

BEHAVIOURAL HEALTH FOUNDATION



Annual Report

APRIL 1, 2020—MARCH 31, 2021

Celebrating 50 Years in Manitoba

50 Years In Manitoba

Summer, 1971

The X-Kalay Foundation, a group of men from Salt Spring Island and Vancouver, BC moved to Winnipeg to establish a residence for men recently out of prison experiencing addiction. David Berner, who founded X-Kalay along with a group of Indigenous former inmates of a BC penitentiary, shared a philosophy very similar to BHF's today, and simple house rules of "no booze, no drugs, no violence". The name X-Kalay was derived from an indigenous language word for "path", "X" meaning "unknown". It wasn't long before X-Kalay began accepting women into the house, then children to accommodate whole families wanting to remain together while overcoming the negative aspects of life.

Over the years and under the directorship of Luis Molina, followed by Shirley Green, Lorne Weir then Jean Doucha, the name of the program changed to The St. Norbert Foundation, to reflect the (then) small neighbourhood of St. Norbert on Treaty One land and homeland of the Métis nation. The St. Norbert Foundation became the Behavioural Health Foundation in the early 2000's, to better reflect its purpose. Being the first treatment program in Manitoba to open a licensed daycare, K-6 school, and the first to establish an Adult Education program where residents could obtain a high school diploma, BHF was also the first to receive CARF accreditation. Traditional services, always a key part of the program, brought BHF to being the first treatment centre in Manitoba to have sacred grounds, the first to have a Sundance that is now a 30-year tradition, beginning with Elder Dr. Dave Courchene as the first Sundance Chief, until Elder Mike Calder was gifted Chief of the Northwind Sundance Lodge. The first sweat was poured by Elder Stan Nelson, followed by Elder Henry Shingoose.

Although the organization that is BHF in 2021 has evolved vastly over the decades, the spirit of X-Kalay is still reflected in BHF's Philosophy, Mission Statement, Purpose, and Core Values. That spirit is also reflected around the house today: "no person is an island", "there is no free lunch", "honesty is the best policy". There is no doubt that the former directors, staff and members from over the decades, many of whom have passed, would be very proud of both the evolution and spirit that has stayed: the Foundation.



BHF acknowledges the traumatic, generational impact the Indian Residential Schools system has had on many Indigenous persons served by BHF and Indigenous staff persons of BHF. We hope that this 50th anniversary of BHF on Treaty One land and the homeland of the Métis nation can help us reflect on the history of Manitoba, and inspire us to work and concentrate today with a vision of tomorrow.

Board of Directors 2020-2021

Peter Kingsley, President

Sachit Mehra, Vice President

Karen Beaudin

Marilyn Brick

Marian Deegan

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

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Intake Inquiries: : ATSintake@bhf.ca

Telephone: (204) 269-3430

Breezy Point (Women's Program)

Box 250, 35b ave de la Digue

St. Norbert, MB R3V 1L6

Intake Inquiries: BPintake@bhf.ca

Telephone: (204) 261-6111

Program accreditation provided by
www.carf.org



*The Behavioural Health Foundation is
located on Treaty One territory and
the homeland of the Métis Nation.*

Thank You For Your Support

*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.



President's Remarks

Presenting the Annual Report of the Behavioural Health Foundation is always a proud moment, but this year I am exceptionally pleased. The statistics and descriptors in the 2020 – 2021 Annual Report tell the story of an organization that drew on its strengths and experience to not only survive an extraordinary year, but to provide uninterrupted quality care and programming.

On behalf of the Board of Directors, I would like to acknowledge the hard work and commitment of each and every member of the BHF staff during the COVID -19 pandemic. Our daycare and classroom staff, kitchen staff, administration, maintenance, front line treatment staff, support staff, RPNs, Indigenous services – they all stepped up to make sure BHF remained a safe and productive place. I know they will continue to do so, however long the pandemic endures. Our success was due, in large part, to the extraordinary

leadership of Jean Doucha who has always set high standards for herself and the organization and who led by example through all the challenges of this past year.

In June 2021, after 45 years with the Foundation including sixteen years as Executive Director, Jean embarked on a well-earned retirement. Her legacy here includes the first licensed daycare at a treatment facility, the first international accreditation of an addictions treatment program in Canada, the establishment of an on-site adult education centre, the development of a strong clinical team to address co-occurring disorders, commitment to staff diversity that reflects our population, and recognition of the importance of Indigenous cultural programming as a core part of treatment. Jean's contribution could be measured in many ways – by the positive comments of CARF reviewers, the esteem in which she is held by leaders of other non-profits, her standing as member of the Manitoba Order of the Buffalo Hunt. But perhaps the most significant measurement of her impact here, is the comment made by countless residents, ex-residents and staff when they heard she was retiring – “Jean changed my life.” Though Jean is no longer staff, she will always be a member of the Therapeutic Community and I know she will always support its philosophy and efforts.

BHF has also been fortunate to have Mike Calder as our Director of Indigenous Services. Mike's history at the Foundation is nearly as long as Jean's and his depth of knowledge and experience were invaluable in a year that required both steadfastness and adaptability. Though public health orders meant many ceremonies and gatherings had to be cancelled, throughout the year Mike responded to innumerable requests for teachings, prayers and traditional counselling. Whether the person seeking help was a current resident, past resident, extended family, or member of the wider community, Mike and his helpers offered comfort and support. As in past years, Mike also responded generously to requests from non-Indigenous groups, including the Winnipeg Police Service, providing insight into the true experience and history of Indigenous people in Canada, and extending the opportunity for meaningful steps toward reconciliation. Mike's expertise and the respect in which he is held was exemplified by his appointment to the Provincial Indigenous Elders Advisory Council this summer.

Last year's Annual Report, written in the early months of the pandemic, noted that further challenges undoubtedly lay ahead. At the time, I expressed my confidence that BHF would be able to face those challenges and continue to help those who come here to better their lives. I am proud to say that my confidence was well-placed. BHF is about to celebrate its 50th anniversary as an organization dedicated to helping people move away from addiction toward happier, healthier lives. That work is never easy but the remarkable achievements of this past year are one more indicator that BHF is not only committed to the task, but well equipped to take it on.

Peter Kingsley, Q.C.

President, BHF Board of Directors

Our Mission

To provide quality behavioural health services of a wholistic 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.

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.

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.



Finances & Acknowledgements

**BHF is thankful for the financial support from many private donors
as well as the following during the fiscal year 2020-2021:**

All Charities Campaign, Province of Manitoba

Back to Work Manitoba

Bell Let's Talk Mental Health

Building Sustainable Communities

Canada Summer Jobs

Government of Canada/United Way Emergency Community Support Fund

Manitoba Economic Development & Training

Manitoba Education & Training

Manitoba Families

Manitoba Health, Seniors and Active Living

Manitoba Real Estate Association Shelter Foundation

The Winnipeg Foundation

Additional thanks to:

The Red Cross Emergency Community Support Fund for the donation of personal protective equipment and on-line training during the Covid-19 pandemic.

Outcomes & Effectiveness

BHF uses a variety of performance indicators to measure program efficiency, access, and outcomes. BHF strives to increase lengths of stay to help residents achieve their long-term treatment goals, employment and education goals, reunite families, and reduce homelessness.

Addiction Treatment Services:

- *The average length of stay of adults who exited in the fiscal year was 80 days.*
- *56% of adults who exited completed primary treatment.*
- *86% of adults were free from substance use and 100% reduced their substance use at exit from the program.*
- *27% of adults were employed or in another productive role upon exit.*
- *100% of adults had no new criminal justice system involvement during their treatment stay.*
- *15% of adults attended education during their treatment stay.*
- *43% of adults exited into stable or transitional housing.*

Breezy Point:

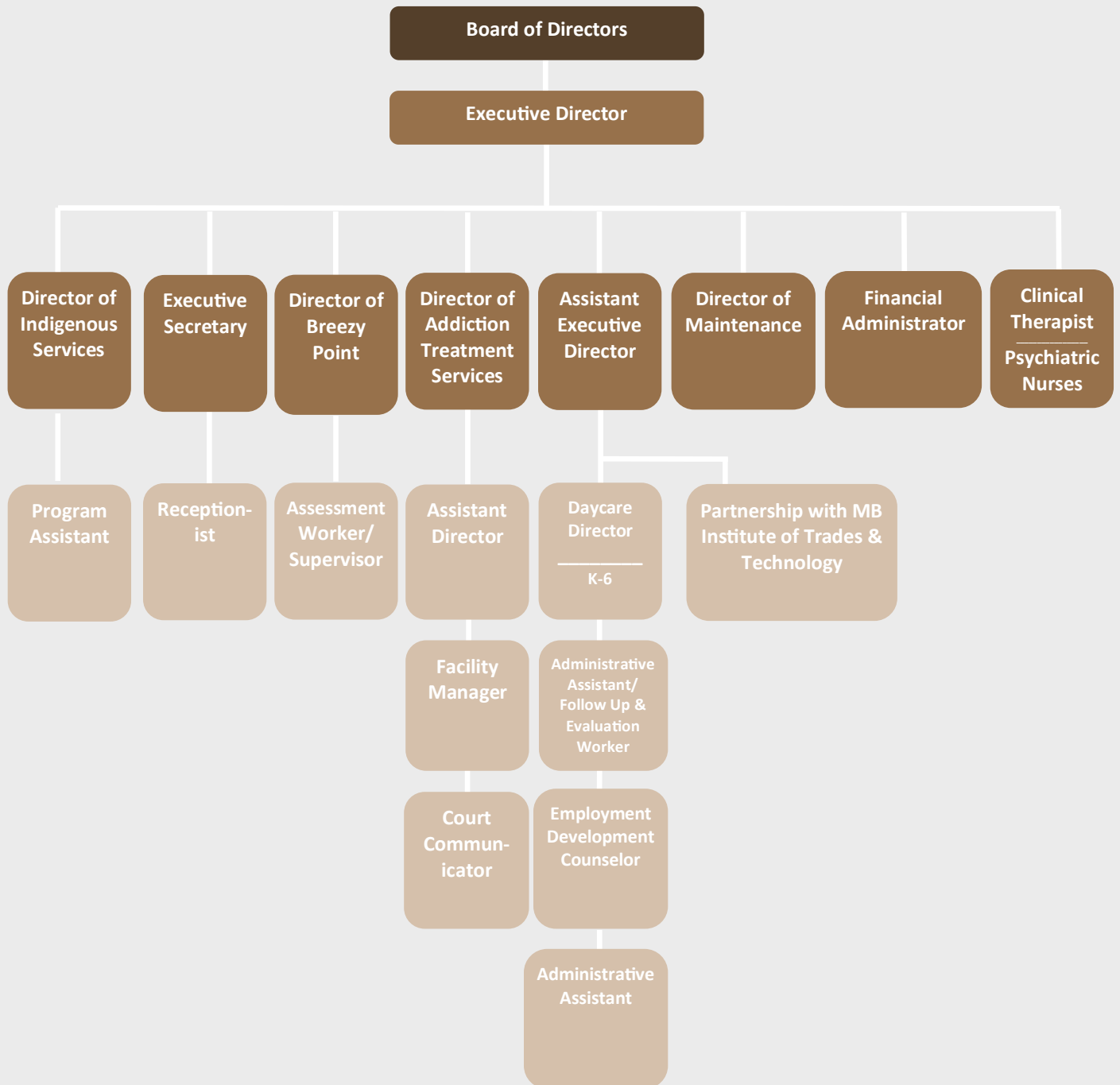
- *The average length of stay of women who exited in the fiscal year was 76 days.*
- *48% of women who exited completed primary treatment.*
- *81% of women were free from substance use and 100% reduced their substance use at exit from the program.*
- *100% of women had no new criminal justice system involvement during their treatment stay.*
- *67% of women exited the program into stable or transitional housing.*

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.



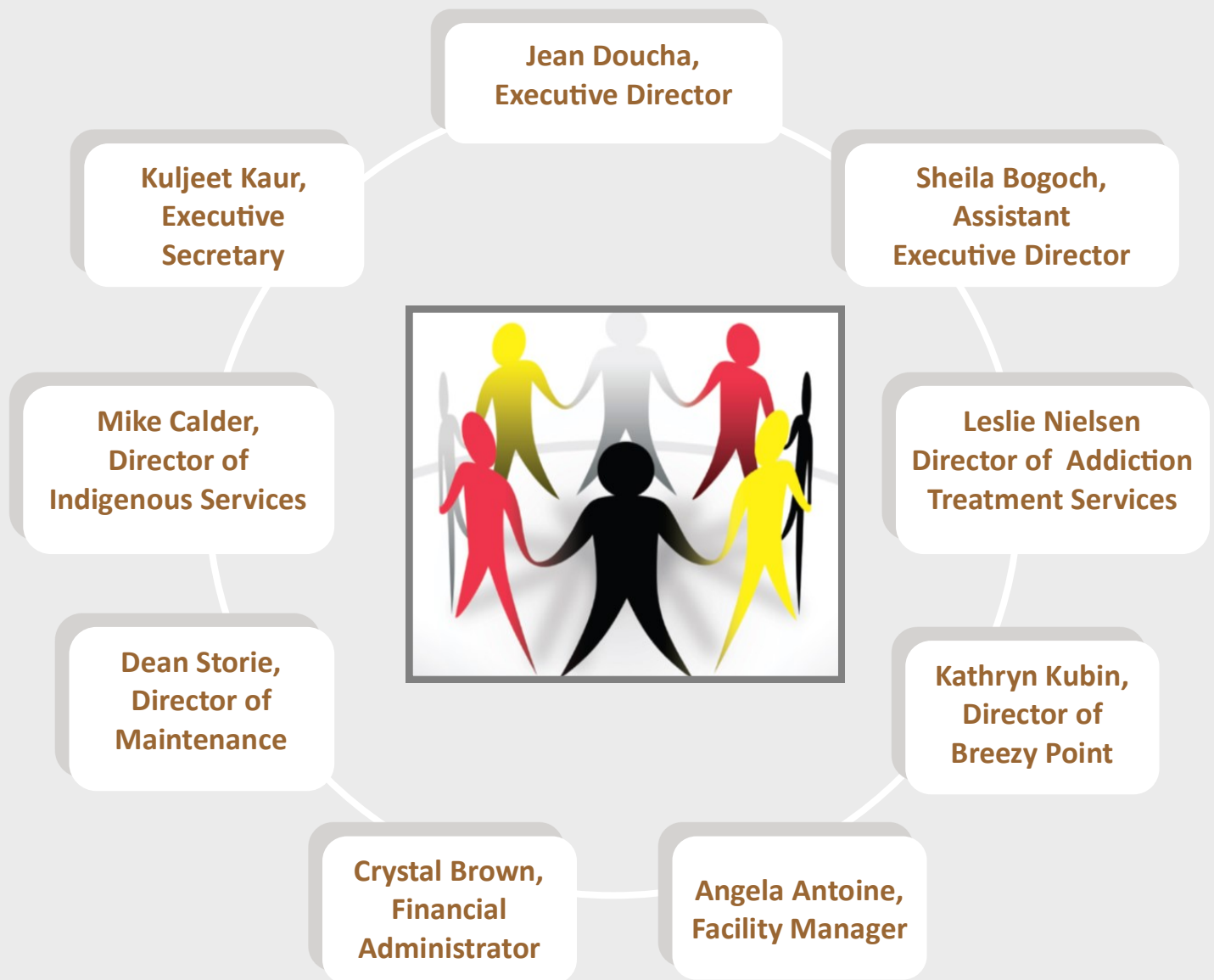
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Organizational Chart



 Represents Senior Management

Management, 2020-2021

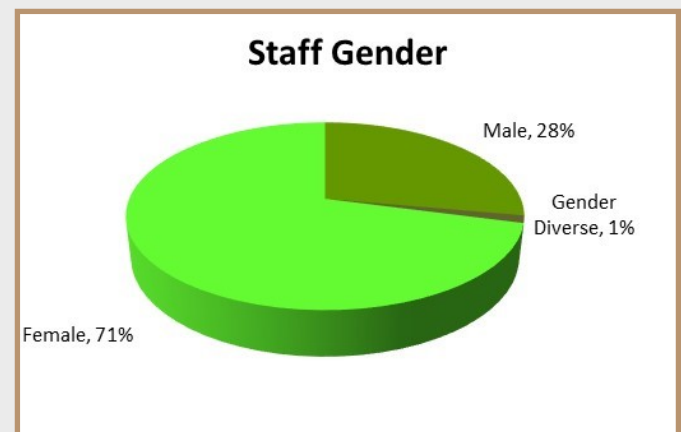
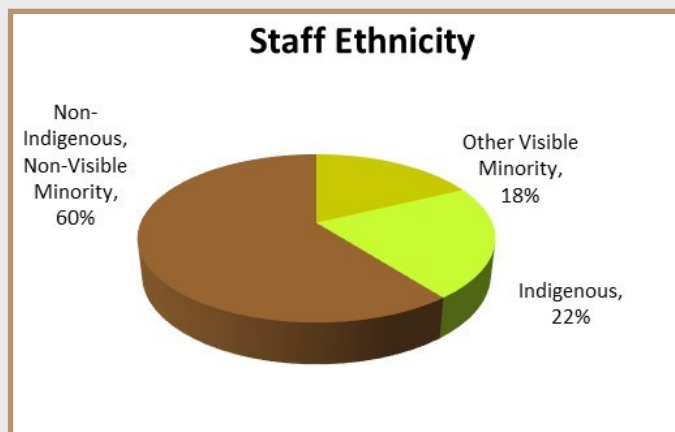


Staffing

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, two Clinical Therapists, Early Childhood Educators, Child Care Assistants, a Teacher/Principal 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, 2021 BHF had 79 staff; 55 were full time and 24 were part time.



Staff Training

In addition to attending numerous community-based workshops and courses including Trauma Informed Care, BHF staff regularly participate 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/Defibrillator Training
- 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

Over the fiscal year, for safety reasons and health restrictions during the pandemic, the delivery and cadence of training on many occasions had to adapt.

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 self-defeating 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.

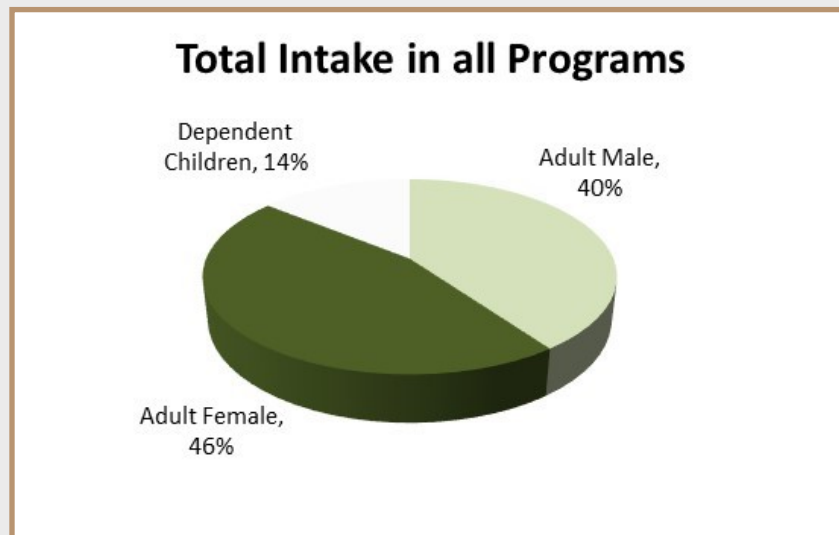


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Intake and Days Care

Total Intakes BHF Programs 2020-2021

Adult Males ¹	127
Adult Females ¹	145
Dependent Children	45
Total Intakes	317



Days of Care Provided

Adults	20,052
Dependent Children	6,256
Total Days of Care Provided	26,308

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 fiscal year, BHF Intake/Outreach staff received 319 calls, had 510 outreach client visits at RPC, and presented at 30 speaking engagements. Unfortunately due to the pandemic, Outreach/Grad groups were not held at RPC for ex-residents of BHF. Adapting to social distancing and other limitations created new barriers where demand for services was already high. During the pandemic, the demand for detox increased, and there has been increased awareness of the tragic frequency of fatal overdoses.

¹Clients are categorized with the gender to which they identify. If clients do not identify with traditional gender definitions, BHF reports information in a manner that best protects their personal information.



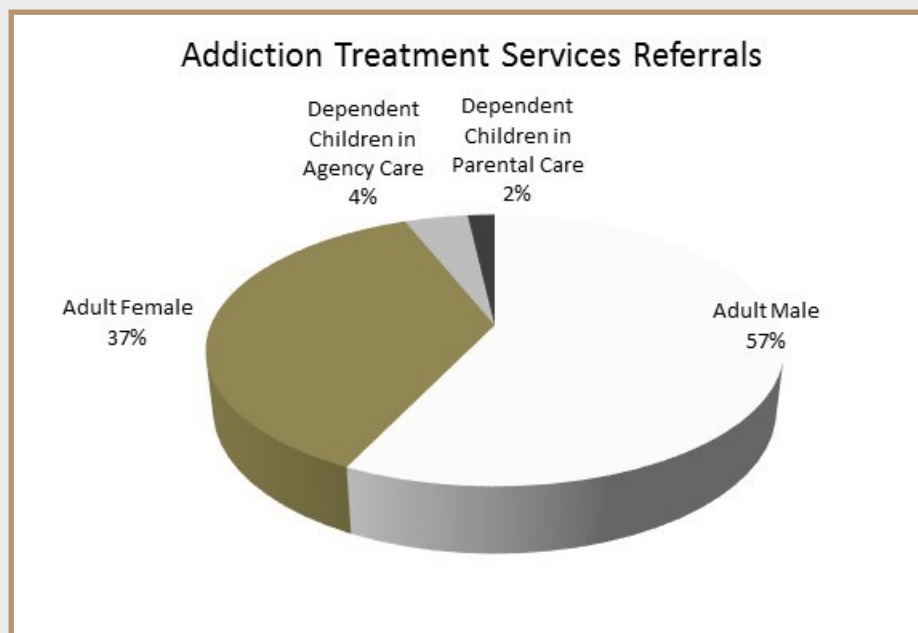
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Addiction Treatment Services

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

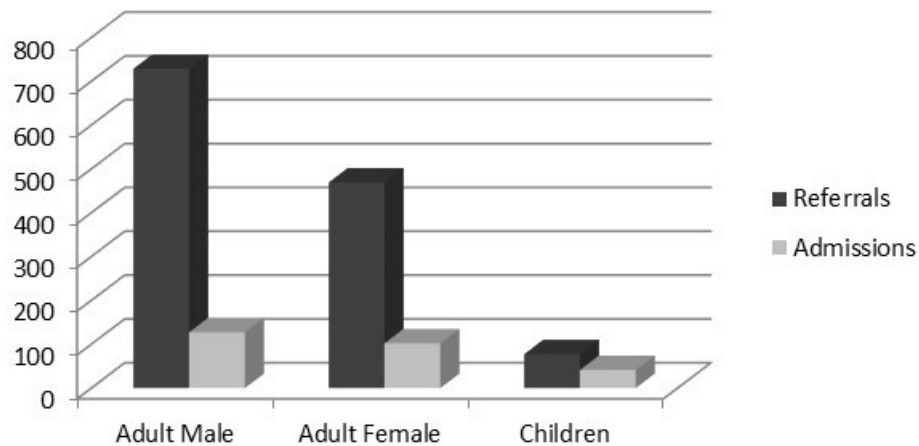
A total of 1,274 referrals of adults and dependent children were made to the Addictions Treatment Services program in the 2020-2021 fiscal year. These referrals consisted of 728 men, 469 women, 23 children in their parents' care, and 54 children in the care of Child & Family Services agencies. For referrals who were admitted into the program, the average time spent on the waiting list was 36 days.



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

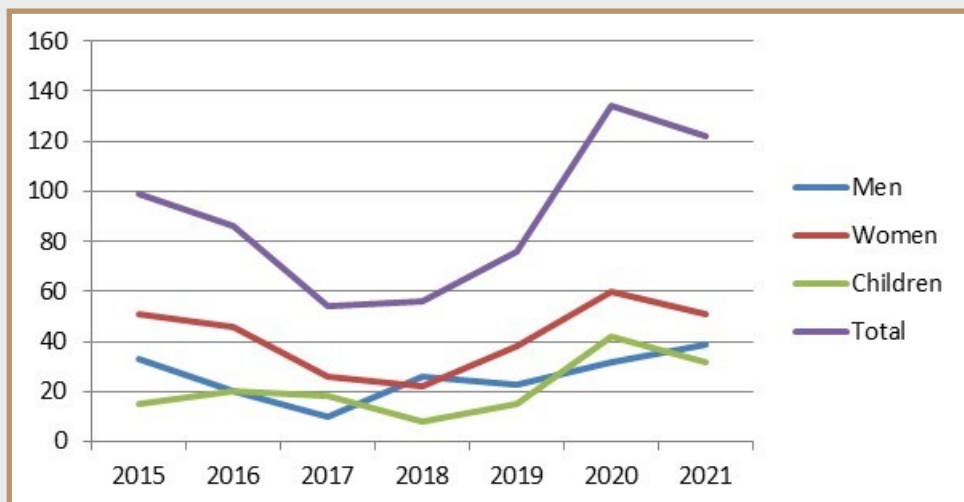
- Clients experiencing long waiting periods decided to seek other treatment or had changed their mind about attending treatment when bed space became available.
- Clients were found unsuitable for the program due to histories of sexual offence, arson, other serious offences, active gang involvement, or the client being deemed a flight risk.
- Clients were unsuitable due to serious and persistent health/mental health or mobility concerns.
- Clients had a previous history of poor program performance.
- Clients were unsuitable due to having no addiction issues.

Referrals vs. Admissions

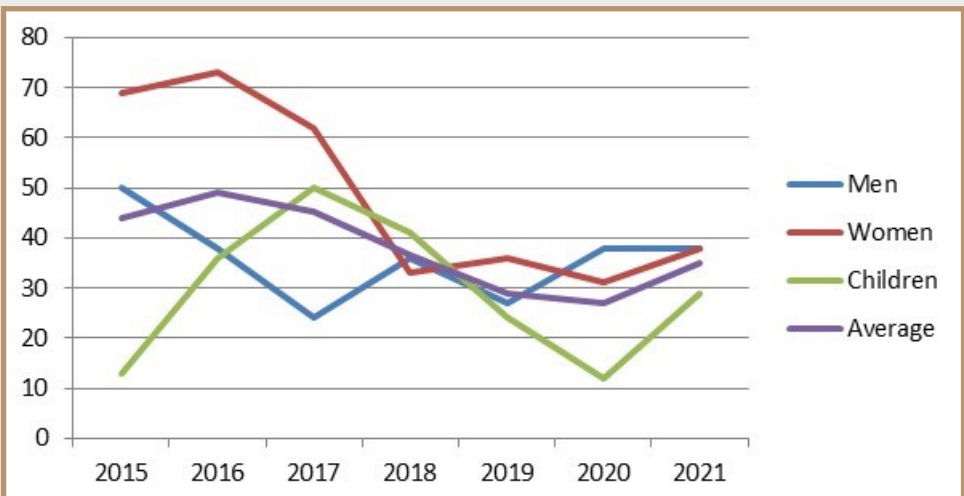


Waiting List Statistics: a 7-Year Comparison

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



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



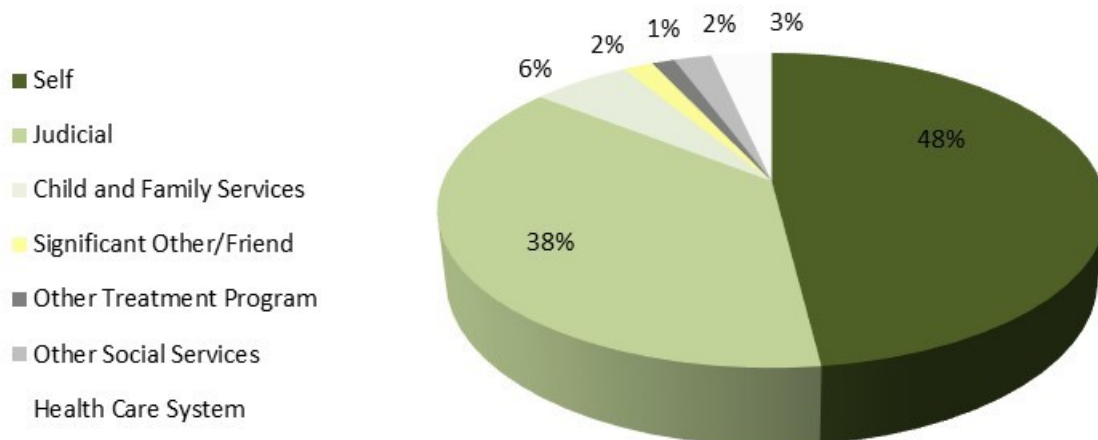
Client Detail, Addiction Treatment Services

Total Intakes, Addiction Treatment Services	
Adult Males	127
Adult Females	102
Total Adults Admitted to Program	229
Children of Members	41
Total Residents	270

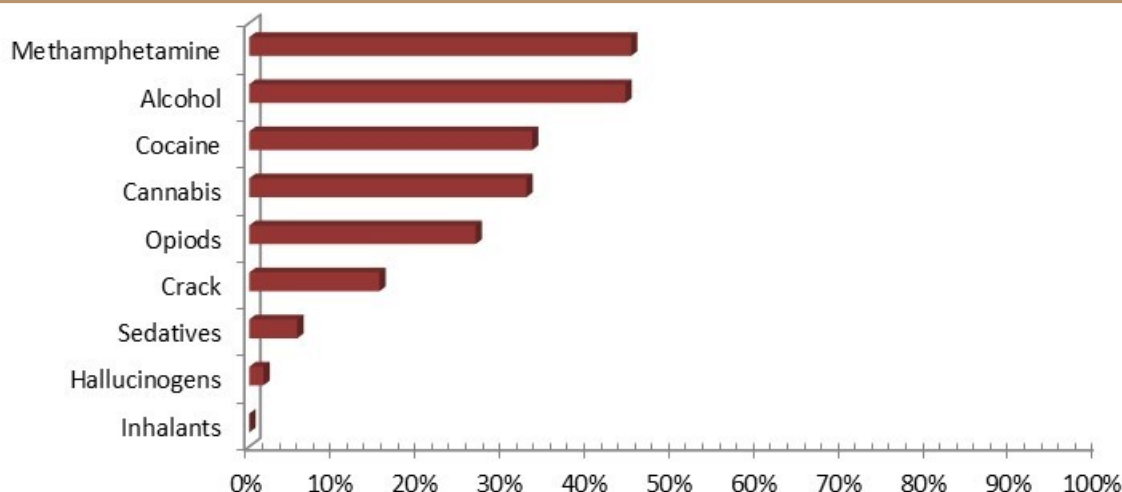
Average Age	32
Age Range	17-62
Average Length of Stay*	62 days
Completed Primary Treatment (30 days)	116 (51%)
Stayed over 90 days	58 (25%)

* Sixteen clients who entered during the 2020-2021 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



Children of Members (Addiction Treatment Services)

During the 2020-2021 fiscal year, 41 children came to live at BHF Addiction Treatment Services program while their parents participated in treatment. At entry, 18 (44%) children were in agency care. The average length of stay of children was 92 days. Twelve (29%) children had regular visitation with their parents at BHF prior to moving in. There were 3 babies born to mothers who entered the program pregnant. Of the 18 children who entered BHF in the care of Child & Family Services, 15 (83%), to date had successful reunifications where the parent regained custody of their child(ren) while in the program.

Post-Treatment Follow-Up

The Behavioural Health Foundation conducts a continuous 6-month follow-up study of program participants. The information below is based on clients who attended treatment during the fiscal period of April 1, 2019 to March 31, 2020. The fiscal 2020-2021 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 2022.

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 2019-2020 study.

Substance Use Reduction

Of the 62 clients located and interviewed 6 months after completion of primary treatment, 77% significantly reduced their use of substances. The average reduction of substance use was 12.4 points on the World Health Organization's ASSIST Scale, equating to the reduction of two substances used on a daily basis.

Criminal Justice System Involvement

Sixty-one percent of all residents who entered in the 2019-2020 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, 85% of located clients had no new involvement with the law.

Employment

Upon entry, 95% of clients were unemployed. Only 5% 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, 56% of the clients located had become involved in these successful pursuits, a significant increase.

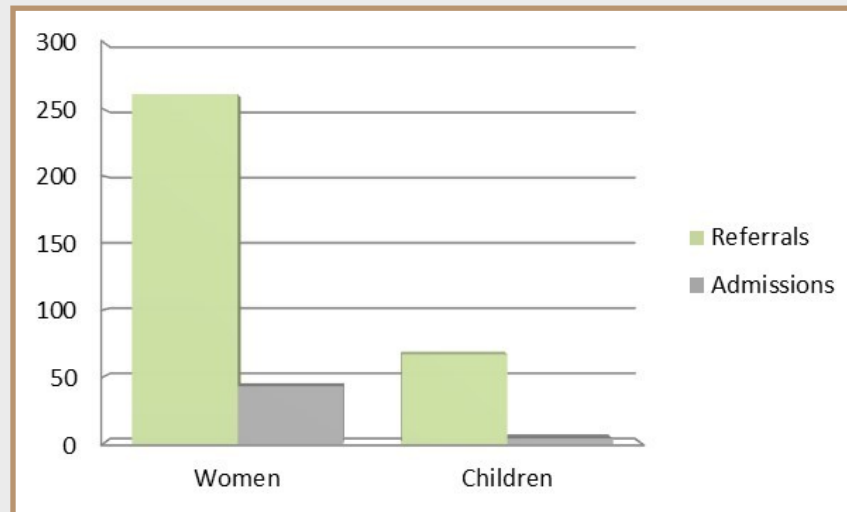
Education

In this reporting period, 27 residents took advantage of the on-site Adult Education Centre. Ten of the 62 (16%) 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 fourteen-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	2018-2019	2019-2020	2020-2021
Average Days on Wait List for Women who Entered	22	42	43
Average Days on Wait List for Children who Entered	0	1	20
Average Number of Women on Wait List at Month End	10	27	21
Average Number of Children on Wait List at Month End	0	1	0

Client Detail

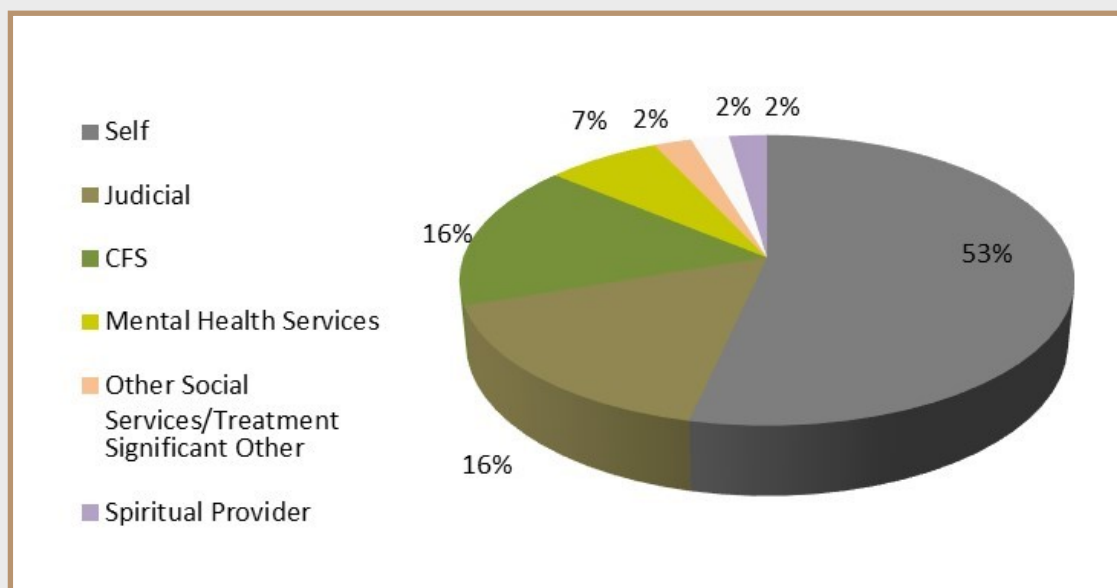
Average Age of Women	29
Age Range	18-53
Average Length of Stay in Treatment*	57 days
Completed Primary Treatment	17 (40%)
Women who stayed over 90 days	10 (23%)

**Three clients who entered during the 2020-2021 fiscal year remain in the program at the time of this report. This number will increase until they exit the program.*

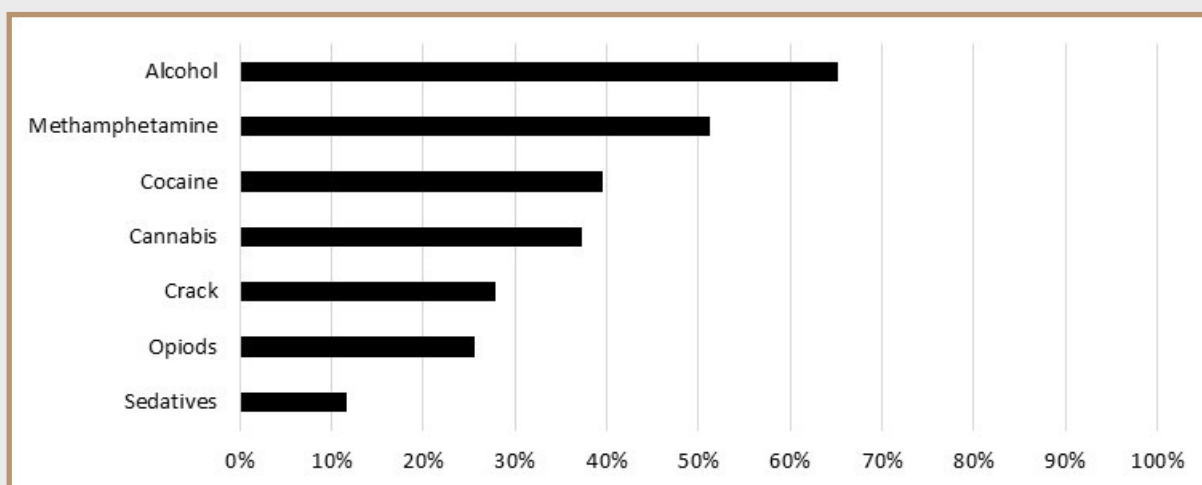
There were 43 intakes at Breezy Point during the 2020-2021 fiscal year. Referral sources included self, judicial, mental health services, other treatment programs including transfers from BHF's Addiction Treatment Services program, and Child and Family Services. Twenty-five (58%) of these women were from the City of Winnipeg and 18 (42%) were from elsewhere in Manitoba. Thirty-four women (79%) were Indigenous.

Thirty (70%) of the 43 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 88, an average of 2.9 children per mother. Two (5%) of the intakes were pregnant women. Forty-two (98%) of the women who entered Breezy Point were unemployed at entry. At the time of this report, 3 of the women who entered in the last fiscal year remain in the program. The facility also housed 6 children over the fiscal year.

Breezy Point Referral Sources



Most Frequently Used Substances



Breezy Point Follow-Up

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, 2019 to March 31, 2020. The fiscal 2020-2021 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 2022.

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 2019-2020 study.

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 14.3 points on the World Health Organization's ASSIST Scale.

Criminal Justice System Involvement

Twenty-two (40%) of all residents who entered in the 2019-2020 fiscal year had involvement with the Criminal Justice System. They were on bail or probation. At the time of follow-up, 12 (80%) of located women had no new involvement with the law.

Employment & Education

Upon entry to the program, two (4%) 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 6 (40%) were attending education full time.

"I'm back in school, taking two courses. I have a positive outlook on life. I'm sober."

"I'm maintaining my sobriety, I'm going to school. I have all of my kids back in my care."

We have a great place to live, we are doing really, really well. "

-Former Breezy Point Residents, Systems Evaluation Report 2019/2020



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Indigenous Services



The Covid-19 pandemic had a major impact on BHF's Indigenous Services. Varying degrees of restrictions over the fiscal year prevented many of the usual ceremonies that BHF's residents, staff and community members benefit from. The pandemic prevented BHF from welcoming community members to attend sweats. During the fiscal year, 22 sweats were held at the sacred grounds in St. Norbert for BHF program participants.

In July, BHF traditionally hosts Mike Calder's (Director of Indigenous Services) Sundance ceremony. To protect dancers and their home communities from risk of Covid-19, the 2020 Sundance was cancelled.

Thirteen full moon ceremonies were held in St. Norbert. One hundred and twenty-eight female residents from BHF attended.

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

2020 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.

"I got my life back. I didn't have control over my life for so many years. People I run into ask me how I did it and I have BHF to thank for that."

-Former Resident, Systems Evaluation Report 2019-2020

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 272 adult intakes in 2020-2021 (Addictions Treatment Services and Breezy Point combined) 264 were screened for past and present mental health concerns. One hundred (52%) declared to have a past mental health diagnosis, past mental-health related hospitalization, and/or self-harm or self-harm ideation. One hundred and seventy-nine (66%) reported having suffered significant trauma.

Throughout 2020, the clinical services team at BHF provided mental health care and interventions to residents as the program adapted to Covid-19. Clinical therapy was provided to nearly a hundred residents, including individual, group, family, and couple's therapy. Weekly Grief and Loss Therapy groups were held to ensure that residents continued to have a space to heal from past losses. The therapy dog program had to be put on hold, but the clinical therapists put together a guidebook to assist residents to maintain their mental health while in isolation due to the virus.

In addition to therapy and assessments, the clinical team at BHF is coordinating meditation programming and auricular acupuncture, as well as providing consultation and training to treatment staff in regards to treatment planning, crisis management, staff training, medication management, and collaboration with other agencies for residents with complex mental health needs.

Medical

The BHF psychiatric nurses continued to address the residents' medical and psychiatric needs, medication needs, and aided in ongoing staff training. The nurses conducted staff training sessions on medication monitoring, overdose response and the use of nasal Naloxone, as well as co-occurring disorder initiative and mood disorders trainings. This year, the COVID-19 pandemic has presented additional challenges for our nurses with an ultimate goal of keeping the community safe from the virus. The BHF nurses continued emphasizing the need for education on COVID-19 signs and symptoms, isolation and social distancing practices, vaccine education, and hand hygiene. The nurses continued to create and implement policies for BHF that were in line with Public Health guideline and practices. BHF nurses took a lead role in managing COVID-19 cases at BHF, internal contact tracing, as well as COVID-19 testing and isolation procedures. Although some community programs had to be put on hold, the BHF psychiatric nurses continued their relationship with Access Fort Garry and Public Health Services to ensure residents' health needs were met while in treatment.



The Courtyard underwent a landscape makeover in 2020.

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

Since 2001, BHF and the Manitoba Institute of Trades and Technologies (MITT) have partnered in the operation of the St. Norbert Adult Education Centre, on-site at BHF. 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. Teaching staff are sensitive to the diverse needs of adult learners and are committed to providing a receptive and intellectually stimulating environment. Despite the many challenges for learners during the COVID-19 pandemic, in June 2021 16 adults graduated from SNAEC in the 2020 – 2021 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. Programming focuses on responding to students' individual needs and strengths, while following Manitoba Curriculum guidelines. A unique strength of this program is the opportunity to integrate children's school experiences into wholistic planning for families. This includes access to on-site Indigenous Services, a collaborative relationship with BHF Daycare staff, and an empathetic connection between classroom staff and parents. These cooperative relationships greatly helped everyone navigate the challenges of the pandemic and succeed in maintaining a safe and positive space for learning. In the course of the fiscal year, a total of 21 children participated in the K – 6 classroom. BHF gratefully acknowledges funding from Manitoba Education and Training to operate this unique school.

BHF Daycare

On-site licensed childcare is a unique support for families dealing with addiction and co-occurring mental health issues. 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. Each parent volunteers in the daycare for at least a one week period, providing opportunities for staff and parents to learn from one another. In addition, the Daycare Director facilitates a variety of workshops, including the Circle of Security series, for both parents whose children are in residence with them and those who are working toward reunification. BHF Daycare is licensed for 4 infants, 8 preschoolers and 12 school age children. In the period April 1, 2020 – March 31, 2021, 59 children were enrolled in the daycare, with lengths of stay ranging from less than 1 week to the full year. BHF gratefully acknowledges Early Learning and Child Care whose support and individualized funding agreement makes the provision of on-site quality child care possible.



A new play structure was installed in 2020, much to the enjoyment of children living at BHF.

Employment Development

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, repeated experiences of discrimination, and diminished self-confidence. Some barriers are very specific – lack of ID, lack of bank account/dependence on pay day lenders, ineligibility for federal benefits due to not having filed income tax declarations, inability to pay for necessary items such as bus pass, work boots or other safety equipment.

BHF is fortunate to network with other agencies and programs in addressing barriers to employment and financial stability. In 2020 – 2021, 138 birth certificates 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. 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 to set up bank accounts. As a Canada Revenue Agency Community Voluntary Income Tax Program (CVITP) site, BHF was also able to assist 51 program members in filing tax returns, which in turn allows them to apply for federal benefits.

BHF's Employment Development Program assists members to enter or re-enter the paid work force at whatever point makes sense in their individual treatment plan. In the fiscal year 2020 – 2021, 69 adults enrolled in this programming. They identified transferable skills, prepared resumes, discussed job search strategies, and learned about employment rights and responsibilities. Seventeen individuals obtained employment while still residing in the therapeutic community. While Employment Development programming did not stop at any point during the pandemic, the outcome numbers were affected by the reduced overall population in treatment as well as by closures of some work places and the need to restrict the number of residents going to off-site work places while still living in the congregate facility. BHF gratefully acknowledges Manitoba Economic Development and Jobs for their contribution toward the Employment Development program.

Food Services

The BHF kitchen is a vital part of the organization. Kitchen staff ensure meals are nutritious, well-prepared and on time. They supervise Addictions Treatment Services members on the kitchen crew, teaching safe food handling practices, operation and care of kitchen equipment, food preparation and food service. In the course of the year, kitchen staff and crew produce thousands of meals, coffee break snacks for adults, morning and afternoon snacks for children at the daycare, and refreshments for special events. With the on-set of the Covid-19 pandemic, kitchen staff implemented careful changes in kitchen/ dining room procedures to ensure everyone's continued health and safety. BHF'S Chef offers monthly Food Handler Safety seminars, enabling residents to gain provincially recognized Certificates. Program graduates often comment that experience in the BHF kitchen provided valuable work experience and skills.



The entrée prepared by residents in a cooking class; pork tenderloin, roasted baby potatoes with sautéed beans in garlic butter.

Maintenance

BHF's numerous buildings and attractive setting help to make possible the breadth of activities and services that make the residential programs truly wholistic. The Director of Maintenance and his helpers are tasked with keeping the grounds, buildings and machinery in good repair, ensuring a safe and comfortable environment for staff, residents and visitors. They meet that challenge admirably. The Maintenance department has played a critical role throughout the pandemic, installing additional hand washing and hand sanitizer stations and ensuring that all necessary repairs and building projects were conducted in a safe manner.

BEHAVIOURAL HEALTH FOUNDATION INC.
SUMMARY STATEMENT OF FINANCIAL POSITION
MARCH 31, 2021

The following is a summary of the financial position of the Foundation as at March 31, 2021. Audited financial statements are available upon request.

	2021	2020
ASSETS		
Current assets:		
Cash	\$ 262,913	\$ 190,669
Accounts receivable	276,309	341,244
Prepaid expenses and other assets	<u>17,637</u>	<u>2,685</u>
	556,859	534,598
Capital assets	1,339,873	1,394,117
Assets held for sale	-	889,646
Restricted cash – replacement reserve funds	27,847	27,847
Marketable securities – stabilization reserve fund	<u>2,708,812</u>	<u>-</u>
	<u>\$ 4,633,391</u>	<u>\$ 2,846,208</u>
LIABILITIES		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 225,535	\$ 291,443
Current portion of long-term debt	30,000	27,000
Current portion of deferred contributions	<u>60,000</u>	<u>-</u>
	315,535	318,443
Deferred capital contributions	115,671	147,578
Deferred contributions	10,000	10,000
Long-term debt	<u>11,285</u>	<u>144,365</u>
	452,491	620,386
NET ASSETS		
Invested in capital assets	1,182,918	1,964,820
Internally restricted	1,512,116	1,471,006
Externally restricted	27,847	27,847
Unrestricted	<u>1,458,019</u>	<u>(1,237,851)</u>
	<u>4,180,900</u>	<u>2,225,822</u>
	<u>\$ 4,633,391</u>	<u>\$ 2,846,208</u>

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

BEHAVIOURAL HEALTH FOUNDATION INC.
SUMMARY STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2021

The following is a summary of the Foundation's operations for the year ended March 31, 2021. Audited financial statements are available upon request.

	2021	2020
Revenues		
Fees for services	\$634,147	\$ 807,371
Grants	3,666,479	3,626,800
Donations	6,038	17,470
Investment income	1,110	1,325
Other	565,175	403,688
Canada Emergency Wage Subsidies	522,876	-
Gain on disposal of assets held for sale	<u>1,551,944</u>	<u>-</u>
Total revenues	6,947,769	4,856,654
Expenses		
Salaries and benefits	2,643,558	2,506,274
Shelter	788,945	647,348
Care	1,368,801	1,458,023
Administration	<u>191,387</u>	<u>228,128</u>
Total expenses	<u>4,992,691</u>	<u>4,839,773</u>
Net income for the year	<u>\$ 1,955,078</u>	<u>\$ 16,881</u>

(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 and the homeland of the Métis Nation, 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 are 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.

“My life has changed completely.”

“I live on my own now. I’m in a good, healthy relationship. I have really good employment. I have an increased work ethic and more discipline. I have a better understanding of the effects narcotics have on the body. I have better awareness.”

“I’ve taken what I’ve learned from BHF and I’m using it. There are other options to approach life with, a better path.”

“I’m back in school, taking two courses. I have a positive outlook on life. I’m sober.”

“I would return there if I needed to.”

“Our whole family is back together. We have a great place, close to schools and grocery stores. We are maintaining our sobriety, working and going to school.”



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