

Kahnawake  
Shakotia'takehnhas  
Community Services



Annual Report  
April 10 - March 11

# YEAR IN REVIEW





## EXECUTIVE DIRECTOR'S MESSAGE

*Executive Director, Linda Deer*



"My sincere thanks go out to our Board of Directors for their time and commitment to our organization, as well as Management and Staff for ensuring quality services were provided to our clients and community."

Kahnawake Shakotiiia'takehnhas Community Services (KSCS) finds itself at the end of another fiscal year that was full of regular service activities, projects, and special issues that dominated throughout the year.

Throughout this annual report you will have in-depth accounts from each of our service areas that herald the successes and challenges faced by the organization and staff.

KSCS collaborates with community groups and organizations through meetings or Memorandums of Understanding. Some of our partners include the Kateri Memorial Hospital, the Kahnawake Peacekeepers, the Kahnawake Fire Brigade, the Kahnawake

Education Center, Onkwata'karitáhtshera, the Executive Director's Committee, etc. and each of them, in one way or another, have helped enhance service delivery to the community at large.

My sincere thanks go out to our Board of Directors for their time and commitment to our organization, as well as Management and Staff for ensuring quality services were provided to our clients and community.

## BOARD OF DIRECTORS



**KSCS Board of Directors.** *Standing (l-r):* Thomas Sky, Warren White, Clinton Phillips, Shawn Montour, Lloyd Phillips, Donald W. Gilbert. *Sitting (l-r):* Lori Jacobs, Mary Lee Armstrong, Falen Jacobs, Arlene Jacobs.





## OPERATIONS

*Director, Franklin Williams*

“Our services have an impact on the success of client-driven services by supporting their objectives to address the Community Health Plan priorities and goals in addition to the strategic vision of KSCS.”

The Operations team contributed administrative, financial and management services to all client service teams. Our services have an impact on the success of client-driven services by supporting their objectives to address the Community Health Plan priorities and goals in addition to the strategic vision of KSCS.

We provide services to all health transfer service areas located at the main office and throughout the community at Home and Community Care/Turtle Bay Elders Lodge, Young Adults Program, Independent Living Center, Environmental Health Services, Resource Center, the Whitehouse, and the Family & Wellness Center.

Receptionist/Greeter services were provided day and evening, including weekends when required.

- Groups: 112
- Total clients for year: 3743

Administrative Assistant Services provided individual support to each of the integrated client service teams.

- New files opened: 175
- Files destroyed: 250

Information Technicians (IT) effectively addressed the computer needs of all the main office and satellite operations for 160 computer /laptop units, nine servers, six networks, Internet and WAN connections.

The Finance team provided efficient invoice payment, payroll processing of over 190 staff on weekly payroll, financial reporting and year-end audit preparations for a multitude of transactions.

The Maintenance and cleaning teams ensured a clean workplace. Repairs and safety checks were performed on the building and mechanical systems at the main office and at our satellite facilities.





## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
*Kahnawake Shakotia'Takehnhas Community Services*

We have audited the accompanying financial statements of **Kahnawake Shakotia'Takehnhas Community Services**, which comprise the statement of financial position as at March 31, 2011 and the statements of operations and fund balances, moveable assets reserve, changes in net financial assets, sources of revenues 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.

### Auditor's 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 auditor's 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 Council'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 Council'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 **Kahnawake Shakotia'Takehnhas Community Services** as at March 31, 2011 and of its financial performance and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

*Horwath Leebosh Appel LLP*

Montreal, Quebec  
June 20, 2011

<sup>1</sup> CA Auditor permit no. 8595



## HEALTH TRANSFER 12th Year Completed



### Kahnawake Shakotia'Takehnhas Community Services

#### Statement of Sources of Revenues

Year ended March 31	2011 \$	2010 \$
<b>Health Canada</b>		
Health Transfer Agreement	4,933,222	4,689,995
Unexpended contributions at beginning of year	-	244,262
	4,933,222	4,934,257
Set funding	2,648,946	
Unexpended contributions at beginning of year	126,496	143,637
Health Canada adjustment to unexpended contributions	-	(1,500)
Unexpended contributions at beginning of year - revised	2,775,442	142,137
Set funding	-	2,959,624
Deferred revenue	-	(126,496)
	2,775,442	2,975,265
	7,708,664	7,909,522
<b>Indian and Northern Affairs Canada (INAC)</b>		
Financial transfer arrangement	4,647,931	4,504,087
Childrens' special allowances	138,190	115,685
Residents contributions - KSS services delivery - assisted living services	59,405	61,795
Unexpended contributions at beginning of year	-	85,000
Deferred revenue - KSS services delivery - assisted living services	-	-
	4,845,526	4,766,567
<b>Other</b>		
Interest income	25,891	2,777
Internal invoicing - administration costs	653,983	674,025
Internal invoicing - operation costs	409,695	422,669
Kateri Memorial Hospital Center rent	12,000	12,000
Elders' Lodge residents' contributions	135,941	139,000
Elders' Lodge - INAC funding	606,400	652,400
Elders' Lodge - Meals On Wheels	8,524	11,883
Elders' Lodge - respite care	771	1,000
Elders' Lodge - canteen revenue	450	1,707
Elders' Lodge - unexpended contributions at beginning of year	-	38,000
Elders' Lodge - unexpended contributions at beginning of year (Tewatohnni'saktha golf tournament donation)	24,290	-
Elders' Lodge - Tewatohnni'saktha golf tournament donation	-	28,940
Elders' Lodge - Tewatohnni'saktha golf tournament donation - transfer to New Horizons for Seniors	-	(4,650)
Elders' Lodge - Tewatohnni'saktha golf tournament donation - deferred revenues	-	(24,290)
	1,877,945	1,955,461





## HEALTH TRANSFER

### Kahnawake Shakotia'Takehnhas Community Services

#### Statement of Sources of Revenues (Cont'd.)

Year ended March 31	2011 \$	2010 \$
<b>Balance forward</b>	<b>1,877,945</b>	1,955,461
Organizational development services	210,279	242,899
CSSR child services	43,097	11,331
Dividends - Caisse Populaire Kahnawake	455	2,915
Other	17,566	6,063
Group benefits contribution - MCK	4,623	18,129
Soda machine	517	557
YAP donations	6,000	-
Tewatohnhi'saktha summer student programs	31,557	31,300
Administration - Services Complex	10,000	10,000
Gas tax refund	-	1,412
Grant - NAAAW	-	2,500
Grant - Lip Sync	-	2,538
Grant - Primary Health	-	1,204
Room rental	900	1,775
Rental - Mohawk Trail House	1,750	700
Van rental	6,200	10,794
Healing Lodge	-	1,200
Nobody's Perfect (Kateri Memorial Hospital Center)	8,185	8,092
YAP parents' committee	26,908	31,506
YAP parents' committee - surplus funding carried forward	(16,497)	(15,647)
Teen social club	4,216	3,184
Transfer from moveable assets reserve	9,451	39,452
New Horizons for Seniors	-	14,650
	<b>2,243,152</b>	2,382,015
	<b>14,797,342</b>	15,058,104
<b>Less: Internal transfer</b>	<b>(1,842,224)</b>	(1,991,993)
	<b>12,955,118</b>	13,066,111







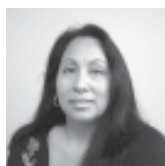
## HEALTH TRANSFER

### Kahnawake Shakotia'takehnhas Community Services

#### Statement of Cash Flows

Year ended March 31	2011 \$	2010 \$
<b>Cash flows from (used for):</b>		
<b>Operating transactions</b>		
Excess of revenues over expenses	1,298	819,030
<i>Items not requiring an outlay of cash:</i>		
Amortization	217,065	213,915
Accumulated surplus - internal transfers	(551)	(43,508)
Accumulated surplus - INAC recoverable surplus adjustment	-	(177,704)
	217,812	811,733
Increase (decrease) in moveable assets reserve	8,520	(22,003)
Net change in non-cash components of operating working capital <i>[note 5]</i>	(451,323)	(277,529)
	(224,991)	512,201
<b>Capital transactions</b>		
Acquisition of tangible capital assets	(9,451)	(123,800)
<b>Financing transactions</b>		
Net change in term deposits	-	(1,500,000)
Increase (decrease) in cash and cash equivalents	(234,442)	(1,111,599)
Cash and cash equivalents - beginning of year	757,733	1,869,332
<b>Cash and cash equivalents - end of year</b>	<b>523,291</b>	<b>757,733</b>
<b>Represented by:</b>		
Cash and cash equivalents - unrestricted	523,291	757,733
Cash and cash equivalents - internally restricted	-	-
	523,291	757,733





## ASSISTED LIVING SERVICES

*Director, Vickie Coury-Jocks*



**A**ssisted Living Services (ALS) covers two main areas, the Independent Living Center (ILC) and Family Support and Resource Services (which includes the Young Adults Program (YAP), the Teen Social Club (TSC), Life-skills Support Workers, and the Family Support Team.

ALS provides support to individuals with physical and developmental disabilities and to individuals with mental health issues. These services enhance the individual's quality of life while promoting inclusion.

ALS programs worked to combine activities and outings that are enjoyable to all. These programs continue to participate in many community events e.g. winter carnival, *Spirit of Wellness*, etc.

For a second year, ALS hosted a family dance, where the residents and participants enjoy being involved. Meanwhile, the annual *Fun Fair* will be celebrating its 10<sup>th</sup> anniversary this year!

ALS Caseworkers use standardized tools and interviewing skills to identify the individual needs of clients and their families and develop integrated individual service plans to address their needs. We work with other programs, e.g. homecare nursing, to develop comprehensive plans. ALS provides respite to families by using the resources of individual support given by the *Life-skills Support Workers*, *West Montreal Readaptation Center*, *Camp Emergo*, etc.

The major challenge we faced this year was operating within our current budget while meeting the increasing need for client services. ALS will need to acquire the necessary funding to accommodate this continually increasing need.

We applaud the families of our participants and residents who continue to be supportive and active in our programming.

ALS weathered challenging staff changes and adjustments last year. The transitions were positive due to our dedicated staff. Assisted Living Services maintains a positive outlook for the coming year.



*An ALS hosted dance.*



*The Young Adults Program info booth.*







*ILC family picnic.*

Assisted Living Services			
	M	F	Total
Independent Living Center (residence caseworker)	6	6	12
Family Support Caseworkers	30	19	49
Family Support Life Skills Support	20	9	29
Teen Social Club	8	2	10
Young Adult's Program	8	6	14

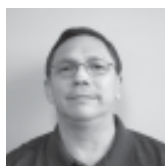


*YAP's second annual in-house lip sync contest.*



*YAP Halloween party.*





## COMMUNITY BASED PROGRAMS

*Team Leader, Joe Styres*



Community Based Programs provide up-to-date information to Kahnawake Shakotia'takehnhas Community Services (KSCS) and all Kahnawake health and social services decision makers about the continuous changes to the non-transfer health care programs.

This past year we provided technical support to Onkwata'karitahtshera's chairperson and executive committee and, as such, administered the contribution agreements of Head Start and the diabetes health projects. Onkwata'karitahtshera is the body responsible for planning and managing global health and social service issues in Kahnawake through a collaborative and holistic approach involving Kateri Memorial Hospital Center, Kahnawake Fire Brigade, KSCS and Mohawk Council of Kahnawake.

We are responsible for assisting Kahnawakehrónon with Health Canada's Non-Insured Health Services. During 2010/2011, we assisted and/or provided information on 328 inquiries relating to prescription drugs, dental care, vision care, medical equipment and supplies.

Other responsibilities included administering the funding component on fetal alcohol spectrum disorder, crisis intervention mental health counselling and HIV/AIDS and the Aboriginal Diabetes Initiative. We coordinated the KSCS Brighter Futures Initiative that is geared towards making a brighter future for children.

We also administered and supervised the KSCS Drama Project and the First Nations Health and Social Services Resource Center, which provide audiovisual and printed prevention resources to our community and other First Nations in Quebec. During 2010/2011 there were 15,212 documents and 484 DVDs accessed by First Nations in Quebec and Labrador from the Resource Center.



*Drama production of Annie*

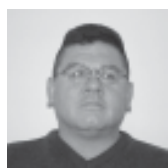


*Alex McComber conducts a demonstration on personal empowerment, an ADI project.*

### Brighter Futures

Total	Male	Female
1975	900	1075





## ENVIRONMENTAL HEALTH SERVICES

*Team Leader, Donald Gilbert*



**E**nvironmental Health Services (EHS) has undergone changes in personnel this past year. Environmental Health Officer (EHO) David Montour, who has served with EHS for many years, has made a career change. We wish him the best in his new position.

Nicolas Grenon-Raymond is our new EHO and has been with the program since September 2010. Donald W. Gilbert became EHS Team Leader, supervising the staff, Mark Horne and Larry Jacobs.

EHS activities primarily concentrated on identifying, monitoring and mitigating health hazards in the physical environment. This responsibility was divided into the following concentration areas:

- Water quality
- Waste disposal
- Food safety
- Health hazard investigations
- Air quality
- Communicable disease control
- Building safety
- Occupational health and safety

Radon testing in public buildings was conducted as part of a Health Canada initiative. Twenty-one buildings were identified and a total of 454 radon detectors were installed. Results from the detectors will be available next year.

H1N1 influenza was still a concern for our program and after the earthquake in Japan there was some anxiety with regard to radiation from any fallout. The situation in Japan has settled with no immediate threat to worldwide health. We will continue to monitor the situation for any changes. While the H1N1 pandemic was not as serious as originally predicted, the experience ensures that organizations will be better prepared for similar events in the future.

The most positive change we have seen in the last few years has been the decline in requests for indoor air quality investigations. We believe more and more people are making themselves aware of the negative conditions in their homes that encourage poor air quality and are making the necessary changes on their own.

The information on indoor air quality and a variety of other healthy home suggestions is available at a stand outside the Caisse Populaire Kahnawake.

In the upcoming year, EHS remains committed to resolving lingering issues that have been identified (listed below) as major concerns for the community.

- Private sewage treatment issues (improper overflow)
- Recreational water quality issues
- Land use disputes (scrap yards, factories, garbage, etc)
- Occupational health and safety for the whole community

EHS Activity Stats	2011	2010
Water Quality		
– Chemical	70	43
– Bacterial	376	312
– Recreational	487	400
– Other	72	25
– Well Disinfections	7	6
Waste Disposal	3	4
Food Safety Inspections	56	47
Health Hazard Investigations	12	20
Air Quality Investigations	8	12
Communicable Disease Control	6	6
Building Safety	48	40
Occupational Health & Safety	3	2
Info Request (misc)	55	45
Radon Testing	21	0







## HOME AND COMMUNITY CARE SERVICES / TURTLE BAY ELDERS LODGE

*Manager, Michael Horne*



**T**his past year was a particularly challenging one for Home and Community Care Services (HCCS). It's unfortunate but loss is a part of our reality and it was particularly hard this year when we experienced the passing of 50 of our clients.

Despite the loss, HCCS continued to provide services to our clients. At the same time, our staff needed a way to acknowledge the people who have moved on to the spirit world and to provide them with closure so that they too can move on. We've implemented quarterly memorial services as a way to help give our staff closure so that they can continue to administer to the needs of our other clients.

We currently provide home and community care service to approximately 262 clients that include home care nursing, case workers, home care services, meals on wheels, and the activity program operating out of TBEL. Contrary to belief, HCCS does not just provide service to the elderly, though they are our main clientele. We also service a large number of people between the ages of 45-65.

HCCS has been networking with our sister communities. We've hosted visits to our facilities from the communities of *Akwesasne*, *Kanehsatake*, and *Listuguj*. Representatives from their respective health centers and Band Councils came to discuss the services we offer and the tools that we use to assess them. They were also interested in how we integrate our home care program with our elders lodge. We are happy to share our knowledge to help them with their client service delivery in their communities.

### Adult and Elders Services (requests)

	Clients
Old Age Security	65
Social Security	17
Quebec Pension Plan	4
Estate Planning (Wills)	38
Legal	13
Pension Plans (Private)	1
Commissioner of Oaths	28
Internal Revenue Services (USA)	
Miscellaneous	135
Civil Status Application (CSA)	1
<b>TOTAL</b>	<b>297</b>

Legal: power of attorney, mandates, living wills, etc.

Misc: e.g.: RAMQ, medical insurance, life insurance claims for deceased clients, someone to confide in, etc.

CSA: birth/marriage/death certificates (Canada & USA)

### Breakdown by Age/ Gender

	M	F
0-5	0	0
6-10	4	1
11-16	4	3
17-25	17	14
26-45	21	31
46-55	20	27
56-64	13	39
65-74	27	45
75+	40	111





*TBEL & HCCS Manager Mike Horne with elders at a memorial service at HCCS. .*



*HCCS and TBEL elders go out to a sugar shack.*



*Elders at the 50s themed dance held at the Lodge.*

HCCS is currently entering another phase of accreditation as part of the home care component with *Kateri Memorial Hospital Centre* through *Accreditation Canada*.

### **Turtle Bay Elders Lodge**

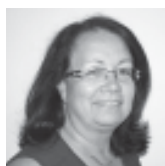
HCCS currently has a seat on the *Residential Care Facilities Regional Committee*, a committee representing Aboriginal elders lodges in Quebec. The committee meets annually to discuss the challenges we are all facing in maintaining our long-term care facilities in the wake of government cutbacks. This year we hosted the annual meeting in Kahnawake in February.

The Elders Lodge has experienced some turnover this year with some of our long-term residents leaving due to deteriorating health. However, because of our policies and our waiting list, the transition to fill the vacancies was handled without delay.

Expansion plans for TBEL have been put on hold for the foreseeable future. According to Indian and Northern Affairs Canada (INAC), there are no monies for either an expansion or for repairs. KSCS has been proactive in ensuring that any needed repairs are done without having to go to the Mohawk Council of Kahnawake or to INAC.

Home & Community Care Services	
	Hours
Home Visits Total	17,718
Home Management	24,521
Nursing Service	6,378
Case Management (incl. casework)	3,923
Personal Care	7,037
Meals on Wheels	4,004
Adult Day Program	13,366
In Home Respite	318
<b>Total Number of Clients</b>	<b>417</b>





## HUMAN RESOURCES

Director, Rheena Diabo



**C**ommunications, Human Resources (HR), and Organizational Development Services (ODS) make up the large HR team. Each team's unique responsibilities and talents lend themselves to helping KSCS realize its strategic framework and help raise the standard of services within KSCS.

### Human Resources

The HR team strengthened our recruitment and retention practices. Major efforts were invested in completing the wage parity project; as a result, we now have a new wage structure and compensation system in place. This project will guide performance management at KSCS.

The database system is an effective tool in tracking employment information and generating reports quickly and efficiently. It has enabled data gathering for various research projects such as years of service project, retirement projections, and succession planning. The database integrates our new wage scale and will aid in managing salaries and positions.

Our HR administrative assistant has been consolidating the HR standard operating procedures and directives into a working manual.

As members of the Kahnawake HR network, negotiations took place to secure a new contract for our employee assistance program for the EDC organizations along with the Purchasing Agent. The joint project ensured employee assistance services were not affected.

Wendy Walker-Phillips, HR generalist, and Allison McGregor, HR administrative assistant, are both attending McGill University for certificates in health and social services management and human resources management, respectively.

### Organizational Development Services

The ODS team's primary focus this year was community based research and development projects, including conducting two evaluations.

The highlight of autumn 2010 was the successful coordination of back-to-back conferences: *Exploring Partnerships* under Kahnawake's Aboriginal Health Transition Fund (AHTF) project and *Families Hanging in the Balance*, a family

#### Human Resources Statistics

2008/2009	189 Employees
2009/2010	191 Employees

#### Recruitment

Positions Posted	19
Applications Processed/Interviews	34
New Hires/Orientations Conducted	35
Departures	24
Summer Students	18
Stagiaire Students	46

#### Employees

Full Time	152
Part Time	8
On Call	31

#### ODS Community Based Research & Development Projects

- AHTF Exploring Partnerships research project
- Evaluation of Kahnawake's AHTF project
- Evaluation of Kahnawake's Natl. Aboriginal Youth Suicide Prevention Strategy project, *Closing the Gap: Community Mobilization and Capacity Building*

#### Organizational Training Projects

- Healthcare Customer Service: five sessions, 120 participants
- Improving Communications: four sessions, 120 participants
- Governance (Board), six participants
- Burnout Prevention, Team and Self-Care, 25 participants
- Critical Incident Stress Debriefing, 44 participants

#### ODS Coordination/Facilitation Projects

- FNCFS community conference, *Families Hanging in the Balance* (2.5 days)
- AHTF conference: Exploring Partnerships (1 day)
- Considering Aboriginal Traditional Knowledge in Species at Risk Act implementation workshop (2 days)





preservation community conference under the First Nations Child and Family Services (FNCFS) project.

Kahnawake's multi year AHTF project came to a close in 2011. The project improved relationships between Kahnawake's health and social organizations and external health and social service partners such as First Nations and Inuit Health Branch, Health Canada (Quebec Region), the Ministère de la Santé et des Services Sociaux Quebec, Agence de la Santé et des Services Sociaux de la Montérégie and the First Nations of Quebec and Labrador Health and Social Services Commission.

ODS coordinated and delivered several trainings to local community organizations and a national Aboriginal organization. This year, the team entered a new partnership with a consulting firm to facilitate a national workshop series.

## Communications

The Communications team was involved in diverse and successful projects. We assisted with HR recruitment efforts and with the media portion of the *AHTF project* and the community family conference *Hanging in the Balance* in November. We coordinated a session on *Suicide within Aboriginal Youth Populations* for the *Living Leadership Executive Excellence Program* (an executive leadership development program of the Public Service of Canada).

The team delivered 12 health and wellness awareness campaigns using proven strategies and communication tools. Our methods included the development and design of outdoor signs that are culturally appropriate and strategically placed to support our campaigns.

Communicating to the community is challenging, considering the amount of information bombarding everyone daily. To be more effective, we attempt to match our health and awareness campaigns to what is relevant to Kahnawake e.g., the Designated Driver campaign in December includes participation from our partner organizations and 27 private establishments.

## Communications—Media Stats

TV Commercials	143
Awareness Videos	35
Taped Workshops	22
Taped Drama Productions	4
Eastern Door Print Ads	72
Articles Submitted	9
Eastern Door Inserts	2
Radio Talk Shows	10
Radio Commercials	20
PSA's	40
Press Release/Interviews	3
KSCS Insider Episodes	*25
Aionkwatakari:teke Publications	**6
Annual Report	1
Weekly Bulletin	50
Requests for Assistance from KSCS Services	167
Workshops/Presentations Assisted	16
Assist Staff to Develop PR Material	84

## Promotion/Education—Media Stats

	#	Participants
Information Booths Hosted	8	1600
Workshops/Presentations	5	103
Prevention & Support Requests (Individual Services)	4	12
*27 people interviewed		
**65 articles, 26 contributors		



Group photo at the AHTF conference, organized by ODS.





## PREVENTION SERVICES

*Manager, Terry Young*



Prevention Services had a busy year here at KSCS, with many staff changes and internal development ongoing in a number of our service areas.

I became the new Manager of Prevention services in September 2010. Since then, I have been busy with the many activities that are delivered to the community. My goal is to make sure that Kahnawake is aware of what services we offer in regards to prevention, to provide programming that is relevant to the needs of the people, and to see that it is delivered efficiently.

Prevention Services includes a number of areas: Shakotihnsie:nenhs Support Counsellors (traditional and individual counselling), HIV/AIDS awareness, FASD Awareness, MAD Group, Our Gang, Parenting and Family Violence Prevention. Programming is delivered throughout the year through a multi-disciplinary team approach.

Fundraising efforts by MAD Group paid off when they were able to attend the *Healing Our Spirit Worldwide* conference in Hawaii last September. Enough monies were raised to send two facilitators and eight youth to attend the various workshops and cultural presentations put on by Aboriginal groups from around the world. It was a great opportunity for Kahnawake youth to share their skills and cultural knowledge with the rest of the world.



*Kahnawake youth take part in graffiti removal.*



*The Healthy Sex & Sexuality booth in the lobby at the Services Complex.*



The Spirit of Wellness (SOW) campaign was officially launched in November. The annual campaign is geared to the community to raise awareness about addictions and healthy living. November is dedicated to community organizations and groups that host healthy activities that are open to all Kahnawa'kehró:non.

Also in November, KSCS hosted the community family preservation conference *Families Hanging in the Balance*. The conference was a huge success, allowing for the community to come together and learn skills and knowledge relating to family strength in the community.



*The Metal Mayhem concert, a part of the Spirit of Wellness.*

Prevention Services Stats							
	Males	Females	Info-Booths	Workshops	Cable TV	Talkshow	Total
S5 Voluntary Services (Shakotisnien:nens Workers)	96	114					210
In-School Prevention (Safe Grad)	45	102					147
MAD Group	86	142					228
Our Gang	72	74					146
Family and Wellness Center Individual support (Traditional & Parenting)	76	163					239
Parent/Child Interactive Workshops & Nobody's Perfect Program	22*	23*					89
Traditional Services (# of Sweats)							79
HIV/AIDS Healthy Sex & Sexuality			7	1	1		2234**
Fetal Alcohol Spectrum Disorder			3	3	4	2	1006**
* Male & female children. Due to space, we could not include male/female adult breakdown of 44 adults (included in total) **Estimated total for info booths, workshops, Cable TV, and radio talkshows combined.							
Community Prevention Task Force							
	Adults	Youth	Mad Group				
Graffiti	50	16	6				
Meetings	21						





## PREVENTION SERVICES, <sup>cont'd</sup>

Our Gang and MAD Group continued with their skills building training through prevention programming such as healthy sexuality, diabetes prevention, self-esteem building, cultural teachings. This programming gives Kahnawa'kehró:non youth the skills to allow them to grow into healthy individuals.

The Community Prevention Task Force (CPTF) continues to discuss, strategize, and support and build on prevention programming initiatives in Kahnawake. The CPTF is made up of members of KSCS, the Mohawk Council of Kahnawake, the Kahnawake Youth Center, and other community groups.

We anticipate another busy year ahead of us but know that by working together we can achieve our goal of encouraging a healthier lifestyle for all Kahnawa'kehró:non.



*Family & Wellness Center's infant graduation.*



*Spirit of Wellness volleyball game.*



*The Gift of Hope's picture with Santa activity.*



## SUPPORT SERVICES

Manager, Derek Montour



Changes in funding agreements signalled a busy year for Support Services. KSCS proposed four action plans under the new Enhanced Prevention Focused Approach agreement

- A statistician and database program pilot project.
- A primary prevention services enhancement in addictions and violence.
- An enhancement to our Tsi Ionteksa'tanohnhha Foster Care program.
- A traditional service life skill development for youth pilot project.



*Derek Montour at the AHTF meeting.*

This funding arrangement came into effect on October 1, 2010.

Joan Montour was officially named the new Tsi Ionteksatanonhha Foster Care Team Leader in October. She will coordinate activities for the foster care program including recruitment, provide on-going support to foster homes, manage administrative responsibilities of the program, and provide supervision to staff members providing direct services to foster homes. This position directly affects our ability to maintain foster homes as opposed to institutional placement, thereby directly reducing costs.

We moved forward with selective recruitment for the position of Primary Prevention Worker in addictions and violence. This position provides direct prevention services in the homes specific to alcohol and violence in order to preserve families as long as possible. The worker will assume their duties on April 2, 2011.

We are allocating specific resources to develop traditional service life skills services for youth through *Where the Creek Runs Clearer* Group.

Support Services Stats				
	Male	Females	Total	Presentations
Youth Protection	172	192	364	9
Psychological Services *	89	121	210	
Youth Criminal Justice Act	19	8	27	
Addictions Response Services	80	73	153	
Brief Services	38	52	90	
Ineligible	13	16	29	
Tehontatró:ris	73	198	271	
Tsi Ionteksa'tanonhnha "Foster Care" (Monthly Avg)	Average 35		Homes 26	
Children placed in group homes	7			
Workshops/Training/Support Groups	14			
Case Aides	Transports 1939		Supervised Visits 309	
*Top four problem issues (Behavioural, Depression, Parental Capacity & Anxiety)				



## SUPPORT SERVICES, <sup>cont'd</sup>

We have been collaborating with the *McGill Centre for Research on Children and Families* on a statistics project and are hopeful the coming year will move this project forward in a positive way.

One of the areas we did not previously anticipate—but have to consider for the next fiscal year—is psychological support to community members. Historically, there is no funding arrangement with Health Canada for an internal psychologist to perform assessments and therapy. Health Canada is fiscally responsible to provide direct psychological support for anyone not in placement. These costs are also not covered by INAC, who only cover costs for children in placement.

KSCS strategized on how to best meet the needs of our population from an enhanced prevention perspective; we realized that maintaining effective psychological services is paramount. Psychological assessment and therapeutic services are provided to children and adults who

- are voluntarily requesting services.
- are at risk of being signalled.
- have already been signalled by youth protection.
- and for children who have been placed outside of their home.

By providing these services, we are able to reduce placement, shorten placement times, and reduce crisis inherent with all children placed outside their home. Therefore, our plan for the next fiscal year will include the hiring of a psychologist to provide this critical service.



*AHTF working group meeting.*



*A meeting with Indian and Northern Affairs Canada.*





## Upcoming KSCS website

Welcome to our new KSCS site! Our site, scheduled to go online this July. We are hopeful Kahnawa'kehrónon will find the new site informative and easy to navigate.

[www.kscs.ca](http://www.kscs.ca)



Coming In July 2011





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## OUR VISION Tekaienawa:kon

To continue to strengthen our participation by working hand in hand with our community in renewal of Mohawk cultural values. Community has responsibility for its well-being and our role is to assist.

## 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.

## GENERAL OBLIGATION OF LOYALTY AND DILIGENCE

K.S.C.S. employees are expected, in all circumstances, to demonstrate integrity, loyalty, impartiality, dignity, self-discipline, dedication, proper behaviour, professionalism, discretion and a high degree of responsibility and efficiency to ensure the smooth and efficient functioning of K.S.C.S., its programs and the delivery of services to the community in general and clients in particular.

## CREDITS

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