

# ANNUAL REPORT

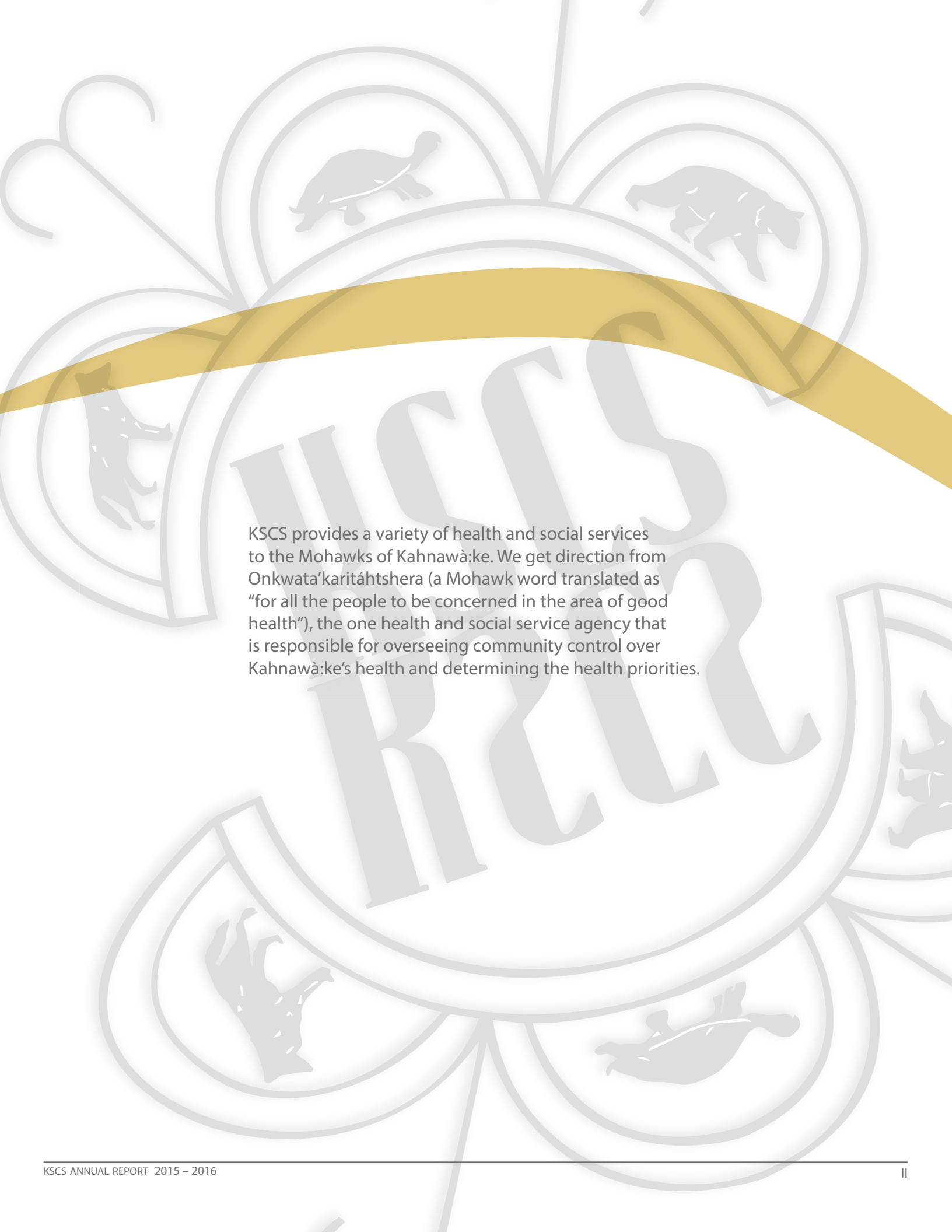
2015–2016



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**Kahnawà:ke Shakotiiá'takehnhas  
Community Services**

Health Canada Contribution Number QC 1300001

The background features a large, faint watermark of the Mohawk word 'Kahnawà:ke' in a stylized font. Surrounding this are several circular frames, each containing a silhouette of a different animal: a turtle, a bear, a fox, a moose, and a caribou. A thick, curved yellow band arches across the middle of the page.

KSCS provides a variety of health and social services to the Mohawks of Kahnawà:ke. We get direction from Onkwata'karitáhtshera (a Mohawk word translated as "for all the people to be concerned in the area of good health"), the one health and social service agency that is responsible for overseeing community control over Kahnawà:ke's health and determining the health priorities.

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# Executive Director's Report

**K**ahnawà:ke Shakotiiá'takehnhas Community Services (KSCS) has had another exciting year, and on behalf of the Board of Directors and myself, we want to thank the community for their continued faith and trust in allowing KSCS to serve their families.

This year's strategic planning has sparked a year of thoughtful reflection for KSCS, as we took stock of ourselves and asked ourselves the tough questions of how to create greater impact in achieving our mission. We are excited to enter the next fiscal year with a stronger sense of our role within our community and a revitalized sense of the vision we are striving for. We will be launching this strategic plan in the next few months and we envision that this will be our roadmap for many years to come. Our clients are at the forefront of our planning, as they are recognized and acknowledged as our most important stakeholder.

Each of our service areas has taken stock of the services we deliver and set concrete goals to achieve our organizational vision; we will strive for creativity while finding new approaches to delivering quality services. Although this will mean our current services being offered is adjusted, we will continue to meet the essential needs of the community. In addition, the current fiscal environment requires us to be conscious of potential opportunities to be more efficient and effective with community resources.

Another major event in the past year has been the implementation of our new compensation system. We have re-engineered a way of evaluating performance and now our compensation system supports this performance based approach. Our primary funding sources, Health Canada and Indigenous Affairs and Northern Development Canada, have been supportive regarding our requests for time to redesign our system, and our Board of Directors wants to ensure the system will be sustainable into the future. KSCS staff members are our second most important stakeholder, so it is vital that we support the hard work they do on a daily basis.

Coupled with the staff compensation restructure was a restructure of our foster home compensation. We are delighted that after years of negotiation and discussion, we are now able to offer our foster homes increased compensation rates. Caring of our children in need by our own community members, rather than placement outside of Kahnawà:ke, is fundamentally vital to the long term wellness of these children. I only hope more Kahnawà:ke families will be willing to take in children who are in need.

Related to this, of course, is our goal of asserting self-determination of our services, in particular, youth protection services. Although it will be a long road, the first step remains taking over authority from the local region for youth protection decisions. MCK is partnering closely with KSCS to make this first step a reality.

As I mentioned last year, it is not an easy task to address our community's core social challenges, which have been entrenched over generations, but I am grateful that we continue to receive the cooperation, openness and trust of our community members. We all have challenges in life, but all of our challenges can be overcome if we have the willingness to face them though we sometimes need a helping hand. KSCS is here to be that helping hand.



**EXECUTIVE  
DIRECTOR  
DEREK MONTOUR**

*Our clients are at the forefront of our planning, as they are recognized and acknowledged as our most important stakeholder.*



## **CORNERSTONES OF INTEGRITY**

Respect  
Responsibility  
Trust  
Commitment

# Board of Directors



*KSCS Board of Directors: Standing (left to right): Thomas Sky, Vernon Goodleaf, Mary Lee Armstrong. Sitting (left to right): Warren White, Janice Beauvais, Madeleine Montour. Not pictured: Valerie Diabo, Rhonda Kirby, and Dwayne Zacharie.*

The Board of Directors (Board) is the legal authority for Kahnawà:ke Shakotii'a'takehnhas Community Services (KSCS). As a member of the Board, a director acts in the position of trust for the community and is responsible for the effective governance of the organization.

The Board sets policy for KSCS and hires an executive director to implement the policy. A Board member also advises, governs, oversees policy and direction, and assists with the leadership and general promotion of KSCS so as to support the organization's mission and needs.

## BOARD OF DIRECTORS

Warren White  
Mary Lee Armstrong  
Dwayne Zacharie

Janice Beauvais  
Madeleine Montour  
Valerie Diabo

Thomas Sky  
Rhonda Kirby  
Vernon Goodleaf

Onkwata'karitáhtshera “for all the people to be concerned in the area of good health” is the one health and social service agency that is responsible for overseeing Kahnawà:ke control over community health and is mandated through a Mohawk Council of Kahnawà:ke (MCK) Resolution (MCR #45/1999/2000).

Onkwata'karitáhtshera membership consists of KSCS, the MCK, the Kateri Memorial Hospital Centre and the Kahnawà:ke Fire Brigade. Three support staff carry out all aspects of Onkwata'karitáhtshera Secretariat operations for the community within the local, regional, and national areas.

**KAHNAWÀ:KE COMMUNITY PROFILE:** There are 2,325 households in Kahnawà:ke. The total population is 10,700 with 7,900 living in the community (SOURCE: AANDC population statistics). The average age is 40 years old: with 48 per cent being under the age of 40 and 17 per cent over the age of 65. The average birth rate since 2005–2014 was 92 births and 48 deaths. (Source: KSCS strategic plan)

The Kahnawà:ke Community Health Plan Health for Transferred Programs 2012–2022 was released to the public in 2013 and will be evaluated in the upcoming year by Onkwata'karitáhtshera. The seven health priorities have since been condensed into four areas to address with subcommittees as follows:

- Substance abuse/addictions/ mental health issues is now called mental wellness and addictions.
- Cardiovascular disease/diabetes/ obesity is now called asahtahkaritake (to be well) with the intention of addressing these within a holistic approach.
- Learning/ development disabilities is now called early childhood and family wellness.
- Cancer subcommittee continues with the same name.

Subcommittees consist of technicians who deliver services to the community and are working with a standardized mandate to advise Onkwata'karitáhtshera on the needs and considerations for the health priorities. They are in the process of developing a coordinated community approach to service delivery to address the health priorities through drafting work plans to align community efforts more strategically for service delivery.

In 2015, Onkwata'karitáhtshera developed a new project selection process by aligning the Aboriginal Diabetes Initiative and Brighter Futures funding into the Community Health Plan Initiative, which is addressing all of the identified health priorities. This will be in place for the new fiscal year. Onkwata'karitáhtshera will begin an evaluation of the Community Health Plan 2012–2016, to be completed in 2017.

The Onkwata'karitáhtshera Secretariat is responsible for the administration and coordination of the selection and reporting mechanisms for community based programs funded by Health Canada. This includes funding that is disbursed to the community through the following projects: **Kahnawà:ke Head Start:** seven community projects were chosen by the selection committee and funded within the various educational organizations and daycare facilities for the 0-6 population. The **Aboriginal Diabetes Initiative** selected 26 projects and **Brighter Futures** funded five projects that address the Community Health Plan priorities. The selection process was established and implemented by Onkwata'karitáhtshera selection committees.

Onkwata'karitáhtshera participated (with the support of an MCK directive) in the First Nations Regional Health Survey through a partnership with First Nations of Quebec and Labrador Health and Social Services Commission. The survey ran from March 2015 until March 31, 2016 with the goal of completing 616 surveys.

Onkwata'karitáhtshera is monitoring the Non-Insured Health Benefits (NIHB) services review that is being carried out by the Assembly of First Nations and First Nations and Inuit Health Branch (Health Canada). NIHB is a national program through FNIHB, providing coverage to registered First Nations for prescription and over-the-counter drugs, dental care, eye and vision care, medical supplies and equipment, short-term crisis intervention, mental health counselling and medical transportation to access medically necessary services. The objectives of this review are: access accountability, governance, privacy/data, sustainability, processes standards policy, relationships/partnerships, and communications. (Source AFN bulletin summer 2015) <http://health.afn.ca>.



**TEAM LEADER**  
**PATSY BORDEAU**



# Financial Controller



**MANAGER**  
**DANA STACEY**

The goal of the Operations team is to provide support to the other teams within KSCS so that they can reach their stated goals and objectives. We do this by providing administrative, financial, information systems, and maintenance services for individual staff members and teams at the main office and at all our satellite offices.

In this way, our services have an impact on their success in carrying out their objectives to address the Community Health Plan priorities, goals and strategic vision of KSCS.

Our Receptionist/Greeter Service provides day and evening (weekends when required) support; 111 groups with a total of 3,357 client visits during the year.

Administrative Assistant services assigned individuals to provide support to each of the integrated client services teams.

Finance team provide efficient invoice payment, payroll processing of over 184 staff on weekly payroll, financial budgets, reporting and year-end audit preparations for a multitude of transactions.

Maintenance and cleaning teams ensured a clean workplace, needed repairs and safety checks were performed on the building and mechanical systems on the main office and our satellite facilities.



## Independent Auditors' Report

To the Members and Board of Directors of Kahnawà:ke Shakotii'aTakehnhas Community Services:

We have audited the accompanying financial statements of Kahnawà:ke Shakotii'aTakehnhas Community Services, which comprise the statement of financial position as at March 31, 2016, and the statements of operations and accumulated surplus, change in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Opinion*

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kahnawà:ke Shakotii'aTakehnhas Community Services as at March 31, 2016 and the results of its operations, change in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Montréal, Québec

June 20, 2016



<sup>1</sup> CPA auditor, CA, public accountancy permit no. A124849

# Financial Statement

## Kahnawà:ke Shakotia'Takehnhas Community Services Statement of Financial Position

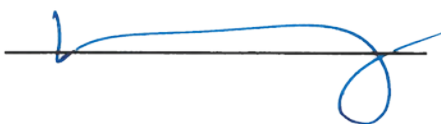
As at March 31, 2016

	2016	2015
<b>Financial assets</b>		
Cash resources (Note 3)	5,370,015	351,694
Temporary investments	-	5,583,795
Contributions and accounts receivable (Note 4)	1,934,005	961,517
<b>Total financial assets</b>	<b>7,304,020</b>	<b>6,897,006</b>
<b>Liabilities</b>		
Accounts payable and accruals (Note 5)	2,395,348	1,147,262
Deferred revenue (Note 6)	124,612	382,373
Amounts held in trust (Note 7)	225,387	259,621
<b>Total liabilities</b>	<b>2,745,347</b>	<b>1,789,256</b>
<b>Net financial assets</b>	<b>4,558,673</b>	<b>5,107,750</b>
<b>Contingencies</b> (Note 8)		
<b>Commitments</b> (Note 9)		
<b>Non-financial assets</b>		
Tangible capital assets (Schedule 1)	3,006,400	2,999,234
Prepaid expenses	34,634	32,695
<b>Total non-financial assets</b>	<b>3,041,034</b>	<b>3,031,929</b>
<b>Accumulated surplus</b> (Note 14)	<b>7,599,707</b>	<b>8,139,679</b>

Approved on behalf of the Board



Director



Director



Grand Chief

The accompanying notes are an integral part of these financial statements

# Kahnawà:ke Shakotii'a'Takehnhas Community Services

## Statement of Operations and Accumulated Surplus

*For the year ended March 31, 2016*

	Schedules	2016 Budget	2016	2015
<b>Revenue</b>				
Health Canada		8,731,694	9,071,982	8,840,278
Indigenous and Northern Affairs Canada		5,622,975	7,065,810	6,214,842
Other government funding		132,218	166,445	132,485
Rental income		309,750	296,257	292,132
Other revenue		381,047	517,807	598,306
Investment income		-	62,525	66,578
Deferred revenue - prior year		-	382,373	244,825
Deferred revenue - current year		-	(124,612)	(382,373)
Repayment of government funding		-	(124,635)	(106,843)
Cancellation of government funding		-	(316,408)	-
		<b>15,177,684</b>	<b>16,997,544</b>	15,900,230
<b>Expenses</b>				
Block Funded Health Priorities	4	6,342,630	6,596,622	6,049,232
Set Funded Health Priorities	5	2,368,409	2,516,109	2,204,338
Enhanced Prevention	6	3,906,342	5,246,347	3,106,462
Indigenous and Northern Affairs Canada	7	2,311,344	2,355,312	2,293,902
Other Health and Social Services	8	397,017	423,687	404,652
Administration	9	149,955	248,563	260,671
Capital	10	-	150,876	130,707
<b>Total expenses (Schedule 2)</b>		<b>15,475,697</b>	<b>17,537,516</b>	14,449,964
<b>Surplus (deficit)</b>		<b>(298,013)</b>	<b>(539,972)</b>	1,450,266
<b>Accumulated surplus, beginning of year</b>		<b>8,139,679</b>	<b>8,139,679</b>	6,689,413
<b>Accumulated surplus, end of year</b>		<b>7,841,666</b>	<b>7,599,707</b>	8,139,679

# Kahnawà:ke Shakotii'a'Takehnhas Community Services

## Statement of Change in Net Financial Assets

*For the year ended March 31, 2016*

	2016 Budget	2016	2015
<b>Annual surplus (deficit)</b>	<b>(298,013)</b>	<b>(539,972)</b>	1,450,266
Purchases of tangible capital assets	-	(158,042)	(29,877)
Amortization of tangible capital assets	-	150,876	130,707
Acquisition of prepaid expenses	-	(1,939)	(31,366)
<b>Increase (decrease) in net financial assets</b>	<b>(298,013)</b>	<b>(549,077)</b>	1,519,730
<b>Net financial assets, beginning of year</b>	<b>5,107,750</b>	<b>5,107,750</b>	3,588,020
<b>Net financial assets, end of year</b>	<b>4,809,737</b>	<b>4,558,673</b>	5,107,750

*The accompanying notes are an integral part of these financial statements*



# Kahnawà:ke Shakotiia'Takehnhas Community Services

## Statement of Cash Flows

*For the year ended March 31, 2016*

	<b>2016</b>	<b>2015</b>
<b>Cash provided by (used for) the following activities</b>		
<b>Operating activities</b>		
Cash receipts from contributors	15,730,196	15,466,944
Cash paid to suppliers	(6,414,626)	(5,809,999)
Cash paid to employees	(9,743,659)	(8,855,915)
Interest income	54,891	50,590
	(373,198)	851,620
<b>Financing activities</b>		
Change in amounts held in trust	(34,234)	32,841
<b>Capital activities</b>		
Purchases of tangible capital assets	(158,042)	(29,877)
<b>Investing activities</b>		
Purchase of Temporary investments	-	(2,040,395)
Proceeds on disposal of Temporary investments	5,583,795	-
	5,583,795	(2,040,395)
<b>Decrease in cash resources</b>	<b>5,018,321</b>	<b>(1,185,811)</b>
<b>Cash resources, beginning of year</b>	<b>351,694</b>	<b>1,537,505</b>
<b>Cash resources, end of year</b>	<b>5,370,015</b>	<b>351,694</b>

*The accompanying notes are an integral part of these financial statements*

**Kahnawà:ke Shakotii'a'Takehnhas Community Services**  
**Schedule 2 - Schedule of Expenses by Object**

*For the year ended March 31, 2016*

	<i>2016 Budget</i>	<i>2016</i>	<i>2015</i>
<b>Expenses by object</b>			
Amortization	-	150,876	130,707
Bank charges and interest	24,500	27,142	31,343
Clinical care	1,323,012	1,342,920	1,323,012
Contracted services	-	750	349
Food and beverage	118,300	128,090	115,956
Foster care	-	1,794,845	667,989
Furniture and equipment	17,000	18,436	7,853
Group home costs	423,632	38,554	147,023
Headstart	306,272	231,135	234,238
Health management	79,000	47,502	6,730
Honoraria(um)	6,200	11,629	21,084
Institutional care	916,010	1,295,843	423,555
Insurance	16,750	14,190	15,110
KMHC accreditation	63,672	52,777	63,672
Laboratory costs	42,500	42,519	39,389
Miscellaneous	2,400	5,348	8,689
Office and administration cost share	27,822	(23,886)	20,805
Office equipment lease	23,390	16,830	18,753
Office supplies and expenses	57,160	45,587	52,481
Placement costs	97,500	90,019	98,117
Postage	6,300	5,394	7,776
Prenatal nutrition	48,313	41,945	48,319
Professional fees	319,397	269,206	229,943
Renovation materials	18,000	18,000	-
Rent	145,500	145,530	145,530
Repairs and maintenance	129,760	104,049	116,398
Salaries and benefits	9,054,362	9,743,659	8,855,915
Service delivery costs	1,709,569	1,348,689	1,144,216
Social development project	50,000	56,949	43,051
Telephone	44,550	53,596	50,672
Training	49,885	53,881	64,168
Translation	44,600	26,592	10,371
Transportation	21,344	41,054	40,444
Travel	204,797	215,548	181,837
Utilities	84,200	82,318	84,469
	<b>15,475,697</b>	<b>17,537,516</b>	<b>14,449,964</b>

	<i>Buildings</i>	<i>Equipment</i>
<b>Cost</b>		
Balance, beginning of year	4,773,269	77,768
Acquisition of tangible capital assets	112,878	-
Balance, end of year	4,886,147	77,768
<b>Accumulated amortization</b>		
Balance, beginning of year	1,828,063	44,353
Annual amortization	122,323	6,651
Balance, end of year	1,950,386	51,004
<b>Net book value of tangible capital assets</b>	<b>2,935,761</b>	<b>26,764</b>
2015 Net book value of tangible capital assets	2,945,206	33,415

	<i>Schedule #</i>	<i>Budget</i>	<i>INAC Revenue</i>
<b>Segment schedules</b>			
Block Funded Health Priorities	4	1,130,595	-
Set Funded Health Priorities	5	39,566	-
Enhanced Prevention	6	2,242,968	5,010,517
Indigenous and Northern Affairs Canada	7	1,052,892	2,055,293
Other Health and Social Service Activities	8	175,566	-
Administration	9	357,680	-
Capital	10	-	-
Internally Restricted Fund	11	-	-
Moveable Assets Reserve	12	-	-
<b>Surplus (deficit)</b>		<b>4,999,267</b>	<b>7,065,810</b>
<b>Accumulated surplus beginning of year</b>			
<b>Accumulated surplus, end of year</b>			



**Kahnawà:ke Shakotii'a'Takehnhas Community Services**  
**Schedule 1 - Schedule of Tangible Capital Assets**  
*For the year ended March 31, 2016*

<i>Furniture and fixtures</i>	<i>Computer hardware</i>	<i>Vehicles</i>	<i>2016</i>	<i>2015</i>
69,246	118,806	89,084	5,128,173	5,098,295
-	25,669	19,495	158,042	29,878
69,246	144,475	108,579	5,286,215	5,128,173
69,246	98,193	89,084	2,128,939	1,998,232
-	15,411	6,491	150,876	130,707
69,246	113,604	95,575	2,279,815	2,128,939
-	30,871	13,004	3,006,400	2,999,234
-	20,613	-	2,999,234	

**Kahnawà:ke Shakotii'a'Takehnhas Community Services**  
**Schedule 3 - Schedule of Revenue and Expenses and Accumulated Surplus**  
*For the year ended March 31, 2016*

<i>Other Revenue</i>	<i>Deferred Revenue</i>	<i>Total Revenue</i>	<i>Total Expenses</i>	<i>Adjustments/ Transfers From (To)</i>	<i>Current Surplus (Deficit)</i>	<i>Prior Year Surplus (Deficit)</i>
6,695,657	26,852	6,722,509	6,596,622	-	125,887	334,646
2,251,690	264,961	2,516,651	2,516,109	(25,668)	(25,126)	1,014
(170,781)	-	4,839,736	5,246,347	-	(406,611)	1,208,327
263,896	-	2,319,189	2,355,312	23,577	(12,546)	(1,418)
507,330	(34,052)	473,278	423,687	(366,751)	(317,160)	129,423
126,181	-	126,181	248,563	80,627	(41,755)	(65,066)
-	-	-	150,876	158,042	7,166	(100,829)
-	-	-	-	130,173	130,173	(43,051)
-	-	-	-	-	-	(12,780)
9,673,973	257,761	16,997,544	17,537,516	-	(539,972)	1,450,266
					8,139,679	6,689,413
					7,599,707	8,139,679

# Environmental Health Services



**TEAM LEADER,**  
**DONALD W. GILBERT**

The mandatory components of environmental health and safety in Kahnawà:ke are carried out under Environmental Health Services (EHS) of KSCS. EHS has the benefit of its own Environmental Health Officer (EHO) with a certificate in Public Health Inspection (Canada), who is responsible for all inspecting, testing and sampling.

## SERVICES/PROGRAMS

Here are some of the activities we were involved in during the 2015–2016 fiscal year. Coordinate inspections and sampling is based on a weekly, monthly, bi-annual or annual schedule; however, our program provides services that can be scheduled on short term notice and we strive to make arrangements to accommodate the client. Those services include:

- potable water quality monitoring (public water system and private wells)
- local recreational water quality monitoring (swimming, etc.)
- public building inspections (recreational and institutional)
- indoor air quality investigations
- private building inspections (quality of living conditions)
- food service facilities
- food premises inspections
- wastewater (sewage) disposal and solid waste disposal
- cancer reduction activities and health awareness
- communicable disease control/awareness



For more information please contact Environmental Health Services at 450-635-9945. We are located at a satellite office adjacent to the Assisted Living Center on the Old Malone Highway. The following mandatory activities were completed during 2015–2016 fiscal year.

### EHS ACTIVITIES

	2014-2015	2015-2016
Water Quality Monitoring - Centralized System - Bacteriological	497	369
Water Quality Monitoring - Centralized System - Complete Chemical Analysis	3	3
Water Quality Monitoring - Centralized System - Trihalomethanes	24	30
Water Quality Monitoring - Private Water Systems - Complete Chemical Analysis	59	56
Water Quality Monitoring - Private Water Systems - Bacteriological		60
Recreational Water Sampling	546	432
Public Building Inspections	42	28
Food Safety	102	73
Indoor Air Quality	22	18
Well Disinfections	2	6
Radon	4	5
Private Building (Health & Safety)	3	9
Cancer Reduction Activities	7	9
Public Safety/Recall Announcements		5
Training Activities/Professional Development		7

# Assisted Living Services

Assisted Living Services' goals are to provide support to Kahnawakehrónon living with special needs such as developmental delays, physical disabilities and mental health issues and to build positive social connections for the individuals we serve. We do this through organized activities, including a day and after-school program, and through more structured support at the residential facility we oversee.

The Young Adults Program (YAP) is a day program operating Monday through Friday for individuals ranging in age from 21–60 plus. The Teen Social Club (TSC) is an after-school program for individuals 12–21 that runs Monday through Friday. The YAP and the TSC activities build and enhance social and life-skills through a variety of creative and stimulating activities and outings.

The Independent Living Center (ILC) is a 12-unit residential facility for individuals coping with a mental health diagnosis. The ILC provides support, structure and security to residents through a team that includes case workers, life skills support workers, a security team and includes access to addictions workers, physicians, a mental health nurse, and a psychiatrist.

Work centers on individualized service plans that address a client's personal goals and build positive social connections with the extended family and the community.

Activities are designed to create meaningful interaction and integration within the larger Kahnawà:ke community and reduce the isolation so often associated with this population. Annual activities like the ALS variety show and the YAP fun fair provide opportunities to showcase the talents and abilities of our clients and the support from the community at these events continues to motivate both the clients and the staff.

There are many common health challenges among our clientele and the Kahnawà:ke community as highlighted in our Community Health Plan with diabetes, obesity, cardiovascular disease and cancer being some of the more significant risks. Many of our activities are designed to promote health and wellness and reduce the aforementioned health risks. The following are a few of the activities our clients participated in throughout the year:

- nutritional cooking
- yoga and Zumba classes
- bowling
- swimming
- therapeutic horseback riding

*Assisted Living Services is highly regarded as a teaching resource for those studying for their PAB and in the related field of social work with regular requests for stage placements.*

This winter, the TSC partnered with Total Fitness and the Mohawk Women's Gym for regular one-on-one and group exercise with the benefits that are already beginning to show.

The 2015–2016 year saw many exciting new opportunities and some significant challenges, which the ALS staff met with commitment and dedication.

Through a partnership with Special Olympics Canada, our clients now have access to coaches for events such as basketball, track and field, swimming and floor hockey. We look forward to participants competing with their peers in the year ahead.

A few of our clients compete as part of the Kahnawà:ke Survival School wrestling team, with one young man placing 5<sup>th</sup> at the provincial championships and the National Capital Tournament. Inspired by these accomplishments, work is underway to enter the first special needs athletes' team representing the Eastern Door of the North at the 2017 North American Indigenous Games.



**MANAGER**  
**VICKIE COURY-JOCKS**





Assisted Living Services is highly regarded as a teaching resource for those studying for their PAB and in the related field of social work with regular requests for stage placements. We also network with various community organizations, including Connecting Horizons and MCK's Social Development Unit, to address the present and forecasted needs of our clients.

Budget cuts continue to be a challenging factor as we look for creative solutions and alternate funding sources to maintain and develop services. However, our commitment has not diminished and ALS remains one of the key objectives within KSCS' new Strategic Plan.

**ASSISTED LIVING SERVICES**

	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
	Male	Male	Female	Female	Total	Total
<b>Caseworkers</b>	41	43	28	32	69	75
<b>Family Support &amp; Resources Services</b>	9	12	7	8	16	20
<b>Teen Social Club</b>	9	10	7	8	16	18
<b>Young Adults Program</b>	12	9	11	7	23	16
	71	74	53	55	124	129



*Top left: the ALS BBQ. Top right: one of the winners at the ALS variety show. Bottom left: Family game night during SOW. Bottom right: the Fun Fair.*

# Home and Community Care Services

Based on the health priorities identified through the Kahnawà:ke Community Health Plan, the goal of Home and Community Care Services (HCCS) and Turtle Bay Elders Lodge (TBEL) is to provide a continuum of care for community members requiring assistance with the activities of daily living. We do this by using an integrated service delivery approach. With the dedication and collaboration of the HCCS/TBEL team we have been able to meet the needs identified by offering a variety of specialized services and programs.

HCCS initiated the process to become reaccredited by Accreditation Canada. This process is beneficial and assists our service delivery in meeting the identified health needs as recognized in the Health Plan, by offering best quality care based on the international standards of Accreditation Canada.

In an effort to align our services to better meet the needs of the community we serve, the Enkwa'nonksa Program and KMHC Adult Day Centre were fully integrated and have been renamed Home and Community Care Services Activity Program. This will allow to meet certain community needs through diverse social and recreational programming.

Turtle Bay Elders Lodge operated at over capacity for a period of time due to increased demands for emergency placement. TBEL has since returned to its baseline of 25 occupants requiring Type 1 and Type 2 level of care and the demands on the system have been alleviated. Nonetheless, there exists a need to expand TBEL for additional beds, as the waiting list is extensive and the demand for placement has increased.

TBEL has begun the process of integrating Kateri Memorial Hospital Centre (KMHC) kitchen services with the current kitchen team at TBEL. With the KMHC currently under construction, they will lose the use of their kitchen area for a 12-month period and will temporarily relocate to TBEL during this phase of the construction. Having direct access to the KMHC nutritional services will ensure high quality nutritional care and food services for our community members and will help us meet their overall nutritional needs as outlined in the CHP.

Anowara'hne (the place of turtles) is a complex comprised of 6 two-bedroom apartments and is aimed at community members 55 years and older who are in need of housing. The residence has proven successful by offering alternative housing options for our elder population.



**MANAGER,**  
**MIKE HORNE**

*Although our community is fortunate to have the devoted staff from HCCS and TBEL, the team relies on natural caregivers to offer their time to care for community members in need without any remuneration.*

## HOME AND COMMUNITY CARE

<b>ADULT &amp; ELDERS SERVICES COUNSELLOR</b>	<b>2014-2015</b>	<b>2015-2016</b>
Old Age Security	78	75
Social Security	5	6
Quebec Pension Plan	8	7
Estate Planning	58	60
Legal	31	22
Pension Plans	9	5
Commission of Oaths	20	9
Miscellaneous	149	79
Networking		44
<b>Total Requests</b>	<b>358</b>	<b>307</b>



Although our community is fortunate to have the devoted staff from HCCS and TBEL, the team relies on natural caregivers to offer their time to care for community members in need without any remuneration. With anticipated fiscal shortfalls in the future, we are going to have to depend on these types of collaborative working relationships to be enhanced if we are going to meet the community's growing needs.

### HOME AND COMMUNITY CARE SERVICES

SERVICE HOURS	2014-2015	2015-2016
Home Visits	38,486.00	45,889.00
Services Provided	39,543.00	36,564.75
Nursing	6,075.75	4,416.75
Personal Care	9,532.25	9,863.25
Case Management	4,463.00	5,046.25
Therapy	1,050.00	1,324.00
In-Home Respite	109.50	98.25
Domestic Services	5,928.00	3,176.50
Meal Services* (Including Meals on Wheels)	4,690.00	5,586.25
Activity Program	7,693.00	7,310.75

### HOME AND COMMUNITY CARE SERVICES

Clients Served	2014-2015	2015-2016	2014-2015	2015-2016	2014-2015	2015-2016
	Male	Male	Female	Female	Total	Total
Activity Program	2	3	21	34	23	37
Elders Caseworkers	7	8	32	40	39	48
Homecare	34	47	103	111	137	158
Homecare Nursing	85	111	185	176	270	287
Meals on Wheels	11	27	29	47	40	74
Turtle Bay Elders Lodge	4	9	15	21	19	30
	143	205	385	429	528	634

### HOME AND COMMUNITY CARE SERVICES

Intakes	Activity Program	Elders Caseworker	Homecare	Homecare Nursing	Meals on Wheels	Extended Care	Equipment Loan	Total
2014-2015	10	15	56	87	32	2	13	215
2015-2016	14	13	72	99	42			240





*Top left: enjoying the jamboree. Top right: TBEL is the recipient of a cheque from Tewatohnbi'saktha.*

*Middle left: mother and son at the Elder's Lodge. Middle right: Enjoying the music at the jamboree.*

*Bottom left: serving the elders breakfast at TBEL. Bottom right: an elder at the annual Valentine's luncheon.*

# Prevention Services



**MANAGER,  
TERRY YOUNG**

This year brought new and innovative ideas with regards to the role of Prevention Services within KSCS and the community. The focus of Prevention Services is to provide the most updated and relevant primary prevention information linked directly to the seven priorities outlined in the Community Health Plan, with a primary focus on addictions, mental wellness, and developmental disabilities.

Our objectives for this year were as follows:

- provide family and individual counselling
- provide addictions education
- deliver Youth and teen programming
- increase our partnerships

The past year provided many challenges, which were met with the implementation of new and exciting prevention activities whose focus was on providing primary prevention services and promotion within Kahnawà:ke. The activities were organized and carried out by highly skilled team members of Prevention Services.

The team participated in the chronic diseases subcommittee, Ahsatakariteke, and the Physical Activity Initiative (PAI); both of which place a high priority on the issues of diabetes, high blood pressure, and obesity; areas in which the community's health initiatives are considered to be paramount to the development of a healthier community for generations to come.

First line and secondary prevention services were offered to the community throughout the year by the use of one-on-one counseling services, group programming, cultural programming activities, and support groups. Prevention Services functions within a multi-disciplinary team model, along with other teams within KSCS and in partnership with other community organizations to best serve all Kahnawekehró:non throughout the continuum of life.

*The past year provided many challenges, which were met with the implementation of new and exciting prevention activities*

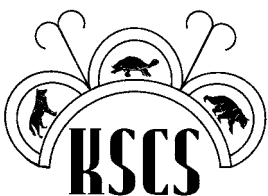
Within the health priority of mental wellness, the Community Lip-Sync Contest was developed, which specifically targeted raising an awareness of fun alcohol free activities, as well as the promotion of family bonding. The activity was deemed as success as a great number of community members attended the event, and those present reported having enjoyed participating in a fun, family activity.

Within the realm of youth mental wellness, once again the “Where the Creek Runs Clearer” initiative was a great success. Fifty participants of Kahnawà:ke’s youth took part in numerous culturally based activities at the Family and Wellness Center and at other locations in and around the community where the teaching model was more appropriate.

A review of our MAD Group teen programming was completed. Based on the review, Prevention Services committed to enhancing its teen programming with a scheduled re-launch of the program in April 2016 after the brief hiatus in 2015 during the review.

In January, The Afterschool Drama Program was relaunched at Kateri School and offered the opportunity to children ages 6-12 to plan and build their own play and to present their creation to their fellow students and parents through live performances. The program ran for a total of thirteen weeks.

Our after school program Our Gang had a busy year with their annual lemonade stand which allowed them to give back to the community by donating funds raised to the Kateri Food Basket. The youth were also busy with their program fundraising activities such as bake sales and half and half ticket sales.



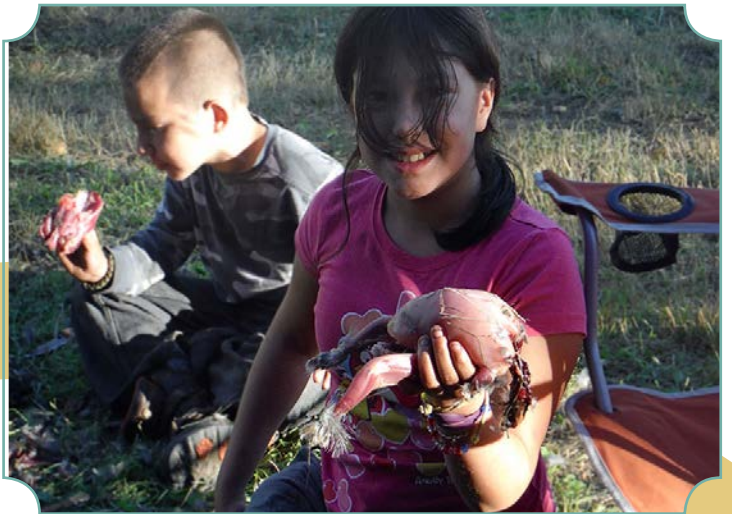
Also within the area of mental wellness, Prevention Services accessed funding from Health Canada's National Aboriginal Youth Suicide Prevention Strategy, which allowed the organization to host a full day networking activity entitled Breaking Barriers II. The initiative brought together participants from various organizations within the community; including the Kahnawà:ke Peacekeepers, the Kateri Memorial Hospital Centre, the Education Center, KSCS employees, and other grassroots groups. The discussion was based on the development of a suicide prevention task force, whose mandate will be to work together to support and educate the community regarding issues related to suicide and its overall impact.

KSCS Prevention Services will continue to offer programming to meet the needs of the community, and will maintain working partnerships with other community organizations and initiatives whose goals are to encourage overall healthy lifestyle choices. The services will uphold its commitment to working with all Kahnawà:kehrón seeking assistance and welcomes feedback regarding our programming by contacting us directly by phone or via the KSCS website at [www.kscs.ca](http://www.kscs.ca).

PREVENTION SERVICES								
	2014-15	2015-16	2014-15	2015-16	2014-16	2015-16	2014-15	2015-16
	Male	Male	Female	Female	Other	Other	Total	Total
Drama	15	34	30	40	0	0	45	74
MAD Group	14	10	10	11	0	0	24	21
Our Gang	51	42	40	25	0	0	91	67
Parenting Services (Individual)	11	10	38	41	0	0	49	51
Parenting Services (Groups)	0	36	17	131	0	0	17	167
S5 Voluntary Services	113	88	97	164	2	3	212	255
Traditonal Services	22	30	99	86	0	1	121	117
Traditional Services (Groups)	0	0	8	8	0	0	8	8
Where the Creek Runs Clearer Group	34	24	22	25	0	0	56	49
		274		531		4		809

ENHANCED PREVENTION										
Total Participants										
	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
Category	Events	Events	Male	Male	Female	Female	Other	Other	Total	Total
Community Activities	4	26	82	438	92	476	1	0	175	914
Kiosks	4	6	39	59	79	53	2	0	120	112
In-School Prevention Activities	9	69	N/A	696	N/A	577	N/A	0	477	1273
Workshops/ Trainings	7	4	N/A	16	N/A	48	N/A	0	167	64





*Top left: A booth during SOW. Top right: Learning traditional ways. Middle left: Traditional learning. Middle right: A baby group. Bottom left: Performing at the lip sync. Bottom right: Residential school painting.*





*Top left: Prevention workers. Top right: Filming workshop. Middle left: Pre-production during Nu-Media workshop. Middle right: Our Gang selling lemonade. Bottom left: Unveiling the residential school painting. Bottom right: Presenters at the Violence and Social Media presentation.*

# Support Services



**MANAGER**  
**KATHY JACOBS**  
**HORN**

Support Services provides a multi-disciplinary team of trained professionals to assist community members and their families through quality intervention services in the areas of client intake, psychological, addictions, youth protection and youth criminal justice services. In addition, our foster care and case aide program secures foster homes to assist families in need and provides support to foster parents and clients. Through collaboration with the Kahnawà:ke Peacekeepers, we provide after-hours emergency response services. We had several strategic objectives over the course of the year. They were:

- Secure a full time clinical psychologist
- Design and implement an assessment of the priority needs in mental wellness, gauge the efficiencies of our services and processes.
- Address the growing concern of drug abuse (prescription and pain medication).
- Help individuals break free from addictions and learn new ways of coping.
- Continue the process of taking over responsibility of Youth Protection and Youth Criminal Justice Act services.

Recruitment efforts to secure a full time clinical psychologist were successful this past year and we are happy to announce that psychological services was quickly brought back to a satisfactory level in our responses to client needs.

In preparation for the next three years, plans were put into motion to design and implement a comprehensive assessment of our priority needs in mental wellness issues. Through this assessment, we hope to gauge the effectiveness and efficiencies of our services and processes. Our goal is to emphasize that each service should reflect a client-centered approach and practices embedded in positive psychology.

Through a trend analysis for the last 10 years, we have found that there are three times as many female vs. male clients with top referrals being the following:

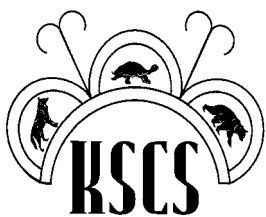
TOP REASONS FOR REFERRAL FOR FEMALES	TOP REASONS FOR REFERRAL FOR MALES
Depression / Mood Disorders	Behavioral Problems (Children & Teens)
Anxiety	Depression / Mood Disorders
Sexual Abuse	Anxiety
Adjustment Disorders	

Addictions Response Service's (ARS) goal is to help individuals break free from addictions and learn new ways of coping. They do this through screenings, outpatient treatment, counselling for individual and families, referral to withdrawal management centers and inpatient residential treatment centers.

Another strategic goal was to build a comprehensive and integrated partnership approach to address the growing concern in the abuse of prescribed and non-prescribed medications.

ARS organized a gathering of doctors, nurses, pharmacists, psycho-social support workers, and other special invitees to raise awareness at the community level. A training session on the treatment of opioid disorders was organized to increase the level of awareness and accountability for each participant. In addition, visits to various facilities were made by some of the participants with an orientation to understand process to refer clients/patients to specific services and specialized services for prescription medication and narcotics.

Furthermore, in an effort to address this increasing problem of abuse of prescription medication and opioid use in the community, ARS is developing a task force that will focus on providing interventions and assistance to those who need it. Ideally, the task force would consist of a nurse, a medical doctor and an addiction response worker. Efforts will be made to increase community awareness and education about all of the important facts related to the use and abuse of prescription medication and narcotics.



In reference to youth protection and YCJA services, for the past two years, KSCS have been in pursuit to take charge of the responsibilities normally assigned to the director of youth protection (DYP) under the Quebec Youth Protection Act, including those responsibilities assigned to the provincial director (DP) under the Youth Criminal Justice Act.

Kahnawà:ke is seeking to exercise its full authority and independence, and the Kahnawà:ke Youth Protection Program will provide for different procedures for the exercise of these responsibilities than those provided for in the Quebec Youth Protection Act.

The planned implementation of the Kahnawà:ke Youth Protection Program represents another phase of Kahnawà:ke's efforts to assert direct self-governance, self-determination and responsibility for its own people by adapting its social service interventions relating to application of both acts according to our realities.

KSCS' Tsi Ionteksa'tanonhnha Foster Care/Kinship Program, updated the community in regards to an outcome surrounding Quebec "Act Respecting the representation of family type resources and certain intermediate resources and the negotiation process for their group agreements" (chapter R-24.0.2), formerly called Bill 49.

Our concern at the time, was that the scope of the Quebec law could have negatively impacted Kahnawà:ke in the following ways: loss of authority to manage our own foster homes, provincial control of information pertaining to children in foster care (including information about the foster homes), forced unionization of our foster homes into Quebec, and assessment and approval of our foster homes by the province.

Kahnawà:ke and a number of other Indigenous communities raised these concerns regarding the impact on our communities. Finally, after three years and with the cooperation of INAC, FNQLHSS Commission and the MSSS, we are happy to announce that some solutions have been found and Kahnawà:ke maintains its jurisdiction by continuing to manage our own foster homes. Additionally, through this negotiation, our foster homes' daily compensation rates was increased to an amount similar to what is paid to provincial foster homes. This change assists KSCS in our efforts to recruit new Kahnawakehrón foster care and kinship homes.

*The planned implementation of the Kahnawà:ke Youth Protection Program represents another phase of Kahnawà:ke's efforts to assert direct self-governance, self-determination and responsibility for its own people....*

#### SUPPORT SERVICES — CASE AIDES

Total Participants		
	2014-15	2015-16
<b>Supervised Visits</b>	324	196
<b>Transports</b>	2091	1842

#### SUPPORT SERVICES

Total Participants						
	2014-15	2015-16	2014-15	2015-16	2014-15	2015-16
	Male	Male	Female	Female	Total	Total
<b>Addictions Response Services</b>	122	115	108	96	230	211
<b>Brief Services</b>	39	13	36	19	75	32
<b>Case Aides</b>	23	30	24	21	47	51
<b>Foster Care</b>	20	25	9	15	29	40
<b>Ineligible</b>	10		10	4	20	4
<b>Psychological Services</b>	37	34	48	50	85	84
<b>Youth Criminal Justice Act</b>	14	18	7	9	21	27
<b>Youth Protection Services</b>	250	129	202	131	452	260
	515	364	444	345	959	709



# Human Resources



**MANAGER**  
**WENDY WALKER -**  
**PHILLIPS**

This was a year of transition for our teams as we focused on realigning our services with the new KSCS strategic plan, and as we continue to move forward and adjust in order to achieve organizational and program objectives. The biggest change for Human Resources was working on a new name for our department, as we have expanded to much more than just human resource services. In the new fiscal year, we will be officially changing our name to Organizational Support Services, as our strategic focus is to play a supportive role for our internal clients: our employees.

Our current team includes Human Resources, Communications, Organizational Development Services (ODS), Information Technologies (IT), and Research and Data Systems. In the new fiscal year we look forward to officially changing our name to Organizational Support Services and incorporating other support services under our umbrella – to work as a larger multidisciplinary team, maximizing the skills and talents of team members to accomplish larger organizational objectives.

This year, we prepared for the closure of Organizational Development Services (ODS) as a consulting service as of March 31. The newly refocused and renamed Organizational Strategic Development (OSD) will be concentrating their efforts internally within the organization. ODS must be recognized for their years of hard work within Kahnawà:ke and for sharing their knowledge and expertise across the nation. They have truly lived up to their mission of building capacity among the many groups of people they have worked with and trained throughout their twenty-two years; their work is truly valued. We also bid a fond farewell to Dale Jacobs, who retired from ODS after over 20 years of service to KSCS.

## HUMAN RESOURCES

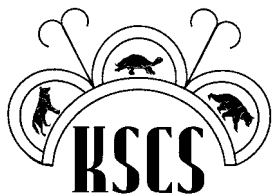
Human Resources (HR) had a busy year implementing a new compensation structure for KSCS. Extensive research and development went into this project to ensure that our organization has a fair pay structure for KSCS and its employees. What has been developed is a Step Rate - Variable Merit Pay system. In conjunction with compensation, the HR team evaluated and revised our performance management process ensuring procedures that compliment and support the performance component of the compensation structure.

In an effort to improve client satisfaction, an HR Generalist has been assigned as a representative for each of our KSCS departments. This move was a well-received and gives employees and managers a direct point of contact for their HR services, has enhanced service delivery and the understanding of the role of HR, and improved communication.

This year, human resources facilitated the recruitment of two management roles, Financial Controller and Facilities Manager, to fill key positions within the management structure. We also assisted with a number of retirements of longstanding employees and welcomed new employees to the KSCS family.

As we reflect on our benefits management, it was very encouraging for HR to see the number of employee leaves of absence reduced by half this year.

HR continues to network with our community partners by offering resources and advice to the smaller organizations within Kahnawà:ke Executive Director’s Committee (EDC) who don’t have the manpower or resources for an HR department. As well, KSCS took part in a strategic planning session with the Kahnawà:ke HR Network to refocus our vision for the future of human resources on a global community level.



### HR STATISTICS

	2014-2015	2015-2016
Recruitment Processes		
Positions Posted	16	18
Applications processed/interviews	26	40



## HR STATISTICS

	2014-2015	2015-2016
<b>New Hires/Orientations conducted</b>	21	16
<b>Departures</b>	24 (7 regular, 17 end contract)	28 (14 regular, 14 end Contract)
<b>Summer Students</b>	6	7
<b>Stage Students</b>	13	15
<b>Total Number of employees</b>	184	175

<b>Benefit Management</b>	2014-2015	2015-2016
<b>Total leave of absence*</b>		
<b>*Includes short-term and long-term medical leaves, leaves of absence, maternity/paternity, and on the job injuries.</b>	69	33
<b>Employee Assistance usage</b>	47	26

### Employee Turnover

*The number of departures increased slightly from the previous fiscal year from 24 to 28, most of these can be attributed to retirement of three employees this year.*

## ORGANIZATIONAL DEVELOPMENT SERVICES (ODS)

Organizational Development Services (ODS) has operated within KSCS as an internal and external training and consulting business since 1993. We work primarily with Aboriginal organizations, communities and government branches and are also called upon by our own organization. Our work is as diverse as the needs of the organizations that hire us.

The primary focus of ODS this year was closing out the project management activities for a multi-year project entitled Expanding and Building our Partnerships to Improve Access which is an initiative funded by the Health Services Integration Fund (HSIF) of Health Canada. ODS supported the activities of the Coalition of English Speaking First Nation Communities in Quebec (CESFNCQ) which is currently made up of 11 communities within Quebec (including Kahnawà:ke) and one urban Aboriginal organization. An enormous effort went into completing this project by March 31, 2016 and assisting the CESFNCQ in transition to independent functioning.

The majority of the projects carried out by ODS this year were for organizations within Kahnawà:ke. Our local services are carried out in keeping with the overarching KSCS vision and mission and considering the health priorities identified in the Community Health Plan (CHP). A training was also provided for a national group and one short-term coordination contract for Health Canada.

ODS piloted a project to coordinate the Applied Suicide Prevention Skills Training (ASIST) and Mental Health First Aid (MHFA) trainings on behalf of KSCS. A total of seven trainings and a report were produced. Christine Loft has recently become a registered ASIST trainer.

ODS team members continued to participate on a volunteer basis on various internal and external boards and committees and were involved in many community activities. This past year, ODS team members have been involved in a number of internal activities of KSCS including the Strategic Planning Working Group, Elections Committee, Social Committee and Staff Picnic Ad-Hoc Committee.

One of the major changes that the ODS team faced this year was our role within the larger organization. The team transitioned to a new role within KSCS and will no longer be offering external consulting services as of March 31, 2016. Beginning in the new fiscal year, the newly-named Organizational Strategic Development (OSD) team will be providing in-house only consultation services and will be assisting and

supporting the services/programs of KSCS in achieving their goals outlined within the strategic plan.

Among the many changes, the team bid a fond farewell to Dale Jacobs, who retired on March 31, 2016 after over 20 years with ODS.

Below is a listing of ODS projects and activities for the 2014–2015 fiscal year.

- **Coordination/Project Management**

- ♦ Expanding and Building our Partnerships to Improve Access HSIF Project: *facilitated meetings and closed this multi-year project*
- ♦ Coordination of Applied Suicide Intervention Skills Training and Mental Health First Aid Training: *pilot project for centralized coordination of all training requests*
- ♦ Fifth Symposium for Community Based Water Monitors (CBWM), Health Canada Environmental and Public Health Services: *coordinated all aspects of event*

- **Facilitation**

- ♦ Breaking Barriers II Community Mobilization for Suicide Prevention Workshop: *research, coordination and facilitation of event.*
- ♦ Facilitation services for Tawatohnni'saktha Board: *exploratory research and guided process*

- **Community Based Research and Development**

- ♦ Review of the Kateri School French Immersion Initiative: *evaluative research to assist decision making*

- **Human Resource Training and Development**

- ♦ Governance (Board) training for Kahnawà:ke Youth Center
- ♦ Burnout Prevention for Frontline Workers training provided for the National Aboriginal Circle Against Family Violence
- ♦ Christine co-facilitated four ASIST trainings (*\*numbers represented within suicide prevention*)

The total number of participants that attended an ODS facilitated session or workshop this year was approximately 160 people.

## COMMUNICATIONS

### FOR A HEALTHIER LIFESTYLE

The goal of the communications team is to improve the health of Kahnawà:kehró:non by providing useful, accurate and credible information to community members and our partners. Our community can then make more informed decisions about their lifestyle practices, secure services, engage in community mobilization efforts, and participate in prevention efforts that address the priority health and social issues that are identified in the Kahnawà:ke Community Health Plan 2012–2022.

We lost both our Promotion and Education workers during the year with one being temporarily transferred to Prevention Services to coordinate and deliver the National Aboriginal Youth Suicide Prevention Strategy project for this reportable year.

The communication team has relied on the [www.kscs.ca](http://www.kscs.ca) website as the main medium to release information to the community. We are in the process of updating our website's navigation process. The first step is to move from Drupal 6 to Drupal 7 to ensure the website remains fully secure, then we will redesign the navigation portion of the site. We have secured regular access to a closed loop community cable channel through participation in a Kahnawà:ke communications network made up of organizations belonging to Kahnawà:ke's Executive Directors Committee.

Our IT unit completed a major systems update and overhaul for the organization by updating all end user operating systems to facilitate the use of Office 365. This has greatly improved how we communicate with each other and with our partners. In addition, KSCS now has three smartboards for our meeting rooms.

Research and Data Systems joined our team. Their main focus is to manage the organizations vast amount of data. In addition, they are supporting Onkwata'karitáhtshera's participation in the First Nations Regional Health Survey by taking on the community organizers role.

### COMMUNICATION STATISTICS

Activity	2014-2015	2015-2016
TV Commercials	1	3
Website Banners	4	1
Workshops Recorded for Lending Library	10	7
Taped Drama Productions	1	1
Newspaper Print Ads	49	58
Newspaper Community Notes	10	12
Radio Talkshows	10	16
Radio Commercials Produced	12	17
Radio PSA's	20	24
www.kscs.ca Updates	237	142
Weekly Bulletins	50	50
Requests for Assistance	193	266
Aionkwatakari:teke	*6	**6
KSCS Insider		14

\*6 publications with 72 articles covering the following health issues: Addictions 9, Violence 5, Mental Health 19, Parenting 11, Teen issues 14, Physical Health and Diabetes 7, and Environment 7.

### PROMOTION AND EDUCATION STATISTICS

	Travelling Information Booths & Attendance				Trainings Delivered & Attendance			
	2014-2015		2015-2016		2014-2015		2015-2016	
Addictions	2	250	3	350	19	473	4	64
Violence	19	473	1	8	1	350	2	215
Mental Health					11	476	4	65
Teen Issues			1	150				
Parenting/Family Issues	1	20			1	24	1	40
Learning/Developmental Disabilities							1	40
Traditional Medicines							2	60

## OUR VISION

Kahnawà:ke Shakotii'a'takehnhas Community Services strives for a strong collective future for Kahnawà:ke by promoting and supporting a healthy family unit.

## MISSION STATEMENT

KSCS's mission is to encourage and support a healthy lifestyle by engaging with community through activities that strengthen our core values of peace, respect and responsibility with the collaboration of all organizations of Kahnawà:ke.

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