BUSINESS PLAN

For a Residential Treatment Facility Serving Indigenous Women and their Children in Ottawa

Prepared for
Minwaashin Lodge-Aboriginal Women’s Support Centre
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Miigwech, Marsee, Qujannamiik
Executive Summary

This business plan describes an integrated, trauma-informed addictions treatment centre with the capacity to provide 24/7 residential services in the City of Ottawa for up to ten Indigenous women and twenty of their children at one time, including newborns. A comprehensive service delivery plan includes three treatment cycles for short, intermediate and long-term counselling provided on a continuous basis for 30 women and 75 children in the first year, increasing to 40 women and 130 children after two years of operations. Twenty-one adjunct service providers have been identified for partnerships in service delivery.

Minwaashin Lodge has a proven track record in the delivery of quality, cost-efficient services to urban Inuit, Métis and First Nation women and their families. Established in 1994, its mandate is to: promote the empowerment and well-being of abused Aboriginal women and children by offering culturally appropriate services; bridge the gaps in service between Aboriginal organizations and/or clients and mainstream services; and network and form partnerships among both Aboriginal and mainstream organizations toward ending violence against women and children. Minwaashin Lodge serves approximately 1,500 women and their children annually.

Applying a Gender and Culture Lens to Addiction and Mental Health

No other population group in Canada’s history has endured such a deliberate, comprehensive and prolonged assault on the family and on their human rights. Yet many Canadians including those in the human service sector remain unaware of the full scope of these injustices or their impacts (Chansonneuve, 2007). Today in Canada Indigenous women and girls are more marginalized and more frequently brutally victimized than any other group with murder rates five times higher than other Canadian women. This violence is rooted in the effects of oppression and extreme social and economic inequities (NWAC, 2010; Amnesty, 2009; RCAP, 1996).

The social and historical contributors to violence, trauma, mental illness and addictions unique to the experiences of Inuit, Métis and First Nations women in Canada must be addressed if prevention and intervention is to be effective. Gendered inequality and racialized sexualized violence are the legacy of colonialism; restoring Indigenous Knowledge and women’s agency and authority in family and community life is essential to healing. The Lifecycle Services Model developed by Minwaashin Lodge to stop violence against women and girls provides a useful framework for prevention and intervention in addictions and mental health at each stage of development (Refer to Chart #1).

Not all Survivors of residential schooling or their descendants struggle with mental illness and addictions. Many, through their writing, art, work in community development, and political and social arenas are living testament to resistance and resilience. Their unshakeable determination to honour their ancestry, family, community and Nations by revitalizing their cultures and languages has long been an inspiration to those in the healing and recovery movement. Treatment services run by and for Inuit, Métis and First Nation communities are grounded in the knowledge that history, culture, language and worldview matter profoundly; that the health of individuals, families, communities and Nations are inextricably interconnected and interdependent; and that the health of the mother determines the health of the children.
Feasibility Study

A feasibility study funded by the Urban Aboriginal Strategy (UAS) conducted by Minwaashin Lodge in 2008 underscored the urgency of addressing addictive behaviours and violence against Indigenous women in Ottawa. The final report identified myriad barriers affecting Indigenous women’s access to treatment including primarily: fear of losing their children to the Children’s Aid, isolation, inflexibility of mainstream treatment program requirements and lack of culturally safe programs and services. Thirty-one stakeholders from six key Ottawa services including the Children’s Aid Society of Ottawa, Ottawa Police Services, Inner City Health Services, the Royal Ottawa Health Care Group, Mamisarvik National Inuit Addictions Treatment Centre and Minwaashin Lodge participated in the feasibility study through key informant interviews and focus groups. They contributed a wealth of expertise based on many years of direct experience; participants were unanimous in support of a residential treatment facility specific to the needs of Indigenous women and their children in Ottawa.

Proposed Residential Treatment Facility for Indigenous Women and their Children

The proposed holistic service model is informed by the dual disorder, Inuit treatment model at Mamisarvik Healing Centre in Ottawa and the Walden-Sierra residential facility for women and their children in Maryland. The service model features: secondary prevention (intensive outreach to and detox for pregnant women), continuous intake, assessment, precare, tertiary intervention, and innovative aftercare offering emergency sleepovers for women and children at risk of imminent relapse. Programming is gender-specific, family-focused and strength-based.

This fully integrated service plan would be the first of its kind in Canada to address the specific cultural, safety, and recovery needs of both Indigenous women and their children. Individual and family counseling will address the impacts on women and their children of: alcohol and drug abuse and withdrawal; historic trauma and intergenerational effects of residential schooling and child welfare practices; and gendered impacts of colonization including racialized, sexualized violence against women and girls. Relationally-based programming will enhance parenting, family, social and life skills; therapeutic recreation and nutritional programming will enhance physical health and well-being; a maternal health program will improve pregnancy outcomes and promote maternal bonding; and a Grandmother in Residence, Grandmother’s Circle, visiting ‘Aunties’ and Elders will provide spiritual grounding and guidance for women in recovery as well as their children. The human resource plan proposed for the residential treatment centre aligns with the service delivery plan to ensure services meet and exceed existing standards in the field. The plan details positions, responsibilities and qualifications required of a staff team with the cultural knowledge and clinical expertise to assure high quality, culturally safe services.

Estimated Costs and Social Return on Investment

Annual operating costs for the treatment centre are estimated at $2.1 million; one-time building-site associated capital costs to the specifications required are $7.4 million. According to the findings of the social return on investment (SROI) analysis, at minimum the proposed service has the potential to return $4.21 per $1 invested after two years of operations; however given its likelihood of success, the SROI may well be closer to $25 per $1 invested.
Minwaashin Lodge Service Delivery Achievements and Qualifications

Minwaashin Lodge is a community-based service run by and for urban Inuit, Métis and First Nations women in the National Capital. Prevention and intervention services are provided for grandmothers, women, infants, children and youth who are survivors of family violence and the residential school system including gendered intergenerational impacts\(^1\). Since opening its doors in 1994 Minwaashin has grown to deliver essential, culture-based services to over 1,500 clients annually. Its service model is derived from Traditional Knowledge and teachings about balanced, holistic health throughout the lifecycle. Programming is provided for all age groups from prenatal, to infants and toddlers, children and youth, adults and seniors. All services are planned and evaluated with an eye forward to how they will benefit the 7\(^{th}\) generation to come.

The *Lifecycle Service Model* developed by Minwaashin Lodge illustrates a comprehensive approach to violence prevention, trauma recovery and balanced well-being. Developmentally appropriate programming specific to each of the four stages of the lifecycle from birth to youth, adulthood and old age promotes mental, physical, emotional and spiritual well-being, and safety in relationships whether in family or community life.

Chart 1

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\(^1\) Major funding sources include: the Ministry of Community and Social Services, the Ontario Women’s Directorate, and the City of Ottawa, the Public Health Agency of Canada.
Minwaashin Lodge Lifecycle Services Model acknowledges and directly addresses the underlying causes of violence, addictions and mental health problems unique to the historical experiences of Inuit, Métis and First Nations in Canada. All programming is strength-based and provides opportunities to reconnect with and maintain culture and a pride-based vs. shame-based cultural identity in the context of fostering healthy relational attachments to staff, to family members, kin, community and land/nature.

The Lifecycle Services Model reflects and promotes the traditional leadership role of Indigenous women and the common-sense, life-sustaining wisdom embedded in Indigenous ways of knowing, being and doing. Women’s empowerment is a central feature of this model which protects at risk Inuit, Métis and First Nations women and promotes better outcomes for their children by reducing isolation, poverty, and involvement with child welfare and criminal justice systems.

Services run by and for Indigenous women derived from Traditional Indigenous Knowledge have proven to be uniquely effective in trauma recovery and violence prevention because they provide opportunities to:

- be with others on the same journey to well-being;
- learn about the beauty, wisdom and continued relevance of traditional cultural teachings;
- participate in ceremonies and practices that promote gender equality, respect for women, and women’s resilience; and
- experience cultural safety – a safe environment to speak the truth of one’s experience without being misunderstood, pitied, misjudged, blamed, shamed or punished.

By directly addressing the social factors putting Indigenous women and girls at greater risk, the Lifecycle Service Model reduces vulnerability and promotes resilience through practical strategies proven to strengthen families and improve women’s social, educational, health and employment outcomes. Minwaashin Lodge services include:

- a 21-bed emergency shelter, Oshki Kizis Lodge providing safety and support to an average of 295 women and 95 children annually;
- addictions support day programs serving 135 clients annually;
- trauma recovery, mental health counseling programs serving over 350 women;
- outreach program for street-involved sex workers;
- CAS approved parenting skills program and the Sacred Child program serving an average of 86 families as well as over 100 Children’s Aid-involved families;
- the Spirit Movers, Fire Keepers and Wahbung youth diversion programs connecting over 650 youth to activities that promote health and safety;
- the province-wide Healthy Equal Relationships peer education project using the arts to engage over 700 Inuit, Métis and First Nation youth ages 6-22;
- support for senior women 55+ annually through the Wisdom Keepers program;
- housing help; employment preparation; training and career information; and
- public and professional cultural education.
Minwaashin Lodge Structure and Operations

Minwaashin Lodge employs a staff of 40 full-time positions and 15 volunteers. The Executive Director oversees a 5-member senior management team comprised of an Executive Assistant/Human Resources Assistant, Counselling Team Manager, Manager of Cultural and Employment Programs, Manager of Youth and Child Programs, and Director of Oshki Kizis Lodge (Organizational Chart Appendix H). The role of the senior management team is to ensure all counselling services meet or exceed standard practices for case management, client file maintenance and client confidentiality as well as to make recommendations to the Executive Director for policy or procedural improvements as required. Policy and procedures are in place to assure service delivery standards, effective human resource management and financial accountability.

The Minwaashin Lodge Board of Directors is comprised of 9 long-standing, active members of the urban Indigenous community drawn from legal, research, academic, health, and executive government sectors. Board and staff take a leadership role provincially and nationally in promoting the social and economic empowerment of women and in revitalizing Indigenous Knowledge to end violence against Indigenous women and girls. The Lodge’s record for innovation and collaboration in the delivery of high quality, cost-effective community-based programs and services is widely recognized and respected.

Residential Service Delivery Experience

Minwaashin Lodge has over a decade experience effectively operating an emergency shelter for abused women and their children. Oshki Kizis Lodge is a 21-bed residential facility providing safety and supportive programming to an average of 295 women and 95 children annually. Of these, 224 secure decent affordable housing; a 20% rate of recidivism comprises women unable to secure housing who subsequently returned to an abusive partner, then re-entered the shelter due to further abuse. Because of the high rate of success in helping residents secure permanent housing, the average length of stay at Oshki Kizis shelter is only three months.

Oshki Kizis and Minwaashin Lodge have been instrumental in: educating and raising awareness of violence against women and children; reducing risk of violence by facilitating access to safety and decent, affordable housing for women at risk; and keeping women and their children together to stop intergenerational cycles of family violence and involvement with child welfare.

Evidence of Expertise in the Field

Evidence that Minwaashin Lodge expertise is recognized and respected in the field, locally, nationally and internationally includes the following.

1. Membership on a research ethics advisory committee for the University of Ottawa.
2. Presentation to the Select Committee on Mental Health and Addictions, September 2009 was enthusiastically received and supported.
3. Partner of a project with the BC Centre for Women’s Health to improve substance use treatment for First Nations and Inuit Women and reduce risk of FASD.
4. Member of an 8-member international advisory team for the Prince Albert Parkland Health Region (PAPHR) and Saskatchewan Ministry of Health developing a residential addictions facility to serve mothers and their young children.

5. Partnership with Concordia University in Montreal on a research study to further understanding of the healing processes of Aboriginal women in an urban context.

6. Presented a plenary session for 400 participants at a provincial conference hosted by the Ontario Association of Children’s Aid Societies, titled ‘Angel’s Story: Child Welfare in a Post-Colonial Context’ in March 2010.


8. Regional Network Lead for the Province of Ontario, as part of a national planning and advisory body created in preparation for Women’s Worlds, a global conference to be hosted for the first time by Canada in July 2011.

Feasibility Study: A Residential Addictions Treatment Facility for Aboriginal Women and Their Children in the City of Ottawa

In 2008 Minwaashin Lodge received funding from the Urban Aboriginal Strategy (UAS) for a research study to assess the feasibility of a residential addictions service that would accommodate Indigenous women with their children.

Thirty-one stakeholders from six key Ottawa services including the Children’s Aid Society of Ottawa, Ottawa Police Services, Inner City Health Services, the Royal Ottawa Health Care Group, Mamisarvik National Inuit Addictions Treatment Centre and Minwaashin Lodge participated in the feasibility study through key informant interviews and focus groups.

Urgent Need to Address Critical Gaps in Addictions Services

The methodology for the feasibility study included a case review of 1,102 Minwaashin Lodge client files from April 1, 2007 to March 31, 2008. Of 920 files where intake information was available it showed:

- the majority of clients (60%) are under the age of 35,
- over half (52.8 %) are abused women;
- 64% are struggling with addictions; 10.9 % are in conflict with the law; and
- Almost 6% were incarcerated at the time of intake.

Service providers who participated in the feasibility study were unanimous in support of a residential treatment facility specific to the needs of Indigenous women and their children in Ottawa. Their feedback was summarized in 8 recommendations concerning: service capacity, priority target populations for service, service components, staff qualifications, physical features of the facility, principles for financing, and structure and governance. Taken together, the research results amply demonstrate the need for such a service; the anticipated level of demand estimates 30 women and 75 children annually would benefit from this type of treatment facility. Priorities for the service are pregnant women with addictions and women with children at risk of, or who have already been apprehended by child welfare.
Proposed Residential Addictions Treatment Centre for Inuit, Metis and First Nation Women and their Children

Methodology for Development of the Business Plan

In 2010 Minwaashin Lodge received funding from the Trillium Foundation to develop the business plan for a residential treatment centre in accordance with the findings and recommendations of the 2008 feasibility study. The methodology for development of the business plan included the following process steps.

1. Research best practices in addictions treatment and develop a 24/7 culture-based residential addictions treatment service model.
2. Develop a human resource plan aligned with the service model.
3. Identify primary and secondary service delivery partners and develop agreements in principle and/or memoranda of agreement detailing roles.
4. Develop a budget estimating operating and capital costs.
5. Develop a social return on investment (SROI) analysis based on current and projected outcomes and estimated savings in related areas such as child protection, health and policing.
6. Produce final report based on the above.

Activities during 2010 and early 2011 included a literature search of best practices for culture-based, dual disorder treatment and two tours of similar treatment centres, one locally in Ottawa, the Inuit-specific Mamisarvik Healing Centre and one in Maryland, Walden-Sierra, which provides residential services for women in treatment and their children. An analysis to estimate the social return on investment (SROI) was conducted in collaboration with the SiMPACT Strategy Group in Calgary. The service model was developed with particular reference to the following existing services and reports.

1. The dual disorder, Inuit treatment model from Mamisarvik Healing Centre in Ottawa.
2. The Walden-Sierra residential facility for women and their children in Maryland.
3. Plans for the Prince Albert Parkland Health Region (PAPHR) addictions treatment facility for women and their children currently nearing completion in Saskatchewan.
4. Sheway Maternity Clinic and FIR Square maternal health and addictions recovery program serving pregnant women from Vancouver’s downtown Eastside.
5. Minwaashin Lodge Addictions Treatment Centre Feasibility Study.
8. The reports, ‘Seeking Safety’ and ‘Recovery-Oriented Systems of Care.’

Premise

If Indigenous women with addictions have access to a culturally safe, trauma informed treatment facility that allows them to stay with their children, they will be more likely to seek treatment, be
more successful in recovering from their addictions, more successful in keeping their family together and more likely to avoid repetition of similar behaviours in future generations.

**Vision**

A holistic residential addictions treatment facility that provides fully integrated, culture-based recovery-oriented, whole-family programming in the context of a stable, positive, empowering and home-like environment for Inuit, Metis and First Nations women and their children.

**Unique Features of the Service Model**

The residential addictions treatment service proposed in this report will operate on a 24/7 year-round basis, providing both in and out-patient services for women as well as residential services for them and their children ages 0- to-eighteen.

The treatment centre service plan has been developed to respond specifically to the unique cultural, safety, and recovery needs of Indigenous women and their children. Individual, group and family counselling will address the impacts on women and their children of alcohol and drug abuse, historic trauma related to residential schooling, and the gendered impacts of colonization including racialized, sexualized violence against Indigenous women and girls. Relationally-based programming will enhance infant/parent bonding with newborns, and parenting, family, social and life skills; therapeutic recreation and nutritional programming will enhance physical health and well-being; and a Grandmother in Residence, Grandmother’s Circle, Aunties Program and visiting Elders will provide spiritual grounding and guidance.

The proposed service model features: secondary prevention (intensive outreach to pregnant women), continuous intake, individual and family assessment, diagnosis, precare, tertiary intervention, aftercare, and innovative, family-focused relapse prevention programming – all of which will meet or exceed existing standards for addiction treatment.

**Treatment Philosophy**

The philosophy and values that are the foundation for the service model are derived from Indigenous Knowledge and address factors unique to recovery in an Indigenous context.

**Reclaiming Connections Disrupted by Colonialism**

Within Indigenous worldviews individual, family and community well-being are interconnected and interdependent; therefore the healing journey is one of re-connection, re-learning and transformation. For people whose sense of connectedness – to their own innate healing and relational capacities, to their families, to the lands of their ancestors, to pride in cultures, traditions and languages has been severed, fostering reconnection and strengthening relationships is a clinical priority.
Restoring Cultural Safety in Recovery

Culturally safe addictions treatment is grounded in respect for Indigenous Peoples and Indigenous Knowledge(s): it is holistic, multi-dimensional, and multi-disciplinary. ‘Treatment’ encompasses a range of integrated modalities and positively-centered activities through which women learn to identify and express repressed emotions in healthy ways, re-view and reinterpret their stories positively and re-envision their human potential through a lens of ‘culture-as-strength’ versus ‘culture-as-deficit’ taught by colonialism. Staff members are role models of respect for self and others as alternatives to the paternalism and prejudice of colonialism. The staff team and service delivery partners have equally valued and important roles creating and sustaining a culturally safe recovery environment.

Trauma Informed, Whole-Family Addictions Recovery

Substance use and abuse is widely understood as a maladaptive method for coping with unexpressed, unhealed traumatic experiences. For generations in Canada countless Indigenous children have been deprived of the opportunity to grow and develop in family and social environments that are loving, protective and culturally safe. Trauma-informed services take into account the impact of multi-generational trauma and loss and integrate this awareness into all aspects of service delivery. From this perspective, ‘problem behaviours’ such as resistance to authority or non-compliance are understood as attempts to cope with disempowering experiences, chronically stressful situations, and abusive people. Disorders are understood as responses and symptoms are seen as adaptations (Poole and Urquhart, 2009). A trauma-informed approach does not require disclosure or treatment of trauma; it simply means accepting each individual where they are at, being careful not to re-traumatize, and creating a safe environment for recovery by respecting each individual’s own voice, choice and pace.

A Gender-Based, Harm Reduction Framework

Harm reduction is an essential, proven component of addictions recovery. The Sheway and FIR Square maternity programs in Vancouver have demonstrated the effectiveness of a harm-reduction philosophy that uses indicators of clinical stability to monitor the health of women and their newborns versus urine drug screens as a measure of stability. A harm reduction approach in the context of an integrated community-hospital program, has resulted in improved perinatal outcomes for both mother and baby: fewer babies require treatment for withdrawal and more babies are going home safely with their mothers (Abrahams, 1997).

“'The babies and moms that come through this program are demonstrating to us, through our long term follow up, that given the opportunity to bond together in the newborn period, they do indeed go on to be healthy and emotionally stable. Damaged babies and inadequate parenting is now a phenomenon of the last generation.”

Abrahams (1997)

Women become more motivated to regain control of their lives when provided with an array of options and opportunities to make positive, incremental changes at their own individual pace in the context of caring for and retaining close, loving bonds with their children.
Defining ‘Recovery’ from an Indigenous Women’s Perspective

Minwaashin Lodge defines recovery as a lifelong commitment to the journey of healing, taken one step at a time. For Indigenous women, recovery begins with reclaiming a sense of identity apart from the addiction and apart from the shame-based gender and cultural identity imposed by colonialism. Recovery is a process that acknowledges the courageous resistance, resilience and coping skills of Indigenous women, that honours women’s traditional cultural role as life-givers and decision-makers; and empowers women to take up their sacred bundles and fulfill their sacred responsibilities to self, family, community, Nation and Creation. As the success of Minwaashin Lodge and Oshki Kizis Lodge has proven, Indigenous women are drawn to services that promote health and healing through gender and cultural empowerment.

Points of Entry into the Treatment Centre Service Continuum

Access to the residential treatment services will be available through multiple points of entry. Potential clients will come into contact with the treatment center through self-referral or personal requests for information, and through referrals from Minwaashin Lodge/Oshki Kizis Lodge, service partners, and the treatment centre Outreach Worker. The major sources of admission are expected to be clients bridged from the treatment centre Outreach Worker, referrals from other Minwaashin Lodge programs, and referrals from service partners, especially police, Children’s Aid, and street outreach programs of the Royal Ottawa Health Care Group. The diagram below illustrates entry points into the treatment process.

Treatment Program Components by Target Population

There are three target groups for the residential treatment service plan: pregnant women, women with or without children, and the children and youth whose mothers are clients of the program. For additional details on the objectives and outcomes for each component of the service plan, refer to Chart #3 Service Plan Logic Model. For additional details on programming content and approach see Appendix E.

Treatment Components for Pregnant Women
Services for pregnant women include:

- Targeted Outreach (Secondary Prevention)
- Pre-Treatment and Pre-Care (including Assessment)
- Holistic Maternity Care (Antenatal, Interpartum and Postnatal) on-site and through service delivery partnerships with local health providers.
- Medically Supervised Detoxification (service partnership with hospital detox)
- Outpatient Counselling
- Residential Treatment Program

Smoking during pregnancy has been identified as one of the most preventable causes of fetal death and perinatal mortality and morbidity; therefore smoking reduction and cessation will be equally emphasized with other forms of substance reduction.

*Treatment Components for Women with or without Children*

Services for women include:

- Intake, Assessment and Pre-Treatment
- Detoxification
- Family Programming
- Holistic Client Support and Interagency Case Management
- Residential Counselling (including family-focused recovery)
- Continuing Care/Relapse Prevention

Services for children and youth include:

- Assessment and Intake
- Childcare and Referral to Day Care and Head Start Programs
- Health Services (including dental)
- After School/Stay-in-School Programs
- Sports and Recreation
- Youth Council and Leadership Program
- Safety Program
- Culture Program
- Parenting Supports (including family-focused recovery)
- Access Visits for CAS-Involved Families

Family-focused recovery programming will utilize a range of treatment modalities: individual assessment and recovery plans, family group counselling/art therapy, and individual and family group aftercare/follow-up plans.

1. **Targeted Outreach**
Targeted outreach and awareness programming will address the specific barriers faced by Indigenous women and teens to accessing treatment services. Outreach will target high risk Inuit, Metis and First Nation women and youth who are pregnant or of age for pregnancy through partnerships with local drop-in’s for homeless and street-involved women and girls, at homes for pregnant teens and at jails and detention centres. This programming will provide active, ongoing contact and consistent gender-specific messaging that links safe sex practices, sexual health, substance abuse and addictive behaviours with FASD risk. Information will be provided in ways that are informal, accessible and non-stigmatizing. The primary focus of the program will be to promote awareness of strategies and supports for harm reduction, and to facilitate pregnancy screening/bridging of pregnant women and youth to the treatment centre at the earliest onset of pregnancy.

2. Intake, Assessment and Pre-Treatment

Individual assessments will utilize the Medicine Wheel Assessment Tool or similar method to ensure a holistic approach. Strength-based, individual and family safety and recovery plans will be developed aligned with the most urgent mental, physical, emotional and spiritual needs as self-identified by clients. Potential clients will also be made aware of a constellation of contemporary and traditional healing supports provided through the network of community-based social and health services. Some clients may be referred to other agencies and services depending on an assessment of client need. Individual assessments include:

- Name
- Other names
- Date and place of birth
- Home address and contact information
- Family information: number and age of children; custody status; pregnancy status
- Dates seen for various reasons
- Narrative account of initial contact and the services provided
- List and dates of referrals made
- Type of substance being abused including prescription drugs, street drugs, alcohol, commercial tobacco or other substances
- Level and type of detoxification required
- Screening and assessment for risk of relationship violence
- Health/medical assessment for chronic medical conditions through service delivery partnership
- Mental health assessment/diagnosis for concurrent disorders and mental health needs of children through service delivery partnership
- Any history of self-harm or substance abuse behaviours of her child(ren)
- History of involvement with child welfare and current custody status of children
- Housing, education and employment status and needs.

Pre-Treatment supports include assistance with travel arrangements, advocacy with social housing to hold leases during residential treatment, advocacy with Children’s Aid to regain/retain custody of children, and legal advocacy as required. This assistance may be
provided through on-site services or through referral and bridging to service delivery partners, depending on client needs and preferences.

Criteria for Admission to the Residential Treatment Facility

Specific criteria for acceptance into the residential treatment program will be developed by the Treatment Centre Director in collaboration with senior staff. Potential criteria will include:

- Inuit, Metis or First Nations descent
- Substance abuse is chronic with significant negative effects in one or more life areas (pregnancy, personal health, custody of children, social functioning, social relationships, legal consequences)
- No mental health concerns that would significantly limit participation in programming (e.g. serious brain damage, serious/untreated psychiatric disorders, acute psychosis)
- Seeking to change substance use behaviors
- Seeking to address issues of trauma and to reduce trauma symptoms
- Willing to commit to participating in all program requirements, including detoxification, treatment programming, family programming and continuing care.
- Not on day pass from a correctional institution
- Not known to be intimately related to other clients in the same program cohort (note: it is possible to keep related clients in the same group if both parties agree that it will not hinder their healing journey).

Other client characteristics that may need to be considered in order to adjust programming or provide supports for the client upon acceptance: (note: these are not exclusion criteria).

- Any physical handicaps that may limit participation in program (e.g. blindness, deafness)
- Literacy level
- Evidence of a history of violence or abusive behaviours toward others (note: this will need to be evaluated in light of individual treatment goals and trauma histories - a history of violent behaviour does not disqualify a person for admission to treatment.)
- Previous admissions to the program and outcomes.

3. Detoxification

Level I and II withdrawal management services will be provided on-site at the residential treatment centre. Level III services will be provided through service delivery partnership with a local hospital offering medically supervised withdrawal.

Level I

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2 Persons mandated to treatment by the courts may be accepted if they meet other intake criteria.
3 This would need to be handled on a case by case basis
4 pp 72-73 Service Definitions, Operating Manual for Mental Health Services and Addictions Treatment Services funded by the Ministry of Health and Long-Term Care, Province of Ontario (December 2003)
- Client symptoms can be safely monitored by staff who are not medically trained.
- Intensity/severity of symptoms can be managed, as required, with medical consultation being provided by a physician/nurse/health centre/hospital emergency department.
- Client/staff ratios do not permit high intensity symptom monitoring.
- In consultation with a physician, if necessary, consider/assess individuals for admission if they are taking the following types of medication: medications for medical problems; medications for diagnosed psychiatric problems; pain medications only for acute injuries or recent surgery.

**Level II**

- Client symptoms can be safely monitored by staff who are not medically trained.
- Intensity/severity of symptoms can be managed, as required, with medical consultation being provided by a physician/after hour’s clinic/health centre/hospital emergency department.
- Routine medical consultation and sufficient staff resources are available to consider management of the following medications/situations: all medications as listed in Level 1; clients on methadone; clients being tapered from benzodiazepines or narcotics.

**Level III**

- Client symptoms require monitoring by medically trained staff.
- Medical consultation and staff are available on a constant basis to monitor and manage the following medications/situations: all medications as listed in Level 1; circumstances as listed in Level II; medically assisted withdrawal.

The level and type of detoxification service required by each client will be determined during assessment and diagnosis. Detoxification services for high risk pregnant women and/or women being medically treated for concurrent disorders will be provided through a partnership with local hospitals that provide medically supervised detox. Detox for other residents will be provided on-site at the residential treatment centre and with a focus on ensuring client safety and motivation to continue treatment. Staff of the treatment centre will be trained and experienced in withdrawal management. Needs and arrangements for childcare during detox of the mother will be determined during intake and assessment.

4. **Therapeutic Interventions**

Three concurrent cycles of group treatment programming facilitated by treatment centre staff will each run three times annually and include both in and out-patient clients. Referrals will be based on individual recovery plans which will be monitored to assess progress toward identified objectives. Nearing completion of each cycle, clients will either develop discharge plans or transition plans for entry into the next consecutive cycle of treatment.

**Treatment Approaches**
A cognitive-behavioural approach will be used to help clients explore and understand individual relapse triggers and responses, and to identify concrete, practical strategies to support behavioural change. An integrative psycho-social approach informed by Indigenous Knowledge and relationally-based worldviews will be used to promote development of self-esteem, exploration of colonially-imposed shame and guilt, victimization of Indigenous women, and the impacts on women’s holistic health.

1. Short-Term Group Counselling of 7 to 21-day cycles will be provided for 8-12 individuals each cycle. When clients move on into longer term, more intensive counselling, new clients will be offered places in this group as part of pre-Care programming while they are on a waiting list for the residential service. REDO

2. Intermediate-Term Counselling of 28 to 53 day cycles will be provided for 5-8 individuals per cycle; clients will have the option of continuing on in one of the long-term counseling groups as part of residential services or on an out-patient basis as part of their continued care plans.

3. Long-Term Counselling cycles of two months and longer will be provided for 10-12 clients as part of residential services or on an out-patient basis as part of their continued care plans.

In addition to ongoing treatment cycles, other options for group counselling will be made available either on-site as part of core programming or through referral to external service partners. These options will include:

- Talking Circles led by Elders or traditional people.
- Referrals to Minwaashin Lodge trauma recovery programming.
- Referrals to other service providers offering culturally-based group programming such as Tungasuvvingat Inuit, the Odawa Friendship Centre and Waban Centre for Aboriginal Health.
- On-site Smoking Cessation Program delivered through service partnerships.
- On-site and referral to traditional healing workshops that promote non-verbal expression of feelings and exploration of individual healing through art and craft making and/or theatre, storytelling, etc.
- Seasonal women’s ceremonies and on-the-land healing retreats.

_Treatment Methods_

Treatment methods will be client-centered and evidence based. The specific types of interventions used will be based on an assessment of individual client need and circumstances and will be flexible enough to allow adjustment as needed throughout programming.

- Experiential: story telling, role playing, imaging, individual and family art therapy.
- Psycho-educational: information on the effects of alcohol and drugs; information on history such as impacts on families of residential schooling and child welfare.
- Cognitive-behavioral therapy that supports clients to makes the linkages between attitudes, thoughts and behaviours that are healthy vs. unhealthy.
• Psychodynamic methods that help clients identify and transform self-defeating patterns of thinking, feeling and behaving arising from early childhood experiences into self-sustaining patterns that promote a sense of self-worth.
• Cultural approaches to healing: life-affirming ceremonies, traditions and values.
• Involvement of Elders and a Grandmother-in-Residence to provide cultural guidance.

5. Maternal Health Program

A Maternal Health program will be provided on-site through a Midwife staff position, the Grandmother-in-Residence and the volunteer Grandmothers and Auntes program as well as through service delivery partnerships with the Ottawa Health Department and local hospital maternity programs. Maternal care will include: assessment, diagnosis and case management; harm reduction; prenatal-postnatal nutrition and hygiene; preparation/coaching for birth; newborn health education; maternal attachment and bonding from prebirth to infancy; cultural ceremonies for pregnancy and birth; and parenting skills.

6. Family Programming

Family programming will include:

• Strength-Based Individual and Family Assessment to determine needs and promote linkage to a menu of on-site and community supports.
• Therapeutic Cultural Programming including welcoming ceremonies for new residents, arts-culture based workshops that promote family healing, strengthen family bonding and facilitate healthy holistic development (sexuality, nutrition, intra-family communications and self-expression, etc).
• Relationally-Based, Family-Focused Treatment through individual and group family support programming that promotes whole-family healing and recovery from addictions and trauma.
• Therapeutic Recreation to engage families in positively-centered activities that reduce stress, promote fitness and facilitate family team-building.
• Grandmothers and Auntes Volunteer Program to provide residents with stand-in kinship supports that model healthy relationships with children and youth.

7. Case Management

Case management is a key element of effective treatment for pregnant women, women with concurrent disorders and/or women with children diagnosed with acute learning/behavioural disorders. The type and level of case management required for each woman and her children will be determined during the intake and assessment process. Planning and coordination of services and developing/monitoring interagency case management plans will be the responsibility of the treatment centre Service Coordinator/Case Manager/Clinical Supervisor. Case management will include: referral and bridging to services as required; monitoring client progress toward achieving outcomes identified for each service; advocacy on behalf of clients as required; promoting collaborative, interagency problem-solving for emerging issues that could potentially
undermine recovery; provision of supports to facilitate client access to the full range of services required (childcare, transportation, etc.)

8. Continuing Care and Innovative Options for Relapse Prevention

Continuing care programming will be flexible and focused on the needs of individuals and families as identified in their discharge plans. Whole-family access to continuing care and community-based supports during and after transition back to community life are crucial factors for maintaining treatment success and commitment to recovery.

Aftercare will be offered on an individual and group basis, depending on the needs and preference of the clients. A range of options will be available from formal out-patient counselling sessions to informal ‘drop-by days’ and ‘warm-line’ telephone check-in calls from peer support volunteers and ‘Aunties’. Ongoing cultural events that allow informal opportunities for check-in based on observable behaviours such as social and family interactions will be provided through:

- Community Feasts
- Seasonal Celebrations
- Women’s drum groups
- Theatre performing arts groups
- Pow Wows
- Traditional Craft Workshops
- Bridging to Employment Development Programs through partnerships with Minwaashin Lodge, Tungasuvvingat Inuit and Odawa Friendship Centre.

Emergency Relapse Prevention Sleepovers

The needs of children and youth will be taken into account through innovative, non-stigmatizing family-oriented relapse prevention programming. A key feature of this programming will be the option of an ‘emergency sleep-over’ for women and their children at risk of imminent relapse. Re-framing the risk of relapse as an opportunity for a sleepover at the residential treatment centre where the children are familiar with staff and the environment will reduce the level of family stress which will in turn help to re-stabilize the mother.

Re-Admission

Readmissions to the residential program are anticipated for a minority of clients. Except for emergency relapse prevention sleepovers, readmission will follow the same procedure as for intake and assessment to determine potential benefits to and emergent needs of the woman and her child(ren).

Clinical Goals of Culturally-Safe Trauma-Informed Addictions Treatment
In addition to the short and long-term outcomes described in the logic model in Figure 1, the following clinical goals will be used to guide and assess the therapeutic component of the service delivery plan.

1. Increased awareness of how historical experiences and the intergenerational legacy have affected and continue to affect Indigenous women’s lives, including impacts of multiple loss and unexpressed trauma.
2. Increased ability to trust oneself and others.
3. Enhanced capacity to share feelings and express emotions and thoughts without becoming overwhelmed.
4. Increased awareness of the resilient self versus the (mal)adaptive self.
5. Increased positive feelings and attitudes toward culture and ancestry.
6. Diminished feelings of grief, depression, and anger.
8. Increased capacity to self-manage flashbacks, triggers and the expression of feelings/emotions under stress.
9. Improved interpersonal and communications skills, verbal and non-verbal.
10. Improved capacity to facilitate loving and empowering relations within families.
11. Increased awareness of traditional teachings and customs related to healthy development throughout the stages of life from childhood and youth to adult and senior-hood.
12. Capacity to formulate realistic goals for sustaining recovery by applying the skills, insights and knowledge learned through treatment.
13. Reduced amounts of harmful substances women, their babies and children are exposed to.

**Highlights of the Proposed Treatment Service Model**

1. **Provides a Full Continuum of Culture-Based Interventions**

The Lifecycle Services Model in the context of addictions treatment provides a continuum of culture-based interventions from intensive outreach services for pregnant women and teens with addiction and mental health problems to innovative, family-focused plans for continuing care and relapse prevention. The proposed treatment facility will provide a safe, supportive environment where women can recover at their own pace without the added stress and fear of losing their children.

2. **Emphasizes Culture-Based Peer Education and Prevention**

Youth engagement and peer-led programming by and for Inuit, Métis and First Nation youth is needed to stop the intergenerational cycle of addictive behaviours and substance abuse. Children and youth residing in the treatment facility will experience engaging in positive, healthy ways with their families and peers in an environment that reflects a commitment to recovery and balanced health. Age-appropriate information will be provided to children and youth about the impacts of substance abuse on individuals and families. All children and youth in the residence will develop their own medicine shield/life plans to keep them safe and healthy. Youth in the residence will be directly involved in programming that is expected to benefit them and their
families through a Youth Council; this will allow them to develop new skills and divert them from substance abuse and addictive behaviours during a critical time in their teen life.

3. **Promotes Cultural Safety/Accessibility of Mainstream Services through Partnerships**

Building the capacity of mainstream services through knowledge transfer and cultural competency is a feature of this treatment service model and service delivery partnership plan. Strong linkages with organizations and agencies serving Inuit, Metis and First Nation women will promote more effective outreach and engagement and increase their access to a full range of health and social supports. All providers who were approached during the business plan development phase expressed a strong interest in contributing to culturally safe services and promoting accessibility as outcomes of the partnerships.

**Monitoring and Evaluation**

A detailed monitoring and evaluation plan will be developed by the Treatment Centre senior staff at start-up.

A linked computerized client record management information system will be implemented to facilitate service integration and track client progress from intake to aftercare. Electronic records also reduce duplication of client files and client numbers and facilitate research and development through a database capable of providing reliable information on the effectiveness of treatment services.

Program evaluation will measure client outcomes and successes, using a global approach that takes into account the varying characteristics, needs and goals of individuals. The evaluation will measure client outcomes and successes based on their treatment goals (abstinence or harm reduction, pregnancy outcomes, employment, housing, family and community relations, violence and involvement with the law, etc.).

The outputs for the residential treatment services evaluation will include the following.

1. **Tables showing:**

   - Number of referrals from various sources over a given period in the three target populations
   - Number and percent of referrals showing for treatment
   - Reason for non admission
   - Characteristics of clients admitted (including children and youth)
   - Number and percent of admissions completing the three residential phases of the program
   - Number of pregnancies and deliveries
   - Reasons for early discharge
   - Number of family events held during a given period
   - Number and percent of all admissions during a given period attending these events
• Number and percent of admissions whose family members/supportive others attended family events and/or received services
• Average number of follow up contacts during specific post treatment periods (3 months, 6 months, one year etc.) for specific cohorts of admissions.

2. Tables summarizing responses to service evaluation and self-assessment questionnaires completed by clients.
3. Qualitative and quantitative analyses of reviews of program materials taking account of their consistency with program objectives, accuracy, appropriateness for the clients, and consistency with best practices in the field.
4. Qualitative and quantitative summaries of the quality and completeness of program records.
5. Qualitative and quantitative summaries of program delivery taking account of consistency with program objectives, use of program materials appropriateness for the clients, consistency with best practices.
6. Summary of interviews with staff focused on self-assessed competence, job satisfaction, outcomes of professional development and further needs.
7. Summary of lessons learned and recommendations for service improvements where indicated.

Service Delivery Partners

Opportunities for potential service delivery partnerships have been identified with over twenty local providers and Agreements in Principle have been initiated with key delivery agents during the business plan development phase. The objective of the Agreement in Principle is to identify potential partners for various components of the treatment centre service plan. Direct service partnerships will facilitate intercultural and interagency collaboration and coordination, enhance client’s access to a network of community supports, promote cost-effectiveness and reduce duplication. Signatories to these agreements affirm their intention to contribute their best efforts in cooperating with Minwaashin Lodge toward development of a successful plan for delivering the agreed upon program component to the client group, at such time that funding for the facility is procured. (Refer also to Appendix B, Service Delivery Plan.)

Some highlights of discussions that took place during the business plan development phase toward service partnerships with health and social service organizations include the following.

Research Partnerships

✓ Society of Obstetricians and Gynecologists of Canada (SOGC): best practices improving maternal health in the context of addictions treatment services; enhanced service capacity through knowledge exchange.

✓ Carleton University: information gathering for social return on investment analysis.
Service Partnerships

- Royal Ottawa Health Care Group (ROHGC): Assessment and treatment for concurrent disorders; access to medically supervised detoxification as required; enhanced service capacity through knowledge exchange and improved access for Aboriginal pregnant and parenting women.

- Placement/training opportunities for medical students through partnership with SOCG.

- City of Ottawa, Department of Public Health
  2. Pregnancy and Child Health Division: family health promotion on-site for mothers and children.

- Amethyst Women’s Addiction Centre: Family Education and Support Program, two prevention/health promotion groups on-site for children ages 3-7 and 8-12 impacted by addictions.

Capacity Building

- All of the above partners have expressed interest in mutual capacity building through knowledge transfer and staff/professional development training opportunities.

Human Resource Plan

A human resource plan aligning with the treatment centre service delivery plan is in Appendix C. The plan details the range of positions, responsibilities, qualifications and estimated costs required for a staff team with the experience, training and clinical expertise to assure a high quality, culturally safe residential treatment service. The staff team will be complemented by volunteer Grandmothers and Aunties who will assist with programming for infants and toddlers. A plan for orientation, evaluation and training of staff and volunteers will be a priority to ensure the necessary skills and competencies are in place to deliver high-quality treatment services.

Staff Training

Training with respect to the skills needed to deliver residential addiction treatment components will be provided during the program development phase; ongoing professional development for staff will be strongly supported. Staff will first be assessed for training needs and training will be provided in areas such as developing the therapeutic alliance, cognitive-behavioural approaches to addictions and trauma recovery, addictions assessments, group and individual therapy, family counselling, continuing care supports, and prevention of vicarious trauma/self care. Program staff will also be trained to be aware of individual needs and to adapt the delivery of program components accordingly. Training materials and events will be developed on acceptance of this proposal. Knowledge exchange and knowledge transfer opportunities with key service delivery
partners will in conjunction with staff training and development will be crucial to the success of this model.

*Debriefing – Clinical Supervision*

Frontline work in addictions and trauma recovery can be highly stressful; therefore treatment centre staff will require access to debriefing and professional clinical supervision. The Treatment Centre Director and Service Coordinator/Case Manager/Clinical Supervisor will be responsible for providing this essential service to staff. Training and strategies to prevent burnout and vicarious trauma on the staff team will also be required on an ongoing basis.

**SROI Analysis Results**

Social return on investment (SROI) expresses the value of social and environmental benefits created through any type of activity. An SROI analysis illustrates the value of change to individuals, families and community circumstances by expressing the value of that change in monetary terms wherever possible. An SROI is a combination of social, financial and environmental value (SiMPACT, 2009). An SROI analysis was conducted as part of this business plan for the purpose of quantifying at a high level, the cost-benefits of establishing a residential treatment centre with the programming described above to the three client groups identified: pregnant women; women who are mothers; and their children.

Results of the SROI analysis (Appendix G) indicate at minimum the proposed residential treatment service has the potential to return $4.21 per $1 invested after two years of operations; however given its likelihood of success, the SROI may well be closer to $25 per $1 invested.

**Budget**

A full budget for phased-in implementation and annual operation of the proposed treatment facility is in Appendix A.

**Logic Model for Culturally-Safe Trauma-Informed Addictions Treatment**

*Figure 1* presents a logic model for the proposed treatment centre services indicating the primary service components, process objectives, and outcomes for each.
## Figure 1- Overview: Addictions Treatment Centre Proposed Service Plan Logic Model

### Target Population Chart 1: Indigenous Women and Teens Who are Pregnant and Abusing Substances

<table>
<thead>
<tr>
<th>Change Process</th>
<th>Secondary Prevention</th>
<th>Holistic Maternity Care (Antenatal, Interpartum, Postnatal)</th>
<th>PreTreatment/PreCare</th>
<th>Medical Detoxification</th>
<th>Outpatient Counselling</th>
<th>Residential Treatment Program</th>
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<tbody>
<tr>
<td><strong>Service Components</strong></td>
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<tr>
<td>• Targeted Outreach to high-risk &amp; street involved women &amp; girls</td>
<td>• Referral for Antenatal, Interpartum &amp; Postnatal Assessment &amp; Diagnosis</td>
<td>• Interim family support/referral</td>
<td>• 24/7 Fetal monitoring and medically supervised detox in accordance with assessment &amp; diagnosis provided by acute care obstetrics service partner (Level 3 Withdrawal Management)</td>
<td>Medically stable pregnant women who are assessed as ready are provided services as appropriate:</td>
<td>Pre-Care/Pretreatment</td>
<td>Medically stable pregnant women assessed as ready enter either the short, medium or long-term residential counselling cycle based on individual treatment objectives/plans &amp; preferences.</td>
</tr>
<tr>
<td>• Targeted outreach to homes for pregnant teens, detention centres</td>
<td>• On-site Prenatal Nutrition &amp; Infant Development</td>
<td>• Preliminary housing arrangements</td>
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<td></td>
<td>Non-residential counselling (individual or group)</td>
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</tr>
<tr>
<td></td>
<td>• Harm Reduction (Substances, Smoking Cessation, Alcohol)</td>
<td>• Travel arrangements</td>
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<td>Continued Care/Post Treatment Support</td>
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<tr>
<td></td>
<td>• VAW Risk Assessment</td>
<td>• Liaison with CAS</td>
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<td></td>
<td>• Midwifery/birth coaching &amp; ongoing fetal monitoring</td>
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<td><strong>Process Objectives</strong></td>
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<tr>
<td>• Take proactive steps to identify at risk women &amp; bridge them to services</td>
<td>• Provide holistic health assessment &amp; support services for pregnancy</td>
<td>• Bridge other children &amp; family members of pregnant women to adjunct supports aligned with assessed needs &amp; client preferences</td>
<td>• Ensure bridging to and coordination with service partners</td>
<td>• Support and/or counselling groups co-facilitated by TC Trauma &amp; Addiction Therapists.</td>
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<tr>
<td>• Provide client-centered information re healthy pregnancy, risk of FASD, harm reduction &amp; TC services available for pregnant women</td>
<td>• Negotiate client-centered treatment plans &amp; safety plans based on assessment results and readiness to change</td>
<td>• Identify &amp; address barriers to treatment such as travel, legal and housing are addressed</td>
<td>• Provide on-going need assessments and adjustments to treatment plans</td>
<td>• Talking Circles led by Elders or Traditional people.</td>
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<tr>
<td>• Screen pregnant women &amp; youth for immediate needs and bridge to the treatment centre for assessment as required</td>
<td>• Refer clients to adjunct services that align with holistic needs/preferences</td>
<td>• Produce individualized Case Coordination Plans with TC midwife &amp; therapists and concurrent disorders service partners &amp; acute care obstetrics partners (no trauma counseling during high risk pregnancy)</td>
<td>• Ensure range of medical care and/or treatment for concurrent disorders is provided for pregnant clients during detox</td>
<td>• Provide information on addiction/substance abuse, colonization, historical trauma &amp; gendered impacts on women, families &amp; communities</td>
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</tr>
<tr>
<td>• Identify women &amp; youth of child-bearing age with substance abuse problems &amp; provide/referral information on birthing</td>
<td>• Provide holistic supports &amp; services that promote improved pregnancy outcomes during treatment (nutrition, parenting skills etc)</td>
<td>• Support women’s parenting rights with CAS</td>
<td>• Develop and implement discharge plans from medical detox to treatment centre</td>
<td>• Provide information on Traditional Knowledge &amp; cultural approaches to holistic health for women &amp; children through the Lifecycle</td>
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<tr>
<td></td>
<td>• Provide culturally appropriate perinatal &amp; parenting information &amp; support including ceremonies for pregnancy &amp; birth, naming, welcoming ceremonies</td>
<td>• Facilitate social stability of</td>
<td>• Provide holistic health advocacy &amp; support for pregnant clients</td>
<td>• Identify strengths of Indigenous women, individually &amp; collectively toward recovering from addictive behaviours</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Facilitate mother/infant bonding &amp;</td>
<td></td>
<td>• Facilitate medical stable, safe withdrawal from substances for pregnant women</td>
<td>• Identify individual triggers &amp; personal strategies to prevent relapse</td>
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<td></td>
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<td></td>
<td>• Provide role modeling for women’s empowerment, healthy coping and life skills &amp; opportunities to practice these skills with other women in a group format</td>
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<td>• Facilitate peer support networks among women who are also committed to lifelong health and positive parenting</td>
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</tr>
</tbody>
</table>
### Short Term Outcomes

- Increased awareness of pregnancy risks/FASD among high risk pregnant women & youth
- Increased awareness of continuum of treatment options available
- Increased number of pregnant women accessing treatment
- Increased number of women accessing treatment at earlier stages of pregnancy
- Improved referral networks among social and health services

#### control and treatment

<table>
<thead>
<tr>
<th>control and treatment</th>
<th>attachment</th>
<th>pregnant women</th>
<th>• Provide monitoring, assessment &amp; adjustment of individual treatment plans &amp; safety plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased sense of hopefulness for positive pregnancy/parenting outcomes for pregnant women with addictions</td>
<td>• Increased access to treatment continuum for pregnant women &amp; youth by removing barriers</td>
<td>• Increased access to medically supervised, safe detox and supports for high risk pregnant women</td>
<td>• Decreased abuse of alcohol, and/or drugs and/or commercial tobacco during pregnancy</td>
</tr>
<tr>
<td>Increased number of high risk pregnant women accessing perinatal health/medical supports</td>
<td>• Sustained commitment to post pregnancy treatment/recovery</td>
<td>• Improved capacity of hospital detox services to respond to needs of pregnant Indigenous women with addictions</td>
<td>• Increased access to supports for women’s goals of abstinence or harm reduction</td>
</tr>
<tr>
<td>Decreased amounts of harmful substances mothers &amp; infants are exposed to</td>
<td>• Increased client stability through linkages with a network of supports including housing, health, legal &amp; financial as required</td>
<td>• Increased knowledge among health practitioners of best practices for improving pregnancy outcomes for high risk Indigenous women</td>
<td>• Increased time between relapse; decreased time re-accessing treatment after relapse</td>
</tr>
<tr>
<td>Reduced preterm labour admissions/infants in ICU</td>
<td>• Increased understanding of impacts/role of family members during the recovery process</td>
<td>• Reduced stigmatization and isolation of substance abusing pregnant women</td>
<td>• Increased insight into the link between addictive behaviors &amp; trauma &amp; their impacts on Indigenous families &amp; communities</td>
</tr>
<tr>
<td>Reduced withdrawal &amp; need to treat newborns for substance impacts</td>
<td>• Decreased apprehensions of newborns by child welfare</td>
<td>• Increased access to medically supervised, safe detox and supports for high risk pregnant women</td>
<td>• Increased respect for personal resilience &amp; strengths &amp; that of Indigenous women</td>
</tr>
<tr>
<td>Improved mother/infant bonding</td>
<td>• Increased motivation &amp; sense of hope toward positive change/commitment to treatment goals</td>
<td>• Increased capacity/expertise of the health and social service systems to respond effectively to the unique needs of Indigenous families</td>
<td>• Enhanced daily functioning</td>
</tr>
<tr>
<td>Increased awareness of Indigenous Knowledge as a foundation for healthy outcomes for both mother &amp; infant</td>
<td>• Improved family and social relationships</td>
<td>• Increased women able to meet treatment objectives and maintain positive change toward recovery</td>
<td>• Increased knowledge of coping skills in the management of trauma symptoms</td>
</tr>
</tbody>
</table>

### Long Term Outcomes

- Restored capacity for mental, physical, emotional and spiritual health throughout the lifecycle beginning with pregnancy
- Restored capacity for healthy parenting in Indigenous families impacted by traumatic disconnections of the colonial legacy
- Improved quality of life for clients, families and significant others
- Reduced rate of substance abuse and addictive behaviours in the Indigenous population including youth
- Reduced rate of FASD in the Indigenous population
- Reduced economic, physical and social harm arising from the use/abuse of alcohol, other drugs, and violence/abuse
- Increased number of Indigenous women and children benefiting from a continuum of culturally safe, coordinated addiction and trauma services
- Increased capacity/expertise of the health and social service systems to respond effectively to the unique needs of Indigenous families
- Restoration of Indigenous women’s authority and agency in their families, communities and Nations
- Increased awareness of Indigenous Knowledge(s) and cultural healing practices applied to trauma and addictions recovery

- Improved family and social relationships
- Decreased involvement with the law
## Target Population Chart 2: Indigenous Women With or Without Children

<table>
<thead>
<tr>
<th>Change Process</th>
<th>Intake, Assessment &amp; Pre-Treatment</th>
<th>Detoxification</th>
<th>Family Programming</th>
<th>Holistic Client Support and Case Management</th>
<th>Residential Counselling Program</th>
<th>Continuing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Components</strong></td>
<td>Provide consistent non-judgmental information about treatment centre services by phone, walk-in or referral</td>
<td>2 beds in-house for Levels 1 &amp; 2 detoxification (withdrawal management)</td>
<td>Family Education &amp; Support Program: pre-visit assessment &amp; information (for visiting family members)</td>
<td>Individual treatment plans &amp; case management for concurrent disorders and chronic physical health conditions (diabetes, hypertension, HIV Hep C)</td>
<td>3 Concurrent cycles of group counselling including short (1-3 weeks, 4 times annually), intermediate (28-53 days, 3 times annually) &amp; long term (2+ months, ongoing)</td>
<td>Discharge &amp; transition planning</td>
</tr>
<tr>
<td></td>
<td>Scheduled or walk-in intake &amp; assessment</td>
<td>Referral to Level 3 medically supervised detox facilities through ROHCG partnership</td>
<td>Family therapy (resident women &amp; their children)</td>
<td>Medical care (health check-ups, immunizations)</td>
<td>Individual counselling</td>
<td>Relapse prevention: emergency sleepover program; ‘warm line’</td>
</tr>
<tr>
<td></td>
<td>Screening for substance abuse, violence, risk, concurrent disorders, trauma &amp; needs of children</td>
<td>Referral for adjunct family supports for visiting family members</td>
<td>CAS Liaison</td>
<td>Harm Reduction Information &amp; Education; Smoking Cessation</td>
<td>Individual counselling</td>
<td>Individual counselling</td>
</tr>
<tr>
<td></td>
<td>Determine readiness for treatment</td>
<td>Life skills Program: healthy family diet and nutrition, hygiene,</td>
<td>Healthy Attachment &amp; Parenting skills program</td>
<td>Healthy Sexuality Program</td>
<td>Individual counselling</td>
<td>Peer support: groups, annual reunions, seasonal celebrations</td>
</tr>
<tr>
<td></td>
<td>Assistance with CAS, transportation, housing, legal in preparation for residential services</td>
<td>Therapeutic family recreation and sports program</td>
<td>Cultural program</td>
<td>Sex Trade Support Program</td>
<td>Individual, client-centered treatment plans</td>
<td>Referral to adjunct supports (family art therapy, employment training, education support)</td>
</tr>
<tr>
<td></td>
<td>Referral to adjunct or alternative treatment services</td>
<td>Cultural program</td>
<td></td>
<td>Referrals to Minwaashin Lodge trauma recovery program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Process Objectives</strong></td>
<td>Provide consistent, client-centered responses to inquiries about treatment programs and other services</td>
<td>Provide safe in-house detox for women with children assessed as motivated &amp; ready</td>
<td>Provide information for family members on the link between historic trauma, substance abuse &amp; impacts on families</td>
<td>Facilitate linkage/coordination of required services</td>
<td>See Process Objectives in Chart 1 Above</td>
<td>Develop/implement client-centered discharge plans</td>
</tr>
<tr>
<td></td>
<td>Screen women for immediate needs; make appropriate referrals to remove barriers to treatment</td>
<td>Provide referral to medically supervised detox, discharge planning &amp; entry into residential TC program</td>
<td>Provide information &amp; support for the role of family members in recovery</td>
<td>Monitor, assess &amp; adjust treatment plans as required</td>
<td></td>
<td>Bridge clients to ML Transitional Support for housing help</td>
</tr>
<tr>
<td></td>
<td>Identify women at risk for violence and develop safety plans</td>
<td>Provide referral for family members for trauma supports</td>
<td>Provide referral for family members in recovery</td>
<td>Provide individualized support &amp; encouragement for clients to sustain linkages with adjunct mental/physical health services</td>
<td></td>
<td>Provide ‘warm calls’ for discharged clients as per discharge/follow-up plans</td>
</tr>
<tr>
<td></td>
<td>Identify clients with concurrent mental or physical conditions &amp;</td>
<td>Provide parenting skills training (positive discipline, verbal &amp; non-verbal communications, understanding behavioural cues, parenting children with behavioural disorders, healthy nutrition, healthy</td>
<td>Provide on-site safe medication dispensation &amp; monitoring</td>
<td>Provide on-site safe medication dispensation &amp; monitoring</td>
<td></td>
<td>Provide emergency sleepovers for ex-residents &amp; their children to prevent relapse as required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Facilitate non-verbal expression of feelings and exploration of individual healing through art and crafts, women’s drum group</td>
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<td>Provide individual out-patient counselling</td>
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<tr>
<td>Short Term Outcomes For Women with Children</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Increased awareness of culturally safe detox services</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Increased number of women accessing appropriate treatment services</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Increased access to culturally safe detox services</td>
<td></td>
<td></td>
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<tr>
<td>Increased motivation to commit to recovery</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Increased number of women able to believe in the positive benefits of change for themselves &amp; their children</td>
<td></td>
<td></td>
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<tr>
<td>Increased capacity of family members to support whole-family recovery process</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Increased stability of relationships and strengthened attachment within families</td>
<td></td>
<td></td>
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<tr>
<td>Increased continuity of parental role for women whose children are in CAS care</td>
<td></td>
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<tr>
<td>Earlier reunification with mothers for children who have been apprehended by CAS</td>
<td></td>
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<tr>
<td>Increased access to nutritious food and knowledge of healthy diet &amp; lifestyle for families</td>
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<tr>
<td>Increased use of physical activity &amp; good nutrition to reduce stress; increased physical fitness of families</td>
<td></td>
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<tr>
<td>Increased involvement in learning activities that promote pride in family, culture &amp; ancestry</td>
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<tr>
<td>Increased involvement in family &amp; community life</td>
<td></td>
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<tr>
<td>Reduced barriers to accessing service especially for women with concurrent disorders</td>
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</tr>
<tr>
<td>Optimize client linkages/access to social &amp; health services, agencies and supports as needed</td>
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<tr>
<td>Increased client readiness and capacity to make positive change/achieve desired results</td>
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<td></td>
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<tr>
<td>Increased cooperation, collaboration &amp; interagency knowledge exchange to better support Indigenous women &amp; families</td>
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<tr>
<td>Reduced street-involvement and increased housing stability for women with concurrent disorders</td>
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<td></td>
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<tr>
<td>Reduction in behaviours that put women and girls at high risk of violence</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Decreased substance abuse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Increased access to supports for women’s goals of abstinence or harm reduction</td>
<td></td>
<td></td>
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<tr>
<td>Increased insight into the link between addictive behaviors &amp; trauma</td>
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<tr>
<td>Increased respect for personal resilience &amp; strengths &amp; that of Indigenous women</td>
<td></td>
<td></td>
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<tr>
<td>Enhanced daily functioning</td>
<td></td>
<td></td>
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<tr>
<td>Increased knowledge &amp; practice of coping skills in the management of trauma symptoms</td>
<td></td>
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<tr>
<td>Increased women able to meet treatment objectives and maintain positive change toward recovery</td>
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<tr>
<td>Increased supportive peer &amp; social relationships</td>
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<tr>
<td>Decreased involvement with the law</td>
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<tr>
<td>Increased capacity to self-manage flashbacks, triggers &amp; express feelings/emotions under stress.</td>
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<tr>
<td>Increased time between relapse; prompt access to relapse prevention</td>
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<tr>
<td>Reduced stressful impacts on children &amp; youth when parent at risk for relapse</td>
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<tr>
<td>Decreased children taken into CAS care due to relapse</td>
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<td></td>
</tr>
<tr>
<td>Increased awareness of triggers &amp; best practices to prevent future relapse</td>
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<td></td>
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<tr>
<td>Increased likelihood of clients retaining safe, stable housing</td>
<td></td>
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</tr>
<tr>
<td>Increased access to and reliance on peer supports in recovery</td>
<td></td>
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<td></td>
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<tr>
<td>Increased to access to employment, education &amp; social supports</td>
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</tbody>
</table>
### Long Term Outcomes For Women with Children

- Restored capacity for mental, physical, emotional and spiritual health throughout the lifecycle beginning with pregnancy
- Restored capacity for healthy parenting in Indigenous families impacted by traumatic disconnections of the colonial legacy
- Improved quality of life for women and their families
- Reduced rate of substance abuse, addictive behaviours, and self-harm in the Indigenous population including among youth
- Reduced rate of FASD in the Indigenous population
- Reduced economic, physical and social harm arising from the use/abuse of alcohol, other drugs, and violence/abuse
- Increased number of Indigenous women and children benefiting from a continuum of culturally safe addiction and trauma services
- Increased capacity/expertise of the health and social service systems to respond effectively to the unique needs of Indigenous families
- Restoration of Indigenous women’s authority and agency in their families, communities and Nations
- Increased awareness of Indigenous Knowledge(s) and cultural healing practices applied to trauma and addictions recovery

---

### Target Population Chart 3: Children and Youth

<table>
<thead>
<tr>
<th>Change Process</th>
<th>Assessment/Intake</th>
<th>Services for Infants &amp; Toddlers</th>
<th>Services for Children</th>
<th>Youth Services</th>
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<tbody>
<tr>
<td><strong>Service Components</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Infant &amp; toddler childcare on-site; referral to Head Start &amp; off-site child care services</td>
<td>Infant, toddler &amp; child development</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health services onsite: assessment for developmental benchmarks, immunization, hearing, vision</td>
<td>Health services referral; emergency mental health assessment, mental health &amp; special needs supports, dental care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessment/intake for children &amp; youth of mothers applying for treatment</td>
<td>After school program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessment/intake with CAS for children visiting their mothers under supervised access agreements</td>
<td>Sports and recreation program</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue providing childcare during treatment on-site &amp; through referrals to Head Starts &amp; daycare services</td>
<td>Culture program</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide links to service partners through onsite health assessments &amp; health supports</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide an opportunity for children &amp; youth to identify &amp; express their needs in the family healing process</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Provide childcare from volunteer Aunties &amp; Grandmother program</td>
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<tr>
<td></td>
<td></td>
<td>Provide mentoring/coaching for positive parenting to mothers</td>
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</tbody>
</table>

**Process Objectives**

- Provide consistent care for children & youth in the residence
- Identify urgent health needs of children/youth & refer/bridge to appropriate services
- Provide an opportunity for children & youth to identify & express their needs in the family healing process
- Provide childcare during treatment on-site & through referrals to Head Starts & daycare services
- Provide links to service partners through onsite health assessments & health supports
- Provide standing in extended family care from volunteer Aunties & Grandmother program
- Provide mentoring/coaching for positive parenting to mothers
- Provide school transportation for children under age 12
- Provide access to health services appropriate to optimal development & well-being
- Provide supports to children & parents impacted by learning &/or behavioural disabilities
- Provide nutritional meals & after school snacks
- Provide quiet place/tutoring for homework
- Provide standing in extended family care from volunteer Aunties & Grandmother program
- Provide mentoring/coaching for positive parenting to

- Provide bus passes for youth age 12+
- Provide homework help/stay in school mentorship
- Provide onsite: assessment for developmental benchmarks, immunization, hearing, vision
- Provide health services referral: emergency mental health assessment, mental health & special needs supports, dental care
- Provide information about health risks of substance abuse, smoking, unprotected sex, abusive relationships
- Provide opportunities for experiencing healthy equal relationships with peers, family & stand-in family
### Short Term Outcomes for Youth

| Increased family awareness of ‘whole-family’ needs in recovery | Reduced barriers to women with young children participating in treatment | Increased school stability, continuity & attendance for at risk children |
| Increased number of children & youth accessing appropriate health & social services | Reduced parental stress during treatment & increased capacity to self-manage life stress | Decreased disruption/stress in the lives of children impacted by parental addiction |
| Increased stability and sense of belonging for children/youth impacted by addictions of parent | Increased motivation for women to begin/sustain a process of personal change | Improved diet, nutrition, hygiene |
| | Increased number of women achieve treatment goals | Decreased acting out & behavioural problems in children |
| | Increased infant/toddler & parent attachment & bonding | Decreased eating disorders/obesity |
| | Reduced impacts of parental addiction on infants/toddlers (decreased behavioural problems & acting out) | Increased capacity of children to concentrate on learning |
| | Reduced CAS involvement | Increased age-appropriate understanding and support for family recovery process |
| | | Improved relationships between parent and child(ren) (level of trust, safety, stability, communications skills). |
| | | Reduced CAS involvement |
| | | Increased opportunities for youth to be involved in planning & implementing youth-driven activities for the residents |
| | | Increased knowledge of risk behaviours & impact on individual & family life |
| | | Increased hope for the future |
| | | Increased ability to express needs in healthy ways & self-manage stress |
| | | Increased/stable school attendance |
| | | Improved academic performance |
| | | Improved nutrition and diet/reduced eating disorders & obesity |
| | | Increased resilience and self-care practices |
| | | Strengthened attachment & relational capacity |
| | | Increased peer, family/kin/community engagement |
| | | Decreased risk behaviours that put youth in conflict with the law |
| | | Reduced CAS involvement |
| mothers | Increased opportunities for youth to act as positive agents of change in family & community life |
Next Steps Toward Implementation

The following steps will be required to continue moving this project forward.

1. Meet with representatives from the Urban Aboriginal Strategy, and the local city councillor, MP and MPP to explore funding opportunities.
2. Meet with the City of Ottawa Building Department to explore and negotiate zoning requirements.
3. Hire a Project Manager with an engineering background to manage the property/land procurement process (tendering process for architects and builders, obtain permits for building and/or renovations as required, provide liaison with architect and builder selected, oversee compliance with zoning requirements, etc.)
4. Develop a workplan for recruiting/screening/training new staff in accordance with the proposed human resource plan for the treatment facility; furnishing and equipping the treatment facility in accordance with the site requirements and approved budget; and developing all policy and procedures and assessment tools required for operations.

Other Implementation Considerations

Once the business plan is accepted and funding is procured, an implementation plan will be developed in close collaboration with identified stakeholders. The following are some aspects for consideration in preparation for implementation.

Phased Approach

A phased approach will provide for a start-up period during which staff would be hired and trained to ensure they are prepared to deliver high-quality clinical treatment services. The start-up phase could also include: preparing the facility for service delivery; installation and training on the data base/electronic record keeping system; development of training plans and materials for psycho-educational components of the programming; consultation with and development of selection criteria for the Grandmothers Circle; and development of the volunteer program and training plan.

Communications Plan

A communications plan will be developed to provide information and receive feedback from the community so there is clear understanding of what the treatment centre services do and do not provide. The communications plan should be an ongoing mechanism to maintain connections and communications with all stakeholders and to increase public awareness of the services offered.

Service Partnership Development and Agreements in Principle

The treatment centre and its clients will benefit from strong community partnerships for both direct service delivery and for training and research. There is virtually unlimited potential and opportunities for partnerships through local colleges and universities, and a wide spectrum of services. Social work student placements and staff exchanges should be explored in the start-up phase and finalizing service partnerships through formal memoranda of understanding with a focus on medical supports for clients should be a priority.
References


Boyce, Tom UBC ‘Stress Reactivity in Human Children”


_____________ (February 2010), 10 Fundamental components of FASD prevention from a women’s health determinants perspective. Information sheet.


_____________ (undated). Best Practices in Action: Guidelines and Criteria for Women’s Substance Abuse Treatment Services and Children’s Aid Societies.


Poole, Nancy (2011). Improving treatment for First Nations and Inuit girls and women at risk of having a child with FASD. Draft document from virtual discussion groups on improving treatment. BC Centre for Excellence in Women’s Health.


Tungasuvvingat Inuit (2011). A Proposal for Addiction Treatment and Healing Centre in Iqaluit, NU. TI/Mamisarvik, Ottawa: ON


## Residential Treatment Facility Proposed Operating Budget

### Annual Operating Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wages and Salaries:</strong></td>
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<tr>
<td>Wages and salaries</td>
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<tr>
<td>Payroll benefits @ 15%</td>
<td>166,200</td>
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<tr>
<td>Relief Staffing @ 20%</td>
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<tr>
<td><strong>Other Operating Expenses:</strong></td>
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<tr>
<td>Allocated Administration (15%)</td>
<td>229,300</td>
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<tr>
<td>Meals @ $12.00 per person per day</td>
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<tr>
<td>Health Supplies</td>
<td>2,000</td>
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<td>Household Supplies</td>
<td>7,500</td>
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<tr>
<td>Client Needs</td>
<td>20,000</td>
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<tr>
<td>Program Activities/Client</td>
<td>15,000</td>
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<tr>
<td>✓ Program Supplies (Children and Youth)</td>
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</tr>
<tr>
<td>✓ Program Supplies (Adults)</td>
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<tr>
<td>✓ Program Supplies: Culture</td>
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<tr>
<td>✓ Volunteer Program</td>
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<tr>
<td>Client Transport (including Bus Passes for Children &amp; Youth)</td>
<td>15,000</td>
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<tr>
<td>Recreational and Cultural Activities</td>
<td>12,000</td>
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<tr>
<td>✓ On-the-Land Healing Retreats</td>
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<tr>
<td>Training &amp; Professional Development (On &amp; Off Site at Conferences/Symposia)</td>
<td>10,000</td>
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<td>Staff Travel</td>
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<td>Program Supplies/Resource Materials</td>
<td>20,000</td>
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<tr>
<td>Honouraria (Elders &amp; Volunteers)</td>
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<td>✓ Elders</td>
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<td>✓ Volunteers</td>
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<td>Child Care</td>
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<td>Printing</td>
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<td>Telephone</td>
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<tr>
<td>Insurance</td>
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<tr>
<td>Professional Fees: Legal, Accounting &amp; Audit</td>
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<tr>
<td>Security (Install security/video surveillance system)</td>
<td>7,500</td>
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<td>Postage/Interest/Financing/Bank Fees</td>
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<td><strong>Buildings and Maintenance:</strong></td>
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<td>Utilities and Hydro</td>
<td>20,000</td>
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<td>Utilities - Gas</td>
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<td>Utilities - Water</td>
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<tr>
<td>Building Maintenance &amp; Repair</td>
<td>10,000</td>
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<tr>
<td>Lawn Care/Snow/Ice Removal</td>
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<td>Building Related Supplies</td>
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<tr>
<td><strong>Other</strong></td>
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<tr>
<td>9.10% non-reimbursable share of HST</td>
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<tr>
<td><strong>TOTAL ESTIMATED OPERATING COSTS</strong></td>
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Estimated Capital Costs

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<th>One Time Capital Costs:</th>
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<td>Furnishings and Equipment</td>
<td>$665,500</td>
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<tr>
<td>- Information &amp; Communications Technology (ICT System)</td>
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<tr>
<td>- Special Purpose Equipment: Laundry Room; Industrial Vacuum</td>
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<tr>
<td>- Office/Meeting/Conference Room Furnishings &amp; Equipment</td>
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<tr>
<td>- Residential Furnishings: Common Rooms, Bedrooms, Lockers, A/V, Computers</td>
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<tr>
<td>- Children’s Playground Equipment</td>
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<tr>
<td>- Kitchen-Dining Room Equipment and Furnishings</td>
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<tr>
<td>- Security Equipment</td>
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<tr>
<td>- Exercise/Fitness Equipment</td>
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<tr>
<td>- Other Start-Up Costs</td>
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<tr>
<td>- Cleaning Equipment</td>
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<tr>
<td>Building Costs (16,000 square feet @ $350.00 per)</td>
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<td>Other Project Costs</td>
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<tr>
<td>- Project Management (Engineering Expertise) @ $75,000.00</td>
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<tr>
<td>- Consulting Fees (Architect) @ $475,000.00</td>
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<tr>
<td>- Tendering/Disbursements/Survey &amp; Technical Testing/Hazardous Materials @ $30,000.00</td>
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<tr>
<td>- Contingency @ 10% of total construction costs $58,000.00</td>
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<td>TOTAL PROBABLE CAPITAL COSTS</td>
<td>$7,471,200</td>
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Human Resource Plan: Estimate of Costs

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<th>Position</th>
<th>Salary Range</th>
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<tr>
<td>Treatment Centre Director</td>
<td>$80,000-90,000</td>
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<tr>
<td>Executive Assistant</td>
<td>$36,000-43,000</td>
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<tr>
<td>Service Coordinator/Case Manager/Clinical Supervisor</td>
<td>$60,000-75,000</td>
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<tr>
<td>Grandmother in Residence</td>
<td>$43,000-52,000</td>
</tr>
<tr>
<td>Midwife</td>
<td>$75,000-85,000</td>
</tr>
<tr>
<td>Community Outreach Worker</td>
<td>$43,000-52,000</td>
</tr>
<tr>
<td>Intake/Pre-Care/Aftercare Coordinator</td>
<td>$43,000-52,000</td>
</tr>
<tr>
<td>Trauma and Addiction Therapist (4FTE)</td>
<td>$43,000-52,000</td>
</tr>
<tr>
<td>Family Services Coordinator</td>
<td>$45,000-55,000</td>
</tr>
<tr>
<td>Child and Youth Worker (.5 FTE)</td>
<td>$43,000-52,000</td>
</tr>
<tr>
<td>Volunteer Coordinator (.5 FTE)</td>
<td>$43,000-52,000</td>
</tr>
<tr>
<td>Residential Shift Workers (6 FTE)</td>
<td>$36,000-43,000</td>
</tr>
<tr>
<td>Cook</td>
<td>$36,000-43,000</td>
</tr>
<tr>
<td>Building Custodian/Cleaner</td>
<td>$36,000-43,000</td>
</tr>
</tbody>
</table>

21 FTE Staff Positions

Total Estimated Salary Costs $928,000-1,108,000
15% Benefits $139,200-166,200
Relief Staffing at 20% TBA $213,400-254,800

Total Costs $1,280,600-1,529,000

APPENDIX B: Proposed Treatment Centre Service Delivery/Staffing Plan
## Target Group 1: Service Plan for Pregnant Women

<table>
<thead>
<tr>
<th>Treatment Component</th>
<th>TC Core Staff Position Required for Service Delivery</th>
<th>Service Delivery Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secondary Prevention</strong></td>
<td>Community Outreach Worker (1FTE) Midwife (1 FTE)</td>
<td>Outreach to: Operation Come Home; Youth Service Bureau; Youville; Tewegan; St. Mary’s Home; Bethany House; Homeless Shelters; The Well</td>
</tr>
<tr>
<td>- Outreach to services for high risk women and youth who may be pregnant for earliest access to treatment/harm reduction</td>
<td></td>
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</tr>
<tr>
<td>- Provide information/education on the impacts of substance abuse on pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maternity Care for Pregnant Women (Antenatal, Interpartum, Post-Partum)</strong></td>
<td>Intake/Pre/After Care Coordinator (1 FTE) Midwife (1 FTE) Grandmother (1 FTE) &amp; Volunteer Aunties</td>
<td>Potential Partnership with SOCG, Ottawa General Hospital &amp; ROHCG in Progress City of Ottawa, Early Pregnancy &amp; Prenatal Health, AIP in Progress Partnership with Ottawa General re Acute Care/Delivery &amp; Obstetrics Partnership TBA</td>
</tr>
<tr>
<td>- Assessment and Diagnosis (including fetal health assessment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prenatal Nutrition, Smoking Cessation during Pregnancy, Preparation for Birth (Ensure integration of perinatal, VAW and substance use)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ongoing Fetal Monitoring for High Risk Pregnancies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cultural /ceremonial support/birthing companion during delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Maternal Mentoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pretreatment/Precare Program</strong></td>
<td>Intake/Pre/After Care Coordinator (1 FTE)</td>
<td>Family Education &amp; Support for Children Ages 3-12 from Amethyst; AIP in Progress Children’s Aid Society Housing Support from Minwaashin Lodge</td>
</tr>
<tr>
<td>- Interim Family Support/Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Preliminary housing arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Travel arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Detoxification</strong></td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE) Midwife (1 FTE)</td>
<td>Potential Partnership with SOCG and ROHCG in Progress for Detox beds &amp; Antenatal Care</td>
</tr>
<tr>
<td>- 24/7 Fetal Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-Patient Counselling</strong></td>
<td>Trauma &amp; Addiction Therapist (4 FTE)</td>
<td></td>
</tr>
<tr>
<td>- PreCare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Non-residential Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Aftercare</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 Source: NNAPF Continuum of Care Model
## Target Group 2 Service Plan for Women with Children

<table>
<thead>
<tr>
<th>Treatment Component</th>
<th>TC Core Staff Position</th>
<th>Secondary Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake, Assessment and Diagnosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Scheduled Assessments</td>
<td>Intake/Pre/After Care Coordinator (1 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Walk-in’s</td>
<td>Trauma &amp; Addiction Therapists (4 FTE)</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment and Treatment of Concurrent Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Interagency Case Coordination/Management</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</td>
<td>Potential Partnership with ROHCG (Heather Sulliman) AIP in Progress</td>
</tr>
<tr>
<td><strong>Pretreatment/Precare Program</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Interim Family Support/Referral</td>
<td>Intake/Pre/After Care Coordinator (1 FTE)</td>
<td>Minwaashin Transitional Support Worker</td>
</tr>
<tr>
<td>• Preliminary housing arrangements</td>
<td>Trauma &amp; Addiction Therapists (4 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Travel arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Detoxification (24/7)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2 beds</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE); Trauma &amp; Addiction Therapists (4 FTE)</td>
<td>Medical Supervision in Partnership with ROHCG; AIP in Progress</td>
</tr>
<tr>
<td><strong>Medical Assessment, Diagnosis and Monitoring</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chronic health conditions; medication plans for management of symptoms</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</td>
<td>City of Ottawa Public Health Nurse Or closest Medical Centre to TC TBA</td>
</tr>
<tr>
<td><strong>Relationship Violence Screening and Assessment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Level of Risk</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Individual/Family Safety Plan</td>
<td>Trauma &amp; Addiction Therapists (4 FTE)</td>
<td></td>
</tr>
<tr>
<td><strong>Short-term Residential Counselling (1-3 weeks)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual Recovery Plan</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Monitoring Progress Toward Objectives</td>
<td>Trauma &amp; Addiction Therapists (4 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Discharge Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intermediate Term Residential Counselling (28-53 days)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual Recovery Plan</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Monitoring Progress Toward Objectives</td>
<td>Trauma &amp; Addiction Therapists (4 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Discharge Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Long Term Residential Counselling (2+ months)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual Recovery Plan</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Monitoring Progress Toward</td>
<td>Trauma &amp; Addiction Therapists (4 FTE)</td>
<td></td>
</tr>
</tbody>
</table>

* Source: NNAPF Continuum of Care Model
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</th>
<th>Trauma &amp; Addiction Therapists (4 FTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Out-Patient Counselling (Non-Residential)                                 | Service Coordinator/Case Manager/Clinical Supervisor (1 FTE) |                                      |
| PreCare Individual and Group                                             |                                                               |                                      |
| Aftercare Individual and Group                                           |                                                               |                                      |

| Healthy Attachment and Parenting Skills Program                          | Service Coordinator/Case Manager/Clinical Supervisor (1 FTE) | ML Sacred Child Program               |
| Parenting 0 to 6                                                          |                                                               | ML Art Therapist                      |
| Parenting preteens and teens 7+                                           |                                                               | City of Ottawa, Health Promotion, Early Childhood Health, AIP in Progress |
| Art Therapy for Mothers and Children (individual family and group)       |                                                               |                                      |

| Ongoing Harm Reduction                                                   | Service Coordinator/Case Manager/Clinical Supervisor (1 FTE) | Wabano Sacred Smoke Program          |
| Smoking Cessation                                                         |                                                               |                                      |
| STDs/Hep C/TB Prevention                                                  |                                                               | OAHAS, AIP Signed                    |

| Family Education and Support Program (for family members who want to visit during treatment) | Service Coordinator/Case Manager/Clinical Supervisor (1 FTE) | Amethyst Addictions Centre, AIP in Progress |
| Previsit Assessment and Information (Groundrules, Impacts of Addictions on Family Members) |                                                               |                                      |
| Ongoing Family Support                                                   |                                                               |                                      |
| Referral to Adjunct Supports/Family Therapy                              |                                                               |                                      |

| Ongoing Harm Reduction                                                   | Service Coordinator/Case Manager/Clinical Supervisor (1 FTE) | STORM or E. Fry                      |
| Smoking Cessation                                                         |                                                               |                                      |
| STDs/Hep C/TB Prevention                                                  |                                                               |                                      |

| Sex Trade Worker Program PEERS, (20 session program)                      | Service Coordinator/Case Manager/Clinical Supervisor (1 FTE) | STORM or E. Fry                      |
| Risk Assessment/Legal Issues                                             |                                                               |                                      |
| Harm Reduction/Safety Plan                                               |                                                               |                                      |

| Culture Lodge/Program for Women                                           | ML Grandmother in Residence                                  | ML Grandmother in Residence          |
| On-the-Land Experiences; Bi-annual Sweat Lodges                          |                                                               | Healing Works, Joanne Dellaire        |
| Give-Away Ceremony (at graduation)                                       |                                                               | Kumik & Eskatew Lodges, Visiting Elders |
| Elder Teachings                                                          |                                                               |                                      |

| Establishing and Maintaining Life Skills                                  | Residential Shift Workers (6 FTE)                            |                                      |
| Healthy Meal/Snack Preparation                                            | Cook 1 FTE                                                   |                                      |
| Healthy Daily Routines/Chores/Stable Environments                         | Aunties Volunteer Program                                    |                                      |
| Personal/Family/Home Hygiene for Daily Living                            | Grandmothers Volunteer Program                               |                                      |
| Conflict Resolution                                                       |                                                               |                                      |

| Continued Care/Post Treatment Support                                    | Service Coordinator/Case Manager/Clinical                     | ML Art Therapy/Lucy                   |
| Relapse Prevention ('Warm Calls')                                        |                                                               |                                      |


38
and Emergency Residential Sleepovers, Annual Alumni Reunion & Picnic

- Out-Patient Couples Therapy
- Out-Patient Family Art Therapy
- Employment Support
- Education Upgrading Support
- En-Courage-ment: Connecting People in Recovery
- Transitional Support

<table>
<thead>
<tr>
<th>Program Component</th>
<th>TC Core Staff Position</th>
<th>Secondary Delivery Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Babies Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Newborn and Infant Care
- Health Monitoring and Healthy Development Monitoring Education & Assessment
  - Meeting Developmental Benchmarks

  Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)
  Midwife (1FTE)
  Volunteer Coordinator (.5 FTE)
  Volunteer Grandmothers

  City of Ottawa, Public Health Nurse, Katherine Crowe, AIP in Progress

| Medical Assessment and Monitoring |

- Immunizations
- Developmental Benchmarks (weight, motor skills, etc.)
- Hearing, Eye, Dental, Weight Assessments
- Nutrition
  - Information/Assessment/Aboriginal Food Guide
- Mental Health Emergency Assessment
- Mental Health/Special Needs Support (ADD Asperger’s, Bipolar)

  Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)

  CHEO, Child & Family Psychiatric Unit, 738-6990
  City of Ottawa, Contact Penny Burton, Dental 580-2400
  Public Health 724-4179

| Childcare Program |

- Preschool Day Care and/or Child care on Site
- After school care
- Evening care during programming

  Family Services Coordinator (1 FTE)
  Child and Youth Worker (.5 FTE)
  Contracted Babysitters from ‘Y’ Program

  Inuit & Aboriginal Head Starts

| School Transportation |

- Age 12+ OC Transpo Bus Passes
- Age 11-

  Family Services Coordinator (1 FTE)

  Blondeau Bus Service

| Homework Help/Stay in School Program |

- For Public School students
- For High School students

  Family Services Coordinator (1 FTE)

  Part-time Student Placement from Algonquin College or Mentors from Carleton U
<table>
<thead>
<tr>
<th><strong>Healthy Youth Program</strong></th>
<th><strong>Service Coordinator/Case Manager/Clinical Supervisor (1 FTE)</strong></th>
<th><strong>Centre for Addiction &amp; Mental Health, Family Education &amp; Support Program, Alfred Cormier, Youth Services Bureau, Healthy Youth Program &amp; Family Education &amp; Support Program</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Youth Council to plan/implement youth-driven activities</td>
<td>Family Services Coordinator (1 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Individual and Group Counselling (specific to children of parents with addictions)</td>
<td>Child and Youth Worker (.5 FTE)</td>
<td></td>
</tr>
<tr>
<td>• Addictions Prevention Program (OFIFC Toolkit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Mentoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child and Youth Safety (Dating, Home, School)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CAS Supervised On-Site Visits</strong></th>
<th><strong>Family Services Coordinator (1 FTE) Child and Youth Worker (.5 FTE)</strong></th>
<th><strong>CAS Agreement Potential Job Placement for Social Work Student</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supervised access visits for children in care of the CAS with their mothers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Therapeutic Recreation Program</strong></th>
<th><strong>Family Services Coordinator (1 FTE) Child and Youth Worker (.5 FTE)</strong></th>
<th><strong>Odawa Recreation Program Sheridan Baptist</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sports (indoor/outdoor), Yoga, Pilates, etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Culture Program</strong></th>
<th><strong>Midwife (1FTE) Grandmother in Residence (1FTE)</strong></th>
<th><strong>Sacred Child Program ML Fire Keepers and Spirit Movers; Wabung Youth Diversion ML Craft Workshops Woodland Cultural Camp</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stage of Life Ceremonies: Welcoming &amp; Naming for Newborns, Walking Out for Toddlers, Vision Quests for Teens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Seasonal Ceremonies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Family On-the-Land Camps (week-end)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Elder teachings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Crafts/Regalia</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Summer and March Break Camps</strong></th>
<th><strong>Family Services Coordinator (1 FTE) Child and Youth Worker (.5 FTE)</strong></th>
<th><strong>City of Ottawa, Algonquin College, Wabano, Odawa</strong></th>
</tr>
</thead>
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</table>
APPENDIX C: STAFFING AND HUMAN RESOURCE PLAN

Proposed Treatment Centre Core Staff Position Descriptions

Components of Service Plan Provided In-House

A treatment centre staff of 21 FTE positions will provide the following core services: Community Outreach, Intake, Assessment, Referral, Pre-Care, Residential Treatment, Day (Outpatient) Treatment, Violence & Risk Screening, Assessment & Counselling, Follow Up and Continuing Care, Case Management, Maternal Care Program, Cultural Services, Child and Family Services (for children and youth of the residence, including on-site childcare, homework help, transportation to school, CAS supervised on-site visits) and meals. The salary grid below was developed based on a scan of equivalent position in Ottawa.

Components of Service Plan Provided Through Minwaashin Linkages

Transitional support and housing help, family art therapy, parenting skills programming, youth programming, employment, training and education support, and cultural services will be provided through linkages with existing Minwaashin Lodge programs and services.

Components of Service Plan Provided Through External Partnerships

Therapeutic recreational activities, family assessment, referral, education and support, assessment and treatment for concurrent disorders, assessment and treatment for children’s mental health disorders, medical assessment, diagnosis and monitoring, ongoing harm reduction (STDs and smoking cessation programs), medically supervised detoxification, and acute neonatal care will be provided through external service delivery partnerships in accordance with the chart in Appendix C.

The following is a brief description of the primary duties and qualifications for staff positions required to operate the proposed residential treatment centre for women and their children in Ottawa in accordance with the service delivery plan.

Position Descriptions and Requirements

All Treatment Centre Positions Require:

- a basic level of understanding about Indigenous worldviews, cultures and values as they apply to holistic health and well-being
- a basic level of understanding of the intergenerational and gendered impacts of residential schooling and other strategies of colonization
- above average empathic listening and communication skills, (verbal and non-verbal)
- the ability to ensure client confidentiality and maintain a non-judgmental attitude
- a basic understanding of and ability to provide a culturally safe environment
- the ability to function effectively and maintain clear boundaries in a residential environment serving clients with complex needs
- participating as a member of a multi-disciplinary, integrated team environment
promoting and maintaining professional conduct and a healing environment by behaving and communicating in a manner that promotes positive interaction and resolution of conflict with clients, co-workers, management and the community
- proven commitment to modeling an addiction-free lifestyle
- satisfactory criminal reference check and vulnerable sector screening
- Inuit, Metis or First Nations descent is preferred for all positions.

Treatment Centre Director (1 FTE Position)

Primary Duties: Responsible for delivery of best practice, culture-based addictions treatment service and consistent achievement of its mission, program and financial objectives; accountable for overall management of staff and operations of the treatment Centre; and for establishing a service dedicated to safety, recovery and well-being for Indigenous women and their children. Reports to the Executive Director of Minwaashin Lodge.

- Oversee and manage all programs and services of the treatment facility in accordance with the service model and guiding principles
- Hire, supervise, train and provide clinical guidance to the staff
- Plan/manage the annual operating budget and special project/program budgets
- Ensure an appropriate data collection system is in place and maintained
- Ensure program evaluations are conducted regularly
- Ensure all reporting requirements are met
- Oversee involvement of Elders and Grandmothers in programs and services
- Model and promote effective resolution of conflict; ensure mechanisms and processes are in place for conflict resolution
- Maintain a positive work environment that attracts and nurtures a stable, committed, motivated, and qualified staff team
- Provide leadership in building and sustaining effective service partnerships with the network of community services and funding bodies
- Promote and publicize the activities of the Treatment Centre, its programs and achievements
- Enhance the public and professional image of the treatment service through effective public relations, liaison/collaboration with stakeholders and other health professionals

Qualifications:

- Master’s degree in social work, psychology, counselling, addictions, human service management. Some combination of a bachelor’s degree or diploma plus substantial experience in addictions services may substitute for the master’s degree.
- Minimum 5 years experience in community-based human services in addictions and/or mental health
- Minimum 3 years senior management experience
- Experience in the delivery of holistic, culturally safe, women-centered addictions recovery programming
- Demonstrated knowledge of gendered impacts of colonialism, residential schools and the intergenerational legacy, including violence against women
- Knowledge of the impacts of abuse and childhood trauma and the range of cultural and clinical treatment options
• Demonstrated commitment to an integrated case management model of care and a harm reduction approach
• Able to visualize, develop and implement long-range plans and priorities
• Able to create and sustain a continuous learning organization that reflects and honours Indigenous Knowledge(s)

**Executive Assistant (1 FTE Position)**

*Primary Duties:* The EA is responsible for providing reception and administrative support to the TC Director, Service Coordinator/Case Manager, and Family/Volunteer Services Coordinators. Reports to the Treatment Centre Director.

• Receive and manage/refer telephone calls from persons seeking treatment help and the public
• Provide basic information to the public and potential clients in reception
• Process incoming and outgoing mail manually or electronically
• Set up intake or outpatient appointments with treatment staff as required
• Promote a welcoming environment in the Reception area: greet visitors, welcome walk-in’s, identify immediate needs and refer as appropriate
• Provide administrative support services to senior staff
• Typing/word processing/photocopying of documents and materials
• Make travel arrangements for clients and staff as required
• Input and manage data in program information collection systems as required
• Assist in preparing program materials as required

**Qualifications:**

• Completion of high school or equivalency, some college, vocational or technical training
• Skills and experience in working with women, children and youth in a health or social service environment
• Professional manner, ability to ensure client confidentiality and be non-judgmental
• Ability to maintain calm and balanced demeanor when faced with challenging behaviors; ability to de-escalate and problem-solve distressing situations
• Skills in office work and computer proficiency - Typing: 40-60 words per minute
• Above average written and verbal communication skills
• Above average organizational skills and attention to detail
• Fluency in English required

**Service Coordinator/Case Manager/Clinical Supervisor (1 FTE Position)**
Primary Duties: Responsible for the effective operations of the Treatment Centre program and services including staff supervision, mentoring and scheduling, team building, program development, implementation and evaluation and direct clinical service to clients and therapists on staff. Reports to the Treatment Centre Director.

- Coordinate the development and implementation of an integrated, multi-disciplinary team approach to addictions recovery including client assessment, precare, treatment and aftercare services
- Assist with recruiting, orientation and training staff; supervise and evaluate staff
- Coordinate and monitor staff work and shift schedules
- Oversee maintenance of client files and record keeping/data collection systems
- Organize staff meetings as required for programming and clinical purposes
- Provide clinical supervision to staff
- Coordinate and oversee interagency case coordination. Liaison and service planning with other service partners in collaboration with the client
- Coordinate assessment and treatment plans for concurrent disorders with partners
- Be on-call for treatment centre emergencies as required; develop and implement crisis action plans to resolve crises and determine client/staff needs for follow-up
- Coordinate program transportation
- Coordinate involvement of Elders and Grandmothers in programs and services
- Oversee and coordinate food and meal services
- Gather program evaluation information from clients/staff/referring/partner agencies
- Provide individual and group counselling services to clients

Qualifications:

- Combination of post secondary education and experience equivalent to Master’s degree in counselling or social work, or a Bachelor’s degree in Human Services with at least four years professional experience in mental health services
- Demonstrated knowledge of crisis intervention, mental illness, addictions, psychiatric medication, and the Mental Health Act
- Extensive knowledge of gender-sensitive, culture-based alcohol and drug treatment, including assessment and program planning, culture-based treatment modalities, harm reduction, concurrent disorders and strength-based, recovery-oriented system of care
- Knowledge of clinical approaches to trauma recovery; knowledge of historic trauma, intergenerational impacts of colonization, and violence against Indigenous women
- Knowledge of vicarious trauma and culture-based approaches to self/team-care
- Experience with clinical supervision
- Experience in staff management and mentoring
Grandmother in Residence (1FTE; or 2-3 P.T. Positions)

**Primary Duties:** Responsible for providing spiritual and cultural guidance and support to women and their children residing at the treatment centre. Reports to the Treatment Centre Director.

- Conduct culturally based therapeutic talking and healing circles
- Provide cultural teachings for residents and staff
- Share stories, traditional knowledge and skills
- Help organize and conduct on-the-land programming and ceremonies including welcoming ceremonies for newborns, vision quests, sweat lodges, give-away’s, pipe ceremonies and seasonal ceremonies and celebrations
- Assist with the planning and development of cultural education programming
- Assist with the planning, implementation and monitoring/evaluation of the Grandmother’s Program for care of newborns.
- Advise on cultural aspects of treatment services

**Qualifications:**

- Recognized as an Elder or Grandmother by the community who possesses wisdom and lives a healthy life illustrative of Indigenous Knowledge, values and beliefs
- Experience with addictions, violence against women, and trauma
- Non-smoking (i.e. not addicted to commercial tobacco).

Midwife (1FTE Position)

**Primary Duties:** Responsible for providing care and support for pregnant women residing at the treatment centre during pregnancy and after delivery; and for helping women make their own decisions about the care and services they need. In collaboration with the Grandmother’s and Aunties volunteer program the midwife will ensure care for newborn children, providing health education and parenting support as well as birthing ceremonies in accordance with the wishes and preferences of the birth mother.

The midwife is responsible for the health of both mother and infant; however as all pregnant women recovering from addictions are at risk, the midwife will work in an interdisciplinary manner with both hospital and community healthcare practitioners as required. Reports to the Treatment Centre Director.

- Diagnose, monitor and examine women during pregnancy
- Provide counselling and information before and after ultrasound or other tests
- Develop, assess and evaluate individual plans of care
- Provide full antenatal care, including accompanying for screening tests in the hospital
- Assess level of risk for pregnancies and make referrals to doctors and other medical specialists as required; educate/promote the rights and well-being of clients
- Arrange and provide information about healthy pregnancy, birth, and parenting
- Support the mother to enhance mother/baby bonding and healthy attachment
- Provide compassionate support, grief counselling and ceremony following events such as miscarriage, termination, stillbirth, neonatal abnormality and neonatal death
- Coach and assist mothers in labour, monitor the condition of the fetus and use traditional and contemporary medical knowledge of drugs and pain management
In collaboration with Grandmother and Auntie volunteers, provide support and advice on the daily care of the newborn, including breast feeding, bathing and hygiene
Liaise with agencies and other health and social care professionals in accordance with service delivery agreements and to ensure continuity of care and stabilization plans
Engage in professional development to meet post-registration education and practice requirements
Participate in the training of treatment centre staff and volunteers

Qualifications

Must be a graduate from an approved school of Midwifery with a minimum 3 years experience in practicing midwifery preferably in an Indigenous context
Knowledge of expected physiological and psychological maternal changes during pregnancy, labour, birth and post-partum
Knowledge of the stages of fetal growth and development and the impacts of addiction on fetal development
Knowledge of use of harm reduction to reduce impacts
Access to licensed, insured vehicle is required
Non-smoking (i.e. not addicted to commercial tobacco).

Community Outreach Worker (1 FTE Position)

Primary Duties: Responsible for community engagement and providing assistance to potential clients who need treatment by providing information on withdrawal management, treatment referral, motivating and preparing clients for treatment entry. Reports to the Service Coordinator/Case Manager/Clinical Supervisor.

Develop and maintain partnerships among the network of health and social service providers
Liaise with community agencies to promote the program and facilitate referrals
Provide public education and education to risk populations on effects of addictions during pregnancy, especially FASD, impacts of addiction to commercial tobacco during pregnancy, and harm reduction
In collaboration with partners assess client preparation for treatment entry
Offer information sessions on treatment centre programming and procedures to community-based service providers, their clients and the public
Provide motivational counselling and encouragement to seek treatment.

Qualifications:

Relevant diploma/degree OR significant related work experience in a social service or treatment setting
Minimum of two years experience working in a related field
Knowledge of issues related to addictions, trauma, homelessness, poverty and violence against Indigenous women
Experience with counselling, suicide intervention, group facilitation and outreach
Capacity to make public presentations and provide information from Indigenous cultural perspectives
Knowledge of community resources: housing, legal, social, financial, health
Intake/Pre-Care and Aftercare Coordinator (1 FTE Position)

Primary Duties: Responsible for providing trauma, risk of violence and addiction assessments for clients and potential clients; completes reports and coordinates client access to appropriate treatment services. Responsible for ensuring delivery of a range of continuing care services to clients who have completed addictions/trauma treatment programs and for coordinating continuing care services for clients transitioning back to community life; responsible for data entry procedures: inquiry, screening, intake, referral and communications. Reports to the Service Coordinator/Case Manager/Clinical Supervisor.

- Engage clients by assisting them to complete applications for treatment
- Conduct intake screening for clients requesting treatment services (residential and outpatient)
- Accurately record and maintain client information in intake files
- Receive and track referrals for assessment internally and externally
- Complete comprehensive assessments for addictions, risk of violence and trauma
- Write summary reports and communicate results to Service Coordinator/Case Manager
- Work closely with the Family Services Coordinator to assess and provide or refer services as appropriate for children, youth and extended family members
- Work closely with the Therapists and Service Coordinator/Case Manager to prepare written continuing care plans for clients.
- Maintain waiting list of treatment clients for entry into Day or Residential treatment
- Maintain follow-up and continuing care client records; coordinate ‘Warm-Line’ and emergency sleep-over services in collaboration with Volunteer Coordinator
- Update and maintain client files
- Coordinate travel arrangements for clients from/back to other jurisdictions; coordinate access to support for transitional/housing, employment/education
- Collect and report statistical data
- Provide telephone and crisis coverage as assigned.

Qualifications:

- Relevant training/diploma/degree OR significant related work experience
- Experience working in a social service environment
- Knowledge of issues related to addictions, trauma and violence against women
- Knowledge of addiction, risk of violence and trauma assessment procedures
- Fluent in English – written and verbal
- Above average organizational skills and computer proficiency
- Able to manage multiple files and track information accurately

Trauma and Addiction Therapist (4 FTE Positions)

Summary of Duties: The Trauma and Addiction Counsellor is responsible for providing individual and group clinical assessment, treatment, education and recovery services for clients
with substance abuse, addiction, and trauma on both in-patient and out-patient basis. Reports to the Service Coordinator/Case Manager/Clinical Supervisor.

- Assist clients in the development, monitoring, assessment and adjustment of individual treatment plans as well as safety plans for women and their children assessed at-risk for violence
- Provide individual and group therapeutic counseling (in-patient and out-patient)
- Provides telephone and crisis coverage as assigned
- Lead and co-lead treatment groups and cultural activities in accordance with identified clinical outcomes and treatment goals
- Write progress reports, letters, etc. for legal, social, health services or other agencies upon informed consent from client
- Collect and prepare statistical information for reporting purposes
- Assist in program evaluation activities
- Record and monitor client progress
- Conduct assessments as needed
- Liaise with referring agencies to facilitate client participation and support
- Discharge/transition planning and coordination with clients and staff team
- Adjust and develop therapeutic programming and materials to meet client needs.

Qualifications:

- A diploma in addictions/social services OR the equivalent in work experience.
- Experience working in a social service or addictions treatment setting
- Ability to conceptualize, develop and deliver innovative, culture-based programming
- Knowledge of historic and contemporary issues related to addictions and trauma and a gender-informed approach to recovery, safety and well-being for women
- Experience in individual and group counselling
- Ability to maintain calm demeanor when faced with challenging behaviors and to de-escalate client crises
- Above average written and verbal/non-verbal communications skills
Family Services Coordinator (1 FTE Position)

Primary Duties:

Responsible for ensuring delivery of a range of programs and services for children and youth residing in the treatment centre; responsible for ensuring delivery of services for extended family members who will have visiting privileges at the residence; and for coordinating supervised parental visits for mothers and their children who are in the care of the Children’s Aid Society of Ottawa; responsible for supervising the Volunteer Coordinator and Child and Youth Worker. Reports to the Service Coordinator/Case Manager/Clinical Supervisor.

- Provide or coordinate provision of individual and group programming for children and youth residing at the treatment centre in accordance with the service delivery plan and service agreements with partnering agencies.
- Provide information and education sessions for family members of residents who wish to visit about the impacts of addictions on family members, how to support women in recovery, and rules/requirements of visitors to the treatment centre.
- Prepare written child and youth family care plans for clients of the residence.
- Work in partnership with other and service providers to coordinate continuing care supports for clients.
- Maintain accurate statistics case notes.
- Provide written and verbal reports as required.

Summary of Qualifications:

- A diploma in addictions/social services OR the equivalent in work experience.
- Experience working in a social service or addictions treatment setting.
- Ability to initiate, develop and deliver programming.
- Knowledge of issues related to addictions and trauma.
- Experience in individual and group counseling.
- Minimum 3 years experience with volunteer programming and supervision.
- Ability to maintain calm demeanor when faced with challenging behaviors.

Child and Youth Worker (.5 FTE Position)

Primary Duties: Responsible for planning, organizing, leading and evaluating appropriate programming based on the physical, mental, and emotional needs of children and youth in the residence. Reports to the Family Services Coordinator.

- Build healthy relationships with children and youth in the residence by demonstrating interest in the individual, positive reinforcement for behaviours, building self-esteem and negotiating focused goals.
- Work with each family to assist in identifying/assessing their strengths and needs.
- Provide individual and group education opportunities for children and youth in healthy lifestyles, including physical fitness, healthy nutrition, healthy relationships, and conflict resolution.
- Provide on-site supervised visits for children and youth involved with CAS.
- Maintain a safe environment via safety inspections, emergency procedures, crisis intervention techniques, non-violent physical restraint techniques, and identifying signs and symptoms of abuse
- Practice and promote holistic health through liaison with other staff, health professionals, social agencies, and by informally monitoring physical and emotional health of residents
- Build and sustain service partnerships for therapeutic recreation, homework help, and sexual health with external partners
- Perform organizational duties by completing documentation, performing administrative duties, and managing workload.

Qualifications:

- Child and Youth Worker Diploma or equivalent experience and knowledge
- Minimum 3 years experience working with youth in focused-goal programming
- Ability to initiate, develop and deliver programming
- Knowledge of issues related to addictions and trauma
- Ability to set and maintain firm, reasonable limits and boundaries
- Ability to maintain calm demeanor when faced with challenging behaviors and de-escalate client crises

Volunteer Coordinator (.5 FTE Position)

Primary Duties:

Responsible for developing, implementing and evaluating a volunteer program in accordance with the service delivery plan for the treatment centre including a Grandmother’s Program for prenatal and infant care, an Aunties Program for mentoring in parenting skills and a ‘Warm Line’ for peer follow-up support. Reports to the Family Services Coordinator.

- Outreach with the Inuit, Metis and First Nations communities and services in Ottawa to provide information about the treatment centre and recruit potential volunteers for the Grandmother and Auntie programs.
- Develop tools for screening and orientation to the program, and a volunteer manual for policy and procedures.
- Screen, train, supervise, evaluate and reward volunteers in accordance with policy and procedures.
- Work collaboratively with the TC staff team to implement and evaluate the volunteer program.

Qualifications:
• Relevant diploma/degree OR significant related work experience
• Experience in group facilitation and group dynamics
• Knowledge of issues related impacts of addictions and trauma on women and children
• Above average writing and volunteer policy development skills
• Ability to set firm, reasonable limits
• First aid training
• Access to a licensed, insured vehicle is required for day shift workers.

Residential Shift Workers (6 FTE Positions for day/evening/weekend shifts)

Primary Duties: Responsible for the safe, efficient operation of the residence and for assisting clients to establish and maintain daily life skills. (2 Residential Shift Workers will be on site at all times.) Reports to the Service Coordinator/Case Manager/Clinical Supervisor.

• Provide shift coverage days, nights, week-ends and holidays as scheduled based on program need
• Promote a friendly, supportive environment for co-operative living and conflict resolution skills among residents
• Assist women and children in the residence in developing daily routines for healthy meal planning preparation, child care and housekeeping duties
• Assist in the preparation and delivery of therapeutic life skills, recreational and cultural programming
• Implement and put into effect house rules and policies; monitor client leave passes and conduct searches as necessary
• Provide crisis interventions with clients as appropriate; refer to ‘on-call’ emergency staff as required
• Perform security checks and respond to security emergencies
• Answer phone line after office hours and provide telephone and crisis coverage as assigned.
• Accompany residents to health and/or legal services as assigned
• Maintain logbook, client files, incident reports, and other reports as required.

Overnight Shift Requirements: Must remain awake during overnight shift to ensure safety of residential clients and provide emotional support and interventions as required.

Summary of Qualifications:

• High school diploma or equivalent related work experience
• Experience working in an adult residential or day care preferred
• Ability to organize and participate in therapeutic recreational activities with clients
• Experience in group facilitation and group dynamics
• Knowledge of issues related impacts of addictions and trauma on women and children
• Demonstrates understanding of: crisis intervention and prevention and suicide prevention and intervention
• Ability to set firm, reasonable limits
• Must be able to lift, push, pull or carry 40 pounds; regularly required to sit, stand, reach, pick up/put down children, bend and move about the facility
• First Aid and CPR Certification required within 90 days of employment
• Access to a licensed, insured vehicle and a clean driving record is required for day and overnight shifts.

Residential Shift Workers may be required to perform tasks such as assistance with childcare, housekeeping, food preparation and/or grocery shopping; if required these tasks will be added to the job descriptions for these positions. The cook position is listed as full time with the intention that it be week-days only, preparing lunch, supper and morning and afternoon snacks, menu planning, grocery shopping and washing dishes and kitchen maintenance. Evening/overnight residential staff may still need to be involved in food preparation by working with clients to prepare breakfasts and weekend meals. Menu/nutrition planning, meal preparation and food purchasing are all part of the life skills programming for clients. The residential staff and clients may also need to help clean up after the evening meals and on weekends.

Clients may also participate in weekly cleaning chores on the weekends. Some clients may not have previously had an opportunity to learn how to look after a home, shop for nutritious, affordable food or prepare meals. These life-skills and others will be taught and approached in a therapeutic manner using respect, role modeling, cooperation and teamwork.

**Cook (1 FTE Position)**

*Primary Duties:* Responsible for the overall coordination of food services at the treatment centre including preparation of the lunch and evening week-day meals Monday to Friday; planning of nutritious menus for all meals; ensuring that necessary inventory is available; shopping within an approved budget; meeting all Health and Safety Standards in the kitchen and proper care/maintenance of kitchen appliances. Reports to the Service Coordinator/Case Manager/Clinical Supervisor.

• Prepare and serve buffet-style lunch and supper meals for residents
• Prepare morning and afternoon/after school snacks for women and children
• Menu planning and coordination in accordance with the Aboriginal Food Guide
• Purchase food and supplies, including traditional foods
• Maintain sanitary and safety procedures in the kitchen at all times/clean/disinfect kitchen and serving areas.

*Qualifications:*

• Minimum 2 years experience in food management and preparation
• Ability to cook for large groups within a set budget
• Ability and willingness to perform the manual requirements of the job: meal preparation, washing dishes and cleaning kitchen and appliances
• Above average organizational and problem solving abilities
• Knowledge of traditional foods and preparation
• Training in food safety; knowledge of sanitation/safety standards for food services
• Must have access to licensed, insured vehicle and be
• Must be able to lift, push, pull or carry 40 pounds; regularly required to sit, stand, reach, pick up/put down, carry grocery bags and move about the facility

**Building Custodian/Cleaner (1FTE)**
Primary Duties: Responsible for keeping the treatment centre clean and sanitary to a high standard of excellence; expected to take a proactive and knowledgeable role in the appearance of the building. Reports to the Service Coordinator/Case Manager/Clinical Supervisor.

- Ensures that all assigned work areas are maintained in a clean, safe, comfortable and appealing manner
- Follows established safety precautions when performing tasks and when using equipment and supplies
- Ensures that procedures for infection control are maintained when performing housekeeping duties
- Cleans floors including sweeping, dusting, damp/wet mopping, disinfecting, etc.
- Clean and sanitize common areas, glass windows, doors and doorknobs
- Sweep/mop stairs
- Clean and sanitize all bathrooms and laundry facilities
- Clean and sanitize vacant family units at move-out
- Dispose of garbage and recycling
- Ensures an adequate inventory of cleaning supplies is maintained and properly stored
- Reports hazardous conditions or equipment to supervisor
- Follow MSDS/WHMIS instructions and procedures
- Make note of maintenance problems and report them to the supervisor
- Perform routine maintenance of grounds, surveillance of sidewalk and parking lot; oversee snow removal/lawn maintenance contract workers

Qualifications

- Experience cleaning a large residential building
- Knowledge of appropriate cleaning products and tools
- WHMIS training within 60 days of hire
- Must be able to perform all physical aspects of the job duties which requires, bending, lifting, reaching and stooping
- Must enjoy working in an environment with children and families facing challenges, possessing good judgment, a steady manner, and a sense of humour.

Access to the following services may be arranged through external partnerships with medical and community services

Medical support: Nurse or Physician or Gynecologist in Training in Partnership with the Society of Obstetricians and Gynecologists of Canada (SOCG) or other service partners.

Provides: medical assessments, overseeing the medical and psychiatric management of treatment clients, medical assistance with withdrawal management, acute antenatal care
- Conduct assessment and collect data on client medical status and needs
- Develop plans of care; monitor and review client medication management
- Provide and coordinate access to medical / psychiatric services for treatment

**Human Resource Plan: Estimate of Costs**

<table>
<thead>
<tr>
<th>Position</th>
<th>Salary Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Centre Director</td>
<td>$80,000.00-90,000.00</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>$36,000.00-43,000.00</td>
</tr>
<tr>
<td>Service Coordinator/Case Manager/Clinical Supervisor</td>
<td>$60,000.00-75,000.00</td>
</tr>
<tr>
<td>Grandmother in Residence</td>
<td>$43,000.00-52,000.00</td>
</tr>
<tr>
<td>Midwife</td>
<td>$75,000.00-85,000.00</td>
</tr>
<tr>
<td>Community Outreach Worker</td>
<td>$43,000.00-52,000.00</td>
</tr>
<tr>
<td>Intake/Pre-Care/Aftercare Coordinator</td>
<td>$43,000.00-52,000.00</td>
</tr>
<tr>
<td>Trauma and Addiction Therapist (4FTE)</td>
<td>$43,000.00-52,000.00</td>
</tr>
<tr>
<td>Family Services Coordinator</td>
<td>$45,000.00-55,000.00</td>
</tr>
<tr>
<td>Child and Youth Worker (.5 FTE)</td>
<td>$43,000.00-52,000.00</td>
</tr>
<tr>
<td>Volunteer Coordinator (.5 FTE)</td>
<td>$43,000.00-52,000.00</td>
</tr>
<tr>
<td>Residential Shift Workers (6 FTE)</td>
<td>$36,000.00-43,000.00</td>
</tr>
<tr>
<td>Cook</td>
<td>$36,000.00-43,000.00</td>
</tr>
<tr>
<td>Building Custodian/Cleaner</td>
<td>$36,000.00-43,000.00</td>
</tr>
</tbody>
</table>

21 FTE Staff Positions

Total Estimated Salary Costs $928,000.00-1,108,000.00

15% Benefits $139,200.00-166,200.00

Relief Staffing at 20% TBA

Total Costs $1,067,200.00-1,274,200.00

**Orientation and Training for Staff at Start-Up of Treatment Centre**

All 21 staff will receive a 5-day Orientation to the vision, goals, service delivery plan, anticipated outcomes, and policies/procedures of the Treatment Centre prior to opening. Staff of service delivery partners will also be invited/strongly encouraged to participate in components of the training as appropriate.

**Estimated Costs**

<table>
<thead>
<tr>
<th>Training Component</th>
<th>Delivery Agent</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overview of Vision, Goals, Service Plan, Outcomes</td>
<td>Treatment Centre Director</td>
<td>Covered Through Salary</td>
</tr>
<tr>
<td></td>
<td>Personnel and Operating Policies and Procedures</td>
<td>Treatment Center Director</td>
</tr>
<tr>
<td>---</td>
<td>------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>3.</td>
<td>Addictive Behaviours and the Intergenerational Legacy</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor &amp; Grandmother in Residence</td>
</tr>
<tr>
<td>4.</td>
<td>A Best-Practice, Gender/Culture-Based Approach to Addictions Recovery</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor</td>
</tr>
<tr>
<td>5.</td>
<td>Treatment Service Delivery Plan; Role of Partners</td>
<td>Treatment Center Director &amp; Service Coordinator/Case Manager/Clinical Supervisor</td>
</tr>
<tr>
<td>7.</td>
<td>Record Keeping &amp; Data Collection Systems; Evaluation</td>
<td>Service Coordinator/Case Manager/Clinical Supervisor &amp; Records Management Consultant</td>
</tr>
<tr>
<td>8.</td>
<td>Impacts of the Work: Vicarious Trauma and Self/Team Care</td>
<td>External Consultant</td>
</tr>
<tr>
<td>9.</td>
<td>Catered Lunches &amp; Breaks During Training for 21 TC Staff &amp; up to 10 Partners</td>
<td>Local Aboriginal Caterer</td>
</tr>
</tbody>
</table>

**Total Estimated Start-Up Training Costs** $5,300.00
Facility Requirements

The estimates for facility requirements and costs have been developed from information shared by Interval House of Ottawa-Carleton which has recently gone through a development and implementation process for a new residence for up to 30 abused women and their children in Ottawa. As well, the Prince Albert Parkland Health Region was very helpful in sharing information related to the requirements and costs of their planned residential treatment facility for up to 30 women and their children which is being built in Saskatchewan.

Capital requirements for facility construction and equipment are estimates only. A full construction functional plan and costing process will be required for more accurate estimates of requirements and costs. This will be carried out during the first phase of project implementation. As well during the first phase of implementation, tenders will have to be issued for construction and/or renovation before final costs can be determined.

Costs per square foot (sf) for institutional construction/purchase in the National Capital currently run at about $350.00 sf at the time of writing this report.

We have based our estimates for the total estimated square footage required for the new PAPHR treatment centre and Interval House shelter at 16,000. Therefore the total estimated cost for the building is approximately $6.1 million. This does not include planning costs (including design) furnishings, equipment or information technology costs, or any unusual site preparation issues that may be identified in the first phase of implementation. These costs are estimated below.

Kitchen and Dining Area

The model for food services is for a dining room with capacity for a total of fifty people (clients and their children as well as ex-residents for alumni follow-up feasts and gatherings), with 20 square feet (sf) provided per person. Food preparation will be done in the kitchen by the cook and by the clients supervised by the Residential Shift Workers. Meals prepared by the cook will be served cafeteria style. The kitchen should be large enough to accommodate food preparation training, as part of life skills programming. Ideally a large classroom/multi-purpose room will be located adjacent to/connected with the dining hall to accommodate training/professional development for staff and service delivery partners.

Living units for mothers of newborns will be fitted with facilities for feeding (microwave, small fridge).

Kitchen and dining room equipment and furnishings will require $250,000.00 in start-up equipment costs (Industrial refrigerators, freezers, stoves, etc.)

Washroom facilities must be in close proximity to the dining room in the building design.

Information and Communications Technology

Infrastructure wiring or a potential wireless network is the major ICT construction cost. Any equipment can then be added at unit cost. Portable telephones will be provided for staff. Education/entertainment capacity (video) and internet access (café set up) will be provided.

At least two common phone lines for families will be provided. A contract for cable television will be developed during the first phase of implementation.

Living Units

Ten living units will be provided each with a four-piece secure bathroom (non-protruding shower head). At least five the units should be two bedroom units for women with more than two children with flex rooms between; living room / study/homework with a small desk and lockable storage.
Office Area and Staff Room

A program administration office / workstation area for staff offices will be open area / shared space with good sight lines throughout the facility (centrally located, enclosed and secure with glass partitions). Two individual counseling offices and a maternal health assessment room with locked medication storage and fridge will also be provided.

A staff room will also be required. Staff will also require lockers.

Lodge Quiet/ Spiritual Room

A Lodge for the Elder-in-Residence to provide individual and group cultural guidance will be provided in an appropriate location.

Corridors

Corridors and other ancillary space are generally estimated at 40% of the total dedicated area.

Service Areas/Storage

Service areas and storage will be provided as well as a common client laundry room with two each washers/dryers, and two folding tables.

Common Areas

A common lounge area for residents will be provided and furnished.

Classrooms/Multipurpose Rooms

Two classroom / multi-purpose rooms for teaching group sessions for residents and staff professional development are included in this proposal. These will include storage.

Child Care

Exploration around day care service has been given to topics such as licensing and licensed subsidized spaces. Further discussion needs to occur with local service providers to determine the acquisition of bed space currently located within Ottawa close to the site of the treatment centre for up to 12 hours of service per day for children. Preliminary discussions should also include the possibility of capital construction dollars to assist whatever partner agency is selected for childcare, in acquiring extra space to accommodate such a request.

Transport Area

No space to support transport (such as a garage) is included in this proposal. A parking lot able to accommodate resident and staff vehicles will be required.

Baby strollers, materials carts, and car seats will have to be provided as equipment.

Outside Areas

Outside landscaping will include landscaping, lighting, an access road and parking, fencing, and two playgrounds, one for young children and toddlers and one for preteens/teens. This is generally estimated at 3 per cent of the total building construction cost.
**Staffing, Equipment, and Supplies**

**Dietary**

The Cook will provide two nutritious meals (lunch and supper) a day five days a week. Residents will prepare their own light breakfast (not cooked) for their families. A professional dietitian will be provided through a service delivery partnership with the City of Ottawa for nutrition counseling, menu design, and teaching life skills classes and leading family activities around cooking. Food and supply costs for thirty residents will amount to $134,000 / year.

**Housekeeping:**

Day-to-day supply costs are $0.17 / sf annually.  

Start-up costs for cleaning equipment will be $10,500. This will include carts for cleaning, linen, garbage mops, pails. It does not include furnishings such as garbage cans. Infection/bed bug control standards will require special mechanical cleaning equipment such as steam cleaners.

Storage requirements are 150 sf with a floor sink, faucets, and electrical hookup. There are no specific building electrical requirements.

For linen, the standard for long-term and acute care facilities is 10 lbs per resident per day @ $1.05 per lb. there are no added costs for initial start up. The assumption is that the clients will do their own laundry, including linens.

For waste disposal, the treatment centre may need an outside dumpster and recycling containers. These costs will be determined during the first phase of implementation when the site is chosen.

Washing machines and dryers will be provided in the resident’s living area; this will require equipment and space.

**Maintenance:**

Annual maintenance costs are estimated at $60,000. This is based on the standard of $3.50/sqft which reflects the longitudinal costs of maintaining this facility. This includes the costs of an FTE Building Custodian @ $36-43,000.00 and annual supplies of $15-17,000.00

**Security**

Security cameras in the common areas and on all entrance doors to the building, doors of suites, and exterior of building are estimated to cost: $35,000 for equipment and installation.
Operating Budget

Food

Food costs are $12 / resident per day.

Childcare

Two options are available regarding Childcare. One is to explore on-site licensed daycare and the other option is for service delivery off site through a partnership arrangement. Newborns will be cared for through the Grandmother's Circle.

Generally off-site childcare spaces during the day for infants, toddlers or preschool are difficult to find in Ottawa, therefore on-site childcare as part of the treatment centre services is the preferred option. Space/licensing requirements will impact on building costs.

General estimate require 100 sf of space indoors per child with and additional 7 sq. meters of fenced in outdoor play space. The ratio of child care workers is based on the following formula:  1 CCW per 3 infants (6 weeks – 18 months); 1 CCW per 5 Toddlers (18 months – 30 months); 1 CCW per 10 preschool (30 months – Kindergarten). A staffing ratio should be developed based on 6 infants, 10 toddlers and 10 preschool children in the day care at one time. Given this formula 5 staff would be required five days per week to provide licensed day care services. The availability of subsidies and how they would be paid is also an issue to be addressed during the first phase of implementation.
# Treatment Centre Site Plan and Estimated Requirements

<table>
<thead>
<tr>
<th>TC Requirements</th>
<th>Furnishings</th>
<th>Square Ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception (Adjacent to Shift Worker/EA Offices)</td>
<td>✓ Visitors Sofa; 4 Visitor Chairs; 2 End Tables; 1 Lamp</td>
<td>175</td>
</tr>
<tr>
<td>TC Director</td>
<td>✓ Executive Desk &amp; Chair; Meeting Table for 6-8; 4 Chairs; Credenza; Wall Unit/Shelving</td>
<td>275</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>✓ Desk &amp; Chair; File Cabinet; Visitor Chair</td>
<td>115</td>
</tr>
<tr>
<td>Secure File Storage Room</td>
<td>✓ 8 Locking Filing Cabinets</td>
<td>100</td>
</tr>
<tr>
<td>Case Manager</td>
<td>✓ Desk &amp; Chair; File Cabinet; Meeting Table for 6; 4 Chairs</td>
<td>175</td>
</tr>
<tr>
<td>Family Service Coordinator</td>
<td>✓ Desk &amp; Chair; File Cabinet; Visitor Chair</td>
<td>150</td>
</tr>
<tr>
<td>Volunteer Coordinator &amp; Child &amp; Youth Worker Office</td>
<td>✓ 2 Desks &amp; Chairs; Bookshelves; File Cabinet; Storage Cabinet for Supplies</td>
<td>175</td>
</tr>
<tr>
<td>Community Outreach &amp; Intake Worker Office</td>
<td>✓ 2 Desks &amp; Chairs; Bookshelves; File Cabinet; Storage Cabinet for Supplies</td>
<td>175</td>
</tr>
<tr>
<td>Addictions Therapists Office</td>
<td>✓ 4 Desks &amp; Chairs; Bookshelves</td>
<td>250</td>
</tr>
<tr>
<td>Private Telephone Room for Residents</td>
<td>✓ 1 Small Desk &amp; Chair; Telephone</td>
<td>100</td>
</tr>
<tr>
<td>Staff Lunch Room</td>
<td>✓ Table to seat 8; 8 chairs</td>
<td>200</td>
</tr>
<tr>
<td>Staff Washroom</td>
<td></td>
<td>90</td>
</tr>
<tr>
<td>Custodian &amp; Building Supply Room</td>
<td>✓ 1 Small Desk &amp; Chair; Shelves for Supplies; Closet for Equipment; Storage Area for Garbage &amp; Recycling</td>
<td>250</td>
</tr>
<tr>
<td>General Office for Residential Shift Workers</td>
<td>✓ 2 Desks &amp; Chairs; Bookshelves</td>
<td>175</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td><strong>2405</strong></td>
</tr>
<tr>
<td><strong>Programs and Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Single Detox Rooms with In-Suite Bathrooms (Walk-in Shower; No Bathtub)</td>
<td>✓ 1 Single Bed Per Unit; 1 Chair Per Unit; Wall-Hanger for Clothes</td>
<td>200 each</td>
</tr>
<tr>
<td>3 Large Group Counselling Rooms</td>
<td>✓ 1 Large 15-Seat Meeting Table Per; 20 Chairs per room; 1 Side Table/A/V Equipment per room</td>
<td>400 each</td>
</tr>
<tr>
<td>5 Small Counselling Rooms for Intake &amp; Individual In &amp; Out-Patient Counselling</td>
<td>✓ 1 Love Seat; 1 Easy Chair; 1 Table; 1 Lamp Per Room</td>
<td>140 each</td>
</tr>
<tr>
<td>3 Family Therapy/Family Visiting Rooms</td>
<td>✓ 1 Sofa; 1 Coffee Table; 3 Easy Chairs; 1 Lamp Per Room</td>
<td>150 each</td>
</tr>
<tr>
<td>1 Secure Medication Storage &amp; Dispensing Room</td>
<td>✓ 20 Small Lockers; Dispensing Counter</td>
<td>75</td>
</tr>
<tr>
<td>1 Room for Resident’s Personal Storage with 20 Lockers</td>
<td>✓ 20 Full Size Lockers; Shelving; 20 Separate Bins</td>
<td>400</td>
</tr>
<tr>
<td>1 Health Examining Room</td>
<td>✓ Desk &amp; Chair for Midwife; Examining Table;</td>
<td>150</td>
</tr>
</tbody>
</table>

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<sup>7</sup> Approximates Only
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>for Midwifery Services (physical exams)</td>
<td>Sink; Storage Cupboard/Counter Top; Medical Equipment: BP Monitor;</td>
<td></td>
</tr>
<tr>
<td>Play Therapy Room</td>
<td>Sand Tray; Tables for Art; Storage Cupboards for Supplies; Bookshelves</td>
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</tr>
<tr>
<td>Subtotal</td>
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<td>2815</td>
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<tr>
<td>Common Areas</td>
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</tr>
<tr>
<td>Kitchen</td>
<td>Food Preparation Island; Industrial Refrigerator; Industrial Stove; Microwave; Cooking Equipment; Dishes/Cutlery/Utensils</td>
<td>375</td>
</tr>
<tr>
<td>Dining Room to Seat 50</td>
<td>Dining Room Tables; 4 High Chairs; 40 Dining Chairs; 10 folding chairs</td>
<td>600</td>
</tr>
<tr>
<td>Large Living/Community Room</td>
<td>6 Sofas; 6 Easy Chairs; A/V Equipment; 4 Coffee Tables; 10 End Tables; Book/DVD Shelves</td>
<td>450</td>
</tr>
<tr>
<td>Computer/Homework Room</td>
<td>6 Desks; 5 Computers; 1 Printer; 10 Desk Chairs</td>
<td>130</td>
</tr>
<tr>
<td>1 Small Reading Room</td>
<td>Love Seat; 2 Easy Chair, Bookshelf</td>
<td>90</td>
</tr>
<tr>
<td>1 Music/Reading Room</td>
<td>Love Seat; 2 Easy Chairs, Bookshelf</td>
<td>90</td>
</tr>
<tr>
<td>Play/Child Care Room</td>
<td>Children's Tables &amp; Chairs; Sofa; Toy/Book Shelves; A/V Equipment</td>
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</tr>
<tr>
<td>Nursery</td>
<td>4 Baby Cribs; 4 Rocking Chairs; 2 Change Tables; Book/Toy Shelves; Couch</td>
<td>300</td>
</tr>
<tr>
<td>Exercise/Games Room &amp; Small Gymnasium</td>
<td>2 Treadmills; Yoga/Floor Exercise Mats; 4 Exercise Bicycles; Sports Equipment</td>
<td>600</td>
</tr>
<tr>
<td>Laundry Room</td>
<td>3 Washing Machines; 3 Dryers; 3 Long Counters for Folding Clothes; Clothes Baskets; Laundry Sink</td>
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</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>3235</td>
</tr>
<tr>
<td>Residence</td>
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</tr>
<tr>
<td>2 Bedrooms (Away from Noise for Newborns/Mothers) with In-Suite Bathrooms</td>
<td>1 Crib per Room; 1 Single Metal Bed Per; 2 Metal Bunk Beds; Laundry Hampers; 1 Bedside Table Per; 1 Bedside Lamp per; 1 Dresser Per</td>
<td>350 each</td>
</tr>
<tr>
<td>1 Handicapped Accessible Bedroom with Accessible In-Suite Bathroom</td>
<td>Handicapped Accessible Metal Bed; Bedside Table; Lamp; Chair; Low Chest of Drawers</td>
<td>350</td>
</tr>
<tr>
<td>7 Bedrooms for Mothers &amp; Their Children</td>
<td>7 Single Metal Beds; 7 Bedside Tables; 7 Bedside Lamps; 7 Tall Dressers; 8 Metal Bunk beds; 7 Chairs; 7 Laundry Hampers</td>
<td>250 each</td>
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<tr>
<td>4 Shared Bathrooms</td>
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<td>125 each</td>
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<td>Subtotal</td>
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<td>3300</td>
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<tr>
<td>Other</td>
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</tr>
<tr>
<td>Elder’s Lodge</td>
<td>1 Desk &amp; Office Chair for Grandmother; 1 Large Round or Oval Table; 15 Chairs; Shelves for Craft Supplies; Locked Cupboards for Supplies</td>
<td>250</td>
</tr>
<tr>
<td>Circulation and Gross up 30% (12,635 X 30%)</td>
<td></td>
<td>12,635</td>
</tr>
<tr>
<td>Approximate Total Required</td>
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<td>16,425</td>
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Appendix E: Residential Programming Additional Details

A. Orientation and Welcoming Ceremonies

Ceremonies aligned with each new resident’s culture and preferences should be developed by the staff in consultation with Elders during the implementation phase. Women’s drum groups and Elders could be included in these ceremonies; there should be specific welcoming activities for children and youth. All staff should be involved in orientation and welcoming ceremonies.

B. Individual Counselling

Establishing and monitoring activities within this component will be the responsibility of the Service Coordinator based on meetings with clients individually. Together they would review the assessment results received from the assessment worker to set and review individual goals, to provide counselling and support during the residential program and develop discharge plans and continuing care plans in collaboration with continuing care workers. The aim would be to ensure that all clients have opportunities to talk about personal issues and to encourage them to fully participate in the program, and to leave with realistic goals and concrete plans to achieve them. In the event that a client wishes to leave the program prematurely the Service Coordinator would explore the reasons and help the client consider other options.

C. Group Therapy

Group therapy is a central activity of the program and generally takes placed on a daily basis. It is during group sessions that the core topics of treatment programming are delivered. The sessions will be co-led by two experienced counselors/therapists, one acting as group leader and the other as co-leader. Presenter’s notes and client handouts will be developed by the Service Coordinator and staff for each of the following therapeutic treatment components.

D. Inuit, Metis and First Nations History and Culture Psycho-Educational Programming

The objective of this programming is to increase clients’ pride in their cultural identity, their awareness of pre and post contact history and how this history has affected them personally, their families, communities and cultures.

The goals of this programming are for the clients to gain:

1. Increased knowledge of Indigenous People’s cultures, capacities and resources prior to colonization and the contributions of Indigenous People’s to Canada and Canadian life.
2. Increased knowledge of the inter-generational impacts and processes of colonization especially as they relate to women.
3. Increased knowledge of historic trauma: residential schools, forced relocations, eugenics, deliberate transmission of infectious diseases, the Indian Act, etc.
4. Increased understanding of racial and gender-specific strategies of oppression.
5. Increased understanding of lateral violence.
6. Increased understanding of cultural strengths, coping skills and resilience.
7. Increased awareness of the continued relevance and wisdom of Traditional Knowledge(s).
8. Increased self esteem and pride identity, culture and ancestry.
9. Increased motivation to become pro-active in promoting change and moving forward.

The methods and tools used to deliver the Cultural History Programming will be educational materials and presentations, videos, movies and guest speakers.

Training materials will be developed that provide information to increase individuals understanding of what has happened to Indigenous cultures in Canada over a relatively short period of time and to relate issues of collective human rights violations and loss to personal and collective trauma and recovery. This information creates opportunities to place personal and collective suffering into a sociological context that makes sense of the larger historical processes underlying their personal experiences. By presenting information, having group discussion and sharing personal experiences, clients arrive at a “no wonder” moment, where they begin to understand that it is “no wonder” that their communities and families experience the problems that they do.

As women begin to contextualize the issues that they and their families have experience for generations, they begin to understand the roots of their problems. This creates an opening to identify and take pride in their own coping skills and resilience, and in those within their culture and ancestry. With this new awareness, and the experience of pride in identity, culture and ancestry there is the capacity to feel a sense of hope for the future.

E. Alcohol and Other Drugs

These sessions will provide information about the effects of alcohol and other drugs and show how biological, psychological and social factors (including drinking norms) influence drinking habits.

The sessions will introduce and promote the use of cognitive-behavioural techniques to prevent relapse and discontinue harmful patterns of substance use. Participants learn to use coping strategies and to access supports in the community that align with their needs and belief systems.

Continuing Care programming commences in the first week of treatment. Client aftercare treatment goals are developed throughout these weeks in preparation of their return to the community. The Continuing Care focus is on connecting with community supports to maintain the client’s recovery after leaving the residential treatment facility. The aims are:

1. To increase motivation to avoid patterns/levels of substance use that risk harm to self or others.
2. To increase cognitive and behavioural skills for avoiding or coping with high-risk situations.
3. To identify, try-out and adjust tools for clients to meet their treatment goals of abstinence or harm-reduction.

Issues will be addressed in groups and in individual sessions.
F. Trauma Recovery

This component educates participants on the nature of trauma and its strong correlation with substance abuse/addiction resulting from (mal)adaptive efforts to self-medicate/soothe the symptoms of trauma (nightmares, sleeplessness, numbed feelings or anxiety, unwanted memories, etc). Programming teaches coping skills for managing symptoms and triggers and helps them focus on the present instead of the past. Clients learn the skills to increase their sense of safety and self-reliance and to understand how substance abuse and addictive behaviours put women at increased risk. Programming includes instruction and practice in grounding, stress management and relaxation techniques, trigger management and self-care.

The methods and tools used include psycho-educational materials, cognitive-behavioral and experiential approaches, art therapy, storytelling, relaxation, body awareness, and support from Elders.

Issues will be addressed in groups and in individual sessions.

G. Specialized Programming for Sex Workers

Specialized group and individual programming specific to the needs of women in the sex trade will be developed and implemented through service delivery partnerships as identified in the service plan. The PEERS model will be used as a guide for content of this programming.

H. Spirituality

In an Indigenous context spirituality is the very heart of health and well-being throughout life. Traditional Inuit, Metis and First Nations teaching and practices are crucial resources in recovery from substance abuse and trauma. Loss of these traditional spiritual beliefs and practices has contributed to gender equality and lateral violence; therefore reclaiming and revitalizing spiritual teachings especially as they relate to respect for women’s authority and agency is an essential aspect of recovery through empowerment.

These sessions will promote awareness of traditional aspects of spirituality and encourage clients to find ways to meet their own spiritual needs. These sessions will be led by the Grandmother-in-Residence and visiting Elders.

I. Grief and Loss

Clients often suffer from prolonged grief due to significant, multiple experiences of loss. Many Indigenous communities suffer from high levels of suicide and deaths due to violence, illness, accident and substance abuse. Death of family members, loss of children to residential schools and the child welfare system have created strong grief reactions that have remained unexpressed and unresolved.

This component of the program provides an essential opportunity for clients to gain the insight needed to effectively work through the painful grieving process and come to terms with their losses.
Issues will be addressed in groups and in individual sessions.

Specific therapeutic methods will include story telling, art/movement therapy and the use of specific techniques to cope with stress (e.g. relaxation, meditation, exercise, ‘me-time’ management, nutrition, hobbies, talking with others, and recognizing and confronting the sources of stress).

J. Social and Life-Skills Training

Clients’ social and life skills are assessed throughout the program and individualized treatment plans are developed to provide life and social skills training as needed for each client. Individual experiential learning will be provided through interactions with the residential shift workers and the volunteer Grandmothers and Aunties. Life skills include: home-making skills, cooking and nutrition, hygiene, parenting skills, budgeting, employment planning etc.

Social skills training is identified as a need across most treatment groups, particularly in relation to communication skills. Clients often have difficulties communicating appropriately in ways that are neither aggressive nor passive. Training on assertiveness and anger management will address these issues using cognitive/behaviour techniques (including role playing) that promote self esteem, appropriate self assertion, good communication, positive relationships with other people, parenting, and dealing with authorities (e.g. in the health and justice systems).

K. Healthy Sexuality

This component will be offered as a specialized program that will encourage and facilitate discussion of sexuality in a safe environment where the differences between healthy and unhealthy sexual behaviours and relationships can be explored openly and with humour. Healthy sexuality is a vital aspect of mental, physical, emotional and spiritual health through the lifespan. Sexual health programming will include:

- Precontact cultural beliefs and practices
- Impact of European religious beliefs and practices
- Impact of beliefs and practices taught at residential schools
- Symptoms and impacts of compulsive sexuality or sex addiction
- Development of sexual/sensual health plans

The focus of this programming will be to restore a sense of sacredness to women and women’s bodies, personally and collectively. The objective is to increase understanding of the relationship of sexuality in the context of a balanced healthy life and a value system based on openness, mutual consent, and mutual respect.

Note: sexual violence/aggression experienced and/or perpetrated by clients will not be addressed in this programming but through the trauma recovery component.

L. Discharge/Closing Ceremonies

Discharge ceremonies can be simple and informal or elaborate and formal. These would be held on the last day of the residential phase of the program and feature culturally appropriate activities that reinforce core messages and celebrate what has been achieved.
M. On-the-land Activities for Clients

These would be events in the community or on the land involving staff, Elders, cultural teachers, service partners and clients. The process objectives are to:

- To reinforce core messages
- Deliver therapeutic program components
- Identify challenges to recovery and promote strategies for meeting these challenges
- Build a foundation for ongoing mutual support as well as developing a healing relationship with the natural world
- Allow for communal release of emotions, come to terms with losses, trauma and proceeding without use of substances in a safe, natural environment
- Socially define and interpret experiences, as well as strengthen cultural values and plan for the future
- Provide opportunities to learn cultural skills and activities, especially for youth

N. Family Support

Activities will be planned and implemented involving program staff, community partners, clients and supportive family members. These activities are to ensure whole-family awareness of core messages and to identify how families can help clients achieve their goals.

An Orientation program for family members who wish to visit their relative who is in residence will be required prior to visitation being approved. The purpose of the Orientation is to make visitors aware of the rules and regulations of the treatment centre and to provide information that helps family members and significant others better support the person in treatment.

O. Follow-Up Continuing Care

Every client who completes the full program will be contacted every week for the first month following treatment by the continuing care staff. It is anticipated the ‘warm line’ volunteers will then assume responsibility for contacts by phone as frequently as is requested for client support. The objective is to provide ongoing support and encouragement to clients, reinforce client use of relapse prevention skills and other self-management skills learned during residential treatment, evaluate and adjust client continuing care plans as needed.