



## NohKohWaa Family & Youth Centre

### Package for ISTTO'T Program

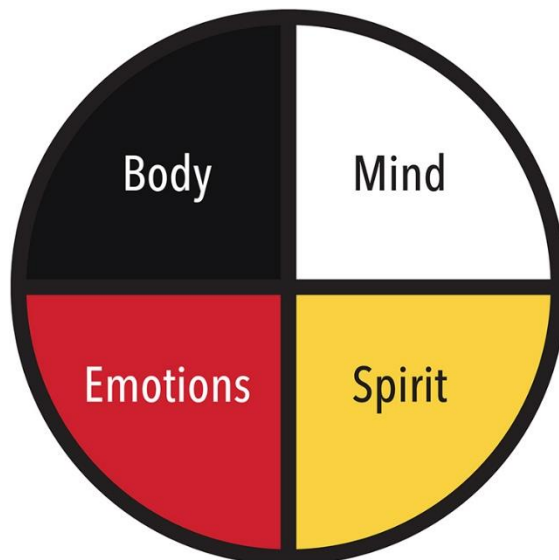
Our ISTTO'T Program was formerly known as the Family Unity Program. The acronym I.S.T.T.O.T. stands for ***Identifying Strengths to Transform Trauma out Together***. ***ISTTO'T means 'TOGETHER'*** in the Blackfoot language. NohKohWaa is always open to positive family members who want to get involved in building strong family bonds, healthy lifestyles while empowering each other. Creating a safe place to learn and grow together in a wrap-around style of services and teachings.

NohKohWaa has several Facilitators onsite who are specially trained in **RedPath** which is an accredited program and is Indigenously led and developed using a trauma informed approach.

Nohkohwaa Staff are **SIVA** trained, giving them a more compassionate and proactive guide to behavior management.

NohKohWaa **connects Clients** to Indigenous languages, ceremonies, Elder teachings, healing opportunities, counselling, Indigenous equine therapy, life skills, land-based education and goal setting.

NohKohWaa's Centre is also **Indigenously led charity**, is community based, community focused, community supported, and community directed for all People and all Families.



## **ISTTO'T Program Criteria**

- ✓ In the Child Welfare system
- ✓ With parents' involvement: all ages up to 17 years old
- ✓ Without parents' involvement: ages 7 – 17 years old
- ✓ Not actively using alcohol or illegal drugs
- ✓ Must qualify for Funding

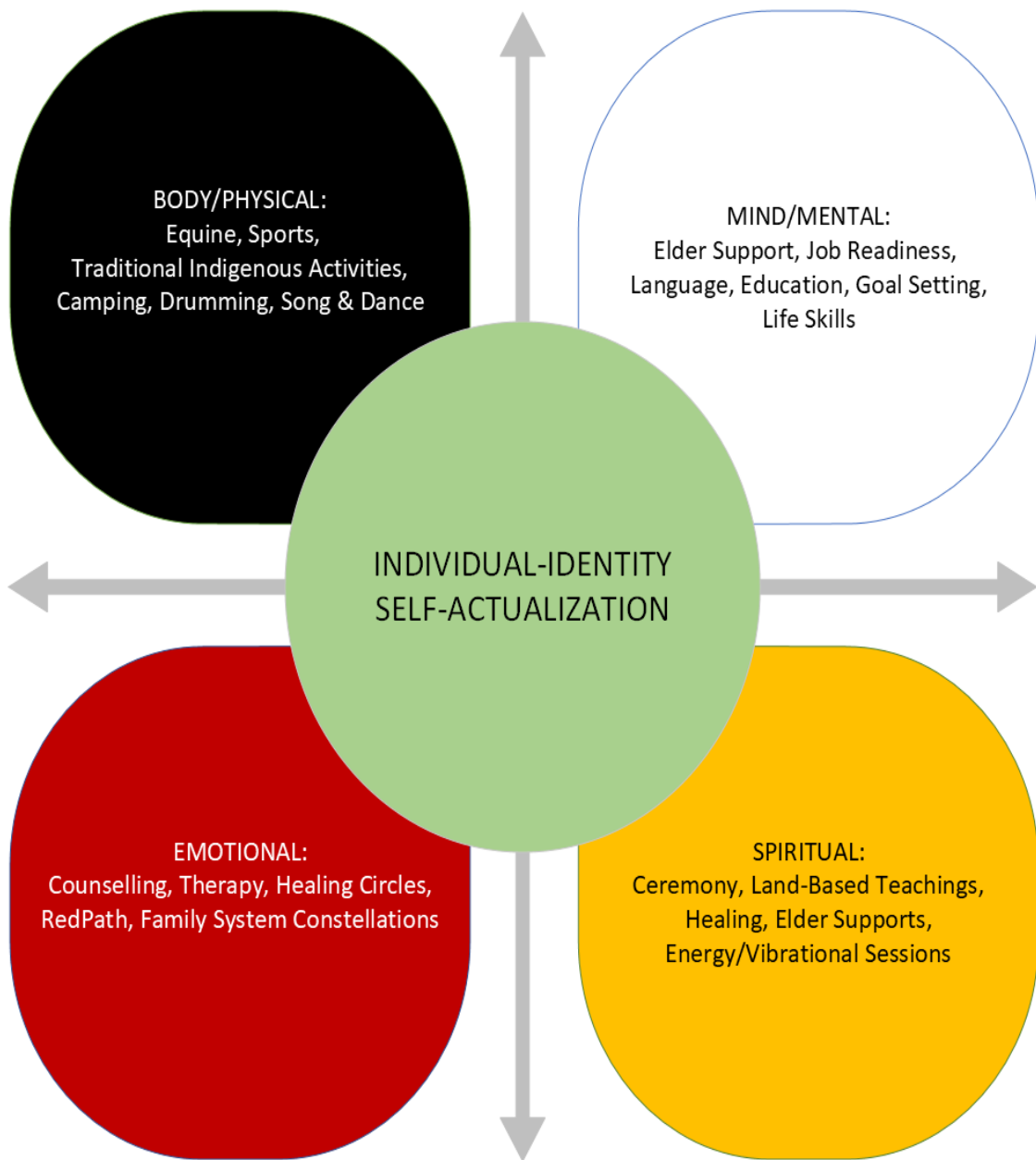
## **Program:**

- RedPath
- Supportive Housing
- Nutritional Meals
- Life Skills, Job Readiness and/or Goal Setting
- Indigenous Language Classes
- Indigenous guided Equine Therapy
- Land-based Teachings
- Indigenous Elder Support
- Cultural Activities (examples depending on interest: drum making, individual moccasin making, designing their own ribbon shirt/dress/outfit)

## **The Process:**

- Step 1: Get a **Referral**
- Step 2: You must meet the **Criteria**
- Step 3: Complete SELF-ASSESSMENT aka **Intake Form**
- Step 4: An **Interview** will be set up
- Step 5: Welcoming **Ceremony**

**MEDICINE WHEEL EXAMPLE APPROACH USING REDPATH PROGRAMMING**



## **DESCRIPTION OF REFERENCES**

**RedPath** is a psycho-spiritual-educational program aimed at addressing trauma through culture, art, and traditional teachings. The approach taken is appropriate to the age and stage of the participant. With the increasing rate of suicide, bullying and criminal behaviors (especially in gangs), it was decided to develop a program geared for Children and Youth.

**SIVA** (Supporting Individuals through Valued Attachments) is a more compassionate, proactive approach to behavior management using SIVA and the WISE Plan to help clients map out a plan and succeed in the program. When severe/violent outbursts are displayed, this puts both the client, the worker, and/or others at risk. SIVA provides caregivers, families and clients tools and practical knowledge to create an environment where safety is a pro-social, healthy, and respectful part of day-to-day living.

**Land-based Education** typically uses an Indigenized and environmentally focus by first recognizing the deep, physical, mental, and spiritual connection to the land that is a part of Indigenous cultures

**Family Constellations**, also known as Systemic Constellations and Systemic Family Constellations, is a therapeutic method which draws on elements of family systems therapy, existential phenomenology and is Zulu (African) based beliefs and attitudes to family.



## **SCHEDULE A - Service Intake Agreement Form**

### **NohKohWaa Family & Youth Centre Programs**

NohKohWaa ISTTO'T Program **without parents: 7** - 17 years old

**Per Diem Rate:** (\*will be based on needs): **\$235 - \$1000 per day per child\*\*3 Bdrm Apt**

NohKohWaa ISTTO'T Program **with parents: all ages up to 17** years old

**Per Diem Rate:** (\*will be based on needs): **\$235 - \$1000 per day per child\*\*3 Bdrm Apt**

### **BASIC BUDGET per CLIENT**

**All units have 3 Bedroom, 2 Bathrooms**

RENT (includes utilities, wifi)	850
FOOD/SUPPLEMENTS/NUTRITION PLANNING	1500
PERSONAL ITIEMS & RECREATION	465
CULTURAL PROGRAMMING	3500
STAFF SUPPORT 24/7 (including security)	1000
<b>BASIC RATE STARTS AT \$236/DAY</b>	

**RENT** – Includes rent, heat, water, garbage, Wi-Fi, maintenance

**FOOD/SUPPLEMENTS/NUTRITION PLANNING** – Organic, low sugar, low processed foods. Personal nutrition plan prepared by a certified Nutritionist. Nutrients, vitamins and supplements as required based on need.

**PERSONAL ITEMS AND RECREATION** – Includes toothpaste, shampoo, lotion, feminine hygiene, sports equipment, safety gear. Recreation includes fees, transportation, equipment.

**CULTURAL PROGRAMMING** – Includes a personal Cultural development and learning plan. Access to weekly Blackfoot classes, access to Blackfoot, Cree, Stoney and other Elders, land-based learning, culturally supported Equine Therapy, medicine picking, seasonal ceremonies, annual Sundance, sweats, Elder and “grandparent” visits. All cultural programming is based on Blackfoot Values and informs language learning. The RedPath programming provides structured life skills learning, access to healing opportunities and personal development taught through a 12-week accredited training program aimed at Indigenous learners. We believe that culture, 8 pt language and connection to community are key in developing identity and healing from trauma. NohKohWaa encompasses 90% Indigenous staff.

**STAFF SUPPORT** – The cost to provide staffing including Support Workers, Supervisors, Security, Mandatory Training, Cleaning, Sanitation, and Food Service.

**\*Please note that there is a DEADLINE for all INVOICES, which need to be paid on or before the last day of the month. Any late payments will be automatically charged 1% per day.**

**Intake Date** (DD/MM/YY) \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_

Health Care Number \_\_\_\_\_

Band \_\_\_\_\_ Treaty Number \_\_\_\_\_

**PER DIEM INFORMATION: Case Worker**

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address of Trustee: \_\_\_\_\_

**Medication Billing Information:**

\*Same as Per Diem Billing: Y/N (if no, please fill out below)

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Extra Billing Expenses - Billing Information:**

\*Same as Per Diem Billing: Yes / No (if no, please fill out below)

(Extra Means: Clothing, Recreation, Travel and Personal Incidentals)

Full Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

This Agreement Commences on the \_\_\_\_\_ day of (month) \_\_\_\_\_ in the year 20 \_\_\_\_\_

**SIGNATURES:**

Referring Agency / Caseworker \_\_\_\_\_

NohKohWaa Team Lead \_\_\_\_\_

NohKohWaa Director \_\_\_\_\_

**NohKohWaa Intake & Referral Client Information:**

Name/Alias (if known):			
DOB:	Age:	Gender:	
Treaty #:	Band #:		
Health Card #:	Child's ID#:		
Child Welfare Status:			

Reason for Admission:	
Admission Date/Time:	
Discharge Date:	

<b>Medical Concerns:</b> If yes, please provide details		<b>Any follow up appointments:</b> If yes, please provide details (Date, Time, Location)	
<b>Referring Agency:</b>			
<b>Referring Worker:</b>			
<b>Address:</b>			
<b>Contact Numbers</b> <b>Fax#:</b>		<b>Work:</b>	<b>Cell:</b>
<b>Email Address:</b>			
<b>Hair Color:</b>		<b>Eye Color:</b>	<b>Height:</b>
<b>Weight:</b>		<b>Scars/Tattoos:</b>	<b>Birthmarks:</b>
<b>Family Doctors Name:</b>		<b>Contact #:</b>	
<b>Date of Last Medical:</b>			
<b>Immunization up to date?</b>		<b>Notes:</b>	
<b>Medications:</b> (Specify prescription, Administer Time, etc.)			
<b>Last Dental Appt:</b>		<b>Follow up:</b>	
<b>Last Medical:</b>		<b>Follow up:</b>	
<b>Last Optical Appt:</b>		<b>Follow up:</b>	
<b>Last Counsellor:</b>		<b>Location:</b>	
<b>Is Child currently enrolled in school?</b>		<b>Yes No</b>	
<b>School Name:</b>		<b>Location:</b>	
<b>Grade Level:</b>		<b>Usual mode of Transport:</b>	

**CLIENT PLACEMENT HISTORY**

Where does Client currently live?	
Who has been the primary caregiver?	
How many caregivers did the client have during the first 5 years of his/her life?	
How many caregivers has the child lived with in total?	

**FAMILY INFORMATION**

Mother:	Address:		
Father:	Address:		
Name(s) of Siblings:			
Does Client have regular contact with parents/siblings/family and or friends? Yes? No?	If yes, details and their contact info:		
Any other relevant info:			
Cultural / Spiritual?	Yes	No	
Is Child aware of his/her cultural heritage?	Yes	No	
Does the Child participate in cultural activities?	Yes	No	
Does the Child's family practice their cultural beliefs?	Yes	No	

## **RISK BEHAVIORS**

Has the Client had a history of any of the following?

<b>Concerns:</b>	<b>Yes</b>	<b>No</b>	<b>Suspected?</b>	<b>How long has behavior been present?</b>	<b>How often does the behavior occur?</b>
<b>Behavior Issues?</b>					
<b>Destruction of Property?</b>					
<b>Fire Setting?</b>					
<b>Interpersonal Problems?</b>					
<b>Physical Aggression to Peers?</b>					
<b>Physical Aggression to Adults?</b>					
<b>Running Away?</b>					
<b>Suicidal Behaviors?</b>					
<b>Self-Harm Behaviors?</b>					
<b>Sleep Disturbance?</b>					
<b>Substance Abuse?</b>					
<b>Victim of Physical Abuse?</b>					
<b>Victim of Sexual Abuse?</b>					
<b>Victim of Neglect?</b>					

<b>Exposure to Fetal Alcohol Use?</b>					
<b>Loss/Separation?</b>					
<b>Witness of Domestic Abuse?</b>					
<b>Developmental Delays?</b>					
<b>Grief Issues?</b>					
<b>Eating Problems?</b>					
<b>Sexually Inappropriate Behavior?</b>					
<b>Other? (explain)</b>					

**What traumatic experiences has the client been exposed to? Are his/her parents and/or grandparents residential school survivors? Did they attend Day School? Where were the clients' parents in the welfare system as a child?**

**Please explain:**

**Any other relevant information NohKohWaa should be aware of:**

**Please explain:**

**Is delegation of Authority Provided? Yes No**

**Schedule date for Intake:** \_\_\_\_\_

**Referral Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NohKohWaa Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_