

CARRIER SEKANI FAMILY SERVICES

CREATING WELLNESS TOGETHER



2016 CSFS ANNUAL GENERAL ASSEMBLY

lateral kindness: we respect each another
ts'ayewh wigus lhts'eelh'iyh

OCTOBER 6 + 7 2016
HOSTED BY THE LAKE BABINE NATION



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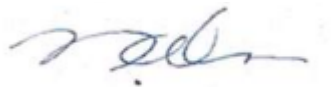


BOARD PRESIDENT MESSAGE

Hadeeh! Dene'Zeh, Tsa Khu'Zeh, Skhy Zeh! On behalf of the Board of the Directors of Carrier Sekani Family Services, Member Bands and staff, I am pleased to welcome you to the 26th Annual General Assembly. Mussi Cho to Lake Babine Nation for allowing CSFS to meet on our beautiful land to conduct this 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 in partnership with CSFS to 'create wellness together'. I further welcome each of the CSFS 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 26th Annual General Assembly, 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 with 190 employees providing numerous services 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 are met.

Creating wellness is truly a partnership between individuals, families and communities wishing to take a more active role in their personal wellness and CSFS services. Programs offered by CSFS ensure that holistic wellness needs are met. Thank you for joining us on this journey as we continue to 'create wellness together'.



Nancy Williams, BA

Board President, Carrier Sekani Family Services



BOARD OF DIRECTORS

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Vice President, Skin Tyee Band, Helen Michelle

Treasurer, Burns Lake Band, Kim Sam

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Nee Tahi Buhn, Ray Morris

We cannot seek
achievement for ourselves
and forget about progress
and prosperity for our community
Our ambitions must be
broad enough to include
the aspirations and needs
of others, for their sakes
and for our own.

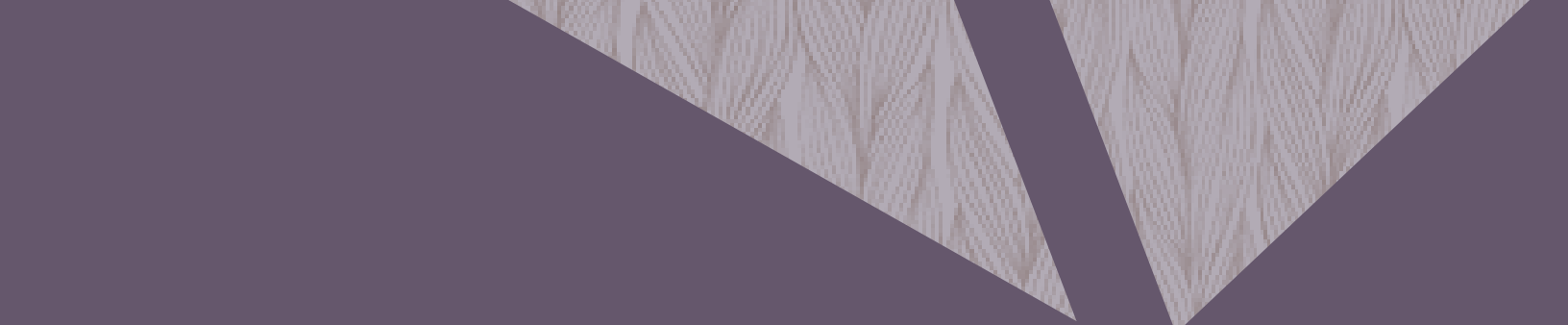
~Cesar Chavez

CHIEF EXECUTIVE OFFICE MESSAGE

Upon reflection of the previous year, CSFS has continued to be innovative and strategic, all of which has improved programs and services. This would not be possible without the commitment and conviction of the Board of Directors, the quality and strength of the Executive team, as well as the dedication of staff to work toward the vision of CSFS. While we continue to improve our services, we remain dedicated to the worldviews as taught by our ancestors. Without employing these philosophies within the vein of the organization we would only perpetuate assimilation. Keeping this in mind, developing or re-developing programs and services may take more energy and time to perfect or de-colonize systems and structural innervations that are necessary to continue promoting health and healing leading to wellness.



Not surprising, governments seem to be slow at catching the concepts of indigenous wellness, despite mounds of evidence suggesting that indigenous values and structures embedded within their constructs of governance are apt to produce better results economically, social and culturally. I am hoping that with the recent commitment from federal government that positive changes will unfold over the next five years. As many are aware, the recent Truth and Reconciliation produced a report with several recommendations. The first five recommendations are related to improving Children and Family Services. More evidence of this need has been confirmed by the Canadian Human Rights Tribunal, where Cindy Blackstock successfully litigated a discrimination case against Canada for its racist policies related to operations of Children and Family Services for on reserve children and families.



The federal government has committed to working with first nations leaders in developing strategies to overhaul the Child and Family Services program. Minister Bennett indicated that a national and provincial committee will be instituted to carry out this work. Provincially, the leaders and members of the BC Cabinet meet in May 2016 to discuss Child and Family Services. Many leaders confirmed that the system has not produced positive outcomes for indigenous children and families. The BC government made a commitment to develop an action plan that would include devolving of Child Welfare authority to First Nations.

In response to this development, the First Nations Health Council will be taking on the task of opening a dialogue with each of the five regions in the province. While these discussions will focus on social determinants of wellness, Children and Family Services seem to be the logical sector to start our conversations. In addition, the BC First Nations Leadership Council has a working group established to develop an action plan for this task.

In terms of health, CSFS continues to lead the way by building services that reflect holistic programs. While we offer a wide range of services, we need to develop a strategy to fill the gaps. For instance, funding falls short in many programs such as mental health, youth services and employment benefits. It is hoped the First Nations Health Authority will respond with an action plan that will alleviate the disparities within the existing programs and services.

This new season will be an exciting one as we move forward in improving services and developing standards to ensure that culturally appropriate services are imbedded in quality programs producing desired outcomes. CSFS will continue to provide outreach and community development as it relates to our mandate.

I wish you all the best in this coming season.

Respectfully,

Warner Adam

Chief Executive Officer

MABEL LOUIE, EXECUTIVE DIRECTOR

HEALTH SERVICES

Welcome to this year's 26th AGA. Thank you to the Burns Lake area bands for allowing us to do our business in your territories.

Health Services manages and oversees health programs as defined by the overall CSFS Health plans. CSFS initially entered into a Health Transfer agreement with First Nations and Inuit Health Branch (FNIHB) in 1998 on behalf of eight communities. A few years later, two more bands joined. Various programs and services are provided for: Saik'uz, Nadleh, Stellat'en, Yekooche, Takla, Burns Lake Band, WFN, Skin Tyee, Nee Tahi Buhn and Cheslatta; the programs primarily serve on Reserve residents. Our Health Agreement is currently with First Nations Health Authority (FNHA).

Agreements: CSFS received a 5.5% increase from FNHA for this fiscal year. We have included the increase in each band's funding agreement. I am guessing that this is the 5.5% escalator clause increase for the Master FNHA agreement. In the past, they have provided us with a 3% increase, and holding back 2.5%.

We have received notification from Northern Health (NH) that funding for the HIV Coalition for the North was being reviewed, and interested parties must submit a Request for Proposal (RFP). Our current agreement ends with NH at the end of September 2016. In addition to this, FNHA also provided us with notification for the HIV Coalition ending. Our current agreement is good until March 31st, 2017. FNHA did preliminary reviews with each sub-region in regards to the future of the program needs. Last week our region met and nominated Jenny Martin from Nak'azdli and myself to sit on the steering committee for our region to guide the review process.

We have also received notification from NH about the Patient Liaison Program. They will be conducting an evaluation of the program. We were successful in having the program extended to the end of March 2017. Past experience is that NH has always wanted to take this program back

and has used evaluations as an excuse to try and make this change. A province wide evaluation was completed by Provincial Health Authority at least two years ago which was positive for continuing this program in our hospitals. Many years ago when NH was pushing for an evaluation without CSFS involvement, we were successful in having Margo Greenwood added to the evaluation process on our behalf. Now it is Margo on behalf of NH who is requesting the evaluation.

Last year, we had a contract with the Ministry of Children and Family Development (MCFD) and Aboriginal Service Innovations for the Best Beginnings Outreach program which included the hiring of a Speech and Language worker, an Occupational Therapist, and Aboriginal Infant Development workers as part of our Early Childhood Development program. The contract included the whole territory that we provide services to, including Lake Babine. This year we had to apply through an RFP process. Although we got the contract, the funding was considerably reduced and the territory reduced to Nechako. We were, however, successful in getting the contract to start an Early Years Centre for the Burns Lake area.

Looking forward: We continue to work on developing a boys and girls program aimed at supporting young people by sharing and showing the ways to a brighter, empowered and educated future. To date, Joeline Siemens Abbott has developed a toolkit for a girls program and has piloted the program at Sai'kuz. The program will be aimed at youth 7-12 years old as Indigenous and Northern Affairs Canada (INAC) statistics show a high number living on reserve.

First Nations Health Benefits: We have hired a 3rd person this year for the First Nations Health Benefits (FNHB) Program. We have found that the off reserve portion of the program has increased tremendously. An area that you can be of help is to provide us with as much

advance notice as possible for your appointments and to send in your Certificate of Attendance. This ensures that the program effectively meets your needs, as the attendance records are necessary for the program reimbursement from FNHA.

Health and Wellness: An area that continues to be a challenge for communities is having skilled workers for the National Native Alcohol and Drug Abuse Program (NNADAP). It is our goal to increase the number of trained people that can qualify as NNADAP workers. Having this training will qualify individuals to seek employment within their communities, other communities, or with vacancies that may arise within the Addictions Recovery Program (ARP). Anyone who is very enthusiastic could also further their education to become a Clinical Therapist. If you are a community member from one of our 10 Health transferred communities and wish to get yourself involved in becoming a NNADAP counsellor, please contact Cecelia Sam to discuss the training opportunity.

This year we successfully received a grant to hire a gambling addictions Clinician. This new program will be added to our existing programming and will roll out as soon as we recruit a Clinician.

Community members who have received a total of \$10,000.00 from the program upon the completion of their studies are, Dr. Nathan Teegee and Melanie Labatch, who completed her nursing degree. We have refined the payment disbursement by allocating \$2,500.00 for each year completed rather than waiting until the final year has been completed.

A past goal that still requires completion is the Scope of Practice for the Community Health Representatives and client files management. The work of Public Safety Canada is still a work in progress with Takla, Saik'uz, Nadleh, Yekooche and Stellaquo. The Health and Wellness program still needs to roll out the Hugh Snegh (I am alive) five day intensive

program. The Hugh Snegh program is designed to take participants through an experiential journey that aims to educate and promote healing for the intergenerational effects of colonization.

We are also working on some office improvements at our Vanderhoof building. The highlight of our renovations will include a Health Wall of Fame. If you are a member of our health transferred communities, and have completed a Certificate, Diploma or Degree program in a health field, please send us a picture of your graduation, a summary of your program and a brief profile of yourself so you can be added to our Health Wall of Fame.



EARLY CHILDHOOD DEVELOPMENT TEAM

TEAM LEAD, DAWNE PERSSON

The Child Development department has the following programs: Aboriginal Supported Child Development (ASCD), Canadian Prenatal Nutrition Program (CPNP), Best Beginnings Outreach Program (BBOP), Early Years Center (EYC), 3M Dental Program, and Children's Oral Health Initiative (COHI). All programs have a referral form which can be obtained from the CSFS website or from our Vanderhoof office. Referrals can be made through parents/guardians or professionals.

Aboriginal Supported Child Development Services

Aboriginal Supported Child Development (ASCD) services are offered in Saik'uz, Nadleh, Stellaten, Yekooche, Takla and Burns Lake area (which includes Burns Lake Band and Lake Babine daycares). We also provide services to Vanderhoof & Fraser Lake, for families that are living off reserve.

The ASCD program offers services to families with children 0-18 years old, who may have a disability, a developmental delay or may be at risk for a developmental delay in physical,

intellectual, communicative, or emotional/behavioural areas. ASCD can support children in a childcare or home based setting. A support worker may be assigned to work one on one with the child depending on the needs. Services that we offer are: consultation, developmental screenings, assessments, program supports, individual program planning, culturally relevant programming, toy and equipment



lending library, and assistance for families and childcare providers to access community services and resources.

Specified areas that we can support children with are: fine motor skills, speech delays, problem solving, attention control, behaviour management, physical activities, social skills, etc. We also offer parenting programs such as the You Make the Difference and the Nobody's Perfect Parenting program. We can deliver courses to communities on Positive Approaches to Behavior, Infant Massage, Fetal Alcohol Spectrum Disorder, Parents as Literacy Supporters, and the Moe the Mouse program. To access this program you can obtain a referral form from our CSFS office in Vanderhoof, via Dawne Persson at 250-567-2900 office or 250-524-0238 cell.

This past year we had a goal to train more community members in their Early Childhood Education (ECE), bring in workshops for families to further education as well as offer more courses in the communities to help further their knowledge in child development and other relevant information. All of these goals were accomplished and we were able to train some community members in some ECE courses

throughout the year. We plan to bring in additional training for the communities and offer the You Make a Difference Parenting course multiple times throughout the year.

ASCD staff completed assessments with the


children and have been able to service all of our clients that were referred. We have also been successful in the transition to kindergarten meetings with the school. This involves the parents, school, ASCD staff, and any other service provider that is working with the child to come together and set out a plan for the child to enter into Kindergarten and be as successful as possible. Everyone has benefitted from these meetings as it helps set up services for the child before they enter Kindergarten in September.

ASCD staff have taken advantage of a number of new training opportunities such as Infant Mental Health workshops, developmental courses, Infant Massage, assessment trainings and Fetal Alcohol Spectrum Disorder (FASD) training. We also have some of our staff taking their ECE training to enhance their knowledge in Child Development.

Committee involvement has increased the collaboration with other agencies which in turn provides families with more services. Some of the Committees also bring funding opportunities to us as well as the communities. Success by Six tables was a great contributor for funds for additional equipment and program costs.

ASCD has also been a part of the Autism and FASD assessments which has helped support our families through completing paper work, setting necessary appointments, and accessing transportation.

In the up and coming year, we would like to make our program more culturally relevant and are constantly looking for new materials to use.



"My daughter and I took the infant massage class. She was getting her teeth at the time, she loved the facial massage and was always happier after having it done. It also gave us a little more one on one time in a busy house with two older brothers. The classes always were exciting and fun, it was a part of the week that we always looked forward to."

"The Vanderhoof Toy Library and other free programs run by the Early Years Centre mean a lot to me because they are free and they have great new information for parents concerning health and safety. They also help me to meet new parents and help my children to socialize and interact with other kids of all ages."

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 offers support from dietitians, nurses, family workers, and peers. We offer nutrition and prenatal counselling, breast feeding education and support, referrals to other services, and opportunities to meet and make friends. All of this is accomplished through drop in sessions; craft/ cooking circles, home visits, and individual support.

Our program goals are: to promote and encourage a healthy diet for prenatal and breastfeeding women, to support and educate women who are breastfeeding, to promote healthy growth and development of infants, to provide access to good food bags and meal bags, to encourage and support, and to provide education and counselling services. To access

this program, you can obtain a referral from the CSFS office in Vanderhoof or contact Erin Smedley at 250-567-2900.

We also offer one Community Kitchen Program per month in Takla, Yekooche, Nadleh and Stellaquo, and welcome mothers who have children up to one year of age or who are pregnant.

We had the goal of providing more educational opportunities and increasing program awareness. We were successful in implementing educational opportunities for the Mom's Group and providing some FASD training for the community professionals and families. The program has also expanded immensely through collaboration with other professionals.

CPNP has been able to offer community kitchens in Yekooche, Nadleh, Takla, Nadleh and Stellaquo. This has been a great way to develop knowledge



in how to plan a healthy menu, gain cooking skills, and budget for food.

A mom's group meets twice a week with the help of Neighborlink; the clients from Saik'uz are provided with transportation which has closed a gap for service delivery. Some activities that this group has worked on are: scrapbooking, bags, berry picking, canning, meal planning, field trips, budgeting, driving training and life skills education. These are just a few examples of the group's activities. Sessions are well attended and many parents have gained a lot of knowledge through each other and through education provided. CPNP is also a part of 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 also have had the opportunity for home visits to be completed with them, they

have been working on nutritional cooking and information, budgeting and also have been provided with transportation to appointments when necessary.

The program was successful in receiving grants from Success By Six for purchasing resource items for diaper bags that are given out to families when their baby is born.

In the up and coming year, we would like to have more educational opportunities for our clients as well as access additional funding to help service our families more efficiently.

**Respecting one another
"accepting one for who he/she is,
unconditionally"**

-Yvonne Wilfred George





BEST BEGINNINGS OUTREACH PROGRAM

The Best Beginnings Outreach Program (BBOP) is a new innovative program intended to reach Aboriginal children 0-6 years, and their families, with assessment, diagnosis, and early intervention services in the outlying areas of Vanderhoof: Yekooche, Takla, Saik'uz, Nadleh, and Stellaquo. It includes services from a Speech and Language Pathologist, Occupational Therapist and Aboriginal Infant Development Consultant.

BBOP allows families to navigate the early developmental stages of their children and the process of assessment, diagnosis and early intervention. The Aboriginal Infant Development Consultant will support the children and families with:

- Home visits, playgroups, parent education programs, parent support groups, parent to parent connections.
- Assisting the family in planning activities that will encourage the optimum development of their child.
- Screening and assessment.

Our goals in the past year included having our Infant Development Consultant connect with children starting at infancy, and to obtain Speech and Language and Occupational professionals. We have been successful in connecting with infants through collaboration with other programs. This ensures we are connecting with families when the child is born and providing the best start in their first five years of life. We have also been successful in recruiting and retaining a full time Speech and Language Pathologist and Occupational Therapist.

BBOP has been successful in delivering services to all of the communities. We have a high caseload in the Vanderhoof area, servicing over 80 clients with home visits as well as speech and language therapy and occupational therapy. Our staff has taken part in a number of different trainings such as: Infant Mental Health, sensory integration, developmental assessments, FASD, behavioural and Autism. BBOP has been a part of various committee and events throughout the year including Aboriginal Day, Family Fun nights, and the Ready, Set, Learn fair. Our Occupational

Therapist participated in the Professional Issue forum at the National Occupational Therapy conference. Our Speech and Language Pathologist is the Northern Representative for the BC Association of Speech/ Language Pathologists and Audiologists. And our Aboriginal Infant Development Program (AIDP) has been an active member on the Local Action Team for the Child and Youth Mental Health and Substance use initiative.

Our team also works closely with First Nations School Board, First Nations Education Steering Committee and Success by Six. We were also able to bring in some contracted services for families for a Psychotherapist to see some of the children.

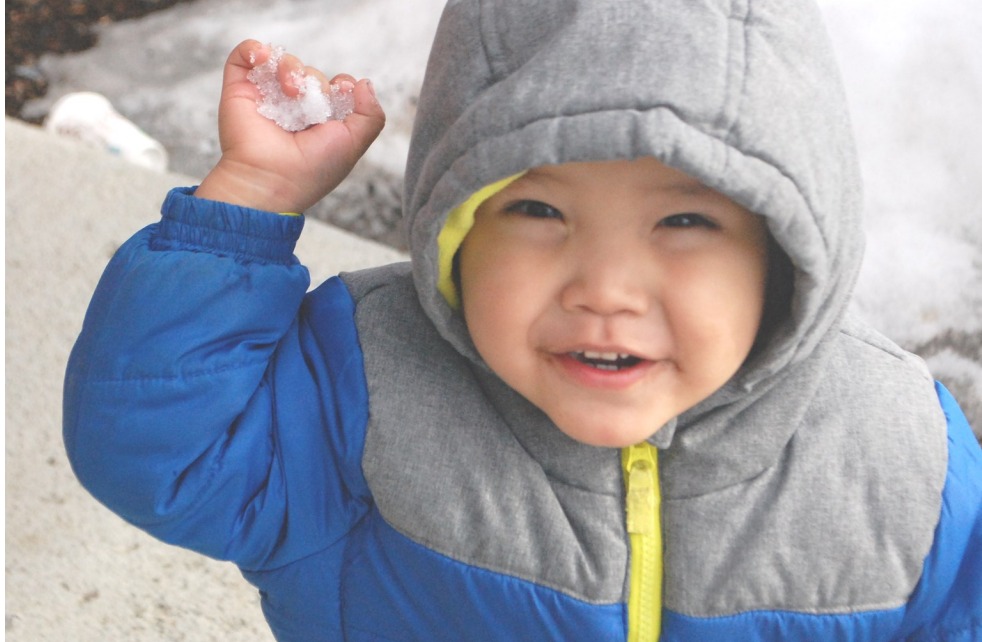
In the up and coming year we would like to be able to continue to collaborate with other programs and continually see children at birth and follow them to six years of age. If you are interested in signing up for the program or would like more information, please contact Dawne Persson at 250-567-2900 (office) or 250-524-0238 (cell).



*Love heals
all things*



CHILDREN'S ORAL HEALTH INITIATIVE



The Children's Oral Health Initiative (COHI) is a dental program offered in Nadleh and Stellaquo. The program is designed to help families maintain 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. We also provide education and screening to women during pregnancy. Our COHI Aide has received extensive training and is qualified to work independently in community. The Aide can apply dental varnish, provide dental education and organize and participate in community events. To become a part of this program you can contact Dawne Persson at 250-567-2900. You will be asked to fill out a referral form and then we can see your child. The majority of the children will receive four varnish applications throughout the year.

We were able to apply varnishing to 95% of the children in our communities. There were a few children that we received a referral for, however we were never able to get in touch with the family. We have had many children referred to a Pedodontist for surgeries or basic extractions; which has saved these children from having to live with a painful mouth and minimizing more problems in the future. Families have become more aware of cleaning procedures and basic education on oral health.

The 3M Dental Program provides teeth varnishing to Takla and Yekooche. We apply dental varnish to all the children referred on a quarterly basis. Education is provided as needed and all of the participants received toothbrushes and toothpaste for every visit throughout the year. Some children receive referrals to a dentist in Prince George for dental surgery. The program is designed as an oral health prevention initiative. It has given the necessary resources and tools for the children to learn and be able to implement preventative practices.

In the past year we had a goal to start varnishing in September instead of end of October. This was successful and proved to get things rolling faster this year. Additionally, we had a goal to continue reaching all of the children in the community under the age of 19, as well as access funding so we can bring a dentist to the communities. We were partially successful in meeting this goal. The children have all been involved in the program from the communities and we were able to find a dentist to send children to do dental surgery and check-ups. Families seem to be happy with this service.

Additionally, for the 3M project, we would like to continue to reach all of the children in the community under the age of 19 as well as be able to access some funding so we can bring a dentist to the communities.

the EARLY YEARS CENTRE

The Early Years Centre (EYC) (Vanderhoof and Saikuz area) is a place for families to come and explore all the Early Years services that are offered in the district of Vanderhoof. At the program, parents can access information about child development, developmental screenings or referrals to other agencies. Families have the opportunity to sign children up for our Ready for Kindergarten Program. This is offered at no cost at the W.L. School, Wednesday 9:00am – 11:30am, from October to June.

Also offered through the EYC, we have the following initiatives:

Lending Library:

No cost and located at the Glad Tidings Church basement, open on Fridays for parents to come in and enjoy a snack, some free play with their child and the opportunity to borrow the toys from the library. We also hold parenting groups in this space throughout the year.

Summer Programming:

No cost and provided one day a week of programming, please contact CSFS office for further details.

Early Years Preschool:

\$125 per month, located at the old Prairiedale School building on Tuesdays and Thursdays. We have both morning and afternoon groups.

The biggest news for this past year is that we were successful in obtaining funding for an EYC in Burns Lake and look forward to having similar successes in this new program to that of our Vanderhoof program. The EYC (Burns Lake) services the Burns Lake area which includes Cheslatta, Nee Tahi Buhn, Skin Tyee, Wet'suwet'en First Nation, Lake Babine Nation, Burns Lake band, Tachet and Ganisle. The program is in the preliminary stages of hiring and setting up an office at the Muriel Mould building. The EYC Coordinator will be providing drop in programs for children 0-6 years of age, developing a toy lending library, and setting up a resource area for families to be able to access all of the services offered in the Burns Lake area.

We had goals this past year to successfully start a preschool and run additional programs for the community. We were successful in this goal, and our preschool is running at full capacity. We have been able to run multiple other drop-in programs throughout the year as well.

We have been able to implement many programs, all of which were full in an instant! Our drop-in groups are consistently attended and we were able to access Make Children First Funds to extend our Lending Library. We have also helped many families that have children in kindergarten and for various reasons were missed for early intervention services. The EYC has also been supplying families with a monthly newsletter which includes activities to do with children, daycare/preschool spots available, and any community events. We were also successful in adding in a preschool which ran at full capacity for the year.

In the up and coming year, we would like to be able to find a building in Vanderhoof where we could bring all of the Early Years Services under one roof to make it easier for families to access.



SPECIAL PROJECTS

SPECIAL PROJECTS COORDINATOR, CHARLOTTE ALFRED

Special Projects for the health programs was designed with the goals to advance the health programs through involvement with research, receiving community reports, reviewing and maintaining band agreements, submitting proposals, and liaising with the

communities we service, shareholders and other CSFS programs. Services are accessible by email to Charlotte Alfred at charlotte@csfs.org or by contacting the supervisor, Mabel Louie at mabel@csfs.org.

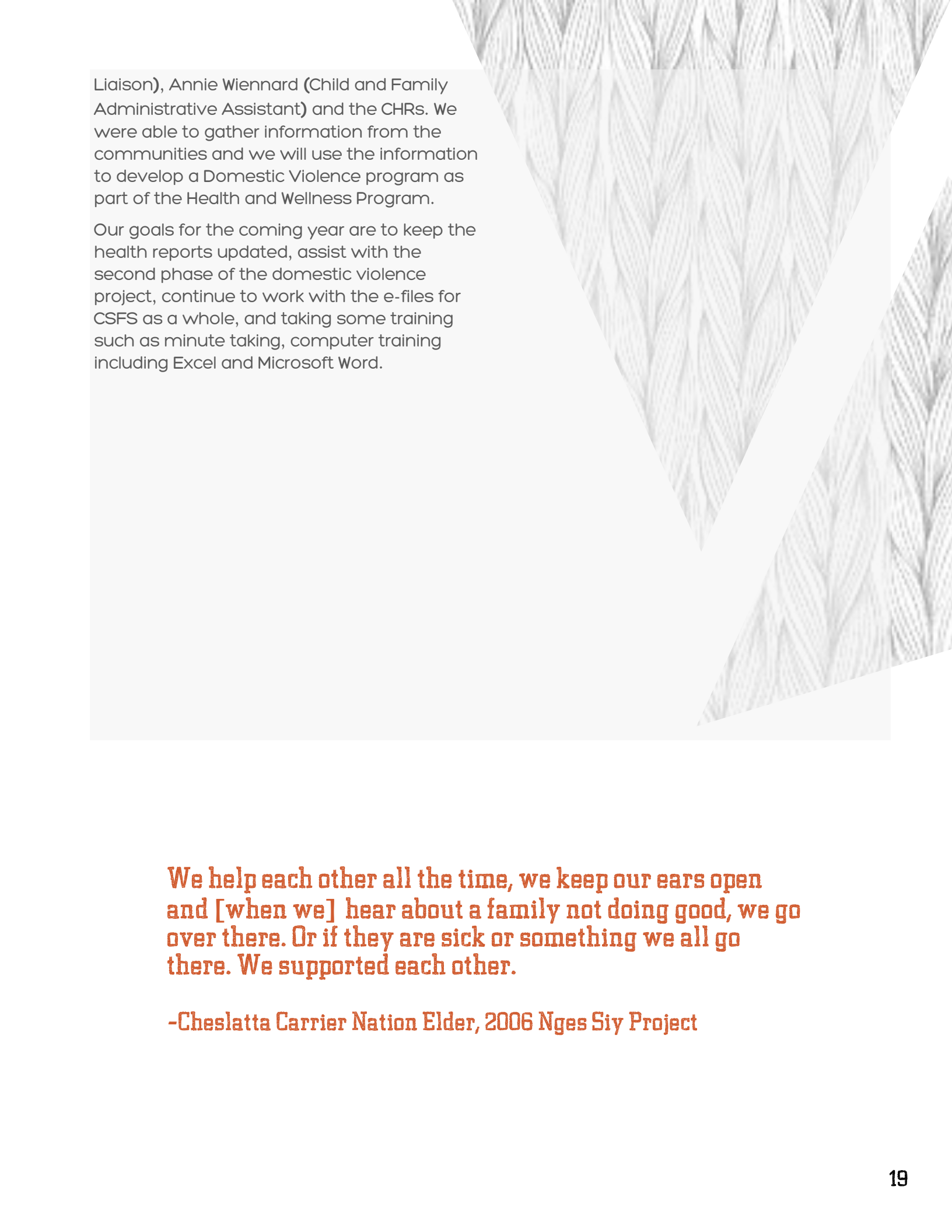
I returned to work at the end of March 2016, and participated in the coordination of the Community Health Representative (CHR) retreat in Kelowna at the end of April 2016. This event enabled me to get to know the CHR and Community Health Nurse Manager more and to hear what they are responsible for on a daily basis. I really enjoyed myself and it was awesome to meet Rhoda Hallgren, Community Engagement worker from First Nation Health Authority, who provides services to eight of our ten communities.

Another accomplishment was working with the CSFS Vanderhoof Receptionist and Administrative Assistant in revamping the Health Administration e-file system. This was a long process; however we have most of our files online now.

The Special Projects team also includes an Aboriginal Patient Liaison, Patricia Prince, and two summer students, Andrea Reimer and Hunter Brazzoni.

The team assisted the Health and Wellness Manager and the Executive Director of Health Services in coordinating the Domestic Violence sessions. We scheduled two sessions in each of the communities, one for men, and another for women, with the assistance from Roy Nooski (Nadleh), Barby Skaling (Cultural





Liaison), Annie Wiennard (Child and Family Administrative Assistant) and the CHRs. We were able to gather information from the communities and we will use the information to develop a Domestic Violence program as part of the Health and Wellness Program.

Our goals for the coming year are to keep the health reports updated, assist with the second phase of the domestic violence project, continue to work with the e-files for CSFS as a whole, and taking some training such as minute taking, computer training including Excel and Microsoft Word.

We help each other all the time, we keep our ears open and [when we] hear about a family not doing good, we go over there. Or if they are sick or something we all go there. We supported each other.

-Cheslatta Carrier Nation Elder, 2006 Nges Siy Project



ABORIGINAL PATIENT LIAISON

PATRICIA PRINCE

Our Aboriginal Patient Liaison (APL) Program mandate is to work to ensure all self-identified First Nations, Metis & Inuit patients, clients, residents and their families have access to high quality, culturally appropriate care. We help bridge the gaps between western and traditional medicine ensuring a holistic health approach.

Populations served are all self-identified First Nations, Metis & Inuit at the University Hospital of Northern British Columbia (UHNBC) in Prince George, BC. Our hours of operation are Monday through Friday (08:00-16:00); except statutory holidays. Referrals are given by UHNBC staff, physicians, APLs in other regions, patient travel clerks and First Nations Band staff.

I started the position as Aboriginal Patient Liaison late February 2016. I am a single mom of four beautiful children and we are Frog Clan and have immediate and extended family from both Nakazdli and Tlazten First Nations. I earned my Bachelor of Arts Degree at the University of Northern British Columbia in 2010 with special areas of interest in language, culture, health and wellness, land & kinship ties, and to find my inner passions.

The monthly average Aboriginal, Metis and Inuit persons not including outpatients, or drop-ins is 170. The monthly averages show that 2/3 of UHNBC clients are women who live on-reserve. At a glance, on average 1/3 of the population receiving acute care is aboriginal.

The priority of an APL is seeing inpatients, outpatients & staff throughout the hospital based on highest need. Weekly attendance at team meetings, discharge planning meetings as well as emergent meetings for patients who are receiving life sustaining treatments in the Intensive Care Unit are also a high priority for an APL.

Other regular duties include:

- Monthly attendance to Aboriginal Health Improvement Committee Meetings.
- Monthly attendance to Aboriginal Patient Liaison meetings through teleconference or regional meetings.
- Attendance to sub-committee meetings in respect to UHNBC (i.e., Patient flow); AHIC (i.e., Signage); and APL/AH (i.e., Resource repository).



- Reporting to Carrier Sekani Family Services, Northern Health, and Aboriginal Health.
- Working with the social work team to meet the needs of Aboriginal, Metis and Inuit patients as well as empowering our clients to work through the medical and first nations systems.

Some of the program goals include:

- To promote increased understanding and knowledge about aboriginal culture and service challenges for Northern Health staff & physicians through informal education or planned learning opportunities.
- To promote aboriginal cultural philosophy of holistic healing (Person Centered Care) in assessment and planning.
- Look at service gaps in respect to our Aboriginal, Inuit and Metis patients who are often referred to as “frequent flyers”.
- Finding an effective referral & communication system that works for APLs and NH staff and physicians

Additionally, we plan to continue integrating priorities and direction of Northern Health, Northern Health Aboriginal Services Plan, Northern First Nations Health and Wellness Plan, in collaboration/ conjunction with Carrier Sekani Family Services Health Services Plan.





Respect is caring and understanding. I grew up [being taught] to respect everyone and to listen to everyone when they are talking. To be kind and to be humble with what I have. Now I am older, it means no judgement.

-Melissa Thomas, Saik'uz First Nation

NORTHERN BC FIRST NATIONS HIV/AIDS COALITION

HIV Task Force Chair, Emma Palmantier

The Northern BC First Nations Coalition celebrated their 10th Anniversary at the Aboriginal Days in Prince George. The Northern BC HIV/AIDS Task Force was formed as a result of the collective will of sixty Chiefs from communities across northern BC to champion communities' response to the HIV/AIDS and Hepatitis C epidemic. Declaration was signed at the Leadership Forum in June, 2005 which provided the Task Force with a mandate to develop a Strategic Plan that encourages community-driven approaches, regional partnerships, and extensive networks in an effort to strengthen individuals and communities to combat HIV/AIDS and Hepatitis C.

The Coalition received funding from Northern Health the past year to develop and implement a toolkit which was to conduct research and collaborate with CATIE to order resources and educational materials, map out services and programs throughout the northern region from Northern Health, floor exercises, various games specific to HIV/AIDS and Hepatitis C. The next step is to secure funds to coordinate and schedule three regional sessions in the Northwest, Northern Interior, and North East to facilitate "Toolkit Train-the-Trainers" and distribute the toolkit to Health Leads and/or frontline workers.

The Coalition received extra funds from the Ministry of Health and Trans Canada to develop a Youth Video as recommended by the youth in the communities and guidance of Youth Coalition. We signed an agreement with CKPG in the spring to conduct interviews with the youth and timeframe to complete the shoot will be the end of August. We will plan to launch the video and set a date, time, and place for celebration.

As per our mandate, we have continued to facilitate workshops in the communities by invitation from the Bands and set up educational booths at health fairs. The most interesting health and craft fair that was held was in Gitwangak. The members stayed for two days to complete their projects such as: learning to do

cedar basket, making regalia, drum making, weaving, and traditional medicine. We made our booth interesting and approachable by including our famous glow in the dark condoms. We provided fifteen information booths in the Northern Interior region where we had 745 participants consisting of 88 Youth, 55 Elders, 564 Adults, 33 Workers, and 5 Chief/Councillors.

We provided two Healthy Sexuality workshops for 22 participants consisting of 9 youth and 13 adults. Recruiting an HIV Educator was a challenge, so booking sessions outside of the Northern Interior was hindered. We are in the process of getting Lisa trained so she can start facilitating the workshops.

Northern Health (NH) undertook a review of the HIV/HEP C programming. As a result the funding contract the Coalition received from NH was for a 6 month period. The Coalition applied for the Request for Proposal call to continue providing services within the North. FNHA also followed this lead in the review process. The FNHA contract was extended to this year's Fiscal Year end. Each sub-region will have two representatives guiding the review processes for their sub-region.

This fiscal year (2016/2017) we will be targeting the North East, and the remote communities for training. We will be providing the Healthy Sexuality Toolkit training in the North West and pending funding will facilitate the Northern Interior and North Eastern regional training. The Youth Video is scheduled to be finished by the end of September 2016 and then be edited. We will be writing proposals to have it transcribed into DVD format so we can distribute it to the communities. We will also look at participating in more community events so we can get the information out to community members who don't participate in Health Fairs or Workshops. To request Healthy Sexuality training or the Information Booth contact Emma at emma@csfs.org or our office at 250-563-1281.

FIRST NATIONS HEALTH BENEFITS

CSFS provides Medical Transportation Benefits to assist BC First Nation Clients with accessing medically required health services that cannot be obtained on reserve or in their community of residence. The First Nations Health Benefits (FNHB) program operates by following the Medical Transportation Policy Framework; eligible clients may be given supplementary assistance in the form of mileage/transportation, meals, and accommodations to reach their specialist appointment. In order to be eligible for medical transportation assistance, clients must provide documentation of their appointment, and meet the following criteria:

- A referral to the specialist must be in place; and
- The appointment/procedure must be covered by MSP
- The referral is then made to the closest service provider to the client

The area CSFS FNHB serves includes: Burns Lake Band, Cheslatta Carrier Nation, Nadleh Whut'en, Nee Tahi Buhn, Saik'uz First Nation, Stellat'en First Nation, Takla Lake First Nation, Wet'suwet'en First Nation, and Yekooche First Nation; as well as, all registered First Nations clients residing off-reserve in Prince George, north as far as Mackenzie, east as far as Valemount, south as far as Quesnel, west as far as Smithers, and all points in between. Within our communities, FNHB Clerks are available to provide on reserve clients with local travel to medical appointments. The remoteness of Takla Lake First Nation and Yekooche First Nation allows for CSFS to provide shared access to the CSFS Medical Transport Vehicle, this enables clients with transportation limitations the opportunity to reach their scheduled medical appointments.

Due to the growing number of off reserve clients, the Executive Director of Health Services successfully negotiated a third FNHB Clerk position based out of the Vanderhoof office. This additional position will assist both on and off reserve clerks with the overflow of client requests and administrative support.

The main goal of the FNHB Program and CSFS Membership Bands is to go paperless. CSFS is creating plans on how to achieve this goal and implement it in 2016 to help streamline services. FNHB continues to encourage clients to fill out the CSFS Direct Deposit form; this reduces the amount of time it takes to receive travel advances and reimbursement payments.

FNHB is working towards increasing vendors between Prince George and Vancouver for fuel, accommodation, and meals. Last year, we successfully gained a new fuel vendor in Quesnel; Super Save Group. We are also looking at increasing our vendors in the surrounding area of Vancouver. Vancouver is a tourism hot spot and securing accommodations is problematic. Peak seasons, sport events and major concerts, and conventions interfere with arranging accommodations that extend over four (4) days.

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

Increased awareness of FNHB Client Responsibility is a goal of the FNHB program. 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, clients 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.

CSFS FNHB program is available Monday through Friday each week, between the hours of 8:30am – 4:30pm closed from 12:00pm – 1:00pm for lunch. CSFS FNHB Clerks can be reached by calling 1-866-567-2333; all documents pertaining to travel can be faxed to 250-567-5745 or emailed to nihb@csfs.org.

We would like to thank all on reserve travel clerks for their dedication to the FNHB program, and to their clients.

INDIAN RESIDENTIAL SCHOOL SUPPORT

This past fall we received two years of funding for an Indian Residential School Survivors Support program. These funds came from the First Nations Health Authority; we are pleased to now be able to continue with providing this service to the communities!

The Indian Residential Schools Program (IRSP) provides mental health and emotional supports to eligible former Indian Residential School students, their families and individuals who were impacted by residential schools. The IRSP works with the community in understanding that these men and women are vital to their families and communities and may be struggling with the effects of residential school. Many of these men and women, young and old, attribute their battles with substance abuse to the issues of trauma as a result of the residential school.

The program is designed through the use of culture to assist individuals in their healing journey with a focus on assisting individuals on making positive changes in their lives.

The IRSP team is available throughout the year to run a culturally-based program in each of the communities at their request dealing with topics such as; grief and loss, anger management and healthy relationships. The team will also work with the other programs within CSFS to assist in providing additional supports where it is needed. They are also available to individuals to assist in finding further resources when dealing with residential school related issues. The team is also able to help individuals complete the necessary forms to attain compensation when individuals have attended residential school.

As with many positions in the helping field, there are usually challenges that accompany the triumphs, and the IRSP is no different. Over the past year staffing this program with qualified individuals that have a solid understanding of the problems facing community members, along with having the cultural knowledge and skill has been a challenge in itself. Fortunately, we now have a solid team in place that continues to work in the communities and with individuals.

The most challenging continues to be that some communities are not willing to have open discussions or workshops about Residential Schools. Some of the communities state that they do not want to open up old wounds and/or that they are not ready to have it being discussed in any real way. This can be difficult as healing and moving forward is a part of what's needed to help our communities in the healing process. Hopefully, in the future we can present more workshops and information about Residential Schools throughout our communities.

**Always respect Mother Nature, if we
destroy her, we destroy ourselves.
My Grandmother taught me that.
-Melanie Thomas, Saik'uz**

HEALTH & WELLNESS PROGRAM

PROGRAM SUPERVISOR, MARILYN JANZEN

The Health and Wellness Program (HAWP) is delivered by our multi-disciplinary team in reserve communities and to off-reserve 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 service.

Our program offers:

- Aboriginal Child and Youth Mental Health (Counseling for Children and Families)
- Addictions Recovery, including a residential treatment program 6 months of the year
- Addictions Liaison (NNADAP Mentorship Program)
- Community Mental Health
- Indian Residential School Survivors Support Program
- Critical Incident Stress Management

Our goal is to provide culturally appropriate support.

Through our policy of “every door is the right door”, any of our services can be accessed by self-referral, internal referral, or any external referral.

Our services are provided in Reserve Communities, Health Centres, CSFS offices, in home, and almost anywhere else that is a safe place to do so. Services are available to individuals, families, groups, and communities. Needs are assessed and specific supports are provided based on needs. Our services are mainly delivered between 8:30am-4:30pm, Monday to Friday. However, after hour appointments and workshops may be offered depending on individual and community need.

This past year, Aboriginal Child and Youth Mental Health (ACYMH), Addictions Recovery Program (ARP), and Community Mental Health (CMH) worked to complete the accreditation process. Though ARP was previously accredited through Accreditation Canada, they have now been accredited with the rest of the organization with the Commission on Accreditation for Rehabilitation Facilities (CARF).

The HAWP has also been seeking an electronic system that would meet the needs of clients and staff. Throughout the year staff



used Mustimuwh. However, due to the limitations of the program in allowing us to function at an integrated level with the Primary Care program, the decision was made to move to the same system as the doctors and nurses. This year we will be focused on transitioning to MOIS.

The Health and Wellness Program has been working hard to work in an integrated capacity in community. We have taken the five different parts of our program and put them all under one roof. This created a lot of different challenges. To address the challenges, we streamlined our month end reports, created policy for meeting minutes and outlook calendar use. We also created a network drive that all of our programs can access and share information. Creating policy allows for knowledge transfer, and ensures that everyone in our program is working under the same guidelines.

Staff this year completed training with the Justice Institute. We spent two days learning about the Diagnostic and Statistical Manual of Mental Disorders (DSM) 5. The goal of the training was to assist clinical staff in provisional diagnosis with their clients. If clinicians can provide a provisional diagnosis, they can then identify interventions that can assist clients in reaching their goals.

All program staff from our five programs participates in Critical Incident Stress Management Response. Staff are trained in various levels of critical incident stress management response. This year our program responded to four community incidents. This requires our staff to leave their positions to assist in responding. Our Practice Team Lead coordinates efforts to ensure that we respond in an appropriate manner. This year our staff were requested to attend incidents outside of our member communities. This request can attest to the wonderful job our program does in assisting people.

Another area of focus this year was getting community members to understand that we are not emergency services. With the limited amount of funding we receive, we cannot provide on call support. Other provincial agencies receive funding to provide these services. These agencies include RCMP, hospitals, and various crisis lines. We will be focusing on advertising crisis lines that people can call 24 hours a day, 7 days a week. We need people to understand that healing happens when clients are committed to the long-term therapy that our clinicians can provide.

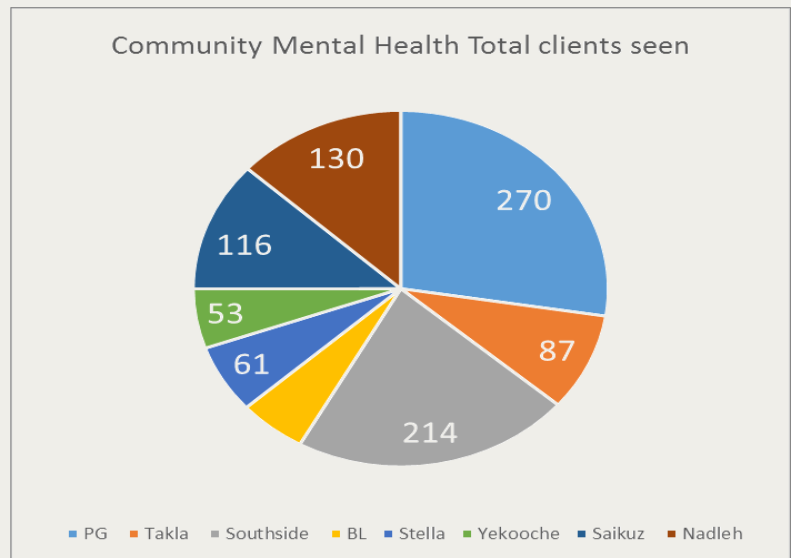


COMMUNITY MENTAL HEALTH

The Community Mental Health program is a service that has a qualified therapist come into community for a specified number of days each week. Community therapists work with the community wellness workers to provide psychosocial education and direct counselling services.

This program is offered in:

- Cheslatta
- Nadleh Whut'en
- Nee Tahi Buhn
- Saik'uz
- Skin Tyee
- Stellat'en
- Takla
- Ts'il Kaz Koh (BLB)
- Yekooche
- Prince George (off reserve membership)



This year our program was successful in receiving dollars for an Aboriginal Domestic Violence program. We started by going to community to ask the question, "Is domestic violence an issue in your community?" The answer in all of the communities we serve was "yes". We also asked how do we assist people in a domestically violent relationship, how do we assist people who perpetrate domestic violence, and is there anything culturally that we can do to assist.

The quality of the feedback given was heartfelt and helpful. Our next steps include training men in community to host a long-term men's group and having our clinicians support the men who have been trained. Solutions to problems come from community, so we will invest in community to build capacity and develop long term solutions.

This year our focus will be on destigmatizing mental health. So often people believe that something is "wrong" with them if they need some extra support, we want to help communities and individuals understand that seeking support in a time of need is not wrong, and rather what should be expected. A person who is experiencing mental health issues such as suicidal ideation is not bad or wrong, we should be able to have this person reach out to anyone and find the support they need. If we look at physical health, and how if someone broke their leg, they would have no problem calling for help to fix the leg. Our goal is to ensure that individuals and communities can call when they have need, just like someone with a broken leg.

This coming year we will also be focused on reducing suicide risk. All program staff has suicide awareness and prevention in their work plans. We are working on developing a "you are not alone" campaign to advertise crisis numbers that individuals can access 24/7. We also offer suicide prevention training to community members and will be seeking training for clinical staff in suicide assessment.

Once again, we know that solutions come from community. In the coming year we will be working with community staff to develop plans to address suicide prevention. We want to ensure that all communities retain their individuality and create their own plans to address various issues, including suicide.



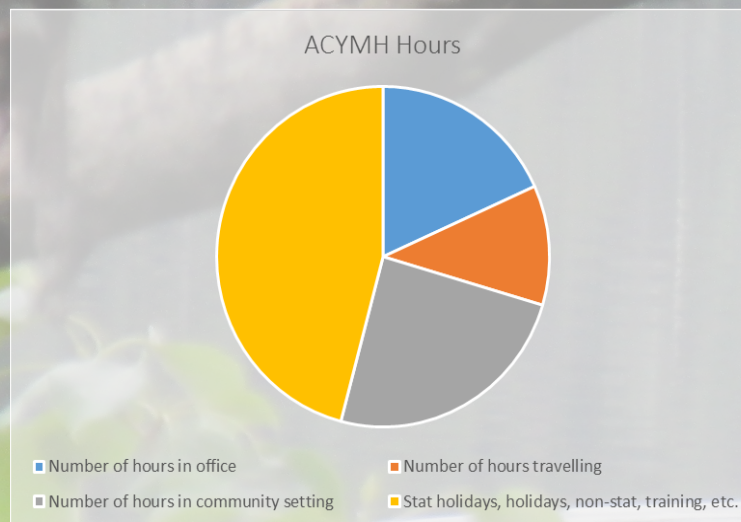
Lateral kindness
has a ripple effect,
throw kind words
and then reap
the rewards.

-Angel Leon

ABORIGINAL CHILD & YOUTH MENTAL HEALTH

This service is offered by counsellors that work with children and their families who are experiencing severe challenges. Our counsellors work in fifteen Carrier communities with offices in Vanderhoof, Fort St. James and Burns Lake. Communities include:

- Cheslatta
- Lake Babine (off reserve)
- Nadleh Whut'en
- Nak'azdli
- Nee Tahi Buhn
- Saik'uz
- Skin Tyee
- Stellat'en
- Tachet
- Takla
- Tlazt'en (Tache & Binche)
- Ts'il Kaz Koh (BLB)
- Wet'suwet'en
- Yekooche



This year we were successful in accessing funds to keep an intern psychologist on staff. We have been able to support Dr. Michael Hoff in attending the appropriate training to become a registered psychologist.

A client attending our Burns Lake Aboriginal Child and Youth Mental Health office has stated numerous times that after leaving our office, he always feels better. Another family was falling through the cracks that large systems can have. The family was feeling overwhelmed, and when our staff got involved, they started feeling heard and were telling our receptionist how grateful they were with the services we provide.

Another short story, our clinician was assisting a family, and the file was starting to close, each week they would sadly count down the number of sessions left starting at 3 weeks, 2 weeks, and then 1 week. After the last session, they told our receptionist "I don't even feel sad, I feel ready."

ADDICTIONS LIAISON

The National Native Alcohol and Drug Abuse Program (NNADAP) mentorship program provides support to the communities in establishing and delivering culturally relevant, community based programs aimed at reducing substance misuse. The role of the Addiction Liaison continues to evolve in an attempt to provide the NNADAP workers in the community with more support and additional training.

This program has struggled with staffing issues since its inception. We do have a full time position. The position is designed to support NNADAP workers who work in the member communities.

We also want to expand the program to ensure that NNADAP workers have support from community. We will be focused on providing training to Elders to provide home grown support to the NNADAP workers. The goal for the program next year will be to operate another round of the healing the healers program. This will be the second generation of healers to assist in community.

**My friends, love is better than anger.
Hope is better than fear.
Optimism is better than despair.
So let us be loving, hopeful, and optimistic.
And we'll change the World.**

- the late Jack Layton



ADDICTIONS RECOVERY PROGRAM

TEAM LEAD, RANDALL BRAZZONI

Over the past year there have been several changes to the Addiction Recovery Program. The program still provides an Outreach program during the winter months (October through April each year) and a 28 day residential program during the summer months (from May to October each year). The residential treatment program is run on Nadleh Whut'en territory. This year we have been fortunate to be able to add a full time Mental Health Clinician to the team. Having a clinician allows us in providing a well-rounded approach to addictions treatment. While having a strong cultural component to the program combined with the infusion of western therapies we continue to work to provide the best possible approach to treatment. The Addiction Recovery Program continues to work with clients from all walks of life. We have clients who come from member communities, neighbouring communities, and off reserve. Our clients come from small town, reserves, and cities. We know that all of our clients are vital to their families and communities, however are struggling with drug and alcohol addiction. Many of these men and women, young and old, attribute their battles with substance abuse to issues of trauma such as:

- Systemic abuse and discrimination
- Alcoholism/addiction in their families of origin
- Poverty
- Childhood trauma
- Loss of traditions and attempted removal of cultural identity by the dominant culture
- Tragic events and abuses such as Residential Schools

While there are proven strategies and methods around getting sober and staying that way, we acknowledge the unique experience and issues of concern facing our clients when it comes to substance abuse recovery. Understanding that people from a recovery model with a strong cultural component focusing on the client first, has proven to be very successful. In order to continue to increase the cultural component we continue to draw on the knowledge of the elders from the communities prior to the start of the residential treatment program, and throughout the summer. This year we have also been able to fund an Elder in residence program to continue to strengthen the cultural knowledge and wisdom.

In the coming year the Addiction Recovery Program will continue to offer the 28 day residential program during the spring and summer with a focus to increase the cultural strength of the program. We will also be working with the communities to begin the delivery of a long-term program that will take place



within the community.

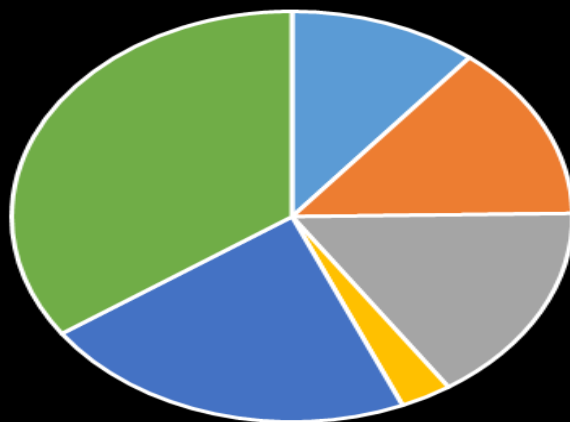
During the winter months, our team will continue to visit member communities upon their request, and offer educational and support services with a focus on addiction.

Over the years we have been able to help individuals improve their quality of life and make a positive impact on their family and community. These success stories are great to hear from former participants in the program as one recent graduate of the program explained; since completing the program, they have had their children returned to their care. She tells us she is loving life with the new tools including what she learned in her time with us, including cultural values teachings. "My favorite tool is to take 24 hours to think about things before making choices. I also love how much my partner and I learned about communication. We learned how to deal with the past and talk about things". She plans on returning to Ormond Lake with her partner for a 'refresher' on the skills they learned,

to ensure they are ready to deal with anything that comes up.

Another client tells us that he learned why he had specific issues in his life, and how he could best deal with them. He says "Ormond Lake was one of the best memories I have had in my life. It was dope! My wife and I know that we don't need alcohol in our lives; we are happier and healthier without it. I tell everyone they should go because they have things to deal with (beyond) drugs and alcohol".

CSFS Member Clients at Ormond Lake



■ Yekooche 11%

■ Lake Babine 14%

■ Nadleh Whut'en 16%

■ Need Tahi Buhn 3%

■ Saikuz 22%

■ Takla 35%

MOBILE DIABETES

Supervisor, Matthew Summerskill

In 2002, the MDTC began as a research project, and since then, has evolved into a quality health service for First Nations in North Central BC. The MDTC may not exist today if it were not for the First Nations Chiefs' Health Committee who, in the late 1990s, identified a need, and advocated for such a program to help improve the health status of those living with diabetes. To this extent, I would like to acknowledge the work and advocacy of Warner Adam, Mabel Louie, and Sandra Teegee (former MDTC coordinator).

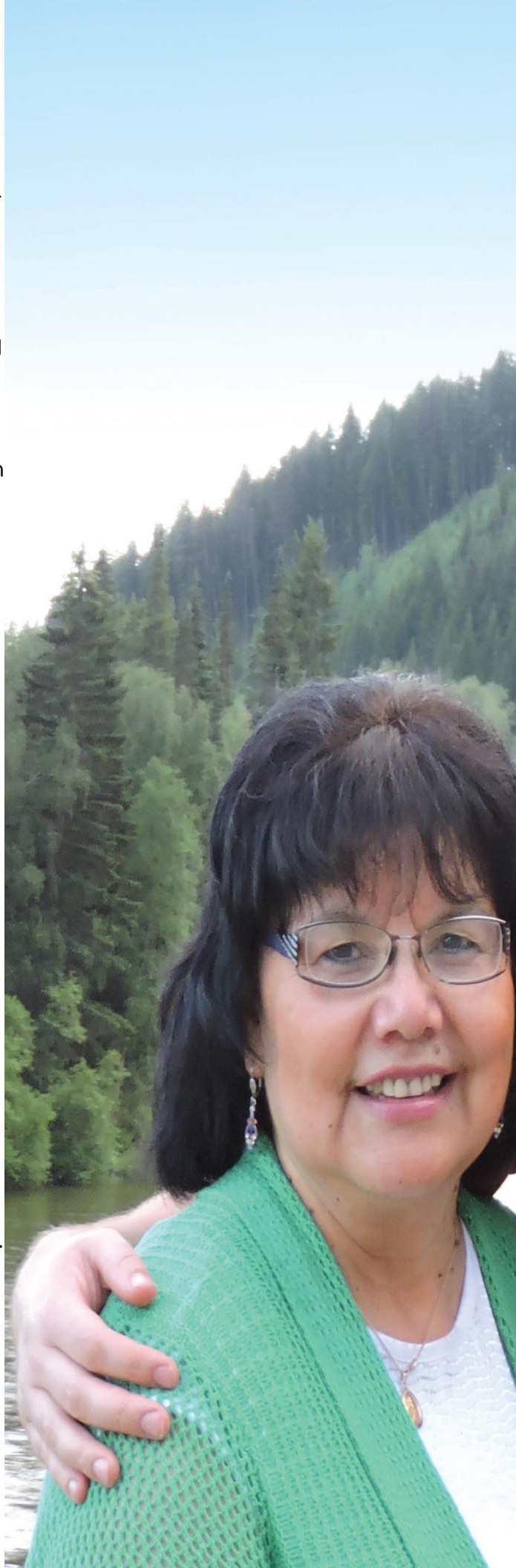
The MDTC provides education, assessments and support to First Nations living with diabetes. The clinic is run by nurses with specialty training in diabetes who travel across Northern BC meeting one-to-one with patients. Community Health Representatives (CHR), community health nurses, or community health spokespeople can contact the MDTC office in Prince George to arrange a diabetes clinic in your community at: (250-562-3591), or email diabetes@csfs.org. Further, if you have diabetes and are interested in seeing one of our diabetes nurses, an appointment with us can be made. We visit about 50 communities on a yearly basis, and are in touch with about 350 people on an on-going basis throughout the year.

Program highlights this year include:

- Helping people gain better control of their health through multiple avenues.
- Our pool of dedicated Registered Nurses has increased.
- MDTC has attained better technology (i.e., tools used) that reduce wait times, and other barriers many First Nations experience in accessing quality diabetes care.
- Increased partnerships with local health professionals during clinics (i.e., dietitians, Nurse Practitioners, RNs) .
- Last year, we began the process of launching more intensive telecommunication follow-up. We call all clients, and our capacity to do this has expanded.

In the coming year, we must remain focused on our cause and mission, these include:

- Coordinate and deliver mobile diabetes clinics to First Nations communities.
- Continue to launch more intensive follow-up with patients, i.e. through follow-up calls and in-person visits.
- Continue to reach out to communities where we know the need for service and education is 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.
- Continue to build new, and expand upon on regional partnerships with local health professionals.
- Continue exploring and implementing more efficient ways of conducting quality clinics.





DR. TRAVIS HOLYK, EXECUTIVE DIRECTOR RESEARCH, PRIMARY CARE & STRATEGIC SERVICES

Thank you for the opportunity to provide a report on the extensive work being completed in the Research, Primary Care and Strategic Services Department. In the past year we successfully achieved three year accreditation, completed a number of program audits and evaluations and increased service delivery. Here is a snapshot of some of that work.



They helped one another, when they go hunting, they invited the person, the one that had a loss. They talked to him. If the person is too depressed, they would dance for them in the Bah'lats.

-Tachet Elder, 2006 Nges Siy Project



ACCREDITATION

ACCREDITATION LEAD, NICOLE ABRAM

CSFS is CARF accredited!

Beginning in 2012, CSFS chose the Commission on Accreditation for Rehabilitation Facilities (CARF) to accredit CSFS, and after much hard work and training, staff achieved the highest outcome in September of 2015 – 3 year accreditation!

CARF is a worldwide non-profit 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 is one of those agencies!

In mid-2016 Accreditation Lead, Olava Brooke, was replaced by, Nicole Abram. Nicole is excited to take on her new role and continue assisting programs in maintaining their accreditation status.

CSFS accredited programs include:

- Guardianship and Resources – Foster Family & Kinship Care
- Family Justice, Family Preservation, Family Support & Family Empowerment – Support & Facilitation
- Aboriginal Supported Child Development – Early Childhood Development
- Ormond Lake Addictions Recovery Program – Residential Treatment
- Child & Youth Mental Health and Family Mental Health – Outpatient Treatment with Child & Adolescent Special Population Designation
- Intensive Family Preservation – Intensive Family-Based Services
- Canadian Prenatal Nutrition Program – Prevention
- Home & Community Care – Home & Community Services





PRIMARY CARE

In 2009 CSFS and the Northern Medical Program at UNBC completed research regarding the trust of physicians. This research supported need for a First Nations primary care model as many people spoke about challenges in accessing care and mistrust of the medical system due to geography, poverty, racism, inconsistent doctors, and missed diagnoses.

Our Current Model:

Beginning in 2011 Dr. Pawlovich began providing monthly visits to community and this was supplemented with videoconferencing on a health authority grade Wide Area Network. We then added an electronic medical record to support information collection and sharing as well as physicians as the model continues to grow. We have also increased the number of physicians you will see in community, who include;

- Dr. John Pawlovich
- Dr. Bryan Skrenes
- Dr. Shannon Douglas
- Dr. Rebecca Howse (new Doc)
- Dr. James Liu (new Doc)

Successes:

The model has been successful in reducing many of the barriers to care, while improving trust of medical professionals.

Figure 1: Have you ever felt discriminated against by staff at this clinic?

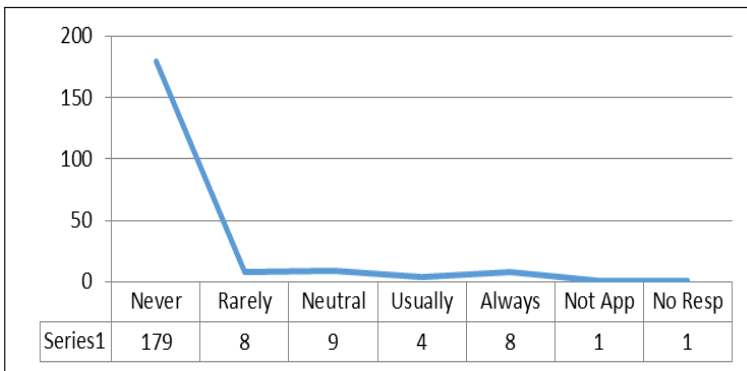
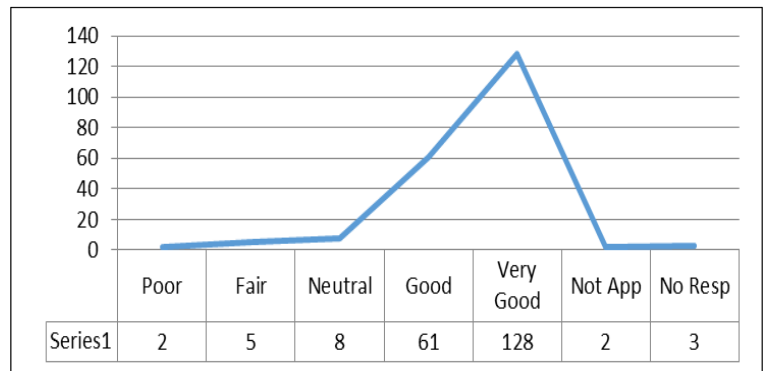


Figure 2: Overall, how would you rate the care you received at this clinic over the past 6 months?

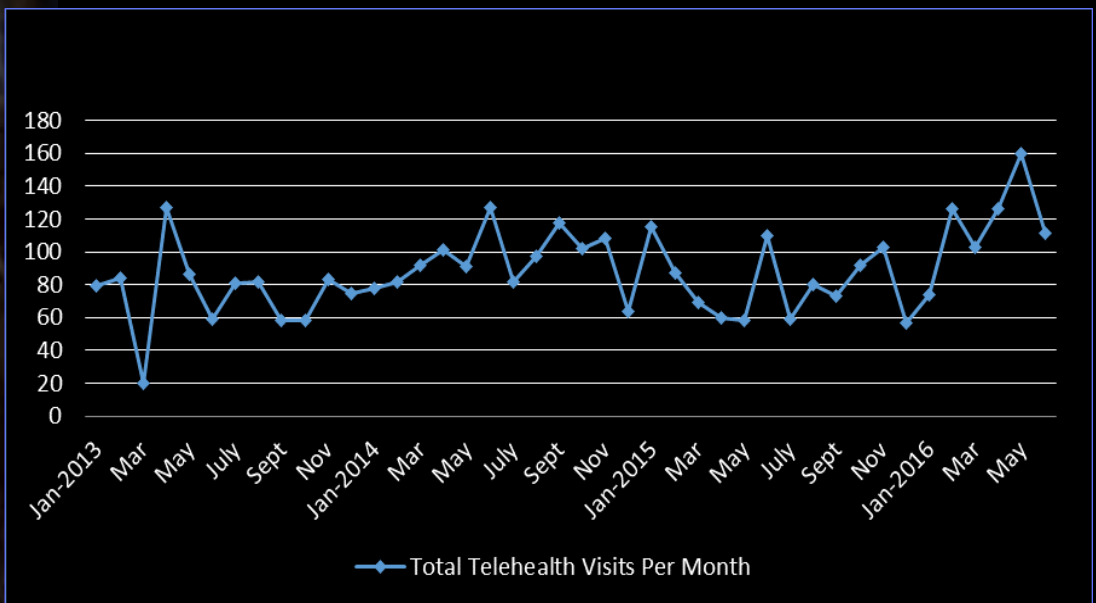


Patient Visits: Statistical Information (January 2015- December 2015)

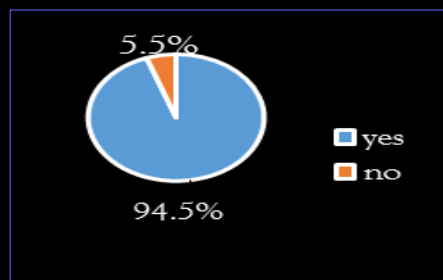
Care provider	Face to face	Notes/phone	Telehealth
Physicians	2632	1716	871
Nurse Practitioners	388	70	
Nurses	4731	1535	
Home Care RCA/Nurse	667	200	
Physio	162	9	3

TELEHEALTH

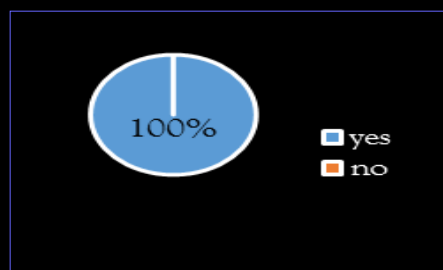
Based on some of the information collected in our 2016 Primary Care Evaluation, we have attempted to increase awareness of the availability of telehealth services. In addition, we have developed a telehealth schedule and try to have a CSFS physician available every day to see patients. Those who have accessed telehealth have been happy with the services, with 94.5% of 110 people surveyed who have used the service indicating they would recommend telehealth to other people (see charts below). However this has not translated into a substantial increase in usage.



Would you recommend telehealth to other people?



Do you think telehealth is useful?



INTENSIVE FAMILY PRESERVATION

The Intensive Family Preservation Services (IFPS) continues to be a success story. In 1 calendar year of providing IFPS the team worked with 63 children. Forty-three of those children remained with their parents and 3 children placed with family meaning that 73% of children who have engaged in this program are with parents or family. Seventeen children have been removed and placed in a foster home/group home. However, 8 of those children were from one family/one file and skew our numbers somewhat regarding children entering care.

Number of Children	Number Remaining w/ Parents	Number Remaining w/	Number in foster care
63	43	3	17

Statistical Information (January 2015- December 2015)

FUN FACT: In addition to the 114.07 face to face hours provided to families during one three month period, the three IFPS clinicians spent 51.65 hours doing paperwork, 25.96 hours travelling to and from clients' houses, and drove a combined total of 1030.60 kms!



FAMILY JUSTICE

TEAM LEAD, RENEE GOMES

The Family Justice Program is celebrating its 10th year as a service at CSFS. In 2006 we began offering Carrier Family Decision Making conferences. Today we provide a variety of meeting types, all with the goal of maintaining and supporting families by bringing people together.

The Family Justice Program has been going strong since 2006. We believe that families have the solutions to the problems they encounter even when that problem involves the Ministry of Children and Family Development (MCFD). The philosophy of the Family Justice Program is to support families while they explore their options to make the best possible plans for their children's future.

Our main office is on 4th Avenue in Prince George with a second office in Fort St James. Our facilitators travel all over Carrier territory to work with families in their home communities or towns. We receive referrals from the Ministry of Children and Family Development offices, CSFS Guardianship workers, concerned family members and band representatives. Referrals for our program can be found on the CSFS website

and can be filled out and faxed or emailed to Family Justice.

Although we work on a 5 day a week 8:30am to 4:30pm schedule we are also aware that those hours do not always work well for families and if families require a later or a weekend meeting we do our best to accommodate their needs.

We began our program in 2006 with two facilitators conducting Family Group Conferences.

Since that time we have grown to four facilitators and an administrative assistant. We now offer a variety of meetings that include Family Group Conferences, Prevention Meetings, Family Case Planning Conferences and Permanency Planning Meetings.

In the first 6 months of 2016 we have conducted 64 meetings with a total of 320 participants. Out of all participants who filled out evaluations, over 95% say they would recommend this service to others who are going through similar situations.

Going forward we have created a new family meeting format to include parent and family input when children are under a Continuing Custody Order (CCO). When a CCO is in place parents are

Referral Type	Number of Referrals	Conferences Completed	Number of Participants	Families Served
Family Group Conference	24	24	104	46
Family Case Planning Conference	48	47	223	37
Parent Teen Mediation	13	4	8	12
Youth Transition Conference	5	2	8	5
Other	6	4	24	5
Total	96	81	367	105

Statistical Information (January 2015- December 2015)





legally stripped of their parental rights. Our program believes parents should always have the chance to be involved with their children regardless of how limited that involvement may be.

We are in the process of creating a more traditional Carrier/Sekani model of gathering together to assist families who are struggling with MCFD involvement. This is a work in progress, as we gather information to ensure traditional accuracy.

***FUN FACT:** In three months a conference coordinator spent 56.5 hours travelling to cover 5007.3 kms.*

Focus of the Upcoming Year

The focus of the upcoming year will be; to improve information sharing, increase CSFS' role in research, build on integrated service delivery, and improve addictions support. This will include such activities as producing website and communications materials, improving our electronic medical record data so that combined information can be used in planning and producing journal articles that acknowledge the innovative work that CSFS has been doing.

Primary Care's role in improving addictions recovery will include such things as working with patients to

complete medication reviews. We also hope that work on integration will support the work of physicians, nurses and the mental health and addiction counsellors in supporting clients.

As part of our strategy to increase our role in research, CSFS and UNBC, with Dr. Harder was successful in receiving funding for a Canadian Institute of Health Research Grant focused on Suicide prevention among those age 25-45. The goal of the study is to evaluate the long-term effects of young adult involvement with cultural interventions and suicide prevention programs. We will be expanding and adapting previously developed suicide interventions such as the Nges Syi manual.

There are a number of challenges to ensuring that the CSFS Primary Care model grows and is sustainable. We are working to achieve adequate funding to ensure the model's success, with opportunities to grow as we build and evaluate the work we are doing. We are also pushing for a funding model that reflects the services being provided, and reflects physician compensation that matches our innovative model. We will be developing a business case that outlines our current physician services and future needs and increases collaboration with Chiefs, care providers and other stakeholders.

MARY TEEGEE, EXECUTIVE DIRECTOR

CHILD & FAMILY SERVICES

It has been a monumental year for the Indigenous peoples of Canada. With the ushering in of a new Liberal government, came a sense of hope. The Trudeau government appointed Jody Wilson-Raybould as the first indigenous person as the Minister of Justice and Attorney General of Canada. Minister Carolyn Bennett was appointed to the newly named Indigenous and Northern Affairs Canada (INAC) department. The federal government endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and supported the Truth and Reconciliation Calls to Action.

In January the First Nations Child & Family Caring Society of Canada and the Assembly of First Nations won a landmark Canadian Human Rights Tribunal ruling. The case argued that the Department of Indian and Northern Affairs' provision of First Nations child and family services was flawed, inequitable and thus discriminatory under the Canadian Human Rights Act. The victory marks the first time in history where a country has been charged with discrimination by its citizens. As a response to the ruling, INAC has a duty to rectify their flawed funding model and to implement Jordan's Principle.

Currently, Delegated Aboriginal Agencies such as CSFS are not funded equitably. The same factors that allowed for the Federal government to be charged with discrimination in Child & Family Services are occurring with the Province of BC. Although we are delegated to do the same work as the Ministry of Children & Family Development (MCFD), we are not funded equitably. In fact, Delegated Agency workers maintain a higher standard of work than MCFD workers yet we are funded substantially less.

While the Federal government has committed to reforming their Child and Family Services Program, the Provincial government continues their archaic practices. MCFD leadership continues to make practice and policy decisions without the involvement of and "informed consent" of our Nations. As chair of the Delegated Aboriginal Agencies, I have advocated for the involvement to include agency directors in all decisions

affecting our children and families. In order to have meaningful consultation, we must be provided with resources equitable to MCFD. This includes dollars for research, evaluation, policy and standards development and administrative functions.

Recently, the Provincial government committed to work on governance issues and to revamp child and family services. This is long overdue as we know the outcomes for our children in care are not positive. As part of a commitment to make positive changes for Indigenous children and families, the Province, the Leadership Council, the BC Assembly of First Nations (AFN), the First Nation Health Council and the First Nations Directors Forum worked together to host the Reconciliation and Self Determination for First Nation Children and Families Provincial Forum. The intent of the forum was to bring together First Nation Leaders, child and family advocates, experts and community members to have a serious discussion of the state of child welfare in BC. Since that forum, we have been working on developing an Action Framework document that highlights the immediate needs of children and families and identifies the longer term goals of self-determination.

The Delegated Model of child and family services is an interim measure to self-determination in child and family services. Understanding this, we have developed programs such as the Family Preservation Program, the Family Support PG Program, the Family Justice Program, Intensive Family Preservation Program, etc. and we have assumed delegated authority for Guardianship and Resources (Foster Parents). All the health and child and family service programs we provide are to empower our nations to be healthy, strong and self-determining in every aspect of life.

We have started to plan for the assumption of all delegated services. What this means is that all child protection services now being provided by MCFD, will be provided by CSFS. Part of the planning process includes community engagement sessions to ensure we are seeking proper direction. We are also looking at child and family services in a way that reflects our culture,

customs and traditions. Child and Family services should be prevention focused; therefore we are adamant that we receive the funding to provide prevention services in the community.

Currently CSFS Child and Family Service programs receive a very small amount of funding for Prevention services from the province. I have been working to get federal prevention dollars to BC since 2007. The Canadian Human Rights Tribunal ruling does stipulate that BC should receive prevention dollars as part of the remedies to address the inequitable funding issue, however to date we haven't received this funding.

We can develop programs and services based on our customs, traditions and cultural philosophies, however, culture can only be taught by the home Nation and clan. I must commend all the nations who have held culture and family camps as we know that culture is integral to our resilience and strength. Our Walk Tall Youth Program also hosts youth culture camps for our children in care and for youth who may not have the opportunity to engage in cultural activities. The importance of these camps cannot be understated as they provide traditional knowledge for our youth which otherwise may be lost.

I am a firm believer that we as First Nations people have the inherent right to govern ourselves, our families, our nations and our territory. This right was not handed to us by the government, nor was it "bestowed" upon us by the Crown. Inherent Right simply defined is the right we were born with; given to us by the Creator. As Hereditary Chiefs, elected Leaders, Elders, parents, grandparents and knowledge holders, it is incumbent on each of us to uphold the most sacred right we were blessed with, the right to take care of our children.

I am hopeful that this coming year we have foster homes opened up in our communities so that we can bring our children home. Our children have the right to be brought up in the culture, clan and community they belong to; however this hasn't been possible with most of our

children in care. We can ensure they visit their families and communities and that they have exposure to as much cultural activities as possible, but this doesn't substitute for being with family and community.

I would like to acknowledge the work of my remarkable staff and to all the front line workers in our communities. Working within health and social services includes personal sacrifices of time away from family, stress and heartache. Much personal energy is expended to help our people overcome the legacy of residential school, for all the work you do and the sacrifices you make, thank you, musi.

"A hundred years from now it will not matter what my bank account was, the sort of house I lived in or the kind of car I drove... but the world may be better because I was important in the life of a child." *Forest E. Witcraft* *continued*



MARY TEEGEE, EXECUTIVE DIRECTOR CONTINUED

With the change of government, the appointment of a First Nation Attorney General, the recent legal victories, the adoption by the Federal government of the United Nation Declaration on the Rights of Indigenous People and the support of the Truth and Reconciliation Calls to Action, we are on a precipice of great change. Never before have we had this opportunity to make fundamental change in federal policy and programs. I am looking forward to what is coming and I am committed to work with our nations to make our children, families and communities stronger.

Self-determination starts with each of us individually. You choose how to live your life, you choose how to take care of your family, you choose how to treat others in your community

and you choose how to contribute to the strength of your nation. By understanding that we have to take personal responsibility for every aspect of our life, we can overcome the impacts of colonization and residential school, no one else can do this for us.

Thank you all for the honour to serve you in the capacity of Executive Director of Child and Family Services. I also would like to thank our fearless leader CEO, Warner Adam, and the CSFS Board of Directors for your support and guidance. We must remember that we are all integral to rebuilding our nations. The first step to this is simple; we must respect one another and be kind and compassionate with each other as our ancestors and Creator have taught us.



QUALITY SERVICES AND DEVELOPMENT MANAGER, SONYA ROWLAND

My overall role and goal is to provide support, direction and clinical supervision to the delegated and family preservation programs, as well as establish and maintain working relationships with our community partners and stakeholders. I am also accountable to ensure and monitor standards of practice within the resources, guardianship and family preservation programs.

On a regular basis, I facilitate bi-weekly team leaders meetings with the five team leads I work with on Thursdays from 9:30 – 11:30am. We usually meet via teleconference. I also provide coverage for team leads as needed (Burns Lake and Vanderhoof require coverage regularly as they have limited senior staff in their offices). I provide clinical supervision to team leaders who are currently holding files as well as for some of the frontline Burns Lake staff. I provide support and supervision to the team assistants.

I coordinate with the Research department to develop and implement surveys for team leaders. I will also be assisting the Accreditation Lead and the Research department in conducting internal audits within the guardianship, resource and family preservation programs. I work with the Resources team lead to keep a list of exceptions to policies for homes that are overcapacity and to develop the Pre Service Orientation and include Carrier specific information within the service hours. I am coordinating with Indigenous Perspectives Society to write our new procedures manual for all of our programs. I continue to coordinate with the Ministry of Children and Family Development (MCFD) regarding on-going IT issues.

This year we were able to fully staff our delegated programs in Burns Lake, Vanderhoof and Prince George. We also hired a permanent float social worker who is currently covering a caseload with

the guardianship program in Prince George while Cayla Steinbach is on maternity leave. CSFS has built capacity in regards to administrative support for our programs. We now have a full-time team assistant in Prince George and in Burns Lake, as well as a part-time team assistant in Vanderhoof. We continue to improve our planning and decision-making processes by using a trauma informed approach to practice which is supported by our child and youth mental health clinician position out of Prince George.

This year, we also fully implemented the Integrated Case Management (ICM) system into our delegated programs to ensure we are documenting our work and assessments on the government shared electronic system. The family preservation program is also using a new computer system to document their goal work with clients. Both systems are confidential and secured, but allow staff to share their information with their supervisors. This assists consultation processes and makes reporting statistics to our funders more accurate and accessible.

The Resources caseload in Burns Lake is very active and having a full-time resource worker in Burns Lake would be beneficial in providing better on-going support to the resources in Burns Lake and Southside. The resource worker could also recruit new homes for this area.

Geographical distance creates challenges to facilitating face-to-face meetings, as well as for staff trying to meet their visit standards and assist with facilitating visits for children in their home communities.

This year we facilitated youth in care to attend the Gathering our Voices conference in Victoria and the Gathering our Nations Pow Wow in Albuquerque, New Mexico. Both events were well received by the youth who attended!

PRINCE GEORGE FOSTER PARENT RESOURCES

Resources Manager, Amy Merritt

The Prince George resource team works predominantly with foster homes in Prince George. We continue to recruit and explore foster home options in our eleven CSFS Nation communities, and in June 2016 provided an information session to Takla Nation about the fostering process.

In Prince George, we have 55 foster parents whom we contract with to provide foster care services.

Our resource recruitment and retention worker, Vivianne Vanderpool, is working with the eleven CSFS Nation communities as well as urban applicants, and currently has twelve homes she is in the process of assessing to become foster parents. She has been working with the communities to identify people who might be interested in fostering. This work is given priority, in the hopes that if children are removed from family, there will be a home in their community where they can be placed. Therefore, our home studies are prioritized on the following criteria: applicants who are of aboriginal ancestry and live in one of the eleven CSFS Nations.

If you are interested in becoming a foster parent, please contact Vivianne Vanderpool who can explain this process to you, and assist you with the paperwork and answer your questions. She can be reached at 250-563-3360 ext. 122.

We also have staff who facilitate Applied Suicide Intervention Skills Training (ASIST) and Crisis Prevention Institute (CPI) training to foster parents, CSFS staff and community members. This was offered in Prince George, Burns Lake and Vanderhoof in 2016.

We are happy to offer workshops on the process of fostering. If you are interested in our team presenting in your community, please contact Amy Merritt, 250-563-3360 ext. 111.

The Role of Resource social workers:

When a family is in crisis, their children may be at risk of neglect or harm. In these cases, the social worker may remove the child(ren) from their parent/guardian to a foster home. The children stay in a new, safe location while their parent(s)/family work on rebuilding a healthy home life. If children are unable to return home, based on ongoing safety issues, children may remain in foster care under a Continuing Custody



Order, and their social worker explores permanency options for them.

The Resource team focuses on finding and supporting wonderful people to open their hearts and homes to the children who are brought into foster care. The caregiver goes through rigorous training and a home study, in order to attain skills and ensure foster parent standards are met. Once a caregiver meets our standards, we support and work with them to provide stability, culture and connection for children in their homes.

One of the main goals of our team is to increase cultural capacity in foster homes, so that children have daily access to their culture. Resource team members and foster parents have been attending community events such as Health Fairs, Baby Welcoming ceremonies, and Christmas parties in as many communities as possible with the hope of collaborating with you and your community members to keep children in their home communities. We continue to assist our caregivers in attending and connecting with communities of the children they care for. If you have ideas on how we can do better at this, please give us a call!

Over the year we supported our caregivers by providing training, such as "Lunch 'n Learns" on topics of residential school, Grief & Loss and Fetal Alcohol Spectrum Disorder. We encourage and require ongoing training for our foster parents, to enhance their skills and knowledge.

Several caregivers attended the Federation of Aboriginal Foster Parents AGM/ conference, and plan to do so this coming September/October when it is offered again.

The Child and Family Services team co-hosted a camp for foster parents and children in care in July. This year we held the camp at Beaumont campground and Nadleh hall, and had over 120 attendees. We plan to continue to plan these camps with CSFS Nations annually, for foster parents and children in care.

Our office hours are Monday–Friday, 8:30am to 4:30pm. We are able to work outside of these office hours to accommodate families and services as necessary.





The Prince George Guardianship team strives to:

- Build good working relationships with the band/communities CSFS serves
- Build on skills by attending all training pertaining to the Guardianship program
- Support the Guardianship social workers in case management, supervision, and direction
- Participate in all community events with children in care and their caregivers to keep the children/youth's connection to community and build on a stronger identity to their culture
- Facilitate long term permanency planning for children in care with their band/community/families

Our team received an extra vehicle for the Guardianship program which has helped with the amount of guardianship social workers and caseloads. This has helped to effectively meet guardianship standards, such as our minimum 30

day contact with clients or travelling to communities to keep community connections for children in care, as well as for workers to attend on-going meetings for children in care. The ongoing request from other CSFS departments to borrow guardianship vehicles impacts the guardianship social workers to continue to maintain their daily duties.

A challenge has been to have an adequate number of guardianship social workers for the amount of child service files the Prince George Guardianship program holds, so children/youth in care have the proper care & attention needed to do thorough short term and long term planning and support. Another challenge has been the lack of a private meeting area in the building. There is an immediate need for adoption training. The guardianship program has been waiting for this training for up to a year due to the low amount of dates this training is offered through MCFD.

Happenings over the past year:

A sibling group of two children is currently going to be adopted by a family in Fort St John who

PRINCE GEORGE GUARDIANSHIP

SUPERVISOR, SANDRA WILSON

has already adopted the two other siblings. A file transfer to the Fort St. John office took place on July 29. Cheslatta Band and the biological mother have been involved in the permanency planning.

Another sibling group of two is currently beginning the adoption planning process, working with the band of Yekooche and the biological father. One child has been adopted with the support of Takla (his band), to a long-term foster parent.

The Prince George Guardianship team held a kids in care event for the “Kids in Care Week” in June at the UNBC Northern Sports Centre; there were approximately 60 kids in care that attended with their caregivers.

Prince George Guardianship attended the Pow Wow in Albuquerque, New Mexico April 27-30, where three youth in care from PG and two youth in care from Burns Lake attended with CSFS staff as chaperones. The youth enjoyed this experience and would love to attend again in the future.

Three youth in PG guardianship graduated from high school in June 2016, with either a leaving certificate or a dogwood diploma.

Three of our youth in care aged out of care in February of 2016, and have gone on to find employment, or transitioned onto to Community Living BC supports which were in effect when the youth turned 19 years old.



VANDERHOOF AND BURNS LAKE INTEGRATED CHILD WELFARE SERVICES

SUPERVISORS, JUANITA GULL & CHERYL BOYD

The Integrated Vanderhoof and Burns Lake Child Welfare teams provide delegated social work services to children in care from our eleven communities and to foster families. We meet with children and families in their homes, foster homes and group homes and as guardians attend appointments with doctors, schools, etc. Voluntary family support services such as respite, voluntary care agreements, special needs agreements and youth agreements are provided directly to families in need. The goal of our program is to help keep kids safe, holistically healthy, connected to their culture, and to maintain kinship ties with family and community so they can grow up with a strong sense of identity as healthy First Nations people.

Vanderhoof Case Load Summary:

Guardianship: 12 children in care

- 4 children from Saik'uz – 3 placed in Vanderhoof; 1 living in Saik'uz.
- 5 children from Nadleh – 3 placed in Vanderhoof and 2 placed in Fraser Lake
- 3 children from Lake Babine Nation – 1 placed in Fort Fraser; 2 in Prince George
- 1 child from Cheslatta – placed in Fort Fraser

Resources:

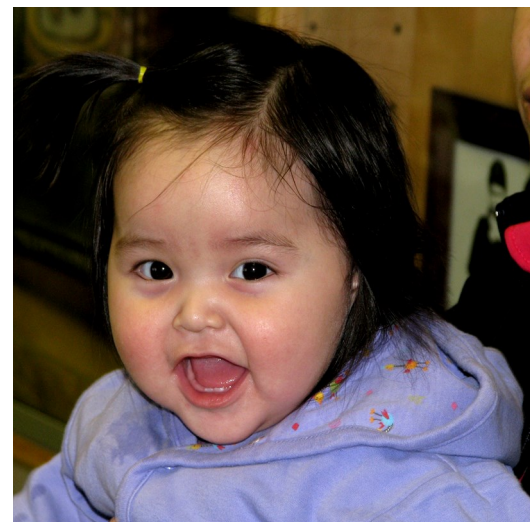
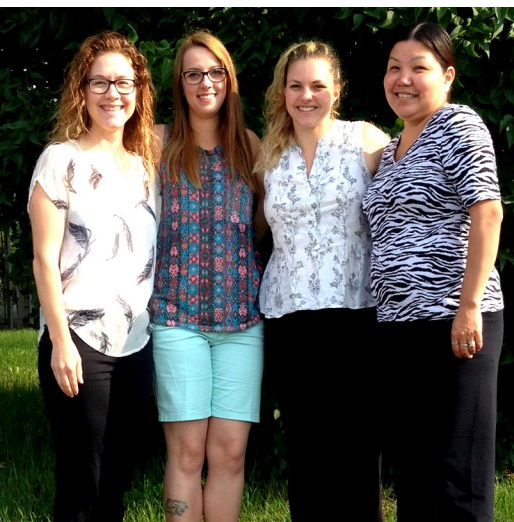
Primary Foster Homes (CSFS Foster Homes)

- 2 Fort Fraser
- 1 Fraser Lake
- 2 Vanderhoof
- 1 Fort St James

Secondary Foster Home (MCFD Foster Homes with CSFS Children in Care)

- 1 Vanderhoof

Out of the 6 Primary Foster Homes, there are 2 children from Tl'az'ten that are in Ministry of Children and Family Development (MCFD) care; 1 child from Saik'uz that is in MCFD care; 1 child that is aboriginal (not from our 11 communities) and is in MCFD care; 1 child from Nak'azdli that is in Nezul Be Hunuyeh's care; 1 non-aboriginal child that is in MCFD care.





Burns Lake Case Load Summary:

Guardianship: 8 children in care

These children are from Lake Babine and Nee Tahi Buhn community. This year we have 4 youth aging out of care from the delegated program.

Resources:

Primary Foster Homes:

- 5 Burns Lake
- 4 Southside

Secondary Foster Homes:

- 1 Endako
- 2 Burns Lake
- 2 Houston

Out of the nine Primary Foster Homes, there are three children from Nak'azdli that are in Nezul Be Hunuyeh's care; there are 5 children that are aboriginal (not from our eleven communities) and are in MCFD care.

A challenge for our program is children in care becoming Continuing Custody Order and placed on our caseloads when they have been initially placed by MCFD far from their families and their community and have had minimal contact. We are finding that once children become CCO, they have often been in their placement far from home for numerous years and have formed strong attachments with their caregivers. We have to weigh this out when determining to move kids closer to their community. Another barrier to service is we do not have the foster homes to place children close to or in their communities, or to bring large sibling groups together. We are going to work closely with MCFD in the up and coming year to do preventative work to have children who initially come into care placed closer to their communities and their families. In addition to this, we will continue to work on recruiting foster families in or near our communities to address this issue.

VANDERHOOF AND BURNS LAKE INTEGRATED CHILD WELFARE SERVICES CONT

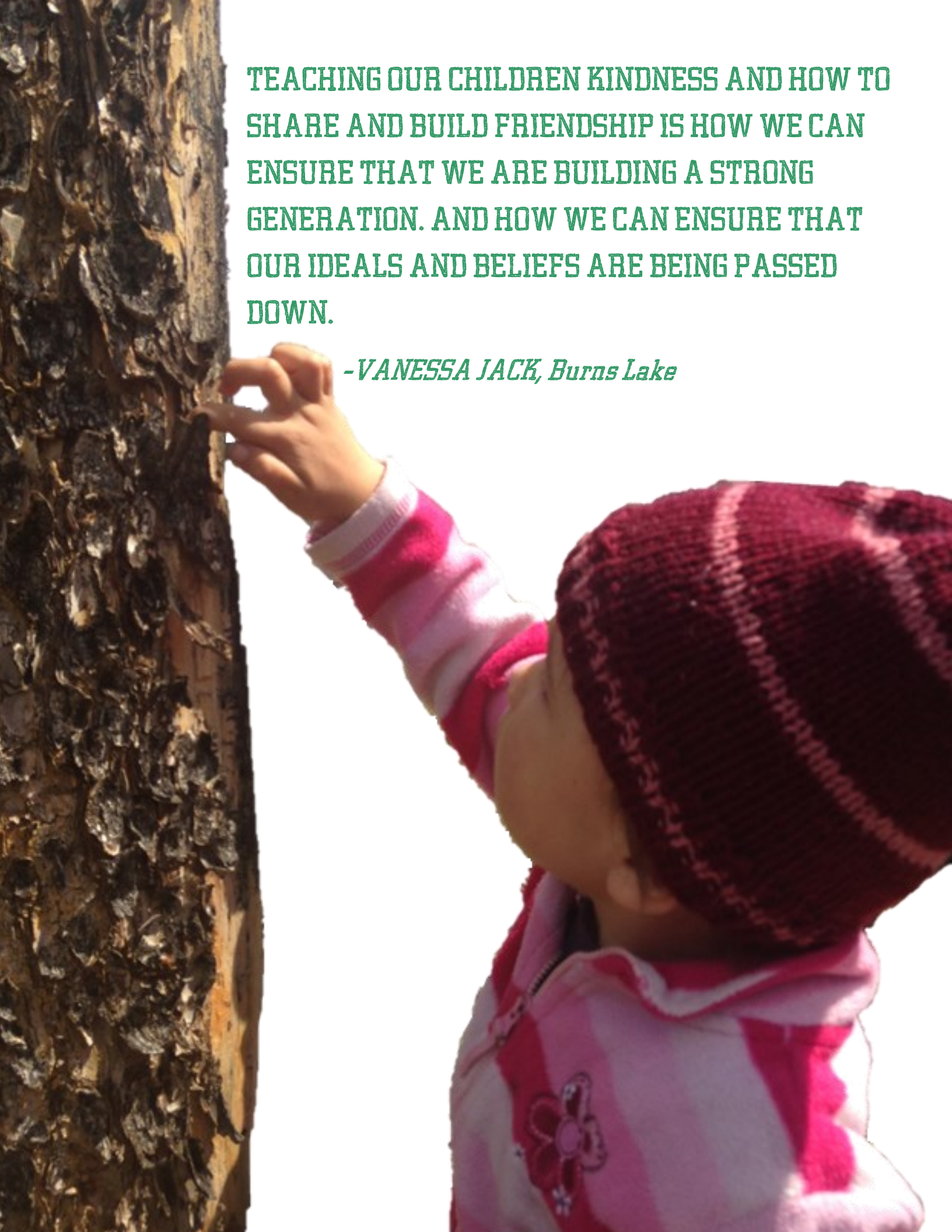
CSFS delegated services in Vanderhoof needs a transporter to transport and supervise children in care visits with family in their home community. Due to a lack of transporters, our children in care are not seeing their family members enough. Currently transporters are being contracted out through Nechako Valley Community Services Society and children's visits are limited due to the fact that there is only one transporter/supervisor to service all of the children in the Vanderhoof area who are in care with both MCFD and CSFS. On average, children who are in MCFD care are having family visits once a month due to this issue. This is an area we will passionately advocate for in the up and coming year to ensure that children in care have the opportunity to maintain important connections with their family and community.

Some of the successes we have seen in our youth this year are in relation to education; with one youth graduating from high school with honors and another entering his last year of high school, in addition to working a part-time job and applying for post-secondary education. We had two of our youth attend a financial literacy workshop in April learning how to set financial goals and the practical skills needed to achieve those goals. We have also had youth reconnecting with their family history and community in meaningful ways. One youth participated in a family meeting where he received a family tree, and photos from his parents' childhood. The youth was able to spend time with Elders in their home community while sharing a meal and asking questions about his family history. Stories like these represent the goals we strive for in our program.

A major success this year was the increase of opportunities for our foster families to learn more about culture and issues that are directly impacting our children in care today. There have been wonderful training opportunities in a variety of subjects over the year that our foster families have been able to attend. Some of the trainings included information on Fetal Alcohol Spectrum Disorder, Attention Deficit Hyperactivity Disorder, American Sign Language, Applied Suicide Intervention Skills Training (ASIST), and the Impacts of Residential Schools. A training opportunity this past spring gave some foster parents a chance to listen to Gabor Mate present his workshop on Attachment. In July at our Carrier Sekani Caregiver Camp our children in care and their foster families were able to experience Guy Prince's teachings on how to make medicine pouches and were taught by Bruce Allen how to play Lahal.

For community engagement work, the Burns Lake Guardianship team hosted a 3-day cultural event for youth over spring break. We had Wilf Plasway, Eugene Patrick and Mike Robertson teach the youth drum making, storytelling, and Cheslatta's history. We also helped with Aboriginal Day planning and activities for June 21 events in Burns Lake.

*Back in the old days, when hunters went out to get a moose,
they cut it up and shared it with the whole community
-Carrier Elder, 2008, Nges Siy Project*

A young child, seen from the side, is reaching up with their right hand to touch the rough, textured bark of a tree. The child is wearing a red knit hat and a pink and white striped long-sleeved shirt. The background is a bright, clear sky. The text is overlaid on the upper right portion of the image.

TEACHING OUR CHILDREN KINDNESS AND HOW TO
SHARE AND BUILD FRIENDSHIP IS HOW WE CAN
ENSURE THAT WE ARE BUILDING A STRONG
GENERATION. AND HOW WE CAN ENSURE THAT
OUR IDEALS AND BELIEFS ARE BEING PASSED
DOWN.

-VANESSA JACK, Burns Lake

PRINCE GEORGE FAMILY SUPPORT & EMPOWERMENT

SUPERVISOR, CHERYL THOMAS

Our overall goals in the Family Support Program are to build and strengthen the capacity of children, youth and families to allow them to manage their own needs and to facilitate an increase in strong and responsible children, youth



and families. Increasing their social capital will equip children, youth and families with the information, skills and resources to meet their current and emerging needs. The Family Support team currently provides one on one support to approximately 90 families per month. The staff also facilitates ten programming groups per week. These groups include: Men's and Women's Group; Skills to Success; Toddler Group; Future Leaders; Parenting Support (Parenting Now, Parenting 1234, Nobody's Perfect); Anger and Stress Management; Couples Group and Girls and Boys Group.

Our overall goal in the Family Empowerment Program is to increase parent/caregiver's inventory of parenting skills, knowledge and understanding of child development milestones, and to demonstrate a better understanding of their parenting styles during visits. The Family Empowerment team currently provides 63 visits per week for 57 different families.

We have completed an internal audit and all the Family Support and Family Empowerment files meet CSFS standards. We continue to work with the Accreditation Lead to ensure that all Family Support and Family Empowerment client files continue to meet accreditation standards.



The Community Linkages (Soup Bus) Program has served the homeless and at-risk homeless population of Prince George since 2002. Staff identifies and distributes available resources/ referrals in Prince George to the homeless population at the Active Support Against Poverty (ASAP) shelter and the Carney Hill Neighbourhood Centre (CHNC) that assists the clientele in moving 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 ASAP shelter and over 4,800 unprepared nutritious foods to the at-risk homeless population at the CHNC. The Soup Bus currently provides nutritious

food at the ASAP shelter four times a week; Monday–Thursday during dinner time (5:30pm–6:00pm).



Our future plans:

- Complete Family Support and Family Empowerment field training guide.
- Complete the Family Empowerment Handbook; draft copy has been submitted for review and approval.
- Food Skills for Families group will start in the fall.
- Family Support staff will take the pre-training (online courses) for Children Who Witness Abuse. Once this is complete they will take the 2 day in person training in Dawson Creek.

PRINCE GEORGE BRIDGING TO EMPLOYMENT

EMPLOYMENT COORDINATOR, SAMANTHA WURTAK

The Bridging to Employment Program is designed to assist participants to recognize and deal with issues in their daily lives that have become barriers to finding meaningful employment. We incorporate life skills and employment education with cultural teachings in a supportive classroom setting. Participants from all cultural backgrounds are welcome to attend. The Bridging to Employment program is open to men and women of the Prince George community who are 16 years of age or older, unemployed, under-employed, or looking for more education and



skills. This nine week program is offered three times per year and runs from 9:00am - 2:30pm, Monday to Friday and is located in the basement of 1145 Second Avenue building in Prince George. This space allows for the learner to express themselves in a safe and positive atmosphere. We accept fifteen students at a time to allow for more one-on-one counselling and group interaction.

There are a number of ways that you can be referred to the program. You can self-refer by completing an application and submitting it to

CSFS either at the main office at 987 Fourth Avenue or 1145 Second Avenue. You may also obtain a referral from an employment counsellor at WorkBC or family support worker. Contact either Bev or Samantha at 250-563-5530 if there are any questions.

This has been an exciting time for the Bridging program. This past year, the Bridging program was showcased on CKPG TV News and this speaks highly to the positive impact that this program has had and continues to have in the community. There is always a waiting list and people are eager to tell others about their experience in the program. Elizabeth Charlie says "If they are really serious about changing their life and getting out in the work force come to this program because this program will teach you all the stuff you need to know" (Oct 2015).

Over the past year, thirty-six people were accepted to the Program. Our students worked hard to earn their Foodsafe, WHMIS, First Aid, and First Host certificates. At the same time, they learned to build stronger resumes, develop their confidence and improve their employability skills. Students complete the program with an increased sense of self-esteem and accomplishment. More than thirty people successfully completed the program this year and have set goals to complete their education and apply for meaningful employment in industries that interest them.

Our goal is to have the students complete the program as a strong team that can be a support system as they reach their individual goals and overcome barriers to stay on a positive life path. We continue to maintain contact with participants to see whether they require additional supports and follow up to see if they are following through with their action plan, going to school or if they have found employment. We continue to build a network of employers and community service providers that we can connect our students with so they remain motivated.



The best way to find
yourself is to lose
yourself in the service of
others.

-Mahatma Gandhi



BURNS LAKE BRIDGING TO EMPLOYMENT

EMPLOYMENT COORDINATOR, JOHN PATRICK

After the success of the first two, the Burns Lake Bridging to Employment program started up again November 30, 2015 with a lot of excitement from the community. Former participants sang our praises on social media and at local community gatherings, citing the program changed their lives and how they look at their future. With the addition of life skills workers, Diane Batley and Felicia Erickson, the program was in good hands going forward.

The program devoted time to helping participants expand their life skills knowledge and then turn their life skills into employable skills for the work force. With help from industry experts, they learned how to make workable resumes, how to properly do a job search and prepare for job interviews, among other things. They put this knowledge to practice with potential employers who put them through their paces with a mock job interview for the two-week work experience portion of the program.

Certificates earned in the program include:

- First Aid Level 1
- WHMIS
- First Host
- Food Safe
- Financial Literacy
- Serving it Right

The final piece of this program is learning traditional skills and knowledge including Nation History, button blanket making, beading and a mock learning potlatch. The mock potlatch graduation ceremony was overseen by hereditary chiefs of each clan and staged in the very manner with which a real four clan potlatch would be. Participants provided the food, with the help of CSFS, and prepared the meals and handed out all the gifts at the learning potlatch while it was run by selected hereditary chiefs and participating community members, who wanted to be a part of this graduation ceremony. All the music was provided by hereditary singers chosen from each clan and the dancing provided by the graduating class.

The Burns Lake Bridging to Employment program is very important to this community; Burns Lake has very little to offer by way of employment programs, even less for those First Nations wishing to improve their lives. We are proud to report that we had 26 graduates from the program this year, with a total of 44 participants. This program opens doors for people who want to take that next step back into the workforce, and the tools to be successful. The Bridging program is now the 'program to be a part of' and we are pleased to announce that our funding has been solidified for the next year. We will continue to strive to help people in the Burns Lake, the Lakes District and surrounding area reach their employment related goals and personal excellence.

CULTURAL PROGRAM & WELLNESS

COORDINATOR, BARBY SKALING

The Cultural Program and Wellness Team Coordinator assists with research via surveys/questionnaires. She also liaises with CSFS programs and community members to identify individual family and community cultural support needs to achieve community wellness.

I provide all programs with workshops, and educational sessions upon request as follows: First Nations women and violence (all forms; lateral, sexual and domestic – moving forward, continue with healing), basic sexuality (understanding you and/or I am worth it) for our young adults and youth. I also assist with Welcome Baby Ceremonies, cultural awareness training for youth, and new staff as requested. Topics include CSFS brief history, Bah'lats system, traditional roles of First Nation women, and rites of passage for girls, as well as our clan system, protocols, etc.

I had the privilege to interview our knowledge holders and Elders to identify unique culture in each community for the “Hugh Snegh” project with the Mental Health team, facilitate Sexual Violence for our First Nation women focus groups with the Highway Initiative Project, and Domestic Violence for First Nation Women and Men Focus groups in the Mental Health and Addiction Recovery Program. I provide support with the Child and Welfare teams – Resource program, Bridging to Employment program and Walk Tall program. At our CSFS Youth Cultural Camp I assisted the youth group with developing presentations!

My grandmother used storytelling as did many of the Elders in our community to pass on teachings from generation to generation. In many of our cultures this goes without saying... parenting

skills, traditional territory knowledge, hunting, fishing, clan systems, etc. have all been shared through stories. Many stories taught on a daily basis brought very important technical skills as well as provided a historical record. This is a way to teach our young from small children to young adults about behaviours, standards of conduct, and as a means of having fun as well. I focus on skills development and information sharing to assist individuals, groups, and front line workers to respond effectively and with a culturally sensitive approach to the complex issues related to mental health and addictions. Many of us have faced childhood experiences and/or hardship including abuses that we do not want to talk about; the challenges of the contributing factors that may cause us depression, low self-esteem, etc.

It is very important to reach our youth, young adults and many individuals in our communities with cultural sensitivity as well. We need to help each other (including all community members, front line workers and those interested) and address the “violence” in many forms and in all levels of government to continue the healing needed, stemming from many years of abuses through colonization.

My first and foremost goal is to assist with CSFS programs and services to meet our vision of enhancing Carrier Sekani cultural integration within evidence based western models. I will be working in the up and coming year with another colleague to provide workshop/education sessions on “Lateral Kindness” to all the communities following completion of training with First Nation Health Authority. Additionally, I will provide the Lateral Kindness training to all CSFS programs/services as requested.

I think trust is a big thing because without trust - you won't get the respect, you won't get the sharing and you won't get the balance. You've got to not only respect yourself, but everyone else.

- Carrier youth, 2008 Nges Siy Project







YOUTH SERVICES

MANAGER, KAYLA BROWNSCOMBE

Carrier Sekani Youth Services is a division of CSFS which provides a unique, culturally competent approach to prevention and intervention for Youth in Burns Lake and Prince George. Our Youth Services includes year-round weekly programming, therapeutic 1:1 services, summer /culture camps, and resource bridging.

"Empowering and supporting youth through culture, education, and wellness promotion"

Our mission is to provide high quality youth services to aboriginal and non-aboriginal youth in Prince George and Burns Lake. The purpose of Carrier Sekani Youth Services is to prevent and reduce youth substance use/ abuse and violence while improving outcomes for youth in the north. We do this by increasing protective factors and reducing risk factors for youth aged 8-24 years. We are a prevention and empowerment program that uses proven methods to support young people as they build healthy relationships, strong cultural ties and life skills that lead to great choices and a bright future.

Our goal is that the youth we serve will be or become emotionally secure, competent, culturally invested, socially competent, physically, spiritually, and mentally healthy. Youth will develop a sense of direction and have hopes and dreams for the future that the adults around them encourage them to achieve.

The Youth Services Team works with between 40 and 60 youth per week consistently across all of our services. Our services are based out of Prince George (1145 2nd Avenue) and Burns Lake (108 2nd Avenue). We offer programming during the summer on weekdays, every day of the week (life-skills, Walk Tall, & Junior Groups). During the school year we offer programming Wednesday through Sunday each week. In addition to the programming days, the

therapeutic youth care workers are available for 1:1 services during the evening on weekdays year round.

In the past year our staff team has grown to a total of 8 staff (4 youth care workers, 2 therapeutic youth care workers, 1 Youth Life-Skills coach, and a program manager). We've been able to offer more services such as therapeutic 1:1 services, junior groups for 8-12 year olds, and a Youth Yoga Group. We arranged these services based on feedback from parents, local agencies, and our youth advisory council. Currently the 1:1 services are only offered in Prince George, however, we are looking to offer these services in Burns Lake in the coming year.

This year we experienced a lot of growth and change in the Youth Services department. Our biggest achievements were partnering with the SWITCH Learn to Snowboard Program, Hosting our own Youth Services Bah'lats, providing a youth support centre for 2016 Provincial Family Gathering, as well as the child minding for the National Inquiry Design Meeting, establishing our Youth Action Sexual Violence Prevention Team in Burns Lake, providing two firearms safety training workshops to youth in Prince George and Burns Lake, partnering with Provincial Health Services Authority for the 'Ask Auntie Camp' and sending three of our junior girls to participate in 'Ask Auntie Camp' in Port Hardy, and hosting three culture camps in the month of August 2016.

Our goals for the upcoming year are to host a youth conference Winter Break 2016 in Burns Lake, hire a male youth care worker for the Burns Lake area, hire a youth advocate for both the Burns Lake and Prince George offices, begin providing drop-in hours for youth in Prince George, visit one community a month from August 2016 to March 2017, and to provide ongoing life skills programming in the Burns Lake and Prince George offices.

FAMILY PRESERVATION & MATERNAL CHILD HEALTH

SUPERVISOR, CATHY SCOTT

The Family Preservation and Maternal Child Health team has worked very hard this year to ensure that our services meet the needs of our community members. We are putting the finishing touches on an online file management system that gives access to the team and team lead to show services provided and family successes.

We supported communities to hold very successful Welcoming Baby ceremonies where they honoured their children and introduced them to Elders and to their clan leaders. Families gathered together and made declarations to the children on how they would support and guide them through the years ahead.

Staff developed workshops on Parenting styles, Positive reinforcement and the importance of routine and structure for families. We collaborated with CSFS Resources to facilitate workshops in our communities.

This year, the team was able to support many families in having their families reunited. We advocated for several Grandparents to be approved as an option for care. We worked closely with families to make the small important changes that eliminated emerging child protection concerns.

The Maternal Child Health team worked closely with the Community Health Nurses to streamline services and avoid gaps in service. This is an ongoing project that is seeing positive results both in communication and service delivery.

Growing Great Kids is a strong attachment based curriculum that is available to families through the Maternal Child Health initiative and is growing in popularity with our families. Learning through interaction with your child and understanding why they do what they do is very empowering for parents.

The Family Empowerment program in Burns Lake is supporting families through a supervised visit that reinforces all the positive interaction the family has and gives guidance where needed. We service contracts from the Ministry of Children and Family Development (MCFD) and CSFS. We are working on hiring a casual worker to cover the increased workload.

If you are generous in your soul, you are not going to go without.

-Carrier Elder, 2008. Nges Siy Project





HIGHWAY OF TEARS PROGRAM

COORDINATOR, BRENDA WILSON-JOHN

The Highway of Tears Initiative is a program that was developed from a Symposium in 2006 to raise public awareness and create a call for action. 33 recommendations came out of the Symposium covering 4 key areas: Victim Prevention; Emergency Readiness; Victim and Family Counselling & Support, and; Community Development & Support. Ten years later, we continue to advocate for those four key components. We have networked with many government officials, federal and provincial. We have made strides in these four key areas throughout the years.

Recently, the Ministry of Transportation is in the process of bringing to life a shuttle bus service to Northern British Columbia.

The Government of Canada has announced a Public Inquiry into the many missing and Murdered Aboriginal Women and Girls across Canada. The government heard personal feedback from the families of missing and murdered loved ones. From these meetings, the issue of missing aboriginal men, who are also missing in large numbers, arose.

We worked with Marie Claire Magazine, to bring awareness of the issue to the people of France. Many other countries such as Germany and Switzerland have published news stories about the Highway of Tears. We participate to ensure the

issue is recognized worldwide.

CSFS Highway of Tears Initiative was an integral part of the "Highway of Tears Documentary" which has won many film awards and has brought worldwide attention to the Highway of Tears issue.

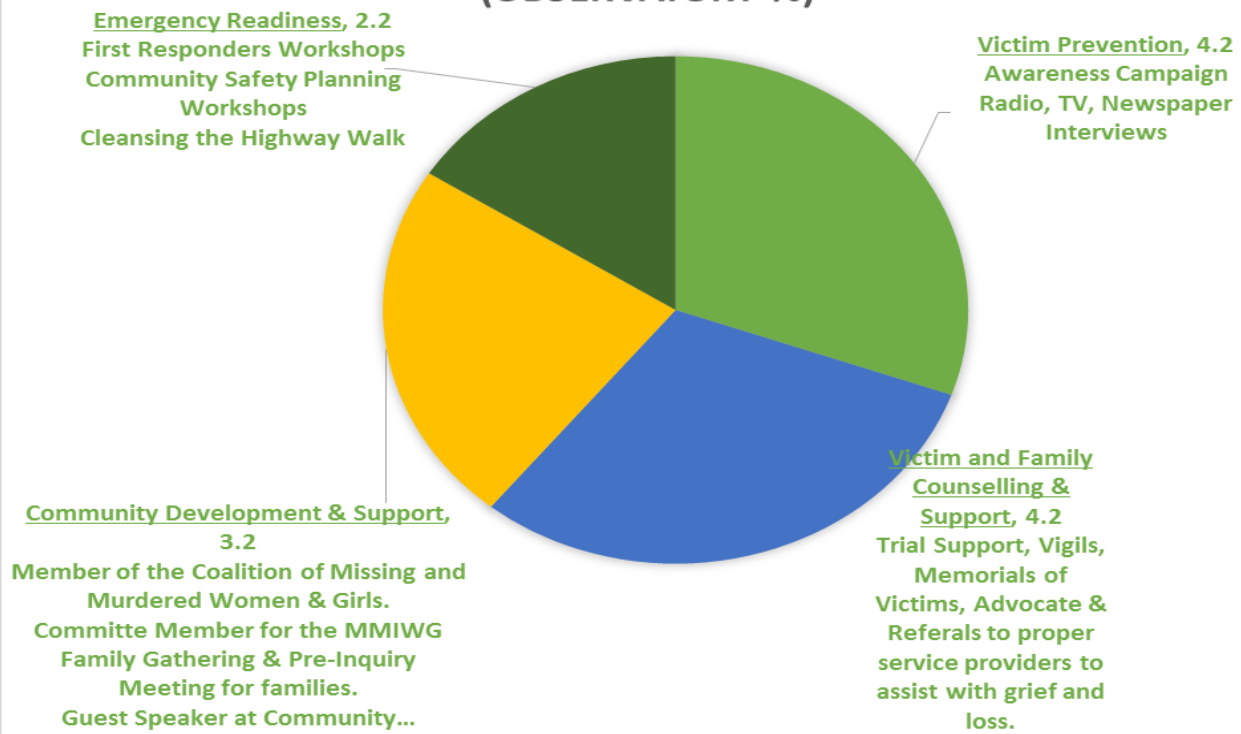
A Cleansing the Highway Walk was completed in June 2016 on Aboriginal Day. The purpose of the Walk was to involve communities along the highway 16 corridor between Prince Rupert and Prince George. It was also an opportunity for families of missing and murdered loved ones to talk about their experiences to their community. The families feel that they have been included and their stories have been heard.

The population that we serve is families of missing and murdered loved ones, as well as the communities along the highway of tears corridor where we provide awareness, support and prevention education. The office is located in Prince George at 835 3rd Avenue but we travel extensively to the Northern communities of British Columbia along the Highway of Tears.

To refer a family or person in need of our services by email at brenda@csfs.org, by phone at 250-563-1281 ext. 215, or on our website: www.highwayoftears.ca



4 KEY AREAS OF WORK IN PROGRESS (OBSERVATORY %)





**“We need to remember
that culture equals healing,
and culture is everything.”**

-Randi Mondor, CSFS Social Worker

COMMUNITY SAFETY PROGRAM

COORDINATOR, JOAN CONLON

The goal of the Community Safety Program is to increase and build community partnerships with a common goal to build capacity for First Nations and community stakeholders in supporting women and young girls who are at risk or are impacted by sexual violence.

A top priority has been to build relationship with community members and community service providers to be able to identify gaps and barriers to service. Another priority is to outline what resources are available that encompass a holistic and indigenous perspective that meets the needs of women and children who have been impacted by sexual violence. These resources would be included in a toolkit to help service providers with optimal strategies and interventions to reduce risk for vulnerable youth and women.

In addition, there has been a focus on organizing a three-day sexual violence forum that will result in a signed declaration by leadership and stakeholders that outlines what each organization and Nation will do to reduce risk for women and children in their community.

It has been important to note that our focus groups and community meetings have been very well attended. It has been through the hard work and relationship building skills of facilitators and service providers, who are focused on creating safety and validating the experience of women in our communities.

It has been a challenge to find national best practices that meet and address

the complex needs of Indigenous women in rural and remote regions.

In addition, during our visits to community it has been noted the impacts that industry brings when entering the territory and the social costs of industry (with an increase in STI's, alcohol/drugs, and sexual exploitation). This has been difficult to get indigenous leadership (Chief and Council) to engage in conversation and design and implement a plan that addresses the vulnerability of women and children especially in some of the most remote and rural communities such as Fort Babine.

During the past two months, the community safety coordinator has changed hands, and a local community member has taken the position. We have been able to build on existing relationships and build networks that exist in community. We will be taking over the position as Co-Chair of the Violence Against Women in Relationships (VAWIR) committee and will use that to gain access to events and service providers in the region.

The community safety coordinator was able to continue women's groups in Cheslatta, Nee Tahi Buhn, Skin Tyee, Tachet, and Fort Babine.

The "Save the Date" letters have been given to all six First Nations, provincial leadership, community leadership/ stakeholders, and service providers for a sexual violence forum to be held October 12 – 13, 2016 (Attorney General's office confirmed, MCFD has confirmed).

MARLAENA MANN, DIRECTOR

COMMUNICATIONS, PUBLIC RELATIONS & PROJECTS

COMMUNICATIONS

Since last year we have worked hard on the implementation of our communications strategy, with an overarching goal to increase external communications with our various stakeholders. Our external communications outlets include□

- New (2015) Website
- Social Media (Facebook, Twitter, YouTube and Instagram)
- E-blast Newsletter (Goozih Dust'lus)
- New Quarterly Print Edition Newsletter
- Branded print media templates (posters, program brochures, PowerPoints etc.)



A new branded CSFS website was launched last year, inclusive of news updates, an interactive calendar, program information and a regularly updated culture blog. The new website currently has an average of 200 page views per day and acts as our online communications hub.

We maintain four social media channels including Facebook (2050+ followers), YouTube, Twitter for news posts, and most recently Instagram. Social media allows us to build online relationships with community members and get a feel for what messaging and services they want to see.

Wherever possible, information is shared from the website to these various channels with a goal to increase website awareness and traffic.

Our e-blast newsletter is the easiest way 'online' to keep up to date with CSFS program and service highlights. The newsletter is emailed out at the end of each month and highlights up and coming programming, events, news, job postings and a link to the latest culture blog post.

This year we implemented a new quarterly print edition newsletter which is distributed to all CSFS offices, health stations, band offices and community partners. The print newsletter also contains programming information, events, and news. The intent for the newsletter is to reach anyone who is not connected with CSFS online.

We completed a quality assurance exercise in the spring of 2016 and were pleased to see that overall most of the almost 200 people who responded to our survey are 'mostly' or 'always' satisfied with our agency communications. Some of the areas that were noted that require improvement included ensuring that programming and events are highlighted with as much advance notice as possible, and that

overall quality of some of the articles and information was improved to make articles more engaging and useful to readers. We have since developed a communications committee consisting of one member of each CSFS program team to work on these areas, and ensure that all pertinent program information is shared.

For internal communications, we developed a central location to house forms, research papers, resources, proposals, photos, and agency information. This drive (common drive) replaced the staff only section of the website as an interim measure until a more accessible system can be implemented. A form and template collection was created following our newly implemented agency branding guidelines and includes communications tools such as posters, PowerPoint templates, brochures, etc.

Goals for the up and coming year include:

- Continuing to provide as much advance notice as possible for events and programming
- Work to improve the quality of information sharing
- Explore options for internal CSFS communications via an intranet system
- Attain funding for a writer/editor for the communications department

PROJECTS

Projects which have continued since my report last year include the CSFS staff Culture Resource and accompanying Training. 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. I am pleased to report that the final draft of the resource has been completed and is ready to send to a design team to create a booklet. The booklet utilizes lots of quotes from knowledge holders representing our member Nations, and includes lots of colorful and historical photographs to accompany various topics. We have received funding from the First Nations Health Authority to complete the final

design, including photographs and printing. The next step in this process will be to hire a consultant to work with us to develop a training curriculum for all CSFS staff, which we also hope to make available to other community stakeholders.

Capital projects that have moved ahead in the past year include an upgrade to our heating and cooling HVAC system at the 987-4th Avenue building. The custom engineered HVAC system had many setbacks initially, but is now operating well. Our warranty has been extended to compensate for the initial issues. The new system is working much more efficiently than the previous system and is showing significant cost savings in energy consumption.

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 plan to move all front line services to one location which is accessible to our clients and move our corporate office to Lheidli T'enneh lands. This year I completed a diagnostic and calculation of our spatial requirements and exhausted a search of all currently available spaces in the Prince George area. Unfortunately, only a few buildings have the size required and are as such unsuitable. We are now going to be exploring possible additions to our existing 987-4th Avenue building, or we will look at another possible building project to meet our growing need for office space. This year we discussed possible partnership with the First Nations Health Authority to build an on reserve location, and explored possible land locations with the Lheidli T'enneh band. Work on this project will continue next year.

Most recently, an Expression of Interest to build a safe house in the Burns Lake area on Lake Babine Woyenne land has been submitted to Indian and Northern Affairs Canada, and the Canadian Mortgage and Housing Corporation. We hope to be able to provide culturally relevant and effective housing and support solutions through this initiative to help address family violence.

I do a lot of walking and I thank all of the people that stop to offer me a ride. The younger generation, don't be afraid to ask the Elders questions, and remember to do it from your heart. Don't argue with each other because it's not worth it, be happy and ignore all the gossip.

~Irene Skin, Skin Tyee Nation (in Aboriginal Health Sciences FNST 282- 3 (CSFS & UNBC, 2003))





Policy & Privacy Information Director, Chris Ross

Privacy and Information Management & Technology

POLICY AND PRIVACY

The Office of Policy and Privacy Information oversees all ongoing activities related to the development, implementation, maintenance, and adherence to CSFS policies and procedures covering the privacy of and access to, patient/client information. Overall, the major role of the office is to ensure privacy protection is built into every major function involving the use of personal information. Our privacy policies and practices formalize our commitment to both client privacy and the need for continuity of care. We recognize the value of sharing information for the purpose of assessing, planning, and

developing health and social programs. CSFS will do so in ways that are consistent and in accordance with our Privacy & Security Framework and policies.

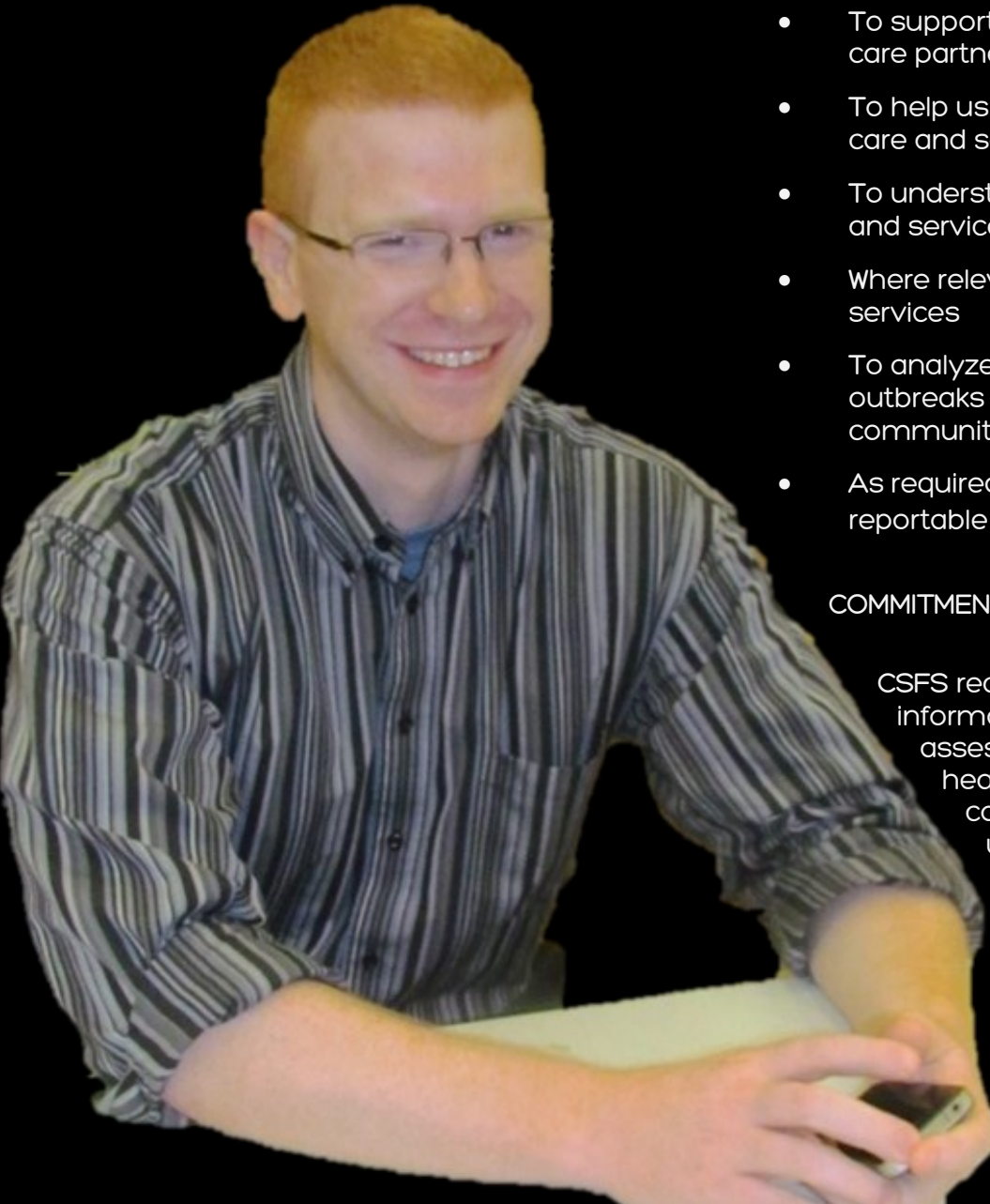
CARING FOR YOUR INFORMATION

When you receive care and services from CSFS, we will collect, use and share your personal health information for these reasons:

- To identify and keep in contact with you about your health care
- To provide ongoing care
- To support the delivery of care by health care partners
- To help us plan, monitor and improve our care and services to you
- To understand your eligibility for benefits and services
- Where relevant, to support billing to medical services
- To analyze, manage and control disease outbreaks and monitor the overall health of community members
- As required by law (e.g. court order, reportable conditions)

COMMITMENT TO PRIVACY

CSFS recognizes the value of sharing information for the purpose of assessing, planning, and developing health and social programs. CSFS is committed to supporting staff in understanding and following our Privacy commitments and practices. This commitment includes policy orientation for new staff, and annual privacy training for all staff. In addition, we are committed to ensuring our operations and practices embody and recognize clients'



privacy rights. As part of our commitment to client privacy we work diligently to ensure any aggregation of information or reporting does not identify an individual (either directly or by inference).

You have the right to:

- Confidentiality
- Ensure your personal information that we hold and protect is accurate
- Understand who has access to your personal information and for what purpose
- Understand how your information has been used
- Understand how and when your personal information is shared
- Report any concerns that you see regarding the privacy or handling of your personal information

CSFS recognizes privacy protection can co-exist with the holistic care system that enables health and wellness for community members. Our staff is here to support you with any questions, requests, or complaints that you may have regarding the privacy of your personal information. Please contact Chris at 250-562-3591 or email us at privacy@csfs.org.

INFORMATION MANAGEMENT AND INFORMATION TECHNOLOGY

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. For example, our IT team is responsible for maintenance and support of more than 300 computers, printers, and servers, as well as the more than 200 staff and community members who utilizes the technologies; however, the most significant responsibility for our IMIT team is managing the secure 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), and the security and reliability of the WAN continues to be a major priority. 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. The most significant of these upgrades was increasing the bandwidth for each site. During 2015, in coordination with Telus, we significantly upgraded bandwidth for offices and health centres within our Wide Area Network. 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.

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 centers 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.



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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 (the "Society"), which comprise the statement of financial position as at March 31, 2016, 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 Society'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 Society'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.

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.



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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, 2016, 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.

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.

KPMG LLP

Chartered Professional Accountants

July 20, 2016

Prince George, Canada



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Financial Position

March 31, 2016, with comparative information for 2015

	2016	2015
Assets		
Current assets:		
Cash	\$ 2,775,108	\$ 3,005,712
Accounts receivable	873,182	634,250
Sales tax receivable	42,440	33,034
Prepaid expenses	43,140	44,761
	<u>3,733,870</u>	<u>3,717,757</u>
Tangible capital assets (note 2)	2,628,845	2,798,894
Restricted cash	157,646	151,606
	<u>\$ 6,520,361</u>	<u>\$ 6,668,257</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 1,466,545	\$ 1,003,864
Wages payable (note 3)	584,676	506,796
Deferred contributions (note 4)	178,043	636,524
	<u>2,229,264</u>	<u>2,147,184</u>
Net assets (note 6):		
Investment in tangible capital assets	2,628,845	2,798,894
Unrestricted surplus	1,504,606	1,572,179
Internally restricted (note 5)	157,646	150,000
	<u>4,291,097</u>	<u>4,521,073</u>
Commitment (note 7)		
	<u>\$ 6,520,361</u>	<u>\$ 6,668,257</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, 2016, with comparative information for 2015

	2016	2015
Revenue (note 8)	\$ 23,783,976	\$ 22,704,567
Expenditures:		
Advertising	7,785	42,167
Amortization	540,710	765,601
Annual general assembly	36,057	22,829
Band contracts	2,222,896	1,788,647
Catering	110,903	61,912
Consulting fees	287,502	657,327
Contingency	35,240	13,651
Cultural events	25,916	36,842
Equipment leasing	42,581	19,987
Evaluations	8,565	12,000
Exceptional costs	211,101	77,639
Fostering	5,380,327	5,346,965
Honorarium	82,332	88,983
Insurance	152,184	143,770
Interest charges	9,329	11,396
Materials and supplies	1,034,031	859,184
Medical travel	1,140,404	924,450
Meetings	169,799	163,160
Memberships	15,779	27,865
Mental health	-	56,556
Moveable capital asset reserve	24,993	-
Office and general	250,198	202,187
Prenatal	50,690	41,789
Professional fees	15,666	16,774
Rent	245,535	240,836
Repairs and maintenance	324,703	294,457
Respite care	156,445	124,521
Salaries and benefits	9,509,089	8,683,927
Strengthening our families	7,066	6,251
Telephone	459,571	367,538
Traditional healing	21,376	18,593
Training	234,620	265,554
Travel	1,045,953	1,006,587
Utilities	154,506	173,370
	24,013,952	22,563,315
(Deficiency) excess of revenues over expenditures	\$ (229,976)	\$ 141,252

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Changes in Net Assets

Year ended March 31, 2016, with comparative information for 2015

	Investment in Tangible Capital Assets	Unrestricted Surplus	Internally Restricted	Total 2016	Total 2015
Balance, beginning of year	\$ 2,798,894	\$ 1,572,179	\$ 150,000	\$ 4,521,073	\$ 4,379,821
(Deficiency) excess of revenues over expenditures (note 6)	(540,710)	303,088	7,646	(229,976)	141,252
Net changes in investment in tangible capital assets (note 6)	370,661	(370,661)	-	-	-
Balance, end of year	\$ 2,628,845	\$ 1,504,606	\$ 157,646	\$ 4,291,097	\$ 4,521,073

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Cash Flows

Year ended March 31, 2016, with comparative information for 2015

	2016	2015
Cash provided by (used in):		
Operations:		
(Deficiency) excess of revenues over expenditures	\$ (229,976)	\$ 141,252
Items not involving cash:		
Amortization	540,710	765,601
(Gain) loss on disposal of tangible capital assets	(36,277)	2,685
	274,457	909,538
Change in non-cash operating working capital:		
Accounts receivable	(238,932)	591,646
Sales tax receivable	(9,406)	2,506
Prepaid expenses	1,621	5,167
Accounts payable and accrued liabilities	462,682	(233,819)
Wages payable	77,879	(140,975)
Deferred contributions	(458,481)	429,637
	109,820	1,563,700
Investing:		
Purchase of tangible capital assets	(408,739)	(555,253)
Proceeds on disposal of tangible capital assets	74,355	8,000
Restricted cash	(6,040)	(1,606)
	(340,424)	(548,859)
(Decrease) increase in cash	(230,604)	1,014,841
Cash, beginning of year	3,005,712	1,990,871
Cash, end of year	\$ 2,775,108	\$ 3,005,712

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements

Year ended March 31, 2016

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, 2016

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, 2016

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:

			2016	2015
	Cost	Accumulated amortization	Net book value	Net book value
Building	\$ 2,562,449	\$ 1,154,226	\$ 1,408,223	\$ 1,393,001
Vehicles and equipment	5,310,950	4,090,328	1,220,622	1,405,893
	\$ 7,873,399	\$ 5,244,554	\$ 2,628,845	\$ 2,798,894

3. Wages payable:

Included in wages payable are source deductions payable of \$58,824 (2015 - \$53,759).



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2016

4. Deferred contributions:

Deferred contributions is comprised of the following:

	2016	2015
Collective Gains	\$ -	\$ 65,619
Connecting Kids	-	5,703
Domestic Violence	-	67,927
Government of Canada	-	45,000
Highway of Tears	-	69,460
Indian Residential School	-	82,506
MACAW Grant	-	15,000
Ministry of Health	60,000	30,000
Ministry of Justice - Domestic Violence	30,000	-
Palliative Care	22,500	20,000
Preschool fees	1,500	-
Status of Women	29,681	35,698
Walk Tall Burns Lake	34,362	63,111
Wellness Conference	-	136,500
	\$ 178,043	\$ 636,524

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

5. Internally restricted:

As at March 31, 2016 the Board of Directors have internally restricted an amount of \$157,646 for the purpose of contributing funds towards the building costs for the new Nadleh Whut'en Health Clinic and Stelat'en First Nation Health Clinic. During the year this balance earned interest income of \$6,040 (2015 - \$1,606).



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2016

6. Net assets:

	2016	2015
(Deficiency) excess of revenues under expenditure:		
Amortization of tangible capital assets	\$ (540,710)	\$ (765,601)
Excess from unrestricted operations	303,088	906,853
Excess from internally restricted operations	7,646	-
	<u>\$ (229,976)</u>	<u>\$ 141,252</u>
	2016	2015
Net change in investment in tangible capital assets:		
Tangible capital assets acquired	\$ 408,739	\$ 555,253
Net book value of tangible capital asset disposals	(38,078)	(10,685)
	<u>\$ 370,661</u>	<u>\$ 544,568</u>

7. Commitment:

In 2015, the Society entered into agreements with A.B.C. Allen Business Communications Ltd. and Telus to provide broadband services to various areas serviced by the Society for monthly fees of \$1,923 and \$26,400 plus GST in taxable areas, respectively. The agreements expire on July 31, 2018.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2016

8. Revenue:

	2016	2015
First Nations Health Authority	\$ 10,323,371	\$ 9,027,883
Indigenous and Northern Affairs Canada	3,785,544	3,626,947
Ministry of Children and Family Development	7,822,292	7,544,901
Northern Health Authority	252,029	466,641
Solicitor General	165,665	463,454
Other income	1,435,075	1,574,741
	<u>\$ 23,783,976</u>	<u>\$ 22,704,567</u>

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.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2016

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. The changes do not affect net asset balances.

Congratulations to Carrier Sekani Family Services on 26 years of excellent service from Carrier Sekani Tribal Council!



Reminder: Carrier Sekani Tribal Council Annual General Assembly, November 2, 2016 in the new Nadleh Community Hall



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**Lake Babine Nation Chief, Council and Administration
wish to congratulate Carrier Sekani Family Services
on their 26th Annual General Assembly!**



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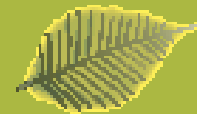


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Congratulations to Carrier Sekani
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service excellence!



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Congratulate CSFS on their
26th
Annual General Assembly!**



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Would like to congratulate
Carrier Sekani Family Services
on **26 years** of service to our
communities!



Rainbow Gas Bar wishes
to congratulate Carrier
Sekani Family Services on
its 2016 Annual General
Assembly

We are proud to support
Carrier Sekani Family Services
26th Annual General Assembly

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Carrier Sekani Family Services

provide holistic health and wellness services, in keeping with our... and Sekani people in North Central British Columbia. Our... meet high standards. Culture is at the core of all that we...

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that there are multiple determinates of holistic... at all life stages. The health and well being of all... lth and well being of everyone else in that person's...

ne right that matches the age of the... ices to see what CSFS offers.

Creating wellness together

Age 60+ Prenatal Age 0-6 Age 7-12 Age 13-19 Age 20-29 Age 30-59

Charity Golf Tournament

The 2016 CSFS Charity Golf Tournament is just around the corner! Plan to join us on July 23 for an 18 hole best ball tournament for teams of four. An entry fee of \$85 gets you a great day of fun with your friends, a fabulous dinner and a chance to win many great prizes. We have 3 hole-in-one prizes of \$10,000 and a Harley Davidson Motorcycle; there will be tonnes of great door prizes as well!

This important fundraiser helps us help children in dire need of emergency services. If you want more information, or would like to register a team, contact Reena@csfs.org or call her at 250-562-3591. Check out more event info at www.csfs.org and follow us on Facebook!

Save the Date!

Charity Golf	Ormond Lake	CSFS AGA
July 23, 2016	July 28 & Aug 22	Oct 6 & 7
Prince George Charity Tournament, call Beena at 250-562-3591 for more info	Addictions Recovery Program, call Renee at 250-567-2900 for more info	Lake Babine Nation, Margaret Patrick Memorial Hall

Upcoming Events

SEP 22

Addictions Recovery Program Start Day

Our 28 day residential treatment program utilizes a blend of evidence based best practices in addictions recovery... [Read More](#)

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and be sure to check out our regularly updated events calendar

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