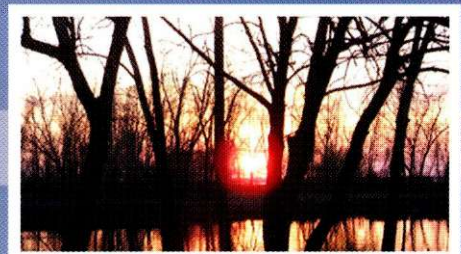
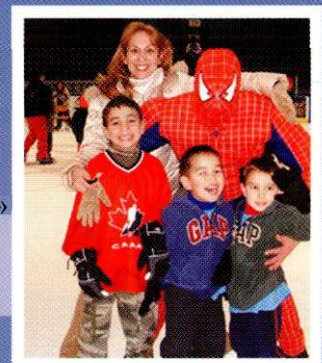




KAHNAWAKE
SHAKOTIIA'TAKEHNHAS
COMMUNITY SERVICES

Annual Report

April 2005 • March 2006





Executive Director's Message

Linda Deer

This year's annual report will reflect the multitude of services provided to the community of Kahnawake.

In addition to all the work done by KSCS this past year, I asked myself what important strides were made at the executive level. These are some highlights:

- > **Closer working relationships** with the nine major organizations within the community through the Executive Directors Committee.
- > **Development of a 5-year Health Transfer Agreement** with Health Canada.
- > **Negotiation meetings with** the Ministry of Social Services of Quebec to assume full responsibility for social services delivery within Kahnawake.
- > **Development or implementation** of Memorandum of Understanding agreements with various community organizations, which better align services to meet clients' needs.
- > **Active participation** at Regional and National government committees or organizations with regards to policies, funding, and impending changes that could affect KSCS.

One of the main projects this past year was working on the development of an agreement between Kahnawake Shakotia'takehnhas Community Services and the Ministry of Social Services of Quebec to assume full responsibility for delivery of Social Services within Kahnawake. This agreement would ensure our total authority and control to provide relevant, responsive and effective services.

The organization is always facing challenges that we will continue to address and face head on. Our goal is to continue to provide more effective and efficient ways of working for a better community.

Respectfully submitted,
Linda Deer





Board of Directors Message

Warren White, Chair

The Board of Directors, Executive Director and Senior Management have been actively working on action plans and strategies that will enhance services to our community.

As in the past years, these new initiatives will be reevaluated and if need be, adjusted to suit our community's ever changing needs.

A heartfelt thank you goes out to the Executive Director her Senior Management Team and all the staff for their dedication and *commitment* in further advancing the well-being of our community. It is through their efforts that KSCS can truly say that we are meeting the needs of our community.

KSCS BOARD OF DIRECTORS

Warren White
Peacekeeper Rep / Chair

David Montour
KSCS Rep / Vice Chair

Clinton Phillips
KMHC Rep / Treasurer

Wendy Walker
Community Rep - Secretary

Mary Lee Armstrong
Community Rep

Harley Delaronde
Education Rep

Arlene Jacobs
MCK Rep

Falen Jacobs
Student Services Rep

Timmy Norton
Community Rep

Tonia Williams
Community Rep



Top Row - L-R: Warren White, Arlene Jacobs and Clinton Phillips.
Bottom Row - L-R: Falen Jacobs, Wendy Walker and Mary Lee Armstrong. *Missing: Harley Delaronde, Timmy Norton, David Montour and Tonia Williams*

Director of Client Services

Arlene Teiohserathe Delaronde



As Director of Client Services, my role is to work along with the Managers and oversee the general operations of **Prevention** (*Maiy McComber*) & **Support** (*Derek Montour*) **Services, Home & Community Care Services** (*Michael Home*) and **Assisted Living Services** (*Louise Mayo*).

Through the dedication and hard work of these Managers and their respective staff, KSCS is able to offer a wide range of services geared towards all age groups within our community from pre-natal through youth & adolescent issues, addictions, youth protection, mental health right on up to elders' counseling, assistance & palliative care. Our programs are many and must be very diverse to be able to offer appropriate services to meet the needs of the community. Our services include general health promotion, prevention, intervention and aftercare services.

Our work takes us to many locations within the community such as the Family Center, the Whitehouse, Healing & Wellness Lodge, Independent Living Center, Elders Lodge and our main building. We also work in the schools, private homes and we also network with other Organizations.

The statistics prepared by the Managers of these services will attest to the work that KSCS has accomplished over the year in the areas of health & social services.

I take pride in the services that we are able to offer and thank our staff and those in the community who have played a role in making Kahnawake a healthy community.

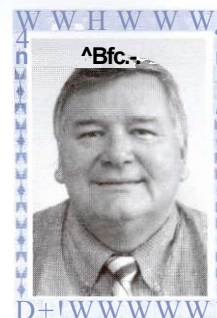
Nia:wenkowa.



Pictured: The Kahnawake Services Complex; KSCS offices occupy the entire second floor.

Operations

Franklin Williams, Director



Operations contributed administrative, financial and management services 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).

There were **197** community and other business organization groups, **(representing 5,689 people)** that utilized the services provided by K.SCS Reception.

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

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 and audits for Health Transfer and Contribution Funds.

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

As we complete 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 (7th year completed)

This is the 7th and final year of the extended Health Transfer Agreement with Health Canada. Our Community Health Plan was updated, using the logic models to address our health priorities and reflect our integrated team approach for the next five (5) years. We have entered into a new five-year agreement, starting April 1st, 2006 to March 31st, 2011.

Both KSCS and Kateri Memorial Hospital Centre (KMHC) provide mandatory and prevention services based on our Health Transfer Agreement to address our Community Health Plan. KMHC will provide their own Annual Report. 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

	FY 2004/05	FY 2005/06
REVENUE (Health Canada, Health Transfer Agreement)	\$ 4,103,643.00	\$ 4,212,847.00
Unexpended at beginning of year	\$ 388,075.00	\$ 390,261.00
Deferred Revenue (evaluation funds)	\$ (390,261.00)	\$ (33,454.00)
Transfer to Moveable Capital Assets Reserve	\$ (29,771.00)	\$ (21,568.00)
TOTAL	\$ 4,071,686.00	\$ 4,548,084.00

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1. KMHC Health Services**FY 2004/05****FY 2005/06**

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

EXPENSES

KMHC Nursing, Health Services and Overhead	\$ 1,013,514.00	\$ 895,179.00
Physician Recruitment / Retention	\$	\$ 141,750.00
TOTAL	\$ 1,013,514.00	\$ 1,036,929.00

2. CHR/ Environmental Health Services**EXPENSES**

Salary & Benefits	\$ 295,865.00	\$ 292,561.00
Travel, Training, Water Samples, Laboratory Testing	\$ 28,630.00	\$ 22,555.00
TOTAL	\$ 324,495.00	\$ 315,116.00

3. Client Support and Prevention Services**EXPENSES**

Salary & Benefits	\$ 601,763.00	\$ 682,885.00
Program, Travel, Training	\$ 54,537.00	\$ 32,948.00
TOTAL	\$ 656,300.00	\$ 715,833.00

4. Health Policy and Consultation**EXPENSES**

Salary & Benefits	\$ 85,088.00	\$ 86,601.00
Program, Travel, Training	\$ 16,027.00	\$ 15,852.00
TOTAL	\$ 101,115.00	\$ 102,453.00

5. Primary Health Promotion

(Brighter Futures, Prevention Network)

EXPENSES

Salary & Benefits	\$ 70,353.00	\$ 60,221.00
Program, Travel, Training	\$ 6,019.00	\$ 2,824.00
TOTAL	\$ 76,372.00	\$ 63,045.00

6. Addictions Services**EXPENSES**

Salary & Benefits	\$ 207,750.00	\$ 213,285.00
Program, Travel, Training	\$ 80,218.00	\$ 78,336.00
TOTAL	\$ 287,968.00	\$ 291,621.00

14. Management, Operations and Support**FY 2004/05****FY 2005/06****EXPENSES**

Salary & Benefits	\$ 245,327.00	\$ 285,851.00
Program Costs, Travel, Training	\$ 1,425.00	\$ 794.00
Community Health Plan Update	\$.00	\$ 42,100.00
Operating & Administration Expense Sharing	\$ 498,338.00	\$ 553,973.00
TOTAL	\$ 745,090.00	\$ 882,718.00

15. Human Resources, Training**EXPENSES**

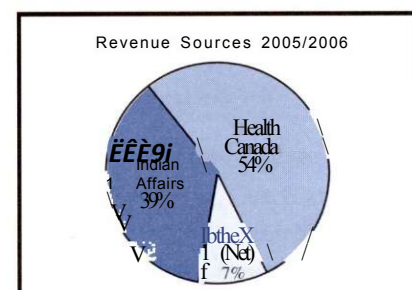
Salary & Benefits	\$.00	\$ 178,623.00
Program Costs, Travel, Training	\$.00	\$ 6,376.00
TOTAL	\$.00	\$ 184,999.00

16. Healing and Wellness Services**EXPENSES**

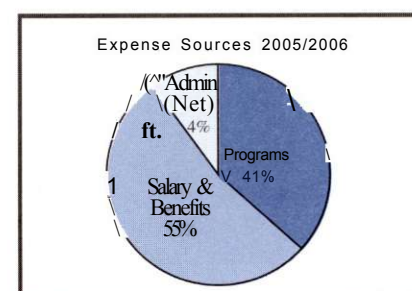
Salary & Benefits	\$.00	\$ 115,606.00
Program Costs, Travel, Training	\$.00	\$ 5,831.00
TOTAL	\$.00	\$ 121,437.00

GRAND TOTAL for Fiscal Year 2004 - 2005**4,071,686.00****GRAND TOTAL for Fiscal Year 2005- 2006****\$ 4,466,727.00****Surplus, unexpended carried forward to FY2006-2007****\$ 81,357.00****REVENUE and EXPENSE - Fiscal Year 2005-2006****REVENUE SOURCES**

REVENUE	\$12,023,383.00	100%
INDIAN AFFAIRS	\$ 4,921,236.00	39%
HEALTH CANADA	\$ 6,424,940.00	54%
OTHER SOURCES	\$ 677,207.00	7%

**EXPENSE PROFILE**

EXPENSE	\$12,023,383.00	100%
SALARY & BENEFITS	\$ 6,604,000.00	55%
ADMINISTRATION and office operations (net)	\$ 444,000.00	4%
PROGRAMS (and others)	\$ 4,975,383.00	41%



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Assisted Living Services

Louise Mayo,
Manager

In September 2005, Louise Mayo became the new manager of Assisted Living Services. This service consists of the Independent Living Center with Coordinator Pat Lahache, and the Family Support Resource Services, with Coordinator Peter Montour. The Young Adults Program falls under the Family Support Resource Service.



Independent Living Center

Residents:	TOTAL	Male	Female
	15	12	3

Residents' ages range from nineteen years to a person in their mid-seventies. The building celebrated its first anniversary in February 2006. A number of events were coordinated for the residents, such as a Christmas Party, Valentine Party and an Open House on March 30, 2006.

The residents continue to learn life skills such as preparing meals, doing chores, participating in talking circles and going on regular outings, such as bowling every second Tuesday. The staff of the ILC accompany residents to medical appointments, help with budgeting and savings, and also do a variety of activities with them.



ILC resident Beverly Beauvais participates in an ILC family picnic game (summer 2005)



OPEN HOUSE March 30th, 2006: Pictured: Some guest speakers, participants from Young Adults Program and some residents of the ILC pose for a group picture.

[Independent Living Services was managed by Arthur Diabo from April - June 2005. Dale Jacobs was the interim coordinator from November 2004 - May 2005.]

Assisted Living Services (cont'd)



YAP participants playing a leisurely game of bingo

Young Adults Program

The Young Adults Program is a community-based day program for Kahnawa'kehrô:non adults with challenging needs. We provide a unique way for individuals to experience success while having fun. We foster meaningful relationships based around learning experiences and social activities. Daily programming is client-centered, developed around the expressed interests and needs of each individual. Over the past year, we averaged two outings outside of the community per month. Outings have included malls, movies, bowling, Bingo games, sugar shack, public pool, fundraising events, walks, seasonal parties, downtown Montreal, the Casino, restaurants, and the KMHC 100th Anniversary Parade and Tombola.

Throughout the summer months, the emphasis moves more into meeting the social/emotional needs through taking advantage of the better weather to appreciate and integrate into mainstream leisure, locally and regionally. Some of the



YAP Christmas Craft and Bake Sale 2005



YAP float at the KMHC Centennial Celebration Parade (June 2005)

more major times enjoyed together were Super-Aqua Club, Granby Zoo, St-Timothy Beach, KOA Campgrounds, Botanical Gardens, Montreal Jazzfest, fishing, pool parties, and the ever popular La Ronde and fireworks. A positive approach is the basis of interactions with and between program participants. Adjustments are made for those with motivational difficulties or specific medical or physical needs. Lesson plans, activities, staffing ratio, time constraints, and other external factors are all considered flexible. Confidence, self-esteem and interaction skills increase as the participants involve themselves in the varied activities.

Young Adults Program Participants:

TOTAL:	Fulltime	Part-time	Occasional
17	8	5	4



Home and Community Care Services / Turtle Bay Elders Lodge

Michael T. Home, Manager

Home and Community Care Services (HCCS) continues year round to provide a multitude of specialized services to the elderly and physically challenged Kahnawa'kehr6:non. All services are client focused, based on individual needs. A case manager is assigned to develop and oversee each client's Integrated Service Plan (ISP) and works closely with the rest of the team to ensure that the required services are provided. This new integrated service helps extended family members share in the responsibilities for the care of their loved one, and allows elders and the physically challenged to live at home with assistance for as long as possible.

Specialized services are delivered by certified staff in the areas of Home Care Nursing (in collaboration with Kateri Memorial Hospital Centre), and Home Care Support (assistance with medication, personal and domestic care). We also continue our successful Enkwen'nonksa tanon Tentewatska'non (Wheels to Meals) program, where community elders are brought in to the Elders lodge to enjoy an afternoon meal and social interaction. Increased activities tailor-made for elders include Monday night Bingo, which is well attended by community members of all ages,



HCCS Personal Aide Stephen Douglas brushes up on CPR techniques

a low aerobic exercise program, special outings, tea parties and regular social gatherings, such as the elders Christmas and Valentine's Day parties, and fundraisers such as grocery bingos and assorted raffles.

We have an Adult and Elders Services Counsellor on staff that assists with Old Age Security, Quebec Pension Plan, Wills, Living Wills, Mandates on Inability, Power of Attorney, Commissioner of Oaths Services, U.S. Social Security, Company and Private Pensions, Child Care Authorizations and Residency Affidavits. The Meals on Wheels program consist of healthy meals that are prepared by the Turtle Bay Elders Lodge kitchen staff and delivered by volunteers to isolated community members.



Some TBEL residents and community elders pose for a picture in the TBEL living room

Home and Community Care Services / Turtle Bay Elders Lodge (cont'd)



Darlene Alfred helps youngster to pull the raffle tickets at the TBEL Christmas Party



TBEL Winter Carnival King and Queen, Orville Standup and Kateri Deer

Over the past year, Home and Community Care Services has taken part in the Kateri Memorial Hospital Centre's Accreditation Process, making sure that the services offered by our home care component are comparable and meet the standards set out by the Canadian Council on Health Services.

The Turtle Bay Elders Lodge (TBEL) offers residency, food service and social activities geared to its residents and other community elders. TBEL operates at full capacity with 24

beds and a long waiting list. Management always looks for ways to improve the living environment that reflects more of a homey atmosphere. Over the past year, we've done extensive landscaping and encouraged our residents to plant their own flower and vegetable gardens. An increased networking effort with the KMHC dietician ensures that all meals provided meet the dietary needs of the residents. The TBEL participated and won the best float in the KMHC 100th Anniversary parade.

Home and Community Care Services:

	# of Visits	# of hours worked
Home Visits	6,843	29,984.50
Home Care Nursing		4,064.25
Case Management (includes Casework)		3,930.50
Enkwen'nonksa tanon Tetewatska'non		11,665.50
Meals on Wheels	2,460 meals prepared	
Transports	1,365 participants	

The Home and Community Care Services/ Turtle Bay Elders' Lodge team is preparing to meet projected needs for increased services in the upcoming years as an aging baby boomer population begins to require services.



Human Resources

Rheena Diabo, Director

Since 1999, KSCS had begun to formally establish

Human Resource Services to management & staff.

A pilot project of three years and creation of the position of Human Resources Coordinator were the beginnings. In April 2005 the Executive Director announced the restructure of services and establishment of a larger Human Resources Team. This new structure would be made up of current Human Resource Staff, KSCS Communications, Organizational Development Services and an Interim Director would lead this pioneering team.

In its first year of operation, this diverse team has focused its energies on two fronts establishing HR operations while continuing to provide services. Service delivery included providing individual support to staff and management, improving the recruitment and hiring process, developing standard operating procedures, training plans and reporting tools and training evaluation.

Human Resources Services:

	TOTAL
KSCS Client Base for HR	187
Clerical duties	1684
Counseling/Advising/Informing	173
Research, Developments Technical Writing	69
Organizing Workshops & Interviews	75
Advocating / Mediation	15

Organizational Development Services was involved in diverse projects ranging from developing a Community Health Plan, delivering training (governance, performance management, team building, file management, professionalism, conflict resolution), mentoring clients, facilitating national & local meetings, conducting training needs assessments and strategic planning sessions.

Facilitation & Training Provided by ODS:

TOTAL	Facilitation Services 4 (25-40 people per session)
Training Workshops	14 (394 people)



Tom Porter facilitates a workshop called Parental Roles and Responsibilities from a traditional point of view.

Human Resources (cont'd)

The past twelve months have been a busy time for Communication Services. The team strived to meet the overall increase for services requests, while producing information that is positive and geared towards specific age groups within the community.

Recording training seminars and workshops, then making educational videos or DVD's is the one area within KSCS that has greatly increased over the past year.

We've made some notable changes to the communications tools that we use to increase community members' knowledge and awareness to health issues that affect them. Most notable has been the increased use of TV and Video while reducing the number of Aionkwatakari:teke issues from twelve to six.

Communication Services Statistics:

	TOTAL
Videos	
Television Commercials	40
Awareness Videos	20
Videotaped Workshops	5
Print:	
Aionkwatakari:teke:	
Issues (80 articles)	6
Evaluation	1
Annual Report	1
News Releases	3
Eastern Door Ads	77
Articles	7
Center Spreads	2
Inserts	14
Community Notes	50
Radio:	
Talkshows	10
Commercials	13
PSA's	42
Television:	
KSCS Insider	26
Shakotiiia'takehnhas Presents	26



Community member enjoys the electronic message board

We have also been able to utilize an electronic message board that is located in the Kahnawake Services Complex Lobby in part made possible through better partnerships with the Communications Unit of Mohawk Council of Kahnawake.

Our Promotion Educators were out in the community again this year attending dozens of community activities, planning/coordinating promotional campaigns on a vast array of health and social issues.



Prescription Drug Disposal Booth with Chris Leclaire and Christine Taylor (April 2005)

Promotion | Education Media Statistics:

	TOTAL
# Informational Booths	12 (1,085 participants)
# Workshops/presentations	5 (76 participants)
# Informational Travel Boards	8 (1,746 participants)
# In School Workshops	24 (60 participants)

Non-insured Health Services and Health Policy

Keith Leclaire, Director



The Policy Unit started at KSCS in 1996 through what was then Health Canada's Integrated Agreement and continues to operate through the Health Transfer Agreement. The consistent growth of the program came about through a working relationship with Onkwata:karitáhtshera. Onkwata:karitáhtshera is responsible for planning and maintaining health and social services in Kahnawake. Our role as the Policy Unit is to provide updated information to all Kahnawake decision makers of the present and proposed government (Federal & Provincial) policies, regulations, acts and agreements and their impacts on our community social and health services. The Policy Unit carries out this responsibility by acting as technical support to Onkwata:karitáhtshera. The purpose of this partnership is to develop Kahnawake's full control of Health and Social Services based upon determining Kahnawake priorities, resource allocations, evaluation and measuring our effectiveness incorporating a holistic approach from a community perspective.

The Policy Unit also coordinates and maintains the KSCS Brighter Futures Initiative. There were seven projects geared towards making a Brighter Future for children that were selected for funding in 2005/6.

The Policy Unit is responsible for the First Nations Health and Social Services Resource Center, which provides audiovisual and written prevention resources to our community, and all First Nations in the Quebec region.

The Policy Unit is also responsible to assist Kahnawa'kehró:non with Health Canada's Non Insured Health Services. Community members get assistance within the areas of Prescription Drugs, Dental Care, Vision Care, Medical Equipment & Supplies, Crisis Intervention, and Mental Health Counselling.

Children and Youth Serviced by Brighter Futures in 2005/06 were:

TOTAL	Male	Female
1873	991	882



Parent and toddler Story Time at the Skawenniio Tsi
Wewennahnotahkhwa Kahnawake Library



Tota tanon Ohkwari trim their Christmas tree

Non-insured Health Services / Health Policy (cont'd)

KSCS Drama Project 2005/06

Total # of participants

TOTAL	Male	Female
237	120	117



Alain Vandecruys and Kevin John Saylor, the brains behind Kahnawake Drama



The cast of the production "Rumours"



The cast of the production "Good News"



Part of the Resource Center video library

First Nations Health and Social Services Resource Center:

Issues of program newsletter:	4
Website Visits: (www.fnhssrc.ca)	400

Promotional Resource Materials distributed:

Requests for assistance:	51
Audio / Visual materials	567
Pamphlets / printed materials	7142



Prevention Services

Mary McComber, Manager

The following is a listing of prevention services available through the two prevention (Primary and Secondary) teams of Kahnawake Shakotia'takehnhas Community Services (KSCS). As Manager of Prevention Services I oversee these two prevention teams with the support of the Secondary Team

Coordinator, Lisa Two Axe.



Sliding with Our Gang

FASD (Fetal Alcohol Spectrum Disorder) Initiatives, Suicide Prevention and In-School Prevention Planning. In addition to these I review and facilitate the Community Prevention Task Force.

The primary prevention projects are: MAD (Making Adult Decisions) Group, Drop-In Center, Sex and Sexuality Programming,



MAD Group participate in cultural awareness activities. Pictured: Peach pit game.

There have been several success stories during this past year. We have made strides in the area of FASD and Suicide Prevention/Intervention training. Approximately 15 KSCS staff and other organizational representatives have participated in FASD training and 60 have received Suicide Prevention/Intervention training from our newly certified ASIST (Applied Suicide Intervention Skills Training) Program trainers, Sue Ann Morris and Chad Diabo.

Two of our long standing youth programs continue to flourish, Our Gang (12 years) and MAD group (22 years). The MAD Group enjoys a membership of 20 youth ages 12-18 years. Our Gang has a consistent participation rate of 60 members weekly ages 6-12 years.

One of our continued challenges was the operation of the Drop-In Center program. We offered weekend services to youth ages 12- 18 years. This coming year (2006-2007) we are supporting, through Brighter Futures, the further development of the weekend Drop-In services to youth at the Kahnawake Youth Center (KYC). We have had difficulty maintaining staff in order to accommodate the service. In order to continue to support the youth, the KYC has agreed to provide access to the facilities for extended hours Fridays and Saturdays beginning, May 5, 2006.



Children participate in the 1st Annual FASD Awareness Walk (Sept. 2005)

Prevention Services (cont'd)

The main programming under Secondary Prevention, are as follows: the Family Center, Our Gang After-School Program, Anger Management Men's Group, Anxiety Support Group. Other groups, in collaboration with the Tertiary Prevention Services team, are Grief Support Group and Anger Management Girls Group.

The majority of the work in this team also consists of individual support counselling whether it be through Family Center parenting support or individual counselling with regard to anger management, grief and anxiety counselling, etc. The Anger Management Groups, both men's and women's, have had success in participation within the groups. The men's group has had 27 participants while the Young Women's Group has seen 16.

Continued challenges facing KSCS are to maintain and enhance resources in order to meet the demands and continue programming and services. Fundraising and proposal writing is a continual process. For this reason it is important for KSCS and community to work together. I would like to commend community members and organizations for participating in KSCS Prevention Programs and initiatives past, present and future. "It takes a community to raise a child and to address social issues."

	TOTAL	Male	Female
Teen Drop In	81	48	33
Bullying Prevention (In Schools)	217	99	118
Bullying Prevention (Kateri School)	335	157	178
Divorce & Separation Group	8	8	0
Men's Anger Management Group	27	27	0
Young Women's Group	16	0	16
Anxiety Support Group	14	2	12
Individual Counseling (<i>Mainstream & Traditional approaches</i>)	38	1	37
Healthy Sex and Sexuality	564	289	275
Fetal Alcohol Spectrum Disorder	624	326	298
Suicide Awareness (<i>Prevention & Intervention</i>)	136	38	98
MAD Group	54	22	32
Our Gang	143	44	99
Family Center			
Activities Group	61	19	42
Interactive Workshops	38	8	30
Mohawk Language Support Group	14	4	10
Nobody's Perfect Program	39	16	23
Youth ID Program	48	20	28
Parenting Teen Workshop	9	2	7
Individual Client Services	10	2	8
Brief Services	22	8	14
Prenatal Services	1	0	1



Left: Parent-Toddler Interactive Workshop Graduation (Spring 2005)



Below: Teens in Volleyball Tournament at the Teen Drop In



Support Services

Derek Montour, Manager

The year 2005 has proven to be another exciting year for Prevention and Support Services. As usual, we have had our hands full providing quality services to our community on a wide range of areas, and to a wide range of clientele. This year, in an effort to improve the service delivery, we have decided to promote one of our Coordinators, Ms. Mary McComber, to a management position to oversee the Primary and Secondary Prevention Services. Our services are divided into 3 areas: **primary**-giving education and awareness before a problem is identified; **secondary** - providing assistance when a problem is identified in an individual or family but is not in a crisis stage; and **tertiary** - providing assistance when a problem reaches an immediate need for intervention.

Tertiary Prevention Services (the *Support Services*) provide **Social Services** (which include youth protection, emergency on-call, intake, foster care, general counseling and referral), **Healing and Wellness Lodge Services** (our traditional services which include counseling, education, medicine teachings, sweats, referrals, and cleansings), **Addictions Response Services** (assessment, detox or treatment referral, aftercare, and outpatient



Addictions Response Services Worker John Mayo facilitates a community presentation on Crystal Meth

counseling), **Psychological Services** (which includes initial assessment, referral, and case management), **Case Aides** (support services to social work and include supervising visits and transport of clients), and facilitating the **Youth Criminal Justice Act** (for children charged with criminal offenses). We provide these services to all age groups within the community and we operate with a multi-disciplinary approach. Operating in a multi-disciplinary approach provides the highest quality of services because a case will be shared by several professions, including primary and secondary prevention services, the Home and Community Care Services, and the Assisted Living Services.

The highest service demands for Support Services have been in the area of youth protection, general counseling (S-5), and addictions response. This high use for our services may indicate that community members are feeling more comfortable with seeking support to address their personal issues. The more we encourage each other to continue to ask for help or support, the healthier our community will become. This increased health awareness and positive change will allow us to take responsibility for ourselves, our families, our community and our nation for the next seven generations.

Training Workshops offered to Community & Staff:

	TOTAL (# of people in attendance)
Tehontatro:ris	267
Crystal Meth	74
Teen Self Injury /Self Mutilation	56

Support Services (cont'd)

Support Services New Intakes:

	TOTAL	Male	Female
Youth Protection	237	120	117
Psychological Services	139	34	105
Youth Criminal Justice Act	28	18	10
Addictions Response Services	235	147	88
S5 Voluntary Services	295	97	198
Brief Services	47	16	31
Totals	981	432	549



Christine Grand-Louis
Intake Worker

^Intakes Not Eligible for Services 9 6 3

Auxiliary Programs Supporting Support Services:

	TOTAL	Male	Female
Healing & Wellness Lodge Clients	90	38	52
Sweats (44 ceremonies)	144	---	---
Tobacco Burnings (234 ceremonies)	NA	---	---
Burial Feasts (7 ceremonies)	NA	---	---
Foster Care Placement / Psychological	86	42	44
Case Aides	1,050	467	583



Above: Where The Creek Runs Clearer Graduation Supper. Picture at right: Where The Creek Runs Clearer Grads 2005.



Environmental Health Services

Our offices relocated in early June 2005, opening our doors next to the new ILC building. EHS has one Environmental Health Officer who oversees three Environmental Health Technicians. We were busy in the field delivering a multitude of services to the community. The main areas of concentration were:

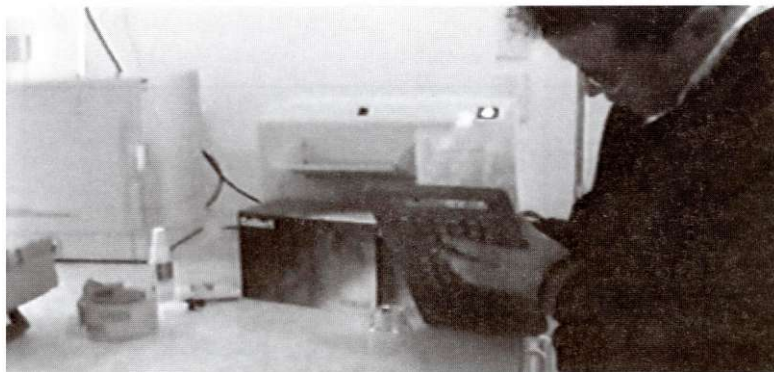
- Water Quality Monitoring (potable and recreational)
- Food and Sanitation Inspections
- Pubic Building Inspections
- Residential Investigations
- Sewage Disposal
- Environmental Contaminants
- Occupational Health and Safety

Within the areas of concentration, we focus on aspects of:

- Communicable disease control, air quality, sanitation, and hazard investigation.

Apart from our regular weekly activities, included above, we have been involved with Kahnawake's Emergency Preparedness Planning Committee on the issues surrounding the threat of an Influenza Pandemic.

Onkwata'karitâhtshera, Kahnawake's one Health & Social Services Agency, gave EHS the direction to begin addressing health and safety in the workplace. Representatives from Kateri Memorial Hospital Centre and two branches of Mohawk Council were brought together to prepare, plan and implement a work plan to address occupational health and safety issues.



EHO David Montour uses Health Canada approved methods to test Kahnawake's water.

The working group established two goals: the first was to bring awareness that all workplaces contain health and safety hazards that can be controlled. The second: to prevent illnesses and injuries resulting from the workplace.

Many community organizations and private businesses opened their doors and allowed us to present materials that

help bring awareness of the possible hazards that the workplace may contain. Monitoring and follow-up will occur over the following year including the related illnesses/injuries reported at KHMC in order to evaluate the effectiveness of the campaign. We also assisted MCK's technical services department in the review of their Water and Sanitation Policy.

C Environmental Health Services Statistics:

Water Quality

Bacteriological	319
Complete Chemical	28
Trihalomethanes	18
Pesticides	10
Hydrocarbons	4
Quality Control	9

Food Establishments

Inspections	50
Food Handling Courses	5

Public Buildings

Inspections	35
Requests for Additional Info	10

Private Buildings

Provide Building Inspection/ Investigation Services to Public	8
Requests for Additional Info	60

Communicable Disease Control

Community-owned Building Inspection /Investigation Serv. Information	6
Campaigns	4
Requests for Additional Info	24

Wastewater Disposal

Sampling Reports Reviewed	32
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**KAHNAWAKE
SHAKOTIIA'TAKENHAS
COMMUNITY SERVICES**

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MISSION STATEMENT

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'kehrô:non in strengthening Kanienkeha:ka values.

CREDITS

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