

KSCS ANNUAL REPORT

2016–2017



**Kahnawà:ke
Shakotii'a'takehnhas
Community Services**

Health Canada Contribution
Number QC 1300001





KSCS provides a variety of health and social services to the Mohawks of Kahnawà:ke. We get direction from Onkwata'karitàhtshera (a Kanien'kehá:ka 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 Kahnawà:ke's health and determining the health priorities.

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Executive Director's Report

It is my deepest honour to be Shakotia's Community Services' Executive Director. On behalf of myself and our Board of Directors, I present this year's Annual Report. We take great pride in our role, while respecting our critical responsibility, as one of the key community partners for encouraging healthy lifestyles in all of our families. I acknowledge and honour all community members who help to make our community so great. Thank you for all the hard work that you do to make the world a better place.

We made great strides in implementing our newly adopted Strategic Plan*, officially launching it on April 1, 2016. Although many of our goals involve partnership, through community and collective efforts, we are taking progressive steps to help us, and the community, achieve our objectives.

Our Board of Directors continue the challenge of becoming a more effective governance team while working with our leadership team to improve both monitoring and accountability and subsequently improving outcomes for our clients.

We are excited to enter the next fiscal year with a stronger sense of our collaborative role within our community and region. Our clients remain at the forefront of our planning, as they are our most important stakeholder.

One of the profound impacts KSCS has felt in the last year was the result of the First Nations Child and Family Caring Society's Canadian Human Rights complaint filed against Canada. Since the landmark ruling against Canada last January, KSCS has been heavily involved in providing input on how the Child and Family Services (CFS) programs across Canada can be improved. KSCS believes Kahnawà:ke can be a role model for agencies by using our integrated, multi-disciplinary community approach. Many communities are suffering but, thankfully, increased funding for CFS programs has finally arrived. KSCS received an increase last year in its available resources allowing us to move forward on long awaited plans and better securing existing programs.

Related to this is our on-going goal of asserting self-determination of our services, in particular youth protection services. This endeavour was reported on last year and continues to be a milestone we work towards for community self-determination. I fully expect us to have an agreement within the next fiscal year.

KSCS, as part of Onkwata'karitáhtshera and in collaboration with our partners, participated in the evaluation and update of our Community Health Plan. Our community's health plan represents a cornerstone of our efforts to deliver high quality health and social services. This evaluation was the mid-way point of our 10-year health agreement and we were able to identify areas for improvement.

Kahnawà:ke has also been involved in producing a better health portrait by using data from the recently completed Regional Health Survey, Health Canada's Non-Insured Health Benefits, and through a partnership with the CISSS Montréal's public health department. We look forward to sharing this data with the community in the coming year.

We are excited to participate, along with other community organizations, in the collective approach to social change: "Our Voice, Our Future." This exciting initiative is intended to



EXECUTIVE DIRECTOR

DEREK MONTOUR

I acknowledge and honour all community members who help to make our community so great. Thank you for all the hard work that you do to make the world a better place.

CORNERSTONES OF INTEGRITY

- Respect
- Responsibility
- Trust
- Commitment





KSCS Board of Directors: Standing (left to right): Thomas Sky, Warren White, Dwayne Zacharie, and Vernon Goodleaf. Sitting (left to right): Valerie Diabo, Janice Beauvais, Rhonda Kirby, and Mary Lee Armstrong.

mobilize our community to create real social change for all our people. It represents one of the vital, necessary and effective partnerships that KSCS strives to build. In addition, KSCS continues to partner on many other local, regional and national initiatives. We enter into these partnerships with the intent of improving the lives of Kahnawà:kehró:non and other Indigenous people.

It is not an easy task to address our community's social challenges that 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 these challenges can be overcome if we have the willingness to face them, though we sometimes need a helping hand when needed. KSCS is here to be that helping hand.

* The KSCS Strategic Plan can be found on our [website](#)

KSCS BOARD OF DIRECTORS

Derek Montour, KSCS

Warren White, Chair

Rhonda Kirby, MCK

Janice Beauvais, KEC

Valerie Diabo, KMHC

Dwayne Zacharie , Peacekeepers

COMMUNITY REPRESENTATIVES

Mary Lee Armstrong

Vernon Goodleaf

Madeleine Montour

Thomas Sky

Organization initialism key: KSCS (Kahnawà:ke Shakotiià'takehnhas Community Services) MCK (Mohawk Council of Kahnawà:ke), KEC (Kahnawà:ke Education Center), KMHC (Kateri Memorial Hospital Centre).

Kahnawà:ke Community Health Plan

BRIEF BACKGROUND

In the late 1990s, Kahnawà:ke began exploring the option of entering into a transfer agreement with Health Canada. The intent of the agreement is to transfer Health Canada's control over health programs and funding to the community. A requirement to enter into funding negotiations is to conduct a health needs assessment and create a Community Health Plan (CHP).

In 1998, the Mohawk Council of Kahnawà:ke (MCK) mandated a subcommittee from Onkwata'karitáhtshera, to submit a bridge-funding proposal to Health Canada to conduct a transfer needs assessment for Kahnawà:ke. The top five health concerns were identified and a community health plan was created. A five-year funding arrangement called the *Kahnawà:ke Health Programs Transfer* was entered in April 1999 and allowed KSCS, Kateri Memorial Health Centre and Kahnawà:ke Fire Brigade the flexibility to move funding to other health service areas.

The CHP was created to better coordinate health and social services based on the community's health needs. It must remain flexible and dynamic and should be considered a living document. Onkwata'karitáhtshera has the responsibility and authority to modify or change the CHP at any time should a more critical health and social need emerge, taking into consideration funding agreement requirements.

The first five year CHP plan had three overarching goals and five priority health needs to be addressed as well as an Emergency Preparedness Plan (EPP). The goals were:

- Provide a proactive holistic approach by assuming responsibility and control to determine health priorities and resources allocations for all health and social services.
- Advocate for, and promote, the health and social interests of all Kahnawa'kehró:non.
- Arrange long-term health and social services planning and strategic framework for the priority health needs.

The priority health needs for the first plan were:

1. Alcohol and drug abuse
2. Violence (mental, physical & emotional)
3. Diabetes
4. Mental health (depression, suicide, emotional illness and schizophrenia)
5. Cardiovascular disease

As part of the agreement, an evaluation was required in 2002–2003. It was identified that the top five health issues remained the same; however, parenting and cancer were also added. It was noted that all of the issues were inter-related. This evaluation also identified that hard data and statistics needed to be improved to demonstrate achievements and areas of improvement. In 2004, the CHP was revised and updated to reflect the evaluation.



In 2010, the CHP was evaluated again and the plan was modified. The health priorities identified were

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

The CHP was revised and updated and negotiations led to a ten (10) year agreement with Health Canada. The current CHP now covers a span of 2012–2022.

CHP UPDATES SINCE 2012

- Services/programs and subsequent logic models have been realigned /restructured with a respective health priority (as identified in 2010 evaluation). An overarching goal, strategy and rationale were assigned to each priority, as recommended by Health Canada. Other services/programs that contribute to the achievement of the CHP have been categorized under the following titles: multiple support priority, primary health, home and community care, and health management.
- Onkwata'karitáhtshera established sub-committees for each health priority. Their mandate is to inventory services for each area, review and assess the gaps and links, and align efforts more strategically in addressing the health priorities.
- The EPP was updated and also included a detailed response plan in the event of an influenza pandemic.
- A comprehensive evaluation plan was created that outlines the evaluation period, identifies the questions, strategy and methodology to be used. It also includes a projected budget; as well as areas for consideration when the summative evaluation is conducted.

In 2016, the current CHP entered its fifth year and a formative evaluation was conducted over a four month period by NISKA consulting. The questions addressed by this evaluation were:

- Did the activities listed in the CHP take place?
- Did participants benefit from the programs and services provided?
- Are the priority health needs and problems the same or have they changed?
- What was the impact of the CHP to the health priorities identified in the last evaluation?
- Is the current information system and data gathering method sufficient to meet the data needs to inform the summative evaluation and annual review process?



2016 CHP EVALUATION RESULTS

- Progress has been made in completing the activities linked to the seven health priorities of the CHP. In addition, most of the organizational needs that were identified in the CHP have been at least partly addressed.
- Current programs and services are benefitting those who use them; however, more community outreach is needed to reach the most vulnerable and to ensure access for all community members that can benefit. Some further improvements could be made to enhance the benefits of services.
- There is a general consensus that the current health priorities reflect the major issues faced by Kahnawà:kehró:non, noting the reconsideration of adding *violence* as a health priority.
- Also noted was the need for better statistical data to help determine the accuracy of the health priorities.
- The findings indicate that continued and increasing inter-organizational collaboration and coordination are important for ensuring effective implementation of the CHP.
- Increased promotion of the CHP to frontline staff and to the wider community could be of benefit.
- It was noted that the CHP would benefit from increased integration of Kanien'kehá:ka culture, language, and a holistic approach to wellness.
- There was insufficient quantitative data to truly measure the impact of the CHP on the health priorities. Insufficient coordination of data collection and storage among programs and organizations limited the ability to assess the overall impact. The monitoring and evaluation tools (e.g. logic models) are not used to the extent that they could be, and there are no annual reports for the CHP as a whole. However, significant advances have been made through efforts such as data mining and the centralization of data management and analysis at KSCS.

Progress has been made over the past five years, providing a solid foundation on which to continue building from 2017–2022. In particular, it was noted that the current CHP is widely seen as a living, working document used to inform the planning and delivery of programs and services and that the creation of the four health priority subcommittees has contributed in a significant way to enhancing inter-organizational collaboration. These successes should be acknowledged and celebrated as the next steps for continual improvement are discussed.

Overall, the 2012–2022 Kahnawà:ke CHP continues to address the priority health issues, to validate the positive changes to health and well-being in the community, and acknowledges capacity building within the organizations and the community to meet those issues/needs. Kahnawà:ke has been recognized as a best practice site for its integrated approach to health and social services and the organizations have worked diligently to simplify and streamline processes to improve access to services, including those provided by the province.



Onkwata'karitáhtshera



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 the Kahnawà:ke community's health and receives its mandate through a Mohawk Council of Kahnawà:ke (MCK) Resolution (MCR #45/199/2000).

Onkwata'karitáhtshera membership consists of KSCS, the Kateri Memorial Hospital Centre, the Kahnawà:ke Fire Brigade, and the MCK. Presently, three support staff carry out all aspects of Onkwata'karitáhtshera Secretariat operations for the community, within the local, regional and national areas. The Onkwata'karitáhtshera Secretariat is responsible for the administration, coordination, selection and reporting of community based programs funded by Health Canada. This includes funding disbursed to the community through funding initiatives such as Kahnawà:ke Head Start (funds various educational organizations and daycare facilities for the 0–6 population).

Kahnawà:ke Community Profile: Kahnawà:ke currently has 2,450 households (*Source: Tewatohni'saktha*). Current total population is 10,700 with 7,994 living in the community. Average age is 40 years old: with 48 per cent being under the age of 40 and 17 per cent over the age of 65. Currently, there is an average of 92 births and 48 deaths per year. (*Source: AANDC population statistics*).

Kahnawà:ke Community Health Plan 2012–2022 was released to the public in 2013. Onkwata'karitáhtshera hired NISKA consultants to carry out an evaluation of the CHP. The final report was delivered in February 2017 and can be found on the [KSCS website](#). The evaluation asked a multitude of questions on existing programs and services, the current information system and data gathering methods and the effectiveness of whether the current systems were sufficient in meeting the needs to allow for a summative evaluation and annual review. Interviews, focus groups and a stakeholder workshop was carried out. The final phase included a series of conversations with individuals representing the groups that have the primary responsibility of implementing the recommendations.

The evaluation report generated 12 key recommendations and identified the parties primarily responsible for implementing each recommendation as well as parties that may be involved in the implementation. Furthermore, the report divided the recommendations into five key themes: cultural values and language, data, collaboration, communication and engagement, and health priorities.

In 2016, Aboriginal Diabetes Initiative and Brighter Futures funding were combined into a single funding initiative and selection process to address the CHP priorities. The Onkwata'karitáhtshera Secretariat also coordinated the Health Canada physical activity initiative project through the Ahsatakariteke subcommittee. Some funding was allocated to the new community outdoor recreation park.

In October 2016, Onkwata'karitáhtshera, enlisted the services of Dr. Colleen Fuller, a physician accredited by the Royal College of Physicians and Surgeons of Canada in public health and preventive medicine. Doctor Fuller was hired to assist in building local public health capacity and improve health promotion and disease prevention programming and services in Kahnawà:ke.

Finally, Onkwata'karitáhtshera actively participated with Kahui Tautoke Consulting in the First Nations of Quebec and Labrador joint review of the Non-Insured Health Benefits services carried out by the Assembly of First Nations and First Nations and Inuit Health branch of Health Canada. A final report is expected in 2017.

The report divided the recommendations into five key themes:

1. Cultural Values & Language
2. Data
3. Collaboration
4. Communication & Engagement
5. Health Priorities



Independent Auditors' Report

To the Members and Board of Directors of Kahnawà:ke Shakotiiia'Takehnhas Community Services:

We have audited the accompanying financial statements of Kahnawà:ke Shakotiiia'Takehnhas Community Services, which comprise the statement of financial position as at March 31, 2017, and the statements of operations and accumulated surplus, change in net financial assets, cash flows and the related schedules 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 Kahnawà:ke Shakotiiia'Takehnhas Community Services as at March 31, 2017 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 12, 2017



¹ CPA auditor, CA, public accountancy permit no. A124849

Kahnawà:ke Shakotia'Takehnhas Community Services

Statement of Financial Position

As at March 31, 2017

	2017	2016
Financial assets		
Cash resources <i>(Note 3)</i>	5,813,365	5,370,015
Contributions and accounts receivable <i>(Note 4)</i>	937,007	1,934,005
Total financial assets	6,750,372	7,304,020
Liabilities		
Accounts payable and accruals <i>(Note 5)</i>	1,767,111	2,395,348
Deferred revenue <i>(Note 6)</i>	146,452	124,612
Amounts held in trust <i>(Note 7)</i>	86,742	225,387
Total liabilities	2,000,305	2,745,347
Net financial assets	4,750,067	4,558,673
Contingencies <i>(Note 8)</i>		
Commitments <i>(Note 9)</i>		
Non-financial assets		
Tangible capital assets <i>(Note 10) (Schedule 1)</i>	3,087,374	3,006,400
Prepaid expenses	108,999	34,634
Total non-financial assets	3,196,373	3,041,034
Accumulated surplus <i>(Note 15)</i>	7,946,440	7,599,707

Approved on behalf of the Board



Director



Director



Grand Chief

The accompanying notes are an integral part of these financial statements

Kahnawà:ke Shakotii'a'Takehnhas Community Services

Statement of Operations and Accumulated Surplus

For the year ended March 31, 2017

	Schedules	2017 Budget	2017	2016
Revenue				
Health Canada		8,664,549	9,156,721	9,071,982
Indigenous and Northern Affairs Canada		5,642,530	7,521,478	7,065,810
Other government funding		132,218	197,651	166,445
Rental income		333,690	316,565	296,257
Other revenue		272,125	271,107	517,807
Investment income		42,500	61,729	62,525
Distribution		-	198,400	-
Deferred revenue - prior year		102	124,613	382,373
Deferred revenue - current year		-	(146,452)	(124,612)
Repayment of government funding		-	(105,833)	(124,635)
Cancellation of government funding		-	(222,088)	(316,408)
		15,087,714	17,373,891	16,997,544
Expenses				
Block Funded Health Priorities	4	6,906,851	6,482,659	6,792,144
Set Funded Health Priorities	5	2,065,697	2,124,812	2,320,587
Enhanced Prevention Focused Approach	6	3,919,417	5,724,821	5,246,347
Assisted Living Services	7	2,121,149	2,136,503	2,325,326
Other Health and Social Services	8	236,726	428,860	453,673
Administration	9	165,345	(29,500)	248,563
Capital	10	-	159,003	150,876
Total expenses (Schedule 2)		15,415,185	17,027,158	17,537,516
Surplus (deficit)		(327,471)	346,733	(539,972)
Accumulated surplus, beginning of year		7,599,707	7,599,707	8,139,679
Accumulated surplus, end of year		7,272,236	7,946,440	7,599,707

Kahnawà:ke Shakotii'a'Takehnhas Community Services

Statement of Change in Net Financial Assets

For the year ended March 31, 2017

	2017 Budget	2017	2016
Annual surplus (deficit)	(327,471)	346,733	(539,972)
Purchases of tangible capital assets	(550,922)	(239,977)	(158,042)
Amortization of tangible capital assets	-	159,003	150,876
Acquisition of prepaid expenses	-	(74,365)	(1,939)
Increase (decrease) in net financial assets	(878,393)	191,394	(549,077)
Net financial assets, beginning of year	4,558,673	4,558,673	5,107,750
Net financial assets, end of year	3,680,280	4,750,067	4,558,673

Kahnawà:ke Shakotii'a'Takehnhas Community Services

Statement of Cash Flows

For the year ended March 31, 2017

	2017	2016
Cash provided by (used for) the following activities		
Operating activities		
Cash receipts from contributors	18,322,720	15,730,196
Cash paid to suppliers	(7,724,151)	(6,414,626)
Cash paid to employees	(9,826,596)	(9,743,659)
Interest income	50,000	54,891
	821,973	(373,198)
Financing activities		
Change in amounts held in trust	(138,646)	(34,234)
Capital activities		
Purchases of tangible capital assets	(239,977)	(158,042)
Investing activities		
Proceeds on disposal of temporary investments	-	5,583,795
Increase in cash resources	443,350	5,018,321
Cash resources, beginning of year	5,370,015	351,694
Cash resources, end of year	5,813,365	5,370,015

The accompanying notes are an integral part of these financial statements

Kahnawà:ke Shakotiiia'Takehnhas Community Services
Schedule 2 - Schedule of Expenses by Object

For the year ended March 31, 2017

	2017 <i>Budget</i>	2017	2016
Expenses by object			
Amortization	-	159,003	150,876
Bank charges and interest	24,500	27,475	27,142
Clinical care	1,336,369	1,388,782	1,342,920
Contracted services	-	20,282	750
Food and beverage	118,300	97,161	128,090
Foster care	256,662	1,125,516	1,794,845
Furniture and equipment	18,000	41,560	18,436
Group home costs	-	34,474	38,554
Headstart	280,209	280,485	231,135
Health management	119,000	93,154	47,502
Honoraria(um)	5,000	20,564	11,629
Institutional care	-	1,311,994	1,295,843
Insurance	16,750	13,627	14,190
KMHC accreditation	30,000	55,280	52,777
Laboratory costs	42,500	-	42,519
Miscellaneous	18,460	10,521	5,348
Office and administration cost share	(18,000)	(16,614)	(23,886)
Office equipment lease	22,390	19,099	16,830
Office supplies and expenses	37,500	54,055	45,587
Placement costs	85,500	61,991	90,019
Postage	6,300	4,857	5,394
Prenatal nutrition	48,313	43,392	41,945
Professional fees	80,242	118,118	269,206
Renovation materials	18,000	18,000	18,000
Rent	145,500	145,530	145,530
Repairs and maintenance	128,300	122,978	104,049
Salaries and benefits	9,481,951	9,826,596	9,743,659
Service delivery costs	2,715,248	1,494,433	1,348,689
Social development project	-	50,000	56,949
Telephone	45,550	53,236	53,596
Training	61,710	56,997	53,881
Translation	-	32	26,592
Transportation	41,222	41,957	41,054
Travel	163,609	160,576	215,548
Utilities	86,100	92,047	82,318
	15,415,185	17,027,158	17,537,516

Kahnawà:ke Shakotia'Takehnhas Community Services
Schedule 1 - Schedule of Tangible Capital Assets
For the year ended March 31, 2017

	<i>Buildings</i>	<i>Equipment</i>	<i>Furniture and fixtures</i>	<i>Computer hardware</i>	<i>Vehicles</i>	<i>Subtotal</i>	<i>Telephone System</i>	<i>2017</i>	<i>2016</i>
Cost									
Balance, beginning of year	4,886,147	77,768	69,246	144,475	108,579	5,286,215	-	5,286,215	5,128,173
Acquisition of tangible capital assets	107,285	4,718	11,990	16,975	24,999	165,967	74,010	239,977	158,042
Balance, end of year	4,993,432	82,486	81,236	161,450	133,578	5,452,182	74,010	5,526,192	5,286,215
Accumulated amortization									
Balance, beginning of year	1,950,386	51,004	69,246	113,604	95,575	2,279,815	-	2,279,815	2,128,939
Annual amortization	121,722	6,296	2,398	15,933	12,654	159,003	-	159,003	150,876
Balance, end of year	2,072,108	57,300	71,644	129,537	108,229	2,438,818	-	2,438,818	2,279,815
Net book value of tangible capital assets	2,921,324	25,186	9,592	31,913	25,349	3,013,364	74,010	3,087,374	3,006,400
2016 Net book value of tangible capital assets	2,935,761	26,764	-	30,871	13,004	3,006,400	-	3,006,400	

Kahnawà:ke Shakotia'Takehnhas Community Services
Schedule 3 - Schedule of Revenue and Expenses and Accumulated Surplus
For the year ended March 31, 2017

	<i>Schedule #</i>	<i>Budget</i>	<i>INAC Revenue</i>	<i>Other Revenue</i>	<i>Deferred Revenue</i>	<i>Total Revenue</i>	<i>Total Expenses</i>	<i>Adjustments/ Transfers From (To)</i>	<i>Current Surplus (Deficit)</i>	<i>Prior Year Surplus (Deficit)</i>
Segment schedules										
Block Funded Health Priorities	4	963,610	-	6,910,635	(18,219)	6,892,416	6,482,659	(38,317)	371,440	122,103
Set Funded Health Priorities	5	(21,342)	-	2,140,253	-	2,140,253	2,124,812	5,901	21,342	(21,342)
Enhanced Prevention Focused Approach	6	1,784,965	5,344,348	(24,437)	-	5,319,911	5,724,821	(50,310)	(455,220)	(406,611)
Assisted Living Services	7	123,675	2,070,730	281,860	-	2,352,590	2,136,503	-	216,087	(12,560)
Other Health and Social Service Activities Administration	8	18,914	106,400	259,180	(3,620)	361,960	428,860	32,180	(34,720)	(317,146)
Capital	9	298,369	-	306,761	-	306,761	(29,500)	(520,156)	(183,895)	(41,755)
Internally Restricted Fund	10	3,006,400	-	-	-	-	159,003	239,977	80,974	7,166
Moveable Assets Reserve	11	1,077,464	-	-	-	-	-	330,725	330,725	130,173
	12	20,181	-	-	-	-	-	-	-	-
Surplus (deficit)		7,272,236	7,521,478	9,874,252	(21,839)	17,373,891	17,027,158	-	346,733	(539,972)
Accumulated surplus beginning of year									7,599,707	8,139,679
Accumulated surplus, end of year									7,946,440	7,599,707

Financial Services



**FINANCIAL
CONTROLLER
DANA STACEY**

Financial Services provides our clients with the skills, knowledge, support and tools required to empower them to make sound financial decisions to achieve the KSCS Vision and Mission. We work collaboratively with all our valued clients by providing accurate and timely financial information, excellent customer service and sound financial advice that will support and assist them in achieving their goals.

This year, two payroll services administrators have been transferred from Financial Services to Human Resources because the two services are interconnected, resulting in comprehensive payroll services.

The Finance team currently consists of three financial services administrators who assist with the implementation of the financial services' goals and objectives. They join the highly capable and efficient Financial Services team who work diligently to provide financial support services to KSCS.

We provide invoicing payment, financial budgeting, and reporting and year-end auditing preparations for a multitude of transactions.

We provide support to all KSCS service delivery areas helping them to achieve their goals and objectives outlined in the KSCS Strategic Plan and in addressing the priorities outlined in the Community Health Plan.

We are enhancing short and long-term global financial planning efforts based on sound financial practices and operations. We are integrating the Strategic Plan into the budget and reviewing and amending the KSCS chart of accounts to ensure the generation of timely and accurate financial reports and assist management in decision making. The chart of accounts project was anticipated for completion this year; however, the scope of the work has caused a delay.

We are currently improving financial services based on the knowledge and understanding of client needs by designing a client engagement process that will assess financial services offered and will identify areas for improvement based on client needs. This objective was anticipated for completion this year; however, other tasks have caused a delay in completing this project.

We believe respect is the foundation of strong and healthy relationships. Accountability, strong work ethics, flexibility and fairness are important qualities for the work we do.

We are currently enhancing the KSCS management and staff financial skills and practices that will assist them in fulfilling their current and planned needs by reviewing and updating financial procedures and policies that ensure the timeliness of services. We are working more closely with managers who are taking a more active role and ownership in the budgeting process.

Communication of our practices and procedures has been key to ensuring staff understanding. This objective is ongoing.

We believe respect is the foundation of strong and healthy relationships. Accountability, strong work ethics, flexibility and fairness are important qualities for the work we do. We are enhancing a stronger team and family spirit by listening and being open to other ideas, concerns and views while valuing honesty and open communication.



Environmental Health Services

The mandatory components of environmental health and safety in Kahnawà:ke are carried out under Environmental Health Services (EHS) of KSCS. EHS has the benefit of having its own environmental health officer (EHO) with a certificate in public health inspection (Canada), who is responsible for all samples, tests, and inspections.



TEAM LEADER
DONALD W. GILBERT

Services/Programs

- Potable water quality monitoring (public water system and private wells)
- 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
- Food premises inspections
- Wastewater (sewage) disposal and solid waste disposal
- Cancer reduction activities and health awareness
- Communicable disease control/awareness

Special projects

For more information please contact Environmental Health Services at 450- 635-9945. We are located at a satellite office adjacent to the Assisted Living Center on the Old Malone highway. The following mandatory activities were completed during 2016 – 2017 fiscal year.



EHS ACTIVITIES		
	2015-2016	2016-2017
Water Quality Monitoring - Centralized System - Bacteriological	369	348
Water Quality Monitoring - Centralized System - Complete Chemical Analysis	3	25
Water Quality Monitoring - Centralized System - Trihalomethanes	30	21
Water Quality Monitoring - Private Water Systems - Complete Chemical Analysis	56	58
Water Quality Monitoring - Private Water Systems - Bacteriological	60	68
Recreational Water Sampling	432	208
Public Building Inspections	28	40
Food Safety	73	78
*** Food Safety Re-inspections		11
Indoor Air Quality	18	22
Well Disinfections	6	4
Radon	5	2
Private Building (Health & Safety)	9	8
Cancer Reduction Activities	9	1
Public Safety Recall Announcements	5	7
Training Activities / Professional Development	7	22
*** Special Projects		50
*** Consultations		16

*** = New addition this fiscal year, not previously reported.

Assisted Living Services (ALS)



MANAGER
VICKIE COURY-JOCKS

Assisted Living Services (ALS) provides services to people living with mental health issues, developmental delays and/or physical disabilities. Services are provided through a team of case workers and life-skills support workers who collaborate with individuals and families on service plans tailored to their specific goals and needs.

Programs include the Young Adults Program (YAP), a day program that operates Monday through Friday for individuals ranging in age from 21–60 and older, and the Teen Social Club (TSC) which runs Monday through Friday as an after-school program for individuals aged 12–21.

During the summer months, we offer a summer day-program for young special-needs clients. Both YAP and the TSC activities aim to build on and enhance social and life-skills through a variety of creative and stimulating activities and outings. Life skills support workers round out the team and provide one-on-one support to those requiring a specialized approach.

The Independent Living Center (ILC) is a 12-unit residential facility for individuals coping with a mental health diagnosis. We provide support, structure and stability to residents through a team that includes case workers, support workers, access to addictions workers, mental health nurses, physicians and psychiatrists, and an on-site security team. In addition to assisting residents with maintaining stability and wellness, our services center on individualized service plans that address a client's personal goals and help build and create positive social connections with the extended family and community.

Annual activities like the ALS variety show and the YAP fun fair provide opportunities to showcase the talents and abilities of our clients. The support received from the community at these events continues to motivate both our clients and our staff.

Pre-planned and scheduled activities for both the mental health and special needs clients are creatively designed to target and address the primary health priorities identified in Kahnawà:ke's CHP. Obesity, cardiovascular disease and cancer are some of our most significant health concerns with a particular prevalence among our mental health and special needs populations due, at least in part, to their typically sedentary lifestyles.

Based on last year's success, local gym memberships were renewed for our clients and regular one-on-one and exercise groups were added to the schedule. As an added benefit, some parents have started attending and working out alongside their child or young adult.

To keep it interesting and provide variety, the schedule is changed throughout the year to offer a variety of fitness opportunities that include:

- Yoga and Zumba classes for dexterity and flexibility
- Cardio and weight training
- Bowling
- Swimming
- Therapeutic horseback riding

Kanien'kehá:ka culture and language has also been enhanced at ALS. We do this with the assistance of a nutritionist, we offer healthy cooking classes that use some of our traditional foods such as strawberries, corn, beans, squash, and take time to observe our Kanien'keha:ka festival calendar.

ALS is a highly regarded resource for those studying for their PAB and in the related fields of social work with regular requests for stage placements.



cont/

ALS is a highly regarded resource for those studying for their PAB* and in the related fields of social work with regular requests for stage placements. We continue to network with families and various community organizations, utilizing their valuable input and feedback to support the continual development of services.

The numbers within special needs and mental health appear to be increasing and in the year ahead we anticipate some significant challenges as we adapt services to meet these needs but with the commitment of staff and support from our families we also foresee many exciting opportunities.

CLIENT USAGE STATISTICS AT ASSISTED LIVING SERVICES

	2015-2016	2015-2016	2015-2016	2016-2017	2016-2017	2016-2017
	Male	Female	Total	Male	Female	Total
Caseworkers	43	32	75	40	29	69
Family Support & Resource Services	12	8	20	10	7	17
Teen Social Club	10	8	18	9	8	17
Young Adults Program	9	7	16	10	8	18
Total	74	55	129	69	52	121

* *Prêpose aux Beneficiaries (PAB) health care assistance training.*



Top left: A fun family day at the YAP Fun Fair. Top right: Halloween at the ILC.

Bottom left: Kung Fu fighting at the ALS variety show. Bottom right: Family game night during the Spirit Of Wellness.

Home and Community Care Services (HCCS)



MANAGER
MIKE HORNE

In partnership with natural caregivers, Home and Community Care Services (HCCS) uses an integrated service delivery approach by providing a continuum of care to Kahnawa'kehró:non. This approach allows clients with health needs to access culturally relevant resources to assist them in maintaining their independence. This is accomplished through a network of services accessed via a multidisciplinary approach both within and outside the community. All clients are assigned a case manager to assess and determine their needs. If resources are required, the case manager will submit the appropriate referrals.

HCCS has begun to strategically address older adult mistreatment (elders' abuse) through the development of a team comprised of HCCS staff. *Iethi'nikòn:rare ne Thoti:iens (Looking Out for Our Elders)* has been working on a campaign to increase awareness of this issue throughout the community. The official date for the launch of the campaign coincides with the International Elders Abuse Awareness Day on June 15, 2017. More reporting on the campaign will appear in next year's annual report.

Palliative care (end of life care) has been a complimentary service offered primarily by home-care nursing. HCCS is examining ways to enhance this service component strategically to better meet the needs of the community. Through the development of a palliative care team, consisting of key members of HCCS, we are identifying and prioritizing areas to improve the service we provide in this area.

HCCS has begun to strategically address older adult mistreatment (elders' abuse) through the development of a team comprised of HCCS staff.

In 2015, HCCS developed and launched an after-hours fall response protocol using skills obtained from their Quality Improvement Training. The protocol was well received and we are now looking at expanding the protocol with a team established to further develop and implement protocols for all service areas within HCCS.

HCCS held a caregivers pampering day, where staff of HCCS offered a multitude of therapeutic activities in acknowledgement and honour of the natural unpaid caregivers in our community.

ADULT & ELDERS SERVICES COUNSELLOR

Service Requests	2015-2016	2016-2017
Old Age Security	75	56
Social Security	6	3
Quebec Pension Plan	7	1
Estate Planning	60	48
Legal	22	33
Pension Plans	5	2
Commissioner of Oaths	9	5
Miscellaneous	79	97
Networking	44	35
Total Requests	307	280



There has been a significant increase in participants within the HCCS activity program. Through the successful integration of resources, the program is able to offer programming and services to meet the diverse needs of our elder population.

We experienced a shortage of human resources within certain service areas which proved challenging for HCCS. I want to acknowledge the dedicated staff who, despite these shortcomings, continued to provide quality care.

HCCS TOTAL HOURS OF SERVICE PROVIDED		
Service Areas	2015-2016	2016-2017
Home Visits	45,889.00	49,376.00
Services Provided	36,564.75	41,430.00
Medication Assistance		8,043.25
Nursing	4,416.75	5,147.50
Personal Care	9,863.25	3,885.50
Case Management	5,046.25	5,301.00
Therapy	1,324.00	1,387.75
In-Home Respite	98.25	62.00
Domestic Services	3,176.50	2,650.00
Meal Services* (Including Meals on Wheels)	5,586.25	5,040.50
Activity Program	7,310.75	7,796.50

HOME AND COMMUNITY CARE SERVICES						
Clients Served	2015-2016	2015-2016	2015-2016	2016-2017	2016-2017	2016-2017
	Male	Female	Total	Male	Female	Total
Activity Program	3	34	37	3	28	31
Elders Caseworkers	8	40	48	7	20	27
Homecare	47	111	158	43	103	146
Homecare Nursing	111	176	287	91	151	242
Meals on Wheels	27	47	74	20	36	56
Turtle Bay Elders Lodge	9	21	30	7	24	31
Total	205	429	634	171	362	533

HOME AND COMMUNITY CARE SERVICES								
Intakes	Activity Program	Elders Caseworker	Homecare	Homecare Nursing	Meals on Wheels	Extended Care	Equipment Loan	Total
2015-2016	14	13	72	99	42			240
2016-2017	10	16	64	110	21			221



*Top left: An elders lunch at Turtle Bay Elders Lodge (TBEL). Top right: A happy elder at the TBEL.
Middle left: The TBEL King and Queen during the Winter Carnival. Middle right: An elders activity at TBEL.
Bottom left: A glimpse inside the kitchen at TBEL. Bottom right: TBEL gets a much needed new roof.*

The focus of Prevention Services is to provide the most up-to-date and relevant primary prevention information to the community. Prevention messages have been sent to all ages and organizations within the community via an increase in our attendance and participation at major community events.

Although Prevention Services did not host many major activities of their own they were able to support many other initiatives that were developed by their partners such as the Kahnawà:ke Youth Center, Kateri Memorial Hospital Centre, the Kanien'kehá:ka Onkwawén:na Raotitióhkwa, Kahnawà:ke Schools Diabetes Prevention Project, Kahnawà:ke Education Center, and the Mohawk Trail Longhouse.

This year, there has been considerable effort and energy spent on the development of, not only, Prevention staff skills and training but also to help train staff in our community partner organizations.

The increase in staff within the organization, specifically within Prevention and Support Services, led to changes that include a primary prevention services team leader and the addition of twelve new workstations within the main building of KSCS. This space will house both primary and secondary prevention teams.

Two new positions have also been created: the Tsi Nionkwariihò:tens Coordinator, who will work to incorporate more Kanien'keha:ka practices into all of the service areas of our organization and look at how we can partner with other organizations as well. A Special Project Coordinator will be responsible for the development of the family preservation model approach, which KSCS plans to integrate into our services in the near future.

The Prevention Services team operates under three main health priority areas of the CHP including: addictions, mental wellness, and developmental disabilities. The team was able to participate in a number of Onkwata'karitáhtshera sub-committees focusing on mental health wellness, physical wellness, and the spiritual wellness of Kahnawà'kehró:non. These sub-committees have brought together many different partners and KSCS service areas to discuss, develop and implement healthy lifestyle activities and programming for the community.

Primary Prevention Services have been enhancing their in-school prevention programming, and by doing so, have been able to provide support to both students and teachers in community schools with regards to healthy living skills and techniques. The team covered issues such as bullying, depression, anxiety, healthy sexuality and suicide prevention along with many other themes throughout the year.

Within the realm of youth mental wellness, the *Where the Creek Runs Clearer* youth group is a great success. Fifty Kahnawà:ke youth took part in numerous culturally-based activities at the Family and Wellness Center (FWC) and at other locations in and around the community.

In January 2017, the After-school Drama Program was relaunched at Kateri School for a period of 13 weeks and offered nine children, aged 6–12, the opportunity to plan and build their own play and to subsequently present their creation to their parents and fellow students.



MANAGER
TERRY YOUNG

The team covered issues such as bullying, depression, anxiety, healthy sexuality and suicide prevention along with many other themes throughout the year.



Prevention Services

cont/

First line and secondary prevention services are offered to the community throughout the year by the use of one-on-one counselling services, group programming, cultural programming activities, and support groups.

Prevention Services functions within a multi-disciplinary team model to best serve all Kahnawakehrónon throughout the continuum of life.

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

PREVENTION SERVICES USAGE								
	2015-16	2015-16	2015-16	2015-16	2016-17	2016-17	2016-17	2016-17
	Male	Female	Other	Total	Male	Female	Other	Total
After-school Drama Program	34	40		74	19	53		72
Teen Group	10	11		21	11	7		18
Onkwanen:ra Group	42	25		67	45	19		64
Parenting Services (Individual)	10	41		51	6	36		42
Parenting Services (Groups)	36	131		167	165	453	75	693
S5 Voluntary Services	88	164	3	255	82	173		255
Traditonal Services	30	86	1	117	50	78		128
Traditional Services (Groups)		8		8		8		8
Where the Creek Runs Clearer Group	24	25		49	14	16		30
Total	274	531	4	809	392	843	75	1310

ENHANCED PREVENTION EVENTS AND PARTICIPATION										
Total Participants										
	2015-16	2015-16	2015-16	2015-16	2015-16	2016-17	2016-17	2016-17	2016-17	2016-17
Category	Events	Male	Female	Other	Total	Events	Male	Female	Other	Total
Community Activities	26	438	476		914	71	723	1030		1753
Kiosks	6	59	53		112	53	1010	1252	4	2266
In-School Prevention Activities	69	696	577		1273	78	998	948		1946
Workshops/ Trainings	4	16	48		64	14	280	149		429
Total	105	1209	1154		2363	216	3011	3379	4	6394



Top left: Members of the Onkwanen:ra Group present a cheque to Deidre Whyte for her dog walking service. Top right: Prevention Services opioid information board.

Middle left: One of the parenting groups at the FWC celebrating Halloween. Middle right: Teaching some of the After-school Drama kids about music. Bottom left: A presentation to a group of students from Concordia University's First Peoples' Studies program. Bottom right: Partnering with Encore! Sistema for a violin performance opening for the Spirit of Wellness month.



Top left: Summer Drama program. Top right: Movie in the Park..

Middle left: Pokewalk booth. Middle right: The Kahnawà:ke Survival School's career fair.

Bottom left: One of the Teen Group's team building exercise. Bottom right: The Teen Group's Pink Shirt Day anti-bullying day bowling activity.

The 2016 – 2017 year was a very exciting time for the Support Services team, partially due to the Strategic Plan implementation being in full swing with the support team playing an integral part in the design of the strategic goals and objectives within our respective section of services. Our guiding strategic objective is to be fully *client centered* and *client driven*; Support Services is re-focusing on Kahnawakehró:non and their families as the single most important stakeholder.

The Support team consists of client intake services, psychological services, addictions counselling, youth protection and youth criminal justice services. In addition, our foster care and case aide program secures appropriate and caring foster homes to assist families in need and provides support to the foster parents and clients. We provide after-hours emergency response services in the evenings, weekends and holidays because we understand that life issues or problems don't happen only during normal business hours.

With the support of KSCS, the Psychological Services team has made the strategic decision to invest in reviewing and upgrading our psychological services. We define psychological services as an array or spectrum of intervention services within a larger perspective of mental health. Specifically, the strategic objective for this service is to: *Assess our needs for effective and efficient psychological services, implement and communicate an upgraded capability, including our people and processes, to address the priority needs in mental health.*

On a micro level, an analysis of the statistics from our psychological files, showed that approximately 90 per cent of our clients have been affected — directly or indirectly / in the past or present — by family violence. In turn, the effects are manifested through surface issues such as post-traumatic stress disorder, anxiety, depression, marital problems, behavioral problems in adolescents, and self-esteem issues, to name a few.

The Addictions Response Services team has seen that many unhealthy and addictive behaviours are witnessed — and these experiences in the family setting are seen as *normal* — this is a serious threat to the health of our families and the community. One of our strategies to help people to overcome substance abuse and addictive behaviour is to assist them in breaking the normalization pattern of addictions and abuse. We offer direct intervention services and work in collaboration with internal services and external partners so that individuals and families can improve the quality of their lives and positively engage in family life, in the workplace and in the community.

The continuation of our strategic goal is to implement a comprehensive and integrated partnership approach addressing the growing concern for the abuse of prescribed and non-prescribed medications. A Prescription Drug Abuse Task Force was created through the Onkwata'karitáhtshera subcommittee on mental health and addictions in an effort to address this increasing problem of abuse of prescription medication and opioid use in the community. Support Services will continue our efforts to increase community awareness and education about the important facts related to the use and abuse of prescription medication and narcotics.



MANAGER
**KATHY JACOBS-
HORN**

An analysis of the statistics from our psychological files, showed that approximately 90 per cent of our clients have been affected — directly or indirectly / in the past or present — by family violence.





Left: Last April, psychological services at KSCS held a meet and greet to introduce our new psychologist Nathalie Awad and to network with other community and non-community service providers. *Right:* Foster Care services had an information booth in the lobby of the Services Building.

SUPPORT SERVICES — CASE AIDES		
Total Participants		
	2015-16	2016-17
Supervised Visits	196	163
Transports	1842	1282

SUPPORT SERVICES								
Total Participants								
	2015-16	2015-16	2015-16	2015-16	2016-17	2016-17	2016-17	2016-17
	Male	Female	Other	Total	Male	Female	Other	Total
Addictions Response Services	115	96		211	111	96		207
Brief Services	13	19		32	37	48		85
Case Aides	30	21		51	27	23		50
Foster Care	25	15		40	26	19	1	46
Ineligible		4		4	5	11		16
Psychological Services	34	50		84	27	59		86
Youth Criminal Justice Act	18	9		27	10	7		17
Youth Protection Services	129	131		260	128	128		256
Total	364	345		709	371	391	1	763

Organizational Support Services (OSS)

The past year was a period of transition for Organizational Support Services (OSS), with a restructuring of our departments to provide a more collaborative approach in supporting KSCS and our staff. OSS is comprised of Human Resources, Communications, Organizational Strategic Development, Information Systems, Administration, and Research and Data Systems.

Our strategic plan incorporates a multidisciplinary approach for our teams to work towards accomplishing our goals and objectives. The multi-disciplinary skill sets and abilities of our staff allows us to use our talents to accomplish work on special projects.



MANAGER
WENDY WALKER -
PHILLIPS

HUMAN RESOURCES (HR)

Human Resources worked on aligning our policies to become more responsive to the needs of our clientele as outlined in our Strategic Plan.

Work continued on the implementation and management of the new compensation structure for KSCS resulting with the Compensation Policy approval in January 2017. In alignment with the compensation policy, the performance management process was enhanced and a calibration process was introduced. The calibration process is a critical step that focuses on the evaluation and validation of an employee's performance and ensures accuracy and fairness by applying the same criteria to all employees.

HR embarked on an enormous project this year with the revising of the current Personnel Policy.

HR embarked on an enormous project this year with the revising of the current Personnel Policy. The project has neared completion and is currently being reviewed by the Board of Directors for implementation.

Recruitment efforts kept HR busy this year, with a number of positions created as a result of departments aligning themselves with the Strategic Plan. As a result, we welcomed a number of new employees to the KSCS family. There were also a number of retirements of longstanding employees.

This year, KSCS opted to change our service provider for our benefits program, from Sun Life to a custom plan administered through Adassco. The transition went well and we continue to work with the provider to ensure the best service and benefit package for employees.

HR STATISTICS		
Recruitment Processes	2015-2016	2016-2017
Positions Posted	21	41
Applications Processed/Interviews	40	128
New Hires/Orientations Conducted	16	33
Departures	28 (14 regular, 14 end of contract)	28 (14 regular, 14 end of contract)
Summer Students	7	5
Stage Students	15	7
Total Number of Employees	175	189



HR STATISTICS		
Benefit Management	2015-2016	2016-2017
Total Leaves of Absence*	33	40
Employee Assistance Usage	26	19

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

Employee Turnover

The number of departures remained the same as last year, most of these can be attributed to retirement of six employees this year.

The HR team continues to be part of the Kahnawà:ke Human Resource Network with our community partners by sharing resources and advice with all of the participating organizations within Kahnawà:ke’s Executive Director’s Committee (EDC).

ORGANIZATIONAL STRATEGIC DEVELOPMENT (OSD)

The Organizational Strategic Development team has effectively transitioned out of external consulting as of March 31, 2016. Beginning in the new fiscal year, OSD continued to close out ODS projects, clean archived files and repatriate reports to past clients.

The new focus for OSD is on providing in-house consultation services as well as supporting the services/programs of KSCS. This new internal role focuses on the organization’s strategic planning efforts, as well as assisting the managers and teams on special projects (capacity building, designing processes, facilitating events, conducting research for service delivery improvements and producing reports). OSD sits on the KSCS Leadership Team (KLT), supporting progress at the strategic level and ensuring alignment with the Community Health Plan.

OSD team members continued to volunteer on various internal and external boards and committees and were involved in many community activities. This past year, OSD staff has been involved with the elections committee, social committee, special project steering committees, and the Kanien’kehaka working group. Below is a listing of OSD projects and activities for the 2016-2017 fiscal year.

Strategic Planning Global Needs

- Updated, re-designed and distributed the KSCS Strategic Plan document in preparation for community release.
- Created Strategic Plan summary documents and presentations.
- Designed processes to assist internal supportive service teams to develop their strategic objectives and goals.
- Advised, designed and reported on all-staff consultation activity.
- Consulted with all managers on their strategic planning support needs.
- Provided in kind facilitation services for the Collective Impact initiative, maintaining our



partnership commitment.

- Consulted, designed and released the first Strategic Plan update for the board, staff and community, which is also available on line.
- Researched and provided strategic planning resources.
- Designed process and produced quarterly Strategic Plan updates to the board, staff, and the community.

Internal Projects

- Submitted *Community Mobilization for Suicide Prevention Breaking Barriers Gathering II* final report.
- Completed draft staff evaluation of Prevention Services report
- Completed draft report for internal evaluation of certain meeting processes within Prevention and Support.
- Assisted in the development of a successful proposal for INAC's disabilities initiative funding.
- Provided insight and limited support to consultants on the CHP 5-year evaluation process.

Human Resource Training and Development

- Co-facilitated an Applied Suicide Intervention Skills Training (ASIST) workshop.
- Design and deliver Strategic Plan overview sessions to staff.

COMMUNICATIONS FOR A HEALTHIER LIFESTYLE

The goal of the communications team is to improve the health of Kahnawa'kehró:non by providing useful, accurate and credible information to community members and our partners as identified in the Kahnawà:ke Community Health Plan 2012–2022.

In an effort to improve overall communications to the community, the Kahnawà:ke Communication Network has adopted a common mandate to improve and assist all organizations belonging to the EDC.

INFORMATION SYSTEMS

We are in the process of updating our aging analogue telephone system to VOIP system. As well, we are migrating our case manager system to a new system that will better accommodate staff and client needs.



COMMUNICATION STATISTICS		
Activity	2015-2016	2016-2017
TV Commercials	3	3
Website Banners	1	
Workshops Recorded for Lending Library	7	13
Taped Drama Productions	1	
Newspaper Print Ads	58	96
Newspaper Community Notes	12	12
Radio Talk Shows	16	17
Radio Commercials Produced	17	17
Radio PSA's	24	34
www.kscs.ca Updates	142	231
Weekly Bulletins	50	50
Requests for Assistance	266	250
Aionkwatakari:teke Issues*	6	6
KSCS Insider	14	15

**6 publications with 76 articles covering the following health issues: Addictions 7, Violence 8, Mental Health 29, Parenting 11, Teen issues 9, Physical Health and Diabetes 10, and Environment 2..*

ADMINISTRATION SERVICES

As a support function to KSCS, administration services were the newest department to join OSS. Administration services bid a farewell to Isobel Montour, who retired from her longtime position with KSCS, as a supervisor for administration and coordinator of many specialized projects. Her departure prompted OSS to focus on restructuring administration to best meet the needs of our clients.

The Team Leader of reception’s role was enhanced by joining reception and administration services. The team leader’s role will also focus on improving and gauging employee and client satisfaction in direct response to our Strategic Plan.

A skills inventory was conducted with administrative assistants, to create a profile of their level of knowledge and skills that will be used when assigning work, and to highlight possible areas for growth, development and enhancement of skills. A needs assessment was conducted with the managers in the main building to determine what their administrative needs were to properly support their workloads.

RECEPTION SERVICES

Receptionists provide day and evening services that include weekends when required. KSCS welcomed 79 Groups and a total of 2,751 clients.





OUR VISION

Kahnawà:ke Shakotiia'takehnhas Community Services strives for a strong collective future for Kahnawà:ke by promoting and supporting a healthy family unit.

MISSION STATEMENT

KSCS'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 Kahnawà:ke.

Kahnawà:ke Shakotiia'takehnhas Community Services

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