

INTERIOR NATIVE ALCOHOL AND DRUG ABUSE SOCIETY
(Round Lake Treatment Centre)
ANNUAL REPORT
June 20, 2009 Re-scheduled
September 19, 2009

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PRESIDENT'S MESSAGE

2009 Annual General Meeting

To the General Membership:

On behalf of the Board of Directors, I would like to welcome you to the 2009 Annual General Meeting. It is with great pleasure, true admiration and deepest respect as your president for the past three years to honour all our staff at the Round Lake Treatment Centre in their continued commitment to our wonderful facility. I continue to take great pride in being your ambassador and often find myself engaging in dialogue with agencies and government, as well as clients about our great facility. I sincerely believe that through our culture and the delivery of culturally -based programs for our people, we advance the formula for success for each client that attends our treatment centre.

I would also like to recognize the founding fathers of Round Lake Treatment Centre. If it were not for J.D. Billy, John Clement, Paul Hanke, Scotty Holmes, Emery Louis, George Maxime, Hector Stewart and Tinker Watt, we as a treatment centre would probably not exist today.

The Board of Directors would also like to welcome Vi Bowack back as our Executive Director. I know with Vi's recent hiring that she has a lot on her plate right now, with all the day-to-day operations plus the added responsibility of the 30th Anniversary. I am confident however, with the assistance of our committed staff that the 30th Anniversary Celebration will be a success.

We sincerely hope that you will attend some, if not all, of the celebrations planned. I know our staff has worked tirelessly to ensure the celebrations are a success and I am confident it will be, given the dedicated staff we have here at the treatment centre. There have been several fundraising activities and I am advised that they were a success. Once again, thank you staff in your commitment to our treatment centre.

There are several new initiatives the Board of Directors have set in motion that will enhance our delivery of services for the Centre and our clients. Round Lake Treatment Centre has completed a menu selection report that suggested a more nutritional diet was needed. As a result, an enhanced nutritional menu has been implemented. It was also suggested that we have a plan to "go green", that too has been implemented. The Board of Directors is also making inquiries into an aftercare facility and preliminary research is being conducted at this time.

As you are probably aware, we are fully accredited with the "Commission on the Accreditation of Rehabilitation Facilities" (CARF). Our staff members, Leah Louis, Ann Gregoire and Mary Gregoire travelled to Phoenix to attend a workshop to ensure that our treatment centre is on top of all the required

standards. On behalf of the Board of Directors, I'd like to take this time to thank you for your commitment to that process.

Our Auditors have once again qualified our financial position for the fiscal year 2008 - 2009. Our financial position is a very important part of the day-to-day operations and has a direct and immediate impact on what any organization can or cannot do. The Board of Directors continues to strive to enhance our fiscal responsibility for our membership and ultimately our clients.

I personally would like to take this time to acknowledge Anges McCoy for her many years of service to the Round Lake Treatment Centre. It was a very sad time here at the Centre with her passing and I know in my heart that she is watching over us right now. May our Great Creator watch over her now. My thoughts are with you always.

On behalf of the Board of Directors and in closing I would like to sincerely thank each and every one of you for coming here today. It is hoped by the Board that this year's operations have met your approval and wish to convey to you that our commitment to the Round Lake Treatment Centre is as unwavering as ever.

All my Relations,

Les Taylor,
President
Round Lake Treatment Centre

MISSION STATEMENT

Facilitating Personal Wellness of First Nations people by providing culturally specific treatment and training services.

*September 26, 1995
Approved by the Board of Directors*

EXECUTIVE DIRECTOR'S MESSAGE

WELCOME

I am pleased to present this Annual Report. This report will capture and highlight the work we have completed or is ongoing from February 2009 to date, as this is when I came back to Round Lake Treatment Centre.

30TH ANNIVERSARY

This Annual General Meeting, marks our 30th Anniversary. Over 9,000 clients have walked thru the doors of Round Lake Treatment Centre. Round Lake has a rich history from our Founding Fathers, who we honor today for having the vision to create such a sacred healing place for our Peoples. We owe them much gratitude for their commitment, tireless work and dedication.

My staff and I have all been working feverishly getting ready for the big weekend! We have entertainers, healers, traditional drummers lined up for the weekend!

The staff actively fundraised to help offset the costs of hosting the 30th Anniversary. To date, fundraising efforts and donations, total \$4,997.98 A huge thank you to our suppliers for their donations for the Loonie Auctions and to the staff who worked tirelessly to put the loonie auction baskets together, to cook for the dinners we hosted and for the set up and clean up, to prepare the posters, to remind our friends, family and neighbors. A thank you to all those that came out and supported our fundraising efforts!

We are just thrilled about the commitment from those coming for the weekend! We are looking forward to seeing former clients, former Board Members, family and friends in celebrating the Red Road! It truly is an honor for Round Lake Treatment Centre to host this 30th Anniversary Celebrations!

LAND LEASE EXTENSION

The Board of Directors and the Management Team have been working with Okanagan Indian Band (OKIB) on the Land Lease Extension for RLTC. We are very happy to report; Chief & Council support the land lease extension. A referendum vote will be necessary, so we encourage all OKIB Membership to go and vote.

INTERIOR HEALTH AUTHORITY CONTRACT NEGOTIATIONS

The Board of Directors and the Management Team has also been in active negotiations with the Interior Health Authority on RLTC's Standard Service Contract and are very pleased with our progress to date.

HERBAL GARDEN

We will be launching our Herbal Garden for the Annual General Meeting and the 30th Anniversary Celebrations. The Herbal Garden will provide us the opportunity to revert back to more traditional methods for health and wellbeing. Our Resident Nurse, Marianne Linthorne and Dr. Ralph Maddess will be leading this new exciting endeavor.

“GO GREEN” INITIATIVE

The Board of Directors has asked us to “Go Green”, so we have done a review of our Centre and our services and will be implementing this new initiative over the next few months. We are pleased to report changes have been implemented

PANDEMIC PLANNING REVIEW

The Pandemic Planning Review was timely with the recent Swine Flu Scare. Historically Round Lake Treatment Centre had developed a Pandemic Plan, with the Avian Bird Flu a few years ago. This year, we reviewed our plan, made modifications and the plan is now up to date. We are pleased to report, we did not have to implement our Pandemic Planning Measures!

QUARTERLY NEWSLETTERS

With my return to the Centre, the Board of Directors has asked for the Round Lake Treatment Centre Quarterly Newsletters to be re-launched. We shall issue the newsletters March, June, September & December. The Newsletters are available on our website, as with our previous newsletters they are intended to provide an update from the on what’s new, as well as quarterly statistics, and a column from our Resident Nurse.

FOOD SERVICES REPORT

The Centre underwent a review of our Food Services Department by a qualified Nutritionist. The review identified areas of improvement and aiding with the changing needs of our clients. We are very pleased to report the marked adjustments the Kitchen Team has undertaken. The efforts are well appreciated.

PROPOSED PROGRAM EXPANSION

Pending Funding, the Centre is in the process of developing and implementing a Program Expansion. A preliminary report was presented to the Board of Directors May 14th, 2009 with a proposal for an expansion of our Program. The highlights include adding a Couples/Family component.

PROMOTIONAL DVD

Round Lake Treatment Centre will be creating a Promotional DVD to showcase Round Lake Treatment Centre for our Ambassador's to show to interested clients, referral workers, career fairs, political leaders, aboriginal organizations, etc.

FOUNDING FATHERS DVD

As Round Lake Treatment Centre is celebrating 30 years of existence, we want to capture the history of our founding fathers and former board of directors on the creation of Round Lake Treatment Centre and its humble beginnings. We intend to capture the history of the Founding Fathers on DVD

WEBSITE – VIRTUAL TOUR

Round Lake Treatment Centre reviewed our website and will be offering a Virtual Tour of our Centre. This is a bold and exciting step for the Centre. We are often told by many of our clients, the anxiety they experience about coming in and we feel that if they are able to take a virtual tour of our Centre, this will help elevate those emotions. This is a tool we can also share with our Funders and with CARF on our future accreditations.

STRATEGIC PLANNING SESSIONS

Last but not least, preliminary Strategic Planning Sessions have been hosted by the Board of Directors and the Staff. The focus of the Planning Sessions is to identify goals and objectives of The Centre. Future work is necessary to complete the Strategic Plans.

CLOSING

As you can see, we have been working on numerous projects and exciting initiatives on behalf of the Centre. In closing, I want to say a prayer of gratitude for being back here at Round Lake Treatment Centre, it truly is an honor for me to work for such a dynamic organization. I'd like to acknowledge my Management Team for their support and their commitment, I've often called upon them for quick deadlines and for their input and they have provided that, willingly and without compromise! I would also like to thank the staff for their continued hard work, their dedication and their support! Last but not least, our Board of Directors, for their support and their commitment to the Centre!

All my relations,

Vi Bowack
Executive Director

BOARD OF DIRECTORS AND STAFF

Board of Directors:

Les Taylor, President	Margaret 'Peggy' Joe, Treasurer	Chris Luke Sr.
Allan B. Louis, V. President	Richard Jackson, Jr.	
Norma Manuel, Secretary	Rick Aleck	

Management Team

Vi Bowack, Executive Director	
Matthew Bonneau, Finance Comptroller	
M. Leah Louis, Program Director	
Patrick Lawrence, Residence Director	
Anne Gregoire, Executive Assistant	

Program Team

Dr. Ralph Maddess	Jane Wakefield	Joyce Andrews, Counsellor
Mary Gregoire, Counsellor	Linda Williams, Counsellor	Joseph Hearl, Counsellor
Bernice Saunders, Counsellor	Frank Genaille, Counsellor	Marianne Linthorne, Nurse

Client Support Workers Team

Kathi Lawrence	Mary Louis	Lavern Zilkowski
Peter Hnidan	Sylvia Kirkpatrick	Julianna Alexander
William Marchand	Gordon Comes At Night	Heather Lalonde
Leslie Lawrence	Lorraine Langley	Lonnie Lindley

Operations Team

Rick Chiba, Chef	Thelma Marchand- HouseKeeping	Alton Louis- Maintenance
Louise Williams, Cook	Kelly Lawrence-House Keeping	Anna-Belle Tronson-Cook
Laura Louis, Cook	Delbert Joe-Janitor	Winona Spotted Eagle-Janitor

Administration Team:

Angela La Londe, Receptionist	Cecilia Louis- Finance Clerk	Juanita Jacob, Intake Coordinator
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PSYCHOLOGIST REPORT

*Prepared by H.J. Wakefield, M.A., C.T.S., R. Psych. /
Dr. R.J. Maddess, M.Sc., Ph.D., R. Psych. 2008-2009*

2008-09 once again saw two psychologists, Dr. R. Maddess, and Jane Wakefield each in attendance one a day a week at Round Lake, providing a variety of direct services to clients who have multiple diagnoses as well as addictions. While screening for suicidality, clients are also assessed for possible medication needs, and dual diagnoses. We have seen an increase in attendance by those suffering from bipolar disorders, and continue to see an increase in the younger population of drug-addicted clients some of whom may not be alcoholics. The FASD group continue to be seen, many with no clear diagnosis. As well this year has seen an increase in the number of clients on the methadone program and self identified sex-trade workers.

Adjunctive therapy techniques are used and include trauma reduction techniques including Thought-Field Therapy, Emotional Freedom Techniques, Eye-Movement Desensitization and Reprocessing, One-Eye Integration, hypnotherapy, and other psychotherapeutic methods. Many clients have been given information on Dialectical Behaviour Therapy Self-Help Skills, since the youth of many means that their ability to self-soothe, self-stimulate, tolerate being alone, tolerate criticism, and tolerate intense feelings is lacking. This likely relates to a breakdown of family attachments which we have seen both as the result of Residential Schools, and in society generally, including what would appear to be the effect of addictions on many cultures.

Spiritual concerns and culturally sensitivity are also part of the psychological therapies done. It is our belief that resolving some of the trauma issues within a culturally supportive environment may help reduce the likelihood of relapse, and referrals for further treatment are often suggested. Dr. D. Amen in his "Healing the Hardware of the Soul" also notes a connection between spirituality and the development of the frontal lobes in the brain, a connection we have also seen. Other community resources accessed include: Victim's Assistance Programs, Crime Victims' Assistance, Residential Historical Abuse Programs, as well as NIHB, and Friendship Centres. We would still like to have more access to a psychiatrist at times.

Marital therapy may become an increasing demand again, as we see couples whose relationships are abusive, and addictive. While this is not our mandate it seems clear that the number we see who also have restraint orders on the other when entering treatment may have increased. In some cases, the referral

sources are not fully assessing this and some do not know. The staff are good at dealing with this but as mentioned we may need to look at couple needs again.

Many clients have current legal involvement either coming in to treatment while part of their probation, or as a result of the apprehension of their children. Many of these make good use of their term here to the credit of the work their counsellors do with them. Many clients are attending for second and third times, and some stay longer than their initial three weeks. This has enabled them to access more psychological services than they would be able to within their communities.

Consultation to the counsellors is provided, and team-work is integral to the involvement of the psychologists. Occasionally, the psychologists are consulted at times other than when they are at RLTC.

On another note, while both of us are pretty holistic in our approaches, Dr. Maddess has completed his training in the use of herbs for treatment and will be conducting some research in this area.

In December 2008, Dr Maddess satisfactorily completed the prescribed course of instruction with Dominion Herbal College and was awarded the diploma of Chartered Herbalist. Subsequently, he proposed that Round Lake Treatment Centre establish a trend-setting herbal apothecary to provide natural Native herbal approaches as aids for clients with a host of common problems as outlined by Nurse Marianne Linthorne.

The beginning list of common problems suggested for herbal remedies are: sore throat, congestion, asthma, headache, anxiety, insomnia, heartburn, diarrhea, nausea, constipation, fungus, sore muscles, backs, cramps (leg & menstrual), rashes, skin irritation, earaches and allergies.

Executive Director Vi Bowack provided a briefing note of the proposed herbal centre to the Board of Directors on March 17, 2009 outlining the back ground, key points including set-up, benefits, projected uses and costs, future projections and launch date and recommended that the BOD support and approve this project. This proposal was accepted gratefully by the Board. The centre will be set up in the trailer above the gymnasium which will be for storage, preparation and for consultation. Initially, the herbs and herbal remedies that Dr. Maddess recommended to Marianne will need to be purchased for start up. In time we propose to grow our own herbs at Round Lake Treatment Centre and or pick them in the wild.

This is a very exciting development for RLTC and important to help our First Nations People reconnect with nature, natural remedies and the Native North American medicine. We would be interested in providing the client when appropriate opportunities to pick some of the herbs out in the surrounding area

as part of the program, bring in Elders to talk to staff and clients about traditional herbal medicines.

Dr. Maddess is now beginning studies towards a Master Herbal degree. The research will be on natural herbal serotonin precursors and the use of herbal remedies either in conjunction with psychopharmaceutical specific serotonin reuptake inhibitors (SSRI'S) the commonly prescribed antidepressants currently, or as a substitute for SSRI'S. A large number of our clients are on antidepressants, most commonly SSRI'S and although useful and important aids to mental health from a chemical point of view nevertheless, in my opinion are often at an inappropriate dose for someone with addictions problems.

Finally, we are looking at developing couples treatment at the centre. Some training for the counsellors would be helpful. Dr Maddess is currently developing a one day workshop on dealing with the angry couple and a one to three session approach in improving couple communication and relationship. Plans are the in-house training with Dr. Maddess occurs this fall, possibly October when all staff holidays are complete.

Dr. R. McCormick conducted an assessment of RLTC this year, and appeared to be pleased with the quality of psychological services, and in discussion with him, this appeared to include the up-to-date training we both have, and the wide range of skills. Within our profession, the age of our members has increased and there are some concerns that there may be some loss of knowledge as some retire. We have had at least one intern in training, but it may be that RLTC could consider a psychologist intern who could learn the dual roles of work with addictions, dual diagnoses, and trauma techniques which are being used increasingly by private practitioners but not within the health system generally.

It is a pleasure to work at Round Lake where the emphasis is always on positive change and improving service to our clients.

H. Jane Wakefield, R. Psych. (#00268), CTS

Ralph J. Maddess, R. Psych (CPBC#166), CH

PROGRAM SERVICES

Welcome

The past year as always has been extremely fast paced yet rewarding in that we have achieved a great deal. Round Lake Treatment Centre is honored to celebrate 30 years of operation and in honoring that we have served over 9000 persons in that time to find wellness, cultural subsistence and balance in their journey to and on the Red road. We are incredibly humbled by all those that have allowed us to be part of and be witness to their incredible journey of healing, discovery and recovery from substances and historic trauma. We thank you and welcome all back to Round Lake Treatment Centre. With this in mind, we continually strive to remain consistent in our focus as being client centered and in being a high caliber, accredited treatment facility.

The clientele, we serve has remained predominantly between ages 20 to 35 and up, multifaceted and multi-addicted. Our challenge has been to work with the diverse needs of the clientele served and keep clear on our need to work with the client from where they are at which is being client focused. In doing so, RLTC's bed occupancy rates remain high with more clients completing treatment. The number of clients graduating has been consistently over 80% this year. In fact, the annual bed occupancy rate for this year is 85%.

In this past year, we have been renegotiating our funding contracts and as one of the requirements for renewal with First Nations Inuit Health, we were required to undergo an extensive review of the entire centre and program. We are pleased to confirm that the outcome of this review process was very positive and validating. As the program, the counselling team and Centre were highly complemented for our high standards, quality of treatment and in being well run. This review speaks to the level of commitment and dedication that all staff has in their work and in striving to be the best in the service we do. We are proud of RLTC and the services we provide and are grateful it shows.

Having an ongoing commitment to training, the program team attended the Community Addictions Specialists Gathering / Conference in Vancouver in February which assists to ensure we remain Certified Addictions Counsellors by attaining credits. Having just recertified last fall, we are pleased to proclaim the RLTC counsellors are all either level II or level III of certification, which recognizes the significant level of experience and knowledge on the team. Other current training highlights included CARF Web cast training in Person Centered treatment planning and Enhancing Performance and Outcome measures. Other training has included Family History of unresolved loss and what happens when Attachment doesn't work. Our training focus reflects our adamant commitment to providing high quality essential services in First Nations wellness and recovery.

Not surprisingly, ongoing training is essential for the counsellors to remain current in the field. Marianne, our resident nurse's training has been in Methadone, and extensive training in Diabetes. She attended two conferences this past year in Vancouver both of which were presented by UBC continuing education. Just as exciting however, Marianne completed Herbal training series this past year, in which she has begun to organize and implement along with Dr. Maddess who has recently too completed a degree in Horology, a herbal remedy centre. This program will use natural remedies that are encountered on a daily basis such as sleep problems, headaches, common cold etc. We hope this program will evolve and become trend setting but much of it is still underdevelopment but is a thrilling opportunity nonetheless.

In terms of staffing, first and foremost, we are pleased to welcome back Walter Louis as our summer relief counsellor. Wally does exclusively 1 to 1 counselling with our clientele with strong focus on addictions, and mentoring. He offers an Elder approach, yet having 30 years of experience as a skilled counsellor is able to work with clients of all backgrounds. Dr. Maddess and Jane Wakefield continue to share the psychologist contract. Both psychologists are undergoing renewal of their contracts with RLTC for another year or so. The psychologist services they deliver to clients one day per week each is vital. Both psychologists bring a wealth of expertise and are of tremendous benefit to the counselling team as we are working with multi-addicted and multi-facetted clients. We are grateful for the psychologists' years of service and ongoing commitment to working with RLTC and for the wellness of First Nations.

Having an ongoing commitment to First Nations Wellness and training, we have contracts with Okanagan College and Thompson Rivers University to accept practicum students interested in furthering their knowledge in addictions and in working with First Nations. Hence, in this past year we have accepted practicum students from both. In the September to November 2008 Intake, our Resident Nurse Marianne supervised a student nurse named Rebecca. The experience was incredible and enlightening for the Rebecca. She expressed learning so much and gained enormously from the experience. She definitely has further understanding of First Nations culture and history. Our Nurse Marianne also enjoyed the experience and felt it was rewarding to be in a teaching and mentoring capacity. She thanks Rebecca for her enthusiasm and keen willingness to learn. In the May to June intake of this year, we had a Human Service worker practicum student named Ruth. She too learned a lot and met her practicum goals. She also has been of invaluable help in assisting our Executive assistant with organizing for the 30th Anniversary Celebration. Both practicum students partook and observed at a high level in many areas of the program.

In reference to program resources, we have had no changes or additions. We do sincerely thank all of our devoted, long term resource persons for their persistent

commitment and contribution. The clients enjoy and learn a lot from all our resource persons.

In closing, the remainder of the year will be geared towards updating our CARF standards, as next year we will undergo resurvey for our accreditation. Our hope too and some of our focus as well will be in searching for funding to conduct research and another comprehensive outcome study, as we see this a vital to continue to enhance our programming and client services. On this note as well, we are exploring options that may eventually include exclusive programming targeting couples and adult families. We will be directing some of our future training to this and doing more programming to complement this long term goal.

All my relations,

Leah Louis,
Program Director, B.A., ICAS III

LAUNCHING HERBAL CENTRE

R.L.T.C is thrilled to announce the establishment of an herbal apothecary. The herbal team is comprised of Dr. Maddess (Psychologist) with the accredited teachings and nurse Marianne Linthorne with the traditional knowledge & training, as well as volunteers who want to support the project.

Historically Aboriginal people relied on traditional herbs to treat illness & injuries. Potential uses of herbs will be to treat cold, flu, upset stomach, arthritis, insomnia to name only a few. This is significant because the current medical philosophy is to over prescribe medication which is filled with chemicals, additives and often have negative side effects.

The centre is in its early steps however in the future it will have its own garden & additional harvesting & foraging days in the local area to harvest sage, juniper, rosehip, etc. It will have a teaching component which will include a training centre for other treatment centres as well as a feature web page with testimonials from clients & staff. Once again R.L.T.C, will be the leader in innovative ideas & projects.

All my relations,

Marianne Linthorne, R.N.

RESIDENCE DIRECTOR REPORT

2008-2009 went by rather quickly. With each passing year, the work undertaken by the Residence Director position evolves. The reasonability's continue to grow and branch out. The corporate knowledge to maintain a high standard of business practice is an on going educational endeavor in of itself. With so many facets to manage a world class treatment centre, success can only be achieved by a knowledgeable collection of managers and dedicated staff. With the support of the Board of Directors, the management team of Round Lake has once again made for a smooth transition of leadership for the incoming Executive Director, Vi Bowack.

Since the last annual general meeting, until the end of October 2008, the Residence Director had the privilege of closely working alongside former Executive Director Richard Mayuk. During his time away from the Treatment Centre, I filled in for Richard as the Acting Executive Director. After his resignation from November 1, 2008 to February 8, 2009, I was the Interim Executive Director as well as the Residence Director. Much of the transition work was undertaken and handed over to incoming Executive Director Vi Bowack. The successful FNIB Audit undertaken by Dr. Rod McCormick shortly after Vi's return to Round Lake underscores the commitment and leadership of the management team.

The Residential highlights for this past year have been many. The most significant achievement was receiving a solid endorsement from FNIB auditor Dr. Rod McCormick. Dr. McCormick reviewed nearly every component of the treatment centre and was hard pressed to find fault. The audit was almost as comprehensive as the CARF audit and it accentuated the fact that the business of treatment is initiated daily on a professional basis by management and staff alike. Prior to his audit, I ensured staff that we'd do well as we all conduct our jobs well.

As the Residence Director, I oversee the kitchen, janitorial, maintenance as well as the Client Support Worker departments. Not an item goes on in these areas that I don't have knowledge of. It has to be mentioned that the kitchen department have enhanced their menu to be more health friendly for clients. The menu while even healthier, still tastes wonderful. The housekeeping department has implemented a greener friendly janitorial supply and cleaning system regime. At Round Lake, we strive to do our part.

Over the course of this past year, I had the privilege of supervising 27 full time and part time staff, not including 2 summer 2008 summer students. All new staff receive extensive orientation training while long term staff receive up dated training. A few staff is on sick leave while others have moved onto other

pastures. Not surprising, the staff of Round Lake remain committed and dedicated thus making it possible to effectively supervise this many people.

The technology component of my role has me as the Technology Administrator. In brief, I over see the server system. I manage the website. I ensure our satellite system is always functioning as that is our main means of internet. I tweak the video camera and alarm system. I work alongside intake with the new data base system. I research and recommend technology purchase information. I try to ensure our technology system remains current and configured to meet our needs. I think Round Lake has kept up and is innovative in the technology sector. When things are going well, it's a small part of my job, but when things don't go well, I keep busy.

In closing, the functions and job duties I take on, am assigned to and or otherwise find myself undertaking, have conspired to push my resolve to be a better manager and person. I find the work high rewarding and enjoyable. At the end of the day, the role I play impacts a great many people. The impact resonates away to the many communities of the clients. The knowledge of the resonation is highly satisfying.

All my relations.

Patrick Lawrence,
Residence Director

ROUND LAKE TREATMENT CENTRE HEALTH AND SAFETY COMMITTEE



The Round Lake Treatment Center Health and Safety Committee has taken care of the health and safety needs of Round Lake for many years. Once again, CARF standards, Provincial and Federal regulations have been fully complied with and or met.

Present committee members, representing staff, are Rick Chiba, and Alton Louis, Patrick Lawrence and Matthew Bonneau.

The Round Lake Treatment Centre Health and Safety Committee undertake two full inspections each year. Findings are noted and recommendations are submitted to the Executive Director, Vi Bowack, who then determines the direction. The Health and Safety Committee implements this direction.

The Committee has also undertaken courses through work safe BC to keep up to date with new health and safety regulations as well as the executive director.

For our CARF requirements, a mock emergency evacuation will be conducted in June 2009 where all clients and staff will be evacuated to a safe zone. CARF also requires the health and safety committee to have emergency evacuation for all three shifts which are morning afternoons well as evening shifts these are being planned for later in the year. Further staff training and emergency contingency options will be investigated as we look forward to keeping Round Lake Treatment Center a safe Center as possible

The Health and Safety Committee is a proactive body that looks forward to another solid year.

Sincerely,

Rick Chiba, Health & Safety Chair person

OUTCOME MANAGEMENT INFORMATION SYSTEM

Intake Summary Information

Prepared by, Anne Gregoire, Executive Assistant

FISCAL YEAR	March 22/08 - March 26/09	March 31/07 - March 20/08
REASON FOR LEAVING PROGRAM		
Treatment Completed	272	268
Medical Non-Emergency	4	4
Medical Emergency	0	2
Client Health	0	5
Client Withdrew	29	23
Staff Decision	10	14
Not enough clean/ sober time	4	17
INTAKE SUMMARY INFORMATION		
Total # of clients admitted	318	333
Female	159	172
Male	159	161
Status	271	300
Non-Status	47	33
AGE		
Age 19-24	30	36
Age 25-34	109	106
Age 35-44	114	118
Age 45+	65	73
PROGRAM TYPE		
Full Program	303	314
Refresher	6	8
Extension	10	9
Spousal Support	1	2
OPERATIONAL SUMMARY INFORMATION		
Bed Occupancy	90%	95%
Operational Days	346	325
Non-Operational Days	24	29
Cost of treatment per client days	\$175.88	\$159.04

INTAKE STATISTICS BY AREA/ ENCATCHMENT

Prepared by: Anne Gregoire, Executive Assistant

Encatchment	Area	2008-2009	%	2007-2008	%
#1	Okanagan	39	12%	41	12%
#2	Thompson/Shuswap	39	12%	29	9%
#3	Vancouver	38	12%	61	18%
#4	Kootenays	7	2%	8	3%
#5	Lillooet	23	7%	20	6%
#6	Chilliwack	23	7%	19	6%
#7	Cariboo	23	7%	23	7%
#8	Northern BC	62	19%	48	14%
#9	Vancouver Island	43	13%	48	14%
#10	West Coast & Out of Province	27	8%	36	11%
Total		323		333	

As per the First Nations and Inuit Health Branch (FNIHB) Alcohol and Drug Treatment Referral Guidelines; First Nations Status or Recognized Inuit per Diem is covered through Health Canada. Métis and Non-Status client's per Diem is covered through the Ministry of Human Resources (MHR), Alcohol and Drug Services Program (ADSP), Band Sponsorship, or Self-Pay. The statistics by Area include the total intake for all clients who attended Round Lake Treatment Centre for the fiscal year.

MHR/ ADSP/ BAND/ SELF-PAY

Encatchment	Area	MHR	ADSP	Band/Self
#1	Okanagan	8	1	1
#2	Thompson/Shuswap	6	0	2
#3	Vancouver	9	0	1
#4	Kootenays	2	0	0
#5	Lillooet	0	0	1
#6	Chilliwack	6	0	0
#7	Cariboo	3	0	0
#8	Northern BC	2	1	0
#9	Vancouver Island	2	1	1
#10	West Coast & Out of Province	<u>3</u>	<u>0</u>	<u>1</u>
Total		41	3	7

Of the 323 clients admitted for the fiscal year, 41 clients daily per diem or cost per treatment day was provide through MHR, 2 through ASDP and 7 through Self-pay/Other as compared to the previous fiscal year of 29.

CLIENT FOLLOW-UP STATISTICS

March 22, 2008 to March 26, 2009 Prepared by: Anne Gregoire, Executive Assistant

The attached client follow-up statistics are inclusive of the 3 & 6 month and 1 & 2 year follow-up questionnaires. The statistics identify a slight increase from 53% to 58% of clients maintaining abstinence from A&D's after leaving the Round Lake program. Compared to before treatment, the client's overall quality of life, relationships, self-esteem, physical well-being, employment status, aftercare/support, and cultural/spiritual participation have improved, seems that the Counselling services are greatly utilized. For those clients who do relapse, they seem to be most fragile in their days to months following treatment.

1.a.	Since leaving the Round Lake program, I have used:				
	No alcohol/drugs 58%	Some alcohol/drugs 29%	As much as before 13%		
1.b.	Since leaving the Round Lake program, I have relapsed for a period of:				
	Days 23%	Weeks 2%	Months 17%	Does not apply 58%	
2.	Compared to before treatment, my overall quality of life has:				
	Improved a lot 56%	Somewhat improved 31%	Remained the same 7%	Become worse 3%	Somewhat worse 3%
3.	Since I returned from the Round Lake program, my relationship with my family or significant other has:				
	Improved a lot 54%	Somewhat improved 20%	Remained the same 19%	Become worse 4%	Somewhat worse 3%
4.	Since I returned from the Round Lake program, my self-esteem has:				
	Improved a lot 48%	Somewhat improved 36%	Remained the same 11%	Become worse 2%	Somewhat worse 3%
5.	Since I returned from the Round Lake program, my physical well-being has:				
	Improved a lot 43%	Somewhat improved 25%	Remained the same 15%	Become worse 5%	Somewhat worse 12%
6.	I am currently:				
	Employed 29%	In school/training 13%	Homemaker 6%	Social Assistance 19%	Unemployed 11%
	Disabled 14%	Other 8%			
7.	I continue with my aftercare/support program by attending:				
	AA meetings 18%	NA meetings 9%	Counselling services 23%	Church 4%	Sweat Lodge 9%
	Support Groups 16%	Support from Elders 14%	Therapist 7%		
8.	Since I returned from Round Lake program, my participation in cultural/spiritual ceremonies has:				
	Improved a lot 18%	Somewhat improved 42%	Remained the same 33%	Become worse 3%	Somewhat worse 4%

CLIENT FINAL SATISFACTION QUESTIONNAIRE STATISTICS

Intake	Discharge	Total Clients Completing Evaluation
Mar 22/08	May 1/08	31
May 3/08	Jun 12/08	33
Jun 14/08	Jul 17/08	27
Jul 19/08	Aug 21/08	30
Aug 23/08	Sep 25/08	29
Sep 27/08	Nov 6/08	33
Nov 8/08	Dec 16/08	26
Jan 3/09	Feb 12/09	27
Feb 14/09	Mar 26/09	23
Total Clients Completing Evaluations		259

NOTE: Total number of clients completing the Client Final Satisfaction Questionnaire is not inclusive of all of the clients admitted into treatment and/or who have completed the RLTC treatment program.

Treatment teachings/processes were helpful:

Spiritual	Very Helpful	Somewhat helpful	Not at all helpful
1. Spiritual exploration teachings: (1 no reply)	231	27	0
2. Spiritual/cultural components: (1 no reply)	231	22	5
3. Spiritual resource person(s): (3 no reply)	226	26	4
 Mental			
4. 12-Step components: (2 marked twice-1 no reply)	221	35	0
5. Program sessions: (1 no reply-1 marked between)	234	22	1
6. Program videos: (1 marked twice-6 no reply)	149	99	4
7. Daily guided/personal journal: (3 no reply)	225	31	0
 Emotional			
8. Psychologist: (3 marked twice-1 in between) (of the 259 clients completing the evaluation – 93 did not see the psychologist)	110	43	9
9. One-one/group(s): (1 in between-3 no reply-2 marked twice)	199	53	1
10. Therapeutic community: (2 no reply)	216	41	0
 Physical			
11. Physical components: (5 no reply)	183	62	9
12. Nutritional components: (2 marked twice-1 no mark)	199	44	3
13. Medical components: (1 no reply)	215	42	1
14. Rest time/free time: (1 marked twice)	219	37	2
15. Being responsible: (1 no reply)	221	35	2

INTAKE STATISTICS

INTAKE	22-Mar-08	03 May-08	14-Jun-08	9-Jul-08	3-Aug-08	27-Sep-08	08-Nov-08	03-Jan-09	14-Feb-09	TOTAL	PERCENT
ADMITTED											
BOOKED	48	48	42	42	46	43	41	42	45	397	
CANCELLED	0	0	3	0	4	0	0	2	7	16	4%
INELIGIBLE*	1	1	3	4	2	4	2	2	2	21	5%
NO SHOW	9	9	3	3	2	3	2	5	7	43	11%
ADMITTED	37	38	33	35	38	36	36	33	28	314	79%
FEMALE	19	20	18	17	20	18	19	15	13	159	50%
MALE	19	18	15	18	18	18	19	18	16	159	50%
3 WK EXTENTION	0	2	0	1	2	1	0	1	1	8	3%
COUPLES	0	3	2	1	3	4	0	1	0	14	4%
SPECIAL PROGRAMS											
ADMITTED	37	38	33	34	38	36	36	33	28	313	
SPOUSES	0	0	0	0	0	0	0	1	0	1	0.3%
REFRESHERS	1	0	0	1	1	0	2	0	1	6	2%
REASON FOR LEAVING PROGRAM											
ILLNESS	0	0	2	1	0	0	0	0	0	3	1%
LEFT TREATMENT	6	0	4	3	6	2	6	2	3	32	10%
DISCHARGED	1	4	0	1	1	0	2	2	0	11	4%
COMPLETED EXTENSION	0	1	0	1	2	1	1	1	1	8	3%
TREATMENT COMPLETED											
TOTAL	31	34	27	31	31	34	30	29	25	272	87%

*Ineligible for services

** NES/NEC: not enough sober or clean time (not admitted).

Prepared by: Mary E. Gregoire, Intermin Intake Coordinator

DIAGNOSTIC STATISTICS

*Prepared by H. Jane Wakefield, M.A. C.T.S. R. Psych. /
Dr. R.J. Maddess, M.Sc., Ph.D., R. Psych. & Anne Gregoire, Executive Assistant*

Number of individual clients seen		172	
Number of client hours spent		489.75	
Number of individual staff sessions (time spent)		10.39	
Number of case conferences		154.50	
Number of case conference hours spent		127.50	
Number of staff training sessions		0	
Number of Referrals back to Community-based Mental Health		31	
Number of Consultations with outside resources		13.50	
Number of meetings with Administration/Board of Directors		2	
Quality Assurance Issues: (Please identify) stats		11.50	
Number of Consultations with outside resources			
Number	Problem Area	No. Male	No. Female
71	Adult Trauma	20	51
30	Anger Management Issues	22	8
28	Anxiety/Panic	8	20
9	Attention-Deficit/Inattentive Disorder	5	4
9	Borderline Personality Traits	2	7
111	Childhood Traumas	38	73
7	Chronic Physical Pain	3	4
2	Cognitive Deficits	1	1
89	Dependency	28	61
60	Depression	24	36
25	Dissociation	8	17
0	Eating Disorder	0	0
0	Financial Stress	0	0
52	Grief/Loss – Unresolved	22	30
12	Impulse Control Disorder/Impulsivity	6	6
44	Intimate Relationship/Family Conflicts	24	20
3	Living Environment Deficiency	0	3
11	Low Self-Esteem	3	8
3	Mania or Hypomania	2	1
14	Medical Issues	3	11
0	Narcissism	0	0
3	Obsessive-Compulsive Issues	1	2
1	Paranoid Ideation	1	0
3	Parenting	0	3

0	Peer Group Negativity	0	0
1	Phase of Life Problems	1	0
1	Phobias	0	1
74	Post Traumatic Stress Disorder	24	50
4	Psychosis	2	2
25	Residential School Issues	8	17
3	Sexual Dysfunction	2	1
1	Sexual Identity Confusion	1	0
1	Sleep Disturbance	0	1
0	Sociopathy	0	0
4	Social Discomfort(anxiety disorder)	1	3
0	Somatization	0	0
3	Spiritual Confusion	3	0
36	Suicidal Ideation	19	17
0	Vocational Stress	0	0
4	Other: FASD	1	3
10	Other: organic brain syndrome/aneurysm	5	5
2	Other: medication issues	0	2
4	Other: mixed personality disorder	2	2
1	Other: incarceration	1	0
1	Other: abandonment issues	1	0
4	Other: adjustment disorder	2	2
2	Other: learning disability	1	1
768	Total Number Individual Problems	295	473

NOTE: The total number of individual problems is not reflective of the total number of individuals seen or total number of client hours spent; clients often seen more than once, groups seen 3 or 4 sessions.