

# **BEHAVIOURAL HEALTH FOUNDATION**



## **Annual Report**

**APRIL 1, 2021—MARCH 31, 2022**



## **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 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. Our work takes place on Treaty One land and the homeland of the Métis nation. It is our responsibility to reflect on the history of Manitoba, and to work and concentrate today with a vision of tomorrow.***

## ***Board of Directors***

***2021-2022***

Peter Kingsley, President

Sachit Mehra, Vice President

Karen Beaudin

Marilyn Brick

Marian Deegan

Marlene Gallagher

Doug Mercer

Naureen Punjani

Dr. Lesia Shepel

Dr. Kent Somers

Lori Van Dongen

The BHF Board of Directors would like to express our sincere thanks to Doug Mercer and Marlene Gallagher, who have stepped down this year, for their service as Directors of BHF. Your time and commitment has been greatly appreciated.

The Board of Directors would also like to welcome Sean Gallop and Lexus Genik, who have joined the Board in 2022.



### **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: : 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.*

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## President's Remarks

*As BHF wraps up our 50<sup>th</sup> year, we look back on the successes of another challenging one. Once again the dedicated and skilled BHF team has adapted and managed to provide continuous programming through the ever changing experience of the Pandemic. The Board of Directors is grateful for their continued commitment.*

*The need for safe recovery programs is seen in every aspect of our communities. Remaining open throughout this time has meant that individuals and families could access our programs in a safe environment. BHF has seen many families reunified this year. With K-6 school and day care on site, BHF has provided a safe and consistent environment where children can thrive while parents continue their work of recovery.*

*BHF has benefited from the expertise of many Directors over the years. This year, we would like to offer our thanks to Marilyn Brick, Marcel Laurendeau and Doug Mercer for their years of service to the organization. In January of 2022, BHF also said farewell to Mike Calder, who retired as Director of Indigenous Services after a long career at BHF.*

*Mike worked at BHF for forty years. Over that time, he took on many roles and responsibilities and initiated many important aspects of programming. Always conscious of the importance of modeling the behaviours you hope to teach, Mike never did any task half-heartedly. Whether it was running a ladder-making enterprise, interviewing potential clients in Federal prisons, or facilitating staff trainings, Mike did it conscientiously and thoroughly. As BHF's first Director of Indigenous Services Mike made traditional teachings and ceremonies an integral part of treatment. He welcomed everyone to the traditional grounds, opening new paths to healing and new connections for understanding and reconciliation. Mike worked hard here all these years because that's who he is, and because he truly cares about this organization and the people it serves. He deserves many thanks for his years of work here; we are very grateful that since retiring he continues to support Indigenous Services at BHF as an invaluable volunteer.*

*As an organization, BHF is committed to continuing Mike's great work at the Northwinds Lodge. Angela Antoine has taken over as Director and continues to support the families and members through ceremonies and teachings. Her unique gifts will add to the legacy of Indigenous Services.*

*BHF has remained committed to quality of service, and following the challenges of the first ever virtual survey has once again received 3-year accreditation with the Commission on Accreditation of Rehabilitation Facilities.*

*Looking forward, the goals of building our resources and renewing collaboration with community partners is critical, while ensuring the roots of the BHF model remain at the core. There is no question that the world has changed, and our organization is committed to supporting members to prepare for success for themselves and their families.*

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.**

## **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 the fiscal year 2021-2022:**

**All Charities Campaign, Province of Manitoba**

**Bell Let's Talk Mental Health**

**Canada Summer Jobs**

**East India Company, Pasquales & Silver Heights Restaurants**

**Manitoba Economic Development & Training**

**Manitoba Education**

**Manitoba Families**

**Manitoba Health, Seniors and Active Living**

**Protect MB/Community Outreach**

**Reaching Home/End Homelessness**

**The Jewish Foundation of Manitoba**



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# 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 90 days.*
- *65% of adults who exited completed primary treatment.*
- *97% 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 another productive role upon exit.*
- *99% of adults had no new criminal justice system involvement during their treatment stay.*
- *14% of adults attended education during their treatment stay.*
- *38% of adults exited into stable or transitional housing.*

## Breezy Point:

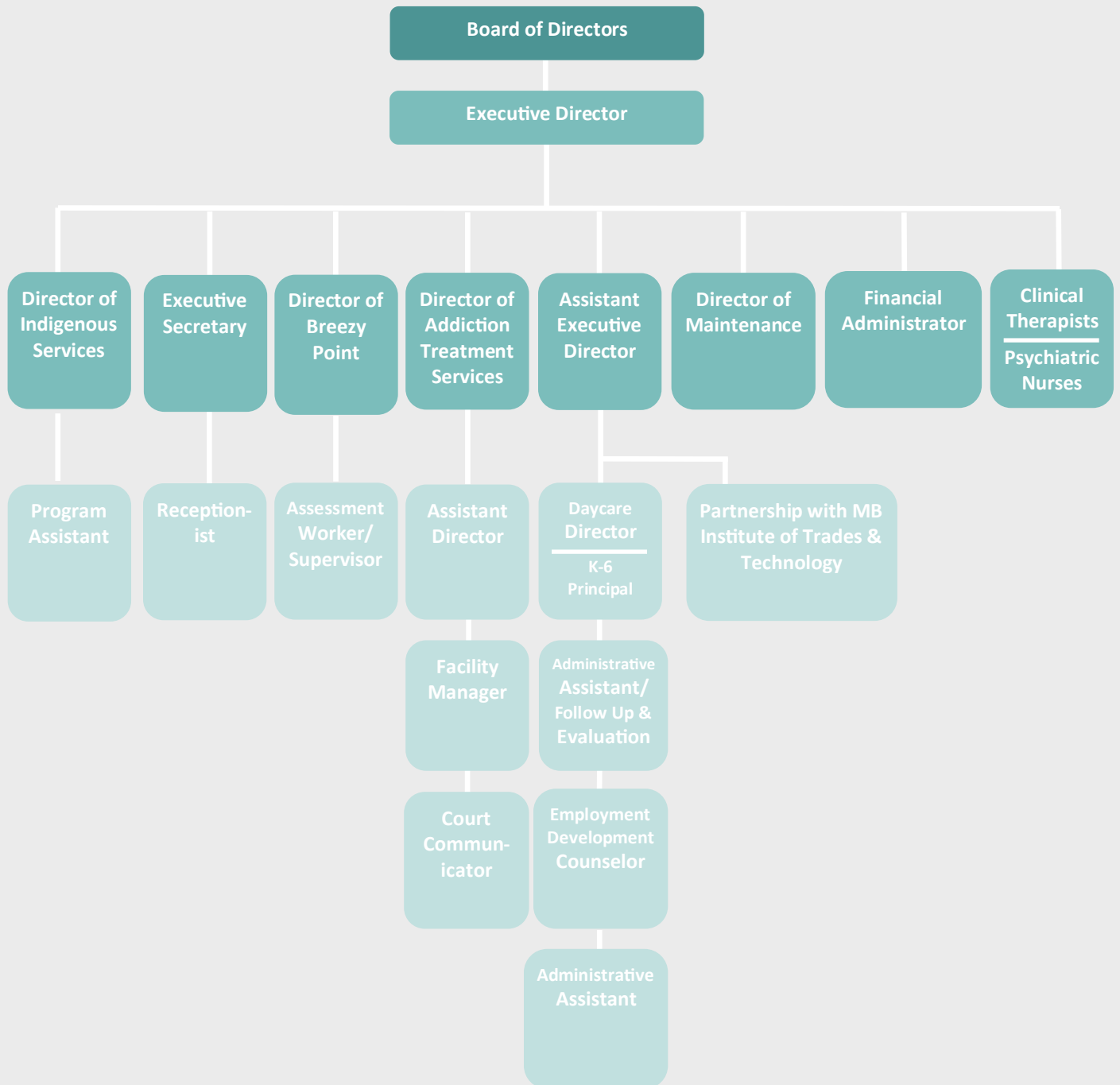
- *The average length of stay of women who exited in the fiscal year was 64 days.*
- *54% of women who exited completed primary treatment.*
- *69% of women were free from substance use and 100% reduced their substance use at exit from the program.*
- *100% of women had no new criminal justice system 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.*





# Organizational Chart



 Represents Senior Management



# Management, 2021-2022



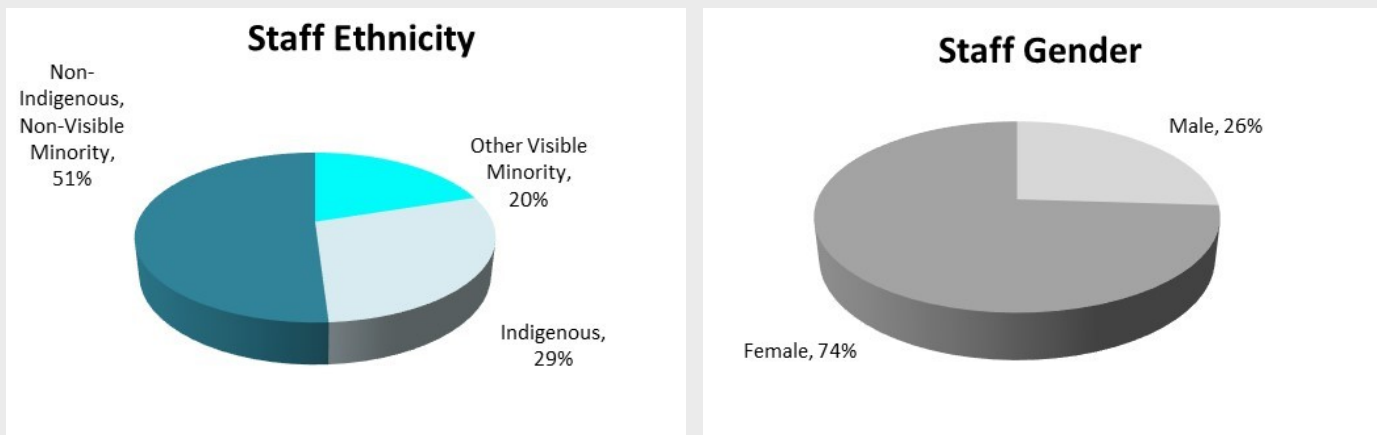
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# Staffing

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 affected by the pandemic, the delivery and cadence of training on many occasions had to be adapted in accordance with Public Health recommendations and safety.



## 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, multiple experiences in foster care, and generational trauma from residential schools.
- Drug related arrests and hospitalizations prior to entry are common.
- Many members have histories of unemployment or under-employment. Many arrive from communities where opportunities to develop work skills and/or experiences do not exist.
- 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.





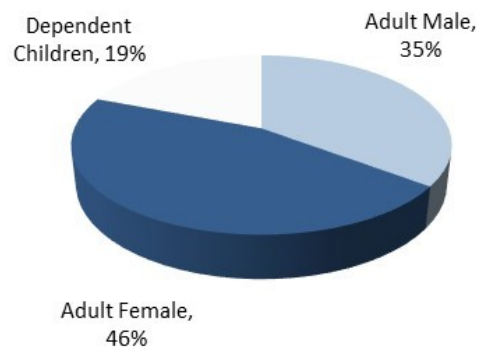
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## Total Intakes BHF Programs 2021-2022

## Intake and Days Care

Adult Males <sup>1</sup>	101
Adult Females <sup>1</sup>	131
Dependent Children	55
<b>Total Intakes</b>	<b>287</b>

### Total Intake in all Programs



## Days of Care Provided

Adults	20,548
Dependent Children	6,906
<b>Total Days of Care Provided</b>	<b>27,454</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 fiscal year, BHF Intake/Outreach staff received 476 calls, had 937 outreach client visits at RPC, and presented at 81 speaking engagements. Eleven Outreach/Grad groups were held at RPC for ex-residents of BHF, as they resumed in early spring. The pandemic continued to heighten the need for detox referrals and more importantly long-term treatment for addiction and mental health. Statistically, deaths from overdose continue to rise in Manitoba, and across Canada.

<sup>1</sup>Clients 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.

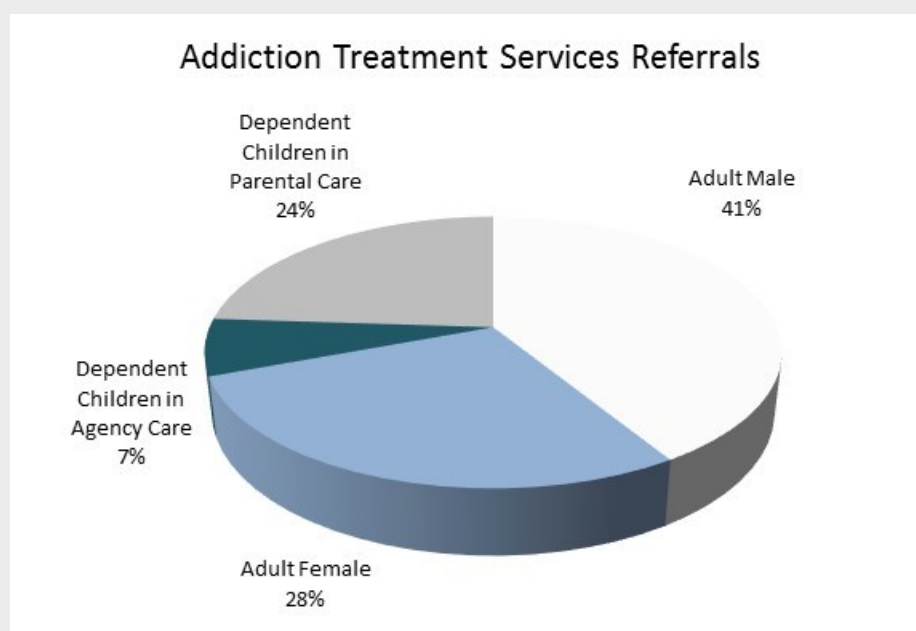




The Behavioural Health Foundation Addiction Treatment Services is internationally accredited. The residential addictions and co-occurring mental health treatment facility accommodates adults and dependent children. Members are housed in the main building, located in the community of St. Norbert, as well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

## Referrals & Wait List

A total of 1,527 referrals of adults and dependent children were made to the Addictions Treatment Services program in the 2021-2022 fiscal year. These referrals consisted of 629 men, 429 women, 103 children in their parents' care, and 366 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 52 days.

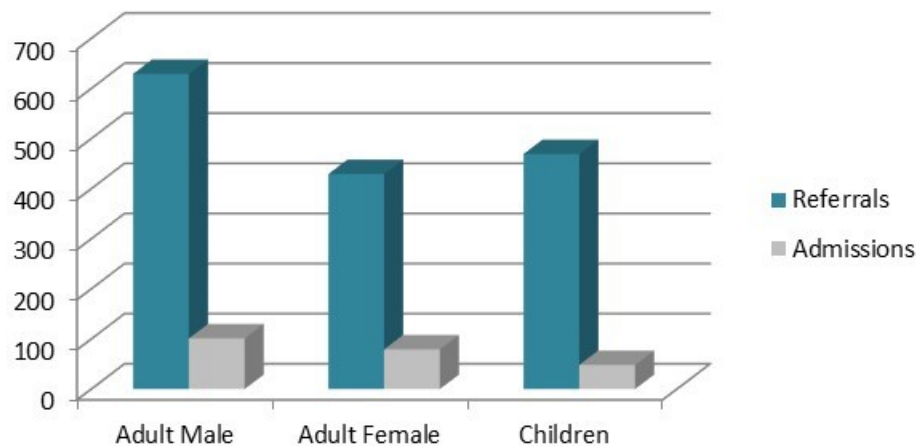


There are numerous reasons that referrals did not enter the program, as follows:

- 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.

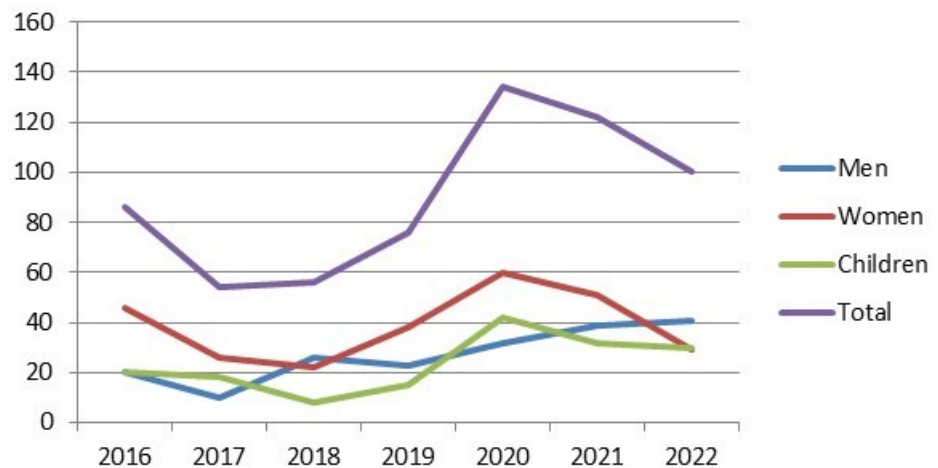


## Referrals vs. Admissions

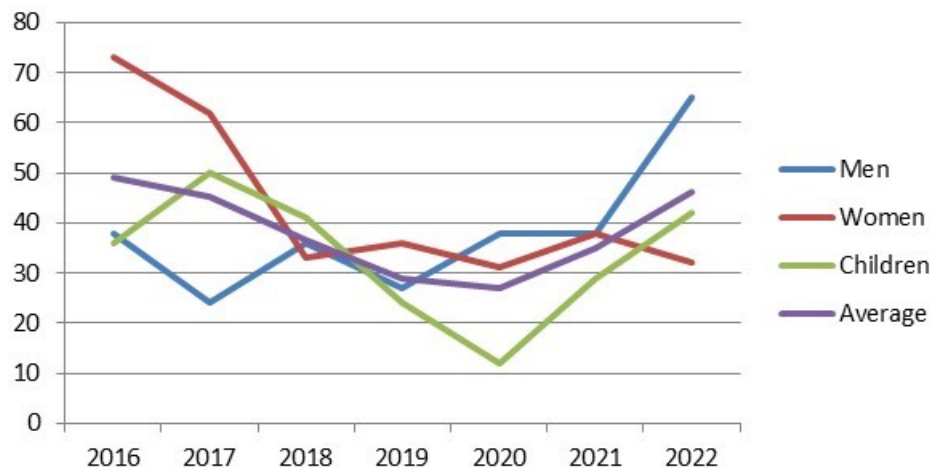


## Waiting List Statistics: a 7-Year Comparison

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



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



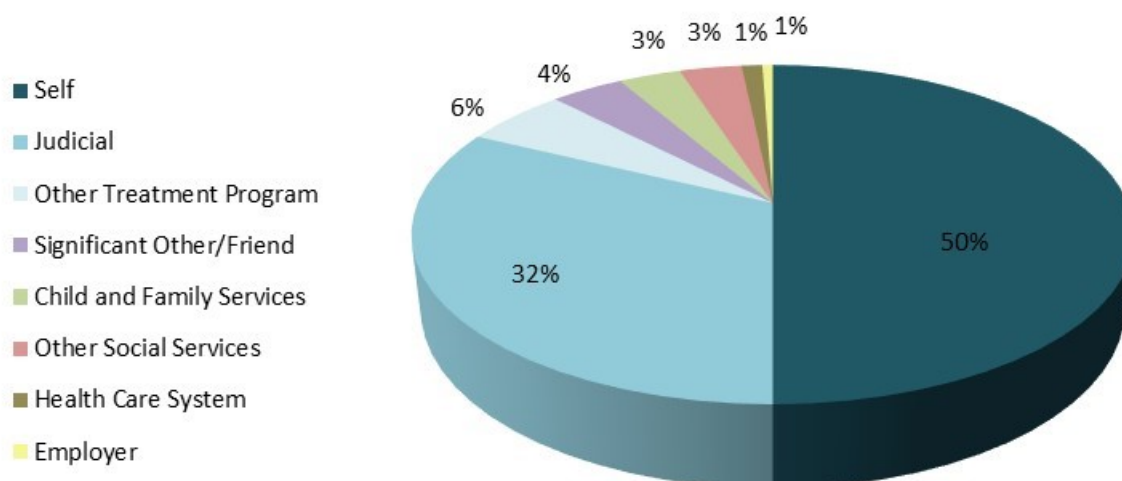


## Client Detail, Addiction Treatment Services

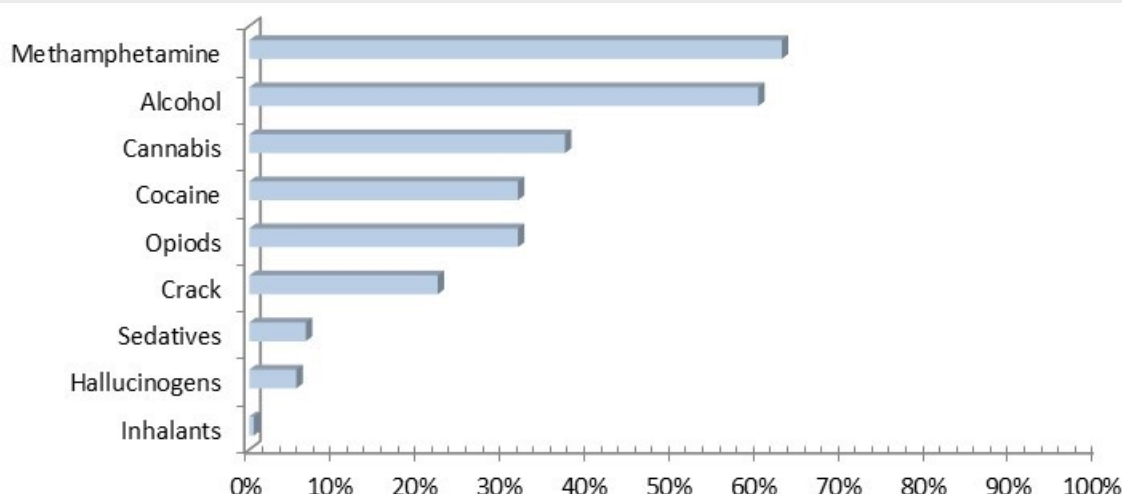
Total Intakes, Addiction Treatment Services		Average Age	34
Adult Males	101	Age Range	19-61
Adult Females	79	Average Length of Stay*	91 days
Total Adults Admitted to Program	180	Completed Primary Treatment (30 days)	119 (66%)
Children of Members	48	Stayed over 90 days	75 (42%)
Total Residents	228		

\* Twenty-four clients who entered during the 2021-2022 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)

During the 2021-2022 fiscal year, 48 children came to live at BHF Addiction Treatment Services program while their parents participated in treatment. At entry, 23 (48%) children were in agency care. The average length of stay of children was 152 days, the average will increase until all children who entered over the fiscal year exit the program. Twenty-five (52%) children had regular visitation with their parents at BHF prior to moving in. Of the 23 children who entered BHF in the care of Child & Family Services, 23 (100%), 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, 2020 to March 31, 2021. The fiscal 2021-2022 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 2023.

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 2020-2021 study.

### Substance Use Reduction

Of the 50 clients located and interviewed 6 months after completion of primary treatment, 56% significantly reduced their use of substances. The average reduction of substance use was 14.3 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-five percent of all residents who entered in the 2020-2021 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, 93% of clients were unemployed. Only 7% 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, 42% of the clients located had become involved in these successful pursuits, a significant increase.

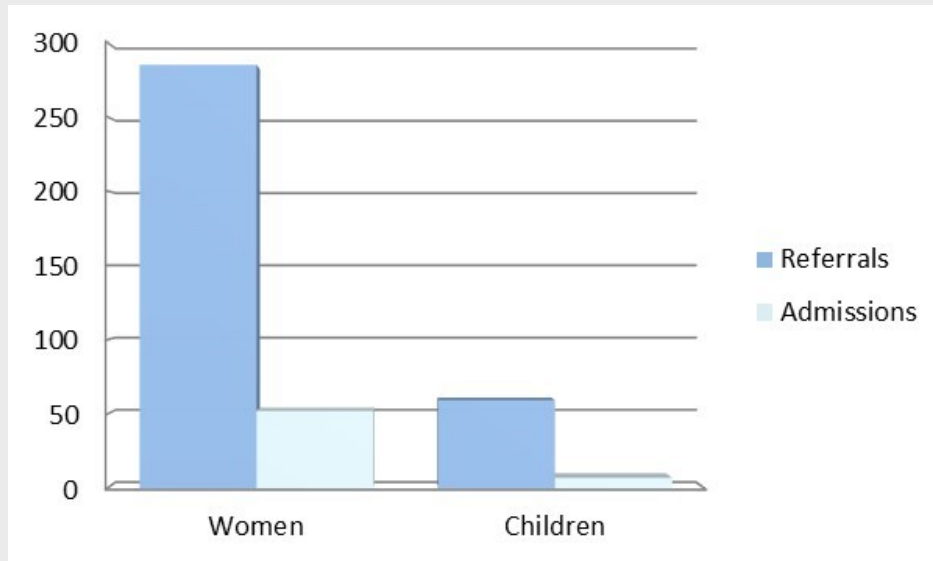
### Education

In this reporting period, 26 residents took advantage of the on-site Adult Education Centre. Eight of the 50 (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 four are also housed at the facility. Referral numbers for Breezy Point exceed the number of intakes.*

## Referrals & Wait List



Wait List	2019-2020	2020-2021	2021-2022
Average Days on Wait List for Women who Entered	42	43	39
Average Days on Wait List for Children who Entered	1	20	15
Average Number of Women on Wait List at Month end	27	21	22
Average Number of Children on Wait List at Month End	1	0	4

## Client Detail

Average Age of Women	28
Age Range	19-41
Average Length of Stay in Treatment*	58 days
Completed Primary Treatment	28 (54%)
Women who stayed over 90 days	14 (27%)

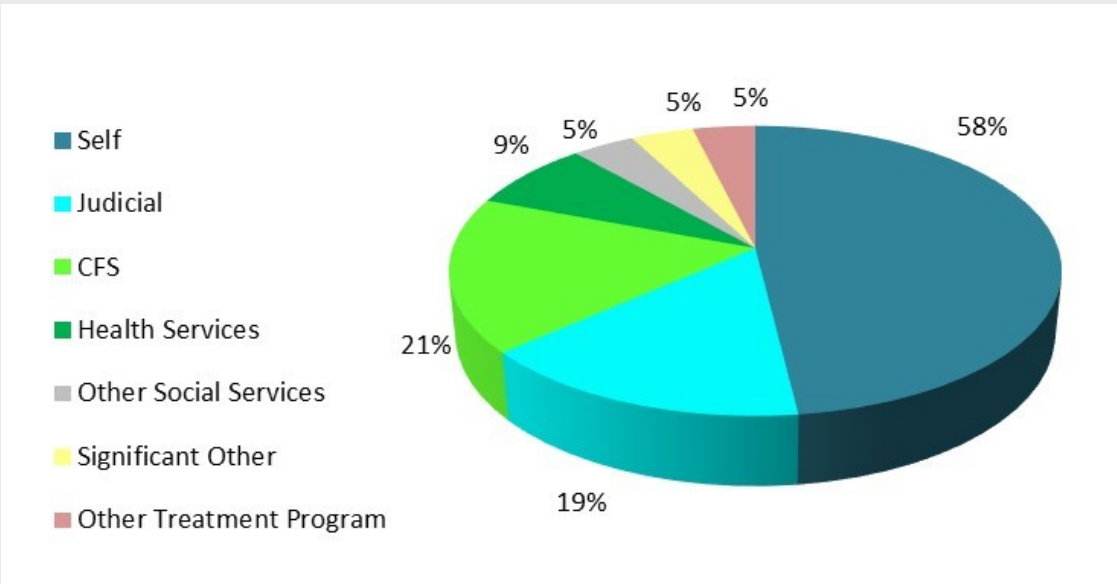
*\*Four clients who entered during the 2021-2022 fiscal year remain in the program at the time of this report. This number will increase until they exit the program.*



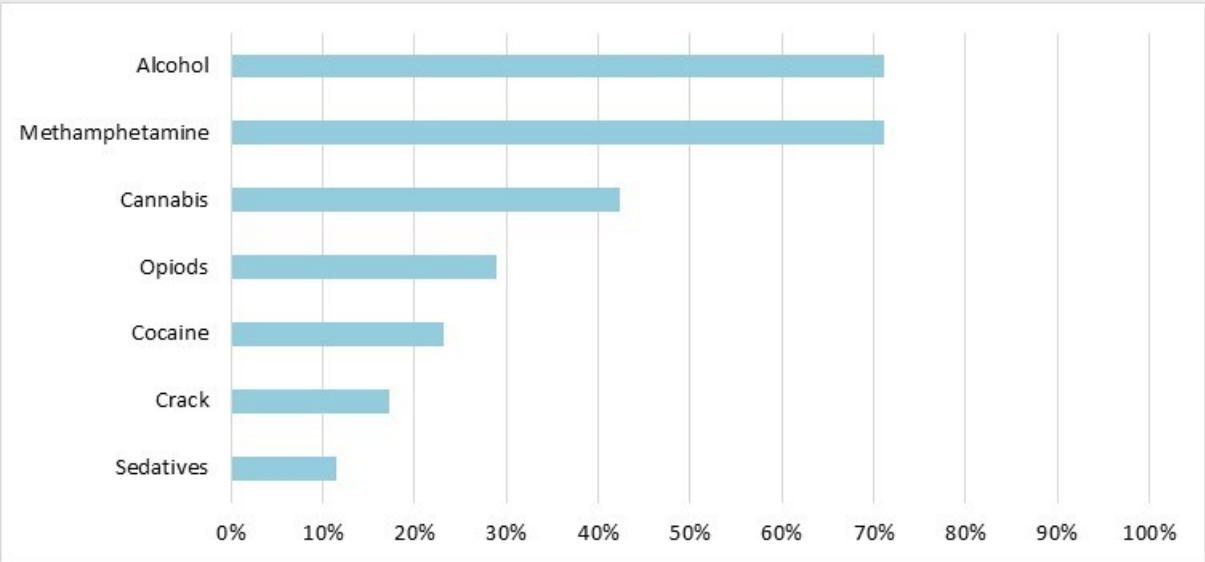
There were 52 intakes at Breezy Point during the 2021-2022 fiscal year. Referral sources included self, judicial, mental health services, other treatment programs including transfers from BHF’s Addiction Treatment Services program, and Child and Family Services. Thirty-two (62%) of these women were from the City of Winnipeg, 19 (37%) were from elsewhere in Manitoba and one was from out-of-province. Forty-four women (85%) were Indigenous.

Thirty-six (69%) of the 52 women were mothers whose children were either in CFS care or the care of extended family. The total number of children among this population was 106, an average of 3 children per mother. Five (10%) of the intakes were pregnant women. Forty-eight (98%) of the women who entered Breezy Point were unemployed at entry. At the time of this report, 4 of the women who entered in the last fiscal year remain in the program. The facility also housed 7 children over the fiscal year.

### Breezy Point Referral Sources



### Most Frequently Used Substances



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# 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, 2020 to March 31, 2021. The fiscal 2021-2022 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 2023.

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 2020-2021 study.

## Substance Use Reduction

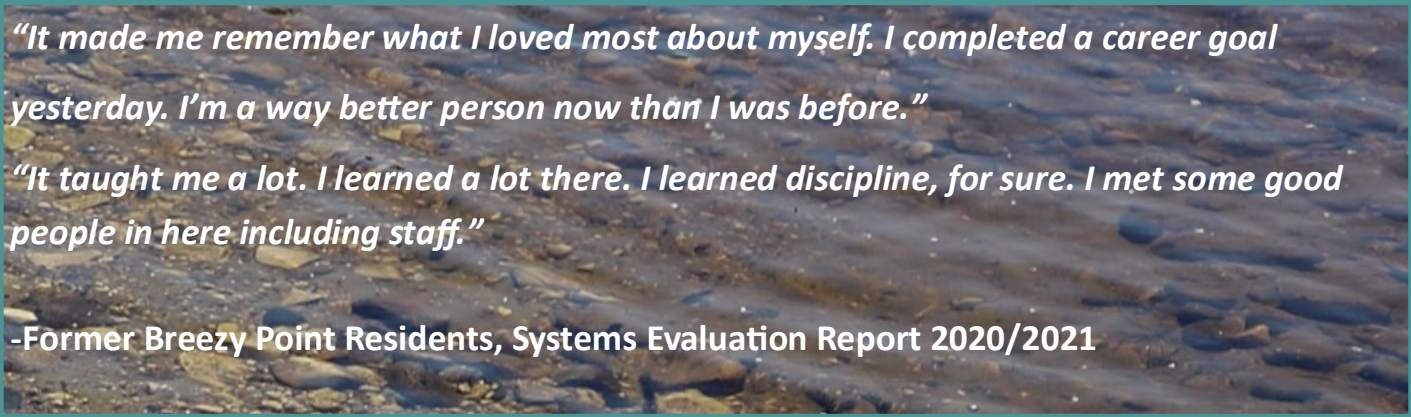
Of the 8 women located and interviewed 6 months after completion of primary treatment, 5 (63%) significantly reduced their use of substances. The average reduction of substance use was 11.2 points on the World Health Organization's ASSIST Scale.

## Criminal Justice System Involvement

Seventeen (40%) of all residents who entered in the 2020-2021 fiscal year had involvement with the Criminal Justice System. They were on bail or probation. At the time of follow-up, 8 (100%) of located women had no new involvement with the law.

## Employment & Education

Upon entry to the program, one (1%) of the women had employment or were homemaking full time. Of the 8 women who were located 6 months after completion of primary treatment, 4 (50%) were involved in successful pursuits of working, homemaking, or attending education full time.



*"It made me remember what I loved most about myself. I completed a career goal yesterday. I'm a way better person now than I was before."*

*"It taught me a lot. I learned a lot there. I learned discipline, for sure. I met some good people in here including staff."*

**-Former Breezy Point Residents, Systems Evaluation Report 2020/2021**





## Indigenous Services

***“The organization is strongly committed to culturally relevant treatment, sweats and ceremonies. This provides a deep connection of cultural and spiritual roots to one’s family and traditions and promotes quality recovery and wellness for persons served.”***

### ***-Commission on Accreditation of Rehabilitation Services Survey of BHF, 2022***

This fiscal year has once again seen our Indigenous Services impacted by COVID-19. Traditions and ceremonies are an important part of healing, and we have adapted to provide as many opportunities as possible for members to participate.

In January 2021, Mike Calder retired as Director of Indigenous Services and Angela Antoine took on this role. Mike’s many years at BHF have left an important legacy for this program. Angela comes in with many gifts of her own to share in the program.

Between April 2021 and March 2022, the following activity was recorded for Indigenous Services:

- Residents, staff and children came out to Northwinds Lodge to smudge 847 times.
- There was a total of 68 sweat lodges.
- There was a total of 10 Full Moon ceremonies with 117 residents and staff attending.

During the months of July 2021-February 2022, ceremonies were limited to a small number of participants due to the pandemic.

Sweat lodges were put on hold for 2-3 months because of COVID-19. In July 2021, the Sundance was held and there were 8 residents and 5 staff members who took part.

Community members were not able to attend BHF during this fiscal year, but we do look forward to inviting community members back in 2022.

***“It’s what you make of it. I loved the spiritual, traditional programming and having an elder. It’s good to have a good environment.”***

### ***-Former Resident, Systems Evaluation Report 2020-2021***

### Therapy, Assessments & Consultations

Of the 232 adult intakes in 2021-2022 (Addictions Treatment Services and Breezy Point combined) 223 were screened for past and present mental health concerns. One hundred and eight (48%) declared a past mental health diagnosis, past mental-health related hospitalization, and/or self-harm or self-harm ideation. One hundred and twenty-two (55%) reported having suffered significant trauma.

The clinical services team at BHF continued to provide mental health care and interventions to residents as the program adapted to the ongoing pandemic in the fiscal 2021-2022 year. Helpful tools, such as the Covid-19 Isolation Guidebook were employed to assist residents with the additional challenge of having to isolate due to illness. Nearly a hundred residents benefited from Clinical therapy by receiving individual, group, family, and couple's therapy. The therapy dog program continued to be put on hold over the year. Grief and Loss Therapy groups were held weekly to ensure that residents continued to have a space to heal from past losses.

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 team is complimented by two psychiatric nurses. As residents can present with substantial medical, psychiatric and medication needs, the nurses are a vital part of the program. BHF staff receive training from the nurses in the areas of overdose response, Naloxone use, medication monitoring, co-occurring disorders and mood disorders. The nurses maintain important relationships with Access Fort Garry and Public Health Services to ensure residents' health needs are met while in treatment.

Waves of the COVID-19 pandemic presented challenges for BHF over the year and the nurses played a critical role in keeping the BHF community safe. With guidance from Shared Health, our nurses helped BHF navigate the evolving public health measures. The nurses helped procure and manage PPE (masks, gloves, face shields, hand sanitizer) and provided training for its use. Wellness check protocols were maintained and constant education on COVID-19 symptoms and isolation was provided to staff and residents.

Despite these challenges and subsequent adaptations, BHF remained a well-functioning program throughout the pandemic. Isolation protocols and internal contact tracing helped reduce the spread of the virus to residents and staff during inevitable outbreaks. The nurses aided Management in establishing testing protocol/procedure and navigating matters regarding vaccine status. These efforts led to fewer residents having to isolate and lower rates of staff absenteeism. During the stages of the vaccine roll-out nurses, alongside Management, conducted an internal vaccine campaign, encouraging residents and staff to get immunized and facilitated the process. The nurses also conduct an annual flu clinic and encourage residents to get the vaccine.

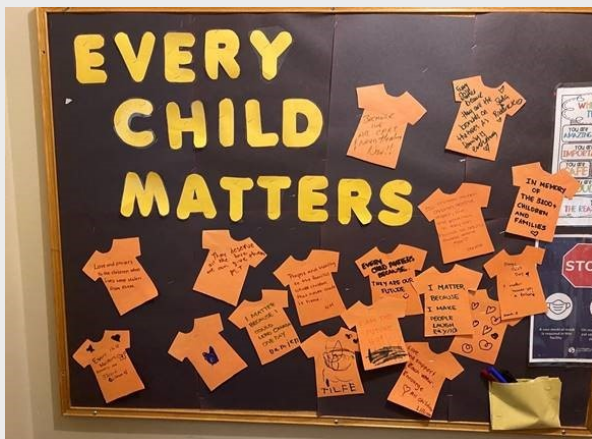


*Support Services are an array of departments which support the daily functioning of the treatment program or enhance the experience and learning of program participants. Support Services include Education, Child Care, Employment Development, Maintenance, and Food Services.*

### St. Norbert Adult Education Centre

BHF and the Manitoba Institute of Trades and Technologies (MITT) are partners in the operation of the St. Norbert Adult Education Centre, on-site at BHF. The student body is a mix of BHF residents and adults from surrounding communities. Adults 19 years of age and older may work toward a Mature Student High School Diploma or upgrade credits in preparation for post-secondary education. SNAEC is sensitive to the diverse needs of adult learners and provides a welcoming and intellectually stimulating environment. In June 2022, 15 adults graduated from SNAEC.

### BHF K—6 School



Art Billboard by BHF K-6 School

BHF's K – 6 program is funded through Manitoba Education as an independent school with one certified Teacher/ Principal and two Education Assistants. The program focusses on students' individual needs and strengths, integrating children's school experiences into wholistic planning for families. Unique features of this program include access to on-site Indigenous teachings, a collaborative relationship with BHF Daycare, and a respectful connection between classroom staff and parents. In the course of the 2021 – 2022 school year, a total of 26 children were enrolled in the K – 6 classroom, with lengths of stay ranging from one month to the full school year.

### BHF Daycare

On-site licensed childcare is a unique support for families in treatment. Early Childhood Educators and Child Care Assistants work with parents and the therapeutic community as a whole to provide a safe and developmentally appropriate environment and to foster a positive sense of family and cultural identity. All parents volunteer in the daycare for at least a one week period, providing opportunities for staff and parents to learn from one another. BHF Daycare is licensed for 4 infants, 8 preschoolers, and 12 school age children. In the period April 1, 2021 – March 31, 2022, 61 children were enrolled in the daycare, with lengths of stay ranging from less than a full week to 51 weeks. BHF gratefully acknowledges Manitoba Department of Families whose support and individualized funding arrangement made the provision of on-site quality child care possible.

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## Employment Development

Employability is an integral part of wholistic addiction 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/ training, poor or non-existent employment histories, repeated experiences of discrimination and diminished self-confidence. Further barriers include lack of ID, dependence on payday lenders, and inability to pay for work related needs such as bus pass, tools or safety equipment.

BHF is fortunate to network with other agencies in addressing these barriers. BHF's Employment Development Counsellor assists program members in applying for birth certificates through SEED Winnipeg's Access to ID fund and in setting up bank accounts through the Assiniboine Credit Union's Financial Access Program. As a Canada Revenue Agency Community Volunteer Income Tax (CVITP) site, BHF is able to assist 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 2021 – 2022, 93 adults enrolled in this programming. They identified transferable skills, prepared resumes, discussed job strategies and learned about employment rights and responsibilities. Despite the challenges of the continuing pandemic, 17 individuals obtained employment while still residing in the therapeutic community. BHF gratefully acknowledges funding through Manitoba Economic Development and Training during the 2021 – 2022 fiscal year.

## 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 Addiction 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 a year, the staff and crew produce thousands of meals, snacks, and refreshments for special events. BHF's Chef offers monthly Food Handler Safety seminars; in this fiscal year, 26 people earned their provincially recognized Certificates. Program graduates often comment that experience in the BHF kitchen provided valuable experience and skills.

## Maintenance

BHF's numerous buildings and attractive settings 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, vehicles and machinery in good repair, ensuring a safe and comfortable environment for staff, residents and visitors. They meet that challenge admirably. Notable projects in 2021 – 2022 included new flooring in several areas of the main building, as well as two transition houses.



**BEHAVIOURAL HEALTH FOUNDATION INC.**  
**SUMMARY STATEMENT OF FINANCIAL POSITION**  
**MARCH 31, 2022**

The following is a summary of the financial position of the Foundation as at March 31, 2022. Audited financial statements are available upon request.

	2022	2021
<b>ASSETS</b>		
Current assets:		
Cash	\$ 179,304	\$ 262,913
Accounts receivable	265,576	276,309
Prepaid expenses and other assets	<u>87,088</u>	<u>17,637</u>
	531,698	536,859
Capital assets	1,256,782	1,339,873
Restricted cash – replacement reserve funds	27,847	27,847
Marketable securities – general operations	1,211,696	1,236,696
Marketable securities – stabilization reserve fund	<u>1,479,106</u>	<u>1,470,116</u>
	<u>\$ 4,507,129</u>	<u>\$ 4,633,391</u>
<b>LIABILITIES</b>		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 203,104	\$ 225,535
Current portion of long-term debt	33,000	30,000
Current portion of deferred contributions	<u>-</u>	<u>60,000</u>
	236,104	315,535
Long-term debt	80,803	115,671
Deferred contributions	10,000	10,000
Deferred capital contributions	<u>8,337</u>	<u>11,285</u>
	335,244	452,491
<b>NET ASSETS</b>		
Invested in capital assets	1,134,642	1,182,918
Internally restricted – stabilization reserve	1,479,106	1,472,116
Internally restricted – repairs and maintenance reserve	40,000	40,000
Externally restricted	27,847	27,847
Unrestricted	<u>1,490,290</u>	<u>1,458,019</u>
	<u>4,171,885</u>	<u>4,180,900</u>
	<u>\$ 4,507,129</u>	<u>\$ 4,633,391</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, 2022**

The following is a summary of the Foundation's operations for the year ended March 31, 2022. Audited financial statements are available upon request.

	2022	2021
Revenues		
Fees for services	\$ 650,052	\$ 581,008
Grants	3,612,627	3,799,559
Donations	13,487	6,038
Investment income	6,990	1,110
Other	400,317	485,234
Canada Emergency Wage Subsidies	213,658	522,876
Gain on disposal of assets held for sale	-	1,551,944
Gain on disposal of capital assets	<u>9,570</u>	<u>-</u>
Total revenues	4,906,701	6,947,769
Expenses		
Salaries and benefits	2,677,009	2,643,558
Shelter	526,334	788,945
Care	1,456,145	1,368,801
Administration	<u>256,228</u>	<u>191,387</u>
Total expenses	<u>4,915,716</u>	<u>4,992,691</u>
(Deficiency) excess of revenue over expenses for the year	<u>\$ (9,015)</u>	<u>\$ 1,955,078</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 2021 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.

**“Our family is reunited. We are a healthy, functioning family thanks to BHF and the great staff.”**

**“I no longer have an abusive partner. I no longer use drugs or alcohol. I’m in school. I deal with problems better.”**

**“I’m a better person. I’ve always been good to people but you look at people differently when you’re clean. I bought a house, I’m clean, my health is better – when I was on the street I didn’t look after my health. I have a child to look out for too. You have to hit rock bottom. I’m grateful.”**

**“Staff at Breezy Point were really amazing.”**

**“It made me remember what I loved most about myself.”**

**“When I was in the program, there were so many small things I would have liked changed. Looking back, those things help you in the long run. The program taught me to re-live life all over again.”**

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