

# ANNUAL REPORT 2018/2019

Wood Buffalo Wellness Society



# MESSAGE FROM OUR EXECUTIVE DIRECTOR



The 2018-2019 year was an exciting year for our agency. One with challenges and successes, but an overwhelming sense of hope in the possibilities to come! Last year we endeavoured into a detailed and focused strategic planning process with all board and staff and identified an expanded direction on which to set our sights on. Through partnerships with the Canadian Red Cross and the United Way of Fort McMurray and Wood Buffalo, we continued to champion reconciliation and Indigenous awareness activities for our local community based in the belief that awareness is key to functioning in compassion and effectiveness when serving an Indigenous population. We stand true to our belief that all persons working with Indigenous clients need to be given the opportunity to learn about Indigenous culture and the impacts of colonization. The best way we can contribute to a solution and facilitate this is by opening our doors and sharing our knowledge. In the spirit of our 'Omanitiew' teachings, we take pride in this.

## A Look Ahead:

As we move forward into 2020 and beyond, we will continue to focus on issues that are of great importance to us. These include strengthening our relationships with local First Nation communities by supporting their wellness plans and activities. We have made great stride in building our local awareness of our agency and will continue to build on this momentum through marketing and communications strategies. This awareness will aid us in our strategic efforts for greater financial independence as we take on new challenges in social enterprise and expand our programming into the 2020 and 2021 years.

Both our Community Services and the Mark Amy Treatment Centre divisions maintain the highest standard of care provided to our clients. We adhere to our agency values and utilize them as our guide in our daily interactions with our clientele. We know that our involvement with a client is both a gift to us and the client and that this relationship is reciprocal. We have made a commitment to maintain our MATC site as an accredited agency of excellence with the Canadian Accreditation Council and will continue to be responsive to our community's needs. We pride ourselves as being progressive in what we are able to offer in both our agencies divisions. Over the next year you will see us with a greater presence in the community for post residential addictions treatment aftercare supports as this has been indented locally as a serious concern in methamphetamine and opioid response. Finally, we commit to cultivating our greatest asset, our staff, through professional and personal development opportunities and exercising leadership strategies of mentorship, supervision and fostering autonomy. We know that the best way to support the clientele is to ensure that we have a skilled, healthy and committed team and we demonstrate this belief in our daily practices.

Lastly, we could not do all that we do without many key people and agencies. Most notably our funders for both their financial support and their belief in our agency. Our partnership with all funders transcends a transactional exchange but is one of reciprocal knowledge sharing and support to the others' efforts

We consider ourselves fortunate to work within a network of agencies committed to many shared goals of improving the lives of our community, regions and nations most vulnerable. We could not facilitate the growth of the hundreds of clients that we serve without the many local partner organizations and the many NNADAP referring agencies. These agencies and these partnerships so often are not properly acknowledged but we do so with great pride and thank them for their continued faith and support in us. We would be remiss in failing to acknowledge our dedicated volunteer Board of Directors. Your support to our work and to us as a Team is unduly acknowledged by a simple thank you.

Finally, I want to acknowledge the most important group of persons in this whole report, the clientele that we serve. Each day you summon the courage to challenge yourself to rise beyond what you had previously allowed yourself to attain. You push past stereotypes, negative self talk, and most often, histories and cycles of abuse, violence and trauma, to provide yourself the chance at a better life of your choosing. We see you. We are proud of you. Keep going.

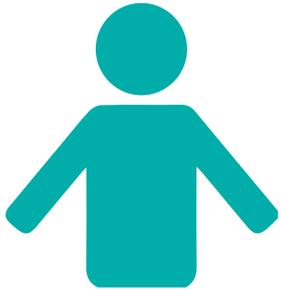
Hiy Hiy/ Meegwetch



Jo-Anne Packham  
Executive Director  
Wood Buffalo Wellness Society



# SOCIETY HIGHLIGHTS



**425**

Clients Served



**53**

Successful Graduates



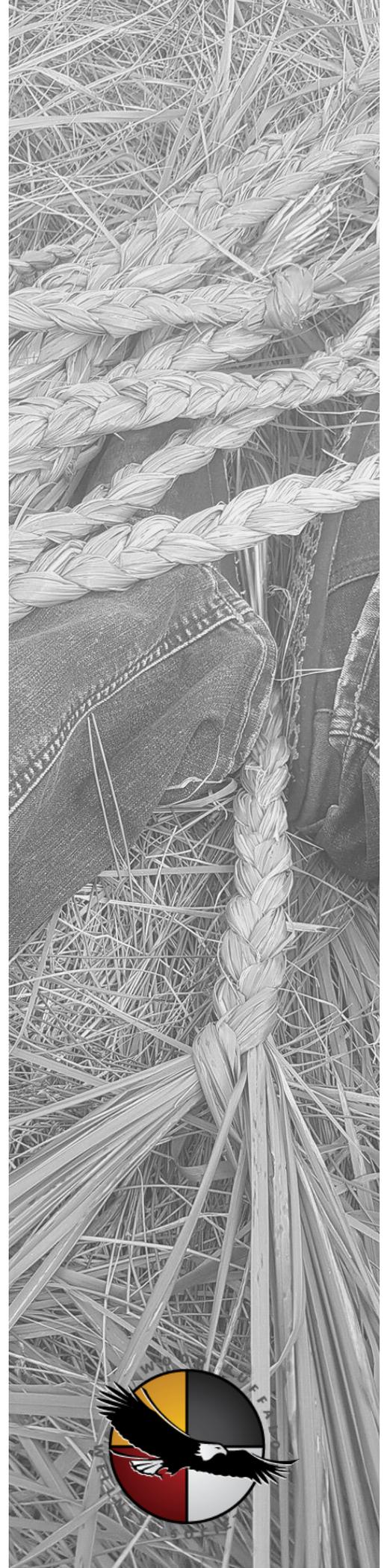
**131**

Individuals Housed



**789**

Referrals to  
outside Agencies



# MARK AMY TREATMENT CENTRE

## Vision

A community of safety, health and hope.

## Mission

We are a non-profit organization providing residential therapeutic treatment and Housing First Case management solutions to individuals and families facing addictions and homelessness.

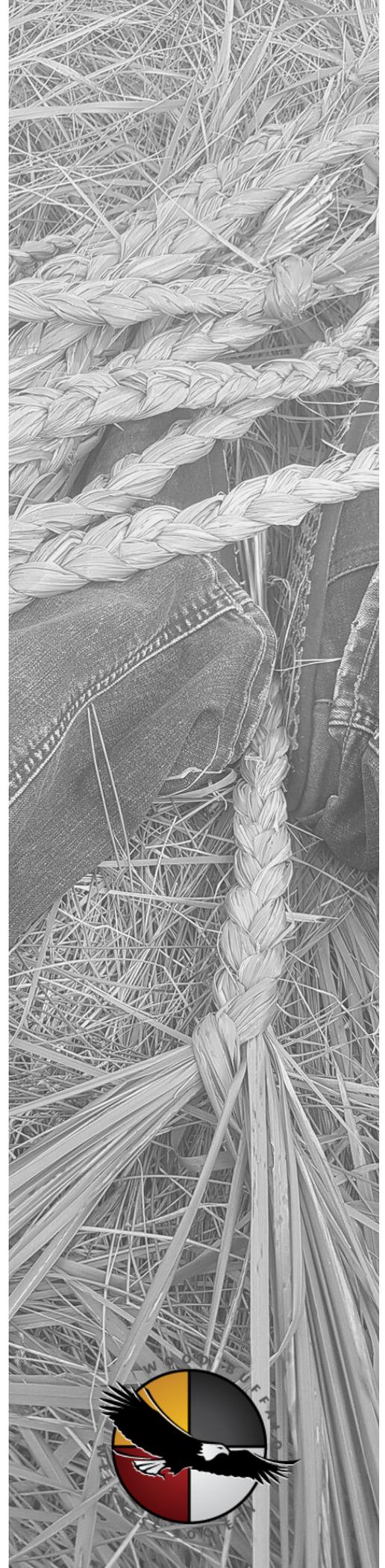
## Mandate

Recovery honouring the individual, respecting tradition and blessed with the heart and soul of harm reduction.

## Core Values

Derived from the seven traditional teachings.

- Love
- Respect
- Humility
- Honesty
- Courage
- Wisdom
- Truth



# MARK AMY TREATMENT CENTRE

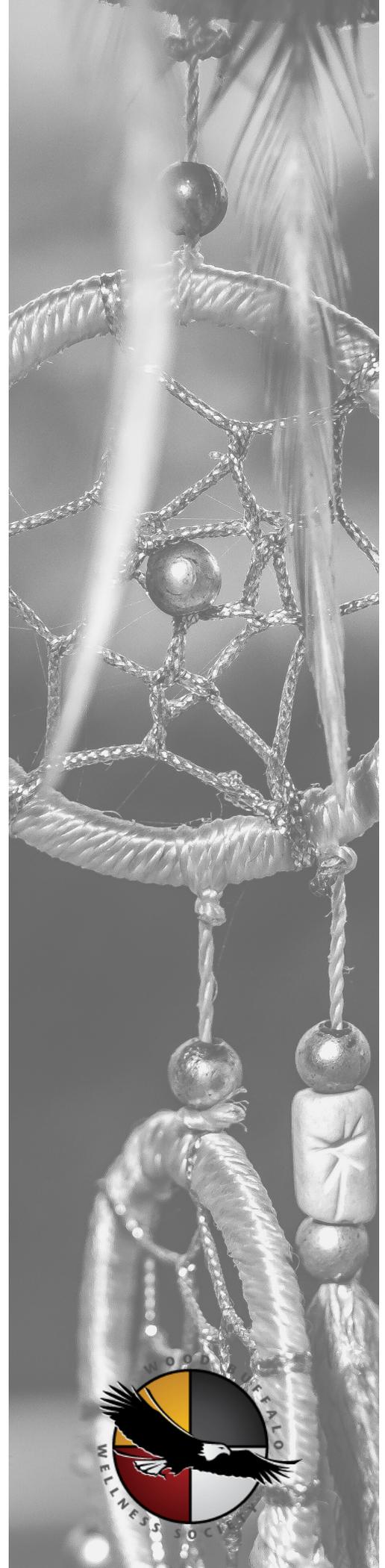
## Program Overview

MATC is a 16-bed facility located on Fort McMurray First Nation. Of the 16 beds, 12 are funded through Indigenous Services Canada for individuals with treaty status, and 2 beds are funded through the United Way for non treaty residents of the Regional Municipality of Wood Buffalo. Two of our beds remain unfunded, although we try to book a full 16 clients per intake in order to increase occupancy.

Currently MATC runs on a block intake system, although there are plans to switch to continuous this fiscal year. Intake length varies from 56-Day, 42-Day and 47-Day cycles.

We run a culturally entrenched program from a bio-psycho-social-spiritual model. MATC utilizes a synthesis of several evidence based approaches and strategies to achieve positive outcomes for those that utilize our services. These include, but are not limited to: trauma informed practices, CBT, MI, DBT, SFT, Traditional Teachings, Ceremonies, and Healing Practices.

Our program is run in English, however there are Cree speaking staff on site. The wait list varies throughout the year with wait times as short as 48 hrs, to 3 - 6 months.



# MARK AMY TREATMENT CENTRE

## Program Overview - Enhanced Cultural Programming

Although the 2016 Wild Fire continues to impact the community and the agency, it has afforded us some funding opportunities. We have been able to secure a two year contract with the Red Cross in order to provide culturally appropriate healing opportunities to our residents as well as the Regional Municipality of Wood Buffalo. Through this contact, we have been able to hire a full time in-house Elder. This Elder provides weekly Sweat Lodges, pipe ceremonies and teaching to our residents. In addition, they are a resource for the communities when they are in need of support. Thus far this program has been wildly successful. Unfortunately, this funding will end in 2020.

We have also secured a one year contract with the United Way Fire Recovery fund in order to bring Elders from other areas to also provide ceremony and teachings, as not all of our residents are from this area. This allows us to give them access to an Elder from their communities. This contract and funding will end in September 2019.

Both contracts not only allow us to provide enhance supports our residents, they also allow us to provide ceremony and teachings to the Indigenous communities of the RMWB. Furthermore, through the Red Cross contract we have been providing Cultural Teaching days to other local service providers. It is our hope that these free training days build competency in the area for working with the Indigenous population, therefore reducing systemic harm to the populations that we serve.

We are humbled to be sought out as teachers, and further the cultural hub of the region.



# MARK AMY TREATMENT CENTRE

## Program Overview - Post Treatment Group

We were fortunate to secure a Suncor grant in order to continue the operations of our Post Treatment Group. This group meets weekly with one of our certified addiction counsellors. The group engages in prosocial activities such as going out for dinner, sporting events, concerts, and volunteer work in the community.

This group was designed after a gap in services was discovered, when many of our local residents stated that they were struggling to reintegrate into the community, and it contributed to their relapse.

In addition to weekly activities, we have been able to utilize the funding in order to help some resident gain the necessary skills and certifications to re-enter the workforce.

This program has been invaluable to the successful transition from our program back into the local community.



# MARK AMY TREATMENT CENTRE

## Staffing

We currently have 4 full time addiction counsellors, 3 whom are certified, and 1 that is working towards certification

MATC is blessed to have an in house Elder and ceremonial provider. This individual is also a certified addiction counsellor. This position is funded through the Canadian Red Cross with Wild Fire Recovery monies, and is in year 1 of 2.

On our clinical team we have our Team Lead/Program Manager who is also a certified addiction counsellor

We have one part time counsellor also funded under the Canadian Red Cross, and are working towards certification. This position was created in order to alleviate stress and burnout among staff, post wild fire.

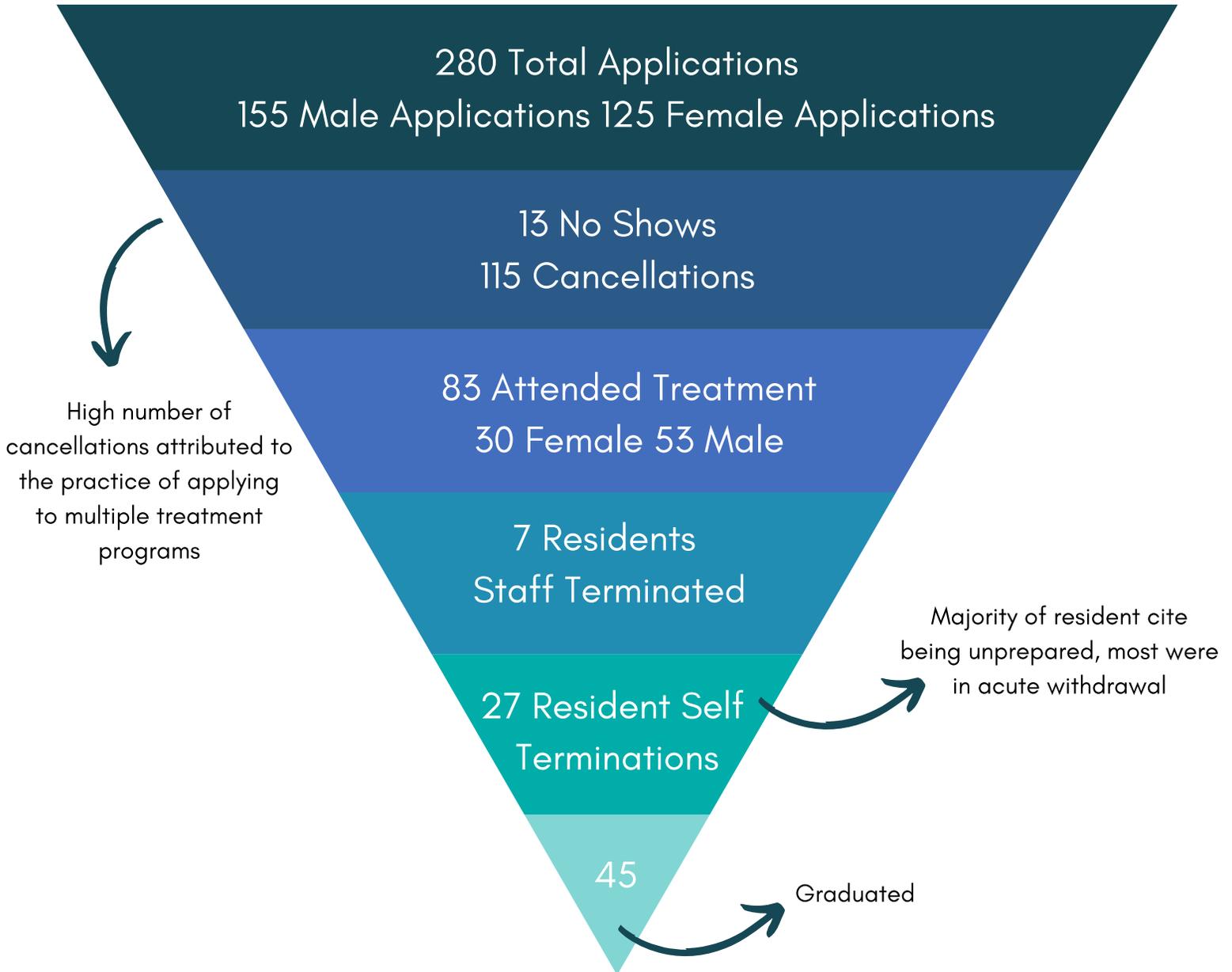
In addition to our clinical team, our support team consists of: 1 Intake/Admin, 1 FT cook, 1 PT cook, and 2 Night Attendants.

Staffing continues to be a challenge in the region and although we have diversified our funding beyond NNADAP funding, we continue to find it challenging to provide adequate pay to remain competitive with others in the region. Fortunately, MATC has been able to develop a work culture where individuals are willing to work for less in order to hone their practices at our great centre.



## MARK AMY RESIDENT ATTRITION FROM APPLICATION TO GRADUATION

This illustrates resident attrition from application to graduation. Our clinical team avoids terminating residents from the program when we can. Self terminations remain high. This is attributed to residents being ill prepared from treatment. Most commonly they enter program not properly detoxed, or having not taken care of dentistry needs prior to admittance.



There were a total of 330 operational days this year, including only Indigenous Services Canada funding that equates to 3,960 bed days, and an occupancy of 73%. With the addition of our core United Way funding there were 4,620 bed days, equating to a 63% occupancy.

## MARK AMY UTILIZATION: THE FULL STORY

Service utilization is often a misunderstood statistic. Due to our sound understanding of the need to utilize our bed capacity to the fullest, every attempt is made to make sure our beds are full. This includes overbooking intakes despite a lack of funding for 2 of our beds, and increasing our intake day past 1 day to up to 5 days. We consider a resident a No Show when they have submitted a signed acceptance letter and we have received confirmation of funding, however they fail to arrive on their intake day. In addition, any resident who was confirmed to attend however cancelled their reservation within 72 hours of their intake date, is also considered a No Show. Cancellations were not included.



**100%**  
**Utilization**

This fiscal year MATC hosted 4 full intakes and two partial intakes. Not including No Shows, and continuing with the practice of over booking we have attained a 100% utilization rate.

Including No Shows, the practice of overbooking, and the practice of extending our intake days, we were able to obtain a 110% utilization rate.



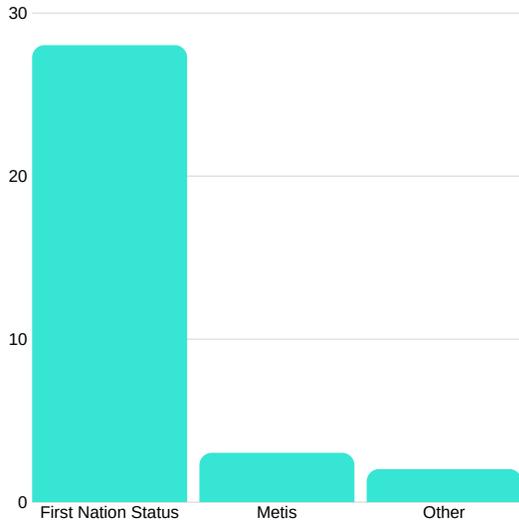
**110%**  
**Utilization**

The incredible utilization rates are a direct reflection of the efforts made by MATC to run at full occupancy despite being a block intake facility. The down side of these efforts is that those who are accepted into the program on short notice are incredibly ill prepared and more often than not self terminate from the program. This in turn impacts our occupancy, the treatment of other residents, and the wellness overall of the team.

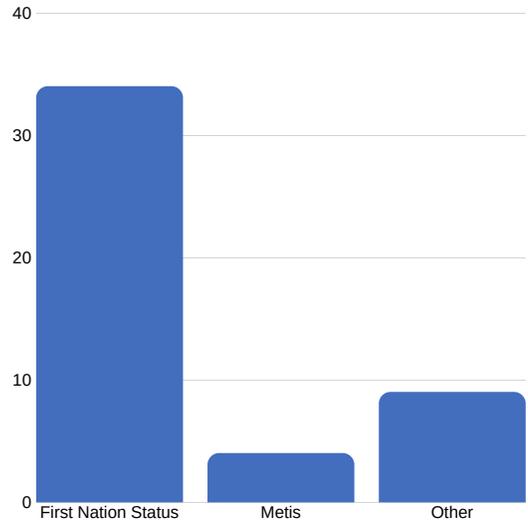
## MARK AMY DEMOGRAPHICS

Below you will find the aggregate statistics for those residents who spent at least one day in our inpatient program. That is 83 residents, 30 females and 53 males.

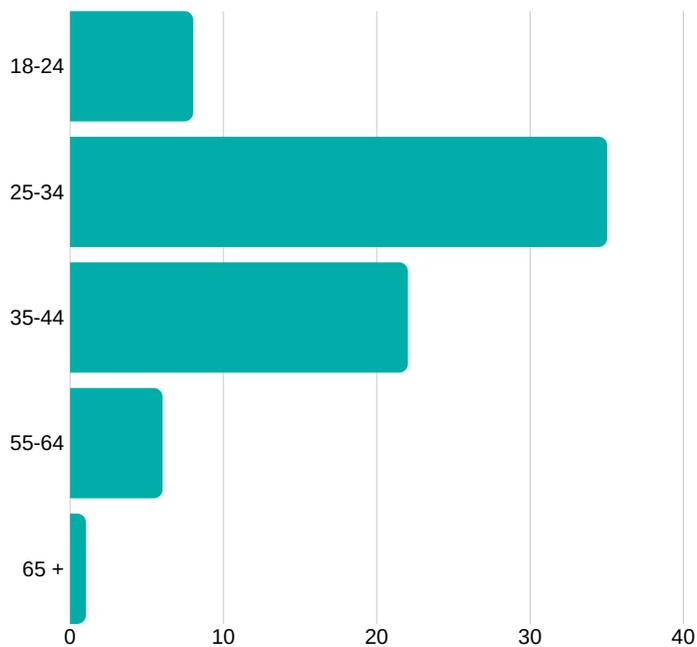
Female Status



Male Status



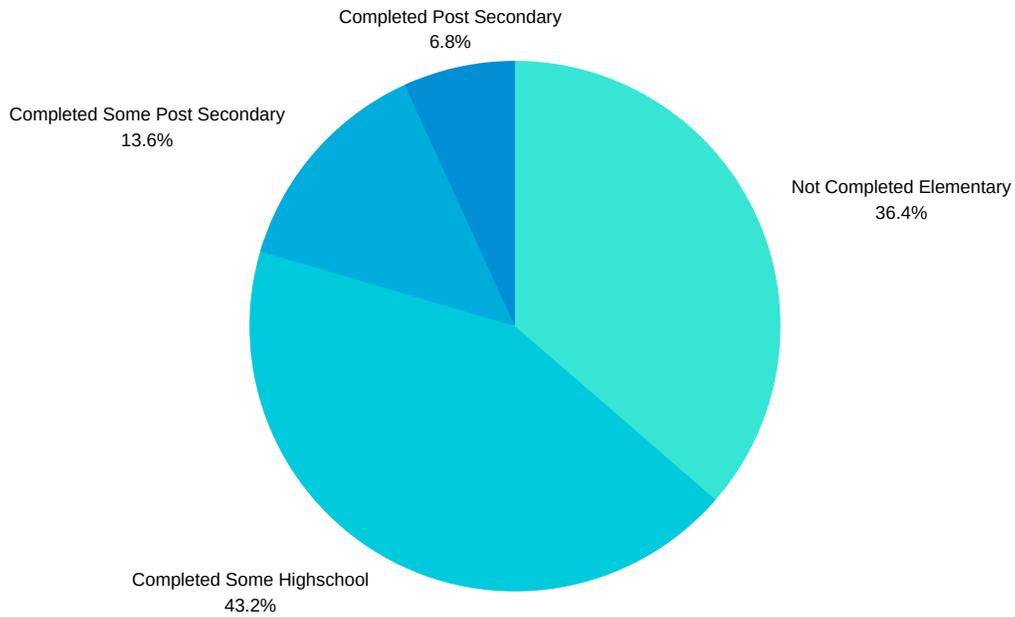
Age Distribution



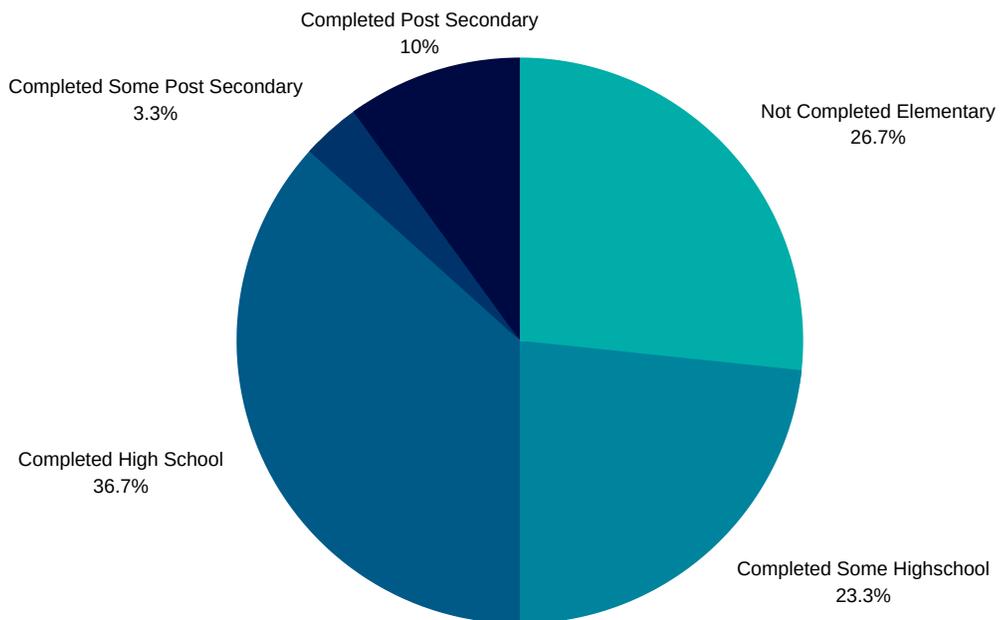
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### Male Education Levels



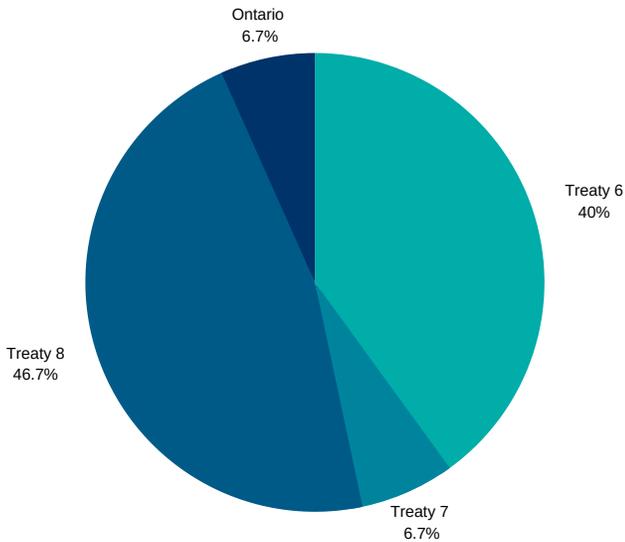
### Female Education Levels



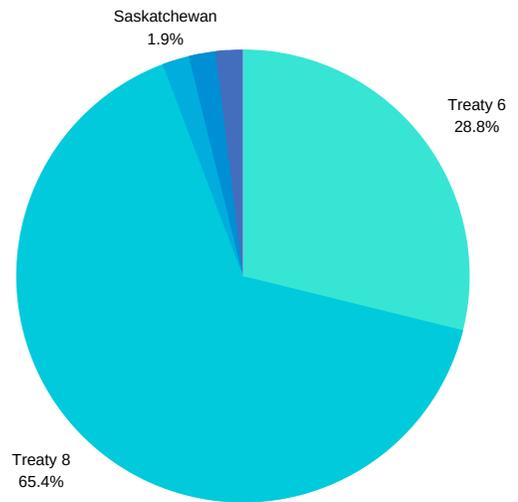
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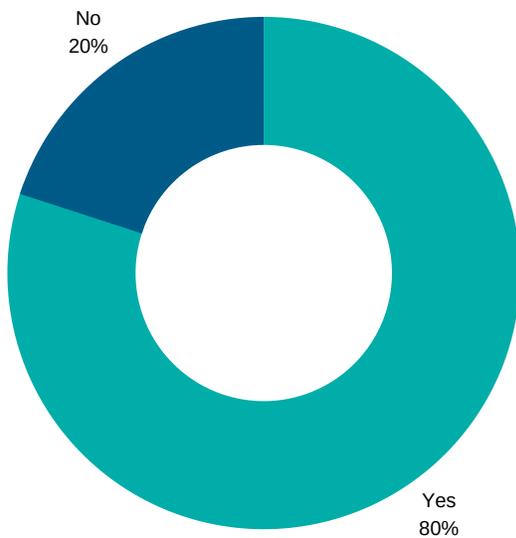
Female Region of Origin



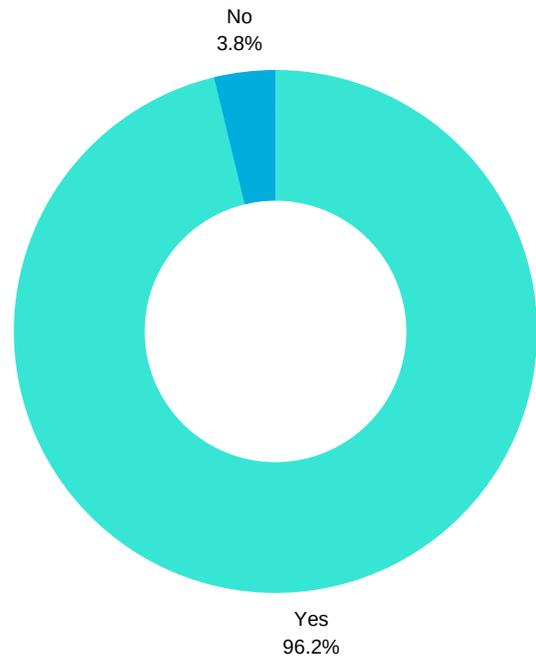
Male Region of Origin



Female Justice System Involvement



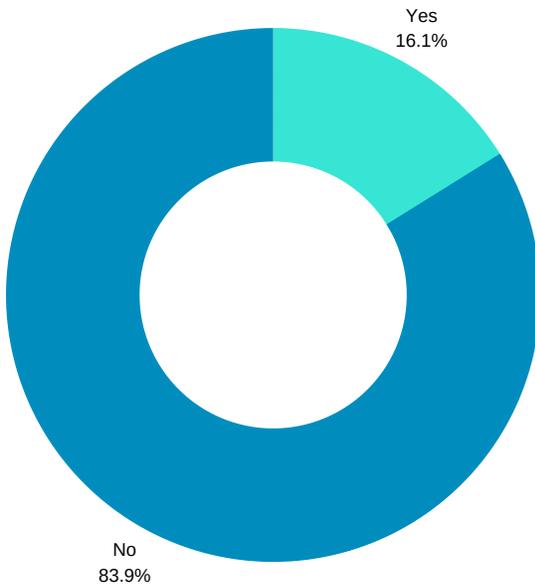
Male Justice System Involvement



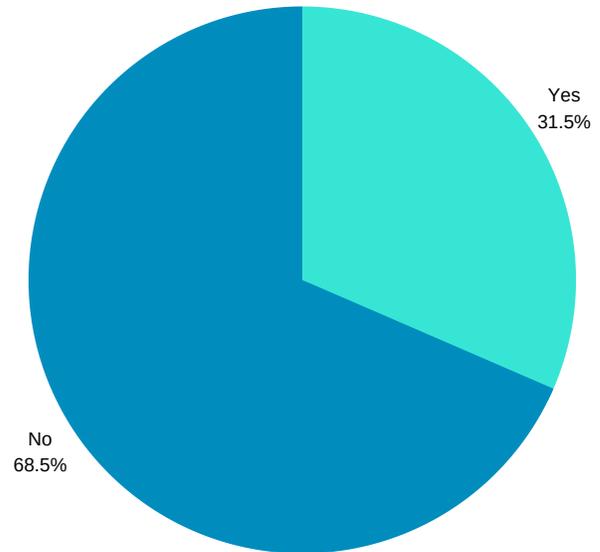
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Suicidal Ideation



DSM Diagnosis



**67%**

**WERE FATHERS**

**83%**

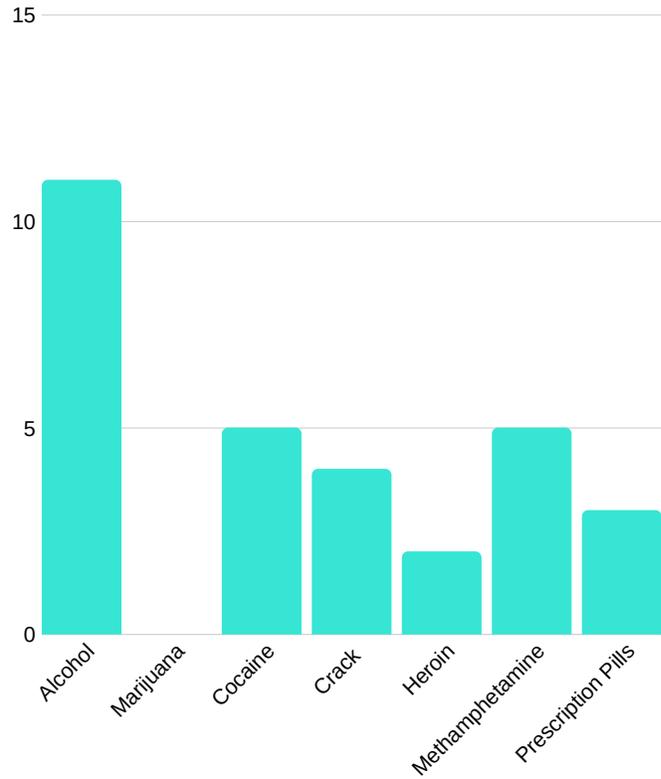
**WERE MOTHERS**

The majority of the residents that indicated they were parents also explained that their children were either in FCS care or living with family.

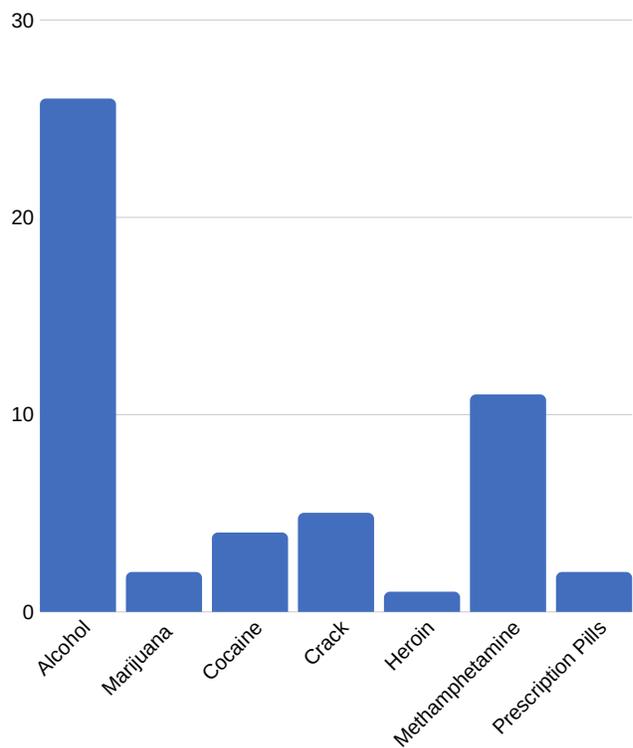
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Female Substance of Choice

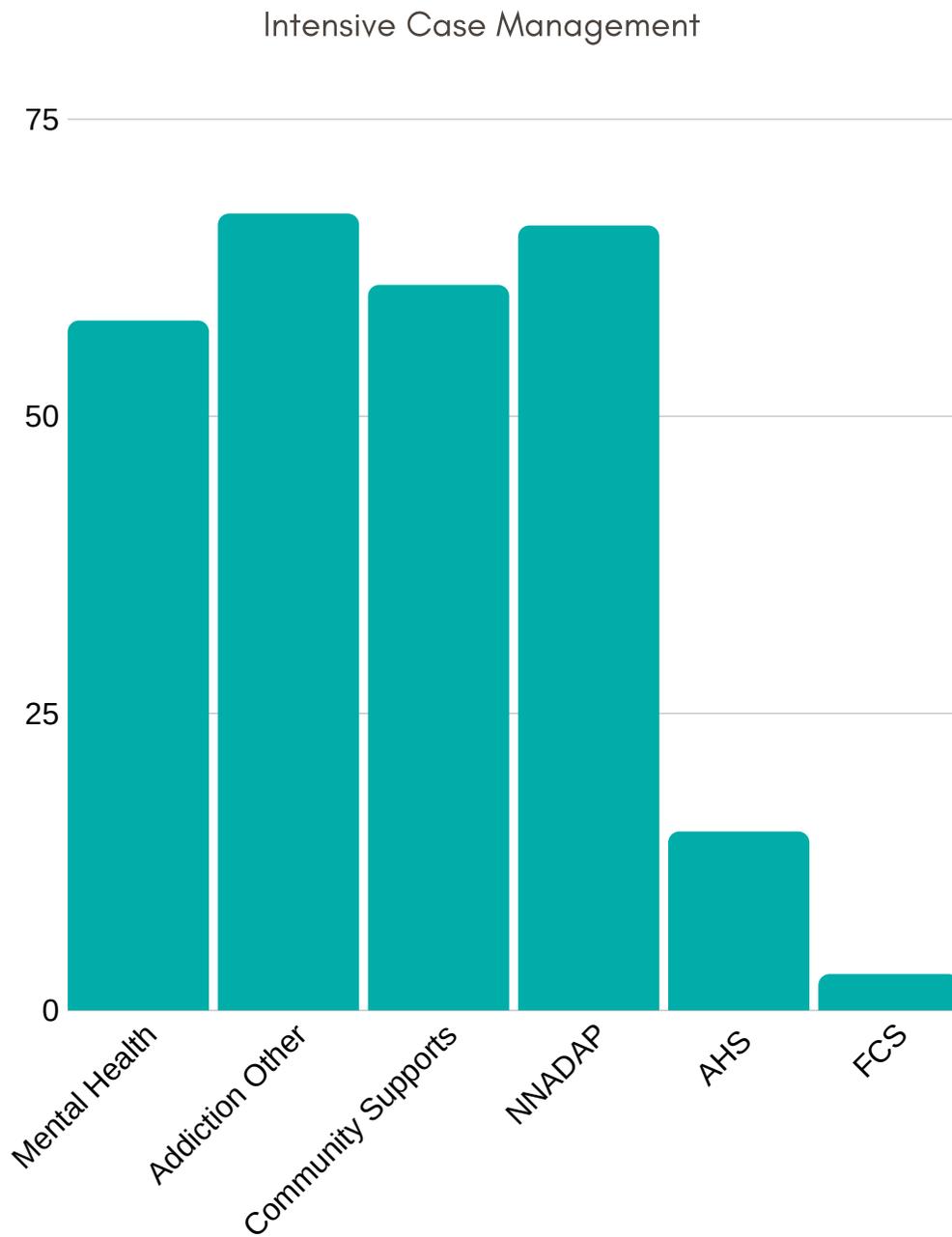


Male Substance of Choice



## MARK AMY DEMOGRAPHICS

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45 graduates left with 270 referrals to outside sources.

# MARK AMY TREATMENT CENTRE

## Program Successes and Challenges

This year the agency as a whole has been able to secure two additional sources of funding from Wild Fire monies; which were explained in earlier pages. This has afforded us the opportunity to expand our cultural services, and reduce staff burnout.

In addition, our enhanced cultural programming has really brought Wood Buffalo Wellness Society to the forefront of everyone's minds in the region. We have other agencies turning to us for cultural expertise and experiences.

MATC has decided to move to continuous intake, and although this decision was not easy for us, we feel it is in the best interest of the system as whole for us to improve our occupancy. We will launch this August 5th 2019 in a way that will not decrease the therapeutic impact of the program.

Staffing continues to be a challenge in the region. Although we have made great strides in diversifying funding and closing the regional wage gap. The wage gap regionally continues to exist making recruitment of quality counsellors difficult.

Fundraising, events, and raffle profits are down drastically in the region, which equates to less funding availability in the streams that we turn to, to supplement our core funding. This is directly correlated with the down turn in the regional economy post wild fire.

The most pressing challenge MATC is currently facing, is the construction of the marijuana facility in close proximity to our centre.



# COMMUNITY SERVICES

## Program Overview

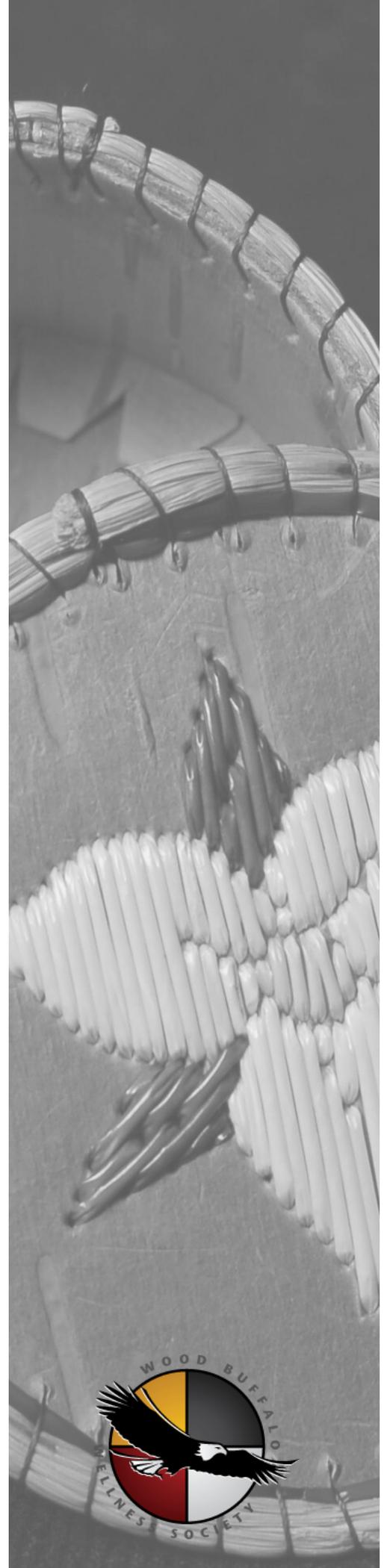
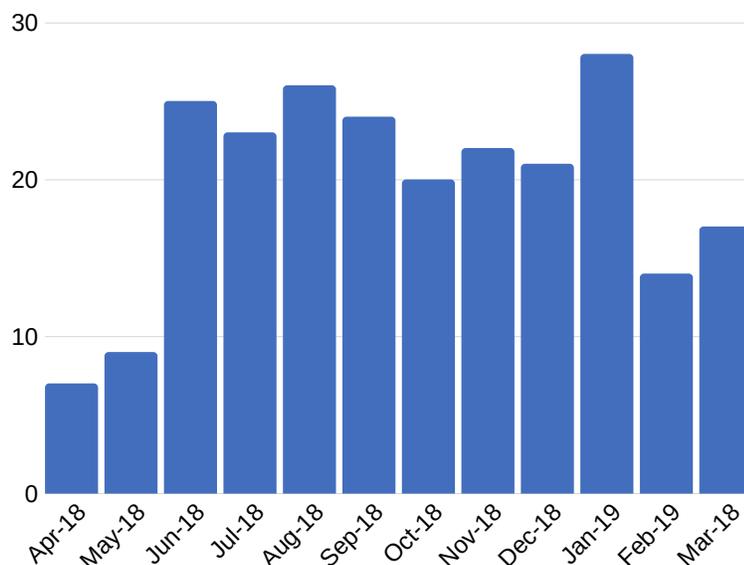
The Community Services team operates three programs under the 'Housing First' Umbrella, with a collaborative goal of ending homelessness in Fort McMurray. The basic underlying principle of Housing First is that people are better able to move forward with their lives if they are first housed. This is as true for people experiencing homelessness and those with mental health and addictions issues as it is for anyone. 'Housing First' is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.



# CENTRALIZED INTAKE

Any individual in the Wood Buffalo Region who has been living in Alberta for three months, is a Canadian Citizen/Permanent Resident, is 18 years of age, and who is homeless or at risk of homelessness (has received an eviction notice) is eligible to apply for the Housing First Programs. Our Centralized Intake Workers will sit with the applicant and conduct a screening interview in order to determine if the person meets the requirements for eligibility in the Housing First Programs. Once it has been determined a person qualifies and as spaces become available, the client is transferred to one of the Housing First partner agencies or one of our Case Managers here at the Wood Buffalo Wellness Society for ongoing case management and support. Partnering agencies are; The Salvation Army, the Centre of Hope, and the YMCA of Fort McMurray. Should individuals not meet the eligibility requirements, they are offered outreach assistance in addressing barriers to their homelessness

In the 2018-2019 fiscal year, the Centralized Intake workers served 236 individuals.

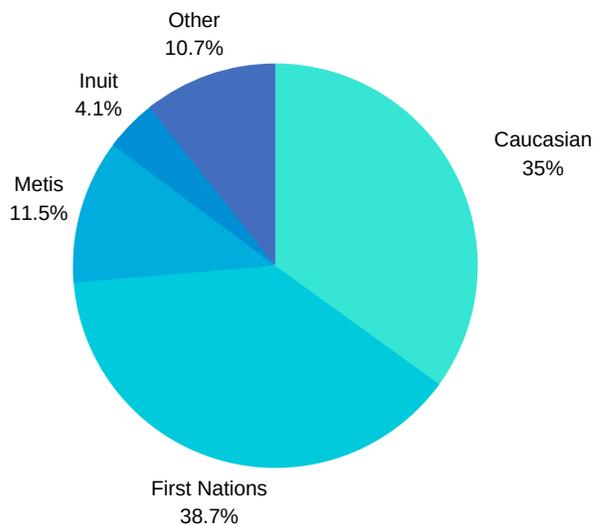


## 16 | Annual Report 2018 2019

There was a wide range of diversity in the ethnicity of clients served in the year April 2018 to March 2019.

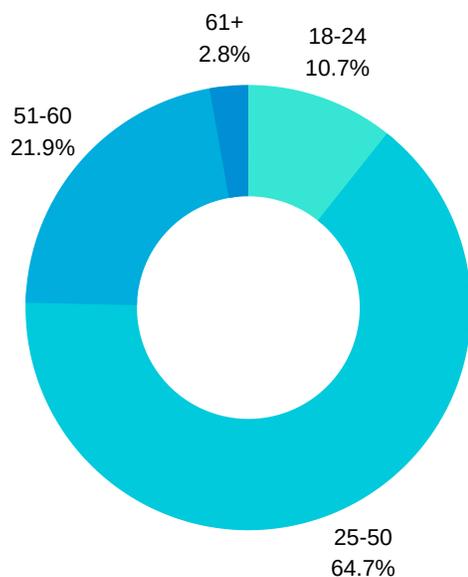
Many of the individuals served in the Centralize intake program identified as First Nation (84 Individuals) and Caucasian (85 Individuals).

The following chart represents the number of clients served from various ethnicities



Clients ranged in age from 18 to 73. It was determined that over half of the clients served in the 2018-2019 year aged between 25 and 50.

Breakdown of age groups as follows;



# RAPID REHOUSING

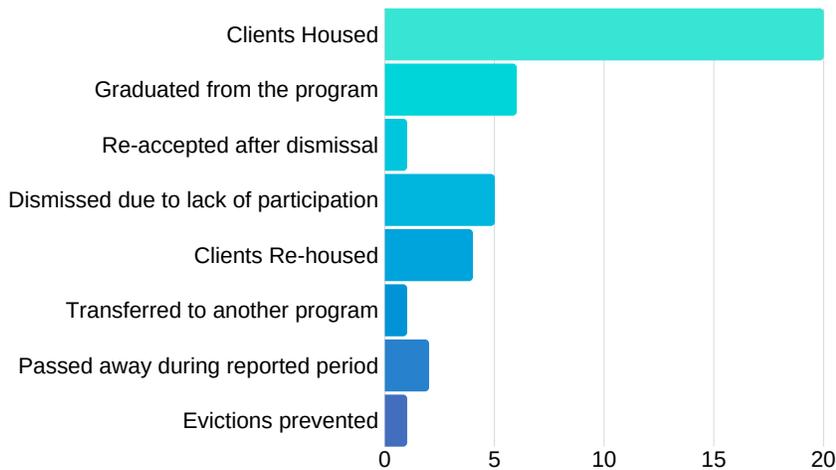
## Program Overview

The Rapid Re-Housing Program serves individuals, couples, and families who are experiencing episodic or transitional (as opposed to chronic homelessness.) Housing First has no “readiness requirements” and is focused on getting people into housing and out of shelters as quickly as possible. People who are eligible for Rapid Re-Housing are determined to have low to moderate needs and consequently the timeline for support is generally shorter. The WBWS Rapid Re-Housing Program consists of two caseworker providing 2-6 months of intensive case management within the Regional Municipality of Wood Buffalo (unless extended for sufficient reasoning). Financial support is given through rental supplements and resources are available to rectify outstanding barriers that are deemed an impediment to securing housing. Active participation in the program is mandatory with all participants working with their Case Worker on self-determined goals to maintain permanent housing and autonomy. Clients are screened through Centralized Intake for program suitability and entry

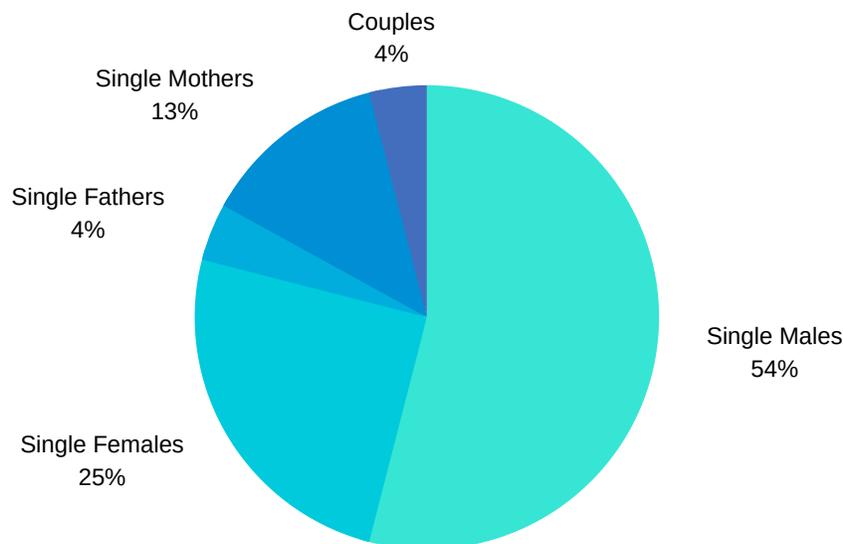


## 16 | Annual Report 2018 2019

In the month of April 2018 there were 25 clients on caseload which remained consistent until March 2019 with the addition of two placed in RRH Outreach. The Rapid Re-Housing program also has 8 graduates on a graduate case load. Seventeen (17) clients were newly warm transferred to the Rapid Re-Housing program between April 2018 and March 2019. The following demonstrates the overall standing of clients within the program;



The following summarizes the family composition during the year.



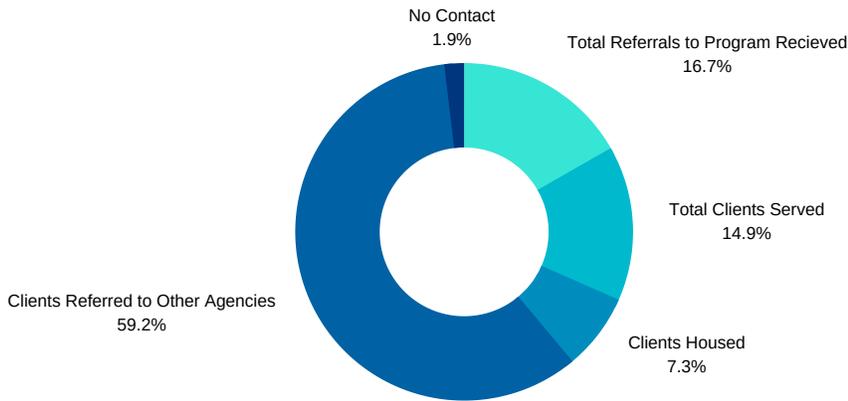
# OUTREACH

## Program Overview

The Outreach Program within Wood Buffalo Wellness Society is there to assist the clients who do not meet the requirements for the Housing First and Rapid Re-housing programs. The Outreach worker assists clients with finding secure and sustainable housing, finding employment, connecting clients with community resources and helping clients to navigate through the systems. The goal of the Outreach worker is to help clients reach their housing and personal goals. As well, the program assists clients on the long waiting lists of Rapid Rehousing and Housing First, who are in emergency situations. The Outreach worker also spends time in the community connecting and networking with community agencies and supports. As an outreach worker, numerous hours are spent listening to people's stories, building relationships, assisting in planning development and making clients feel welcome and comfortable in an office environment.



The following demonstrates the capacity upheld by the Outreach Program during the reporting year.



The Outreach program focuses on providing one on one services to individuals or families either homeless or at risk of homelessness that do not qualify for either the Rapid Re-Housing or Housing First programs. It provides acute support by assisting individuals or families navigate through various community service agencies with focus being on housing stability. Clients can be self-referred, through Centralized Intake or other service agencies. The following demonstrates the connection to community made with the client and the Outreach Program;

