

SCTC

SOUTH COUNTRY
TREATMENT CENTRE



OPERATIONAL PLAN 2015 - 2016

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1. ORGANIZATIONAL DESCRIPTION

Agency Name:

Lethbridge & Community Addictions Treatment Society

which operates:

South Country Treatment Centre

Agency Address:

P.O. Box 1418,
Lethbridge, Alberta
T1J 4K2

Board Members and Executive Officers:

Suzanne Harris	- Chairperson
Bernadine Wojtowicz	- Vice Chairperson
Mark Ritchie	- Board Member
Gerry Simons	- Board Member
John King	- Board Member
Mari MacDonald	- Board Member

Legal Status:

Incorporated:	August 5, 1976
Society Registration Number:	5000905 (Exp. Date: August 2015)
Charitable Registration Number:	0517300-57-24
Business Number:	10799 5201
Operational Licenses:	Social Care Facilities License SCL 6L002623 Renewal Date: August 31, 2015

2. MISSION STATEMENT

Lethbridge & Community Addictions Treatment Society, which operates South Country Treatment Centre, is a leading organization that provides holistic structured recovery programs in a residential environment to adults with drug, alcohol and gambling addictions to empower them to regain their physical, mental and emotional health.

3. VISION STATEMENT

Lethbridge & Community Addictions Treatment Society, which supports South Country Treatment Centre as a leading organization that:

- ✓ Provides a supportive environment encouraging holistic healing in the treatment of addictions
- ✓ Offers responsive treatment that encompasses innovative strategies with seamless transitions that ensure client and family recovery
- ✓ Provides a supportive culture where our treatment team has passion and knowledge to deliver programs and services with Bio, Psycho, Social Spiritual approach
- ✓ Partners with other caring community organizations
- ✓ Maintains a current awareness of the continuum of choices available to our clients

In an environment that is economically viable.

4. VALUES STATEMENT

- S** - Serving clients responsibly: Demonstrating concern, courtesy and responsiveness in carrying out the organization's mission and vision.
- C** - Conducting oneself professionally: Carrying out organizational and operational duties with positive leadership exemplified by open and honest communication, dedication, creativity, integrity and compassion.
- T** - Treating others with respect: Promoting and adhering to non-discriminatory practices, personal autonomy, individual rights and well-being.
- C** - Community collaboration: Developing & maintaining responsible, accountable, and supportive partnerships with other professional organizations and the community at large to secure and promote general health and well-being.

5. SERVICE PROVISIONS (Capacity)

	CAPACITY (beds)	PROGRAM LENGTH
Short-Term Residential (Treatment – A & D)	14	4 weeks
Short-Term Residential (Treatment – PG)	7	4 weeks
TOTAL	21	

6. EMPLOYEES

JOB TITLE	# OF FTE's
Executive Director	1
Assistant Director	1
Client Care Supervisor	1
Addiction Counselors	5
Admissions Secretary	1
Cook	1
Client Care Providers	7.5
Groundskeeper (seasonal)	.3

7. GOVERNANACE

South Country Treatment Centre is governed by a Board of Directors. The Directors regularly meet nine (9) times throughout the course of the year. They also have a number of responsibilities such as approving policies, reviewing and updating the strategic plan/priorities, evaluating Executive Director performance, and advocacy for the agency.

8. PROGRAM DESCRIPTION

Overview:

South Country Treatment Centre offers a 4 week (28 days) intensive inpatient program for alcohol, drugs, and problem gambling for those 18 years of age or older. Clients learn to develop awareness, skills, strategies, and supports to help gain further control over their lives and addictions. Our services are continually updated based on client feedback, emerging client needs and new concepts and best practices within the addictions field.

Key elements of our program consist of assessment, group counseling, individual counseling, presentations, exercises, videos and homework based on psycho-educational and experiential materials and building support systems. The “phases” of our treatment program include:

- Orientation to treatment and to the centre
- Introduction to addictions and recovery
- Skill development
- Relapse prevention
- Graduation ceremonies

Core Program Components:

<u> X </u> Tobacco Cessation	<u> X </u> Skill Development/Prevention
<u> X </u> Assessment	<u> X </u> Recreation
<u> X </u> Individual Counseling	<u> X </u> Group Therapy
<u> X </u> Information	<u> X </u> Self-Help (AA, NA, etc.)
<u> </u> Culture	<u> X </u> Referral
<u> </u> Job Placement	<u> X </u> Aftercare
<u> X </u> Spiritual Development	<u> X </u> Sexuality Information
<u> X </u> Relapse Prevention	<u> X </u> Discharge Planning

Models of Treatment Utilized:

Through a combination of structured psycho-educational presentations, the service utilizes a number of strategic models within its treatment program:

- Final Common Pathway Theory of Addictions
- Jacobs Model / Trauma Informed
- Cognitive Behavioural Therapy
- 12 Step/Disease Model of Treatment
- Person Centered Therapy
- Solution Focused Brief Therapy
- Narrative Therapy

Admission Criteria:

- Individuals who are 18 years of age and over.
- Individuals who are willing to participate in a group oriented residential treatment program.
- Individuals who are in good health, physically fit, and able to participate in all areas of the program. Our facility is not accessible to wheelchairs or walkers.
- Individuals need to be alcohol, drug, and gambling free for a minimum of 5 days.
- Individuals must be free from outside appointments (i.e. court appearances).
- Individuals need to be detoxified from all mood-altering drugs.

Program Evaluation:

South Country Treatment Centre undertakes to secure information in three (3) areas of Program Evaluation. The first area involves a Client Discharge Questionnaire, the second area involves Productivity (Monthly Statistical Analysis) and the third area is the collection of Demographics.

Client Discharge Questionnaire:

Prior to discharge, each client is requested to provide responses to a questionnaire related to their satisfaction of the services they received. The questionnaire consists of four (4) specific areas involving questions related to program content, evaluation of the counselors, feedback on the performance of all the organizations employees, satisfaction with the meals/physical plant, and questions related to client safety.

This information collected is reviewed by staff, the Safety & Risk Management Committee, and Board of Directors. Appropriate changes (where feasible) are pursued. The information is also a valuable tool used in future strategic priority planning and the performance appraisal process for employees.

Productivity:

Each month, a statistical analysis report is compiled. The report details such things as occupancy levels (including gender), completion rates, cancellations and referral sources. Statistical information is compared with the previous year to help identify changes or trends concerning productivity.

Demographics:

The Centre maintains a database that serves to collect information related to stakeholder demographics. This includes information such as addresses, location of referral sources (e.g. city or town), age, addiction of choice, the presence of mental health issues and the number of times the client has attended treatment. This data provides information that is useful for on-going program development.

9. FINANCIAL

South Country Treatment Centre is funded through a grant from Alberta Health Services. It also collects “room and board” fees from clients and from time to time accesses grants or foundations for specific projects (i.e. Wild Rose Foundation, Community Initiatives Program). For additional information concerning the annual budget of the organization please refer to the appendixes.

10. STRATEGIC PRIORITIES

South Country Treatment Centre reviews its “Strategic Priorities” and updates as necessary. The “Strategic Priorities” encompasses five (5) goals reflecting those key areas of our operations. These goals include:

1. Culture of Safety
2. Financial Sustainability
3. Viability
4. Governance
5. Human Resources

These priorities serve as a foundation towards the development of “Operational Plans” for the organization. For additional information concerning these plans please refer the appendixes.

APPENDIX – A

South Country Operating Budget 2015 – 2016

REVENUE	
AHS Grant	\$ 927,027
Room and Board Fees	\$ 279,520
Other Government	\$ -
Other Income	\$ 2,000
Interest	\$ -
TOTAL REVENUE	\$ 1,208,547
EXPENDITURES	
Salaries	\$ 616,698
Casual Labour / Wages	\$ 202,000
Employer Benefits	\$ 47,800
Supplementary Benefits	\$ 53,640
TOTAL MANPOWER	\$ 920,138
TOTAL FOOD	\$ 77,000
STAFF MEALS	\$ (7,500)
Rent/Mortgage	\$ 24,000
Janitor/Maintenance	\$ 53,689
Utilities	\$ 28,000
Insurance	\$ 8,500
TOTAL BUILDING	\$ 114,189
Lease Charges	\$ -
Insurance	\$ 2,500
Maintenance	\$ 4,600
Gas & Oil	\$ 5,500
TOTAL VEHICLE	\$ 12,600
Bedding & Linen	\$ 2,300
Crockery/Cutlery	\$ 3,500
TOTAL HOUSEHOLD	\$ 5,800
Material	\$ 26,468
Staff Development	\$ 5,400
Dues & Subscriptions	\$ 1,400
TOTAL PROGRAM	\$ 33,268
Dental/Medical	\$ 1,700
Transportation	\$ 5,000
Personal Needs	\$ -
TOTAL CLIENT	\$ 6,700
Office Supplies	\$ 8,500
Leased Equipment	\$ 4,352
Freight & Postage	\$ 1,000
Staff Travel	\$ 4,000
Telephone	\$ 7,800
Professional Fees	\$ 7,700
Bank Charges	\$ 1,800
GST	\$ 4,400
TOTAL ADMINISTRATION	\$ 39,552

TOTAL BOARD EXPENSES	\$ 1,500
CAPITAL EXPENDITURES	\$ -
OTHER	\$ 4,300
BAD DEBTS	\$ 1,000
TOTAL EXPENDITURES	\$ 1,208,547
ANNUAL OPERATING SURPLUS / DEFICIT	\$ -

APPENDIX – B

Operational Plan 2015 - 2016

Goal	Objectives	Activities	Responsibility	Outcomes	Timeline
Ensure clients are receiving current, evidence based programming.	<ol style="list-style-type: none"> 1. To improve program curriculum and psycho educational materials. 2. Provide counselling staff with the resources and materials needed. 	<ol style="list-style-type: none"> 1. Conduct research into new, current materials related to addiction treatment. 2. Review and update as necessary existing program materials. 3. Implement materials/resources and adjust accordingly. 	<ul style="list-style-type: none"> • Addiction Counsellors • Management 	<ul style="list-style-type: none"> • Number and % of clients completing program. • Number and % of clients reporting satisfaction with services. 	Oct. 2015
Educate and inform staff regarding the value of reporting errors (adverse events & near misses).	<ol style="list-style-type: none"> 1. To assist staff with anxieties concerning reporting errors. 2. To improve staff understanding of why reporting is important. 	<ol style="list-style-type: none"> 1. Review and discuss results of Patient Safety Culture Survey with SRMC. 2. Develop strategies to improve staff understanding. 3. Re-administer Patient Safety Culture Survey. 	<ul style="list-style-type: none"> • Safety & Risk Management Committee • Management 	<ul style="list-style-type: none"> • Strategies implemented • Improved survey results from staff concerning reporting of errors. 	On-going
Adjust program to accommodate co-facilitation and open admissions.	<ol style="list-style-type: none"> 1. To improve occupancy levels. 2. To improve ability when responding to changes in staffing. 3. To enhance counselling services provided to clients. 4. To enhance Addiction Counsellors abilities working with clients. 	<ol style="list-style-type: none"> 1. Obtain consultation through external source(s). 2. Adjust treatment program schedule. 3. Adjust admission schedule. 	<ul style="list-style-type: none"> • All Staff 	<ul style="list-style-type: none"> • Occupancy Levels improve. • Co-facilitation is implemented. • Open admissions are implemented. 	Nov. 2015

Goal	Objectives	Activities	Responsibility	Outcomes	Timeline
<p>Review and respond to results from the Governance Functioning Tool.</p>	<ol style="list-style-type: none"> 1. To ensure Board Members roles and responsibilities is clear and defined. 2. To ensure Board Members have relevant materials and information concerning quality improvement decisions. 3. To develop strategies for Board development, self-evaluation, and on-going monitoring of operational planning. 4. To effectively manage the Executive Directors performance review. 	<ol style="list-style-type: none"> 1. Redesign Board Orientation Package. 2. Board Activity Calendar is part of Board Meeting Packages. 3. Provide information regarding client feedback for review. 4. Quality improvement is discussed at each Board Meeting (i.e. review operational plans). 5. Self-evaluation survey developed. 6. Explore strategies for Board development. 7. To prepare an outline and time frame for conducting the Executive Director performance review. 	<ul style="list-style-type: none"> • Board Members • Management 	<ul style="list-style-type: none"> • New orientation package completed. • Activity Calendar is a continuous agenda item. • Client Evaluation summaries provided quarterly and included on Activity Calendar. • Quality improvement is a continuous agenda item. • Self-evaluation instrument implemented and included on Activity Calendar. • Board development is implemented. • Outline and timeframe for E.D. review completed. 	<p>Jan. 2015</p>
<p>New Facility</p>	<ol style="list-style-type: none"> 1. Obtain line drawings. 2. Prepare outline of services for a new facility 3. Meet with Government Officials (AHS). 	<ol style="list-style-type: none"> 1. Establish "Building Committee". 2. Select an architect and have line drawings. 3. Case For Support developed and approved by Board. 4. Arrange meetings. 	<ul style="list-style-type: none"> • Executive Director • Board of Directors • Building Committee 	<ul style="list-style-type: none"> • Drawings and projected budget completed. • Outline developed. • Meeting(s) held. 	<p>Feb. 2015</p>

Goal	Objectives	Activities	Responsibility	Outcomes	Timeline
Respond to the results from the Worklife Pulse Survey.	<ol style="list-style-type: none"> 1. To increase staff awareness re: teamwork. 2. To develop communication strategies. 	<ol style="list-style-type: none"> 1. Meet with staff and review survey results. 2. Solicit strategies from staff in response to concerns raised. 3. Re-administer the Worklife Pulse Survey. 	<ul style="list-style-type: none"> • Staff • Management 	<ul style="list-style-type: none"> • Strategies implemented. • Improved survey results from staff concerning worklife. 	Dec. 2015
Community Engagement	<ol style="list-style-type: none"> 1. To develop and cultivate social media platforms. 2. Expand service delivery to include families. 3. To pursue web marketing strategies. 4. To improve SCTC signage on roadways. 	<ol style="list-style-type: none"> 1. Establish "Community Engagement Committee". 2. Provide necessary resources. 3. Develop evening workshop for families. 4. Obtain consultation from external source re: web marketing. 5. Contact appropriate government and county officials regarding signage. 6. Select company to design/erect signage. 	<ul style="list-style-type: none"> • Staff • Management 	<ul style="list-style-type: none"> • Committee established. • Social media produced. • Informational programs introduced to community. • Web marketing strategies implemented. • New signage is in place. 	On going
Succession Planning	<ol style="list-style-type: none"> 1. To identify and proactively plan for critical work force positions, by developing potential successors and encouraging a culture that supports knowledge transfer & staff development. 2. To build an HR environment that attracts and retains qualified individuals. 	<ol style="list-style-type: none"> 1. Identify critical positions. 2. Outline key skills and competencies for each position to perform the job successfully. 3. Assess and identify within organizational chart current strengths and weaknesses (risk assessment). 4. Assess and identify future needs and opportunities. 	<ul style="list-style-type: none"> • Board of Directors • Management 	<ul style="list-style-type: none"> • Succession Plan developed. 	On-going