



# BEHAVIOURAL HEALTH FOUNDATION

## Annual Report

APRIL 1, 2018—MARCH 31, 2019

# Our Purpose

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

## *Board of Directors*

**2018-2019**

Peter Kingsley, President

Sachit Mehra, Vice President

Marilyn Brick

Marian Deegan

Michelle Ducharme

Marlene Gallagher

Marcel Laurendeau

Doug Mercer

Naureen Punjani

Dr. Lesia Shepel

Dr. Kent Somers

Dan Trottier

Lori Van Dongen

Jean Doucha, Executive Director

Kuljeet Kaur, Executive Secretary



### **Behavioural Health Foundation Inc.**

Addictions and Co-occurring Mental Health Treatment

Box 250

35 ave de la Digue

St. Norbert, MB R3V 1L6

Telephone (204) 269-3430

info@bhf.ca www.bhf.ca

#### **Addiction Treatment Services**

Box 250, 35 ave de la Digue

St. Norbert, MB R3V 1L6

Intake Inquiries: Troy Burrows

Telephone: (204) 269-3430 ext. 140

#### **Breezy Point (Women's Program)**

Box 250, 35b ave de la digue

St. Norbert, MB R3V 1L6

Intake Inquiries: Cheryl Toms

Telephone: (204) 261-6111

Program accreditation provided by

[www.carf.org](http://www.carf.org)



## **Thank You For Your Support**

*The Behavioural Health Foundation is located on Treaty One territory and the homeland of the Metis Nation. Our programs could not exist without the support of government departments, private businesses and agencies and members of the public. We are grateful for the ongoing support and pledge to continue our work to assist people in becoming productive members of society who can and will pay it forward.*

*The Board of Directors, staff and program members thank you.*

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## **BHF Philosophy**

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

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## President's Remarks

The Behavioural Health Foundation has a long history. Over the years, we have faced many challenges and celebrated many successes and I am sure we will encounter many more of both in the years ahead. Our philosophy talks about the need to consider the past and the future, as well as the present, in order to overcome addiction or other struggles. As providers of residential, wholistic treatment, we know there is never a down time, never a point at which our work is done. Each year however, our Annual Report provides an opportunity to take a closer look at a defined period of time, an opportunity to highlight accomplishments, report outcomes and define trends.

Overall, 2018 – 2019 was a year of seeking stability for our organization both in recruitment and training of personnel and in securing adequate financing. Though some departments experienced very little staff turnover, we did see significant changes in the Addiction Treatment Services frontline team. This trend brought both challenge and opportunity. While orientation and training are inevitably taxing in an already busy work environment, each new addition to the team brings strengths and perspectives that can enrich our entire Therapeutic Community. It has been a pleasure to welcome new staff, with the hope that they find this work meaningful and rewarding. It was also a great pleasure to increase the size and breadth of expertise on our Board of Directors. Since our last Annual General Meeting, Marian Deegan and Naureen Punjani stepped forward as new Board members, while Lori Van Dongen has come back to join us once again.

A notable event of the past year was the much anticipated release of the Virgo Report, Improving Access and Coordination of Mental Health and Addiction Services. Commissioned by the provincial government, this report made numerous recommendations, most of which would be welcomed by Manitoba's service providers. Section 7 of the Report addressed "funding and accountability for quality outcomes", acknowledging that complex and increasing needs cannot be met in an effective or timely way without reasonable and predictable funding increases.

For BHF, the issue of funding dominated the fiscal year. Our primary challenge – a daunting one – was securing adequate funding to stabilize and maintain our programs. In addition to yet another year of zero increases in funding through provincial departments, changes to federal guidelines resulted in the loss of First Nations and Inuit Health Branch funding specifically dedicated to our traditional Indigenous programming.

We know that issues of addictions and mental health among First Nations, Metis and Inuit people are closely connected to the historic assault on culture and identity. We believe that effective treatment must be culturally relevant. It was imperative therefore, that we find a way to ensure we could continue to support the sweats, teachings and ceremonies that contribute so much to the health of our community. We sent out appeal after appeal to all levels of government, to business leaders, philanthropic organizations, and corporate sponsors, explaining why this programming is so valuable and asking for their support. Late in the fiscal year, we were able to announce that a major donor - the Bell Let's Talk Mental Health fund - had come forward with a three year commitment of support for Indigenous programming as an integrated part of addictions and mental health treatment. This was a moment of both relief and celebration, and gave us a solid footing to continue our search for further funds.

At BHF we are proud of the breadth of our programming and we are committed to strive for excellence. Over the years we have taken on many challenges – establishing an on-site adult education centre and a licensed daycare, working with the fine options program, creating an employment readiness program, dedicating resources to post treatment support. Every aspect of programming is important but it is the way program components come together that makes the therapeutic community effective. BHF exists to address the impact of addiction on every part of a person's life, to offer a whole way of healthy living.

We are thankful for the leadership, determination and stamina of our own members and staff who work toward this vision every day. We are very grateful for the material support and the words of appreciation and encouragement that helped us manage the challenges of the past year. We look forward to the challenges and opportunities of the coming years as well, because moving forward toward healthier lives, healthier families and communities is the essence of our organization.

Peter Kingsley, Q.C.

President, BHF Board of Directors

# Our Mission

To provide quality behavioural health services of a holistic nature to men, women, and dependent children leading to personal and family wellness in areas of education, employment, health and family values. The ongoing fulfillment of this mission will reduce the harm to individuals and family units that is caused by the misuse of substances, other addictive behaviours, and co-occurring mental health concerns.

## BHF Core Values

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



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# Finances & Acknowledgements

BHF is thankful for the financial support from many private donors as well as the following during fiscal year 2018-2019:

- Bell Let's Talk
- Canada Summer Jobs
- Manitoba Community Places
- Manitoba Education and Training
- Manitoba Housing
- Manitoba Health, Seniors and Active Living
- Winnipeg Goldeyes Field of Dreams

***“Bell Let’s Talk is proud to support Behavioural Health Foundation’s Indigenous programming and the vital support it offers people living with mental health issues. Behavioural Health Foundation is making a real difference in Winnipeg’s Indigenous community and we look forward to working with them to help expand their mental health programming for more people in need of care.”***

***-Mary Deacon, Chair of Bell Let’s Talk***



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# Outcomes & Effectiveness

**BHF uses a variety of performance indicators to measure program outcomes. BHF strives to increase lengths of stay, help residents achieve employment and education goals, and reunite families.**

## Addiction Treatment Services:

- **The average length of stay of adults who exited in the fiscal year was 90 days.**
- **56% of adults who exited completed primary treatment.**
- **93% of adults were free from substance use and 100% reduced their substance use at exit from the program.**
- **23% of adults were employed or in some other productive role upon exit.**
- **99% of adults had no new criminal justice system involvement during their treatment stay.**
- **27 adults enrolled in the Adult Education Centre and 41 credits were obtained by these participants.**

## Breezy Point:

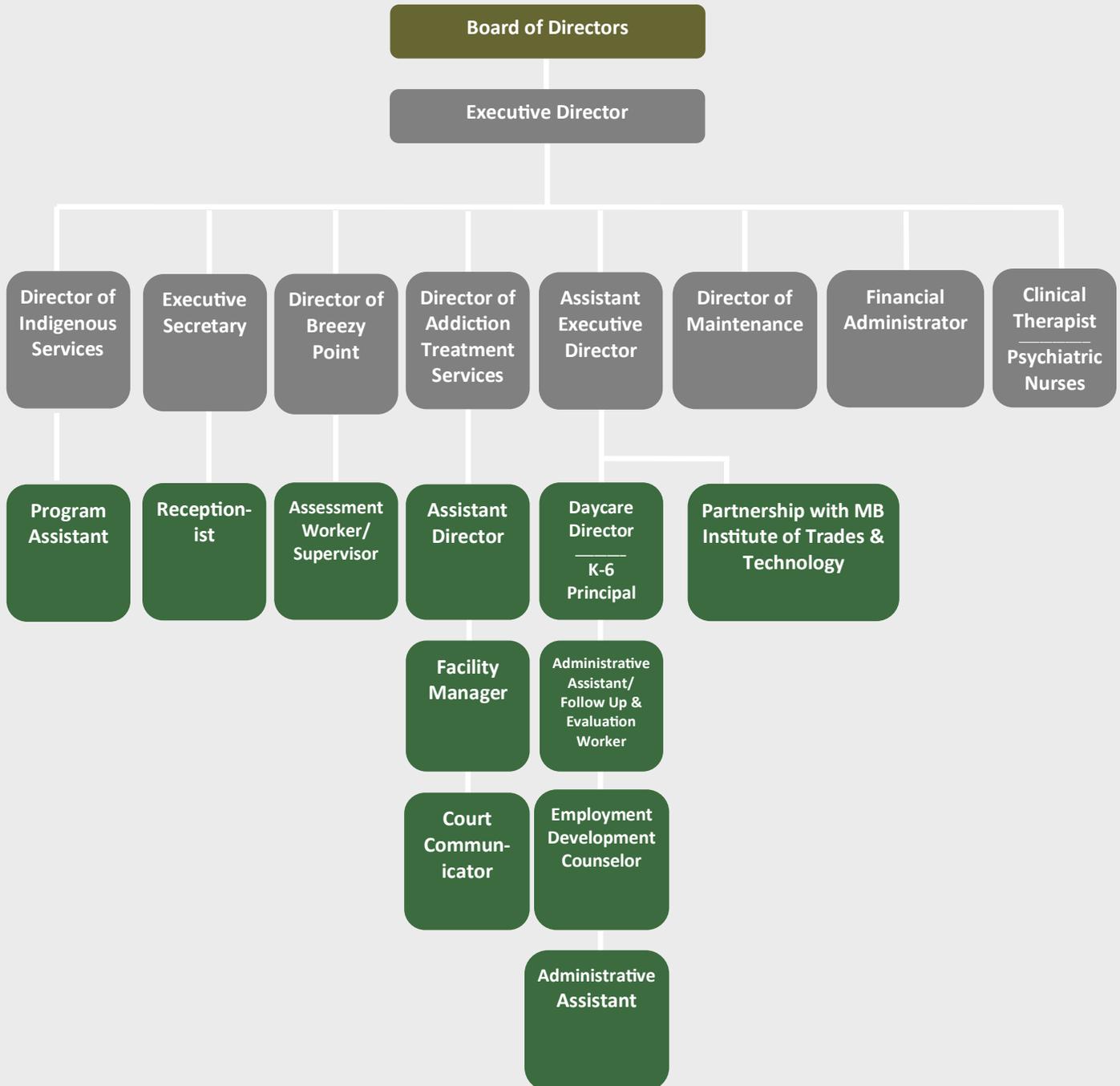
- **The average length of stay of women who exited in the fiscal year was 88 days.**
- **65% of women who exited completed primary treatment.**
- **93% of women were free from substance use and 93% reduced their substance use at exit from the program.**
- **100% of women had no new criminal justice system involvement during their treatment stay.**

**BHF performs Consumer-Based Program Evaluations twice yearly in all of its programs and asks residents to complete an Exit Questionnaire upon leaving the program. The summary of results for this reporting period showed positive results overall.**



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# Organizational Chart



 Represents Senior Management

# Management



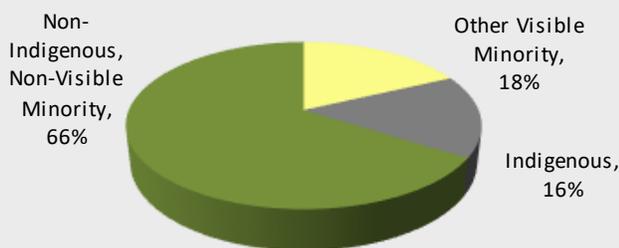
# Staffing

BHF's array of services provide a variety of employment opportunities. In addition to program directors, other management and front line staff including Keyworkers and Support Workers for residents in treatment, BHF employs office, kitchen and maintenance staff, follow-up and outreach workers, program assistants, an Employment Development Counsellor, two Psychiatric Nurses, a Clinical Therapist, Early Childhood Educators, Child Care Assistants, teachers and education support workers. All staff have a variety of skill sets and they work together across BHF's departments and facilities to contribute to the treatment experience for individual adults and children of members.

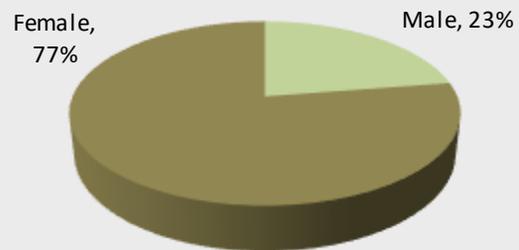
## Staff Demographics

As of March 31, 2019 BHF had 71 staff; 51 were full time and 20 were part time.

### Staff Ethnicity



### Staff Gender



## Staff Training

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

- Indigenous Awareness and Cultural Competency
- Blood Spill Clean-up & Medical Emergencies
- Crisis Prevention Intervention
- Critical Incident Debriefing
- FASD Training
- Fire Extinguisher Training
- Fire Panel Training
- First Aid/CPR
- Individual Treatment Plan Development
- Medication Management
- Mental Health Disorders
- Motivational Interviewing
- Naloxone/Overdose Training
- New Hire Training/Orientation
- Power Outages
- Staff Code of Ethics, Professional Conduct
- Suicide/Self-Harm Prevention & Intervention
- Therapeutic Community Training
- WHMIS
- Workplace Threats

## Program Description



The Behavioural Health Foundation Inc. is a therapeutic community (TC) providing long-term residential treatment for men, women, and family units experiencing issues related to substance use and co-occurring mental health concerns. The TC approach provides a highly structured environment with well-defined boundaries emphasizing moral and ethical accountability, community imposed sanctions, and contingencies such as privileges and attainment of status. Also emphasized is the idea of being a part of something greater than oneself to counter the pattern of isolation and narcissism often found amongst the substance abusing and co-occurring mental health population. (De Leon, 2000). A person is thought of as a

resident member of the therapeutic community, rather than as a client/patient, and the therapeutic community itself is defined as the physical and social environment within which the members live.

Therapeutic communities are deliberately designed to offer graduated opportunities to equip residents with the vocational, intellectual, emotional and spiritual skills necessary for successful reintegration into society. The peer hierarchy of work and community status defines the roles, functions, and relationships that mediate socialization and therapeutic change, while the peer culture encourages the norms, values, and beliefs of right living which guides the change.

## Member Profile

Although BHF residents have varied backgrounds, they initially share problems such as unhelpful behaviours, thoughts and emotions, non-productive interactions with others, and distorted perceptions of themselves and the world. In the TC model, substance use and co-occurring mental health problems are seen as disorders of the whole person. The array of life problems, the number of substance use issues, and motivation to change are different for each person entering treatment. There are however, some common themes that reflect the BHF population:

- Many new members arrive with histories of family dysfunction – including sexual, emotional and physical abuse, familial substance abuse, generational poverty, parental neglect, and multiple experiences in foster care.
- Drug related arrests and hospitalizations prior to entry are common.
- Many members have histories of unemployment or under employment. Hence, they possess few job skills and/or work experiences.
- Membership in the Behavioural Health Foundation is sometimes an alternative to being remanded or sentenced to a period of incarceration.
- Finally, the desire to improve the quality of one's life is a prerequisite to living at BHF. To achieve this, members come to BHF voluntarily.

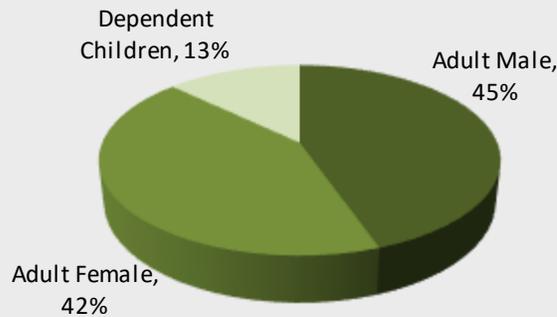


# Intake and Days Care

## Total Intakes BHF Programs 2018-2019

Adult Males	186
Adult Females	177
Dependent Children	54
<b>Total Intakes</b>	<b>417</b>

## Total Intake in all Programs



## Days of Care Provided

Adults	27,756
Dependent Children	6,660
<b>Total Days of Care Provided</b>	<b>34,416</b>

## River Point Intake/Outreach Services

The Behavioural Health Foundation is one of three addiction and co-occurring mental health treatment providers operating out of the River Point Centre on Magnus Avenue in the Point Douglas area. Staffed by two Intake/Outreach Workers, BHF's River Point Centre offices provide information, support and solution-focused counselling to persons contemplating entering treatment and to those who have exited BHF's residential programs. Over the past year, there has been a noticeable increase in the number people wanting to maintain a connection with BHF post-treatment. For some, this may be an occasional phone call just to touch base. Others may be seeking help connecting to community resources, or visiting the office for counselling.

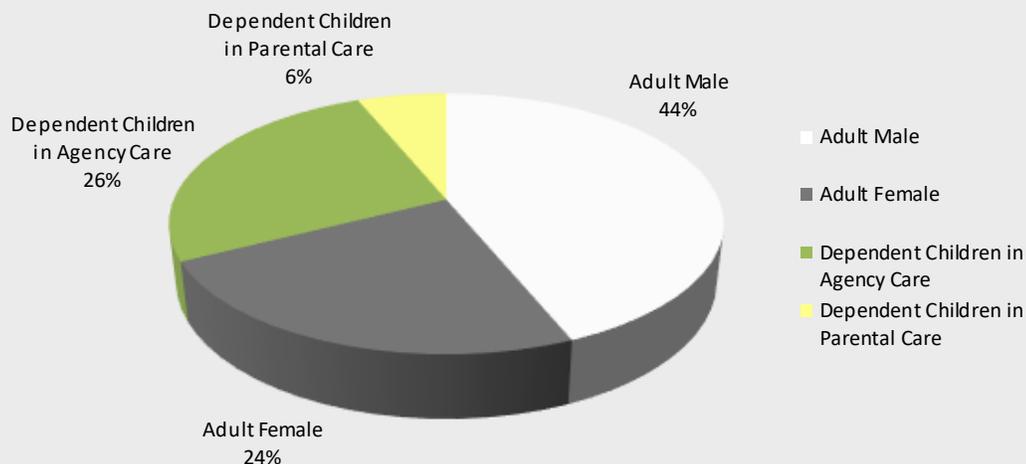


The Behavioural Health Foundation Addiction Treatment Services is internationally accredited. The residential addictions and co-occurring mental health treatment facility accommodates adults and dependent children. Members are housed in the main building, located in the community of St. Norbert, as well as in 6 transition houses in the nearby community. The maximum occupancy is 100 adults and children.

## Referrals & Wait List

A total of 2,319 referrals of adults and dependent children were made to the Addictions Treatment Services program in the 2018-2019 fiscal year. These referrals consisted of 1015 men, 551 women, 144 children in their parents' care, and 609 children in the care of Child & Family Services agencies. For referrals who were admitted into the program, the average time spent on the waiting list was 34 days.

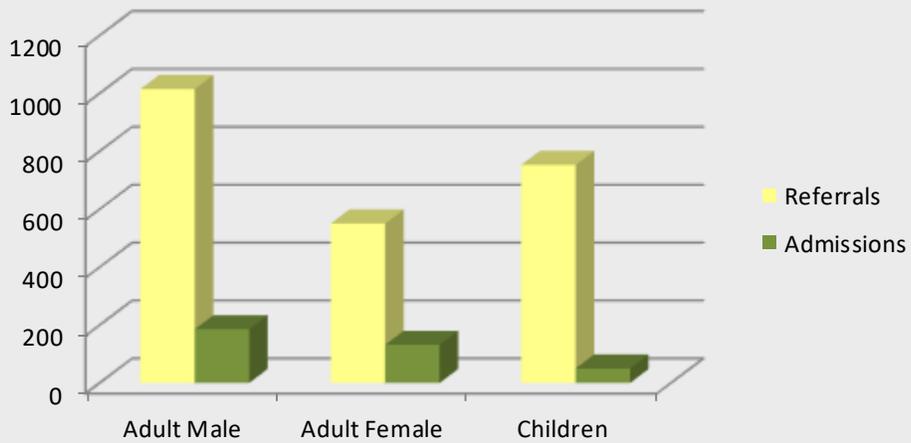
### Addiction Treatment Services Referrals



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

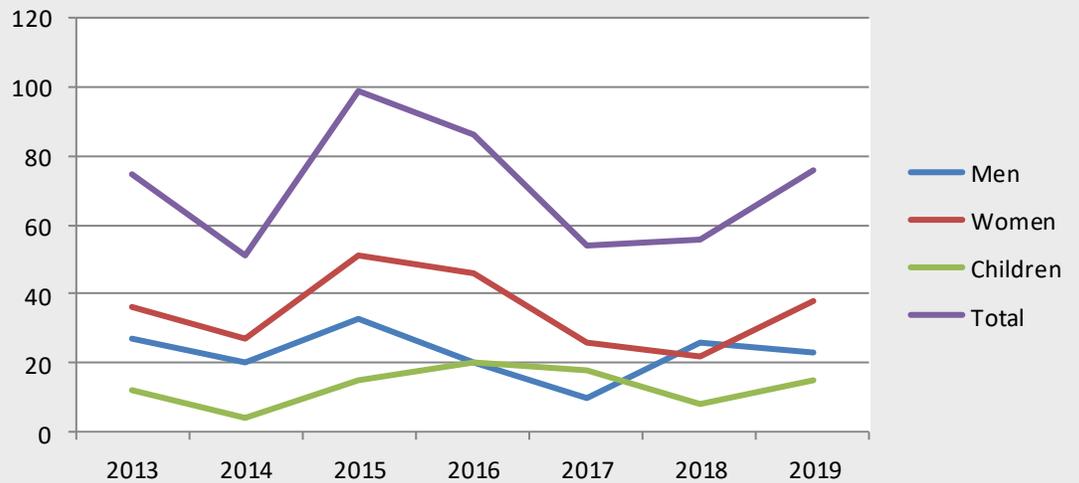
- Clients experiencing long waiting periods decided to seek other treatment or had changed their mind about attending treatment when bed space became available.
- Clients were found unsuitable for the program due to histories of sexual offence, arson, other serious offences or active gang involvement.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

## Referrals vs. Admissions

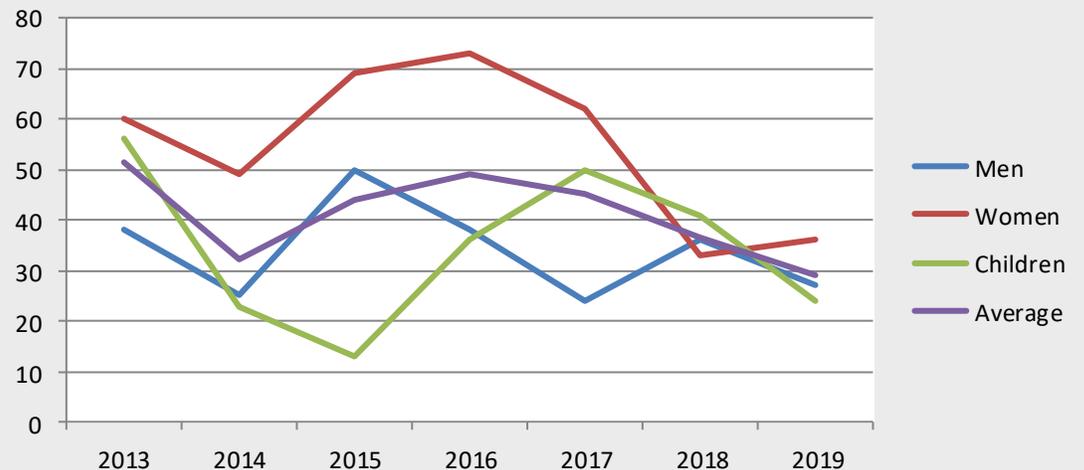


## Waiting List Statistics: a 7-Year Comparison

**Average Number of Clients on Wait List at Month-end**



**Average Number of Days Spent on Wait List, for Clients who Entered**

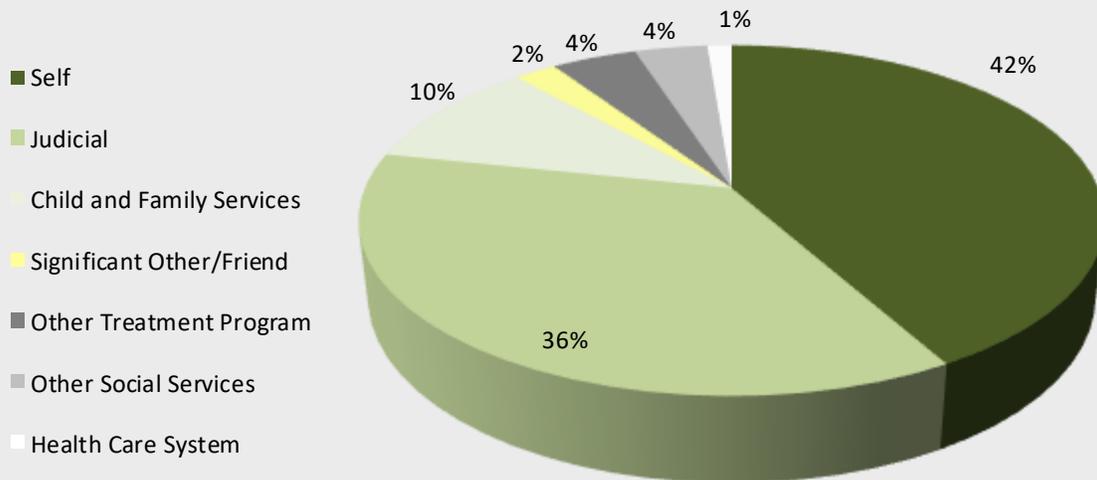


# Client Detail, Addiction Treatment Services

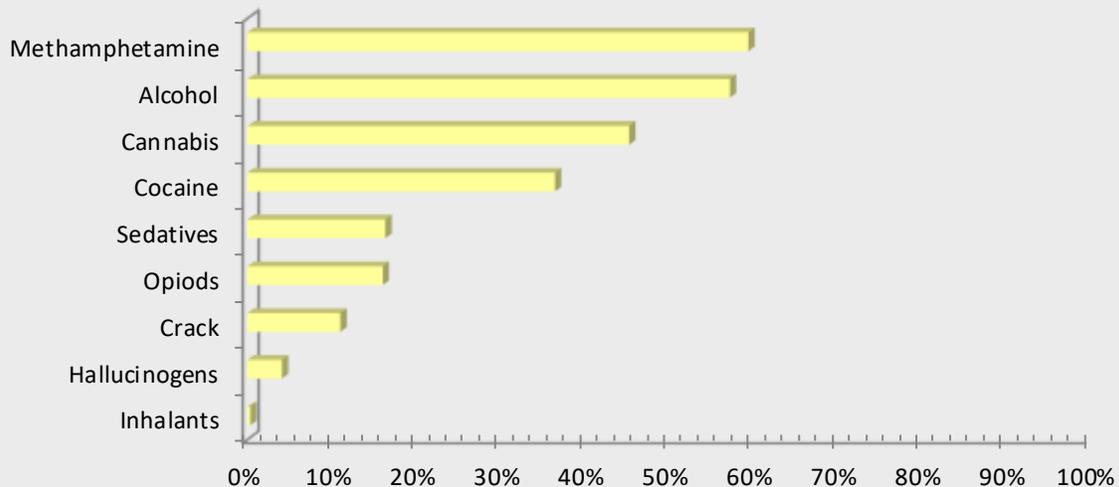
Total Intakes, Addiction Treatment Services		Average Age	32
Adult Males	186	Age Range	19-62
Adult Females	132	Average Length of Stay	66 days*
Total Adults Admitted to Program	318	Completed Primary Treatment (30 days)	173 (54%)
Children of Members	50	Stayed over 90 days	89 (28%)
<b>Total Residents</b>	<b>368</b>	Stayed over 1 year	6 (2%)*

\* Fifteen clients who entered during the 2018-2019 fiscal year remain in the program at the time of this report. These figures will increase until all clients exit the program.

## Intake Referral Sources



## Most Frequently Used Substances



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## Children of Members (Addiction Treatment Services)

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During the 2018-2019 fiscal year, 50 children came to live at BHF Addiction Treatment Services program while their parents participated in treatment. At entry, 28 (56%) children were in agency care. The average length of stay of children was 104 days. Twenty-one (42%) children had regular visitation with their parents at BHF prior to moving in. There were 2 babies born to mothers who entered the program pregnant. Nine of the children who entered in 2018-2019 remain in the program at the time of this report. Of the 28 children who entered BHF in the care of Child & Family Services, 18 (64%), to date had successful reunifications where the parent regained custody of their child(ren) while in the program. An additional nine children (32%) who entered the program in care remain in the program currently in the reunification process.

## Post-Treatment Follow-Up

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The Behavioural Health Foundation conducts a continuous 6-month follow-up study of program participants. The information below is based on clients who attended treatment during the fiscal period of April 1, 2017 to March 31, 2018. The fiscal 2018-2019 follow-up year (at the time of this report) is in progress, and the results will be available in the Systems Evaluation Report in early 2020. Ex-residents are contacted 6 months after completion of primary treatment. They are asked a variety of questions such as whether or not they are using substances and to what extent, their employment status, educational pursuits, and if they have new criminal justice system involvement. Residents who participated in BHF's programs are asked to participate in a Satisfaction Survey. The comprehensive results of the ongoing follow up study are available in the annual Systems Evaluation Report. The following is a brief summary of some results of the 2017-2018 study.

### Substance Use Reduction

Of the 44 clients located and interviewed 6 months after completion of primary treatment, 64% significantly reduced their use of substances. The average reduction of substance use was 7 points on the World Health Organization's ASSIST Scale.

### Criminal Justice System Involvement

Sixty percent of all residents who entered in the 2017-2018 fiscal year had involvement with the Criminal Justice System. They were on bail, probation or serving a conditional sentence. At the time of follow-up, 84% of located clients had no new involvement with the law.

### Employment

Upon entry, 90% of clients were unemployed. Only 10% had full or part time employment, were participating in full-time vocational education programming, or were the homemaker of a household. At the time of follow-up, 45% of the clients located had become involved in these successful pursuits, a significant increase.

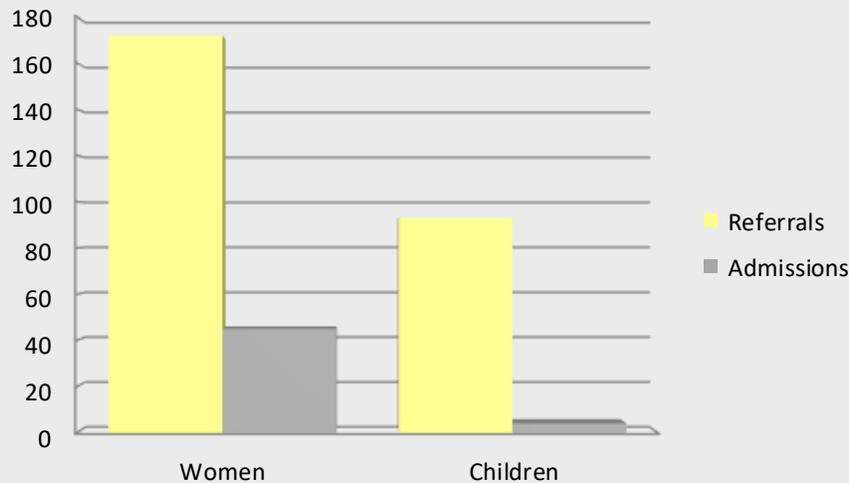
### Education

In this reporting period, 20 residents took advantage of the on-site Adult Education Centre. Eleven of the 44 (25%) residents who were successfully contacted at 6 months were involved in educational pursuits, either at the St. Norbert Adult Education Centre, other centres, colleges, or universities. Many of these clients were pursuing their education in conjunction with full or part time jobs and/or while homemaking.



*Breezy Point is a ten-bed women’s facility. Dependent children under the age of two are also housed at the facility. Referral numbers for Breezy Point exceed the number of intakes.*

## Referrals & Wait List



Wait List	2016-2017	2017-2018	2018-2019
Average Days on Wait List for Women who Entered	63	28	22
Average Days on Wait List for Children who Entered	11	37	0
Average Number of Women on Wait List at Month End	9	9	10
Average Number of Children on Wait List at Month End	0	2	0

## Client Detail

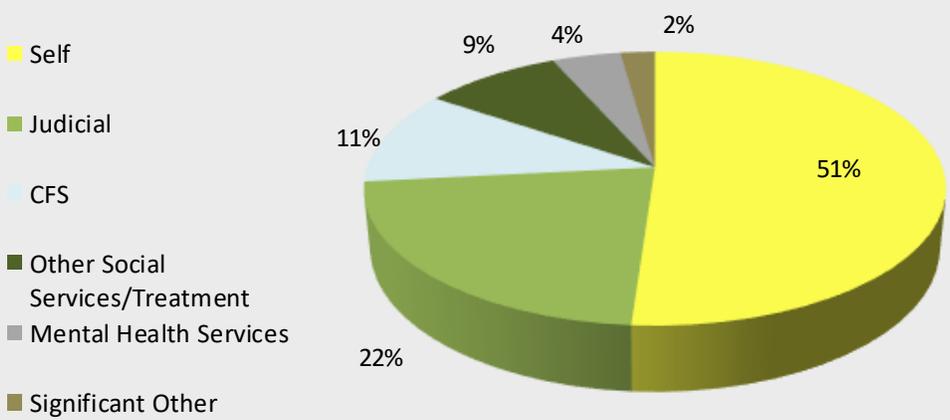
Average Age of Women	30
Age Range	18-56
Average Length of Stay in Treatment	74*
Completed Primary Treatment	29 (64%)
Women who stayed over 90 days	8 (18%)
Women who stayed over one year	3 (7%)

*\*Two clients who entered during the 2018-2019 fiscal year remain in the program at the time of this report. This number will increase until they exit the program.*

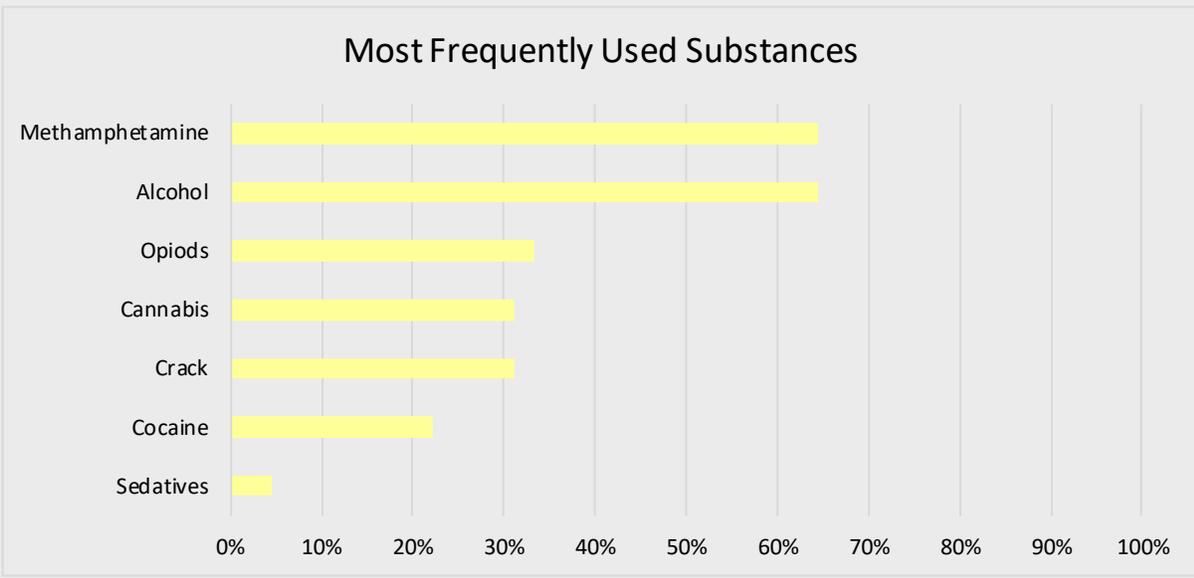
There were 45 intakes at Breezy Point during the 2018-2019 fiscal year. Referral sources included self, judicial, medical, other treatment programs including transfers from BHF’s Addiction Treatment Services program, and Child and Family Services. Thirty-three (73%) of these women were from the City of Winnipeg and 12 (27%) were from elsewhere in Manitoba. Thirty-six women (80%) were Indigenous.

Thirty-three (73%) of the 44 women were mothers whose children were either in foster care or the care of extended family. The total number of children among this population was 65, an average of 2 children per mother. Three (7%) of the intakes were pregnant women. Forty-two (93%) of the women who entered Breezy Point were unemployed at entry. At the time of this report, 2 of the women who entered in the last fiscal year remain in the program. The facility also housed 4 children during the fiscal year.

### Breezy Point Referral Sources



### Most Frequently Used Substances



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## Breezy Point Follow-Up

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The Behavioural Health Foundation conducts a continuous 6-month follow-up study of program participants. The information below is based on women who attended treatment at Breezy Point during the fiscal period April 1, 2017 to March 31, 2018. The fiscal 2018-2019 follow-up year (at the time of this report) is in progress, and the results will be available in the Systems Evaluation Report in early 2020.

Ex-residents are contacted 6 months after completion of primary treatment. They are asked a variety of questions such as whether or not they are using substances and to what extent, their employment status, educational pursuits, and if they have new criminal justice system involvement. Residents who participated in BHF's programs are also asked to participate in a Satisfaction Survey. The comprehensive results of the ongoing follow up study are available in the annual Systems Evaluation Report. The following is a brief summary of some results of the 2017-2018 study.



*Traditional crafts, displayed in BHF's Traditional Building.*

### **Substance Use Reduction**

Of the 15 women located and interviewed 6 months after completion of primary treatment, 12 (80%) significantly reduced their use of substances. The average reduction of substance use was 10 points on the World Health Organization's ASSIST Scale.

### **Criminal Justice System Involvement**

Eight (20%) of all residents who entered in the 2017-2018 fiscal year had involvement with the Criminal Justice System. They were on bail or probation. At the time of follow-up, 100% of located women had no new involvement with the law.

### **Employment & Education**

Upon entry to the program, three (7%) of the women had employment or were homemaking full time. Of the 15 women who were located 6 months after completion of primary treatment, 6 (40%) were involved in successful pursuits of working or homemaking full time and one (7%) was attending education full time.

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

## Therapy, Assessments & Consultations

Of the 363 adult intakes in 2018-2019 (Addictions Treatment Services and Breezy Point combined) 338 were screened for past and present mental health concerns. One hundred and fifty-five (49%) declared to have a past mental health diagnosis, past mental-health related hospitalization, and/or self-harm or self-harm ideation.

Through the 2018-2019 year, BHF's Clinical Therapist provided direct mental health services to over a hundred residents. This included individual, group, family and couple's therapy. In an effort to address systemic challenges, therapy services were not only provided for residents of BHF, but also for the children of residents. Additionally, a therapy dog program was initiated with the cooperation of St. John's Ambulance, which provides a specially trained dog to attend BHF and provide residents with therapeutic animal contact.

In addition to therapy and assessments with individuals, the Clinical Therapist and Psychiatric Nurses provided consultation and training to treatment staff regarding co-occurring mental health disorders, medication management, treatment planning, crisis situations, and referrals with complex mental health needs.



## Medical

The BHF Psychiatric Nurses monitor the medication use of all residents and network with local pharmacies and physicians to ensure that residents' medication needs are being met. The nurses also provide consultation to residents and staff regarding on-going physical and mental health needs. During this fiscal year, the BHF Psychiatric Nurses continued the relationship with Fort Gary Access Primary Care Centre, as well as with Public Health Services for residents requiring prenatal and postnatal care. The nurses also connected with the Co-occurring Disorder Clinic at Health Sciences Centre which helps to provide continuity of care for those residents requiring ongoing psychiatric attention. In addition, the nurses trained staff in overdose response, including the use of Naloxone, should that be necessary. BHF would like to thank Brothers Pharmacy and the Addiction Foundation of Manitoba for providing training materials for that purpose.

*Support Services are those departments which support the daily functioning of the treatment program or enhance the experience and learning of program participants. Support Services include Education, Child Care, Employment Development, Maintenance, and Food Services.*

## St. Norbert Adult Education Centre

The St. Norbert Adult Education Centre (SNAEC) is operated by Manitoba Institute of Trades and Technology (MITT) in partnership with the Behavioural Health Foundation. SNAEC offers adults 19 years of age and older the opportunity to complete a Grade 12 Mature Student High School Diploma or to upgrade high school courses in



preparation for post-secondary education. The student body is a mix of BHF residents and adults from surrounding communities. SNAEC recognizes the importance of adult education and the positive impact it has on individuals, families and communities. SNAEC's teaching staff are sensitive to the diverse needs of adult learners and are committed to providing a receptive and intellectually stimulating environment. Twenty adults graduated from SNAEC in the 2018 – 2019 school year.

## BHF K—6 School

BHF's on-site Kindergarten – Grade Six program operates through Manitoba Education and Training as an independent school with one certified Teacher/Principal and two Education Assistants. Among the unique strengths of this program are the opportunity to integrate children's school experiences into wholistic planning for families, access to and support from Indigenous Services, a working collaborative relationship with daycare staff, and close connection between classroom staff and parents. Programming focuses on responding to students' individual needs and strengths while following Manitoba curriculum and guidelines. In the course of the 2018 – 2019 school year, nine children participated in the K – 6 classroom. BHF gratefully acknowledges funding from Manitoba Education and Training to operate this unique school.

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## BHF Daycare

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The on-site licensed daycare is a unique support for families dealing with addictions and co-occurring mental health issues. The Early Childhood Educators and Child Care Assistants work with parents and the therapeutic community as a whole, to provide a safe, stimulating and developmentally appropriate play environment and to foster a positive sense of family and cultural identity. The daycare is licensed for four infants, eight preschoolers and twelve school aged children. In the period April 1, 2018 – March 31, 2019, 56 children were accommodated in the various age groups. Length of stay varied from one week to the full year. As in the previous year, demand for infant spaces consistently exceeded the licensed capacity, necessitating space sharing based on each parent’s programming needs. Highlights of the 2018 – 2019 year at daycare include the development of an outdoor classroom and having all staff successfully complete Circle of Security Training. The Daycare Director also facilitated weekly Effective Parenting seminars for BHF residents and mentored a group of parents in using a Circle of Security approach to their children’s needs. BHF gratefully acknowledges Early Learning and Child Care whose support and individualized funding agreement makes the provision of on-site quality child care possible.

## Employment Development

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Employability is an integral component of wholistic addictions treatment. The majority of adults in treatment at BHF are unemployed at entry and face numerous challenges in preparing to gain employment. Barriers include interrupted or incomplete education, poor or non-existent employment histories, lack of role models, repeated experiences of perceived or systemic discrimination and diminished self-confidence. Some barriers are very specific – lack of ID, lack of bank account/dependency on pay day lenders, ineligibility for federal benefits due to not filing income tax declarations, inability to pay for a bus pass, work boots or other equipment in order to seek employment.

BHF is fortunate to be able to network with other agencies and programs in addressing barriers to employment and financial stability. In the 2018 – 2019 fiscal year, ninety-five birth certificate applications (for treatment program members and their children) were completed with the Employment Development Counsellor’s assistance and funding through SEED Winnipeg’s Access to ID program. SEED also networked with BHF to offer Money Management seminars to our members in 2018 – 2019. Over the course of the fiscal year, BHF continued as a referral site for the Assiniboine Credit Union’s Financial Access Program, helping adults in treatment set up bank accounts. As a Canada Revenue Agency Community Voluntary Income Tax Program (CVITP) site, BHF is also able to assist members in filing tax returns, which in turn allows them to apply for federal benefits. Approximately 90 Therapeutic Community members filed taxes through the CVITP during this fiscal year.

BHF’s Employment Development Program assists members in preparing to enter or re-enter the paid workforce at whatever point makes sense in their individual treatment plan. In the fiscal year 2018 – 2019, 88 adults participated in this program. They identified transferable skills, prepared resumes, discussed job search strategies, and learned about employment rights and responsibilities. Forty-two individuals obtained employment while still residing in the therapeutic community. BHF gratefully acknowledges Manitoba Education and Training for their contribution toward the Employment Development Program.

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## Food Services

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The BHF kitchen is a vital part of the organization. Kitchen staff ensure meals are nutritious, well-prepared and presented on time. In addition, they supervise Addiction Treatment Services members on the kitchen crew, teaching safe food handling, operation and care of kitchen equipment, food preparation and food service. In the course of a year, kitchen staff and residents work together to produce thousands of meals, morning and afternoon snacks for children at the daycare, coffee break snacks for adults, and refreshments for numerous meetings and special events. A recurring sentiment from former residents during follow up interviews is that this setting provided them with valuable life skills and work experience. They describe how skills learned in this environment help them to better feed their children at home, help them in their current employment and for some, even sparked an interest in post-secondary education in culinary arts.

## Maintenance

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BHF's numerous unique buildings and attractive setting contribute to the breadth of activities and services that make the residential programs truly wholistic. The maintenance program does an admirable job of keeping the grounds, buildings and machinery in good repair, ensuring a safe and comfortable environment for staff and residents alike. Notable maintenance projects of the 2018 – 2019 year included an updated phone system, air conditioning for the adult education centre, a new furnace for one of the transition houses, and a new roof on the Breezy Point residence.



## Cultural Services

During the fiscal year, 81 sweats were held at the sacred grounds in St. Norbert for BHF program participants as well as community members. Two-hundred and seventy community members attended these sweats. In July of 2018, BHF was host to Mike Calder's (Director of Indigenous Services) Sundance ceremony. Eighty-two dancers participated. One Sundance preparation ceremony took place in advance. Six full moon ceremonies were held in St. Norbert. Ninety female residents from BHF and 165 women from the community attended these ceremonies. A two-day Ghost Dance ceremony took place in October, attended by 70 people. Residents and staff worked on the traditional grounds, gathering rocks for sweats and cutting wood for sacred fires. Several days were spent gathering and harvesting various traditional medicines. Several naming ceremonies were completed upon request. Residents and staff worked on various traditional arts and crafts projects. A 2019 calendar with artwork from residents and staff was put together for mass production and included the dates of all of our ceremonies. Traditional counselling and teachings are available upon request.



**BEHAVIOURAL HEALTH FOUNDATION INC.**  
**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2019**

The following is a summary of the financial position of the Foundation as at March 31, 2019. Audited financial statements are available upon request.

	<b>2019</b>	<b>2018</b>
<b>ASSETS</b>		
Current assets:		
Cash	\$ 84,052	\$ 101,105
Accounts receivable	224,410	236,322
Prepaid expenses and other assets	<u>9,745</u>	<u>27,232</u>
	318,207	364,659
Capital assets	1,455,330	1,507,289
Assets held for sale	869,436	869,436
Restricted cash – replacement reserve funds	27,887	34,749
Marketable securities – stabilization reserve fund	<u>253,217</u>	<u>301,167</u>
	<b><u>\$ 2,924,077</u></b>	<b><u>\$ 3,077,300</u></b>
<b>LIABILITIES</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 294,397	\$ 415,546
Current portion of long term debt	<u>25,000</u>	<u>22,000</u>
	319,397	437,546
Deferred capital contributions	149,963	157,717
Deferred contributions	70,000	10,000
Long term debt	<u>175,776</u>	<u>202,622</u>
	715,136	807,885
<b>NET ASSETS</b>		
Invested in capital assets	1,974,027	1,994,383
Internally restricted	1,469,681	1,466,853
Externally restricted	27,887	34,749
Unrestricted	<u>(1,262,654)</u>	<u>(1,226,570)</u>
	<u>2,208,941</u>	<u>2,269,415</u>
	<b><u>\$ 2,924,077</u></b>	<b><u>\$ 3,073,300</u></b>

(unaudited summary statement – audited financial statements are available upon request)

**BEHAVIOURAL HEALTH FOUNDATION INC.**  
**SUMMARY STATEMENT OF OPERATIONS**  
**FOR THE YEAR ENDED MARCH 31, 2019**

The following is a summary of the Foundation's operations for the year ended March 31, 2019. Audited financial statements are available upon request.

	<b>2019</b>	<b>2018</b>
<b>Revenues</b>		
Fees for services	\$ 845,549	\$ 793,169
Grants	3,179,560	3,345,215
Donations	9,035	8,837
Other	<u>402,185</u>	<u>545,628</u>
<b>Total revenues</b>	<b>4,436,329</b>	<b>4,492,849</b>
<b>Expenses</b>		
Salaries and benefits	2,334,574	2,385,197
Shelter	635,222	718,278
Care	1,333,518	1,269,530
Administration	<u>193,489</u>	<u>204,355</u>
<b>Total expenses</b>	<b><u>4,496,803</u></b>	<b><u>4,577,360</u></b>
<b>Net (loss) income for the year</b>	<b><u>\$ (60,474)</u></b>	<b><u>\$ 115,489</u></b>

(unaudited summary statement – audited financial statements are available upon request)



**BEHAVIOURAL  
HEALTH  
FOUNDATION**

# Operating Authorities & Accreditation

- The Behavioural Health Foundation Inc. (BHF) is located on Treaty One land, at 35 avenue de la Digue in St. Norbert, Manitoba.
- BHF is a federally registered charitable organization (Revenue Canada Charitable Organization Registration Number 12933 3027 RR0001).
- BHF is registered provincially under Section X of the Companies Act of the Province of Manitoba.
- BHF Day Care is licensed by Manitoba Family Services under the Community Child Care Standards Act.
- BHF's Addiction Treatment Services and Breezy Point program are CARF accredited under the category of Behavioural Health, Integrated Alcohol and other Drugs/Mental Health. Included in this program accreditation were the following Core Program Designations: Community Housing, Residential Treatment, and Therapeutic Communities. BHF's programs have been accredited since 1993.
- In March, 2018 BHF was again awarded three-year CARF Accreditation, the highest achievable accreditation period.

## What is CARF?



CARF is a private, not-for-profit organization that promotes quality rehabilitation services. It does this by establishing standards of quality for organizations to use as guidelines in developing and offering their programs or services to consumers. CARF uses the standards to determine how well an organization is serving its consumers and how it can improve. The CARF standards are developed with input from consumers, rehabilitation professionals, state and national organizations, and funders. Every year the standards are reviewed and new ones are developed to keep pace with changing conditions and current consumer needs.

## What Does It Mean to be Accredited?

After an organization applies for accreditation of its services or programs, CARF sends professionals in the field to conduct an on-site survey to determine the degree to which the organization meets the standards. CARF surveyors also consult with staff members and offer suggestions for improving the quality of services. CARF-accredited programs and services have demonstrated that they substantially meet internationally recognized standards. CARF accreditation means that you can be confident that an organization has made a commitment to continually enhance the quality of its services and programs, and its focus is on consumer satisfaction.

## The Benefits of Accreditation to You, the Consumer of Services

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

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



**“I’m living with my parents,  
I have a full-time job.  
I’m clean.  
Things are going  
really well.”**

**“I learned a lot more  
about mental health  
and emotional health.”**

**“I learned how to be  
independent and stable  
on my own.”**

**“I’m going back to  
the gym, working  
part-time,  
and I have a hobby.”**

**“I dwell less  
on the past.”**

**“I’m two years clean  
and I have a different  
outlook on life.”**

**“It’s a good program,  
staff care and  
they help you.”**

**“It changed me  
in a healthy way  
and I’m grateful  
for the help I received.”**

**Behavioural Health Foundation Inc.  
Addictions and Co-occurring Mental Health Treatment**