS@mts.net

PURPOSE:
Esther House provides women in recovery from addictions, a safe, nurturing environment that encourages ongoing personal growth.

POPULATION SERVED:

- Women 18 years of age and over who have completed primary treatment for substance use in a recognized program.

ADMISSION CRITERIA:

- completion of a recognized treatment program
- commitment to an abstinent lifestyle including active involvement in a self help group
- willingness to participate in Esther House activities
- willingness to sign a contract committing to a minimum of one month's stay

---

THE LAUREL CENTRE INC.

Mailing Address: 104 Roslyn Rd.
Winnipeg MB R3L 0G6
Telephone: (204)783-5460
Fax number (204)774-2912
Program locations: 104 Roslyn Rd; Andrews Street Family Centre (Girls Outreach); Wolseley Family Place (Parenting Group)

PURPOSE:
The Laurel Centre provides individual and group therapy to women, on an out-patient basis, who have experienced childhood or adolescent victimization and who have been affected by addictions. Women are provided with information about abuse, are supported In understanding the ways in which their present lives are affected by their past, are encouraged to share their experiences, feelings and beliefs about the abuse, and to identify their own strengths and see the ways they have survived. The therapy is chosen from a variety of methodologies and is tailored to the individual. It is always grounded in a relational context in which boundaries are clarified and in a manner that clarifies and highlights the woman's own strengths, resources, and the utilization of community resources.

POPULATION SERVED:

- Adult women and female youth ages 16-24, who have experienced sexual abuse trauma in childhood or adolescence.

MAIN STREET PROJECT, INC.

Mailing Addresses: Main Street Project, Inc (MSP)
75 Martha Street, Winnipeg MB R3B 1A4
Mainstay Residence: 71 Martha Street, Winnipeg MB R3B 1A4
Contact Numbers:

Administration: 982-8257
Intoxicated Persons Detention Area: 982-8250
Crisis Services, Shelter, Drop In, Detox: 982-8245
Mainstay Residence: 982-8260
Fax: 943-9474

Web site: www.mainstreetproject.ca

PURPOSE:
To provide a safe, respectful and accessible place for individuals at risk and to advocate for a more inclusive society.

PROGRAM ACTIVITIES:
24 Hour Crisis Intervention
MSP provides a range of crisis intervention and referral services, including a night time van patrol that travels the streets and alleys of the inner city offering assistance and/or contacting emergency support where necessary.
Drop In
The drop in center provides adult men & women access to information regarding internal and external services, opportunities to socialize, and basic supports such as a cup of soup and a snack, use of the phone, basic first aid, and transportation to/from medical appointments. The drop in is open daily from 07:00 to 12:00 and 13:30 to 18:00
Emergency Shelter
The emergency overnight shelter provides safe, temporary accommodations for adults at night. There are no up front charges for this service, although clients are expected to complete an EIA form that will provide our organization with funding that supports their stay. Shelter hours of operation are from 19:00 through 06:00.
Intoxicated Persons Detention
Main Street Project provides a monitored facility for adults held under the Intoxicated Persons Detention Act.
Adult Detoxification Center
The non-medical detoxification center offers supervised withdrawal from an individual's last substance abuse episode. This unit is open to all adults who are assessed as medically suitable, and in need of a stable, short term environment that will assist them through their initial withdrawal situation. Clients work with staff both individually and in groups to develop treatment plans best suited to their individual needs. Those needing access to this unit are asked to visit MSP for an initial assessment, at which point they would also receive all intake related forms, including a medical clearance that must be completed by their physician prior to intake.
Mainstay Residence
This unit provides transitional housing for at risk clients 18 years of age and over who are committed to working toward positive change. Clients are provided support and referrals to various agencies in order to help them achieve their goals, and reclaim their independence. Individuals in need of access to this unit are referred from both internal services, and external agencies. Upon receipt of that referral, an application will be provided, and upon receipt, an assessment based on a wide range of criteria will begin.
Transition Services Team
A team of workers provide counseling, support, and advocacy for clients throughout the Main Street Project. Team members also offer follow up services to persons who move back to their community.

POPULATION SERVED:
Adult men and women

NATIVE ADDICTIONS COUNCIL OF MANITOBA (NACM)

Mailing address: NACM - Pritchard House
160 Salter Street, Winnipeg MB R2W 4K1
Telephone: (204) 586-8395
Fax: (204) 589-3921
e-mail: nacm@escape.ca

Mailing address: NACM - Outreach
220-8th Street
Brandon MB R7A 6Z4
Telephone: (204) 726-9300

PURPOSE:
To provide education, prevention and treatment services to First Nations and Métis individuals, families and communities.

PROGRAM ACTIVITIES:

- 5 week residential program
- 6 week closed community based program
- 8 week open community based program
- Youth services that provide assessment, counselling and referral and operates 2 summer camps
- Intake counselling and outreach programs delivered in Brandon and Dauphin, Manitoba

POPULATION SERVED:

- First Nations men and women and youth who are addicted to alcohol, drugs, chemicals and/or gambling

ADMISSION CRITERIA:
Residential Program:

- Adults – 18 years of age and older (youth under certain situations)
- Has been assessed by referral source prior to admission
- Has had a medical examination prior to admission

Community-based– closed group:

- Adults – 18 year of age and older
- Must have completed an addictions treatment program and/or be an active self help group member e.g. A.A.

Community-based – open group:

- Adults – 18 years of age and older
- Currently dealing with addiction related issues
- Willingness to actively participate
- Attend a minimum of two meetings/week

ROSAIRE HOUSE ADDICTION CENTRE INC.

Mailing Address: Box 240
The Pas, MB R9A 1K4
Telephone: (204) 623-6425
Fax: (204) 623-4475

PURPOSE:
To provide addictions treatment services to individuals and families who want to address their alcohol other drugs and gambling issues.

POPULATION SERVED:
Adult men and women residing in those communities serviced by the NorMan Regional Health Authority (The Pas, Flin Flon, Snow Lake, Grand Rapids, Easterville, Cormorant, Moose Lake, Pukatawagan, Cranberry Portage).

ADMISSION CRITERIA:
ADULT:

- adult men and women who are affected either directly or indirectly from substance abuse and/or gambling.
- must not be under the influence of chemicals
- must not be on a mood altering substance (e.g. psychotropic drugs) from which they cannot be taken off – admission of these individuals must be facilitated with the assistance of a mental health worker or on the recommendation of a medical practitioner.

THE SALVATION ARMY- ANCHORAGE PROGRAM:

Mailing address: 180 Henry Street
Winnipeg, Manitoba R3B 0J8
Telephone: (204)946-9401
Fax number: (204)943-8893

PURPOSE:
The Anchorage Program is committed to providing a variety of services to persons affected by addiction(s), including persons who also have mental health concerns. The aim of the program is to facilitate personal development, mental wellness, and the achievement of a lifestyle free of addiction.

POPULATION SERVED:
Adult men and women seeking help for their dependence on alcohol, drugs & gambling.

ADMISSION CRITERIA:

- Must admit to having a problem with alcohol, drugs or gambling that they cannot control on their own
- Must be abstinent for 5 days prior to entering program
- Clients with mental health concerns must be stabilized on medication therapy
- Must qualify for Social Assistance or be willing to pay for entry into the program
- Methadone users must make arrangements to obtain their methadone off site.

TAMARACK REHAB INC.

Mailing Address: 60 Balmoral Street, Winnipeg, Manitoba R3C1X4
Telephone: General: (204) 772-9836 or 775-3493/ Intake: (204) 775-1328
Fax number: (204) 772-9908.
Web site: www.tamarackrehab.org

PURPOSE:
To provide second stage residential treatment program for individuals with alcohol and other drug problems and to facilitate independent living and lifestyle change.

POPULATION SERVED:
Adult men and women with alcohol and other drug dependencies who have completed a primary treatment program and require additional support to develop and live an addiction free lifestyle.

ADMISSION CRITERIA:

- Must have completed a chemical dependency treatment program;
- Must commit to the full 8 week program;
- Must be free from all alcohol and other mood altering (illicit) drugs;
- If on a bail order must be on their own recognizance and eligible for funding or on a Temporary Absence (TA) for 60 days or more;
- Must be voluntary;
- Must be motivated for treatment, have a commitment to recovery and agree to actively participate in all scheduled activities; and
- Must have funding in place (if self payment, full amount required in advance).

Directory of Youth Addictions Services in Manitoba

Manitoba Healthy Living

http://www.manitoba.ca/healthyliving/mh/youth.html#list

AGENCIES BY CATEGORY

INFORMATION SERVICES
Information regarding safe and unsafe use of drugs and alcohol and effects on the body, etc. are available widely through a variety of media. Resources have been developed for specific ages and genders as well as specific settings e.g. educational settings, health care settings, etc.

- Provincial Central Intake – Youth Addictions Service
  1-877-710-3999
- The Addictions Foundation of Manitoba

PREVENTION AND EDUCATION SERVICES
The goal of prevention services is to address the underlying factors within the individual and family that place them at risk for substance abuse and to engage youth before substance use becomes a serious problem. Often this involves education and public awareness as well as other outreach/drop in services that target youth at risk using a youth-focused approach.
Prevention services are often provided by youth counselors in community schools.

- The Addictions Foundation of Manitoba
- Klinic Community Health Centre
- Resource Assistance for Youth
- Teen Talk
- Macdonald Youth Services
- Behavioural Health Foundation

CRISIS SERVICES

- 911
- RHA based Mobile Crisis
- RHA based Crisis Stabilization Units

COMMUNITY BASED TREATMENT PROGRAMS
These programs provide services and support for families and individuals concerned about their own, or others' use of alcohol or other drugs and/or gambling problems. Qualified addiction counselors provide a range of services including assessments, individual and group counseling, education, and support. Individuals can attend these programs and carry on with their day to day activities, such as working, going to school and caring for the family.

- The Addictions Foundation of Manitoba
- Klinic Community Health Centre
- The Laurel Centre
- Macdonald Youth Services
- Manitoba Adolescent Treatment Centre
- Marymound
- Resource Assistance for Youth

RESIDENTIAL TREATMENT PROGRAMS
These programs offer services similar to those of community based programs but on a more structured and intensive basis, with the individual living at the facility for a period of time.

- The Addictions Foundation of Manitoba
- The Behavioural Health Foundation Inc.
- The Native Addictions Council of Manitoba
- Macdonald Youth Services
- Manitoba Adolescent Treatment Centre
- Marymound

POST-TREATMENT SUPPORT
Post-treatment support is put into place for youth transitioning from residential treatment back to their home communities. The goal of post-treatment support is to establish and implement a long-term plan that supports the individual's recovery in his/her home community.

- The Addictions Foundation of Manitoba
- The Behavioural Health Foundation Inc.
- The Native Addictions Council of Manitoba

STABILIZATION PROGRAMS
For some youth with substance use problems, recovery begins in a stabilization facility. Staff at these facilities provides a safe environment where the individual is able to undergo the process of alcohol and other drug withdrawal and stabilization.
Legislated Stabilization
Effective November 1, 2006 a designated facility(ies) will provide stabilization services for youth who are apprehended under the new *Youth Drug Stabilization (Support for Parents) Act*. The primary goal of the facility will be to support the youth as they rid themselves of the effects of alcohol and/or other drugs and develop a treatment plan in collaboration with the youth.

- Youth Stabilization

A – Z SERVICE DIRECTORY

THE ADDICTIONS FOUNDATION OF MANITOBA (AFM)

Youth Office – Community & School Based Programs
200 Osborne Street
Winnipeg MB R3C 1V4
Phone: (204) 944-6235
Fax: (204) 772-8077
Email: youth@afm.mb.ca
Web: www.afm.mb.ca

Outside of Winnipeg:
Check AFM's list of provincial offices to find the office closest to you.
Programs are designed to help youth look at their alcohol/drug/gambling involvement to see if it is affecting their life in a negative way. Youth will have the opportunity to meet counsellors who understand youth issues and the potential effects of alcohol, drugs or gambling on young people's lives. If youth decide that your use/gambling is causing problems for you your counsellor can provide support and assistance in making positive changes. Youth services also provide counselling and support to young people who are concerned about someone else's alcohol/drug/gambling involvement.

AFM School Based Services
AFM counselors provide counseling at several high schools in Manitoba. Providing AFM Counselling services in schools reduces barriers to referral and treatment for students and allows for early intervention. Students do not have to travel to receive services. The AFM provides on site counselling services in a number of Manitoba Schools.

Assessment
This may involve a number of individual or group sessions or a combination of both. The purpose of the assessment is to gather information that will help the counsellor and the young person set goals and make an action plan based on the young person's needs. This part of programming also often involves education on alcohol, other drugs and gambling. Counselling Services may also involve several individual, group or family sessions or a combination of both. The counselling programs will vary across the province. AFM counsellors can make referrals to other services within AFM or external services as needed in order to help clients meet their goals.

AFM - Compass Residential Youth Programs
Phone: (204) 428-6600
Fax: (204) 428-6611
Email: youthres@afm.mb.ca

The Compass Residential Youth Program is an eight-week program for adolescents 13-17 years old who are experiencing significant problems with their use of alcohol or other drugs. A comfortable residential setting, Compass offers young people a full range of programming often not available to them in their home communities, and a group of caring staff who recognize the strengths young people have and their potential to succeed. The facility is located in Southport, four kilometers south of Portage la Prairie, Manitoba.

AFM Family Services (Christie House)
586 River Avenue
Winnipeg, Manitoba R3L 0E8
Phone: 204-944-6229
Fax: 204-284-5520
email: family@afm.mb.ca
Family Services helps individuals understand the effects of living with an addiction.
Family Information Sessions are held Monday mornings at 9:00 am - An open weekly session where a counsellor is available to answer your questions and provide information about addictions and its impact on family and others. Introduction to services and resources will be given at this time.

AFM - Services for Parents: Parent Intervention Program

Parents Intervention Program
This program is designed for parents and caregivers who are concerned about their child's use of alcohol and other drugs or gambling. Through the Parents Intervention Program, participants will be provided with:

- Information about our programs and how your child may benefit;
- Information about the signs of harmful alcohol and drug involvement, and problem gambling;
- Suggestions for dealing with alcohol and drug-related behaviour and its effects on the family; and
- An introduction to a community support group

Parents are not responsible for their child's alcohol and drug use or gambling problems, but they are one of the most important influences in their child's life. The guidelines offered to parents through this program will assist them in supporting their child, while helping to establish a more manageable living environment. To find out more about this program contact your local AFM office.

THE BEHAVIOURAL HEALTH FOUNDATION

Female Program:
Box 250, 35B avec de la Digue
St. Norbert MB R3V 1L6
For intake information:
Phone: (204) 261-6111
Toll Free: 1-866-233-2152
Fax: (204) 275-2099
Email: nadiac@bhf.ca
www.bhf.ca
info@bhf.ca

Male Program
1147 Breezy Point Road
Selkirk MB R1A 2A7
For intake Information :
Phone: (204) 482-9712
Toll Free 1-800-708-4442
Fax: (204) 482-9717
Email: cyrilf@bhf.ca
www.bhf.ca
info@bhf.ca

Recognizing that addictions are symptomatic of cognitive, emotional, and societal problems, the programs provide a safe, structured environment with a wholistic treatment emphasis. The program is distinctive to the individual's needs but communal in setting to allow for peer influence. Treatment focuses on helping youth identify and deal with reasons which may have led to their addiction(s) in order to enable them to live an addiction free lifestyle. Addictions counselling and education; Group, family and individual counselling; Aboriginal traditions and ceremonies; Criminal Justice/Family court Services; Psychological assessments, therapy and referrals; Work activities/Employment readiness training; Special Education classrooms; Daycare for dependent children

Seminars/Courses:
Substance Abuse Awareness; Family Violence Education; Anger Management Training; Parent Effectiveness Training; Assertiveness Training; Life Skills; Sex Education; Coping with Grief and Loss; Dealing with Abuse; Bullying

---

KLINIC INC

870 Portage Avenue
Winnipeg MB R3C 0P1
Phone 786-8686
www.klinic.mb.ca
Klinic Crisis Line (24 hours) 1-888-322-3019

- provides counselling, support and information for people in crisis or distress

Klinic is a non-profit organization that was founded in 1971 to provide comprehensive health & community services in partnership with the community members of the City of Winnipeg and other care providers. Klinic community health centre provides services to transient, homeless and art risk children, youth and adults.

TEEN KLINIC/WALK-IN
870 Portage Avenue

Winnipeg MB R3
Teen Klinic Walk-in Mondays 4:30 - 8:00 pm
Teen Klinic is a time set aside to provide services specifically to youth. There are counsellors, nurse practitioners and physicians available to meet whatever needs youth bring.
Youth are requested to arrive early as after 7 pm services may not be able to be provided. (May be closed long weekends)

- Teen Klinic is open to anyone ages 12 - 20. Youth are not judged because of age, gender, appearance or your sexual orientation.
- All services are free of charge. Even if youth do not have a Manitoba Health number they can still be seen here free of charge.
- Services at Klinic are confidential.

TEEN TALK
Program Contact Information:
Phone: (204) 784-4010
Fax: (204) 784-4204
Surface Mail: Teen Talk, 545 Broadway Avenue
Winnipeg, MB R3C 0P1
E-mail: teentalk@klinic.mb.ca
Teen Talk is a Youth Health Education Service based out of Klinic Community Health Centre. Services are provided from a youth-friendly perspective to youth in school, youth at risk and service providers.

Workshops for youth
Skilled Youth Health Educators develop and deliver interactive workshops to youth aged 14-19 in high schools, custody, care or treatment facilities, and alternative schools. Workshop for Youth are available on topic areas such as alcohol and drugs, reproductive and sexual health, mental health, dating violence, body image, communication skills, and diversity. All workshops are available throughout Manitoba. City workshops are available Tuesday through Friday (Friday AM only). For more information please contact the coordinator at 784-4010.

Peer Support
Teen Talk, a program based out of Klinic Community Health Centre, offers a 38-hour training program for youth. This program is designed to provide young people with accurate, non-judgmental information, and to assist them in their efforts to share that information with their peers.

DREAMCATCHERS
The Dream Catchers Project provides support and mentorship for at risk youth who have been affected by such challenges as childhood sexual abuse, domestic abuse, and addictions. Dream Catchers is an innovative program that helps women with the transition from the sex trade maintain sobriety, leave abusive relationships and establish meaningful, healthy relationships and employment.

THE LAUREL CENTRE
Mailing Address: 104 Roslyn Rd.
Winnipeg MB R3L 0G6
Telephone: (204) 783-5460
Fax number (204) 774-2912
Program locations: 104 Roslyn Rd; Andrews Street Family Centre (Girls Outreach); Wolseley Family Place (Parenting Group)
Provides service for adult women and female youth ages 16-24, who have experienced sexual abuse in childhood or adolescence. The Laurel Centre provides individual and group therapy to women, on an out-patient basis, who have experienced childhood or adolescent victimization and who have been affected by addictions. Women are provided with information about abuse, are supported in understanding the ways in which their present lives are affected by their past, and to identify their own strengths and see the ways they have survived. The therapy is chosen from a variety of methodologies and is tailored to the individual.

NATIVE ADDICTIONS COUNCIL OF MANITOBA (NACM)

Mailing address: NACM - Pritchard House
160 Salter Street
Winnipeg MB R2W 4K1
Telephone: (204) 586-8395
Fax: (204) 589-3921
e-mail: nacm@escape.ca

Mailing address: NACM - Outreach
220-8th Street
Brandon MB R7A 6Z4
Telephone: (204) 726-9300

NACM provides community based education, prevention and treatment services to First Nations and Métis individuals, families and communities. Youth services provide assessment, counselling and referral services for First Nations youth who are addicted to alcohol, drugs, chemicals and/or gambling. NACM also operates 2 summer camps. Intake counselling and outreach programs are delivered in Brandon and Dauphin, Manitoba. The residential program grants youth admission under certain situations.

Macdonald Youth Services (MYS)

Head Office
175 Mayfair Avenue
Winnipeg, MB R3L 0A1
Phone: 949-3799
Fax: 284-4431
www.mys.mb.ca
The Kisewatisiwin Program
Macdonald Youth Services Northern Office
23 Nickel Road
Thompson, MB R8N 0Y4
Phone: (204) 677-7870
Fax: (204) 778-7778

Macdonald Youth Services (MYS) provides children and their families with a range of treatment and support services. MYS is a child-centered, family-focused treatment agency, committed to a systemic approach in the delivery of programs and services.
MYS offers a continuum of community-based care and support services throughout Winnipeg, Manitoba, Canada and Thompson, in the following areas:

- Adolescent Resources in Community Homes
- Community Service Orders & Fine Option
- Mobile Crisis & Brief Treatment Teams
- Life Skills/Pre-Employment Training
- Specialized Individual Placements
- Youth Resource Centre/Shelter
- Treatment Foster Care
- Receiving Assessment

MANITOBA ADOLESCENT TREATMENT CENTRE (MATC)

Administration office: 120 Tecumseh Street
Winnipeg MB R3E 2A9
Phone: 477-6391
Fax 783-8948
Email info@matc.ca
www.matc.ca
Services are provided for youth with mental health and addictions problems and their families from brief interventions to intensive long term treatment. Treatment is provided from a variety of perspectives and is delivered in partnership with parents and collateral agencies. Follow-up, monitoring and transfer to other services are essential components of service provision.
The Centralized Intake – Youth Addictions Service offered through the MATC provides a single point of entry for the entire continuum of services in the Child & Adolescent Mental Health system in Winnipeg. It is designed to enable clients and families to access the appropriate programs and services based on the individual needs of the client and his or her family.

1-877-710-3999

Marymound Inc.

442 Scotia Street
Winnipeg MB R2V 1X4
Telephone: (204) 338-7971
Fax: (204) 334-1496
http://www.marymound.com
Marymound is a private, non-profit agency, providing a range of therapeutic and educational services to young people and their families. As one of 600 agencies worldwide sponsored by the Sisters of the Good Shepherd, Marymound believes in the dignity of all individuals, providing services which address developmental and spiritual needs.
Outline of Programs and Services
Young people and their families access this program through referral by their child welfare authority.

Youth Emergency Education Service (YEES)
This unique service responds on an immediate basis following a student's crisis in the public school system with the goal of stabilizing the student and maintaining his/her school placement.
Education Advisors work closely with families and community schools to develop an education plan to give students in crisis the best chance for success. Students access this program through their local community school,

or by calling the Manitoba Youth Crisis Stabilization System at 949-4777.

Crisis Stabilization Program
A six bed unit for girls designed to assist them and their families during acute psycho-social crisis. The goal of this program is to stabilize the crisis situation and prevent young people from moving into other care arrangements. Young people and their families can access this program through the Manitoba Youth Crisis Stabilization System at 949-4777.

Marymound North
Located in Thompson Manitoba, Marymound North provides receiving home services to children awaiting permanent care arrangements. As well, it is a part of a community partnership called Futures offering education, counseling and training to young parents and their children. Young people and their families access Marymound North through referral by their child welfare authority.

Resource Assistance for Youth(RaY)

195 Young Street
Winnipeg MB R3C 3S8
Phone: 783-5617
Fax: 775-4988
Resource Assistance for Youth is a not for profit, charitable organization with the mandate “to give youth what they need, on their terms, to better their lives”. Proactive resource and provider of school based prevention workshops, intervention, outreach and support services such as referrals, housing assistance, food and clothing bank, and advocacy.

Services and Departments
Resources Assistance for Youth (RaY) strives to provide youth with what they need, on their term, to better their lives. There are a number of services provided through 5 departments.

Emergency Youth Services (EYS) – eys@RaYinc.ca

Prevention – prevention@RaYinc.ca

Outreach – outreach@RaYinc.ca

Housing - housing@RaYinc.ca

Addictions - RaY has an Addictions worker. There are regular meetings, "Recovery from Meth", every Tues. & Thurs. from 1:30pm - 2:30pm

Repatriation (Travel) – Through a coordinated effort with Canadian Bus Lines and Operation Go Home Ottawa, RaY has the ability to repatriate youth to safe accommodation away from the street. Youth must be under the age of 19 and have no outstanding warrants or protection orders against them.

Fine Option – In cooperation with Manitoba Justice RaY provides a community based program for youth who incur fines and are unable to pay. Youth have the opportunity to perform community work to pay off the value of their fines.

Public Health Nurse – Provide access to a public health nurse, Tuesdays from 1:30-3:30pm at 195 Young Street.

Formal Counseling – RaY has two professional volunteers Thursday afternoons to help you through the issues that may be bothering you. All conversations are confidential. Call 783-5617 to arrange an appointment.

Referral – RaY successfully connects youth to the programs and services they require to improve their quality of life. RaY has an established network of like-minded and varied service providers that work together to assist youth at risk.

YOUTH CRISIS SERVICES

1The Youth Emergency Crisis Stabilization System is an intersectoral, interagency service sponsored by Manitoba Family Services, Manitoba Health and Manitoba Education and Training. The purpose of this project is:

- To provide community-based emergency and crisis services to children who formerly accessed institutionally based services.
- To ensure that emergency and crisis services are available to children and their families in a timely and appropriate fashion, if they are experiencing psychosocial and related emergencies.
- To provide leadership in the development of a community-based system of mental health and child welfare services for children and their families.

Access to services available through the Youth Emergency Crisis Stabilization System is through the 24 hour intake system.

Intake and Triage

Central-Intake and Triage is available 24 hours per day, seven days per week. Crises are referred to the Mobile Crisis Teams; non-crises are referred to the appropriate service. All services are accessed through 949-4777.

The Mobile Crisis Team

The Mobile Crisis Team is a crisis response team, responsible for delivering services to children, adolescents, families and care-givers, when crisis services are required. The teams will stabilize crises, provide on-site services and develop treatment strategies for ongoing intervention.

The Crisis Stabilization Units

The Crisis Stabilization Units (CSU) are located at Marymound, for girls and at Project Neecheewam, for boys. The boys unit is operated by Project Neecheewam, and the girls by Marymound Inc. The Mobile Crisis Team accesses the CSUs when children are found to be in extreme distress and require one to three days to return to pre-crisis functioning.

Clinical Follow-up Facilitators will assist children, families and their support systems and access the services they need in order to carry out the intervention strategies developed by the Mobile Crisis Team. They are also responsible for discharge plans from the CSU.

Home Based Crisis Intervention Services

Home Based Crisis Intervention Services are accessed by the Mobile Crisis Team when families need help to re-establish function following a crisis. These services will include support and homemaker services on an immediate basis. This service is operated by Ma Mawi Wi Chi Itata.

Office Contact Information

Head Office
175 Mayfair Avenue
Winnipeg MB R3L 0A1
Telephone: 1 (204) 477-1722
Fax: 1 (204) 284-4431
www.mys.mb.ca
E-mail: info@mys.mb.ca

Satellite Office
226 St. Mary's Road
Winnipeg MB R2H 1J3
Telephone: 1 (204) 949-4750
Fax: 1 (204) 949-4776
www.mys.mb.ca
E-mail: info@mys.mb.ca

Kisewatisiwin (Northern Office)
23 Nickel Road
Thompson MB R8N 0Y4
Telephone: 1 (204) 677-7870
Fax: 1 (204) 778-7778
www.mys.mb.ca
Email: mysnorth@mys.mb.ca

Northern Alternative Parent Home Program
P.O. Box 10610
Opaskwayak MB R0B 1J0
Telephone: 1 (204) 627-1460
Fax: 1 (204) 627-1461
www.mys.mb.ca
Email: aph@swampycree.com

YOUTH STABILIZATION

The *Youth Drug Stabilization (Support for Parents) Act* takes effect in Manitoba November 1, 2006.
In April 2006, Manitoba Health and Healthy Living introduced the *Youth Drug Stabilization (Support for Parents) Act* to provide support to a small segment of youth with extremely serious substance abuse problems.
Under the legislation, a provincial court can issue an order that allows persons under 18 to be taken to a designated facility for assessment by addiction specialists to determine if it is in the youth's best interest to be detained for stabilization.
The *Youth Drug Stabilization (Support for Parents) Act* is intended for only the most extreme situations where addicted youth will not voluntarily seek help.
If the youth does not meet the requirements set out in the act, parents will be offered other supports and approaches to help their child.
This legislation is intended for only the most extreme situations of persistent and severe drug use in youth under the age of 18.
If you are worried about a youth's involvement with drugs, call the Centralized Intake - Youth Addictions Service at 1-877-710-3999. An addictions specialist will help you determine the best service available for your needs and assist you in making an appropriate referral. If it is determined that non-voluntary stabilization for a youth is required, the staff person at the Unit will assist you in obtaining the necessary paperwork and following the process to obtain the Orders required under the new law.