

2015



“Our Way”

CSFS Annual
General Assembly



CARRIER SEKANI
FAMILY SERVICES

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Celebrating 25 years!

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CARRIER SEKANI
FAMILY SERVICES

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WELCOME



Nancy Williams, President Board of Directors

On behalf of the Board of the Directors of CSFS, Member Bands and staff, I am pleased to welcome you to the 25th Annual General Assembly. Hadeeh! Dene'Zeh, Tsa Khu'Zeh, Skhy Zeh! Mussi Cho to the Lheidli T'enneh Nation for allowing us to meet on this beautiful land to conduct our business.

I would like to recognize and thank all of the hereditary Chiefs and also elected Chiefs and Council members for their support and commitment in working to 'create wellness together'. I further welcome each of the Carrier Sekani Family Services eleven member First Nations. We are excited to share how we have worked with your communities over the past year, and also hear about exciting innovations you have been working on as well!

As we commence on our 25th Anniversary of the agency it is indeed a time to celebrate our accomplishments and reflect on all the good work and lessons learned over our history. We have grown from a three staff team, branch of the CSTC, to a leading charitable agency employing over 160 employees and providing numerous service across sectors. We have much to be proud of! Please join me in thanking and recognizing the hard work of our volunteer Board of Directors for their tireless work to serve all of you. We are extremely thankful to our Chief Executive Officer Warner Adam and his dedicated staff who are all working hard to provide the best services possible.

We continue to work collaboratively to set priorities and goals to ensure that the needs of each Nation. In light of the recent Truth and Reconciliation Report, we are forever cognisant of the importance of our work to restore the health and wellness of our citizens. Creating wellness is truly a partnership between individuals, families and communities wishing to take a more active role in their personal wellness and CSFS. Programs offered by CSFS ensure that holistic wellness needs are met via access to the services needed. Thank you for joining us on this journey as we continue to 'create wellness together'.

Nancy Williams.





Board of Directors



Helen Michele
Vice President



Kim Sam
Board Member



Priscilia Crouse
Board Member



Ray Morris
Board Member



Melissa Joseph
Board Member



Tannis Reynolds
Board Member



Sandra Teegee
Board Member



Corina Leween
Board Member

Missing:
Cora McIntosh
Erwin Tom
Melissa Joseph

REFLECTIONS



Warner Adam, CEO Carrier Sekani Family Services

This year marks 25 years for Carrier Sekani Family Services (CSFS) as a branch society of the Carrier Sekani Tribal Council (CSTC). As a department under CSTC we had a staff of three, including myself, Perry Shawana and Benna Rathburn, who completed the leg work for creating the branch society. Prior to CSFS becoming a society, Grand Chief Edward John in his capacity as Tribal Chief negotiated a Child Welfare Agreement with Claude Richmond, then Minister for Social Services and Housing. This agreement brought our total staff to nine including the Family Court Duty Council, and created the platform to develop a comprehensive plan to seek Child and Family Services delegation. It enabled the organization to hire a number of family Care Workers. Also instrumental from the political arena were Chief Robert Charlie, Burns Lake Band, Chief Wilf Adam from Lake Babine Nation, and late Joseph Michell as Tribal Chief for establishing the Branch Society. Much support was provided by the late Celina John as our elder advisor. I wish to acknowledge the late Perry Shawana for providing the legal and technical work necessary for the creation of this society. Many more people played an important role with respect to the growth of this agency and I thank them all. In keeping within our philosophy of holistic services, leaders approved that Child and Family Services and Health Services be governed under one regime and outside the political arena.

In reflection, we had little control over the design and management of health and social services provided to our Nations. The federal government only provided basic nursing services, and physician services were scarce and all the while we only had trailers provided by government for visiting professionals. Community Health representative and Drug and Alcohol Councillors were the only community based works available. In the area of Child and Family Services, we had no services at all. What we know now as MCFD was commonly referred to Welfare taking our children akin to the boogiemans in our communities.

During the last 25 years CSFS has been at the forefront of taking back control of the design and management of health and social services provided by our nation. The growth and success of the agency is attributed to all volunteer board of directors that served the agency; some of whom served for over 15 years. I am also proud to state that our retention of executive management has remained stable over the past fifteen years resulting in the employing the best service providers.

As you will find throughout this report, today there are several programs and services offered to our citizens. We continue to work with our partners in expanding our primary care project, increasing our physicians to five including support services. This program allows physicians to visit our citizens and provide the much needed medical services directly in communities. Follow up is done using video technology, whereby, with the

assistance of our Nurses, patients are able to re-connect with their doctors in between visits. The expansion plan includes a coordinator as well as a mental health /wellness specialist and other supports which will build a wholesome program. We have received positive feedback from our members about the success of this program. The fact that the physicians stay for a few days in the communities provides the opportunity for building trust, which is the core for quality care.

Several studies demonstrate that investing in early childhood development will provide a better start for children in the coming years. It also reduces the burden of poverty on the economy. CSFS has successfully obtained funding for the development of a comprehensive early childhood development program. While this program is in its infancy, some good work continues to take shape. We hope to obtain proper resources so that ECD is provided to all of our communities.

The high number of First Nations Children in care has not changed for many years. This is attributable to several factors; and while poverty is a factor, the generational impacts and effects of colonization and systemic racism continue create significant challenges. While we have several programs and services which allow us to work with families, the most promising project is based on the Homebuilders concept. This program works with at-risk families and provides the necessary support and referrals to ensure families remain united but also work on the challenges that they face. Our preliminary results demonstrate that the project has been



able to keep children out of care, work toward a family wellness plan and save the system money. More importantly the program saves a family unit. Our plan is to negotiate further funding with MCFD to expand this program to all our communities.

As we move toward building supports to improve the lives of our citizens much has been done but much more needs to be completed. Building an agency charged with the responsibility of creating healthy pathways is not an easy task, especially with the obstacles that plagued our existence as indigenous people. The aftermath of Residential Schools and other assimilationist policies used by governments continues to create imbalance and disharmony between families, within our communities, and between nations. This is very apparent; especially when witnessing the closing of the Truth and Reconciliation Commission. Recommendations made by the commission are a start to repair the injustices faced by many of our Nations. I can state that both levels of government must create meaningful partnerships and start walking the healing journey with our people. The commission has made several recommendations including reducing the number of Aboriginal Children in care. This is an important recommendation for CSFS as we have always advocated for more culturally appropriate interventions. The number of First Nations Children in Care remains very high, higher than at the height of children being removed from their homes and taken to residential schools. The impacts remain costly for

our families and the economy. Many of our children are more prone to end up on the streets due to the dislocation from family and the cultural shock associated with the entire system of trying to keep children safe. Although legislation is designed to protect the most vulnerable children in society, systemic practices and policy has not provided the capacity and flexibility for First Nations Child and Family Services to provide quality and culturally appropriate care.

First Nations taking control over administrative arrangements is nothing new to CSFS member nations and for many other Nations in British Columbia. First Nations have managed the transfer of community-based health services and funding for over 25 years. Recently, the First Nations Health Council negotiated the transfer of Health Canada – First Nations and Inuit Health Branch and created the only First Nations Health Authority in Canada. I sincerely believe that our own leadership entities rather than government best manage control over resources that affect our daily lives. This places the decision, planning, design and creation of partners within our terms and priorities. The Provincial Government of British Columbia, specifically the BC Ministry of Children and Family Development must learn from this important development as it has not achieved the standards of quality and culturally appropriate services and restoring the dignity that our citizens deserve.

As we reflect and learn from the past we must keep continue to strive for community wellness. The approach to achieve community wellness will take all sectors to take up the challenge of upstream thinking. We need education, housing, and economic development initiatives to work in tandem to achieve results that will bring forth balance, harmony, respect, love and dignity for our generations today and for those not yet born. Working in silos and isolation has not worked for our people let alone the rest of Canadian society. Our plan at CSFS will be based on our work with our people and communities, using reports and statistics generated by our teams to plan for preventative programming. We encourage other agencies to help us re-build our communities to healthy vibrant Nations – working to create wellness together is a pathway moving forward.

Again, I thank all the individuals, organizations and our Nations in creating a strong agency that will continue to work on creating wellness together. CSFS continues to work at designing and enhancing new services and programs for healing and achieving wellness within our Nations.

Mussiah.
Warner Adam.

CELEBRATION



Mabel Louie
Executive Director of Health Services

Welcome to this year's AGA and the celebration of our 25th annual gathering as well as our Conference which will take place in the next few days.

The year has marked many changes including the one year mark of the successful transfer of nursing services to the Primary Care program. Following the nursing and home care program, health center operations were also transferred to Primary Care. In keeping with our Mental Health and Addictions Recovery evaluation, this program also saw a name change to the Health and Wellness program as well as some organizational changes within the program. We have also adjusted the NIHB (now called FNHB) staffing to increase services. And lastly we have expanded our Early Childhood Development programs which will provide optimal ECD services for our future generations.

Speaking of changes, I have also reflected on some notable changes within our administration dating back to our early inception of CSFS. We started with one huge Cell phone which we all shared mainly during Vancouver type trips- to now almost all programs having their own cell phones,

sharing two company vehicles for all developing programs, having one email account for everyone to share until our CFO researched options for greater email access and our CEO forced me to utilize a computer.

HEALTH AND WELLNESS PROGRAM:

Dr. Christina Dobson no longer manages the program and has moved changed positions to become the programs Senior Researcher and Advisor. Marilyn Janzen now manages the program and Gordon Prochwatta is the Practice Lead for the youth and adult clinicians and responsible for any Critical Response needs. Christina is currently dedicating her time to curriculum development for a wellness program that is funded by FNHA, training of staff, large scale critical response and researching best practices. Randall Brazzoni remains as ARP Team Lead and has added the Indian Residential School Support Program to complement his program. Currently the ARP program is exploring options for a year round site and seeking capital to build such.

CSFS FNHB:

The Medical Transportation Vehicle (MTV) has been added to FNHB servicing the remote communities of

Yekooche and Takla Lake. This service was intended to ensure that their community members can attend their physician or specialist appointments. After a few months in operation we continue to involve community to improve this service.

FNHA:

More work needs to take place with First Nations Health Authority (FNHA) so that we can collectively ensure we research nursing and health and wellness recruitment and retention issues.

TRAINING:

More emphasis this year will be geared to providing accredited training for member nations who wish to have drug and alcohol training.

AGREEMENTS:

We currently have a contract with NHA for a Patient Liaison Worker (PLW) that works out of the Prince George hospital. Since our PLW will be retiring soon, ongoing discussions will be taking place with NHA to come up with an acceptable succession plan.

SCHOLARSHIP:

Melanie Lebatch from Sai'kuz First Nations has graduated with her



Nursing degree in May of 2015; therefore we will have one scholarship available to our member nations to apply for.

ECD:

Child and Family Services staff and ECD staff collaborated and submitted proposals to MCFD for two successful grants which increased the ECD programming immensely. As we move towards stabilizing the staffing for the programs our future generation will surely see some improved outcomes in their health and wellbeing. Much work remains to be done as we strive to provide equal opportunities to our young ones in the Burns Lake area. Unfortunately because the Burns Lake area was largely serviced by the local branch of the College of New Caledonia and other organizations, our children continue to have different levels of service when it comes to ECD programming. The Best Beginnings program is a big step towards equalizing opportunities.

COMMUNITY HEALTH:

Implementing CHR and Receptionist meetings 3 times a year has helped in exchanging best practices as well as working towards a more cohesive health center staff in communities.

Health Centre Calendars have become a norm and helps with planning between programs.

I have attended the AHIC and or FNHA CEC meetings in Stellaquo, Sai'kuz and Burns Lake throughout the year and I encourage community health staff to attend the Community Enhancement Meetings when they are scheduled in your community, to listen to updates on First Nations Health Authority services and programs, NHA updates and of course all recommendations are welcome. CSFS area FNHA Community Engagement Coordinators are currently Rhoda Hallgren and Miranda Louie.

We have also partnered with Public Safety Canada through the Aboriginal safety team which supports community mobilization and safety planning process for communities in Canada. They support an integrated approach to community healing which addresses multiple community issues. This approach allows communities to take ownership of local issues/problems and potential solutions to improve safety of all communities, more specifically women and girls. Much thanks to Sandra Teegee from Takla who assisted with this partnership. To date, Takla

has completed their planning and Sai'kuz and Stellaquo will follow suit. Nadleh and Yekooche will begin their planning in September. Once planning for these communities has been completed, we hope to have a joint community exchange of plans and determine if we can work together on some areas.

In closing I would like to thank all the health staff and community health staff commitment to fulfilling the health and wellbeing needs of our communities. In reflecting back prior to the initial health transfer of 1998 we have all made great strides with our health programming. I would also like to acknowledge First Nations Inuit Health (FNIH) Yousef Ali and Sylvia Passmore who have assisted CSFS health during our many years of contract services for First Nations health. The stability of the positions they have held has benefitted our health programs. In transitioning to FNHA I look forward to developing new relationships for new and improved services.

Mabel Louie.



Aboriginal Supported Child Development

ASCD provides services Saik'uz, Nadleah, Stellaquo, Yekooche and Takla, Vanderhoof and Fraser Lake. We received additional funding in October 2014 to provide services to the Burns Lake area daycares. The program offers services to families with children 0-18 years old, who may have a disability, developmental delay or may be at risk for a developmental delay. ASCD can assist with supporting children in a childcare or home based setting. We offer consultation, developmental screenings & assessments, program supports, individual program planning, toy & equipment lending library and assistance to access community services and resources. We cover fine motor skills, speech delays, problem solving, attention control, behaviour management, physical activities, social skills, etc. Parenting programs such as: You Make the Connection Program; You make the Difference and the Nobody's Perfect Parenting program is available. We can deliver courses such as Positive Approaches to Behavior, Infant Massage, FASD courses, Parents as Literacy Supporters Program, and Moe the Mouse.

Early Years Center services Vanderhoof and Saikuz area. This is a place for families to come and see all the Early Years services that are offered in the district of Vanderhoof. Some of the services/programs we offer are:

GYM TIME:

Drop in group for children 0-6 and parents to have some gross motor play; at Sinkutview School every Friday after that from 3:30-4:30.

GETTING READY FOR KINDERGARTEN:

- Saikuz, Thurs., 9:00-11:30
- Neighbor link, Tue., 9:00-11:30
- W.L. School, Wed., 9:00-11:30

These programs have been running all school year and run similar to a preschool program.

The lending library operates from the Glad Tidings Church basement and is open Fridays for parents to come in and enjoy a snack, some free play with their child and to borrow the toys from the library. Parenting groups are also held throughout the year. The Early Years programs are free to families. We also provide service to children in Kindergarten who may need extra support, for families to access assessments etc.

The transition to kindergarten meetings with the school, parents, ASCD, and other service providers working with the child to set out a plan for the child to have a successful school year are valuable. Although we

began integrating culturally relevant programming which was very well received by communities, we were unable to continue this due to staff transferring to another program within health.

ASCD staff is knowledgeable in Infant Mental Health workshops, developmental courses, Infant Massage, assessment trainings and FASD training. A couple of our staff is taking their ECE training to enhance their knowledge in Child Development. Success by Six tables was a great contributor for funds for some of the daycares to purchase additional equipment.

ASCD is a part of the Autism and FASD assessments which has helped support our families through completing paper work, setting necessary appointments, and accessing transportation. For the coming year we will strive to emulate our success in the Vanderhoof district for the Burns Lake area as well as resuming culturally relevant programming.

Questions, concerns or referrals can be addressed by contacting the Vanderhoof office, Dawne Persson at 250 567-2900 or alternatively her cell at 250 524-0238

Early Childhood Development
Dawne Persson, Early Childhood
Development Team Lead

Best Beginnings Outreach Program



The ECD program's was greatly enhanced this year with the addition of the Best Beginnings Outreach Program (BBOP) which is an innovative program intended to reach children 0-6 years and their families with assessment, diagnosis, and early intervention services. Service area includes Yekooche, Takla, Saikuz, Nadleah, and Stellaquo, Burns Lake Band, Cheslatta Nation, Nee Tahi Buhn, Skin Tyee, Wetsuwet'en and Lake Babine Nation. It includes services from a Speech and Language Pathologist (SLP), Occupational Therapist (OT) and Infant Development Consultants (IDC).

One IDC is based out of Vanderhoof and one out of Burns Lake. We have been collaborating with the local Early Intervention teams in Vanderhoof and Burns Lake to ensure there is no overlap or gaps in services. The BBOP helps families to navigate the early developmental stages of their

children and the process of assessment, diagnosis and early intervention. IDC support the children and families with home visits, playgroups, parent education programs, support groups, parent connections, assisting family in planning activities that will encourage the optimum development of their child, and screening & assessment.

BBOP has been successful in delivering services to all of the communities. We have had a higher caseload in the Vanderhoof area, servicing over 70 clients with home visits as well as Speech and Language therapy and Occupational therapy. Burns Lake area has been a bit slower however our caseload is increasing and we are starting to connect with more families and community members. This case load will increase as we continue to

increase our ECD services in the Burns Lake area. Since we started in October 2014 we have delivered assessments and services to over 90 children in the area's we serve. We have also had to rely on contract services for S&LP and OT however we hope to hire full time staff soon.

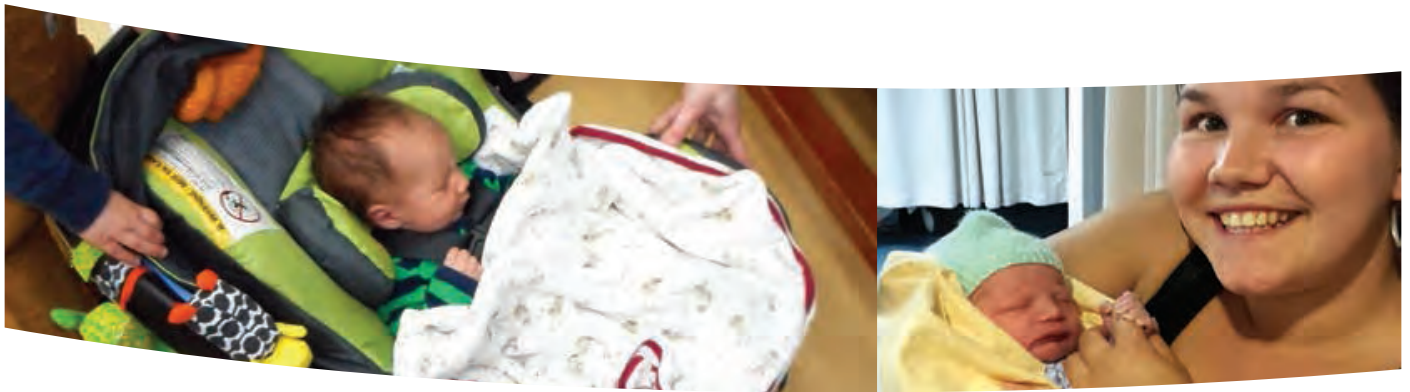
We would like to explore options to find a building in Vanderhoof where we could house all Early Years Services under one roof to make it easier for families to access. We may also explore for a similar Centre for the Burns Lake area communities if leadership so desires.



BBOP

CPNP

Canadian Prenatal Nutrition program



The Canadian Prenatal Nutrition program (CPNP) offers services to the Vanderhoof area. The CPNP serves all families who are expecting or those parenting babies less than 7 months of age. CPNP includes referral support from dietitians, nurses, family workers, and peers. We offer nutrition & prenatal counselling, breast feeding education & support, and referrals to other services. This is accomplished through drop in sessions; craft/cooking circles, home visits, and individual support. The program provides access to good food bags & meal bags. Monthly Community Kitchens are held in Takla, Yekooche, Nadleh and Stellaquo.

CPNP belongs to the perinatal committee in Vanderhoof. This has given us the chance to keep up on health changes as well as connect and collaborate with nurses and doctors. Participants receive home visits, working on nutritional cooking and information, budgeting and have been provided with transportation to appointments when necessary. We have success in gaining some grants from 'Success By Six' for purchasing resource items for diaper bags for participating families when their baby

is born. Moving forward we would like to add more educational opportunities for our clients as well as access additional funding to help provide services families more efficiently. Ideally we would like to have a similar program in the Burns Lake area.

Children's Oral Health Initiative



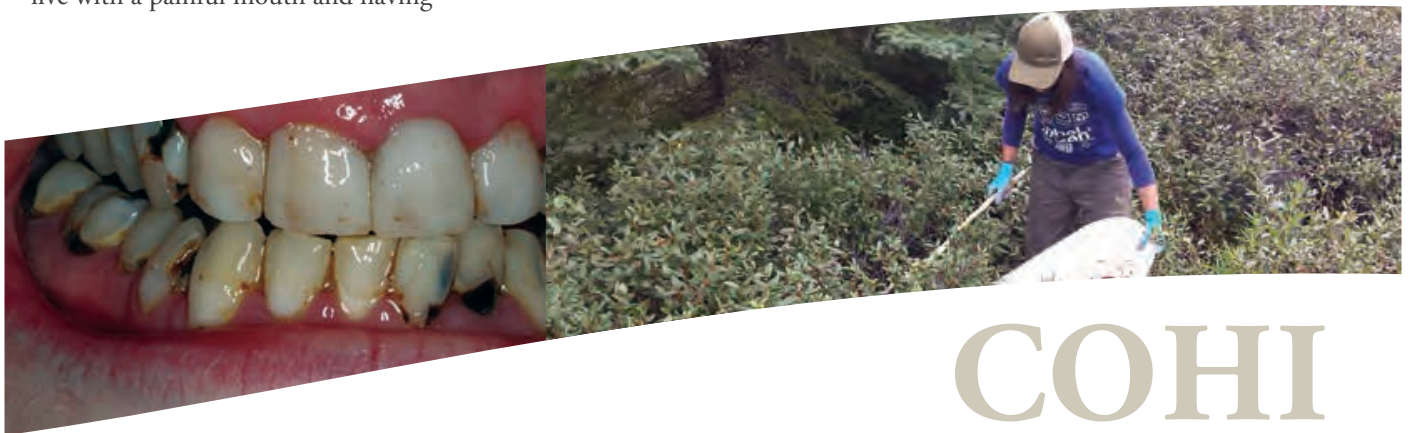
Children's Oral Health Initiative program (COHI) is offered in Nadleh and Stellaquo and promotes healthy teeth. Our COHI team consists of a dental hygienist, an aide, and a dental therapist. Families with children 0-7 years of age receive screening, oral health education, fluoride varnish, sealants and temporary fillings as well and provide toothbrushes, toothpaste and floss to keep teeth healthy. Our COHI aide received extensive and works independently in community. She can apply dental varnish, provide dental education.

We have had 89 children referred to us, 56 from Stellaquo and 33 from Nadleh. We were able to apply varnishing to 95% of these children. We have had many children referred to Pedodontist's for surgeries or basic extractions; which saved these children from having to live with a painful mouth and having

more problems in the future. Families have become more aware of cleaning procedures and basic education on oral health. Moving forward we will be working with a schedule that begins in September as opposed to an October start.

3M Dental Program provides teeth varnishing to Takla and Yekooche. Staff apply the dental varnishing's to all the children referred on a quarterly basis, education provided on an as needed basis and all participants received toothbrushes and toothpaste for every visit throughout the year. Some children received referrals to a dentist in Prince George for dental surgery. The program provides necessary resources & tools for children to learn and be able to implement preventative practices.

We had 30 from Yekooche and 45 from Takla these children were ages 0-19 years of age. We were able to apply four varnishing to 80% of the children referred. We hope to continue to reach children under the age of 19 and to be able to access funding so we can bring a dentist to communities.



COHI



Matthew Summerskill Mobile Diabetes Telemedicine Clinic

What is the Mobile Diabetes Telemedicine clinic?

The Mobile Diabetes Telemedicine Clinic (MDTC) is a health service that provides diabetic education, assessments, and support to First Nations living with diabetes. The diabetes clinic is run by Nurses with specialist knowledge and training in diabetes that travel/work across Northern BC and meet one-on-one with patients during diabetes clinics. During an appointment, one of our Nurses may assess the feet, eyes, and collect blood and urine samples that can tell us more about the health of organs most often affected by diabetes. We also help patients to understand, or work through, certain aspects of their diabetes. At the end of each

appointment, patients are given a copy of their results, and a report is sent to their primary care provider with the details of our visit. Patients across Northern BC have benefited from these services for many years.

PAST YEARS HIGHLIGHTS:

The diabetes clinic services approximately 50 First Nations communities in North-Central BC, with CSFS representing 11 of these. We tend to service communities furthest from our Prince George office (e.g., Nisga'a, Kitkatla, Tsay Keh Dene and so forth) during the non-winter months, and seek to provide clinics closer to home during the winter months. In CSFS communities, we held diabetes clinics on the Southside, Stellar'en, Nadlah Whut'en, Wet'suwet'en, Saikuz, Lake Babine Nation, and Takla and attended a number of health fairs and screening events in these communities as well as others.

THE MOBILE DIABETES CLINIC HAS:

- Recruited and trained Nurses to deliver our specialized services. One full time and three casual Nurses have been recruited in the past 1.5 years, and all have remained with us. This is essential to our ability to deliver services.
- Conducted follow-up calls with well over half of the patients we saw at our clinics and the feedback from patients was positive. This was a new initiative for us. Follow-up occurred predominantly over the phone.
- Researched and obtained funding for a retinal (eye camera) that does not require dilation drops; thus, allowing people who do not like drops to still have an retinal exam, which is very important in diabetes care.



- Sought out and explored more holistic approaches to health that enhance our program, and better serve the needs of our people.
- Worked more closely with local professionals (for instance Nurses and Nurse Practitioners). This is part of our job as advocates for people with diabetes, and we will continue to seek and build upon these relationships in the coming year.
- Formed a partnership with an Optometrist based out of Prince George, instead of Vancouver, which is a part of our vision to connect people with professionals closer to their home communities.

COMING YEAR:

Our goals in the coming months are to continue our work in providing people with comprehensive diabetes assessments, working with patients and health care professionals to separate

diabetes truths from myths, and working to provide more consistent services to all communities. In the coming year, we plan to:

- Continue to coordinate and deliver mobile diabetes clinics to First Nations communities.
- Launch more intensive follow-up with patients, for instance, through follow-up calls and in-person visits.
- Continue to reach out to communities where we know the needs are great.
- Continue to explore and incorporate more traditional aspects of First Nations medicines/ knowledge through the people we meet, and in how we ask and respond to questions during our clinics.

- Build new, and expand upon, regional partnerships with local health professionals.
- Implement an effective charting/ documenting system that is entirely electronic, via a system that is not reliant on internet connectivity. Currently our system relies on the internet, which leads us to duplicate work.

I would like to again, thank and acknowledge the commitment of Mabel Louie, Executive Director of Health Services and CEO Warner Adam, for their vision and wisdom. We look forward to working with all of the people in our communities to promote the health and well-being of member First Nations.



June McMullen Aboriginal Patient Liaison Program

The Aboriginal Patient Liaison Program (APL) was created to promote a positive healing environment for all First Nations at University Hospital of Northern British Columbia (UHNBC). My name is June McMullen, I am originally from Nak'azdli and mother clan is LHT'MUSYOO. Married with three grown three children, two daughters and a son, three grandchildren and a very special great grandson whom Utsoo Cho call Chuz (snowflake) legend behind this name.

SUMMARY OF WORKPLAN:

A work plan is difficult to be able to put together in this position due to the fact day by day and year to year it is hard to set goals of any kind as things change so fast at the hospital so basically all I write is the general duties that is ongoing such as; on a daily bases I work hard to increase cultural competency teaching to Medical Staff and Allied Services to ensure the best medical care is given to First Nations patients. My goal is to become a stronger team player in this position (which is an important factor) to promote a positive healing environment. The most difficult task is to ensure good quality health care to address inequalities needs identified and have them addressed. The difficult issues to address are the phone calls I

receive of how they are being treated on evening and weekends, I have asked them to put in writing which never happen as they are afraid of the backlash of it.

Aboriginal Patient Liaison Workers (APLW) provides services to Aboriginal patients at University Hospital of Northern British Columbia (UHNBC) from vast geographic regions such as North East, North West, North, South, as far as New Brunswick also the Off Reserve in Prince George area. APLW also provides services to the Metis. The Northern Health Authority provides service to approximately 289,000 of which self-identify as Aboriginal 52,000. APLW provides support to aboriginal persons utilizing UHNBC through advocate within the hospital and referral processes. Its purpose is to provide a communication linkage between the patient, family, community and health care provider, assisting the care team with health care and discharge planning. Provides non-clinical services and is an adjunct to health care staff. The program goal is to improve access and ensure the First Nations patients' health care experience is culturally safe and inclusive. Program aims to ensure the First Nations patient understands the hospital cultural processes and health care staff understands the unique needs of the First Nations patient. Referrals are accepted from the following: self, family, health care provider, social worker, acute and community service provider.

The APLW also provides ongoing advocacy only and support for increased First Nations Health Authority (FNHA) services in extenuating circumstances. At this point, assisting patient escorts travel and accommodation is becoming nil and void according to FNHB policy and procedure which I have shared in the pass when it was NIHB and now nothing has changed. This is causing the health care staff and APLW/ Social Worker to bear the burden of working with family members who are already under a great deal of stress and are now having to deal with having no place to stay. This provides fuel to an already unpleasant situation for all who are involved. Most often in these situations, the Social Workers and APLW are only able to provide practical support and act as a communication link between the hospital and the patient's family. This is also often the case when working with Métis patients and families because of the gap in services provided to this population. Another function of the APLW is to assist with acute care discharge planning to ensure continuity of care for the patient by acting as a liaison between the hospital staff and on-reserve Home and Community Care, which is improving. The APLW provides ongoing support and teaching in regards to health, safety and wellness even with the unique challenges and obstacles related to living in poverty are address.

'Awetza
June McMullen, BA
Aboriginal Patient Liaison Worker

Gord Poshwatta Health and Wellness Program



The integrated Health and Wellness Program is delivered by our multi-disciplinary team in reserve communities and to off-reserve member First Nations in Prince George, Vanderhoof, and Burns Lake. This program provides access to professional Mental Health Clinicians and Addiction Workers who provide a full spectrum of holistic, culturally appropriate counselling services for individuals, families and groups. We collaborate with traditional healers and knowledge holders to provide culturally appropriate services.

COMMUNITY MENTAL HEALTH

When member communities choose to be a part of this service, a qualified Therapist comes into community for a specified number of days and hours each week. Community Therapist's work with Community Wellness Workers to provide psychosocial education and direct counselling services.

ADDICTIONS RECOVERY

During the summer months (from May to October), we offer residential treatment on Nadleh Whut'en territory. This program offers cultural healing

combined with Western therapies. During the winter months (November to April), our team visits member communities by request, and offers educational and support services with a focus on addiction, and one or two week treatment programs. This service is a great example of the integration of Tradition and Western treatment strategies, which is reflective of our program's vision statement: 'Culture is Healing.' The Addictions Recovery service is accredited by Accreditation Canada.

COUNSELING FOR CHILDREN & FAMILIES

This service has Counselors that work with children and their families that are experiencing severe challenges. Sometimes parents and children fight, children stop going to school, or start using a lot of drugs and need helping working through these challenges. Our Counselors work in all 15 Carrier Communities with offices in Vanderhoof, Fort St. James and Burns Lake.

NATIONAL NATIVE ALCOHOL & DRUG ABUSE MENTORSHIP PROGRAM

The objective of this service is to support the community in establishing and delivering culturally relevant, community based programs aimed at reducing substance misuse. Communities have a NNADP Worker who can provide referrals and assist community members in accessing applicable services.

CRITICAL INCIDENT STRESS MANAGEMENT

This service is designed to help communities manage the stress response associated with a critical incident. We provide a two day certification training to prepare staff and natural helpers in responding to an incident. All members of our team are trained in Critical Incident Stress Management (CISM) and can provide on scene support to member Bands.



FNHB



First Nation Health Benefits

CSFS has entered into a contribution agreement with First Nation Health Authority to administer First Nation Health Benefits (FNHB). It has now since changed to First Nations Health Authority effective October 1, 2013. FNHB program is categorized into two departments. On Reserve Travel handles the CSFS Member Bands that travel beyond Prince George. The On Reserve Clerk also handles all of the Medical Travel Assistance for Takla Lake First Nation and Yekooche First Nation. Each of the CSFS member bands issue out their own local travel and are reimbursed via Band Month Ends sent to FNHB; Wet'suwet'en, Burns Lake, Cheslatta, Nadleh, Stellar'en, Saikuz, Skin Tyee and Nee Tahi Buhn.

The Off Reserve Travel Clerk issues out travel to those that live within the following area: Clients living Off-Reserve in Prince George, north as far as Mackenzie, east as far as Valemont, South as far as Quesnel, West as far as Smithers and all points in between.

GOALS:

It is the ultimate goal of FNHB Department and CSFS Membership Bands to go paperless. FNHB is working towards gaining more vendors between Prince George to Vancouver for fuel, accommodation, meals. We are also looking at increasing our Vendors in Vancouver and surrounding area. In obtaining new Vendors, it is the goal of FNHB staff to

visit the Local Hospitals, APLW, hotels in order to better liaison for our clients medical travel needs.

FNHB will be planning local trips within CSFS Communities to see firsthand the challenges of the North. This will include the outlining areas of the Off-Reserve catchment area.

CHALLENGES:

FNHB challenges for going paperless are, vendors do not have the technology or capability to receive purchase orders for clients. Internally, FNHB would have to consider using electronic signature for authorization. This will include the ability to have the Purchase Orders electronically signed; currently it is not set up.

FNHB Client Responsibility is an ongoing challenge. It is the client's responsibility to give the FNHB department 5-10 days' notice for travel when a cheque or flight is required. Faxing in all necessary documentation such as, doctor referrals, appointment confirmations, and escort documentation if necessary will speed up the process of eligibility. Lastly, client's need to have their confirmation of attendance submitted as soon as possible to ensure that the file can be closed off and there is no delay for future travel arrangements.

Vancouver is a tourism hot spot and securing accommodations is problematic. Peak seasons, sport events and major concerts,

conventions interfere with arranging accommodations that extend over 4 days.

ACHIEVEMENTS:

FNHB is encouraging Clients to fill out the CSFS Direct Deposit Form for travel advance & reimbursements. To date, this has been success and lessens the clients' time in receiving payments.

The MTV Program for the communities of Takla & Yekooche is in the trial stage and being utilized by the Membership, schedules are based on a rotation of one week per community. Remember the first step is to complete a green sheet, please see your Patient Travel Clerk or CHR.

If you are cancelling an appointment please contact CSFS FNHB at 1-866-567-2333 or phone the MTV phone at 250-570-9432.

In closing, the CSFS FNHB department would like to thank all on reserve travel clerks for dedication to the FNHB program and to their clients.

STAFF:

Lorna Peter,
FNHB On-Reserve Travel Clerk

Marjorie Boyes,
FNHB Off-Reserve Clerk

Sheila Alexander,
On-Call NIHB Travel Clerk

David Alexander, MTV Driver



Charlotte Alfred Special Projects Report

Health Agreements Renewal for this fiscal year includes six communities who have renewed their agreement; one band renewal will expire next year, which leaves three communities who have not signed their agreements. Most of the communities are up to date with their monthly reports, financial reports and their grant reports.

After each fiscal year (March 31) Annual reports are sent to the community workers to complete, this allows for CSFS Health plans to review your program plans on what worked well in the community and what didn't work. Presently three communities have completed and submitted their Annual Reports. This helps us determine if we have to work with you to amend your health plans.

Most of my job is to liaise between community band managers, financial workers or community workers with CSFS directors, program managers or finance department. A large part of this liaison is receiving and reading the monthly reports. This allows CSFS to follow up on items that are reported. For example, a community worker may need grief and loss workshop within their community. I then send this request to Executive Director of Health Services (EDHS) and she sends this request to the appropriate person who can assist with presenting a grief and loss workshop. I encourage the community workers to continue stating concerns or

recommendations for your community on the monthly reports. Your community reports are also rolled up in the monthly overall Health report which is distributed to the CSFS Board and staff.

Assisting with the development of the Medical Transportation Vehicle for Takla Lake First Nation and Yekooche First Nation which was an enjoyable experience. The main goal was to assist both community members to get to their medical appointments and come up with an appropriate schedule that fit the needs of the community.

I assisted with two successful proposals for the health programs, one was for the extension of the Early Childhood Development program and the other was for renovating the Vanderhoof Office. With the Vanderhoof Office the main goal is to provide wheelchair accessibility and baby change tables. The estimated date for completion of this project is January 2016.

I assisted with the Accreditation process by scheduling and attending meeting with the programs, most of my involvement was to gather program policies. The accreditation meeting were informative. One must really read the requirement to understand what is needed.

I assisted with the CSFS Conference, attended committee meetings and sent out grants or subsidy letters for other First Nations communities within the Northern Region who can apply for subsidy funds to send their community members.

I assist the Human Resources Department and Payroll with letters of offers and contact information. I also assist with administrative staff supervision, training the health administrative assistant and exploring efficiencies within our office setting.

I attend Health Manager's, health staff, CHR and Health Centre Receptionist Meetings every three months.

Moving forward I will continue to be involved in our Accreditation process, applying for grants as necessary, and delegating more of my current responsibilities to the Administrative assistant so that I may spend more time with communities that may require my help with reporting or proposal writing. I will also be overseeing the renovation project.

Charlotte Alfred.

RESPONSIBILITY



Mary Teegee, Executive Director Child and Family Services

Chiefs, Elected Leaders and Nation Members,

As Executive Director of Child and Family Services, I have been honoured with the responsibility of overseeing the child and family services program which includes providing guardianship duties for children in care, resource (foster home) services, family preservation services, life skills training, youth services, Soup Bus services and the Highway of Tears initiative.

Throughout the years in my role as Executive Director of Child and Family Services, with the support of the CSFS Board, our CEO and the Executive team, we have been able to enhance our services to better meet the needs of our Nations. Over the past years we have been successful in developing and delivering the Walk Tall Youth program, the Highway of Tears Initiative which includes safety and awareness activities and advocacy and support. We have strengthened the Family Support and Preservation programs by including the Maternal Child Health component. We have recruited and retained amazing staff and have increased services and activities both off and on reserve. I would like to thank my team of dedicated staff, without you these vital programs would not take place. Musi.

Carrier Sekani Family Services (CSFS) was established twenty five years ago with a mandate to have Carrier Sekani people assume responsibility

for health, justice and child and family services. Since then, CSFS has grown and developed to meet the needs of the Nations we serve. In developing programs and services, leadership and staff are keenly aware that all we do for our nations is directly related to overcoming the legacy of colonization, specifically the legacy of residential schools.

The historic closing event of the Truth and Reconciliation process occurred in Ottawa in June. This ceremonial event marked the culmination of six years of residential school hearings. From all the testimonies and information that the Truth and Reconciliation Commission (TRC) gathered, they concluded that there were 94 calls to action to “Redress the legacy of residential schools and advance the process of Canadian reconciliation”. The first recommendation of the TRC Calls to Action was regarding children in care.

“We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care...”

We know that due to impacts of residential school, there has been a weakening of our culture, language and our family and social structures. The legacy of residential schools has left us today with the highest rates of children in care being Aboriginal. In the north region of BC, approximately 80 percent of children in care are Aboriginal.

This past year I have been the northern representative on the MCFD and Delegated Agency Partnership Executive Team. Unfortunately, the colonial mindset still prevails within MCFD. Although we are supposed to work together, collaborate and be “partners”, key decisions that directly impact our children and families are still being made with very little or no First Nation input.

It has been difficult working with MCFD to make systemic change when they have had a revolving door of Ministers, Deputy Ministers, Assistant Deputy Ministers and Managers. In the hopes of First Nations having a voice in decision making and making fundamental change, I have participated in the development and implementation of the Aboriginal Practice and Policy Framework. The intent of the framework is to:

Ensure an integrated, coordinated and collaborative approach for the planning and implementation of policies and practices that affect First Nations, Métis and Inuit children, youth and families.

Establish a process for MCFD to improve information-sharing on policy and practice, including supporting alignment with MCFD’s Integrated Policy Framework and priorities. To support equity and the inclusion of First Nations, Métis and Inuit perspectives in policy development and implementation.

Support the inclusion of cultural learnings in policy and practice.



Over the last few years CSFS assisted in bringing First Nation northern Chiefs together to develop the Northern First Nations Child and Family Council (NFNCFC). The intent of this Council is to work towards the transfer of authority of child and family services from the province to First Nations utilizing the path already established by the First Nation Health Council. In order to overcome the legacy of residential school and work towards the TRC Call for Action number one recommendation to reduce the children in care, First Nations must have the authority to make fundamental decisions regarding the welfare of their children and families. The northern council of Chiefs had agreed to take on this work to establish a northern First Nations entity to take care of our children and families in a culturally strong manner. Unfortunately the funding was cut by MCFD to continue this work. I am committed to ensuring this very important work continues as we can no longer entrust the welfare of our children and families to the provincial government.

In 2007, the Caring Society and the Assembly of First Nations filed a human rights complaint against the Federal government, alleging that Canada's failure to provide equitable and culturally based child welfare services to First Nations children on-reserve amounts to discrimination on the basis of race and ethnic origin. After several unsuccessful efforts by the Federal government to have the case dismissed on legal technicalities, a hearing on the complaint began on February 25, 2013 at the Canadian Human Rights Tribunal and was completed on October 24, 2014. We are now waiting for a ruling.

On a national level, the Federal Government still hasn't provided BC with prevention dollars for child and family services. Currently, we receive very few funds to provide prevention services on reserve. The Delegated agencies are still funded through the outdated Directive 20-1 funding

model. This model was developed in 1989 and since then, there have been no substantial changes or significant increases to the formula. CSFS is actively involved in ensuring that BC receives these much needed prevention dollars.

We know that a direct impact of residential school is also linked to the disproportionate number of Aboriginal girls and women whom are missing and murdered. The TRC Call for Action number 41 states "to appoint a public inquiry into the causes of, and remedies for, the victimization of Aboriginal women and girls".

This past year I was appointed as Co-Chair of the Ministers Advisory Council on Aboriginal Women. Through this advisory body I have been able to ensure that First Nations



COMMUNITY



have a voice in government initiatives. Most recently, a draft of the Violence Free BC strategic plan was provided to us, however I recommended that there be a specific Aboriginal strategy that includes culture, community realities and our way of being. I also worked as a Steering Committee member to organize the BC Justice Summit.

The Justice Summit occurs annually and provides recommendations to strengthen justice services. This year's theme is "Better Response to Violence against Women". The Summit is a closed invitation event with 80 people from the justice community and leaders in attendance. This year I have strongly recommended that they include an accountability framework in the initiative and that there be a First Nations specific Justice Summit held annually.

The Highway of Tears documentary produced and directed by Finesse Films, Matt Smiley in partnership with CSFS has now been viewed in many major cities across Canada. The documentary has won several film festival awards and has received many good reviews. The documentary has been valuable in educating Canadians about not only the Highway of Tears but also the systemic issues of why Aboriginal girls and women are vulnerable. The documentary clearly links the legacy of residential school with the victimization of Aboriginal girls and women.

In light of the TRC Calls for Action, I am hopeful that there will be fundamental changes made to better the lives of First Nations. I am hopeful that we can mark this time as a new beginning for our nations; I am hopeful that we all start healing from the legacy of colonization. The calls for action are not just for Canada, the calls for action are also for us as First Nations. First and foremost, we must take responsibility for ourselves, for our families, and for our nations. We must act now to take responsibility for our own legacy.

Twenty five years ago leaders and elders of our Carrier Sekani Nations made a decision that they wanted to better the lives of their people. They were no longer going to sit idly by and watch our children being removed from their communities. They were tired of seeing the devastating effect of residential school plague our nations. Twenty five years ago these leaders and elders took action and established Carrier Sekani Family Services to take "direct responsibilities for health, social and legal services". Since then, CSFS has grown to be one of the best organizations in Canada because of the vision those past leaders and elders had. Most of the twenty five years, Warner Adam and Mabel Louie have been at the helm as the guiders and protectors of the vision and mission of CSFS. We could not have achieved as much as we have without strong leadership. I would like to thank them both for giving so much of their lives to better the lives of others. I would also like to

acknowledge and thank all the past and current CSFS Board members for your guidance and support. Musi.

When I first started at CSFS eleven years ago, I was fortunate to work with the Healing Our Healers Elders and also with our youth. In a forum I organized for Elders and youth of our communities to discuss challenges in our communities and to work together to come up with solution, I asked a question of all the youth. I asked the youth what they dreamt. The youth answered they dreamt of becoming rich, of becoming a doctor, of becoming a rock star, a lawyer, etc. I think it is only appropriate in this day of new beginnings to leave you with the answer from a thirteen year old boy from one of our nations.

"I dream of a day when I only have to read about the impacts of residential school, not have to live it"

The Call for Action for all of us is to make this day a reality.

With much love and respect,
Mary Teegee, Executive Director
Child and Family Services

Highway of Tears

This has been an incredible year for the Highway of Tears Initiative. Having a staff of three has helped to keep the momentum going from the past year and increase the amount of communities visited and positive connections being made.

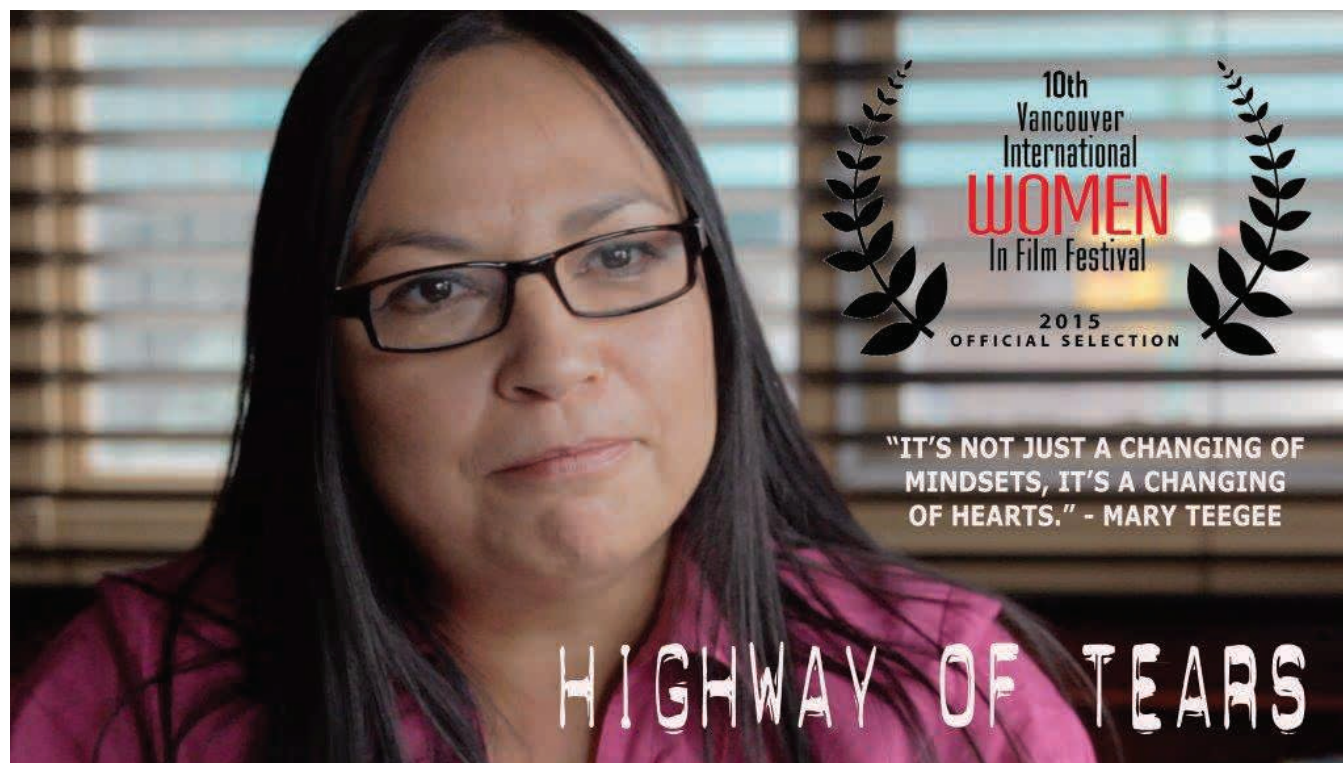
At the beginning of the fiscal year, we received funding from the Department of Justice which allowed us to hire a new Initiative Coordinator. Most of the funding was for the development of a training workshop for first responders in First Nations communities. We presented this training in three communities with very positive feedback. Other communities have requested it since the completion of the project. The remaining funding was to assist the families involved in a high-profile murder trial taking place in Prince George. The families were able to access these funds to offset the travel costs to attend the three-month

long trial. We also received a grant from Status of Women Canada for a two-year project addressing sexual violence in communities. The project is well underway and has involved partnerships being made, a needs assessment and the development of a collaboration strategy.

One of the biggest successes of the past year has been the media campaign. This began two years ago with the development of the Highway of Tears website and continued throughout this year. We were able to work with CKPG TV and radio to develop the "IT's Not OK" campaign. We have had a lot of positive feedback from community members regarding the strong messaging used in the public services announcements. CFNR also developed radio ads that have been playing regularly throughout northern BC. They also gave us the amazing

opportunity to have our ads played during the All Native Basketball Tournament in Prince Rupert. Our logo was on display and the ads were played during the half-time shows at the tournament.

The Highway of Tears documentary continues to be screened locally, nationally and internationally and has garnered a lot of well-deserved attention. The film has won three "Best Documentary" awards at film festivals in Canada and the United States. Request for screenings happen almost on a weekly basis. CSFS is proud to be an executive producer for the film and we look forward to sharing it in educational settings in the near future.



WITH CARE



Resources and Guardianship

QUALITY SERVICE & DEVELOPMENT MANAGER

The Quality Service & Development Manager provides leadership, support and clinical supervision to the delegated social work staff, the family preservation/maternal child health and the family empowerment program. She works directly with five supervisors, 18 front-line workers, and two administrative team assistants to evaluate, monitor, and promote effective service delivery to community members.

In the past year we have implemented new information management systems to increase accountability, transparency, and to meet our funding and legislative program requirements. We have continued to collaborate with communities to increase the opportunities for children in care to connect and build relationships with people from their communities. We are actively recruiting more respite homes and caregivers who live in community.

Many of the people we work with have experienced trauma. This year Susan Armstrong facilitated trauma information workshops for our staff to increase their skill in day-to-day work.

Our delegated social work programs successfully completed an external practice audit in June 2015. The auditors noted that the social workers

did a great job building relationships with the children in care, developing care plans with the children, their birth family, and community members.

PRINCE GEORGE GUARDIANSHIP

The Prince George Guardianship Team consists of three Guardianship Social Workers, one Administration Support Worker, and one Guardianship Team Leader.

Currently the PG Guardianship team is working with 47 Child Service Files. The communities that the children in care belong to are: Saik'uz First Nation, Burns Lake Band, Lake Babine Nation, Takla Lake First Nation, Yekooche First Nation, Nadleh Whut'en, Cheslatta Carrier Nation, Stellat'en First Nation, and Nee Tahi Buhn Band.

We are processing one adoption to provide long term stability and permanency for the child. This is very exciting for the family and child in care. It is our goal to return the child to family, or community, or with a family that the biological parent/s and band support as a long term home for the child.

We have a bi-weekly drumming group for our Carrier children in care. Bruce Allan and guest elders teach the drumming group. The children enjoy singing and drumming their traditional songs and love to hear the elders speak of their wisdom of the meaning of the songs.

The Prince George guardianship team will continue to collaborate with the Carrier communities to find ways to support connections by helping the children and youth to attend more events in their home communities.

VANDERHOOF INTEGRATED SERVICES

This year we hired an additional Resource worker and one staff returned from leave.

Two Social Workers completed their delegation training through the Indigenous Perspectives Society and will now be working on their field guide to complete their C4 delegation.

We have had one youth age out who is attending post-secondary studies. The other children and youth are involved in extracurricular activities in addition to their regular school studies.

Since February, the Family Preservation/Maternal Child Health staff is supervised by Cathy Scott. Our staff, along with children in care, attended community Christmas parties in Saik'uz, Nadleh Whut'en, and Cheslatta Carrier Nation. Staff attended the winter games in Burns Lake. We are looking forward to the upcoming year with more events to be attended in community.



BURNS LAKE INTEGRATED SERVICES TEAM

The Burns Lake Team had a few changes to staffing in the last year. Britnie McKnight left her Guardianship role and moved to Kamloops. Cheyanne Murray is the new integrated social worker in the Burns Lake office. Cheyanne went to delegation training and now is a delegated social worker. Jennifer Foucault, Resource worker in Burns Lake also left and moved to Kamloops. Vivian Vanderpool has been filling in for resources. Wilf Plasway started as a casual reception last November.

Last December the Burns Lake Child and Family office had to move to a new location. We moved to #8-870 Hwy 16. Our new location is right beside Kal-Tire. We have the nurses and doctors in our new location providing services to the member nation bands; Kathrine King is one of the new nurses who is providing health services out of our building.

In the last year the Burns Lake team has hosted several events, Mother Day BBQ, Father Day BBQ, Children in Care BBQ, Foster parent appreciation, Christmas celebration, and Our Dreams Matter walk. We look forward to serving the community in 2015-2016!

RESOURCES

The resource team has been busy this year providing support and education for our foster parents. We held several "Lunch and Learn" sessions and offered several full-day workshops on trauma, first aid, non-violent crisis intervention, residential school, 7 grandfathers. The resource team is working with the Federation of Foster Parents to facilitate the pre-service orientation course.

We held a camp in Takla last summer with 39 people including staff, foster parents and children. We are planning to have a culture camp this July for caregivers and children.

As a way to continue to improve our services we are focused on increasing cultural capacity for staff and caregivers. Our home studies are concentrated on caregivers who fit one of the following criteria: have aboriginal ancestry, able to accept youth ages 10-19 years old (as this is where we have the most need) or live in one of the 11 CSFS Nations.





Family Support Program

The Family Support Program (FSP) has a long history of supporting to the well-being of children, youth and families experiencing child protection interventions. Through individual and groups FSP services allow for children, youth and families to improve their support network and develop their ability to manage the challenges of today's society.

The overall goals of the Family Support Program (FSP) include: for families to have access to culturally relevant risk reduction programming, family enhancement supports, skill development resources, peer

support, reduction of child protection interventions and removals, improved transition and/or reunification outcomes for children and youth in-care.

We currently provide one on one support to approximately 100 families per month. The staff also facilitates 11 groups per week. These groups include: Girl and Boys group, Teen Group, Men's and Women's Group, Healthier You, Toddler Group, Future Leaders, Safe Home through the Ages and Stages, Family Fun Night and several Parenting Groups.

We have completed 2 internal audits and all the Family Support and Family Empowerment files meet CSFS standards. We continue to work with the Accreditation team to ensure that all Family Support and Family Empowerment client files meet accreditation standards. In the coming year we plan to complete a program evaluation to determine gaps in service and implement programming (individual and group) to close the gaps.



Family Empowerment Program

The Family Empowerment Program provides services for children and youth in-care to enable them to have continued connection to family, extended family and community. Our services include visitation supervision, mentoring services and transportation supports. The Family Empowerment Workers (FEW) provide non-intrusive skill development supports during supervised access times. FEW staff model, intervene and re-direct to ensure the safety of the child(ren) and their parents/caregivers.

The overall goals of the Family Empowerment Program are to ensure the safety and wellbeing of the children and youth in-care throughout the visit, to engage families in positive activities, encourage and model positive parent/child interaction, to provide ongoing opportunities for learning and skills enhancement throughout the visits, and to provide safe transportation for children and youth in-care to and from specified visit locations.

Community Linkages

The Community Linkages (Soup Bus) Program has served the homeless and at-risk homeless population of Prince George since 2002. Staff identifies and distribute available resources/referrals in Prince George to the homeless population at the Active Support Against Poverty (ASAP) shelter and the Carney Hill Neighborhood Centre. The purpose is to assist the clientele to move toward self-sustainability (i.e. housing, health, parenting, alcohol and drug (A&D) counselling, life skills, program information and referrals).

This past year Soup Bus served 9,600 nutritious meals to the homeless population at the Active Support Against Poverty (ASAP) shelter and over 4, 800 unprepared nutritious foods to the at-risk homeless population at the Carney Hill Neighborhood Centre (CHNC). The Soup Bus currently provides nutritious food at the ASAP shelter four (4) times / week (Monday- Thursday) during dinner time (5:30-6:00PM).

In the upcoming year we are seeking alternate funding to continue to

provide Community Linkage services to the homeless an at-risk population in Prince George.

We want to reduce the number of First Nations homeless and at-risk homeless in Prince George. This will be accomplished by the following:

- Increase the knowledge and awareness of available resources in Prince George to the homeless and at-risk population;
- Increase knowledge and awareness of homelessness programs in Prince George to the homeless and at-risk population;
- Increase number of First Nations homeless and at-risk population moving away from shelters and 'couch surfing' to allow clientele to become self-reliant;
- Increase the number of homeless and at-risk homeless population in receiving nutritious foods.

FAMILY EMPOWERMENT PROGRAM 2014 - 2015

2014	Supervision Hours	Transportation Hours	Report Writing	Total Hours
April	751.5	7		758.5
May	762.25	8		770.25
June	681	3.5		684.5
July	779.25	12		791.25
August	693.75	11	68.5	773.25
Sept	828	13	77	919
October	673	13.5	76.5	763.
Nov	639.75	40.75	60.5	741.00
Dec	609.25	42.25	71.5	747.75
2015	Supervision Hours	Transportation Hours	Report Writing	Total Hours
January	648.25	25		
Feb	653	13	74.5	740.5
March	760	27	81.5	868.5

LEADERSHIP

Prince George Bridging to Employment Program



Our Bridging to Employment program is one of the longest running and successful First Nations Employment programs in the Prince George area. The purpose of our program is to teach healthy living strategies, enhance communication skills and assist people to deal with issues in their lives that are barriers to employment. Participants are given the opportunity enhance the skills learned while in the nine week program through on the job training and a one week work placement in an industry of their choice.

We continue to recognize our participants in a Bah'lats style celebration. This teaching style feast and honouring celebration has grown in the past year to include participants from other programs and is a cultural

teaching tool for CSFS staff and foster families. Hereditary Chief Paige French from Takla is very knowledgeable and has provided knowledge about the traditional clan and Bah'lats system to the invited guests. There is a strong interest in incorporating the Honouring system with our other Carrier Sekani Family Services' programs.

In the past year we have incorporated a leadership portion to our programming where students take the skills that they have learned including problem-solving, team work, communication, and goal setting and develop a project that will benefit others. Student gain an increased sense of accomplishment by giving back to the community through this project. We aim to expand

on leadership skills training for our future 2015-2016 bridging cohorts.

Over the past 2013/ 2014 year we honoured 28 individuals who successfully completed the Bridging Program. Of these, seven were able to secure full or part time employment as soon as the program was completed and 21 were linked in with other service providers to help them achieve their goals. Many decided to go back to school and pursue new career choices. Through a great deal of self-exploration students are made aware of the vast choices they can make on their career paths. We are grateful to PGNAETA and the UAWG who have faithfully supported Carrier Sekani Family Services to deliver this vital program for over 15 years.





Burns Lake Bridging to Employment Program

The Burns Lake Bridging to Employment program was funded temporarily by the Ministry of Advanced Education. Two cohorts of students took the life skills and employment training from fall 2014 to spring 2015. The objectives of the program included teaching our students life and workplace skill education to ensure they have the tools to live healthy and self-sustaining employment. We were very proud to have 20 students complete the program! Students received certificates in WHIMIS, First Aid, FirstHost, Serving it Right and FOODSAFE. Hereditary chiefs and cultural knowledge holders shared knowledge around traditional values, language teachings and bah'lats protocols.

Our program followed the unique model of First Nations employment programming developed by our Prince George program. Students learned in ways that are relevant to indigenous learning models and included experiential learning, and reflective practices. Cultural relevancy was built into the program at its core; all of the teachings are related to the eight Carrier values. In addition to this, students in the program had the opportunity to build and maintain healthy relationships with their classmates. These informal supports are intended to help students to maintain life changes by ensuring that healthy friends are available when they are needed. Finally, the program had vast community linkages to other support programs, and as needed, students were referred to other programs and services such as counselling, employment supply support, continuing education etc. as needed to reach personal goals.

We are working hard to secure funding to continue this very successful and much needed program in the Burns Lake area in 2015-2016!

The 'Bridging to Employment' program for me was an amazing experience. I met some new friends, learned a lot, received certificates, and of course had fun! I enjoyed "Carrier word of the day" and our graduation potlatch was interesting to experience. I gained a lot from this program. I have more confidence in myself and have a great support group with my fellow participants.

- Kerry Alec

This program gave me my life back. I had never been a part of anything or anyone like this in my life. I met my significant other in the program and I got to spend a lot of time with my son. I am able to talk to my parents now cos the life skills taught me things I never knew. John, our facilitator, talked to me the way no one ever did, not even my parents. This program opened my eyes

in more ways so I could stay sober and not have to depend on drugs to get me through. Don't know where I'd be now if it wasn't for this program. I'd recommend it to everyone I know, especially the troubled ones cos this is what they need, like I did.

-Joshua Prince

The bridging program is very important for our youth and our people because we need to learn what we can to take charge of our own land and our own destiny. It is very important for our way of life that our kids learn these new ways and also learn our ways through the potlatch system and the bridging program helps to do that.

It has been my pleasure to take part in the graduation of the students. I am very proud they are working towards something in their lives so they can get off welfare and take care of their own families. We need more programs like this.

-Damien Pierre

BALANCE



Family Preservation and Maternal Child Health

It has been a very busy year for the Family Preservation/ Maternal Child Health team. We collaborate with the Community Health Nurse, Community Health Rep and the Mental Health teams of CSFS to bring quality programming and services to each community.

As a team, we strive to meet the needs of our communities and support families in finding a balance of Mental, Spiritual, Emotional, Physical wellbeing. We work closely with Barby Skaling, our CSFS Cultural program coordinator to nurture our families and strengthen their connection with traditional teachings. We support families to strengthen their effective communication skills and strategies. We also facilitate the work shop "Growing Great Kids" to reinforce the family unit and give practical parenting skills.

We are busy developing the following new programs in communities:

SAIK'U

- All Around the Kitchen Table
- Girls' Group
- Three Generations of Teachings

BURNS LAKE

- Fathers First
- Women's Group

SOUTHSIDE

- Health and Wellness

TAKLA

- Growing Great Kids
- Women's Group

YEKOOCHÉ

- Growing Great Kids

STAFF:

Cathy Scott, Team Lead

Verna West, Family Empowerment

John Patrick, Lake Babine Nation

Leila Nooski, Nadleh Whut'en,
Stellat'en First Nation

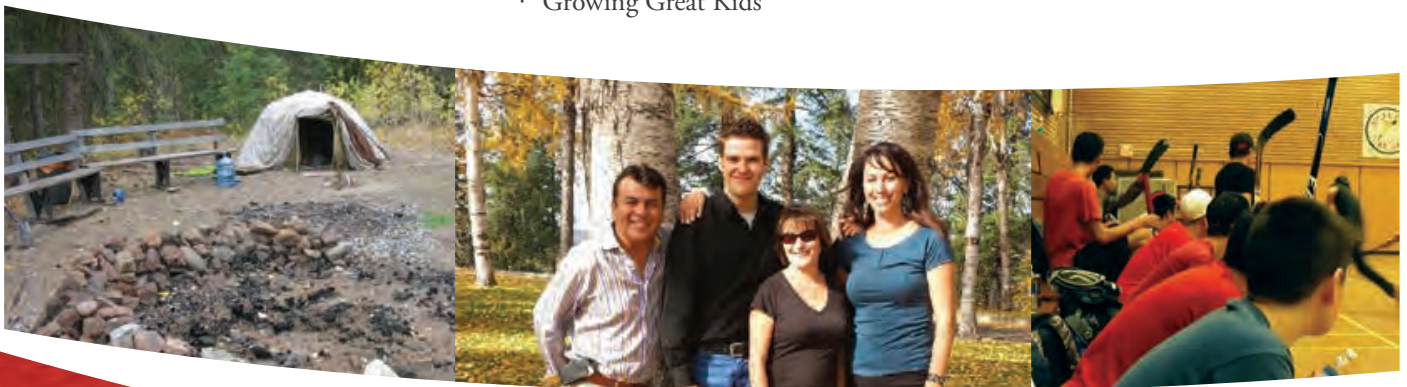
Cheryl Vandelaar, Saik'uz First Nation

Bonnie Jack, Southside

Flora Abraham, Takla Lake First
Nation

Darlene Reed, Yekooche First Nation,
Saik'uz First Nation

Wanda Morin, Wet'suwet'en, Burns
Lake Band





Wall Talk Youth Services

The Youth Services Department is the result of a series of Carrier Sekani Family Services Youth Forums including input from many of our Carrier communities. Walk Tall was the first program established using the direct feedback from the youth involved in these forums. The Walk Tall Program provides a unique, culturally competent approach to prevention and intervention when working with Aboriginal youth. Youth receive gender specific programming to meet the different needs of males and females and ensures safety while in the Walk Tall program.

This year the Prince George Walk Tall Program had one of its most successful years to date with regards to program attendance. The youth in the program provide their friends, teachers, and families with lots of positive feedback which keeps the program at capacity. Throughout the

year the youth participated in many different projects and activities. They continued to participate in the second phase of the Cuystwi Pilot Project and assisted with the creation of videos for the project website. Many of the youth attended the annual culture camps last summer. The girls spent a week at Ootsa Lake learning the process of soap berry picking, cleaning and canning. The boys were at Donald's Landing for a smoky week in August where they processed salmon, learned traditional hunting skills and picked huckleberries. Other activities that youth involved in were volunteering at the Canada Winter Games, attending the Gathering Our Voices Youth Conference and wilderness survival training.

The Burns Lake Walk Tall Program was able to start girl's programming this year. We had Burns Lake youth attend our Winter Wellness Games, culture camps, workshops and other events. Now that weekly programming has begun the girls have been doing cultural crafts, financial literacy, safety training, recreational activities and art projects.



CREATING



Dr. Travis Holyk, Executive Director Research, Primary Care and Strategic Services

CSFS' 25th anniversary marks an excellent opportunity to celebrate our beginnings and imagine our future. The growth of the agency, and the diversity of the programs established over a 25 year period, suggests that where the agency will be in 2040 is limitless. Reflecting on my time at CSFS, when I first started as a Policy and Program Development Officer over twelve years ago, my first daughter was under one year old and is now thirteen and my second daughter was born while I was working for CSFS and is now eleven. Today, the programs I oversee as Executive Director Research, Primary Care and Strategic Services have increased to include Primary Care, Home and Community Care, Information Technology, Health Center maintenance, Family Justice, Intensive Family Preservation and Research and Evaluation.

Family Justice is a long standing program that, while it continues

to be successful, we are reviewing to determine how services can best meet the needs of community. Intensive Family Preservation has been in existence for one year and we continue to build referrals and have been successful in keeping children in imminent risk of removal with their family. For more information on Family Justice and Intensive Family Preservation please review the reports submitted by Renee Gomes and Jennifer Scott.

CSFS has become very dependent on Information Technology and we rely less on paper each day. To ensure our network remains secure and efficient we completed an assessment of our current state and continue to make network updates. In the past year we have added videoconferencing in the Southside clinic, added Dr. Skrenes to our network, and upgraded the internet at most of our clinics and CSFS offices. These upgrades will

improve videoconferencing quality and speed up data transfer within our electronic medical record. In combination with infrastructure upgrades, we have also been updating internal privacy policy and procedures and have partnered with Northern Health on an information sharing agreement. We have plans in the upcoming year to work with FNHA to replace aging IT equipment within our network in order to ensure that the system does not fail.

The past year in primary care was focused on understanding our services in order to adapt and improve care delivery. Some of the areas we worked on included:

- Revising Primary Care job descriptions
- Updating Physician contracts
- Recruiting permanent Nursing Positions in Takla





- Realigning Home Care to fit within the Primary Care strategic plan
- Working to standardize clinic supplies and equipment
- Hiring of a Nursing Manager to increase coordination of health services and support community health nurses who have been impacted by development of primary care
- Partnering with UNBC/UBC to provide physiotherapy services

Our number of Physician and Nurse Practitioner visits increased by nearly 2000 visits in one year rising from 3897 visits last year to 5729 visits from April 1, 2014 to March 31, 2015. With a full complement of Physicians those numbers should now remain consistent.

The focus of this year will be further development of a vision of care, using information contained in our electronic medical record and patient discussions to aid with understanding of care needs. Specifically some of the things we hope to accomplish include:

- Communicating health data quarterly to various audiences including staff, the CSFS Board and our member First Nations
- Interviewing patients
- Revising community plans and aligning them with data and staff/ community goals
- Ongoing training in data management
- Improving integrated service delivery
- Improving privacy and auditing procedures
- Updating Home Care and remote nursing policies and procedures
- Successfully completing accreditation

Within the research department we continue to build partnerships in research as well as carry out our own research and evaluations. The goal of the research department this year will be to systematically assess programs and provide reports, and possibly journal articles, on the efficacy of health and social programs.

Mussi Cho and congratulations on 25 years of creating wellness together.

Dr. Travis Holyk

WELLNESS

TEAMWORK

Primary Health Care Team

It is an honour to report to you as the Nurse Manager for the Primary Health Care Team. Almost 30 years ago I started working with Health Canada in Takla Landing as the first full time Nurse. I lived and worked in Takla, providing community health nursing services for over 5 years. I then worked in Woyenne Health Centre in Burns Lake for another 2 years, and was responsible for the health programmes for seven CSFS communities.

Over the years, I have maintained professional and personal relationships with many community members and I am very familiar with the health needs, challenges and priorities of each community.

Hadih to everyone and mussi cho for welcoming me back as part of the integrated, interdisciplinary health team providing services to eleven CSFS communities. The team includes Nurse

Practitioners, Community Health Nurses, Registered Care Aides, Medical Office Assistants and Physicians.

Over the next year, I will continue meeting and collaborating with internal and external stakeholders to assist in the development of specific community Health and Wellness Plans. Another important part of my position is to monitor and analyze the quality of nursing care, including all categories from Nurse Practitioner, Community Health Nurses and Registered Care Aides, to support initiatives that offer best practices and enhanced quality of holistic health care to all.

I am pleased to be part of the exciting and innovative work already started at CSFS including telemedicine and electronic patient charting (MOIS) and

will provide leadership and direction to the nursing team to promote best practices for clinical care through the ongoing development and evaluation of appropriate processes that promote multi-disciplinary implementation and consultation.

In closing, I would like to acknowledge the dedication and collective work of the Primary Health Care Team and all CSFS employees towards achieving our shared vision of healthy families and communities.

In Wellness,
Judith Sandford





Information Management and Information Technology

Carrier Sekani Family Services (CSFS) is proactively integrating information technologies and systems into the evolution of health and social services. Today, technology is a major part of all health and social services, and our Information Management and Information Technology (IMIT) team manages those technologies. The CSFS IMIT team is responsible for the maintenance and support of 20 Servers (Physical and Virtual), 41 printers, and approximately 270 desktops and laptops. In addition, our team is also responsible for supporting more than 200 staff and community members who utilizes the technologies; however, the most significant responsibility for our IMIT team is managing the information transfer between the 16 geographically separate CSFS offices and health centres.

CSFS IMIT manages the information and data transfer between the offices and health centres via a Wide Area Network (WAN), securing and ensuring the reliable performance of the WAN continues to be our major priorities. The major advantage of having a CSFS WAN is that it is a private business network, one which cannot be accessed from the Internet. In addition, because it is a private network, the Quality of Service (QoS) is highly customizable. Thus, the IMIT has the ability to customize the QoS of our WAN so that certain applications (i.e. Telehealth or MOIS) get priority for bandwidth usage.

While we have had the CSFS WAN in operation for several years, during the past year our team has worked on several key upgrades to the CSFS network. The main purpose of these upgrades has been to improve patient/client access to services, as well as improve the security of patient/client information. In coordination with Telus, we have significantly upgraded bandwidth for offices and health centres within our Wide Area Network. More specifically, all but two sites within the CSFS Wide Area Network have been upgraded to Fibre Optic MPLS layer 3 VPN connections. Not only is the upgraded network faster and more stable, but the security of the network continues to meet some of the highest industry standards.

Technologies and applications designed to ensure secure information management are continually being upgraded or developed, and the IMIT team is always researching how best to utilize such technologies. In order to greatly increase the secure use and collection of client/patient information, this past year we deployed the Microsoft RemoteApp. This software helps to mitigate the risk of unauthorized access to sensitive client/patient information should a laptop or mobile device become missing or stolen. Staff is able to remotely access the application on laptops

and other mobile devices; however, the applications and any sensitive information collected are never stored on employee devices.

Each member of the CSFS IMIT team appreciates the opportunity to be a part of an organization that is committed to providing the highest quality care and services to patients and clients. In the coming year we will continue to: support staff and community members using CSFS devices; manage the data transfer between the offices and health centres via a Wide Area Network (WAN); as well as research how best to utilize new and evolving technology. The IMIT team believes that in this way we can best help staff to enhance services and programs, and work with communities to create wellness together.

IMIT

FACILITATION



Family Justice Program

The Family Justice Program has been running since 2006 and offers a variety of facilitated meetings that encourage families to come together and create plans for their children in the event of Ministry for Children and Family Development (MCFD) involvement or to address family/community concerns.

In the fall of 2014 Cathie Hemeon joined CSFS, from Nezul Be Hunyeh Child and Family Services. Cathie works with the CSFS Guardianship Social Workers in coordinating and facilitating Family Group Conferences (FGC) for each child with a focus on meeting the requirements of a Comprehensive Plan of Care. We continue to offer Prevention Meetings, Family Group Conferences, Youth Transitioning Conferences, Family Case Planning Conferences, and Parent Teen Mediations.

Our staff has changed in the last year, with Dianna Mould leaving us to pursue other adventures. We are excited to welcome Jaylene Bourdon to our team. Jaylene is a skilled facilitator and mediator and is a welcomed addition to our team.

In the fall of 2014 our facilitators were trained in Motivational Interviewing and in keeping with the Accreditation standards, in the Spring of 2015 we received Crisis Intervention Training (CPI) which focuses on positive crisis interventions.

We have been successful in reaching our goals from the previous year:

- To increase services by adding a 4th Family Justice Facilitator position to our program, dedicated solely to Carrier Sekani families to work with Carrier Sekani Social Workers and focus on building Comprehensive Plans of Care
- To continue the professional development of all our coordinators through training
- To continue taking part in Health Fairs and other avenues to promote awareness of our program and the services we offer to community members and service providers

Our goals for the coming year are:

- To continue to build our reporting data base to ensure easy and comprehensive statistical reports for CSFS and MCFD
- To communication with MCFD to discuss ways that our program may be utilized to fill some gaps where services are slowed down or nonexistent due to lack of information
- To continue to train our facilitators to keep them at the forefront of trends and knowledge in facilitation and mediation

STAFF:

Pauline Gregg, Family Justice Facilitator, Parent Teen Mediator

Cathy Hemeon, Family Justice – CPOC-FGC Facilitator

Jaylene Bourdon, Family Justice Facilitator

Renee Gomes, Collaborative Practice Lead, Facilitator



Intensive Family Preservation Services

CSFS Intensive Family Preservation Services (IFPS) is an in home crisis intervention and family counselling program designed to keep children and families safe, preventing unnecessary out of home placement of children and is funded through MCFD's Aboriginal Service Initiatives Program. The IFPS program is based on a model of IFPS called Homebuilders. Created in 1974 in Seattle, Washington, the Homebuilders program is now being used by agencies all over the world.

This program was designed specifically for families with children who are at an imminent risk of placement outside the home. Referrals are accepted 24 hours a day, 7 days a week. Our clinicians meet with families as soon as possible, and no later than 24 hours after the referral is received.

Our IFPS clinicians and supervisor are available to families 24 hours a day, 7 days a week. We use a variety

of counselling approaches (e.g., motivational interviewing, cognitive-behavioral strategies, and parenting skills training) tailored to each family's unique needs. Our clinicians will work with families in their home or in the community at times that are convenient for them.

Our clinicians will work directly with families approximately 8-10 hours per week for four to six weeks depending on the family's needs and goals. We will also work with clients to connect them with other supportive services that will help meet their family's needs. When services have concluded, families have the option of taking part in a booster session with their clinician to help maintain the progress they have made.

The CSFS IFPS began accepting files in August 2014. From August 2014 to the end of May 2015 the IFPS program has worked with 36 children

who were at immediate risk of removal at the time of referral. Of those 36 children, 27 children have remained with their parent/s after completing the IFPS program. Three children have gone to family members and six have been placed in foster care. Two children entered MCFD care via Voluntary Care Agreements and four children via removal.

The first goal of the IFPS program for the next fiscal year is to continue to show a strong need for the IFPS program, and more importantly to continue to prevent the removal of children from their parents' home. The second goal of the IFPS program is to expand the program to have an IFPS Clinician who would work out of the Vanderhoof office and provide service to Vanderhoof, Fraser Lake, Fort Fraser, Fort St. James, Saik'uz First Nation, Stellat'en First Nation and Nadleh Whu'ten; services are currently offered in the Prince George area.



IFPS

ACCREDITATION



Commission on Accreditation of Rehabilitation Facilities

CSFS is looking forward to hosting its first accreditation survey in the fall of 2015!

In 2012, CSFS chose the Commission on Accreditation of Rehabilitation Facilities (CARF) to accredit CSFS. CARF is a worldwide agency that takes input from employees, employers and clients and develops high quality program standards which are put into place at organizations around the world. CARF accredited agencies are internationally recognized for their success and CSFS will be on that list in 2015!

Accreditation activities have been in full swing in 2015:

- Beginning in January each program going through accreditation went through an internal file audit. Each program received 1-3 recommendations on how to improve their files; this has been a huge success and we will continue to do internal file audits throughout the year.
- The updated CSFS APM was released on May 1, 2015
- In May of 2015 CSFS hosted their Mock Accreditation survey. Overall CSFS did very well and is ready to go through her first accreditation survey in the fall of 2015.
- CSFS successfully submitted her Intent to Survey to CARF on May 29, 2015. This guarantees that our full accreditation survey will take place in the fall of 2015.
- Frontline staff has taken part in Non-Violent Crisis Intervention training which focuses on positive interventions and de-escalation techniques.





Winter Games and Wellness Challenge

Musih to all participants and organizers for making this family event a success!

The First Nations Health Authority kindly provided funding for the CSFS Winter Games and Wellness Challenge. The games were held on the traditional territory of the Stellat'en First Nation, Lake Babine Nation, and Burns Lake Band.

The Games had over 100 athletes from preschool all the way to elder-age participate in snow-shoeing, floor hockey and ice hockey. CSFS also held a community dinner for 300 and handed out between 50 and 90 backpacks filled with wellness information focused on young families.

The floor hockey tournament was played with great enthusiasm by our youth. CSFS provided the snow shoes with two event-goes each winning a pair to keep. The ice hockey tournament was for adults and we had both men and women participate this year. There was a range of skills on the ice and everyone had fun.



STRATEGY



Marlaena Mann, Director Communications, Public Relations and Projects

Hadih! I am pleased to provide a report on the new Communications efforts that have been taking place over the past year. Work on a communications strategy commenced last fall, with an overarching goal to increase internal and external communications within Carrier Sekani Family Services. To inform the formation of an updated strategy, a survey was completed to see what kinds of information people wanted, and through which avenues. From this preliminary work, an updated strategy was completed and implemented. It is our vision to improve the effectiveness and transparency of communications through our strategy to help CSFS and our partners create wellness together!

The communications strategy includes providing information to our various stakeholders through multiple communications outlets. The first of these was our Goozih Du'stlus newsletter, which is sent out via email near the end of each month, and was implemented in February of 2015. Work commenced shortly thereafter on increasing messaging and interaction through social media including our Carrier Sekani Family Services Facebook page, YouTube channel and Twitter account. Thus far, our number of followers has increased dramatically and systems have been implemented to regularly post up-to-date information. The next phase of the strategy is to add a printed quarterly newsletter which will increase our communications reach to include individuals who may not have access to the internet.

Another project taken on within the communications strategy is the formation of a new 'tagline' or 'slogan,' as well as developing new CSFS branding imagery. CSFS staff participated in a tagline formation contest. The entries were used to develop our new tagline, 'creating wellness together,' which nicely exemplifies the goal of the agency and our member Nations to work together to create wellness for our communities. To accompany our new tagline, we hired a graphics design company to complete some new branding imagery which incorporates the art of birch bark basket making into the overall design. It is our goal to have the imagery ready for all of our visual materials including posters, website, banners, business stationary and presentations in time for the AGA.

Additional communications related goals for the next year include to further clarify key messaging and engagement within our various communication outlets for the next year. Central to this plan is the development of a new CSFS website, which will be outfitted with our updated branding imagery, and will be integrated with all of our social media outlets. With collaboration from the IT team, the new CSFS website will be much more interactive, with improved clarity of messaging, easier navigation and access to multiple media messaging avenues including imbedded YouTube videos. Our goal is to use the new website to enable more knowledge translation of available CSFS services, initiatives, and community best practices.

Projects which have been underway during the past year include the CSFS staff Culture Curriculum and Training in partnership with Barby Skaling. It has been a long time goal of CSFS to ensure that all staff members receive thorough culture training inclusive of in classroom instruction, written manual and hands on learning through attendance at cultural events. Although some cultural training has been implemented in the past, it was felt that a more thorough and comprehensive training was needed to ensure staff are best able to support families. By the end of the 2015/2016 fiscal year, it is our goal to have every CSFS staff trained using the new manual, and attending cultural events hosted within our Member Nations.

The Prince George Integration building project involves multiple locations around the Prince George area, relocating to best meet the strategic goals of the agency, and to best serve our urban dwelling clients. We have hired a consultant to explore options to move our corporate and finance office to a location on Lheidli T'enneh land. This move will support our efforts to recruit and retain status First Nations staff in a competitive human resources market. Additionally, we plan to move all front line services to one location which is accessible to our clients. This move will involve the sale of our 3rd Avenue location and the incorporation of a new building to house all of our front line programs. Working together in close proximity will support staff working across multiple disciplines to provide integrated wrap around services.



Emma Palmantier, Coalition Chair Northern BC First Nations HIV/AIDS Coalition

I want to first of all acknowledge the traditional land owners – the Lheidli people where we are conducting our business. On behalf of the Northern BC First Nations HIV/AIDS Coalition we are pleased to announce on June 1st, 2015 we celebrated our 10th anniversary since the organization has been formed and mandated by the Chiefs of Northern BC. We would also like to acknowledge the Chair as being the longest standing Chair who celebrates her 9th year with the organization and Colette Plasway the longest as Program Coordinator for 6 years.

For the past year I have been negotiating with the First Nations Health Authority, Northern Health and the Ministry of Health to continue to receive funding for the organization regardless of the cuts to the HIV programs. The Program Coordinator was able to access additional funding from Northern Health's 'Imagine' Grant which was used to host a North East Youth Forum in Fort St. John and conduct a final planning meeting for the Healthy Sexuality Kit – an action item remaining from the Community Engagement Project.

As President of the National Canadian Aboriginal AIDS Network (CAAN) and BC Representative I have been advocating for a Northern Aboriginal Person living with HIV/AIDS (APHA) Forum and have been successful. Although this year it will be in Vancouver, I feel that we need to have our own forum in the North as our people have many issues that are outstanding and needs the attention of the two main governments – First Nations Health Authority and the Ministry of Health.

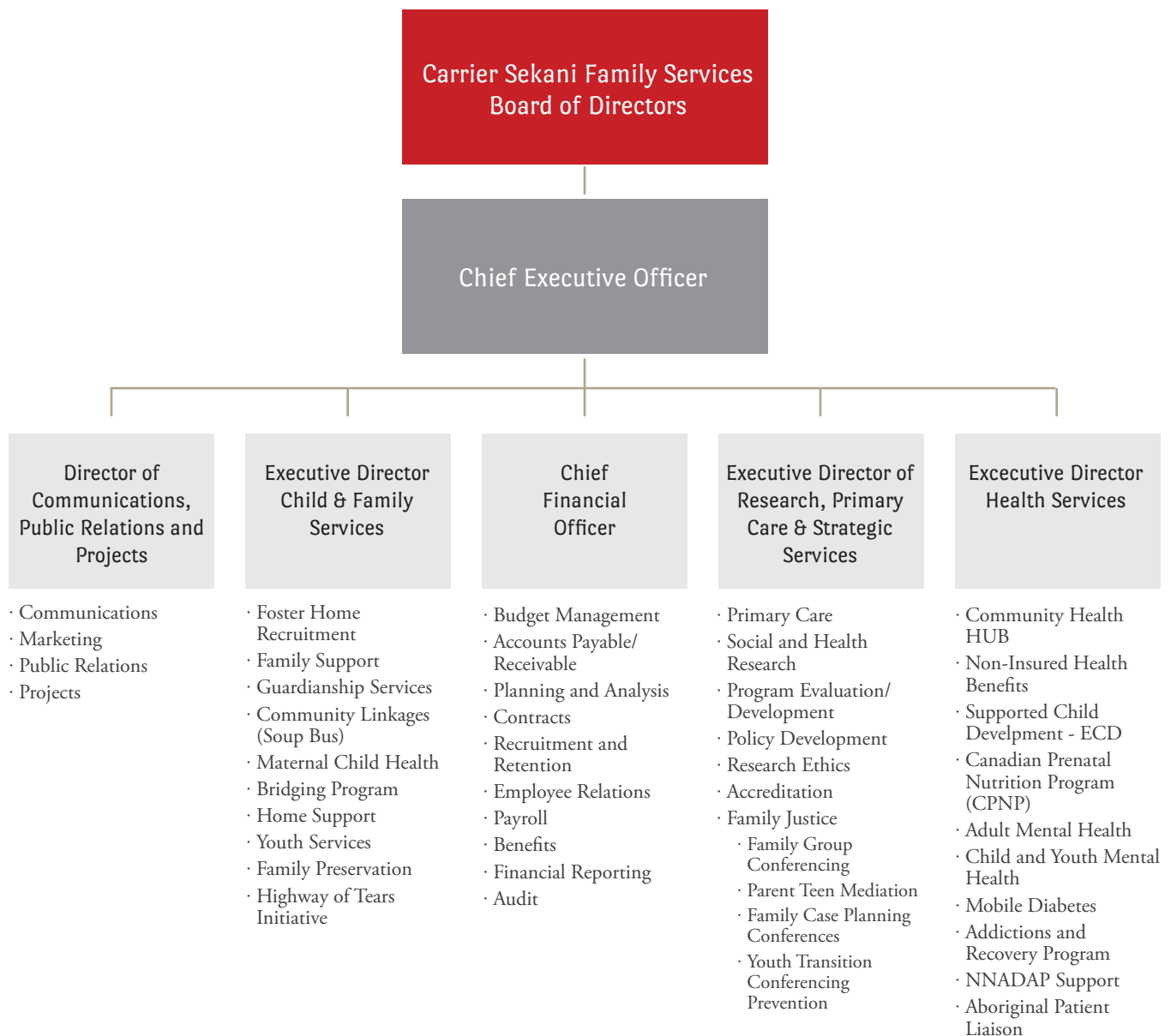
For the past year we have been out in the communities as mandated by the Chiefs through the various health fairs, providing HIV/AIDS training in the communities, of special notice to Haida Gwaii where we provided training to all the high school students in Masset and Queen Charlotte Secondary School. We would like to thank our Educator Julius Okpodi, who has been with us for the past two years and has accepted a position with the Northern Health Mental Health

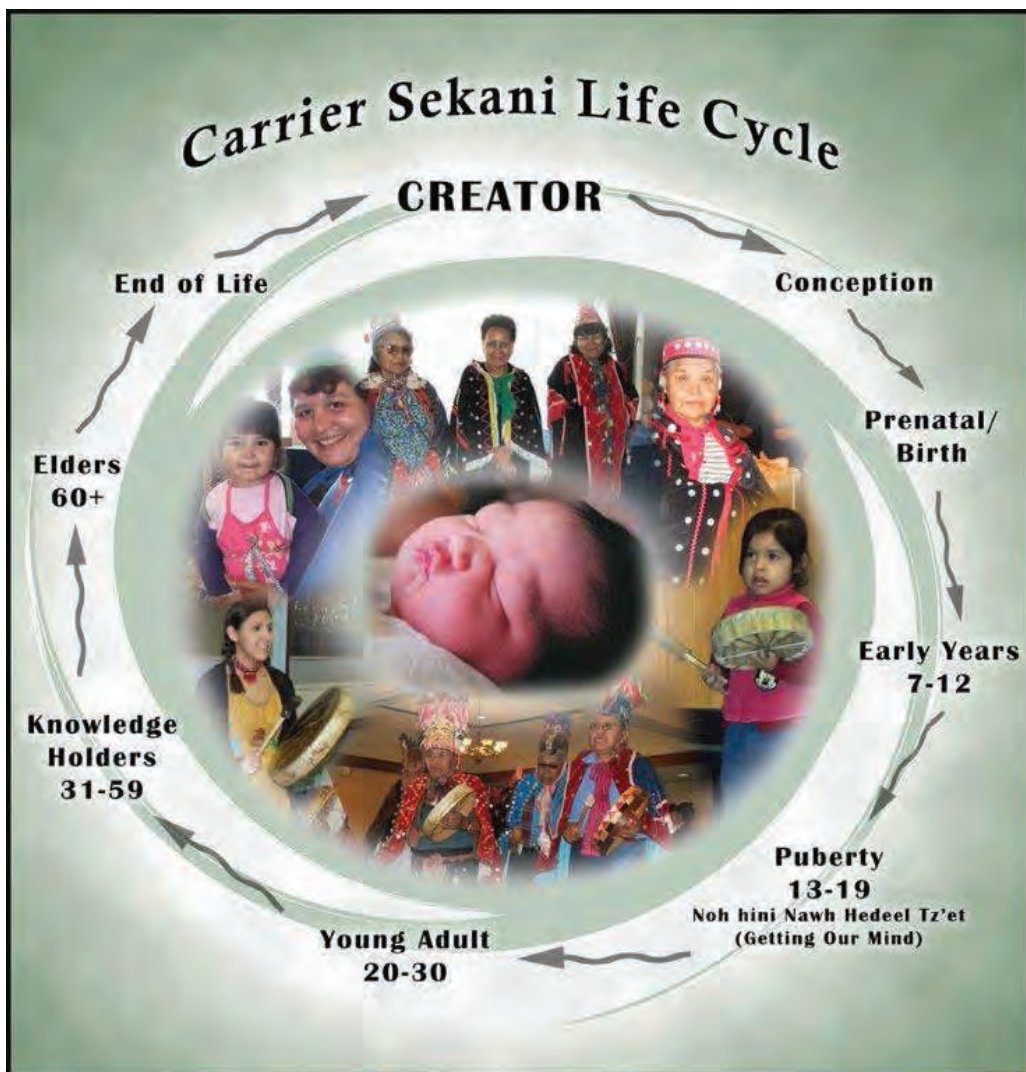
Team. We have since hired our new Educator, Chigozie Udamaga whose experience is with Health Research and Management and is married to a physician. And we have also hired our new Administrative Assistant straight out of CNC's Applied Business Technology Program – Lisa Alec.

Musi.



Organization Chart







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INDEPENDENT AUDITORS' REPORT

To the Members of Carrier Sekani Family Services Society

We have audited the accompanying financial statements of Carrier Sekani Family Services Society, which comprise the statement of financial position as at March 31, 2015, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising 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 accounting standards for not-for-profit organizations, 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 our 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, we consider 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 in our audit 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 Carrier Sekani Family Services Society as at March 31, 2015, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

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Report on Other Legislative Requirements

As required by the Society Act (British Columbia), we report that, in our opinion, the accounting principles in the Canadian accounting standards for not-for-profit organizations have been applied on a consistent basis.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements of the Society taken as a whole. The supplementary information included in the Schedules is presented for purposes of additional analysis and is not a required part of the financial statements. Such supplementary information has been subjected to the auditing procedures applied in the audit of the financial statements and, in our opinion, is fairly stated in all material respects in relation to the financial statements taken as a whole.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, flowing style. Below the signature is a single horizontal line.

Chartered Accountants

July 3, 2015

Prince George, Canada



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Financial Position

March 31, 2015, with comparative information for 2014

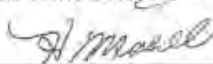
	2015	2014
Assets		
Current assets:		
Cash	\$ 3,005,712	\$ 1,990,871
Accounts receivable	634,250	1,226,896
Sales tax receivable	33,034	35,540
Prepaid expenses	44,761	49,928
	<u>3,717,757</u>	<u>3,302,235</u>
Tangible capital assets (note 2)	2,798,894	3,019,927
Restricted cash	151,606	150,000
	<u>\$ 6,668,257</u>	<u>\$ 6,472,162</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 1,003,864	\$ 1,237,683
Wages payable (note 3)	506,796	647,771
Deferred contributions (note 4)	638,524	206,887
	<u>2,147,184</u>	<u>2,092,341</u>
Net assets:		
Investment in tangible capital assets	2,798,894	3,019,927
Unrestricted surplus	1,572,179	1,209,894
Internally restricted (note 5)	150,000	150,000
	<u>4,521,073</u>	<u>4,379,821</u>
Commitment (note 7)		
	<u>\$ 6,668,257</u>	<u>\$ 6,472,162</u>

See accompanying notes to financial statements.

On behalf of the Board:

 Director

 Director



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Operations

Year ended March 31, 2015, with comparative information for 2014

	2015	2014
Revenue (note 8)	\$ 22,704,567	\$ 20,659,602
Expenditures:		
Advertising	42,167	39,161
Amortization of tangible capital assets	765,601	816,642
Annual general assembly	22,829	26,961
Band contracts	1,788,647	1,897,563
Catering	61,912	72,635
Consulting fees	657,327	359,884
Contingency	13,651	86,609
Cultural events	36,842	88,657
Equipment leasing	19,987	3,148
Evaluations	12,000	73,550
Exceptional costs	77,639	6,119
Fostering	5,346,965	4,857,256
Honorarium	88,983	56,753
Insurance	143,770	135,974
Interest charges	11,396	15,336
Materials and supplies	859,184	749,458
Medical travel	924,450	835,703
Meetings	163,160	158,781
Memberships	27,865	10,357
Mental health	56,556	53,570
Moveable capital asset reserve	-	6,247
Office and general	202,187	217,641
Prenatal	41,789	52,807
Professional fees	16,774	18,583
Rent	240,836	259,524
Repairs and maintenance	294,457	292,321
Respite care	124,521	124,260
Salaries and benefits	8,683,927	7,705,833
Strengthening our families	6,251	8,109
Telephone	367,538	366,865
Traditional healing	18,593	13,268
Training	265,554	231,638
Travel	1,006,587	1,084,178
Utilities	173,370	188,579
	22,563,315	20,914,050
Excess (deficiency) of revenues over expenditures	\$ 141,252	\$ (254,448)

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Changes in Net Assets

Year ended March 31, 2015, with comparative information for 2014

	Investment in Tangible Capital Assets	Unrestricted Surplus	Internally Restricted	Total 2015	Total 2014
Balance, beginning of year	\$ 3,019,927	\$ 1,209,894	\$ 150,000	\$ 4,379,821	\$ 4,634,269
(Deficiency) excess of revenues over expenditures (note 6)	(765,601)	906,853	-	141,252	(254,448)
Net changes in investment in tangible capital assets (note 6)	544,568	(544,568)	-	-	-
Balance, end of year	\$ 2,798,894	\$ 1,572,179	\$ 150,000	\$ 4,521,073	\$ 4,379,821

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Cash Flows

Year ended March 31, 2015, with comparative information for 2014

	2015	2014
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenues over expenditures	\$ 141,252	\$ (254,448)
Items not involving cash:		
Amortization of tangible capital assets	765,601	816,642
Loss on disposal of tangible capital assets	2,685	568
	909,538	562,762
Change in non-cash operating working capital:		
Accounts receivable	591,646	(214,287)
Sales tax receivable	2,606	46,950
Prepaid expenses	5,167	3,020
Restricted cash	-	(121,313)
Accounts payable and accrued liabilities	(233,819)	(235,447)
Wages payable	(140,975)	5,274
Deferred contributions	429,637	(105,597)
	1,563,700	(58,638)
Investing:		
Purchase of tangible capital assets	(555,253)	(328,392)
Proceeds on disposal of tangible capital assets	8,000	32,099
Restricted cash	(1,606)	-
	(548,859)	(296,293)
Increase (decrease) in cash	1,014,841	(354,931)
Cash, beginning of year	1,990,871	2,345,802
Cash, end of year	\$ 3,005,712	\$ 1,990,871

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements

Year ended March 31, 2015

Carrier Sekani Family Services Society (the "Society") is incorporated under the Society Act of the Province of British Columbia to develop and deliver health, social, family corrections and legal services to the Carrier and Sekani Nations.

1. Significant accounting policies:

(a) Basis of presentation:

The Society's financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

(b) Cash and cash equivalents:

The Society considers deposits in banks, certificates of deposit and short-term investments with original maturities of three months or less as cash and cash equivalents.

(c) Revenue recognition:

The Society follows the deferral method of accounting for contributions.

The Society is funded primarily through agreements with various ministries of the provincial and federal governments. Contributions pursuant to these agreements are recognized as revenue evenly over the course of the relevant agreements. Where a portion of a contribution relates to a future period, it is deferred and recorded on the statement of financial position as deferred contributions.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Contributions restricted for the purchase of tangible capital assets are deferred and amortized into revenue at a rate corresponding with the amortization rate for the related tangible capital assets.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2015

1. Significant accounting policies (continued):

(d) Tangible capital assets:

Tangible capital assets are stated at cost, less accumulated amortization. Amortization is provided using the following basis and annual rates:

Asset	Basis	Rate
Building	Straight-line	20 years
Vehicles and equipment	Straight-line	4-7 years

Purchased tangible capital assets are recorded at cost. Contributed tangible capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of a tangible capital asset are capitalized. When a tangible capital asset no longer contributes to the Society's ability to provide services, its carrying value is written down to its residual value.

(e) Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Items subject to such estimates and assumptions include the carrying amounts of accounts receivable and tangible capital assets. Actual results could differ from those estimates.

(f) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Society has not elected to carry any such financial instruments at fair value.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2015

1. Significant accounting policies (continued):

(f) Financial instruments (continued):

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the effective interest rate method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Society determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Society expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future year, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

2. Tangible capital assets:

			2015	2014
	Cost	Accumulated amortization	Net book value	Net book value
Building	\$ 2,425,064	\$ 1,032,063	\$ 1,393,001	\$ 1,514,592
Vehicles and equipment	5,369,124	3,963,231	1,405,893	1,505,335
	\$ 7,794,188	\$ 4,995,294	\$ 2,798,894	\$ 3,019,927

3. Wages payable:

Included in wages payable are source deductions payable of \$53,759 (2014 - \$43,403)



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2015

4. Deferred contributions:

Deferred contributions is comprised of the following:

	2015	2014
Collective Gains	\$ 65,619	\$ -
Connecting Kids	5,703	-
Domestic Violence	67,927	-
Government of Canada	45,000	-
Highway of Tears	69,460	42,843
Indian Residential School	82,506	-
MACAW Grant	15,000	-
Ministry of Health	30,000	-
Palliative Care	20,000	20,000
PHSA Governance	-	49,900
Status of Women	35,698	-
Victoria Foundation	-	10,000
Walk Tail Burns Lake	63,111	84,144
Wellness Conference	136,500	-
	\$ 636,524	\$ 206,887

Deferred contributions represent unspent externally restricted funding for specific programs provided by various ministries of the provincial and federal governments.

5. Internally restricted:

In 2014, the Board of Directors internally restricted an amount of \$150,000 for the purpose of contributing funds towards the building costs for the new Nadleh Whuten Health Clinic and Stellat'en First Nation Health Clinic.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2015

6. Net assets:

	2015	2014
Excess of revenues under expenditure:		
Amortization of tangible capital assets	\$ (765,601)	\$ (816,642)
Excess from unrestricted operations	906,854	562,194
	\$ 141,253	\$ (254,448)
	2015	2014
Net change in investment in tangible capital assets:		
Tangible capital assets acquired	\$ 555,253	\$ 328,392
Net book value of asset disposals	(10,685)	(32,668)
	\$ 544,568	\$ 295,724

7. Commitment:

In 2010, the Society entered into an agreement with A.B.C. Allen Business Communications Ltd. and Telus to provide broadband services to various areas serviced by the Society for a monthly fee of \$17,906 plus GST in taxable areas. The agreement expires on July 30, 2015 with an option to renew for a further term of one year.

8. Revenue:

	2015	2014
Aboriginal Affairs and Northern Development Canada	3,626,947	3,017,663
First Nations Health Authority	9,027,883	8,164,030
Ministry of Children and Family Development	7,544,901	6,921,853
Northern Health Authority	466,641	532,927
Solicitor General	463,454	466,836
Other income	1,574,741	1,556,293
	22,704,567	20,659,602



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2015

9. Financial risks:

The Society's financial instruments consist of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities, wages payable and deferred contributions. It is management's opinion that the Society is not exposed to significant interest rate, currency or credit risks arising from these financial instruments and that the fair value of these financial instruments approximate their carrying values.

10. Income taxes:

The Society is non-taxable as a result of its status as a non-profit organization under section 149(1)(l) of the Income Tax Act.

11. Economic dependence:

A substantial portion of the Society's funding is derived from certain federal and provincial ministries. The Society's ability to operate certain programs is dependent on continued funding from these ministries.

12. Budget:

Budget figures reported in the supplementary schedules have been approved by the Board and were not subject to audit or review procedures. The budget figures are amended in response to changes in the Society's funding agreements during the year.

13. Comparative information:

Certain comparative figures have been reclassified to the financial statement presentation adopted in the current year.



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