



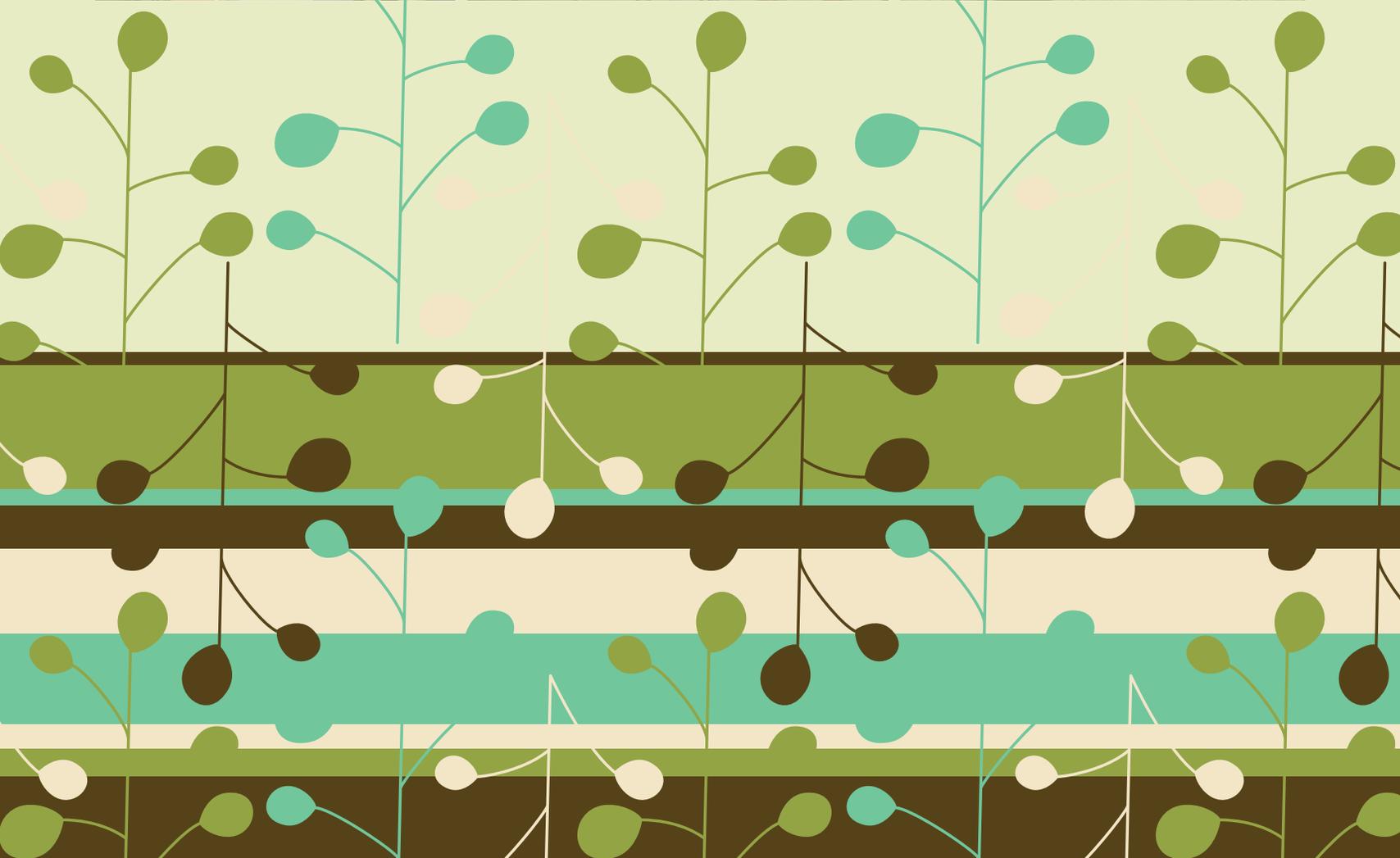
# ANNUAL REPORT

Health Canada Contribution Number OC1300001

Onerahtókha / April 1, 2012 – Enniskó;wa / March 31, 2013

Kahnawake  
Shakotia'takehnhas  
Community Services

# Year in Review



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# Introduction



**Executive Director,  
Derek Montour**

*I want* to begin by thanking the community and staff members of KSCS for the great welcoming I've received in the last year, my first year as Executive Director. My hat goes off to the previous Executive Directors, as well as current and past employees, as they were instrumental in growing our organization to what it is today. I am honoured by the trust that has been given to me to lead this key community organization.

Early in my tenure this past year, I addressed all staff members and emphasized the need for change. Time is ripe for KSCS to evolve into its next stage as a change agent for healthier living and to serve as a model for other First Nations communities.

Our first step was to review how we evaluate ourselves and we took steps to completely overhaul our performance management system. This was a large undertaking but we are now more focused on achieving our strategic goals, meeting the priorities in the Community Health Plan (CHP), and effectively evaluating the jobs we actually do.

Another major step was to better coordinate the priorities identified in the CHP. A large undertaking, we are now better aligned to structure services to meet the true needs of the community. It is vital that all community members become aware and understand the key health priorities, and key strategic priorities, that face our community.

Related to this, is the work we are doing with our partner organizations within the community. The key to our success as a community will come from working collaboratively, to address the vast and varied needs of the community. Whether it's the Connecting Horizons group, the Social Development Unit, the Onkwata'karitáhtshera health and social service agency, or all the various partnerships, it is vital that our community continue to come together.

I also want to make special mention of the KSCS staff members. I am proud to have the honour of leading such a professional, dedicated team of caring people. Whether they are from the community or have come from elsewhere, whether they are in youth protection services, the maintenance team, or any of the other professions we employ or whether they are just starting out in their career or are seasoned veterans, I am confident we have a team who can assist our community to take back responsibility for themselves and to face all of our challenges. We are a family and I look forward to seeing new, enthusiastic people join our family.

I look forward to the coming year with optimism, confidence and hope that we will continue to grow and develop as a strong Kanien'kehá:ka community who will meet the challenges of the modern day with peace, power and righteousness.

*We are now better aligned to structure services to meet the true needs of the community.*



# Board of Directors

*Shé:kon*, Kahnawake Shakotii'a'takehnhas Community Services has come a long way from its modest beginnings in the 1960s. Many people have contributed to the growth and have been instrumental in creating the institution our community knows today.

There have been many successes over the decades, as well as many lessons learned, in order to provide Kahnawake with the level of social services it deserves.

We, the Board of Directors, are working diligently to fulfill the mandate provided to us by ensuring that services are meeting the needs of our community.

As a newly appointed/elected board—and with the Executive Director new to his position as well—this is an opportune time to take a look at our organization from the inside out and set the stage for continued development of community based service.

Although there are challenges that Shakotii'a'takehnhas and our community face, we are confident that the measures we are taking—including governance training, working with other community organizations on policy to promote social responsibility, as well as the collaboration with our Executive Director—will be of great benefit to you, the user.

Our commitment to the organization is paramount and we will continue to work towards a brighter future for all Kahnawà:kehrónon.

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*This is an opportune time to take a look at our organization from the inside out and set the stage for continued development of community based service.*

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## Board of Directors

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Warren White

Michael Delisle Jr.

Mary Lee Armstrong

Donald W. Gilbert

Janice Beauvais

Madeleine Montour

Valerie Diabo

Marcus Saylor

Thomas Sky

Lori Jacobs





# Community Snapshot

Team Leader, Patsy Bordeau

**K**ahnawake is unique in that the Mohawk Council of Kahnawake (MCK), in an unprecedented action in the early 80s, delegated authority to the governing bodies of Kateri Memorial Hospital Centre (KMHC), the Kahnawake Fire Brigade (KFB), and Kahnawake Shakotiiia'takehnhas Community Services to negotiate and sign funding arrangements directly with Health Canada and the Department of Indian Affairs for the delivery of health and social services. One example is the nation-to-nation funding agreement between Quebec and Kahnawake for the Kateri Memorial Hospital Centre.

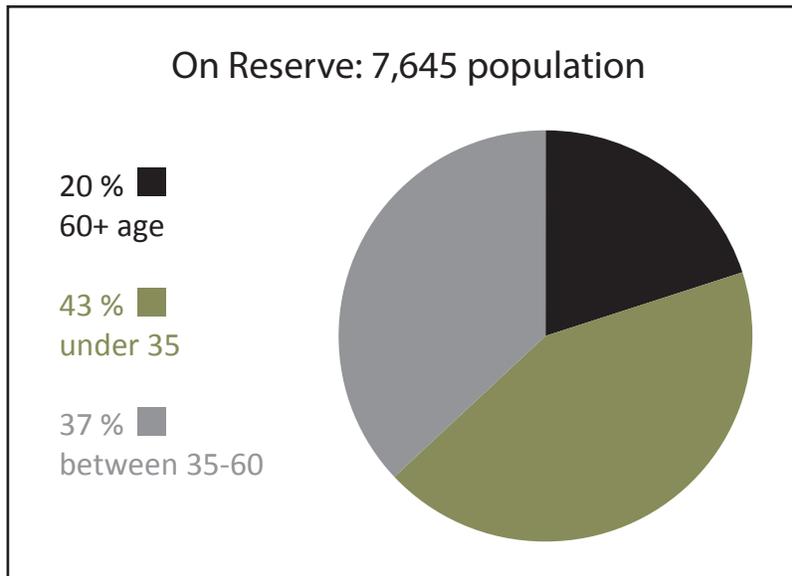
Onkwata'karitáhtshera ("for all the people to be concerned in the area of good health") is the health and social service agency that is responsible for overseeing community control over Kahnawake's health. It is mandated through an MCK Resolution (MCR #45/1999/2000). They provide direction and a leading role in the development of the current Community Health Plan (CHP) and future plans to coordinate, maintain and improve health and social services for all Kahnawa'kehró:non. Onkwata'karitáhtshera membership consists of KMHC, KSCS, KFB and the MCK.

The following information is from the Tewatohnhi'saktha Household Survey and gives an idea of the diversity of Kahnawake when delivering health services:

- Presently, Kahnawake's total community population is estimated at approximately 9,925 persons, with 7,645 people living in the community and 2,272 living outside of the community. Of those living in the community, 43% are under 35 years of age. Those 60+ years of age constitute 20% of the population with females over 80 years old numbering twice as many males (359 vs. 155).

- Over the past decade, the population has grown consistently with an average of 92 births per year. There has been an average of 48 deaths per year over the past ten years. The community currently has 2,092 households including private homes and multi-dwelling apartments.
- The on-reserve average household income is \$37,153 and the unemployment rate is estimated at 3% to 11%.

On Reserve Snapshot Table 1



• Transportation is generally by privately owned vehicles, local taxi services or medical transportation with limited bus service provided by an outside company. Due to the close proximity to Montreal and other surrounding non-Native municipalities, Kahnawake is a highly integrated modern community that is within a short distance of any large city amenity. This proximity has been a benefit in some aspects, for example, quicker access to large hospitals, higher education institutions, recreational

services, and consumer goods etc; however, it has also been a factor contributing to negative aspects of the community including diminished Mohawk language and cultural knowledge (longer standing outside influence), easier access to drugs, alcohol, gambling, increased crime, etc.

Presently (in 2013) there are two support staff that assist in carrying out all aspects of Onkwata'karitáhtshera operations. Onkwata'karitáhtshera oversees the development of the CHP and in its final approval for submission to Health Canada. The Executive Director of KSCS is designated as the acting Health Director for discussions with external governments and has signing authority for documentation.



# Operations



## *Director, Franklin Williams*

The Operations team consists of Finance, Administration, Reception, Maintenance, Information Technology (IT), and Environmental Health Services (EHS). We contribute administrative, financial and management support services to all client service teams. Services include but are not limited to: recording of group meetings, transcribing and inputting of data into Case Manager, etc. This allowed KSCS teams to place more focus on meeting their specific objectives outlined in the Community Health Plan (CHP).

Our services have an impact on the success of our various service areas in carrying out their goals and objectives to address the CHP priorities and the goals and strategic vision of KSCS. Our support was provided to all health service areas including

- the KSCS main office and throughout the community
- the Elders Lodge and Home and Community Care
- the Assisted Living Center and Young Adults Program
- the Environmental Health Officer
- the Resource Center
- the Whitehouse
- the Family and Wellness Center/Healing Lodge.

Reception services were provided day and evening (weekends when required). There were 144 groups with a total of 4,460 client visits during the year.

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

IT effectively addressed computer needs for the main office and our satellite operations for 160 computer units/laptop units, nine (9) servers, six (6) networks, Internet and WAN connections. IT is midway through an update/upgrade of various servers, computers, and software.

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

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

All Operation team members volunteered and supported KSCS global activities within KSCS and in the community. An excellent example of this was the Holiday Parade in December that supported improved mental health. The team decorated a float for KSCS and helped decorate a float for another community organization.

Over the next few pages, we present the financial audit summary report. Community members can view the full financial audit report by contacting the KSCS Operations Director at 450-632-6880.



# Financials

To the Members and Directors of Kahnawake Shakotiaa'takehnhas Community Services:

We have audited the accompanying financial statements of Kahnawake Shakotiaa'takehnhas Community Services which comprise the statement of financial position as at March 31, 2013, and the statements of operations and accumulated surplus, change in net 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 Shakotiaa'takehnhas Community Services as at March 31, 2013 and the results of its operations, change in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

## *Other Matter*

The accompanying schedules of revenues and expenses and accumulated surplus (deficit) are for information purposes only and are unaudited.

## *Report on Other Legal and Regulatory Requirements*

We have also reviewed the terms and conditions of your agreement with Health Canada and during the course of our audit did not encounter any instances where the terms and conditions were not met. In addition, we have certified that the services of a Medical Officer of Health are available, that nurses are registered with their provincial association, that the Environmental Health Officer is certified as a Public Health Inspector and that mandatory reporting concerning immunization and communicable diseases has been completed and sent to the Province.

Montréal, Québec

June 17, 2013

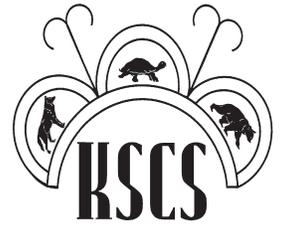
MNP SENCRL, S.F. 1

<sup>1</sup> CPA auditor, CA permit no. A103961



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14th Year Completed

**Kahnawake Shakotia'takehnhas Community Services  
Statement of Financial Position**

As at March 31, 2013

	2013	2012
<b>Financial assets</b>		
Cash resources (Note 3)	1,690,375	1,851,712
Temporary investments (Note 4)	3,500,000	1,500,000
Accounts receivable (Note 5)	839,054	908,821
<b>Total financial assets</b>	<b>6,029,429</b>	4,260,533
<b>Liabilities</b>		
Accounts payable and accruals	1,633,536	1,229,942
Deferred revenue (Note 6)	379,574	370,608
Amounts held in trust	222,352	204,342
<b>Total liabilities</b>	<b>2,235,462</b>	1,804,892
<b>Net financial assets</b>	<b>3,793,967</b>	2,455,641
<b>Contingencies (Note 8)</b>		
<b>Commitments (Note 11)</b>		
<b>Non-financial assets</b>		
Tangible capital assets (Note 7)	3,253,842	3,358,357
Prepaid expenses	21,415	12,911
<b>Total non-financial assets</b>	<b>3,275,257</b>	3,371,268
<b>Accumulated surplus (Note 13)</b>	<b>7,069,224</b>	5,826,909

Approved on behalf of the Board

Grand Chief

Director

Director

The accompanying notes are an integral part of these financial statements



# Kahnawake Shakotia'takehnhas Community Services

## Statement of Operations and Accumulated Surplus

*For the year ended March 31, 2013*

	2013	2012
<b>Revenue</b>		
Aboriginal Affairs and Northern Development Canada	6,770,159	6,258,796
Health Canada	8,323,273	8,109,068
Additional government funding	170,966	155,819
	<b>15,264,398</b>	14,523,683
Other revenue	408,929	301,092
GST and Sales Tax rebates	-	3,462
Investment income	46,936	31,705
Administration Revenue	1,026,156	1,076,490
Rental income	247,754	210,745
Deferred revenue - prior year (Note 6)	370,608	-
Deferred revenue - current year (Note 6)	(379,574)	(370,608)
	<b>16,985,207</b>	15,776,569
<b>Expenses</b>		
Aboriginal Affairs and Northern Development Canada	6,324,354	5,895,910
Health Canada Block Priorities	5,611,156	5,664,195
Health Canada Set Priorities	1,918,015	1,821,063
Other Programs	1,422,088	1,496,003
Capital	216,200	196,469
<b>Total expenses (Schedule 1)</b>	<b>15,491,813</b>	15,073,640
<b>Surplus before other items</b>	<b>1,493,394</b>	702,929
<b>Other income (expense)</b>		
Repayment of government funding	(244,723)	(118,073)
Reimbursement of prior years' deficit	-	276,509
Transfer to Kateri Memorial Hospital	(6,356)	(5,991)
	<b>(251,079)</b>	152,445
<b>Surplus (Note 14)</b>	<b>1,242,315</b>	855,374
<b>Accumulated surplus, beginning of year</b>	<b>5,826,909</b>	4,971,535
<b>Accumulated surplus, end of year</b>	<b>7,069,224</b>	5,826,909

The accompanying notes are an integral part of these financial statements

## Kahnawake Shakotiiia'takehnhas Community Services Statement of Change in Net Assets

*For the year ended March 31, 2013*

	2013	2012
<b>Annual surplus</b>	<b>1,242,315</b>	855,374
Purchases of tangible capital assets	(111,684)	(167,206)
Amortization of tangible capital assets	216,200	196,469
	<b>104,516</b>	29,263
Acquisition of prepaid expenses	(21,415)	(12,911)
Use of prepaid expenses	12,910	22,232
	<b>(8,505)</b>	9,321
<b>Increase in net assets</b>	<b>1,338,326</b>	893,958
<b>Net assets, beginning of year</b>	<b>2,455,641</b>	1,561,683
<b>Net assets, end of year</b>	<b>3,793,967</b>	2,455,641

## Kahnawake Shakotiiia'takehnhas Community Services Statement of Cash Flows

*For the year ended March 31, 2013*

	2013	2012
<b>Cash provided by (used for) the following activities</b>		
<b>Operating activities</b>		
Cash receipts from contributors	16,768,849	16,237,013
Cash paid to suppliers	(7,056,181)	(6,801,634)
Cash paid to employees	(7,824,343)	(7,989,588)
Interest income	44,012	26,294
	<b>1,932,337</b>	1,472,085
<b>Financing activities</b>		
Change in amounts held in trust	18,010	23,542
<b>Capital activities</b>		
Purchases of tangible capital assets	(111,684)	(167,206)
<b>Increase in cash resources</b>	<b>1,838,663</b>	1,328,421
<b>Cash resources, beginning of year</b>	<b>3,351,712</b>	2,023,291
<b>Cash resources, end of year</b>	<b>5,190,375</b>	3,351,712
Cash resources	1,690,375	1,851,712
Temporary investments	3,500,000	1,500,000
	<b>5,190,375</b>	3,351,712

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

# Kahnawake Shakotia'takehnhas Community Services

## Schedule 1 - Schedule of Consolidated Expenses by Object

*For the year ended March 31, 2013*

	2013	2012
<b>Consolidated expenses by object</b>		
Amortization	216,200	196,469
Bank charges and interest	28,142	24,476
Contracted services	-	75,279
Food and beverage	114,930	104,025
Foster care	656,001	658,650
Furniture and equipment	44,575	20,420
Group home costs	140,774	87,935
Health management	110,731	-
Honoraria(um)	13,167	7,377
Institutional care	1,579,864	1,267,089
Insurance	15,243	17,693
Laboratory costs	51,632	36,189
Miscellaneous	3,821	17,131
Nursing and health services	1,115,650	1,062,861
Office and administration cost share	1,025,619	1,113,231
Office equipment lease	17,199	16,388
Office supplies and expenses	72,059	33,367
Physician recruitment and retention	170,000	170,000
Placement costs	86,040	85,196
Postage	6,360	6,241
Professional fees	195,961	59,420
Program costs	1,325,696	1,411,357
Rent	145,530	145,530
Repairs and maintenance	85,347	71,194
Salaries and benefits	7,824,343	7,989,588
Telephone	45,294	40,257
Training	48,183	33,708
Translation	9,995	712
Transportation	38,521	43,447
Travel	233,636	202,359
Utilities	71,300	76,051
	<b>15,491,813</b>	<b>15,073,640</b>

**Kahnawake Shakotia'takehnhas Community Services**  
**Schedule 2 - Schedule of Revenue and Expenses and Accumulated Surplus**

*For the year ended March 31, 2013*

	Schedule #	AANDC Revenue	Other Revenue	Deferred Revenue	Total Revenue	Total Expenses	Adjustments/ Transfers From (To)	Current Surplus (Deficit)
<b>Aboriginal Affairs and Northern Development Canada</b>								
Elders Lodge	3	606,343	157,769	-	764,112	750,909	-	13,203
Institution Care Adult Type 1	4	482,341	-	-	482,341	483,052	-	(711)
Core Fund Assisted Living Services	5	1,330,753	55,019	-	1,385,772	1,424,605	-	(38,833)
DIA Family Violence	6	30,000	-	-	30,000	32,019	-	(2,019)
KSS Service Delivery Enhanced Prevention	7	177,920	-	-	177,920	256,711	78,791	-
CSA KSS Prevention	8	-	170,966	-	170,966	-	(170,966)	-
KSS Service Delivery Child	9	1,577,359	-	-	1,577,359	1,510,818	(66,541)	-
KSS Institution Care Child	10	1,126,710	-	-	1,126,710	1,069,465	(57,245)	-
KSS Group Home	11	141,726	-	-	141,726	140,774	(952)	-
KSS Foster Care Child	12	1,297,007	-	-	1,297,007	656,001	(641,006)	-
Surplus Reinvestment	13	-	-	-	-	-	(12,250)	(12,250)
Maintenance Volume Augmentation	14	-	-	-	-	-	870,169	870,169
		<b>6,770,159</b>	<b>383,754</b>	<b>-</b>	<b>7,153,913</b>	<b>6,324,354</b>	<b>-</b>	<b>829,559</b>
<b>Health Canada Block Priorities</b>								
Drinking Water	15	-	88,379	-	88,379	56,338	(32,041)	-
Addictions	16	-	640,745	-	640,745	604,993	(35,752)	-
Mental Health	17	-	913,167	-	913,167	814,081	(99,086)	-
Developmental Disabilities	18	-	455,263	-	455,263	390,627	(63,967)	669
Cardio	19	-	110,000	-	110,000	110,000	-	-
Cancer-Environmental Health	20	-	331,324	-	331,324	288,307	(43,017)	-
Diabetes	21	-	342,496	-	342,496	313,078	(29,418)	-
Primary Health	22	-	1,247,066	-	1,247,066	1,253,422	6,356	-
Multiple Priorities	23	-	771,418	-	771,418	731,541	(40,103)	(226)
Health Management	24	-	1,196,740	-	1,196,740	1,007,584	307,556	496,712
Mental Health Conference	25	-	57,000	-	57,000	41,185	(15,815)	-
		<b>-</b>	<b>6,153,598</b>	<b>-</b>	<b>6,153,598</b>	<b>5,611,156</b>	<b>(45,287)</b>	<b>497,155</b>
<b>Health Canada Set Priorities</b>								
Resource Center	26	-	86,781	-	86,781	86,781	(938)	(938)
Primary Home and Community Care	27	-	1,459,837	-	1,459,837	1,459,837	-	-
Supplementary Short Term Psyc.	28	-	122,089	-	122,089	122,089	230	230
Obesity Child Oral Health	29	-	35,187	-	35,187	35,187	-	-
Health Services Integration	30	-	214,720	(43,966)	170,754	170,754	-	-
Suicide Prevention	31	-	25,000	-	25,000	25,224	224	-
Health Careers SS	32	-	18,143	-	18,143	18,143	(2,473)	(2,473)
Child Injury Prevention	33	-	(35,000)	35,000	-	-	-	-
		<b>-</b>	<b>1,926,757</b>	<b>(8,966)</b>	<b>1,917,791</b>	<b>1,918,015</b>	<b>(2,957)</b>	<b>(3,181)</b>

**Kahnawake Shakotia'takehnhas Community Services**  
**Schedule 2 - Schedule of Revenue and Expenses and Accumulated Surplus**

*For the year ended March 31, 2013*

	Schedule #	AANDC Revenue	Other Revenue	Deferred Revenue	Total Revenue	Total Expenses	Adjustments/ Transfers From (To)	Current Surplus (Deficit)
<b>Other Programs</b>								
Tewatohnni'saktha Summer Student Programs	34	-	28,086	-	28,086	29,439	2,609	1,256
Teen Social Club	35	-	4,978	-	4,978	4,978	-	-
Organizational Development Services	36	-	129,427	-	129,427	128,977	-	450
CSSR Child Services	37	-	27,347	-	27,347	27,347	-	-
Revenue Yap Parent Committee	38	-	17,690	-	17,690	17,690	-	-
Elders Fundraising	39	-	1,698	-	1,698	-	-	1,698
Building Healthy Communities	40	-	-	-	-	-	(811)	(811)
Six Plex A'nowara'hne	41	-	37,265	-	37,265	7,731	-	29,534
Onkwather'shera Research Council	42	-	-	-	-	544	-	(544)
Administration	43	-	638,556	-	638,556	623,537	(15,019)	-
Nobody's Perfect	44	-	8,390	-	8,390	2,828	-	5,562
Youth Criminal Justice	45	-	120,000	-	120,000	120,254	-	(254)
Caisse Populaire Grant Physicians Retention	46	-	-	-	-	12,000	-	(12,000)
Office Operating	47	-	387,630	-	387,630	396,447	8,817	-
General fund	48	-	106,659	-	106,659	49,250	33,615	91,024
NDHR Grant	49	-	1,100	-	1,100	1,066	(34)	-
		-	1,508,826	-	1,508,826	1,422,088	29,177	115,915
Capital Asset Fund	50	-	-	-	-	216,200	111,684	(104,516)
Internally Restricted Fund	51	-	-	-	-	-	(83,716)	(83,716)
Moveable Assets Reserve	52	-	-	-	-	-	(8,901)	(8,901)
<b>Surplus</b>		<b>6,770,159</b>	<b>9,972,935</b>	<b>(8,966)</b>	<b>16,734,128</b>	<b>15,491,813</b>	<b>-</b>	<b>1,242,315</b>
<b>Accumulated surplus beginning of year</b>								<b>5,826,909</b>
<b>Accumulated surplus, end of year</b>								<b>7,069,224</b>



# Assisted Living Services



*Manager, Vickie Coury-Jocks*

With the support of an enthusiastic and committed team, Assisted Living Services (ALS) continued to provide support and assistance to our community members living with developmental delays, disabilities and mental health issues.

Throughout the year, participants and staff were involved in many fun and rewarding activities that foster physical and mental wellness, social integration and the continued development of positive life-skills.

Showcasing their talents, the Young Adults Program (YAP), the Teen Social Club (TSC), and the Independent Living Center (ILC) coordinated a wide range of events such as pancake dinners, a Hawaiian luau and a variety show that is sure to become an annual event.

In support of the Spirit of Wellness (SOW), ALS hosted a family skating event and of course the summer would not have been complete without the annual YAP Family Fun Fair.

The steady increase of community support and participation at these events has gone a long way toward our objectives and illustrates to our clients that they are a vital and integral part of the community.

In the interest of improving overall health and wellness program participants received weekly classes in yoga and (with the assistance of the KMHC nutritionist) were treated to healthy cooking classes and were surprised to discover that healthy foods can also be delicious.

On a program level, ALS engaged in heightened networking efforts with parents, families and related community organizations such as Kateri School, Step By Step, Kanien'keháka Onkwawén:na Raotitióhkwa Language and Cultural Center, and KMHC.

This year also saw the development of Connecting Horizons, a multi-disciplinary group made up of community members, parents, and service providers who are committed to the continued development of quality resources for our special needs population.

There were significant challenges to service delivery this year and, as with many other community organizations, ALS had its budget cut. The dollars that normally go towards providing much needed respite services to our families were completely eliminated. Thankfully, through the support of the Caisse Populaire Kahnawake and their Community Development Fund we have been able to maintain this service while we continue to negotiate with the federal government on our clients' behalf.

The Community Health Plan has identified learning disabilities and developmental delays, and mental health as among the top health priorities for our community now and over the course of the next 5–10 years. With this in mind, KSCS and Assisted Living Services are determined and committed to address the needs in this area through negotiation, training and staff development. On behalf of our clients, I want to thank the staff, the families, and the community in general for all their support and involvement this past year and I look forward to the year ahead.



*Top: Assisted Living Services Halloween party. Bottom: YAP bake sale to raise money for activities.*





# Environmental Health Services



*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.

There are inspection schedules for potable water quality (public water system and private wells), local recreational waters (swimming, etc.), public buildings (recreational and institutional including air quality), private buildings (quality of living conditions), food service facilities, wastewater (sewage) disposal and solid waste disposal.

EHS plays a role in communicable disease control. A schedule for public building inspections and sample forms for air quality assessment and food premises inspections are included in the most current Community Health Plan. Also included are forms for bacteriological analysis requests and results for drinking water.

EHS works closely with the Kahnawake Safety Committee, Emergency Preparedness Committee, and MCK's Environment Office and Community Protection Unit.

Depending on the nature and severity of environmental health hazards to the community, the appropriate contacts would be involved and the emergency plans would come into effect. Kahnawake would deal with lesser environmental health hazards to the community by using a Mohawk Council Resolution (MCR).

## Water Quality Monitoring

### *Activities:*

- Monitored the centralized potable water distribution system for Kahnawake. This included 6 weekly samples for bacteria, 3 weekly samples for turbidity, monthly quality assurance/quality control samples, and complete quarterly chemical analysis.
- Monitored the potable water quality of homes off the centralized system that draw their water from an underground source in Kahnawake and Tioweró:ton.

- Monitored recreational water in Kahnawake and Tioweró:ton on a seasonal basis.
- Concentrated on cancer causing pollutants and provide water treatment suggestions.

### *Performance Indicators:*

- Conducted 330 water samples on the centralized water distribution system to assure the potable water meets criteria established by Health Canada.
- Conducted 142 water samples on ground water sources to assure the potable water meets criteria established by Health Canada.
- Conducted 115 water samples for recreational use to assure it meets criteria established by Health Canada.
- Notified the MCK of any conditions that would present a hazard to the population and provided measures to remedy the situation.

## Inspection of Food Handling Services

### *Activities:*

- Inspected all food service establishments within Kahnawake.
- Promoted correct food handling practices to managers and staff.
- Advised the community of food safety recalls.

### *Performance Indicators:*

- Inspected 48 food handling establishments currently operating in Kahnawake.
- Reported no food borne illnesses for 2012–2013.
- Reported no closures due to unsatisfactory inspections.



## Inspection of all Public Buildings for Health and Safety

### Activities:

- Inspected all public buildings.
- Assured that all buildings meet Federal/Provincial standards for sanitation and safety.
- Included inspections of potential cancer related materials in constructions.

### Performance Indicators:

- Inspected 44 buildings
- Identified three buildings for exceeding radon levels. Two buildings have had radon levels corrected using recommendations from Health Canada. The other building has been closed.

## Inspection of Residential Buildings for Health and Safety

### Activities:

- Provided inspections/investigations to the public upon request.
- Provided widespread information promoting healthy home suggestions using Health Canada and Canadian Mortgage and Housing Corporation information.
- Collaborated with Community Protection Unit regarding abandoned homes/hoarders.
- Collaborated with Social Services regarding clients' living conditions.

### Performance Indicators:

- Reduction in number of on site indoor air quality home inspections since the inception of the program.

## Communicable Disease Prevention

### Activities:

- Promoted innovations in communicable disease prevention.
- Provided information on emerging diseases and intervention planning.
- Collaborated with Community Health Unit and Emergency Protection.
- Revised/updated KSCS' current organizational emergency planning.

### Performance Indicators:

- Revision/update KSCS current organizational emergency planning (with assistance from Kahnawake Emergency Preparedness) is ahead of schedule.

## Health, Safety & Occupational Hazards

### Activities:

- Provided information on respiratory ailments related to mold remediation.
- Provided information on personal protective equipment for contractors working in areas with high air borne particulate hazards.
- Measured/detected carbon monoxide.
- Measured/detected carbon dioxide.
- Measured noise levels.
- Provided ergonomic information related to individual workstations.
- Provided workplace cancer awareness and prevention.

### Performance Indicators:

- Feedback from clients has been favourable.

EHS Activity Stats Table 2

EHS Activity Stats 2012	
Community based drinking water quality monitoring	
- Chemical	104
- Bacteriological	330
- Recreational	146
- Ground water source	134
- Well disinfections	7
Waste disposal	7
Food safety inspections	48
Health hazard investigations	10
Air quality investigations	12
Communicable disease control	0
Building safety	36
Occupational health & safety	4
Information request (misc.)	84
Radon testing	3





# Home & Community Care Services



*Manager, Mike Horne*

Through an integrated service delivery approach, Home and Community Care Services (HCCS) and Turtle Bay Elders Lodge (TBEL) provide a continuum of care for community members requiring assistance with activities of daily living.

In collaboration with Kateri Memorial Hospital Centre's (KMHC) home care nursing, the HCCS/TBEL team has been able to meet the needs of the community by offering a variety of specialized services and programs based on the health priorities identified through Kahnawake's Community Health Plan (CHP).

HCCS has been accredited for the third time via the KMHC. The accreditation process has been beneficial and assists our service delivery by ensuring that we are offering the community the best quality care based on set standards of Accreditation Canada.

The team from HCCS hosted many events at TBEL. As part of KSCS Spirit of Wellness campaign in November, TBEL hosted a traditional craft sale and had excellent community representation of different generations, as many community members proudly displayed their crafts.

In collaboration with Prevention and Support Services of KSCS, an elder's luncheon on June 11, 2012 was hosted at TBEL in acknowledgment of the National Day of Healing and Reconciliation with 148 community members in attendance. Children from Our Gang made individual cards which were presented to all elderly in attendance.

In February, we also hosted a community elders' Valentines Day luncheon. Approximately 125 community members attended the event.

HCCS/TBEL was successful in accessing funding through the Aboriginal Diabetes Initiative and was able to offer community elders yoga classes once a week over the fall and winter months. The yoga program was devised with the elders' abilities in mind. These classes, along with other exercise classes offered by the activity department, help the elders remain physically active and help prevent falls or other health issues as a result of inactivity.



*A child presents handmade cards to elders during the National Day of Healing luncheon on June 11, 2012.*



*Elders gather for the annual TBEL Valentine's luncheon.*

HCCS participated in an elder abuse awareness campaign through a video presentation that was aired on local media. The video discussed all aspects of elder abuse—from prevention to community efforts to address this issue, to finding ways to assist community members affected by abuse.

Anowara’hne (the place of turtles) is a complex comprised of six 2-bedroom apartments for community members who are 55 years and older who are in need of housing. The residence has full occupancy.

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

### STATS for Kahnawake Home and Community Care Services

(Information obtained from First Nations and Inuit Home and Community Care program electronic service delivery reporting template)

*HCCS Stats Table 3*

Number of home visits	15,737
Total hours of services provided	34,903.75 hours
Nursing services	5,704 hours
Personal care	7,919.50 hours
Case management	3,702 hours
In-home respite	340.50 hours
Home care/home management	3,394.50 hours
Meal services	3,208.50 hours
	35,040 meals prepared by TBEL kitchen
Adult day program	7,955 hours

*HCCS Stats Table 4*

	Elders Caseworker	Activity Program	Homecare	Extended Care	Medical Equipment	Homecare Nursing	Adult & Elders Services
April	1	0	8	0	0	12	33
May	1	0	4	0	0	7	22
June	2	2	2	1	0	9	23
July	2	0	5	0	0	4	29
Aug	1	0	5	0	0	10	29
Sept	1	0	9	0	0	8	39
Oct	1	0	8	0	0	4	20
Nov	2	0	6	0	0	7	13
Dec	1	0	2	0	0	4	11
Jan	2	0	5	0	0	6	19
Feb	1	0	4	0	0	11	24
March	2	0	4	0	0	10	24
Total	17	2	62	1	0	92	286



# Human Resources



*Director, Rheena Diabo*

**C**ommunications, Human Resources (HR), and Organizational Development Services (ODS) comprise the larger HR team at KSCS. Our shared goal is to help KSCS realize its strategic framework. Joint team projects maximize the individual talents and experience of each team member. Some of the services are targeted to KSCS and its employees, while others are directed to the community.

## Communications

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

This past year, we had great success with the training and capacity building within the community, particularly in the health priority area of mental health. One hundred and eighty six community members successfully completed the Applied Suicide Intervention Skills Training and the Mental Health First Aid trainings, which is a strong indicator that Kahnawa'kehró:non are becoming more responsible for making healthier lifestyle choices.

We also supported internal and external campaigns such as, but not limited to, the Respect campaign, the Designated Driver campaigns, the holiday parade and a variety of other initiatives.

Our health and wellness newsletter, Aionkwatakari:teke, also had a successful year with approximately 10,200 copies brought home and another 900 returned through the post office recycling box.

Due to the closing of one media outlet in Kahnawake—and financial shortfalls—we were unable to present health awareness video materials via their closed cable to the community this year. However, we increased the frequency of health awareness through other media outlets and are looking into ways to access the community channel next year. (Please see the Communications statistics table on page 18.)

## Human Resources

Human Resources (HR) provides supportive services to the staff and management of KSCS and assists with the recruitment and retention of employees in support and attainment of the Community Health Plan.

This past year has been very productive for HR in assisting with the development and implementation of a new Performance Management program for the organization. The new program was developed to support employee development and advancement in alignment with our organizational and strategic plans. HR guided the process and engaged employee participation via a working group and focus groups. The program was launched in February with training and orientation on the tools and process.

HR is celebrating the success of one of our employee, Alison McGregor, who earned her Certificate in Human Resources Management from McGill University. The graduation ceremony is scheduled for May 2013, concluding four years of hard work.

This year, despite our ongoing recruitment process, we were challenged with securing a replacement for one of our clinical professionals (a shortage of psychologists in health care system in the province is a contributing factor.) We will review our recruitment strategies with management.

*HR Stats Table 5*

Recruitment Processes 2012-13	
Positions posted	18
Applications processed/interviewed	57
New hires/orientations conducted	16
Departures	15
Summer students	11
Stage students	26
<b>Reduction turnover in staff:</b>	
The number of departures has remained the same from the previous fiscal year at fifteen (15). However, we have less new hires in the areas of On-call and Part-time status.	
<b>Total number of employees</b>	
2011-12	190 employees
2012-13	186 employees

## ODS Team

Organizational Development Services (ODS) is an internal/external training and consulting business operating since 1993. We have a core team of three and, whenever a project warrants, we will bring on others with special skills and knowledge. When conducting local projects we are always mindful of the health priorities that were identified in the Community Health Plan as well as the vision and mission of KSCS.

One of our team members was on leave this year and this has impacted on the amount and type of work we took on. ODS has primarily focused on project management activities for a multi-year project called Expanding and Building our Partnerships to Improve Access, an initiative funded by Health Canada through the Health Services Integration Fund (HSIF). A component of this project includes working with a coalition made up of eight English speaking First Nations communities within Quebec.

In addition, we conducted research, facilitation, and coordination for other projects both internal and external to Kahnawake. ODS members participate on internal and external boards, activities etc. and this past year we have been involved on the KSCS Performance Management Project and KSCS Elections Committee. The following is a listing of our projects and activities for the 2012–2013 fiscal year.

## Coordination/Facilitation/Design

- Kahnawake Community Mobilization for Suicide Prevention: Held the second gathering for approximately 20 participants.
- Health Canada Symposium for Community Based Drinking Water Monitors CCWM/CCQE: Held a two-day symposium for 45 participants from across Quebec.
- Waste Management Planning Session: Held a two-day session for 14 participants from Kahnawake.
- Expanding and Building our Partnerships to Improve Access HSIF Project: Held a two-day session for the first steering committee meeting for 10 participants. For the official project, held a one-day meeting with 10 participants.

## Community Based Research & Development Projects

- Kahnawake Community Health Plan 2012–2022: Submitted training and evaluation plan and other recommended tasks identified by Health Canada.

Total number of participants that attended an ODS facilitated session/workshop: 50.

Communication Stats Table 6

Communications Media Stats				
TV commercials	0	Radio commercials produced	5	
Awareness videos	0	Radio PSA's	36	
Workshops recorded for lending library	10	Eastern Door Community Notes	40	
Taped Drama productions	4	Annual Report	1	
Eastern Door ads	90	Weekly Bulletin	50	
Eastern Door notes	23	Requests for assistance from KSCS	467	
Radio talkshows	12	Aionkwatakari:teke*	6 publications	
		Traveling information booths & attendance		Trainings delivered & attendance
Addictions	6	1,080	23	708
Violence	0	0	2	335
Life skills	1	150	2	29
Mental health	0	0	16	280
Teen issues	1	75	3	154
Parenting issues	1	80	2	65
Learning developmental disabilities			2	40

\*6 publications with 64 articles covering the following health issues: Addictions 7, Violence 10, Mental Health 15, Parenting 10, Teen Issues 12, Physical Health and Diabetes 8, and Environment 2





# Prevention Services



*Manager, Terry Young*

The year 2012–2013 brought with it many new and exciting prevention activities within Kahnawake Shakotii'a'takehnhas Community Services which were organized efficiently and creatively by the different teams that make up Prevention Services. We help to ensure that prevention focused health care and community prevention efforts are available, integrated, and mutually reinforced to all Kahnawa'kehró:non.

The prevention team operates under three Community Health Plan (CHP) priority areas which include addictions, mental health, and learning/development disabilities.

Primary and secondary prevention services are offered to the community throughout the year through group programming, cultural knowledge workshops, one-on-one counselling sessions, and support groups. Prevention Services teams work together in a multi-disciplinary approach to best serve all members of the community from child to elder, working closely with the other components within KSCS.

Under the health priority of addictions we were able to offer services through

- the Our Gang after school program which focuses on ages 6–12 years old.
- the MAD Group, which focuses its programming to ages 12–17 years old.
- the Drama program, which is geared for youth 6–17 and adults within the community.

Each of these programs provide life skills building, knowledge and education in drugs and alcohol awareness, providing participants with prevention information specifically targeting the impacts of addictions issues, as well as healthy strategies and support information on how to reduce addiction impacts on the self, family, and community.

Programs that are a component of the mental health priority include

- our Shakotisnien:nens support counselors (traditional cultural based.)
- our S5 services.
- our parenting programming.

By offering one-on-one support counselling to all ages (from ages 6 and up), as well as group programming, we were able to provide services to 260 males and females within the community and provided them with a safe space to share their personal issues and find alternatives. The parenting programming offers education, teachings and support to single parents, families, and young moms and dads. A variety of support groups provide one-on-one support.

The Satatenikonrarak worker provides programming under the health priority of learning/developmental disabilities and works closely with individuals, parents, and families to provide awareness around

- fetal alcohol spectrum disorder.
- HIV/AIDS awareness.
- suicide prevention.
- healthy sexuality.

The total number of clients served was in the amount of 566 and ranged in ages from 6 to adult within the community.

KSCS is always building on the strengths and knowledge of its staff, to that end a number of great trainings were offered.

These trainings included Sexpressions, which gave staff a better knowledge of sexuality, and a full day presentation on traditional ceremonies and death given by elder Tom Porter. Both presentations were well attended by staff and the community. As well, presentations were made by Karhowane McComber and Emmy Mitchell on the importance of traditional ceremonies. Both sessions were coordinated by the staff of the Family and Wellness Center.

Prevention Services will continue to offer programming to meet the needs of the community and will continue to participate with other organizations whose goals align with encouraging healthy lifestyle choices and, naturally, with all community members.

KSCS welcomes any feedback in regards to the programming offered through direct calls or via the KSCS website at [www.kscs.ca](http://www.kscs.ca).



*Top left: Drama production of Some Like it Hot. Bottom left: A return engagement of the popular Bullycide Project. Top right: Members of KSCS proudly display the KSCS banner against violence at a march in Montreal. Bottom right: A child in the traditional teachings group, Where the Creek Runs Clearer, receives some teachings while on a trip to Tioweró:ton.*



# Support Services



*Manager, Kathy Jacobs*

**K**SCS Support Services provide a multi-disciplinary team approach to assist community members in quality intervention services in the areas of addictions, psychological services, youth protection and youth criminal justice, Tsi Ionteksa'tanohnha "Foster Care" program, and the Case Aide program.

The year 2012–2013 carried with it many challenges; however, there were also many successes that helped to support the needs of the community.

Because addictions is one of the top health priorities in Kahnawake, one of our main goals (health impacts) is to have a measurable decrease in drug and alcohol abuse by providing direct intervention and prevention services to the entire community.

The addictions intervention team is comprised of an addictions clinical supervisor and four addictions response workers. These staff members are tasked with the implementation of the core functions of addictions counselling/work, which includes one-on-one support, after care services, addictions education, and awareness and support groups such as Narcotics Anonymous and Alcoholics Anonymous. Steady collaboration within Prevention and Support services will create and enhance working relationships in the multi-disciplinary team approach.

Psychological services experienced a slight setback with the retirement of one of our long time employees, Dr. Joseph Belmonto, and the maternity leave of our second clinical psychologist. Recruitment efforts for replacements were complicated but a strong plan was put in place and services continued without interruption.

The team at KSCS worked together to strategize and plan, which allowed for adjustments in the process that, in turn, created positive results in the continuum of services. All requests or referrals for psychological services were accepted and, when clinically sound, transitioned to our Shakotisnien:nens support counselors. The main four psychological issues were anxiety, depression, behavioural and post traumatic stress disorders (PTSD).

Legislative changes to the Professional Code of Social Workers (Bill 21) created some challenges; however, activities continued as normal with the understanding that this amendment ensures the protection of the public, which includes our community mem-

bers. This law specifies that all social workers and case workers who perform certain reserved activities in their daily responsibilities in screening and assessments (S5), Youth Protection, and Youth Criminal Justice have the appropriate professional training to do so.

The action plan under the Enhanced Prevention Focus Approach has been striving to meet its goals to reduce child placements in institutional care facilities and group homes by creating a bank of on-reserve foster homes that can be used in time of need in order to maintain our children within the community.

In order to fully meet its goals, the Tsi Ionteksa'tanohnha "Foster Care" program, will increase its staff to include a foster care resource worker, who will assist in the enhancement of the program. There will be more recruitment, assessments, support and training to foster parents and the retention of current Kahnawake foster homes which includes family members e.g. grandmothers, aunts, or close family friends.

Support services will continue to provide services to the community of Kahnawake by working hand-in-hand as Kahnawa'kehró:nnon in strengthening Kanien'keha:ka values.



*Some of our hardworking Prevention and Support workers.*





KSCS Annual Report  
2012–2013



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K.S.C.S. provides a variety of health and social services to the Mohawks of Kahnawake. We collaborate in setting direction with 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.

## Our Vision

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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

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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.

Production Date: 15 July 2013

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