

A Listing of Services Offered by KSCS:

Addictions Counseling / Education

Addictions Response Services

Air Quality Monitoring

Anxiety Support Group

Brighter Futures Project Funding

Child / Parent Interactive Play Groups

Communicable Disease Control

Communications Services

Couple Counseling

Designated Driver Campaign

Developing independent living skills

Drama Project

Elders' Lodge

Environmental Contaminants Control

Fasting Group

First Nations Health and Social Services Resource Center

Food and Sanitation Inspections

Foster Care Program (Tsi Tewa'watsira'nirathon)

Healthy Relationships Campaigns

Home and Community Care Services

Inclusion Resource Workers

Iohahi:io Project

Ionkwatahitàkhe (walking a good path together), Parent
Support Group

I:sé Tehsténi Tsi Ni Tsi Sónhe (You are the one to make the change in your life) Bullying Prevention Team

Kahnawake Addictions Awareness Month

Kaniesten:sera
Iakotisnie:niens (They help the mothers)

Making Adult Decisions (MAD) Group

Menopause Support Group

Moon Ceremony

On-Call Services

Onkwanen:ra - Our Gang

Operation Lookout Campaign

Organizational Development Services

Psychological Services

Prevention & Support Services

Psycho-Educator

Public Building Inspections

Responsible Beverage Server Training

Residential Indoor Air Quality Investigations

Rontahonhsiiôstha

Safe Grad campaign

Satahtenikonrarak: (Take care of yourself)

Sewage Disposal Quality Control

Teen Drop-In

Tsi Tewakaen:ion (To Look at Self)

Water Quality Monitoring

Where the Creek Runs Clearer

Young Adults Program



Operations

By Franklin Williams, Director

perations contributed administrative, financial and management to all programs and integrated client service teams. Our services have an impact on their success in carrying out objectives to address the Community Health Plan priorities and goals.

Receptionist/Greeter services continued day and evening (weekends when required) services.

There were 186 community and other business organization groups, (representing 5,847 people) that utilized the services provided by KSCS Reception.

Administrative Assistant Services assigned individuals to provide support to each of the integrated client services teams and 34 programs.

Human Resources and Archivist Services provide services to over 160 staff.

Information Systems Service
Team effectively addressed computer
needs of all main office and seven (7)
satellite operations for 150 computer
units/laptop units, nine (9) servers, six
(6) networks, Internet and WAN
connections.

Finance Team continued with efficient invoice payment, payroll processing, financial reporting and year-end audit

preparations. Annual transactions 26,500.

Maintenance and CleaningTeam ensured a clean workplace; needed repairs and safety checks were performed on the building and mechanical systems on main office and our seven (7) satellite facilities.

The team has provided administrative, financial, and project management services in order to realize the recently completed Independent Living Center and Young Adults Services.

As we start our seventh year of implementing the Community Health Plan, Operation Services' ongoing goal is to provide the best possible service within our resources.

HEALTH TRANSFER (6th year completed)

s this is the 6th year of the extended health care agreement, our evaluation of health services based on our Community Health Plan was completed. Our Community Health Plan was updated, using a logic model, to address our health priorities and reflect our integrated team approach.

Both KSCS and KMHC provide mandatory and prevention services based on our Health Transfer Agreement to address our Community Health Plan. The following are the financial results of our integrated approach:

Health Transfer Revenue and Expenses For the period April 1st, 2004 to March 31st, 2005

REVENUE (Health Canada, Health Transfer Agreement)	S	4,103,643.00
Unexpended at beginning of year	S	388,075.00
Deferred Revenue	\$	(390,261.00)
Transfer to Moveable Capital Assets Reserve.	\$	(29,771.00)
TOTAL	•	4 071 687 00





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B) 'F•rank!in Williams, Director

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Shakotha takenimas

1. KMHC Health Services

Kateri Memorial Hospital Centre Nursing and Health Services (including immunology and communicable diseases)

EVDEN	ISES
EAFEL	NOEO

KMHC Nursing	\$ 765,886.00
KMHC Health Services	\$ 246,628.00
TOTAL	\$ 1,012,514.00

2. CHR/Environmental Health Services

TITE	DT	TIC	TO
EX	r		· H ·

Salary & Benefits	\$ 295,865.00
Travel, Training, Water Samples, Laboratory Testing	\$ 28,630.00
TOTAL	\$ 324,495.00

3. Client Support and Prevention Services

EX	DE	NIC	TC
EX	PE.	113	ES

ETH ENGES	
Salary & Benefits	\$ 601,763.00
Program, Travel, Training	\$ 54,737.00
TOTAL	\$ 656,500.00

4. Health Policy and Consultation

EXPENSES		
Salary & Benefits	\$	85,088.00
Program, Travel, Training	S	16,027.00
TOTAL	\$	101,115.00

5. Primary Health Promotion

(Brighter Futures, Prevention Network)

EXPENSES

Salary & Benefits	\$ 70,353.00
Program, Travel, Training	\$ 6,019.00
TOTAL	\$ 76,372.00

6. Addictions Services

EXF	EN	CL	C
LAI	LI	OL	

Salary & Benefits	\$ 207,750.00
Program, Travel, Training, Consultant	\$ 80,218.00
TOTAL	\$ 287,968.00



7. Communications, Health and Wellness

EXPENSES		
Salary & Benefits	\$	153,662.00
Program, Travel, Training	\$	51,912.00
TOTAL	\$	205,574.00
8. Prevention, MAD Group		
EXPENSES		
Salary & Benefits	S	93,757.00
Program, Travel, Training	\$	2,711.00
TOTAL	\$	96,468.00
9. Our Gang (Brighter Futures)		
EXPENSES		
Salary & Benefits	S	59,234.00
Program, Travel, Training	S	5,096.00
TOTAL	\$	64,330.00
10.Teen Drop In Services (Brighter Futures)		
EXPENSES		
Salary & Benefits	\$	49,927.00
Program, Travel, Training	\$	7,921.00
TOTAL	\$	57,848.00
11. Parenting Services		
EXPENSES		
Salary & Benefits	\$	102,399.00
Program, Travel, Training	\$	4,127.00
TOTAL	\$	106,526.00
12.Drama Project (Brighter Futures)		
EXPENSES		
Salary & Benefits	\$	43,003.00
Operating Costs-Theatre	\$	21,997.00
TOTAL	\$	65,000.00



13.Brighter Futures

EXPENSES		
Salary & Benefits	\$	41,439.00
Program Costs	S	2,195.00
Projects	\$	228,253.00
TOTAL	\$	271.887.00

14. Management, Operations and Support

GRAND TOTAL for Fiscal Year 2004-2005	\$ 4,071,687.00
TOTAL	\$ 745,090.00
Operating & Administration Expense Sharing	\$ 498,338.00
Program Costs, Travel, Training	\$ 1,425.00
Salary & Benefits	\$ 245,327.00
EXPENSES	

REVENUE and EXPENSE

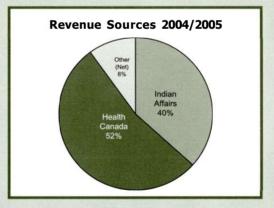
Fiscal Year 2004-2005

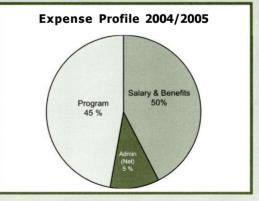
REVENUE SOURCES

REVENUE	\$12,282,000.00
INDIAN AFFAIRS	\$ 4,794,500.00 40%
HEALTH CANADA	\$ 6,496,700.00 52%
OTHER SOURCES	\$ 990,800.00 8%

EXPENSE PROFILE

EXPENSE	\$12,282,000.00	100%
SALARY & BENEFITS	\$ 6,190,600.00	50%
ADMINISTRATION and office operations (net)	\$ 463,700.00	5%
PROGRAM	\$ 5,627,700.00	45%







Prevention and Support Services By Derek Montour, Manager

this year, as we have taken our last year's goals of concentrating in four main areas (addictions, violence, parenting and youth) to a whole new level. This year we have implemented some structural changes in order to better reflect the level of services we take. We are operating with three main target groups - Primary Prevention (educating our community and providing awareness on a global basis), Secondary Prevention (enhancing group infonnation with skill-building, support or therapeutic groups and workshops) and Tertiary Prevention (providing intervention services for the safety of children, addictions response, psychology and general counselling). Each of these areas can provide input in the addictions, violence, parenting and youth initiatives.

We hope that our community members continue to attend all the different workshops, groups, programs, and services that we offer, as your support continues to become a healthier community. Ongoing initiatives, such as Our Gang or Family Center activities, continue to be a source of pride. Please be on the look out for the latest news and information that can help you make informed decisions for healthy lifestyles for you and your family.



Family Center's Infant/Parent Interactive Workshop Graduation, June 2004.

Service Delivery Unit	Partici	pants	
	TOTAL	М	F
The Family Center	1188	235	953

(offers assistance for parents of young children with workshops such as The Brown Bag, Food to Grow On, Infant/Toddler/Parent Interactive Workshops, with other presentations and talking circles for parents.

Our statistics over the past year:

Service Delivery Unit Parti	cipants		
	TOTAL	M	F
Traditional Services	*249	88	129
(*32 participants are not reflected	l in the ge	nder cat	tegories)
Case Aides	1204	930	274
S5 (Voluntary Adult Case Work)	352	118	234
Youth Protection	291	137	154
Youth Criminal Justice Act	41	30	11
Addiction Response Service	s 131	82	49
Psychological Services	170	43	127

Presentations / Workshops:

635 Kahnawa'kehr6:non participated in presentations or workshops covering a variety of topics, such as Addictions, Anxiety, Bullying, Divorce and Separation, Grieving, Healthy Relationships, Parenting Issues, Safer Sex, Sex and Sexuality, Sexually Transmitted Infections (STIs) & Substance Abuse.



L-R: Melissa Gabriel and Christine Taylor at the "Healthy Sexuality" booth at the Services Complex, Feb. 2004

Female

101

Prevention and Support Services



Participants at the MAD Group ear wash fundraiser

MAD Group

Making Adult Decisions (MAD) Group celebrated its 20th anniversary in the fall of 2004. MAD Group is a community youth group that is open to ages between 12 -19 to have fun, socialize, learn to organize activities, participate in fundraisers like the MAD Dish Business, attend trips and much more.

Our statistics over the past year:

Total: Male: MAD Group: 189 88



Some participants at a Tehontatró:ris presentation

Tehontatró:ris

Tehontatr6:ris is a monthly health and wellness workshop sponsored by KSCS to bring together professionals and non-professionals (frontline workers, networking organizations and invited community members) to share and discuss mutual health concerns. The workshops are held every last Thursday of each month, on the 2nd floor of the Services Complex.

Over the past year, workshops covered themes such as: Mental Health, Women and Addictions, Solvent Abuse, Parenting, Native Court Worker Program, Adolescent Substance Abuse, Psychiatric Medication, Meditation as Relaxation, Healing & Self Injury in Adolescents.

Attendance: 189 individuals
Organizations attending: 14



Some participants of "Our Gang."

Total: Male: Female
Our Gang: 167 _ 52 115

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Drop In Family Softball Tournament, August 2004. Pictured are the Taylor family taking a rest in the dugout.

Total: Male: Female
Drop In: 192 107 92



Auxiliary Services By Carole Walker, Manager

m proud to report that Communications Services, Environmental Health Services and Drama met their goals and objectives that were in keeping with the organizational goals of KSCS. Programming targeted children to elderly, and the community, with activities focused on promotion, prevention and education. I believe that each of these services has had a positive impact on the community.

Drama, through its Drama Clubs **I** and II and Musical Entertainers Choral Ensemble, promoted a healthy lifestyle using a "lifeskills in action" approach to develop self-esteem, discipline and to practice and experience basic human values. They learned practical skills that can be incorporated into all aspects of life. The Musical Entertainers Choral Ensemble aged 16-70s are role models on how teens and adults can work together as a team. Three plays, a Spring Variety Show and Christmas Concerts were performed. Positive impact is evident by the number of participants and attendees to the performances; in fact, there is never a shortage of individuals wanting to participate.



The Cast of "Fools," presented in November 2004

KSCS

Drama Service Delivery Unit	Participants
Drama I (children from ages 7-11)	50
Drama II (Youth from ages 12 - 33)	45
Musical Entertainers (Youth / adults from ages 16 - 75)	33



Mark Home and Gail Taylor at the West Nile Virus booth, May 2004

Environmental Health Services, whose aim is to prevent illness through inspections, monitoring, education and awareness, did an excellent job in addressing the issue of West Nile Virus - even children could identify potential mosquito breeding grounds in their own yards - but more important, surveillance tests of mosquito pools were negative; potential homeowners were provided with a workshop on what causes indoor air problems and what to know about foundations, etc. Of course, in addition to special projects, they carried out their ongoing responsibilities such as water quality monitoring and sanitation inspections.

Environmental Health Services:

Water Quality

Bacteriological 341	Complete Chemical 27
Trihalomethanes 14	Pesticides10
Hydrocarbons 4	Quality Control 9

Food Establishments

Safe Food Handling Course	
Duildings	

Buildings

Inspections (Public Buildings)	36
Investigations (Private Buildings)	12
Individual information requests	50

Communicable Disease Control

Inspections	8
Information Campaigns	7
Individual information requests	34

Wastewater Disposal (quality control)

Reports Reviewed 51

Annua! Report

Auxiliary Services

By Carole Walker, Manager



The Prescription Drug Disposal Booth, with Christine Taylor and Chris Leclaire

Communications Services, besides assisting all KSCS services, once again used Aionkwatakariteke (KSCS' Health & Wellness Newsletter) and the local media to reach the community about health and social issues. Amajor positive impact has been the use of Cable TV. We've been able to produce a one hour educational video, more than a dozen infomercials on a variety ofhealth issues but the most successful has been the KSCS Insider segments, part of the Kwatokent TV News Program, made possible through a working partnership with the Communications Unit of the Mohawk Council of Kahnawake. Our Promotion Educators, were once again busy providing services to teens and running numerous community campaigns throughout the year with a heavy concentration on the issue of Fetal Alcohol Spectrum Disorder.

Community Promotion Awareness: Information Booths:

(Personal interaction: 1,152 Kahnawa 'kehrômon)
Topics: Addictions, Alcohol, Drugs, FA5D and Tobacco.

Education Presentations:

(Personal interaction: 79 Kahnawa'kehró:non)

Topics: Alcohol, Alcohol's Effect on the Body, Anger Management, Drug ID, Server Training and Solvent Abuse. Christine Taylor and Chris Leclaire also aided other services including Sex and Sexuality, Tehontatrô:ris, Drop In, MAD Group and Our Gang.

Community Awareness Campaigns:

(Targettingall Kahnawa'kehr6:non)

Topics: Designated Driver, Fetal Alcohol Spectrum Disorder, Kahnawake Addictions Awareness Month, Operation Lookout, Prescription Drug Abuse and Safe Grad

> One-on-One Education: (One Kahnawa'kehr6:non on Anger)



Aionkwatakari:teke

We produced 12 monthly issues (25,500 copies) consisting of 198 articles. The Top Five topics were: Mental Health Issues, Physical Inactivity/Obesity/Nutrition, Alcohol and Drug Abuse/Addictions, Parenting and Non Health-related issues.



s a regular feature of Kwatokent TV (an MCK Communications Initiative), we produced 12 three-minute segments from October 2004 - March 2005. Topics included MAD Group's 20¹¹¹ Anniversary, Kahnawake Foster Care Program, Kahnawake Addictions Awareness Month, The Family Center, Home and Community Care Services, Young Adults Program, Independent Living Center, Various KSCS Events / Activities, Kids in School Project, Tehontatr6:ris, Healing and Wellness Lodge, and KSCS Support Groups for Kids at Kateri School.

Healing & Wellness Lodge / Independent Living

Center By Arthur Diabo, Manager

ver the past fiscal year, the Healing and Wellness Lodge was preparing for the programming to come to an end in late winter. Traditional Services staff continued to deliver services such as community and individual sweats, and have now become part of Prevention and Support Services. Counselling services and requests for traditional services continue.

The Independent Living Center (ILC) has undergone a major change with the construction of a 12-unit residential facility. All units are occupied. ILC offers programming that teaches life skills for the re-integration of some residents and clientele back into mainstream Kahnawake. ILC is still in a developmental stage physically and program wise and there will be noticeable changes in and around the facility in a very short period of time. ILC falls under Assisted Living Services, which also includes the Young Adults Program (YAP) and the Family Support Resources (FSR). The Young Adults Program operates in conjunction with the ILC, five days a week. Its offices and facility quarters located in the front half of the new building.



The construction of the new ILC building, June 2004

Independent Living Services:
Service Delivery Unit Participants
TOTAL M

ILC Residents: 12 9 3 (Provides Lifeskills, Recreational Activities, and Medical Assistance so clients can learn to live independently.)



Healing Lodge staff and clients at the beginning of planting season, 2004

Healing and Wellness Lodge Service Delivery Unit Participants TOTAL M

Sweats: 201 80 121

(Consultation, teachings, sweat lodges and sweat follow-up, as needed)

Counselling: 36 14 22 (Consultation, assessing client needs, individual sessions, briefing services)

Tsi Tewakaen:ion: 8 3 5
(Traditional teachings, planting, gardening, medicine identification, counselling)

Fasting Group: 12 not avail. (Weekly sessions to learn, share and prepare for spring or fall fast)

Kids in School (Fridays): 6 **2 4** (*Traditional and lifeskills teaching, basic language and crafts*)

Where the Creek
Runs Clearer Group: 9 6 3
(Life cycle and lifestyle teachings of the Haundenosaunee)

Kanienkeha Classes: 6 2 (20-week basic oral and written Kanienkeha language lessons through interactive dialogue)

Brief Services: 20 not avail.

(Briefings on tobacco burnings, burial, ten-day feast and death feast)



Turtle Bay Elders Lodge

By Arthur Diabo, Manager

In February 2005, a major change occurred at the Elders Lodge with the appointment of one manager. There is a possibility of a future expansion where eight to ten more units may be built. The landscape between the walking path and the lodge may be modified to make it accessible to the elders who want to approach the shoreline. The activities for the elders, such as field trips, arts and crafts, movie matinees, etc., have increased over the past year under the activities department.

Young Adults Program
Service Delivery Unit Participants
TOTAL M F
Young Adults Program 14 7 7

(Offers social, recreational activités, lifeskills, functional reading, writing and math, work/job training and coaching and community integration)



Young Adults Program Fundraising Fun Fair, July 2004



Young Adults Program participants camping, Summer 2004

Service Delivery Unit Participants
TOTAL M F
TBEL Residents 20 5 15

(Elders' residential and independent living services)

Adult and Elders
Services Counsellor 315 146 169

(Old Age Security, Quebec Pension Plan, Wills, Living Wills, Mandates of Inability, Power of Attorney, Commissioner of Oaths Services, U.S. Social Security, Company and Private Pensions, Child Care Authorizations, Residency Affidavits)



Elders' Lodge King and Queen of the Winter Carnival -Tommy and Sandra McComber, February 2005



Elders" Lodge residents and comunity elders take part in the "Tota's Walk" in September 2004



Elders' Lodge residents teach members of the MAD Group to make apple pies, November 2004



Home & Community Care Services

By Mike Home, Manager

ome and Community Care Services continues to instill a continuum of care to the disabled and elderly community of Kahnawake. The services have established good networking with the Kateri Memorial Hospital Centre to be able to offer a collaborative service to individuals. By having Home Care Nursing and Home Care Support integrated into one service and location, the team can offer even greater service delivery to all Kahnawa'kehr6:non.



Home and Community Care Services Building

Home Care Nursing: 167 not avail. Home Care Visits: 6,255 not avail.

(Home Care visits represent a total of 3,098.58 hours of service. Provided health maintenance (taking vital signs, medical preparation, post-hospitalization, wound care - dressings evaluations and end of life care.)

Home Care Support: TOTAL M F not avail.

(There was a total of 59,436 hours spent on Home Care Support, assisting individuals with everyday living (feeding, meal preparation, escorts to medical appointments, respite to caregivers.)



Elders' Lodge cooks Theresa Phillips and Belda Rice prepare the meals for the Meals on Wheels Program

Meals on Wheels

TOTAL M F
Meals on Wheels: 1,975 not avail.

(Total number indicates the number of meals delivered. Program rims two days a week, delivering healthy meals to isolated community members.)

Wheels to Meals

TOTAL M F

Enkwen'nonksa tanon Tentewatska'non

(Wheels to Meals): 68 not avail.

(Program runs 3.5 days a week. Provides socialization and physical stimulation activities to isolated elders.)



Wheels to Meals Program: Community elders come to the Elders' Lodge for a nutritious meal and socialization.

14



Home & Community Care Services

TOTAL M F

Turtle Bay Elders' Lodge 12 not avail.

(Seven extended care (acute and long term) beds available as an alternative service to a home or hospital stay.)

TOTAL M F

Elder Care Work 34 not avail.

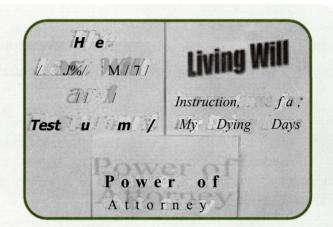
(Elder Care Workers offered services in social, grief and other types of counselling as required.)

TOTAL M F

Adults and Elders

Services Management: 134 not avail.

(Assistance in income security, estate planning and management.)





Some Young Adults Program participants and staff apple picking

Family Support and Resource

M F

51 33 18

(Young Adults Program, Psycho-educational support, Crisis Intervention, Case Worker support, Respite

Services, Advocate, Community Presentations, Workshops and Resource Library)

TOTAL M F

Young Adults

Program

14 7

TOTAL

(Programming five days a week, offers social interaction, integration, important life skills and age appropriate activities. YAP relocated to the Independent Living Center this past winter.)



Non-Insured Health Services / Policy

By Keith Leclaire, Director

gives me great pleasure to share with our community a short description of our services and its impact on **j** j iur community members.

Our Policy Unit has provided information to our community decision makers on issues affecting health and social services throughout the entire year. Our activities support the overall Community Health Plan through elevating the level of control in health and social services. As a technical support to Onkwata'karitâhtshera, plus other community programs and services, we have provided planning, monitoring and evaluation of Kahnawake's health and social services from a global perspective. We continue to capacity build our members, engage in interactive discussions and acquire a stronger knowledge base in the area of health and social services.

Organizational Development Services: Service Delivery Unit Participants

TOTAL M F ODS: 355 not avail.

(Training [Governance, Conflict Resolution, Crisis Intervention, Interpersonal and Communication Skills, Professionalist], Strategic Planning, Facilitation, Evaluation, Program Planning, Global Planning, Technical Writing, Research and Analysis, Management Support, Change Management, Moderating, and Proposal Writing)



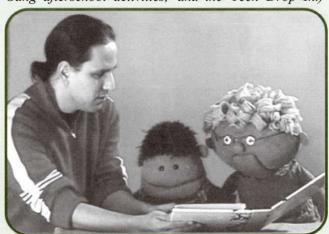
Organizational Development Services (ODS) Team members strategize for the next workshop. L-R: Winnie Taylor, Rheena Diabo and Dale Jacobs.

Brighter Futures Program

Through our Brighter Futures program, we continue to develop initiatives targeted at increasing the safety, health, and well-being of our families, which is consistent with the Community Health Plan.

Brighter Futures: Service Delivery Unit Participants TOTAL M F Brighter Futures Program: 1,785 984 801

(Our projects include: Kahnawake Youth Center activities Drama, Kahnawake Survival School Wrestling Team, Screaming Eagle Wrestling Team, Minor Baseball, Kahnawake Onkwawén.na Raotitiohkwa Cultural Center activités (two projects), Kahnawake Community Library, Karihwanonron Language Project, Our Gang afterschool activities, and the Teen Drop In.)



Brighter Futures sponsors the Kahnawake Onkwawén:na Raotitiohkwa Cultural Center's "Tota tanon Ohkwari" cable TV program, where puppets speak and teach Kanien'keha. Pictured above is Akwiratekha Martin telling the legend of Oha'kari:io.

Through the First Nations Health and Social Services Resources Center, we provide audiovisual and written prevention resources to our community and all First Nations in the Quebec region. This allows greater discussion and interaction among community members.

We have facilitated a number of visitors to see our health and social services delivery process. Most First Nations and world indigenous groups use their visit here to implement our holistic approach. This allows a continued knowledge sharing to others.



A Word from the KMHC Executive Director

n an effort to meet our responsibility of reporting to Kahnawa'kehr6:non and Health Canada on how we, in collaboration with Kahnawake Shakotiia'takehnhas Community Services, address our community health plan, Kateri Memorial Hospital Centre (KMHC) is pleased to submit this report.

KMHC delivers many different community health programs/services, all of which we believe make a positive impact on community members from birth until death. For example, our Community Health Unit offers all families with newborns a home visit; well baby clinics & the breast feeding program support moms with babies through the early years; nurses provide health education in schools; and our adult prevention program each year seeks new and innovative ways to promote health and well-being with adults in the community. Through Home Care Nursing, we care for individuals who require health care in the home, and, in some instances, we have the honour and privilege of caring for them until death when they choose to die in the comfort of their own homes. We also provide mental health & social support to the elderly, volunteer mobilization and a quality improvement program. We are extremely proud of these programs in addition to the many other hospitalbased services that we provide.

It was in this spirit that in January 2005, we adopted the slogan - "A Century of Caring - A Century of Pride - 1905-2005" to kick off Kateri

Memorial Hospital Centre's year long celebration of 100 years of service to Kahnawa' kehrô: non.

It's a monumental occasion and through our celebrations it is our intent to honour those who came before us, to validate the efforts and commitment of the many people who continue the quality work today, and finally it is our hope that we will be inspirational to those who will follow in our footsteps into the future.

Susan Horne Executive Director



Susan Horne

Home Care Nursing

rliome Care nursing has three areas that impact our community; they are nome hospital, tertiary prevention and end of life care.

Home Hospital focuses on providing nursing after an admission to hospital such as wound care, giving intravenous IV antibiotics, teaching and on-going assessment of medical conditions.

The major objective of this aspect of the program is to assist clients recently discharged from hospital but who continue to require treatment such as wound dressings. It is important to have clients come home as soon as possible from hospital as this is the best environment for healing, not only from a psychosocial point of view, but also because of the risk of acquiring hospital based infections for example 'super bugs' which are often acquired in hospital settings. This aspect of the program has had one major change, in that all clients are assessed with a clientele care form. This assessment assures a holistic view of the client, despite its length. It assures us that we do not miss clients who require interventions over and above medical treatments.

Statistics

During this year, we had 49 admissions into home hospital.

- 95% were for dressings changes
- 5% were for injections and IV therapy at home



Home Care Nursing

Tertiary Prevention Care focuses on helping clients stay at home as long as possible by helping clients maintain their current function and prevent further deterioration. Examples of **these** services include monitoring health condition, promoting a healthy lifestyle, teaching and facilitating health care management.

This area of care is where the majority of our work occurs. The positive impact for the community includes helping clients remain at home versus being admitted to long-term care and preventing problems so clients do not require acute care interventions. These activities permit our clients to feel as well as possible.

This aspect of the program also had development this past year. It has been identified that this client group are persons who may be experiencing a loss of autonomy and the objective is to promote, maintain or improve their independence. These clients tell us these are also their goals. Objectives have focused on assisting with promoting autonomy as much as possible as well as promoting client and family participation. This has been achieved by introducing a global assessment process called 'Multiclientele' whereby the health care worker assesses functional ability, physical and psycho-social health from the perspective of the client. A second element of this area has been to develop integrated service plans which include the input of the client and of all the health care providers involved. The objective is to ensure that the client, family, and the health care providers have the same goals. The measures taken to



Home Care Nurse doing a blood test

improve or maintain their situation and the objectives to achieve this are the same. This process is called Case Management and all persons in this part of the program have one person who will coordinate their care.

Statistics

To date, 117 clients have been assigned a Home Care Nurse as a Case Manager. Of these, one-quarter have had their assessments done. Integrated intervention plans are just starting to be done.

This year, four of the clients who receive tertiary prevention services were admitted to hospital for long-term resident care. They had been our clients for an average of 5 years and 4 months.

End-of-Life Care: focuses on managing symptoms and promoting comfort, support (listening), care of the caregiver, bereavement counselling, etc.

In the past, end-of-life care focused primarily on Palliative Care for clients who were dying of cancer. Our focus has now broadened to include other diagnoses which also require end-of-life care; for example, someone who is dying of Chronic Obstructive Lung disease, complications of diabetes and end stage heart disease. We continue to learn more about the needs of this group of clients and continually explore ways to provide the best possible care to them.

Statistics

This year, **two clients** have chosen to die at home; one had been in the program for nine months, while the other for two and a half years.

Presently, **12 clients** require end-of-life care; seven of which have a cancer diagnosis.

Statistics of activities for Home Care includes all services such as nursing, home health aides, etc. These statistics serve to report to the different funding agencies involved, as it would be very difficult to separate the data according to each category of worker they present.





Community Health Unit

he mission statement of the Community Health Unit is to provide primary health care to Kahnawa'kehrô:non through culturally relevant public education, consultations, clinics and awareness campaigns, in collaboration with other community organizations.

We presently offer 15 different programs to the community. We feel all of these programs provide a positive impact on the health of all Kahnawa'kehr6:non.

Some examples of our successes and highlights of our year are as follows:

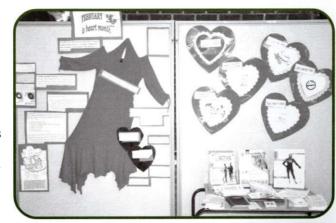
Newborn Home Visits

There were 91 new babies bom this year. All newborns are offered a home visit providing families with a nursing service that ensures the health of the newborn - especially in light of the short hospital stay afterbirth (48 hours).

Well Baby Clinics
There were 798
children seen and
over 810
immunizations were
given. Our baby
clinics provide families
with an opportunity to
discuss all aspects of
the child's
development and care
as well as preventing
harmful childhood

illness through immunization.

We have had another busy productive year, accomplishing our mission in all our programs. Many continue in old familiar ways, i.e. school health, FASD, Reportable Disease, etc. but are nonetheless successful in their positive impact on the community.



Red Dress Campaign Heart Health Month February 2005

Sun Safety Campaign

Keep your eyes peeled for this year's Sun Safety activities. Posters will be seen around the community. You will see a number of familiar faces - mothers with their babies practicing sun safe care. This program is uniquely personalized to Kahnawake - it's colourful and eyecatching as well as emphasizing the importance of protecting your children from the sun's harmful rays.

Breast Feeding Support

Two breast feeding studies have been done in Kahnawake; these allow us to compare initiation and duration rates of breast feeding. Our statistics show a dramatic improvement in both areas and the statistics for 1978,1985 & 2000 are as follows:

<u>1978</u>	<u> 1985</u>	<u> 2000</u>	
Initiation:	45	64	78
Duration at 3 mor	nths: 20	29	73
Duration at 6 mor	nths: 7	24	71

We feel there are many reasons for this trend, in particular, our support group and lactation consultant services as well as better education, help in hospitals, help at home and cessation of free formula. What would we like to see next? Exclusive breast-feeding for 6 months, i.e. delay of other foods and no breast milk substitutes.

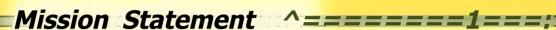


Back Row L-R: Wendy Skye-Delaronde, Caireen Cross, Marian Morkill, Louise Lutes, Celina Montour, Sheila Arnold. Sitting: L-R: Rhonda Kirby, Leslie Rice and Vanessa Rice. Missing: Clair Meloche Patton and Kateri Delisle



Other KSCS Community Events





Our goal, with the assistance of a team of caring people, is to encourage a healthier lifestyle through promotion, prevention and wellness activities that strengthen pride, respect and responsibilities of self, family and the community as Mohawks of Kahnawake.

Our Vision

Tekaienawa:kon - Working hand in hand with Kahnawa 'kehró:non in strengthening Kanienkeha:ka values.



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20.04 - Annual Report Rrgduction Team

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