



Year of the Family



Kahnawake
Shakotia'takehnhas
Community Services

Annual Report

Onerahtókha / April 1, 2013 – Enniskó:wa / March 31, 2014

Health Canada Contribution Number QC1300001-8



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Executive Director



EXECUTIVE DIRECTOR, DEREK
MONTOUR

As I complete my second year as KSCS' Executive Director, I recognize that I am privileged to be entrusted with the responsibility of leading KSCS. I am proud of all KSCS staff members; they perform challenging, yet rewarding, service every day for our community members. I've always felt that one of the most challenging tasks an individual can do in their life is to take an honest, hard look at themselves and then take the steps necessary to improve what they see. Some people never take on this difficult task. KSCS first and foremost assists our community members in doing this everyday, as we each face the challenges that life presents us.

Whether it is grief, abuse, mental wellness, trauma or the many other reasons community members seek support from KSCS; these reasons provide us an opportunity to reflect on what has happened and to make decisions on how we want to move forward.

Our community is faced with many challenges such as in education, in funding, in foreign government legislature, and in many other areas. It is vital that we **work together** to make good decisions for the generations to come.

I am grateful that KSCS continues to partner with other community organizations in order to build a stronger community. KSCS has established, and will continue to establish, stronger ties with all community organizations so that we are all using the community resources in the best way possible.

In terms of resources, I am happy to report that KSCS remains in a strong financial position. In the past fiscal year, we aligned our revamped employee compensation system to the current rates in the labour market. In the coming year, we will evaluate this system to ensure we are competitive and that the system is sustainable.

After that, KSCS will need to make some strategic decisions on which programming will offer the community the greatest impact. As everyone knows, in today's fiscal environment, choices must be made; all community organizations are conscious of these choices due to budget—program impacts, government cuts and fiscal *leanness*—KSCS is no different.

In terms of Strategic Planning; KSCS has embarked on the development of its new strategic plan. Thus far we have begun the pre-planning work, including an adjustment to our Vision, Mission, and Core Values.

The next phase of the planning process is to engage the community, set organizational goals and objectives and design an implementation process. I look forward to community participation in ensuring KSCS can best meet as many community needs as we can.

Finally, I continue to be optimistic, confident and hopeful that our people will continue to come together as a strong Kanien'kehá:ka community which will meet the challenges of the modern day with peace, power and righteousness. It is important to remember that *we are all in this together*.



Board of Directors

BOARD OF DIRECTORS

Michael Delisle Jr.
Mary Lee Armstrong
Donald W. Gilbert
Janice Beauvais
Madeleine Montour
Valerie Diabo
Thomas Sky
Maggie Mayo
Vernon Goodleaf



KSCS Board of Directors: Sitting L-R: Janice Beauvais, Madeleine Montour, Maggie Mayo, Mary Lee Armstrong. Standing L-R: Thomas Sky, Vernon Goodleaf, Michael Delisle Jr., Donald W. Gilbert. Missing: Valerie Diabo.

The Kahnawake Shakotia'takehnhas Community Services (KSCS) Board of Directors has had a very busy and productive year. As outside governments continually pressure for jurisdiction and accountability—as well as the global economic issues that impact our community—KSCS is committed to ensuring that our services not only meet but exceed the needs of all Kahnawa'kehrónon.

One approach to accomplish this goal is by using a collaborative approach through the development of communal partnerships. KSCS has been actively involved in areas such as community health and the promotion of social responsibility with many other organizations. Sharing resources and knowledge has been very effective and mutually beneficial.

The Board of Directors continued to review of our mandate. We are taking the necessary steps to ensure that we have a governance structure and policy that reflects the community's needs. We are also actively involved in the strategic planning of the organization and have been working diligently to ensure that KSCS' mission is reflective of our community's values and vision.

We would like to take this opportunity to acknowledge the dedication and professionalism of the entire KSCS staff. The Board of Directors has had the pleasure of meeting with most of the staff and has been privileged to learn, to a greater extent, about the current KSCS operations. The commitment of the staff and the level of programming offered through KSCS must be commended. The compassion and devotion of these individuals, teams and programs have made quite an impression on the Board.

While the Board still has a lot of work ahead of us, We are confident that we are on the right path to ensuring that KSCS remains an organization that provides the best possible service to our people with the leadership of the Executive Director and the commitment from the staff.



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 Kahnawake's health. It is mandated through a Mohawk Council of Kahnawake (MCK) Resolution MCR #45/1999/2000. Onkwata'karitáhtshera membership consists of the MCK, Kateri Memorial Hospital Center (KMHC), Kahnawake Fire Brigade, and KSCS.

Presently three support staff carry out all aspects of Onkwata'karitáhtshera Secretariat operations for the community, within the local, regional and national areas.

On December 10, 2013, Onkwata'karitáhtshera informed the community it had released the *Kahnawake Community Health Plan Health Transferred Programs 2012-2022* to the public. This is the third Community Health Plan (CHP) that has been developed by Onkwata'karitáhtshera and submitted to Health Canada for a ten-year period, which allows for long-term stability necessary to facilitate and support measurable change in the health area.

The 2012-2022 CHP has highlighted the following health priorities:

- substance abuse/addictions
- cancer
- mental health issues
- diabetes
- learning/development disabilities
- obesity
- cardiovascular disease (hypertension)

With the support of the Secretariat, Onkwata'karitáhtshera has been working over the past year to establish sub-committees that will work on these specific health areas to address these priorities.

The mandate is to inventory services for each area, review and assess gaps and links in support and services to the community. The goal is to then align community efforts more strategically when addressing these health priorities.

The Kahnawake Community Health Plan updated March 19, 2013 can be accessed on the KMHC and KSCS websites.

The Secretariat's areas of involvement is in the administrative support for the project selection, funding and networking of the Aboriginal Diabetes Initiative, Kahnawake Head Start initiatives and the Brighter Futures community initiative.

The scope of our work is the administration for the funding and reporting of 38 community projects. We also coordinate the required reporting mechanisms for community based programs funded by Health Canada. The 38 projects were accessed by 10,191 members (5127 females and 5064 males.)

Onkwata'karitáhtshera Secretariat supports and advocates on the behalf of community members for access to Non-Insured Health Benefits (NIHB) services from Health Canada. NIHB is a national program providing coverage to registered First Nations for prescription and over the counter drugs, dental care, eye and vision care, medical supplies and equipment, short term crisis intervention mental health counseling and medical transportation to access medically necessary services.

This year the First Nations of Quebec and Labrador Health and Social Services Commission released their *Guide to Procedures for Accessing Health Services* which has detailed information on Non-Insured Health Benefits. This tool was added to the KMHC www.kmhc.ca and KSCS www.kscs.ca websites by Onkwata'karitáhtshera for the benefit of the community.

Operations



DIRECTOR, FRANKLIN WILLIAMS

The KSCS Operations team contributed administrative, financial and management services to all client service teams. Our services affect the success of KSCS in carrying out its objectives addressing the Community Health Plan priorities, goals and strategic vision of KSCS.

Our services were provided to all health service areas including the KSCS main office and all the facilities throughout the community: Home and Community Care/Turtle Bay Elders' Lodge, Assisted Living Services—which houses the Young Adults Program, Teen Social Club, and the Independent Living Center—Environmental Health Services, Resource Center, the Whitehouse, and the Family and Wellness Center.

Our Receptionist/Greeter service continues to provide day and evening—weekends when required—services and this past year included 118 groups with a total of 4013 client visits during the year.

Administrative Assistant services assigned individuals to provide support to the integrated client services teams and provided daily administrative support wherever needed within the services areas.

Our Information Technology technicians effectively addressed the computer needs of all main office and satellite operations for 160 computer units/laptop units, nine (9) servers, six (6) networks, Internet and WAN connections.

Finance provided efficient payroll processing of over 200 regular, part-time, and summer student employees on a weekly basis. They also processed timely invoice payments, financial budgets, reports and year-end audit preparations for a multitude of transactions.

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



Financial Statement



Independent Auditors' Report

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

We have audited the accompanying financial statements of Kahnawake Shakotii'takehnhas Community Services which comprise the statement of financial position as at March 31, 2014, 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 Shakotii'takehnhas Community Services as at March 31, 2014 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

Schedules 2 and 9-52 of the accompanying schedules of revenues and expenses and accumulated surplus (deficit) are for information purposes only and are unaudited.

Montréal, Québec

June 16, 2014

1 CPA auditor, CA permit no. A103961

MNP SENCRL, s.r.l



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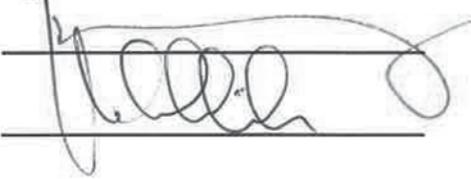


Financial Statement

15TH YEAR COMPLETED

Kahnawake Shakotia'Takehnhas Community Services Statement of Financial Position

As at March 31, 2014

	2014	2013
Financial assets		
Cash resources (Note 3)	1,537,505	1,690,375
Temporary investments (Note 4)	3,543,400	3,500,000
Accounts receivable (Note 5)	505,484	839,054
Total financial assets	5,586,389	6,029,429
Liabilities		
Accounts payable and accruals	1,526,762	1,633,536
Deferred revenue (Note 6)	244,825	379,574
Amounts held in trust (Note 7)	226,781	222,352
Total liabilities	1,998,368	2,235,462
Net financial assets	3,588,021	3,793,967
Contingencies (Note 8)		
Commitments (Note 9)		
Non-financial assets		
Tangible capital assets (Note 10)	3,100,063	3,253,842
Prepaid expenses	1,329	21,415
Total non-financial assets	3,101,392	3,275,257
Accumulated surplus (Note 14)	6,689,413	7,069,224
Approved on behalf of the Board		
 _____ Grand Chief	Director	 _____ Director

The accompanying notes are an integral part of these financial statements

Financial Statement

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

For the year ended March 31, 2014

	Schedules	2014 Budget	2014	2013
Revenue				
Government funding				
Aboriginal Affairs and Northern Development Canada		6,101,408	6,049,881	6,770,159
Health Canada		8,551,982	8,476,845	8,323,273
Canada Revenue Agency		157,400	171,321	170,966
		14,810,790	14,698,047	15,264,398
Other revenue		284,417	530,489	408,929
Rental income		286,150	266,048	247,754
Investment income		63,700	72,480	46,936
Deferred revenue - prior year (Note 6)		379,574	379,574	370,608
Deferred revenue - current year (Note 6)		(238,670)	(244,825)	(379,574)
		15,585,961	15,701,813	15,959,051
Expenses				
Block Funded Health Priorities	3	6,483,802	6,308,859	5,611,156
Set Funded Health Priorities	4	2,282,435	2,222,323	1,911,762
Aboriginal Affairs and Northern Development Canada Priorities	5	6,541,264	6,572,277	6,324,354
Other Health and Social Service Activities	6	330,635	462,174	359,107
Administration	7	115,329	65,360	43,078
Capital	8	216,000	177,072	216,200
Total expenses (Schedule 1)		15,969,465	15,808,065	14,465,657
Surplus before other items		(383,504)	(106,252)	1,493,394
Other income (expense)				
Cancellation of government funding		-	(238,670)	-
Repayment of government funding		-	(34,889)	(244,723)
Transfer to Kateri Memorial Hospital		-	-	(6,356)
		-	(273,559)	(251,079)
Surplus (deficit) (Note 15)		(383,504)	(379,811)	1,242,315
Accumulated surplus, beginning of year		7,069,224	7,069,224	5,826,909
Accumulated surplus, end of year		6,685,720	6,689,413	7,069,224

The accompanying notes are an integral part of these financial statements

Financial Statement

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

For the year ended March 31, 2014

	2014 Budget	2014	2013
Annual surplus (deficit)	(383,504)	(379,811)	1,242,315
Purchases of tangible capital assets	-	(23,293)	(111,685)
Amortization of tangible capital assets	216,000	177,072	216,200
Acquisition of prepaid expenses	-	(1,329)	(21,415)
Use of prepaid expenses	-	21,415	12,911
Decrease in net debt	(167,504)	(205,946)	1,338,326
Net financial assets, beginning of year	3,796,967	3,793,967	2,455,641
Net financial assets, end of year	3,629,463	3,588,021	3,793,967

Kahnawake Shakotiiia'Takehnhas Community Services Statement of Cash Flows

For the year ended March 31, 2014

	2014	2013
Cash provided by (used for) the following activities		
Operating activities		
Cash receipts from contributors	15,574,867	15,742,693
Cash paid to suppliers	(6,703,274)	(6,030,024)
Cash paid to employees	(9,014,407)	(7,824,343)
Interest Income	52,208	44,012
	(90,606)	1,932,338
Financing activities		
Change in amounts held in trust	4,429	18,010
Capital activities		
Purchases of tangible capital assets	(23,293)	(111,685)
Increase (decrease) in cash resources	(109,470)	1,838,663
Cash resources, beginning of year	5,190,375	3,351,712
Cash resources, end of year	5,080,905	5,190,375
Cash resources are composed of:		
Cash resources	1,537,505	1,690,375
Temporary investments	3,543,400	3,500,000
	5,080,905	5,190,375

The accompanying notes are an integral part of these financial statements

Financial Statement

Kahnawake Shakotiaa'Takehnhas Community Services Schedule 1 - Schedule of Expenses by Object

For the year ended March 31, 2014

	2014 Budget	2014	2013
Expenses by object			
Amortization	216,000	177,072	216,200
Bank charges and interest	24,500	29,232	28,142
Clinical care	1,284,477	1,284,477	1,247,066
Food and beverage	104,400	116,979	114,930
Foster Care	725,939	685,370	656,001
Furniture and equipment	17,000	13,031	44,575
Group Home costs	450,296	399,397	140,774
Group home costs	16,100	14,929	15,243
Headstart	309,931	271,218	274,842
Health Management	113,278	128,977	111,275
Honoraria(um)	5,000	13,681	13,167
Institutional Care	1,119,664	1,248,122	1,579,864
KMHC accreditation	58,778	58,778	53,516
Laboratory costs	61,500	61,478	51,632
Miscellaneous	73,800	8,185	3,821
Office and Administration cost share	47,755	1,475	(537)
Office equipment lease	20,400	17,112	17,199
Office supplies and expenses	38,100	52,635	72,059
Placement Costs	56,000	72,627	86,040
Postage	6,300	5,350	6,360
Prenatal nutrition	39,741	39,741	38,584
Professional fees	199,100	229,565	195,961
Rent	145,500	145,530	145,530
Repairs and maintenance	70,200	112,058	85,347
Salaries and benefits	8,996,437	9,014,407	7,824,343
Service delivery costs	1,310,572	1,171,277	996,794
Telephone	47,450	45,277	45,294
Training	65,600	43,820	48,183
Translation	25,000	26,854	9,995
Transportation	41,000	47,867	38,521
Travel	210,927	191,636	233,636
Utilities	68,720	79,908	71,300
	15,969,465	15,808,065	14,465,657

Financial Statement

Kahnawake Shakotii'Takehhas Community Services Schedule 2 - Schedule of Revenue and Expenses and Accumulated Surplus For the year ended March 31, 2014 (Unaudited)

Schedule #	AANDC Revenue	Other Revenue	Deferred Revenue	Total Revenue	Total Expenses	Adjustments/Transfers From (To)	Current Operating Surplus (Deficit)	Prior Year Operating Surplus
Aboriginal Affairs and Northern Development Canada								
9	629,000	171,800	-	800,800	821,392	-	(20,592)	13,203
10	170,000	1,641	-	171,641	245,549	-	(73,908)	(711)
11	1,343,676	68,816	-	1,412,491	1,411,716	-	(9,225)	(38,833)
12	30,000	-	-	30,000	30,000	2,019	171,321	(2,019)
13	-	171,321	-	171,321	-	-	171,321	857,919
14	3,877,205	(238,670)	238,670	3,877,205	4,063,620	-	(186,415)	-
	6,049,881	164,907	238,670	6,453,458	6,572,277	2,019	(116,800)	829,559
Block Funded Health Priorities								
15	-	1,529,223	-	1,529,223	1,523,279	(6,944)	-	-
16	-	102,613	-	102,613	103,196	583	-	-
17	-	437,115	-	437,115	468,986	31,871	-	669
18	-	334,962	-	334,962	362,346	27,384	-	-
19	-	460,766	-	460,766	433,993	(26,763)	-	-
20	-	1,299,477	-	1,299,477	1,298,477	-	-	-
21	-	742,901	-	742,901	787,043	44,142	-	(226)
22	-	1,290,702	-	1,290,702	1,325,727	(98,388)	-	496,712
23	-	-	-	-	4,812	4,812	-	-
	-	6,197,739	-	6,197,739	6,308,869	(23,293)	(134,413)	487,155
Set Funded Health Priorities								
24	-	84,473	-	84,473	84,473	-	-	(2,846)
25	-	1,696,732	-	1,696,732	1,696,732	-	-	-
26	-	109,247	-	109,247	109,247	-	-	230
27	-	37,664	-	37,664	37,664	-	-	-
28	-	272,467	(21,894)	250,573	250,573	-	-	-
29	-	30,000	-	30,000	30,000	-	-	-
30	-	13,634	-	13,634	13,634	-	-	(2,473)
	-	2,244,217	(21,894)	2,222,323	2,222,323	-	-	(5,089)
Other Health and Social Service Activities								
31	-	160,300	-	160,300	197,134	-	(46,834)	450
32	-	20,691	-	20,691	20,691	-	-	-
33	-	3,692	(899)	2,693	2,047	-	646	1,698
34	-	18,280	(15,125)	3,155	3,155	-	-	-
35	-	40,898	(33,239)	7,659	7,659	-	-	1,908
36	-	35,491	-	35,491	40,106	4,615	-	1,256
37	-	39,600	-	39,600	15,510	-	24,090	29,534
38	-	14,997	(7,863)	7,134	9,129	-	(1,995)	-
39	-	19,843	(8,593)	11,250	11,250	-	-	-
40	-	-	-	-	4,268	-	(4,268)	(544)
41	-	8,390	-	8,390	10,065	-	(1,675)	5,562
42	-	120,000	-	120,000	132,391	-	(12,391)	(254)
43	-	1,050	-	1,050	1,889	839	-	-
44	-	23,188	(16,308)	6,880	6,880	-	-	-
45	-	-	-	-	-	-	-	(12,000)
46	-	-	-	-	-	-	-	(811)
47	-	-	-	-	-	(7,424)	(7,424)	-
	-	496,320	(82,027)	414,293	462,174	(1,970)	(49,851)	26,769
Administration								
48	-	-	-	-	26	26	-	-
49	-	-	-	-	2,726	2,726	-	-
50	-	140,441	-	140,441	62,610	(2,799)	75,032	91,024
	-	140,441	-	140,441	65,360	(49)	75,032	91,024

Financial Statement

Kahnawake Shakotia Takehhas Community Services Schedule 2 - - Schedule of Revenue and Expenses and Accumulated Surplus

For the year ended March 31, 2014

	Schedule #	AANDC Revenue	Other Revenue	Deferred Revenue	Total Revenue	Total Expenses	Adjustments/ Transfers From (To)	Current Operating Surplus (Deficit)	Prior Year Operating Surplus (Deficit)
Capital Asset Fund	8	-	-	-	-	177,072	23,293	(163,779)	(104,516)
Internally Restricted Fund	51	-	-	-	-	-	-	-	(83,716)
Moveable Assets Reserve	52	-	-	-	-	-	-	-	(8,901)
Surplus (deficit)		6,049,881	9,243,624	134,749	15,428,254	15,809,065	-	(379,811)	1,242,315
Accumulated surplus beginning of year								7,069,224	5,826,909
Accumulated surplus, end of year								6,689,413	7,069,224



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 having its own Environmental Health Officer (EHO) with a Certificate in Public Health Inspection (Canada), who is responsible for all inspecting, testing and sampling.

Services/Programs

There are inspection schedules for:

- potable water quality (public water system and private wells)
- local recreational waters (swimming, etc.)
- public buildings (recreational and institutional)
- indoor air quality investigations
- private buildings (quality of living conditions)
- food service facilities
- food premises inspections
- waste water (sewage) disposal and solid waste disposal

EHS also plays a role in communicable disease control and works closely with the Kahnawake Safety Committee, the Emergency Preparedness Committee, the Environment Office of the MCK, and the Community Protection Unit of the MCK.

Depending on the nature and severity of environmental health hazards to the community, the appropriate contacts would be immediately 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).

Environmental Health Services Inspections 2012-2013

Community Based Drinking Water Quality Monitoring	
Chemical	104
- Bacteriological	330
- Recreational	146
- Ground Water Source	134
Well Disinfections	7

Community Based Drinking Water Quality Monitoring	
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 Requests(Misc)	84
Radon Testing	3

Environmental Health Services Inspections 2013-2014

Community Based Drinking Water Quality Monitoring	
- Chemical	104
- Bacteriological	281
- Recreational	112
- Ground Water Source	71
Waste Disposal	7
Food Safety Inspections	71
Health Hazard Investigations	10
Air Quality Investigations	18
Building Safety	37

Family Services



DIRECTOR, LOU ANN STACEY

On my return to KSCS after a 12 year absence, I embarked on a new position as the director of Family Services. The director of Family Services is responsible to provide direction, leadership and guidance towards the achievement of the KSCS Strategic Framework and Community Health Plan as it relates to the four program areas under Family Services: Assisted Living Services, Home and Community Care Services, Prevention and Support Services.



My tasks included

- reviewing existing services to ensure we are in alignment with the health priorities of the Community Health Plan: addictions, mental health, learning/developmental disabilities, diabetes, cancer and obesity.
- evaluating and identifying needs to ensure we are developing programming that is responsive to the community needs.

It was vital to acquire in depth knowledge of our service areas, partners, and evaluate the effectiveness of our programs and activities. With the support of the program managers, we initiated the evaluation of some of the KSCS program areas.

The anticipated budget cuts forecasted by the provincial and federal governments mean we now have the task of realizing how we can provide services to address community needs with reduced dollars.

As a member of Onkwata'karitahshera, I became the Chair of the Head Start Committee, who have taken up the challenge of addressing issues of speech therapy within the community. In addition, I am the Chair of the mental wellness and addictions subcommittee and a member of the steering committee for early childhood wellness.

The *Year of the Family* was the theme for the 2013-14 fiscal year for Kahnawake Shakotii'takehnhas Community Services. Each of the program areas planned and implemented programming that aligned with the theme and continued to address the health priorities. The managers will share their programs activities which were delivered throughout the year.

I look forward to the upcoming year. It will be one of continued evaluation, evolution and development for programming and activities in Family Services.



Assisted Living Services



MANAGER, VICKIE COURY-JOCKS

Assisted Living Services (ALS) continued to provide support and assistance to our community members living with developmental delays, disabilities and mental health issues. Despite shrinking financial resources, requests for services and enrolment in day programs increased.

ALS took a direct approach to meet the needs of our clientele and address the primary health concerns as identified in the Community Health Plan. Accelerated measures provided opportunities for fun physical activity and varied healthy eating experiences, including

- the Independent Living Center's (ILC) year-long weekly walking club
- the Young Adults Program's yoga and Zumba classes
- the Teen Social Club's regular swimming classes
- bowling activities for all programs
- two financial estate planning workshops hosted by ALS for the families of our special needs clients, providing the information and tools they may need to ensure a secure and sound future for their dependants.

In addition to physical and mental wellness activities, ALS provided opportunities for the social integration of our clients within the larger community. It is so important to keep our clients socially connected and visible and our staff work hard to promote opportunities where our clients clearly feel part of the community and not forgotten.

This year our efforts were richly rewarded; the ALS variety show showcased the talents and creativity of clients and staff to a standing room only crowd, and the ALS' annual Christmas party hosted a record 135 family and friends who came to celebrate with our clients!

The dynamics of what it means to be a Kahnawa'kehró:non living with mental health issues was explored through art as residents of the ILC worked on a silhouette project that was showcased at the Kanien'kehá:ka Onkwawén:na Raotitíóhkwa Language and Cultural Center. Feedback for the show was so positive that its run, originally slated for one month, was extended for three months! Residents also had an opportunity to participate in language and culture classes throughout the year through local community volunteers.

Tewatohnhi'saktha, the Caughnawaga Golf Club, and the Kahnawake business community showed its support for special needs and mental health by generously participating in two fundraising golf tournaments.

ALS staff hosted various fundraising initiatives with the assistance and support of clients and families culminating in the annual summer family Fun Fair. Proceeds from fundraising activities go directly to enhance programs and recreational activities for our clients, none of which is covered by government funding.

ALS continues its networking efforts with parents, families and related community organizations such as Connecting Horizons, Step By Step, Kanien'kehá:ka Onkwawén:na Raotitíóhkwa Language and Cultural Center, Kateri Memorial Hospital Center and Tewatohnhi'saktha in our efforts to improve and develop services and resources. Dialogue continues with Aboriginal Affairs and Northern Development Canada and Health Canada to address these growing needs.

We saw many positive accomplishments yet we acknowledge there is still so much that remains to be done. With the assistance of a hard working and dedicated staff and the continued support of the community, Assisted Living Services is committed to meet these challenges in the year ahead.

<i>Assisted Living Services 2012/2013</i>			
	Female	Male	Total
ALS (Mental Health Caseworker)	3	0	3
Family Support Caseworkers	19	25	44
Family Support Life Skills Support	7	15	22
Teen Social Club	5	7	12
Young Adult's Program	7	6	13
Total	41	53	94

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



Home & Community Care Services



MANAGER, MIKE HORNE

Home and Community Care Services (HCCS) and Turtle Bay Elders' Lodge (TBEL) provide a continuum of care for community members requiring assistance with the activities of daily living. Through the dedication and collaboration of Kateri Memorial Hospital Center (KMHC), Home Care Nursing, and the HCCS/TBEL team, we meet the needs of the community by offering a variety of specialized services and programs based on the health priorities identified through the Community Health Plan.

The Health Council of Canada identified Kahnawake Home and Community Care Services (HCCS) as one of only 11 First Nations communities throughout Canada who offer innovative practices. This practice—of culturally relevant continuum of care utilizing an integrated case management approach—results in meeting the needs of seniors and others in their home.

HCCS relies on natural caregivers who offer their time to care for community members in need without any remuneration. This is an essential component of case management with the growing demand for specialized services and palliative (end of life) care. We are constantly pursuing a collaborative working relationship based on the fact that resources are limited and partnerships are critical in meeting the needs of our vulnerable community members.

HCCS—via Kateri Memorial Hospital—has addressed some of the recommendations identified by Accreditation Canada. This process is beneficial to assisting our service delivery by ensuring that we are offering the community the best quality care based on the standards of Accreditation Canada.

In February, we hosted a community elders Valentine's Day luncheon. Approximately 160 community members attended the event.

Anowara'hne (the place of turtles) is a 6-unit, two-bedroom apartment complex for community members who are 55 years and older in need of housing. The residence has proven successful and is operating at full occupancy.

HCCS worked in collaboration with the MCK Social Development Unit's housing program to survey the community on the housing needs for the elderly and exploring alternative housing arrangements that would allow Kahnawa'kehró:non to live independently with minimal support.

Turtle Bay Elders' Lodge (TBEL) is a 25-bed facility for individuals requiring type 1 and 2 levels of care. TBEL is currently operating at full occupancy and has an extensive waiting list.

Iso-Smaf Software was implemented to allow Turtle Bay Elders' Lodge to electronically input the SMAF component of the OMEC to assist in identifying our residents' level of autonomy.

Case manager software was implemented during the year, allowing elders' case workers to electronically document their intakes, assessments, and service plans. This will enhance the continuity of care, as plans will be based on the identified needs of our clients.

On November 2013, the KMHC adult day centre was fully integrated into the facility of Turtle Bay Elders' Lodge, offering their services five days a week, to their identified client base. This has complimented the Enkwennonska Program and has resulted in more diverse activities to better meet the different client needs.

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

<i>Home and Community Care Services</i>		
	2012–2013	2013–2014
Number of Home Visits	15,737	
Total Hours of Services Provided	34,903.75 HOURS	36,230.50 HOURS
Nursing Services	5,704 HOURS	4,326.25 HOURS
Personal Care	7,919.5 HOURS	7,509.50 HOURS
Case Management	3,702 HOURS	3,469.75 HOURS
In Home Respite	340.5 HOURS	42.50 HOURS
Home Care/Home Management	3,394.5 HOURS	3,480.50 HOURS
Meal Services	3,208.5 HOURS	3,735.50 HOURS
Meals Prepared by TBEL Kitchen	35,040	35,175
Adult Day Program	955 HOURS	10,869.75 HOURS
Total Hours Assisted Living:		19,862.50 HOURS

Home and Community Care Services Intakes

	Elders Case-worker	Activity Program Homecare	Home-care	Extended Care	Medical Equip s	Homecare Nursing	Adult & Elders Svc	Meals on Wheels	Mental Health	FSRS	Total
April 2012/13	1	0	8	0	0	12	33				54
April 2013-14	1	1	7	1	0	5	1	1	0	0	17
May 2012-13	1	0	4	0	0	7	22				34
May 2013-14	3	0	4	0	0	13	0	1	1	0	22
June 2012-13	2	2	2	1	0	9	23				39
June 2013-14	1	1	3	0	0	6	0	3	0	0	14
July 2012-13	2	0	5	0	0	4	29				40
July 2013-14	1	2	7	0	0	13	0	3	1	0	27
Aug 2012-13	1	0	5	0	0	10	29				45
Aug 2013-14	4	1	4	0	1	11	0	0	1	0	22
Sept 2012-13	1	0	9	0	0	8	39				57
Sept 2013-14	1	2	0	0	0	10	1	2	5	1	22
Oct 2012-13	1	0	8	0	0	4	20				33
Oct 2013-14	0	0	4	0	0	6	0	1	1	1	13
Nov 2012-13	2	0	6	0	0	7	13				28
Nov 2013-14	2	2	2	0	0	9	0	2	1	1	19
Dec 2012-13	1	0	2	0	0	4	11				18
Dec 2013-14	1	2	7	0	0	4	0	3	1	0	18
Jan 2012-13	2	0	5	0	0	6	19				32
Jan 2013-14	0	1	8	0	0	13	1	1	2	1	27
Feb 2012-13	1	0	4	0	0	11	24				40
Feb 2013-14	1	0	4	0	0	2	0	2	0	0	9
Mar 2012-13	2	0	4	0	0	10	24				40
Mar 2013-14	0	0	5	0	0	6	0	2	1	1	15
Total 2012-13	17	2	62	1	1	92	286				461
Total 2013-14	15	12	55	1	1	98	3	21	14	5	225



Delivering meals on wheels to elders in the community.

<i>Legend:</i>	
OAS	Old Age Security
SSA	Social Security
QPP	Quebec Pension Plan
EST	Estate planning (wills, info regarding making one)
LEG	Legal (power of attorney, mandates, living wills, etc)
PEN	Pension plans (private)
COA	Commissioner of Oaths
IRS	Internal Revenue Service, Department of the Treasury of the United States of America
MISC	Miscellaneous (e.g., RAMQ, medical insurance, life insurance claims for deceased clients, information on programs and benefits, etc)
CSA	Civil Status Application (birth certificates, marriage certificate, death certificates—Canada and U.S.



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

Adult and Elders' Services Councilor Client Contact Sheet – April 1, 2013 to March 31, 2014											
Month	OAS	SSA	QPP	EST	LEG	PEN	COA	IRS	MISC	CSA	Total
April	10	1	2	2	0	0	3	0	23	0	41
May	13	0	1	5	0	0	3	0	14	0	36
June	4	2	0	3	3	0	1	0	13	0	26
July	5	3	0	3	0	0	0	0	6	0	17
Aug	1	0	1	8	2	0	1	0	7	0	20
Sept	5	0	1	10	6	0	5	0	22	0	49
Oct	3	0	1	5	1	0	0	0	9	0	19
Nov	2	0	0	4	1	0	2	0	10	0	19
Dec	2	0	0	0	5	0	1	0	11	0	19
Jan	2	0	1	4	2	0	0	0	9	0	18
Feb	7	0	1	4	3	0	0	0	7	0	22
March	5	0	0	3	3	1	0	0	13	0	25
Total	59	6	8	51	26	1	16	0	144	0	311



Prevention Services

MANAGER, TERRY YOUNG



Prevention Service provides the community, specifically those who are at risk, with various resources and programs that address, explore, and bring awareness to the seven health priorities outlined in the Community Health Plan. The approach is comprised of employees trained in intervention and prevention strategies which include family and individual counseling, addictions education, and group facilitation and prevention educators. This narrative will outline the successful completion of the above objectives and will provide relevant data.

The *Year of the Family* at KSCS brought with it many new and exciting prevention activities that were organized by the different teams that make up the greater prevention team.

The prevention team primarily operates under three health priority areas which include addictions, mental health disorders, and developmental disabilities; while taking into account the problems associated with diabetes and cardiovascular disease. First line and secondary prevention services were offered to the community throughout the year through one-on-one counseling, group programming, cultural knowledge workshops, and support groups. Our multi-disciplinary approach best serves all Kahnawa'kehró:n while working closely with the other service areas within KSCS.

Within the health priority of mental wellness, 2013 saw the kick off of a combined campaign launch with a community activity, *Movie in the Park*, a project specifically designed to raise awareness towards lowering incidents of family violence while promoting healthy family activities. There was a great turnout for the activity and community members were able to come together and watch a family-friendly movie while enjoying healthy snacks.

Again, under the health priority of mental wellness, a number of activities were hosted by Our Gang and Making a Difference (MAD) Group within each of their program areas. Both of these prevention teams target youth, with Our Gang working with youth aged 6–12 years in after-school programming and MAD working with youth 13–17 years through evening programming. Both programs focus on the promotion of mental health and the promotion of healthy lifestyles. These programs encourage healthy lifestyles through various physical and healthy activities like basketball, running groups, and healthy eating sessions; which target the community health priorities of diabetes and cardiovascular disease.

KSCS has many internal priorities that seek to build on the strengths and knowledge of its staff and a number of informative trainings were offered for professional development. One such capacity-building training was a 12-week clinical course delivered

by the clinical psychologist for the Prevention and Support teams geared towards the further education of mental health problems and disorders for example bipolar, depression, and anxiety-related disorders.

The Safe Space Committee was a new initiative whose goal is to focus on the education, awareness, and support in regards to the impact of homophobia on the Lesbian/Gay/Bisexual/Transgender (LGBT) community. The committee's initial goal has been to educate KSCS staff to create a "safe space" for those community members who identify themselves as LGBT and who may be questioning their sexual orientation/identity and are in need of support.

Prevention Services will continue to offer programming to meet the needs of the community, as well as maintain working partnerships with other community organizations and initiatives whose goals are to encourage healthy lifestyle choices and maintain its commitment to working with all Kahnawa'kehró:n seeking assistance.

KSCS welcomes any feedback in regards to the programming offered by contacting us directly by phone at 450-632-6880 or via the KSCS website at www.kscs.ca.

Prevention Services 2012-2013			
Self Esteem			
Male	Female		Total
0	9		9
S5 Voluntary Services (Shakotisnien:nens Workers)			
Male	Females		Total
97	163		260
Women's Leadership			
Male	Female		Total
0	14		14
MAD Group			
Male	Females		Total
11	30		41
Our Gang			
Male	Females		Total
62	74		136
Enhanced Prevention			
Information Booths		Events	Total
8		6	779

<i>Prevention Services 2012-2013</i>				
Parent/child Interactive Workshops, Nobody's Perfect Program & Various Activities				
Male Youth/Children		Female Youth/Children		Total
34		130		
Traditional Services (including the Creek Group)				
Male	Females			Total
17	23			
HIV/AIDS Healthy Sex & Sexuality				
Info Booths		Workshops		Total
4		9		
Fetal Alcohol Spectrum Disorder				
Male	Female	Info Booths	Events	Total
208	358	3	13	



On March 20, 2013, the Trust Theatre Ensemble presented the Bullycide Project to community youth at Kateri Hall.

<i>Prevention Services 2013-2014</i>				
Suicide Prevention				
Males		Females		Total
120		119		
55 Voluntary Services (Shakotisnien:nens Workers)				
				Total
				188
Family Preservation				
Males		Females		Total
14		15		
Parenting				
Males		Females		Total
30		68		
Leadership & Empowerment Girls				
		Females		Total
		11		
Personal & Social Development				
Males		Females		Total
54		48		
Our Gang				
Males		Females		Total
86		71		
Fetal Alcohol Spectrum Disorder				
Males		Females		Total
172		294		
HIV				



Our Gang participants with the cheque they donated towards Madden Diabo's medical expenses.



A Prevention Father's Day BBQ.

Prevention Services 2013-2014			
Males	Females		Total
334	315		649
Enhanced Prevention			
Community Activities			Total
8			385
Kiosks			Total
15			389
In-School Activities			Total
7			281



Preparing for the Spirit of Wellness opening at the Family and Wellness Center.



Members of the Prevention team with youth who planted a Tree of Peace at the Kahnawake Survival School. This was part of the Tionerhtase'ko:wa-Tree of Peace Community Project with Equitas, a non-profit organization that provides human rights training and capacity building for youth.



Faceless Dolls workshop, part of the Spirit of Wellness and violence prevention activities. The Faceless Dolls workshop and exhibit is part of the Native Women's Association of Canada's efforts to raise awareness about the issue of missing and murdered Indigenous women and girls in Canada.



Support Services

MANAGER, KATHY JACOBS HORN



KSCS Support Services provides a multi-disciplinary approach to assist community members in quality intervention services in the areas of addictions intervention activities, psychological services, youth protection and youth criminal justice and includes the Tsi Ionteksa'tanoinhna "Foster Care" and Case Aide programs. All services are directed to provide support and assistance to Kahnawake families, which align to the KSCS' annual theme of *Year of the Family*. This narrative will outline how all of the above objectives were met.

There were many challenges and hurdles in 2013–2014; however, there were also many successes that helped to support the needs of the community. This year, Support Services saw the implementation and hiring of a foster care resource support worker that would assist in the foster care program.

Because addictions is one of the top health priorities in Kahnawake, one of our main goals (health impacts) are to have a measurable decrease in drug/alcohol abuse by providing direct intervention and prevention services to the community, including youth, adults, elders and supportive family members. To support this health priority our clinical supervisor and addictions response services staff are working diligently to become certified in aboriginal addictions counselling.

Recruitment efforts for replacements in our psychological services are currently underway to secure a full time clinical psychologist. This year saw the implementation of two psychological assistants whose primary role was to gather and prepare appropriate client information and referrals for proper psychological support. Service plans are developed to ensure that clients are receiving the best possible support. This service is provided to all Kahnawa'kehró:non.

Support Services were affected by Law 49, new legislation that is directly related to foster homes in and outside the community. This law has major impacts because it requires that homes be unionized, which in turn could lead to Kahnawake losing control of all information pertaining to individuals in foster care including information about the foster homes.

Many hours have been dedicated to this issue by the foster care team and the Manager of Support Services, in order to prepare adequate support is in place for Kahnawake.

The Action Plan under the Enhanced Prevention Focus Approach has been reviewed and updated in order to meet the needs of the community and was accepted by Aboriginal and Northern Affairs for another five-year period. It is through this approach that we are able to continue with providing first line violence and addictions prevention directly to the community. This is the fourth year that we have been able to successfully support the youth program

Where the Creek Runs Clearer that in the past year has had about 30 active members and participation from most of the parents.

The coming year will mean that KSCS will be able to focus in a more prevention focus with an emphasis on supporting families.

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

Support Services 2012-2013		
Youth Protection		
Males	Females	Total
160	171	331
Psychological Services <i>Top four problem issues (behavioural, depression, parental capacity & anxiety)</i>		
Males	Females	Total
74	149	223
Youth Criminal Justice Act		
Males	Females	Total
27	8	35
Addictions Response Services		
Males	Females	Total
101	103	204
Brief Services		
Males	Females	Total
46	47	93
Ineligible		
Males	Females	Total
13	19	32
Referrals to Partners Within Kahnawake		
Males	Females	Total
12	6	18
Tsi Ionteksa'tanoinhna "Foster Care"		
Monthly Average Homes		29
Children Placed in Group Homes		
Monthly Average		9
Case Aids		
Transports	Supervised Visits	
1911	402	

Support Services 2013-2014			
Youth Protection			
Males	Females		Total
180	173		363
Psychological Services <i>Top three problem issues (anxiety, depression & behavioural)</i>			
Males	Females	Families/ Couples	Total
52	138	21	211
Youth Criminal Justice Act			
			Total
			18
Addictions Response Services			
Males	Females		Total
108	108		216
Brief Services			
			Total
			0
Tsi Ionteksa'tanonhnha Foster Care Support			
			Total
			13
Number of Tsi Ionteksa'tanonhnha Foster Homes			
			Total
			43
Case Aide Services			
Services Offered			2518
Males	Females		Total
26	34		60



Top and bottom photos: Presentation to the Ministère de la Santé et des Services Sociaux, Director of Youth Protection Services, Monteregion region.



Human Resources

DIRECTOR, RHEENA DIABO



The Large HR Team has become a family within the larger KSCS family. Communications, Human Resources and Organizational Development Services make up this larger team who spiritedly work together and step in to assist when challenges surface in our day-to-day work; because that is what families do. What better way to honour the year of the family than by living the values and practices we promote with our clients. The teams have accomplished several key projects this year while managing staff shortages, supporting co-workers and attending school at night/weekends. This spirit demonstrates their commitment to the vision and mission of KSCS to assist Kahnawake in becoming a healthier community.

Human Resources Team

Human Resources provide comprehensive supportive services to the staff and management of KSCS. We assist with the recruitment and retention of employees towards the encouragement and realization of the Community Health Plan and the Strategic Plan, while ensuring that KSCS remains a competitive employer. We believe human capital is our most valuable asset and effective management is essential in order to achieve the results required of KSCS services.

Our strategies include

- developing a brand as an employer of choice
- offering comprehensive high quality service through diligence, respect and trust
- building capacity/enhancing it within KSCS employees
- establishing partnerships with other HR resources

HR completed the first full cycle of the new performance management program including a debriefing session with the Management team to improve our tools and processes. The job description manual was revamped and issued to Management. The first phase of the HR database rollout project was completed and training for Management on the system will take place in the next few months.

A shortage of clinical professionals presents critical challenges for our recruitment efforts.

Our team recently recruited Tami Jo Rice as the HR administrative assistant and Alison McGregor as a HR generalist. Wendy Walker-Phillips and Sheena Montour-Quinones, HR generalists, are currently attending evening courses at McGill University for a Management Certificate in Health and Social

Services and a Management Certificate in Human Resources respectively.

<i>Recruitment Processes</i>	2012-13	2013-14
Positions Posted	18	14
Applications Processed/ Interviews	57	60
New Hires/Orientations Conducted	16	16
Departures	15 (6 regular, 9 end contract)	20 (7 regular, 13 end contract)
Summer Students	11	8
Stage Students	26	24
Total Number of Employees	186	182

Employee Turnover

The number of departures increased slightly from the previous fiscal year, from 15 to 20; however, most of the departures can be attributed to term contracts that concluded. Seven regular employees departed this fiscal year, and not all positions have been filled, resulting in a reduction in the total number of employees for 2013-14.

<i>Benefit Management:</i>	2012-2013	2013-2014
Employee Assistance Usage	37	35
Total Leave of Absence*	36	54

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

ODS Team

Organizational Development Services (ODS) is an internal and external training and consulting business operating since 1993. The core ODS team has three staff consultants. In the past year one team member returned from maternity leave and another team member went on a short leave; however, by the fall of 2013 the entire team was back in the office.

Whenever a project warrants, the team will hire others with special skills and knowledge. In the winter of 2013, ODS brought on an administrative assistant for four months to support the ODS projects. We are mindful of the health priorities identified in the Community Health Plan as well as the KSCS mission and vision when conducting local projects.

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 the Health Services Integration Fund (HSIF) through Health Canada. ODS is working with a coalition that currently includes eight English speaking First Nations communities within Quebec. We also provided training, developed a guide, and conducted research for other projects both internal and external to Kahnawake.

ODS members participate on internal and external boards, activities etc., and this past year team members have been involved in the following internal KSCS activities: performance management project, elections committee, and social committee. Below is a listing of our projects and activities for the 2013-2014 fiscal year.

Coordination/Facilitation

Expanding and Building our Partnerships to Improve Access HSIF Project—coordination and facilitation of two steering committee meetings. Each meeting was a two-day session. A meeting was held in November with steering committee members and their chiefs and included a presentation from representatives from the MSSS. Besides coordinating and facilitating two face-to-face meetings during the fiscal year, the project management team held many other activities including

- evaluation activities
- research and development of a final report
- research as indicated by steering committee
- coordinate legal analysis
- continue network activities
- coordinate monthly conference calls

Community Based Research & Development Projects

- Evaluation of separate *Head Start On-Reserve* projects for Kateri School and Karonihahnonhnha School respectively, and submission of their respective reports to Onkwata'karitáhtshera.
- Evaluation of the *KSCS Drama Project*—evaluation of

project including consultation via interviews and focus groups and inventory of assets in the Kateri Hall.

Human Resource Training & Development

- Proposal Writing and Evaluation Workshop—*A two day session offered to community members potentially interested in applying for Aboriginal Head Start. Participants were also offered a guide to proposal writing.*

Total number of participants that attended an ODS facilitated session/workshop: 47.

Communications Team

Communications for a Healthier Lifestyle

At Communications, our goal is to provide useful, accurate and credible information to the community so they can make informed and responsible decisions on health and social issues impacting them. These issues have been identified as priorities in the current Community Health plan, which is intended to improve the overall health of the community.

Targeting the mental health priority through capacity building and training proved particularly successful. Training participation increased from 280 to 386 community members in Applied Suicide Intervention Skills and the Mental Health First Aid Trainings.

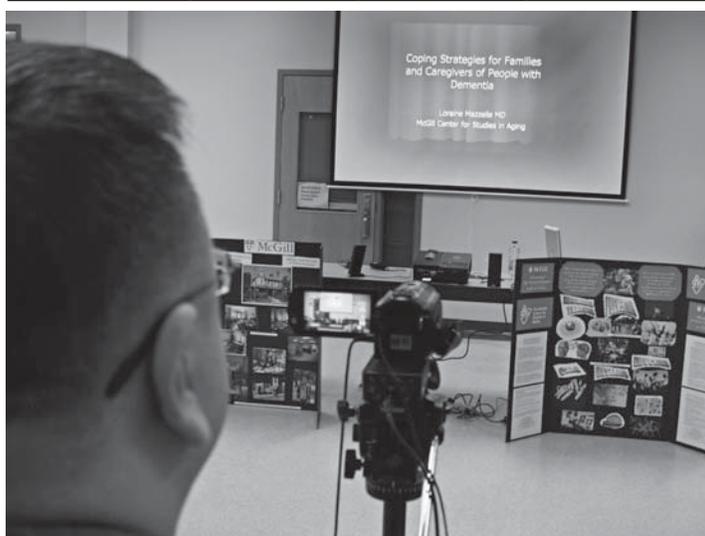
We were fortunate in accessing air time on the community's closed loop cable TV channel to broadcast key health promotion and prevention messages. Our health promotion efforts included increasing our use of the community's public radio station.

Aionkwatakari'teke health and wellness newsletter successfully maintained a distribution target of 10,512 copies within the community. The KSCS website is seeing more traffic and our standard of "*all inquiries answered in two working days or less*" was met. Girl Scouts from Denver, Colorado—undertaking a community project to raise awareness—credited our website as being helpful as a comprehensive suicide prevention resource.



ODS facilitated the Expanding and Building our Partnerships to Improve Access HSIF two-day meeting in Montreal in November.

Communications Media Stats								
	2012-2013	2013-2014		2012-2013	2013-2014			
TV Commercials	0	8	Radio Commercials Produced	5	26	*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 **6 publications with 59 articles covering the following health issues: addictions 9, violence 8, mental health 11, parenting 8, teen issues 9, physical health and diabetes 5, and environment 4		
Website Banners	0	2	Radio PSA's	36	28			
Workshops Recorded for Lending Library	10	38	www.kscs.ca Updates	0	127			
Taped Drama Productions	4	3	Annual Report	1	1			
Newspaper Print Ads	90	70	Weekly Bulletin	50	50			
Eastern Door Notes	23	12	Requests for Assistance from KSCS	467	346			
Radio Talk-shows	12	14	Aionkwa-takari:teke	*6	**6			
	Traveling Information Booths & Attendance				Trainings Delivered & Attendance			
	2012-2013		2013-2014		2012-2013		2013-2014	
Addictions	6	1080	7	280	23	708	5	70
Violence	0	0	3	353	2	335	0	0
Life-skills	1	150	1	150	2	29	2	30
Mental Health	0	0	1	230	16	280	8	383
Teen Issues	1	75	0	0	3	154	2	30
Parenting Family Issues	1	80	2	700	2	65	0	0
Learning Developmental Disabilities	0	0	0	0	2	40	0	0
Traditional Medicines	0	0	0	0	0	0	1	25



Communications filming a presentation for later viewing by staff.

KSCS Drama Project

SPECIAL INSERT, SUBMITTED. MANAGER, TERRY YOUNG



The KSCS Drama Project faced many changes and challenges in the last year; needless to say there were still three amazing productions delivered by both youth and adult participants. KSCS also engaged on a complete evaluation of the Drama Project which wrapped up in April 2014.

KSCS Drama Project, in collaboration with the Turtle Island Theatre Company, saw the year 2013 begin with kick off of a successful rendition of *Fiddler on the Roof* which ran in the month of May to the joy of Kahnawake community members.

The summer months saw the implementation of the annual KSCS summer drama camp that was successfully facilitated by an interim artistic director along with seven youth summer students from June to August 2013 that offered summer programming to youth from 6 to 17 years of age.

The first of two different shows was *Adventures in Paris* which was delivered by younger drama participants. Audiences were treated to songs and dances that were developed to showcase the beauty of the “City of Lights” Paris, France and showcased the talents of many children.

The second production, which was hailed as “*Les Miserables Rocks*” by community newspaper Iori:wase, led theatre goers through the journey and lives of several characters. Night after night *Les Miserables* was greeted with great applause and standing ovations of near sold out audiences.

In October, Organizational Development Services (ODS) was contracted to undertake a complete evaluation of the KSCS Drama Project for the purpose of providing KSCS with information on how to improve the drama project and how it is directly contributing to the mental health well being of youth within the community.

KSCS management of the project recognized that formal evaluation was needed in order to obtain a clearer picture of what KSCS Drama Project entailed and to assist with future planning.

The evaluation required that KSCS Drama Project be suspended for a period of 120 days in order to conduct a full inventory, to meet and interview with past and present theatre participants, to conduct focus groups and do a complete audit of all KSCS Drama Project files.

ODS completed the evaluation in April 2014 and provided 12 recommendations that would assist KSCS in ensuring that the future of the KSCS Drama Project would be successful and would offer more prevention based programming for youth of Kahnawake. To see the [Evaluation of the KSCS Drama Project Community Summary Report](#), please visit the KSCS website at www.kscs.ca and search for Drama Summary Report.

With the recommendations in hand, KSCS has committed to the implementation of a new youth based Drama program, with potential partnerships within the schools and the community at large, that will be implemented in the fall of 2014..



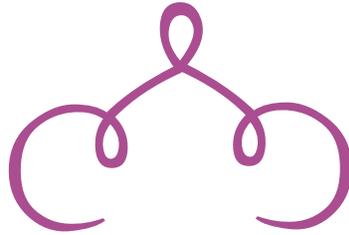
Fiddler on the Roof



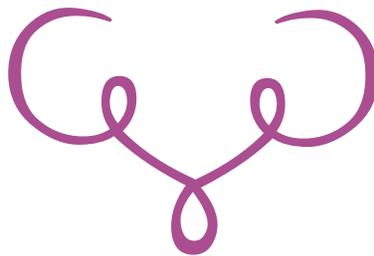
Les Misérables



Staff Photo



KSCS Staff





**KSCS Annual Report
2013–2014**



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

Our Vision

Tekaienawa:kon

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

Mission Statement

Our goal, with the assistance of a team of caring people, is to encourage a healthier lifestyle through promotion, prevention and wellness activities that strengthen pride, respect and responsibilities of self, family and the community as Mohawks of Kahnawake.

Production Date: 25 July 2014

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