

Year in Review

—° ANNUAL REPORT °—

Onerahtókha / April 1, 2014 – Enniskó:wa / March 31, 2015

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EXECUTIVE DIRECTOR,
DEREK MONTOUR



Shakotia'takehnas Community Services has had another exciting year and it is my continuing honour to act as the organization's Executive Director. We take great pride in our role, while respecting our responsibility as one of the key community partners for encouraging healthy lifestyles in all of our families.

Partnership improvement and collaboration is one of our fundamental objectives. I believe we are making great strides as a community to reinforce the need to work together in addressing our collective challenges. These partnerships include internal initiatives such as the

- "Social Policy" Key Leadership Round Table, which explores ideas to collectively improve self-sufficiency in our community members;
- Connecting Horizons Group, which explores the improvement of services to our community members with special needs and their families;
- Attachment Working Group, which explores methods to strengthen the attachment bond our families have between parents and their children (of all ages); and
- Our participation on the many action groups implementing the Community Health Plan, which addresses our top health priorities in the community.

These, and many other, partnership initiatives are key to the long-term success for our community. It is vital that we proceed with purpose and direction to achieve the results we are striving for.

We have strengthened our partnerships at the local, regional, provincial and federal levels, always intending to further community self determination and self-sufficiency. By asserting our right to govern and administer our own affairs, we take direct ownership of our problems which allows us to personally invest in addressing these issues through a holistic, multi-disciplinary, integrated approach using our culture as the backbone. One example that I am excited to see come to fruition in the coming year is an agreement with Quebec regarding Child and Family Services. Stay tuned for more information on this!

Another fundamental objective KSCS has undertaken is to review, evaluate and improve our service delivery. Evaluation of past program activities, by analyzing their strengths and weaknesses, will allow us to make adjustments in delivery to effectively meet the community's needs, while remaining financially secure.

As we review the results of our annual activity reports and the results of our action group's activities, we recognize the need to strengthen our ability to communicate concrete statistics and evidence on our outcomes. Better access to viable data will allow us to evaluate the success of programs more effectively.

One initiative we have launched in this past year is to support the Regional Health Survey, in collaboration with Onkwa'karitáhtshera, Kahnawake's one health and social service agency, and the First Nations of Quebec and Labrador Health and Social Services Commission.

We look forward to continued progress on all our evaluation activities, as well as continued community input, in helping shape KSCS services for the future.

On a final note, I am grateful for the hard work, dedication and commitment that all of the KSCS staff members contribute on a daily basis. It is not an easy task to address our community's core social challenges, which have been entrenched over generations, but I am grateful that we continue to receive the cooperation, openness and trust of our community members. We all have challenges in life, but our challenges can be overcome if we have the willingness to face them; we just sometimes need a helping hand. KSCS is here to be that helping hand.

S

She:kon Kahnawà:ke. The 2014–2015 fiscal year was very challenging and, in the same breath, exciting time for Kahnawake Shakotia'takehnhas Community Services (KSCS). Our organization continues to change, grow and adapt to the demanding needs of our diverse community.

As we stated two years ago, the Board of Directors underwent governance training to better understand our roles and responsibilities. The dividends of this investment are beginning to reap the desired benefit. The lessons we've learned have helped create a more productive environment at the board level, with our Executive Director (ED) Derek Montour, and the organization as a whole.

We believe that the foundation of this organization is collaboration, communication, and a solid working relationship with our partners, both internally and externally. We've recently conducted the performance appraisal with Derek to determine goals and objectives, not only for the ED, but involving the entire community of KSCS. This approach has understandably created some hesitation and trepidation for everyone. We understand and appreciate this as we too feel this way at times. But rest assured, every directive we issue is done with the intent of bettering service to our community.

Someone once said that change happens at the speed of trust. We realize that progress can be slow at times and may seem too fast at others. KSCS is undertaking many positive initiatives, for example, negotiating our own agreement with the Provincial government on youth protection (YP), one of the critical areas of concern in the community. This is in line with one of the objectives set by the Board, ultimately reducing the number of YP cases, leading to a healthier environment here in Kahnawake.

In closing, as things change, we would be remiss if we did not mention that two of our valued community members, Franklin Williams and Rheena Diabo, have decided to take the much deserved retirement they worked long and hard for. They have held many integral positions in the organization throughout the years; we wish them all the best as they continue their journey.

We would like to thank the community and the organizations we represent who have faith in us to steer KSCS in the right direction. We take this responsibility seriously and will continue to work to make our organization better.

Bottom row L-R:

Valerie Diabo

Janice Beauvais

Warren White

Madeleine Montour

Mary Lee Armstrong

Top row L-R:

Thomas Sky

Michael Delisle Jr.

Dwayne Zacharie

Vernon Goodleaf





TEAM LEADER,
PATSY BORDEAU



Onkwata'karitáhtshera ("for all the people to be concerned in the area of good health") is the one health and social service agency that is responsible for overseeing community control over Kahnawake's health. It is mandated through a Mohawk Council of Kahnawake (MCK) Resolution #45/1999/2000. Onkwata'karitáhtshera membership consists of KSCS, MCK, Kateri Memorial Hospital Centre (KMHC), and the Kahnawake Fire Brigade (KFB).

Onkwata'karitáhtshera is responsible for the Kahnawake Community Health Plan for transferred programs 2012–2022 the following are the health priorities:

- Substance abuse/addictions
- Mental health issues
- Learning/development disabilities
- Cardiovascular disease (hypertension)
- Cancer
- Diabetes
- Obesity

During this past year, Onkwata'karitáhtshera worked on categorizing the health priorities under the following areas: mental wellness and addictions, early childhood wellness, chronic disease and cancer.

Four sub-committees were established in each area to review information and to assess gaps and links with regards to community support and services. The sub-committees developed goals in order to align community efforts more strategically when addressing these health priorities. The Kahnawake Community Health Plan, updated March 19, 2013, can be accessed through the following websites: KMHC (www.kmhc.ca) and KSCS (www.kscs.ca).

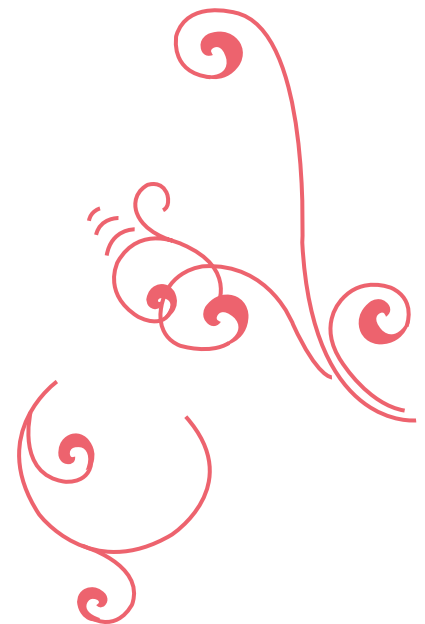
Presently, three support staff assist by carrying out all aspects of Onkwata'karitáhtshera health secretariat operations for the community, within the local, regional and national areas. Onkwata'karitáhtshera, with the health secretariat support, oversees the project selection, funding and networking of community initiatives such as Aboriginal Diabetes Initiative, Kahnawake Head Start and Brighter Futures. The secretariat is responsible to coordinate administrative and required

reporting mechanisms for community based programs funded by Health Canada.

The First Nations and Inuit Tobacco Control Strategy was a new initiative that was included under the responsibilities of Onkwata'karitáhtshera this past fiscal year. There are a total of 39 projects funded in the community under all of these initiatives.

Onkwata'karitáhtshera secretariat offers support and advocacy for community members for Health Canada's Non-Insured Health Benefits (NIHB) services. NIHB is a national program providing coverage to registered First Nations for prescription and over-the-counter drugs, dental care, eye and vision care, medical supplies and equipment, short term crisis intervention, mental health counselling and medical transportation to access medically necessary services.

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) Guide to Procedures for Accessing Health Services (GPS) has detailed information on non-insured health benefits on the KMHC (www.kmhc.ca) and KSCS (www.kscs.ca) websites for the benefit of the community.





DIRECTOR,
FRANKLIN WILLIAMS



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

Services were provided to all health service areas at the main office and throughout the community at Home and Community Care Services, Turtle Bay Elders' Lodge, Independent Living Center, Environmental Health Services, the Whitehouse, and the Family and Wellness Center.

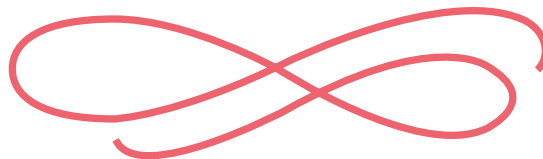
Our Receptionist/Greeter Service provides day and evening (weekends when required) support; 111 groups with a total of 3,357 client visits during the year.

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

Information Technology effectively addressed the computer needs of the main office and satellite operations for 160 computer units/laptop units, nine (9) servers, six (6) networks, Internet and WAN connections. New e-health video conference equipment was purchased. [In February 2015, the IT team was transitioned to the Large HR team under Communications.]

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

The Maintenance team ensured a clean workplace and that needed repairs and safety checks were performed on the building and mechanical systems on the main office and at our satellite facilities.





Independent Auditors' Report

To the Members and 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, 2015, and the statements of operations and accumulated surplus, change in net financial assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Kahnawake Shakotia Takehnhas Community Services as at March 31, 2015 and the results of its operations, change in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Montréal, Québec

June 15, 2015



¹ CPA auditor, CA permit no. A124849



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Financial Statement

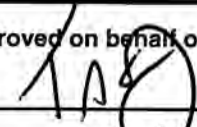
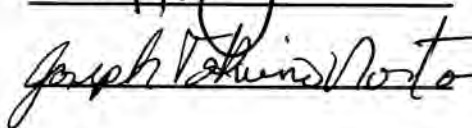



Kahnawake Shakotia'Takehnhas Community Services Statement of Financial Position

As at March 31, 2015

	2015	2014
Financial assets		
Cash resources	351,694	1,537,505
Temporary investments (Note 4)	5,583,795	3,543,400
Contributions and accounts receivable (Note 5)	961,517	505,484
Total financial assets	6,897,006	5,586,389
Liabilities		
Accounts payable and accruals (Note 6)	1,147,261	1,526,762
Deferred revenue (Note 7)	382,373	244,825
Amounts held in trust (Note 8)	259,622	226,781
Total liabilities	1,789,256	1,998,368
Net financial assets	5,107,750	3,588,021
Contingencies (Note 9)		
Commitments (Note 10)		
Non-financial assets		
Tangible capital assets (Schedule 1)	2,999,234	3,100,063
Prepaid expenses	32,695	1,329
Total non-financial assets	3,031,929	3,101,392
Accumulated surplus (Note 15)	8,139,679	6,689,413

Approved on behalf of the Board



 Director
 Grand Chief


 Director

The accompanying notes are an integral part of these financial statements



Financial Statement



Kahnawake Shakotiaa'Takehnhas Community Services Statement of Operations and Accumulated Surplus

For the year ended March 31, 2015

	<i>Schedules</i>	<i>2015 Budget</i>	<i>2015</i>	<i>2014</i>
Revenue				
Health Canada		8,463,974	8,840,278	8,476,845
Aboriginal Affairs and Northern Development Canada		5,652,975	6,214,842	6,049,881
Other government funding		-	132,485	171,321
Rental income		307,300	292,132	266,048
Other revenue		441,976	598,306	530,489
Investment income		44,490	66,578	72,480
Deferred revenue - prior year		-	244,825	379,574
Deferred revenue - current year		-	(382,373)	(244,825)
Repayment of government funding		-	(106,843)	(34,889)
Cancellation of government funding		-	-	(238,670)
		14,910,715	15,900,230	15,428,254
Expenses				
Block funded Health priorities	4	6,275,527	6,049,232	6,308,859
Set funded Health priorities	5	2,277,946	2,204,338	2,222,323
Aboriginal Affairs and Northern Development Canada	6	5,880,396	5,400,364	6,572,277
Other health and social service activities	7	425,025	401,652	462,174
Administration	8	265,280	263,671	65,360
Capital	9	-	130,707	177,072
Total expenses (Schedule 2)		15,124,174	14,449,964	15,808,065
Surplus (deficit)		(213,459)	1,450,266	(379,811)
Accumulated surplus, beginning of year		-	6,689,413	7,069,224
Accumulated surplus, end of year		(213,459)	8,139,679	6,689,413

Kahnawake Shakotiaa'Takehnhas Community Services Statement of Change in Net Financial Assets

For the year ended March 31, 2015

	<i>2015 Budget</i>	<i>2015</i>	<i>2014</i>
Annual surplus (deficit)	(213,459)	1,450,266	(379,811)
Purchases of tangible capital assets	-	(29,878)	(23,293)
Amortization of tangible capital assets	-	130,707	177,072
Acquisition of prepaid expenses	-	(32,695)	(1,329)
Use of prepaid expenses	-	1,329	21,415
Increase (decrease) in net financial assets	(213,459)	1,519,729	(205,946)
Net financial assets, beginning of year	3,796,967	3,588,021	3,793,967
Net financial assets, end of year	3,583,508	5,107,750	3,588,021

The accompanying notes are an integral part of these financial statements



Financial Statement



Kahnawake Shakotia'Takehnhas Community Services Statement of Cash Flows

For the year ended March 31, 2015

	2015	2014
Cash provided by (used for) the following activities		
Operating activities		
Cash receipts from contributors	15,466,944	15,574,867
Cash paid to suppliers	(5,809,998)	(6,703,274)
Cash paid to employees	(8,855,915)	(9,014,407)
Interest income	50,590	52,208
	851,621	(90,606)
Financing activities		
Change in amounts held in trust	32,841	4,429
Capital activities		
Purchases of tangible capital assets	(29,878)	(23,293)
Investing activities		
Purchase of Temporary investments	(2,040,395)	(43,400)
Decrease in cash resources	(1,185,811)	(152,870)
Cash resources, beginning of year	1,537,505	1,690,375
Cash resources, end of year	351,694	1,537,505

The accompanying notes are an integral part of these financial statements

	<i>Buildings</i>
Cost	
Balance, beginning of year	4,773,269
Acquisition of tangible capital assets	-
Balance, end of year	4,773,269
Accumulated amortization	
Balance, beginning of year	1,705,347
Annual amortization	122,716
Balance, end of year	1,828,063
Net book value of tangible capital assets	2,945,206
2014 Net book value of tangible capital assets	3,067,922

	<i>Schedule #</i>	<i>Budget</i>	<i>AANDC Revenue</i>
Segment schedules			
Block Funded Health Priorities	4	726,255	-
Set Funded Health Priorities	5	(1,908)	-
Aboriginal Affairs and Northern Development Canada	6	1,128,095	6,214,842
Other Health and Social Service Activities	7	254,276	-
Administration	8	245,870	-
Capital	9	-	-
Internally Restricted Fund	10	-	-
Moveable Assets Reserve	11	-	-
Surplus (deficit)		2,352,588	6,214,842
Accumulated surplus beginning of year			
Accumulated surplus, end of year			

Kahnawake Shakotiaa'Takehnhas Community Services Schedule 1 - Schedule of Tangible Capital Assets

For the year ended March 31, 2015

<i>Equipment</i>	<i>Furniture and fixtures</i>	<i>Computer hardware</i>	<i>Vehicles</i>	<i>2015</i>	<i>2014</i>
60,670	69,246	106,026	89,084	5,098,295	5,075,002
17,098	-	12,780	-	29,878	23,293
77,768	69,246	118,806	89,084	5,128,173	5,098,295
40,273	69,246	94,282	89,084	1,998,232	1,821,160
4,080	-	3,911	-	130,707	177,072
44,353	69,246	98,193	89,084	2,128,939	1,998,232
33,415	-	20,613	-	2,999,234	3,100,063
20,397	-	11,744	-	3,100,063	

Kahnawake Shakotiaa'Takehnhas Community Services Schedule 3 - Schedule of Revenue and Expenses and Accumulated Surplus

For the year ended March 31, 2015

<i>Other Revenue</i>	<i>Deferred Revenue</i>	<i>Total Revenue</i>	<i>Total Expenses</i>	<i>Adjustments/ Transfers From (To)</i>	<i>Current Operating Surplus (Deficit)</i>	<i>Prior Year Operating Surplus (Deficit)</i>
6,410,730	(26,852)	6,383,878	6,049,232	-	334,646	(134,413)
2,322,705	(102,163)	2,220,542	2,204,338	(15,190)	1,014	-
392,431	-	6,607,273	5,400,364	-	1,206,909	(116,800)
500,017	(8,533)	491,484	401,652	1,779	91,611	(49,851)
197,053	-	197,053	263,671	39,364	(27,254)	75,032
-	-	-	130,707	29,878	(100,829)	(153,779)
-	-	-	-	(43,051)	(43,051)	-
-	-	-	-	(12,780)	(12,780)	-
9,822,936	(137,548)	15,900,230	14,449,964	-	1,450,266	(379,811)
					6,689,413	7,069,224
					8,139,679	6,689,413



Financial Statement



Kahnawake Shakotia'Takehnhas Community Services Schedule 2 - Schedule of Expenses by Object

For the year ended March 31, 2015

	2015 Budget	2015	2014
Expenses by object			
Amortization	-	130,707	177,072
Bank charges and interest	24,500	31,343	29,232
Clinical care	1,284,477	1,323,012	1,284,477
Contracted services	-	349	-
Food and beverage	104,400	115,956	116,979
Foster care	-	667,989	685,370
Furniture and equipment	23,000	7,853	13,031
Group home costs	140,774	147,023	399,397
Headstart	300,931	234,238	271,218
Health management	53,500	6,730	128,977
Honoraria(um)	5,000	21,084	13,681
Institutional care	1,092,265	423,555	1,248,122
Insurance	16,100	15,110	14,929
KMHC accreditation	58,778	63,672	58,778
Laboratory costs	42,500	39,389	61,478
Miscellaneous	2,800	8,689	8,185
Office and administration cost share	12,712	20,805	1,475
Office equipment lease	20,400	18,753	17,112
Office supplies and expenses	38,100	52,481	52,635
Placement costs	56,000	98,117	72,627
Postage	6,300	7,776	5,350
Prenatal nutrition	48,313	48,319	39,741
Professional fees	57,174	229,943	229,565
Rent	145,500	145,530	145,530
Repairs and maintenance	80,500	116,398	112,058
Salaries and benefits	8,969,889	8,855,915	9,014,407
Service delivery costs	2,037,241	1,144,216	1,171,277
Social development project	50,000	43,051	-
Telephone	47,450	50,672	45,277
Training	114,700	64,168	43,820
Translation	-	10,371	26,854
Transportation	45,800	40,444	47,867
Travel	176,350	181,837	191,636
Utilities	68,720	84,469	79,908
	15,124,174	14,449,964	15,808,065



TEAM LEADER,
DONALD W. GILBERT

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

Services/Programs

Here is a snapshot of the work we've done during the 2014–2015 fiscal year. Inspections were coordinated based on a weekly, monthly, bi-annual or annual schedule; however, our program provides services that can be scheduled on short term notice and we do our best to accommodate the client. Our services include:

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

This year, we participated in a regional environmental health services initiative with Health Canada that will enhance water quality within our community and have a positive impact on other Aboriginal communities in Quebec. The following mandatory activities were completed during 2014–2015 fiscal year.

Community Based Drinking Water Quality Monitoring		2014-15
Centralized System	- Bacteriological	497
	- Complete Chemical Analysis	3
	- Trihalomethanes*	24
Complete Chemical Analysis & Bacteriological Private Wells		59
Recreational Water Quality Monitoring		546
Public Building Inspections		42
Food Safety Inspections		102
Indoor Air Quality		22
Ground Water Disinfection		2
Radon		4
Private Building Health & Safety		3
Cancer Reduction Activities		7
* testing for trihalomethanes, part of cancer reduction activities		



MANAGER, VICKIE COURY-JOCKS

Assisted Living Services (ALS) provides services to the community within the area of mental health and special needs applying a multi-disciplinary approach to develop individual service plans for each client that addresses their specific needs and sets attainable goals.

Our present scope of services

Individual counselling and support for community members living on their own and coping with a diagnosed mental health/special needs issues.

The Independent Living Center, a 12-unit mental health residence that provides 24/7 security and support through a multi-disciplinary team that includes a case worker, mental health nurse, addictions worker, physician, psychiatrist, life skills support worker and of course extended family.

Through this multi-disciplinary approach, clients receive the care and support they need to maintain health, stability and quality of life.

Special needs services aim to address both the individual and their family through services that are available well beyond the conventional 8:00 AM–4:00 PM timeframe.

Through a team of case workers, life skills support workers and team leaders, programs run throughout the week and evenings with some services offered throughout the weekend.

The Young Adults Program typically operates Monday through Friday from 9:00 AM–3:00 PM. and is available to individuals 18 years and over.

The Teen Social Club operates Monday through Friday from (after school) 3:30 PM–7:30 PM and is available for individuals age 11–17 years.

Mental health and special needs are identified among the top health priorities in the Community Health Plan; however, ALS

programs and activities are designed to also address other related health priorities contained within the health plan such as obesity and diabetes.

Activities such as yoga, Zumba, swimming, and bowling are provided as a regular part of our program and we encourage incorporating exercise and physical activity into our client's everyday lifestyle. Cooking classes focus on increasing our client's exposure to nutritious and delicious meals that encourage healthy eating habits.

Ensuring our clients feel a part of the community and the world around them and are recognized as such is an important part of the activities developed to reduce isolation and establish meaningful connections with the community. Throughout the year, clients have practiced and performed in an annual musical variety show, participated in various art projects and showcased their talents at the Kahnawake Onkwawén:na Raotitióhkwa Language and Cultural Center, they have hosted fun fairs, bake sales and yard sales and still found time to go on field trips to local events in Montreal and the surrounding communities.

Networking and partnerships continue with families, related services within Kahnawake, and our outside partners. I would like to acknowledge the commitment and hard work of the entire ALS staff. Although many challenges exist to further develop and improve services — such as reduced budgets and increases in new requests for services — being in a position to meet the existing and expanding needs of our clients remains the number one priority for ALS now and certainly in the year ahead.

Assisted Living Services 2014-2015				
	Male	Female	Other	Total
Caseworkers	41	28	0	69
Family Support & Resources Services	9	7	0	16
Teen Social Club	9	7	0	16
Young Adults Program	12	11	0	23
	71	53	0	124

Assisted Living Services 2013-2014			
	Female	Male	Total
Children	2	2	4
Youth	0	7	7
Adults	19	25	44
Elders	4	5	9
Total	25	39	64



Having fun at the variety show.



ILC residents and workers have fun at their winter carnival bowling activity.



ILC residents help keep Kahnawake clean.



Having fun at YAP's annual fun fair.



MANAGER,
MIKE HORNE

The HCCS team was successful in obtaining funding from First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) regarding quality improvement. The team was successful in putting together a three day training regarding quality improvement. The final outcome is the team has addressed fall-response amongst elders. The team has also been asked to present at the FNQLHSSC health forum to be held in Quebec City, as well to Accreditation Canada in Toronto.

A number of the HCCS team attended the 20th International Congress on Palliative Care in Montreal. The congress provided the team with information to develop a framework on how we can improve palliative care services. Offering cultural relevant care to palliative care clients is a goal of HCCS.

HCCS has always relied on natural caregivers offering their time — without remuneration — to care for community members in need. This is an essential component of case management with the growing demand for specialized services and palliative (end of life) care. The services are constantly pursuing a collaborative working relationship among stake holders based on the fact that resources are limited and partnerships are critical in meeting the needs of our vulnerable community members.

Through an integrated service delivery approach, HCCS and Turtle Bay Elders Lodge (TBEL) provide a continuum of care for community members requiring assistance with activities of daily living. HCCS/TBEL teams — with the dedication and collaboration of Kateri Memorial Hospital Center Home Care Nursing and Adult Day Center — have been able to meet the identified needs of the community by offering a variety of specialized services and programs based on the health priorities in the Community Health Plan.

HCCS has implemented some enhanced modifications as a direct result of the recommendations identified by Accreditation Canada. This process has been beneficial and assists our service delivery by ensuring that we are offering the community the best quality care based on standards set by Accreditation Canada.

Anowara'hne (the place of turtles) is a complex comprised of 6 two-bedroom apartments and is aimed at community members who are 55 years and older and in need of housing. The residence continues to operate at full occupancy.

Turtle Bay Elders' Lodge is a 25-bed facility for individuals requiring type I or type II levels of care. The residency is currently operating at full occupancy and has an extensive waiting list.

Case manager software is completely implemented, allowing elders' case workers to meet the needs of their clients by electronically documenting their intakes, assessments, and service plans. This has enhanced the continuity of care, as plans are based on the client's identified needs.

The Enkwa'nonksa program has witnessed an increase in referrals and the number of participants in the program. The program assists caregivers by offering respite while providing social and recreational programming.

I would like to express my gratitude to all the staff from HCCS and TBEL and natural caregivers for all the care and dedication they display when providing services to the community.

Intakes	Activity Program	Elders Caseworker	Homecare	Homecare Nursing	Meals on Wheels	Extended Care	Equipment Loan	Total
2014-15	10	15	56	87	32	2	13	215
2013-14	12	15	55	98	21	1	1	203

Clients Served * New Category Reported				
	Male	Female	Other	Total
Activity Program	2	21	0	23
Elders Caseworkers	7	32	0	39
Homecare	34	103	0	137
Homecare Nursing	85	185	0	270
Meals on Wheels	11	29	0	40
Turtle Bay Elders Lodge	4	15	0	19
	143	385	0	528

Adult & Elders Services Counsellor	Totals	
	2013-2014	2014-2015
Old Age Security	59	78
Social Security	6	5
Quebec Pension Plan	8	8
Estate Planning	51	58
Legal	26	31
Pension Plans	1	9
Commission of Oaths	16	20
Internal Revenue Services	0	0
Miscellaneous	144	149
Civil Status Application	0	0
Total Requests	311	358

Service Hours Totals	2013-2014	2014-2015
Home Visits	N/A	38,486.00
Services Provided Hours	36,230.50	39,543.50
Nursing Hours	4,326.25	6,075.75
Personal Care Hours	7,509.50	9,532.25
Case Management Hours	3,469.75	4,463.00
Therapy Hours	N/A	1,050.00
In-Home Respite Hours	42.50	109.50
Domestic Services Hours	3,480.50	5,928.00
Meal Service Hours (including Meals on Wheels)	3,735.50	4,690.00
Activity Program Hours	10,869.75	7,693.00



The King and Queen surrounded by their family at the Valentine's luncheon.



TBEL residents are treated to a Drama production.



MANAGER,
TERRY YOUNG

The primary role of Prevention Services is to increase the community's awareness around the three health priorities Prevention Services operates under: addictions, mental wellness, and developmental disabilities, while also incorporating the prevention of problems associated with diabetes and cardiovascular disease.

We provide up to date and relevant healthy activities connected directly to the seven health priorities outlined in the Community Health Plan. The Prevention team is trained in intervention and prevention strategies, which include family and individual counselling, addictions education, and group facilitation.

There were many new and exciting prevention activities in 2014-2015 that focused on providing primary prevention and promotion within Kahnawake. They were organized and implemented creatively by different Prevention Services teams.

First line and secondary prevention services were offered to the community throughout the year through one-on-one counselling services, group programming, cultural knowledge workshops, and support groups.

This narrative will outline the successful completion of the above objectives and will provide relevant data about activities delivered in Kahnawake.

How We Approach Mental Wellness

The summer of 2015 saw the kick off of the second annual "Movie in the Park", a project targeted at raising awareness and lowering incidents of family violence through the promotion of healthy family activities. Turnout was great for the activity and community members were able to enjoy a family-friendly movie and healthy snacks. Prevention booths were set up and information was delivered in the form of flyers and information pamphlets.

A number of activities were hosted by Our Gang and MAD (Making a Difference) Group within each of their program areas. Both of these prevention teams target youth, with Our Gang working with youth aged 6-12 years old in after-school programming and MAD working with youth 13-17 years old through evening programming.

In 2014, MAD Group embarked on a number of fundraising goals and activities with youth participants and their parents and caregivers, with the goal of attending the 2015 Healing Our Spirits Worldwide conference in New Zealand. In the area of suicide prevention, Prevention Services were able to access funding from Health Canada's National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) to deliver Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid (MHFA) which, provide life giving support to youth and those that work closely with them. KSCS now has three more staff trained to deliver ASIST and MHFA.

KSCS' summer drama program partnered with Exeko, a local Montreal organization. Their "Trickster Program" not only provided youth, 6-12 years old, with drama and creative skills but also showcased important prevention messages such as anti-bullying, healthy eating and social skills building.

Prevention Services will continue to offer programming to meet the needs of the community, maintain working partnerships with other community organizations, develop initiatives whose goals are to encourage overall healthy lifestyle choices, and maintain its commitment to working with all Kahnawa'kehró:non seeking assistance. KSCS welcomes any feedback in regards to the programming offered by contacting us directly by phone or via the KSCS website at www.kscs.ca.

Prevention Services					
	Male	Female	Other	2014-2015	2013-2014
Drama	15	30	0	45	N/A
MAD Group	14	10	0	24	N/A
Our Gang	51	40	0	91	157
Parenting Services (Individual)	11	38	0	49	98
Parenting Services (Groups)	0	17	0	17	164
S5 Voluntary Services	113	97	2	212	188
Traditonal Services	22	99	0	121	N/A
Traditional Services (Groups)	0	8	0	8	N/A
Where the Creek Runs Clearer Group	34	22	0	56	N/A
	260	361	2	623	607

Enhanced Prevention 2014-2015					
Category	Total Participants				
	# of Events	Male	Female	Other	Total
Community Activities	4	82	92	1	175
Kiosks	4	39	79	2	120
In-School Prevention Activities	9	N/A	N/A	N/A	477
Workshops/Trainings	7	N/A	N/A	N/A	167
Enhanced Prevention 2013-2014					Totals
Community Activities					385
Kiosks					389
In-School Prevention Activities					281
Workshops/Trainings					0



Participants take part in the Nu-Media workshop.



Our Gang at their lemonade fundraiser.



Movie in the park.



Prevention & Support Services Activities



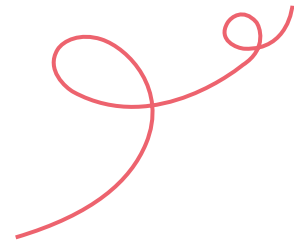
Past members of the MAD Group celebrate MAD's 30th anniversary.



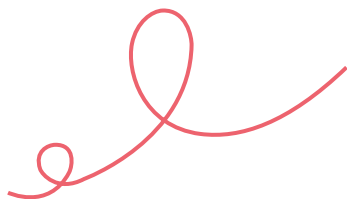
Current members of MAD Group help celebrate its 30th anniversary.



Where the Creek Runs Clearer Group participants learning Haudenosaunee traditional teachings.



Rebecca D'Amico, a KSCS Support worker, doing a presentation at a Tehontatro:ris event.





MANAGER, KATHY JACOBS HORN

The 2014-2015 fiscal year provided many challenges and hurdles for Support Services. However, we must always remember with challenges also come many successes and the community must be applauded for their efforts and commitment to becoming a healthier community.

Support Services provides a multi-disciplinary team approach to assist community members in quality intervention services in the areas of addictions and mental health, Tsi Ionteksa'tanohnha "Foster Care" Program, Case Aide Program, Psychological Services, After Hours Response Services, Intake Services, Youth Protection Services, and Youth Criminal Justice services. In compliment to these programs, KSCS is highly regarded as a teaching facility for those who aspire to work in the social work or human relations field through field placement requests made by students in collaboration with their educational institutions.

One of this year's initiatives was to create support groups based on the needs of our clients. One of the newest groups is the "Recovery Management Group." This group was researched, developed and implemented by a member of Addictions Response Services (ARS) and uses a holistic approach to recovery, info/education. The group provides participants with a safe space, support and an opportunity to share their own personal experiences. The group is focused on clients who are in the maintenance phase of their recovery, which directly assists in addressing one of Kahnawake's top health priorities; addictions. By seeking other ways to attain measurable decreases in drug/alcohol and relapses, the ARS workers provide not only direct intervention and prevention services, but other supports in a group setting.

The ARS team is committed to meeting these goals by analysing new trends, upgrading their knowledge and skills, and working collaboratively with other services within KSCS. One of these trends is the significant increase in opioid misuse/abuse in the past year and more particularly, there has been an increase in pain medications that are overly used/ abused.

In the past, treatment efforts were focused on individuals presenting with an addiction to illegal opioids such as heroin. Today the portrait is different: individuals with opioid dependence are not strictly heroin addicts or IV drug users. Often, these individuals are older and have suffered an injury or have chronic pain and sometimes need to be treated with pain medication.

In other areas, our recruitment efforts for replacements within both services of youth protection and psychological services are still under way with little success. However, we are currently in discussions with HR to assist us in alleviating this problem by creating a recruitment strategy. This strategy will ensure that recruitment, retainment and succession planning is addressed in order to provide the continuum of care that is required to meet the needs of our clients. Adjustments have been made and service plans are being developed to ensure that clients are receiving the best possible support.

Finally, the KSCS Foster Care Program required a needs assessment to identify specific needs of the *specific* or *familial* and *regular* or *non-familial foster homes* that serve the community. The findings will be used to update the foster care resource functions; encompassing the specific educational, training and support needs of our foster care families.

Support Services				
	Male	Female	Other	2014-2015
Addictions Response Services	122	108	0	230
Brief Services	39	36	0	75
Case Aides	23	24	0	47
Foster Care	20	9	0	29
Ineligible	10	10	0	20
Top 3 Issues – Depression, Anxiety, Behavioural	37	48	0	85
Young Criminals Justice Act	14	7	0	21
Youth Protection Services	250	202	0	452
	515	444	0	959

Case Aides 2014-2015	
Supervised Visits	324
Transports	2091



DIRECTOR, RHEENA DIABO

Our teams: Human Resources (HR), Organizational Development Services (ODS), and Communications conducted a variety of projects and regular programming and were heavily invested in supporting KSCS through succession planning, cost saving measures, strategic planning activities and evaluation of our compensation policy. In early 2015, the department welcomed Information Technologies (IT) to the team.

Our HR Director, Rheena Diabo, indicated a retirement date of October 2015. Under KSCS' succession plan she has been reassigned as special assistant to the Executive Director and will be focusing energies on revenue generation and support to management. Wendy Walker-Phillips was hired as her successor in mid-October 2014. As KSCS' HR manager, she has accomplished a successful and smooth transition including the transfer of the four teams while completing her Certificate in Health and Social Services Management at McGill University.



HUMAN RESOURCES

HR provides structured support for KSCS and services in the areas of recruitment, compensation and benefits, performance management, and policy advising. Our services are structured to support KSCS in our attainment of our organizational mission.

MANAGER, WENDY

WALKER-PHILLIPS This year, HR worked on improving our internal processes, ensuring they are lean and efficient. We conducted a review of our employment contract process and were successful in reducing processing time by 40 per cent, resulting in a more valuable process.

Substantial effort was spent on revising our personnel policy to ensure it is aligned with labour standards. A final document is expected mid to late 2015.

The Board of Directors commissioned an evaluation of KSCS' compensation system conducted by external consultants, MNP. HR continues to participate in the working group and is the main contact with the consultant to provide documentation, information and input into the process. A final report was presented to

the Board in February 2015. HR will facilitate follow-up with the Board.

HR continues to network with other community partners and resources through our participation on the Kahnawake HR Network; we attended two major career fairs hosted by McGill and MAMU (Aboriginal Employment Fair) and provided information sessions at Tewaohnni'saktha's Career Building Skills Programs

Susie Diabo was recruited this year as a replacement for Sheena Montour, HR generalist who is on a maternity leave.

Recruitment Processes	2013-2014	2014-2015
Positions posted	14	23
Applications processed/interviews	60	53
New hires/orientations conducted	16	18
Departures	20 (7 regular, 13 end contract)	24 (7 regular, 17 end contract)
Summer students	8	6
Stage students	24	13
Total number of employees	182	184

Employee Turnover

The number of departures increased slightly from the previous fiscal year from 20 to 24, however, most of these can be attributed to term contracts that concluded. Seven regular employees departed this fiscal year.

Benefit Management:

Employee assistance usage	35	47
Total leave of absence*	54	69

**Includes short-term and long-term medical leaves, leaves of absence, maternity/paternity, and on the job injuries.*

ORGANIZATIONAL DEVELOPMENT SERVICES

ODS is an internal and external training and consulting service operating since 1993. When a project warrants special skills, we may subcontract others to assist with our projects. We are mindful

of the Community Health Plan (CHP) and the identified health priorities when conducting local projects, and we function in keeping with the overarching KSCS vision and mission.

ODS underwent a transition period from October to March 2015, transferring under the supervision of our new HR Manager, Wendy Walker-Phillips.

In September 2014, we launched our website with the intent of expanding our client base and partnerships. The website can be found at www.odsconsulting.ca.

The primary focus this year was on project management activities for a multi-year project entitled *Expanding and Building our Partnerships to Improve Access* which is an initiative funded by the Health Services Integration Fund (HSIF) through Health Canada. ODS is working with the Coalition of English speaking First Nation Communities in Quebec (CESFNCQ) which currently includes 11 communities within Quebec and one urban Aboriginal organization.

In addition to the HSIF project activities, ODS completed a number of other projects internal to Kahnawake that involved providing training and conducting research.

An ODS team member had the opportunity to attend a summit on collective impact and another team member attended ASIST 11-T4T training. These trainings brought valuable new skills and knowledge to the team.

ODS team members participate on a volunteer basis on various internal and external boards and committees and are involved in many community activities. ODS has been involved in the following *internal* KSCS activities: Strategic Planning Working Group, Elections Committee and Social Committee.

Below is a listing of our projects and activities for 2014-2015:

Coordination/Facilitation
<p>Expanding and Building our Partnerships to Improve Access HSIF Project:</p> <ul style="list-style-type: none"> Coordinating, evaluating, networking, research and development, and final report. Creating a website for easy access to HSIF information. Coordinating and facilitating a forum bringing together stakeholders from the communities, and the federal and provincial health systems. Coordinating meeting with provincial Minister of Health and Social Services and the provincial Minister responsible for Native Affairs.

Community Based Research & Development Projects

- KSCS Drama Project: a comprehensive evaluation and inventory of resources. The final report submitted May 2014.
- National Aboriginal Youth Suicide Prevention (NAYSP) Community Mobilization for Suicide Prevention and Ideation Research Project: consult past participants to gauge the degree of impact of past gatherings on suicide prevention.
- Kateri School French Immersion Initiative: a limited scope review of specific aspects of the initiative, part of a larger evaluation anticipated.
- Karonhianónhnha School Head Start On-Reserve: evaluation of the project within Karonhianónhnha. Final report to Onkwata'karitáhtshera for end of school year.

Human Resource Training & Development

- Customer Service Program: two sessions designed specifically for a group of potential employment candidates.

Approximately 133 people attended an ODS facilitated session or workshop this year.

COMMUNICATIONS

The main focus of the Promotion/Education workers was on addressing the mental health priority of the Community Health Plan. By increasing the number of Mental Health First Aid and Applied Suicide Intervention Skills Trainings (ASIST), community participation went up from 383 to 674 for this past year. New this year, training was delivered to the nurses at Kateri Memorial Hospital Centre.

The Communication team has relied on the www.kscs.ca website as the main medium to release information to the community. We have developed our website policies and procedures and are now looking to improve the site's layout and navigation. We also rely on Kahnawake's local media outlets to assist in the dissemination of information to our community.

We coordinated a special ceremony on behalf of the KSCS Board of Directors to honour the late Mary Cross. Mary played a major role in establishing Kahnawake control over social service delivery in the community and for setting the framework for the future development of Kahnawake Shakotia'takehnhas Community Services.

In February, the organizations IT department joined Communications, and we are looking forward to a great relationship to benefit the organization and those we serve.

Communications Media Stats								
	2013-2014	2014-2015		2013-2014	2014-2015	<div>*6 publications of Aionkwatakari:teke covered the following health issues: Addictions 9, Violence 8, Mental Health 11, Parenting 8, Teen Issues 9, Physical Health and Diabetes 5, and Environment 4</div> <div>**6 publications with 58 articles covering the following health issues: Addictions 9, Violence 5, Mental Health 19, Parenting 11, Teen Issues 14, Physical Health and Diabetes 7, and Environment 7</div>		
TV Commercials	8	1	Radio commercials produced	26	12			
Website banners	2	4	Radio PSA's	28	20			
Workshops recorded for lending Library	38	10	www.kscs.ca updates	127	237			
Taped Drama Productions	3	1	Annual Report	1	1			
Newspaper print ads	70	49	Weekly Bulletin	50	50			
Eastern Door notes	12	10	Requests for assistance from KSCS	364	193			
Radio talkshow	14	10	Aionkwata-kari:teke	*6	**6			
	Traveling information booths & attendance				Trainings Delivered & Attendance			
	2013-2014		2014-2015		2013-2014		2014-2015	
Addictions	7	280	2	250	5	70	19	473
Violence	3	353	0	0	0	0	1	350
Life skills	1	150	0	0	2	20	0	
Mental health	1	230	0	0	8	383	11	476
Teen issues	0	0	0	0	2	30	0	0
Parenting family issues	2	700	1	20	0	0	1	24
Learning develop-mental disabilities	0	0	0	0	0	0	0	0
Traditional medicines	0	0	0	0	1	25	0	0



Members of Mary Cross's family at the ceremony to honour her role in shaping social services in Kahnawake



Wendy Hill, a speaker from Six Nations, Ontario, who spoke about traditional approaches to health and healing. The event was coordinated between Promotion/Education and the KMHC



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

Vision

Kahnawake Shakotia'takehnhas Community Services strives for a strong collective future for Kahnawake by promoting and supporting a healthy family unit.

Mission

Kahnawake Shakotia'takehnhas Community Service's mission is to encourage and support a healthy lifestyle by engaging with community through activities that strengthen our core values of peace, respect and responsibility with the collaboration of all organizations of Kahnawake.

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