



CARRIER SEKANI  
FAMILY SERVICES

# 29th Annual General Assembly

Our children, our time is now.



White Eye Jack, his wife Lena and  
family  
Cheslatta Carrier Nation



2019 Annual Report



# CARRIER SEKANI FAMILY SERVICES

**Creating wellness together.**

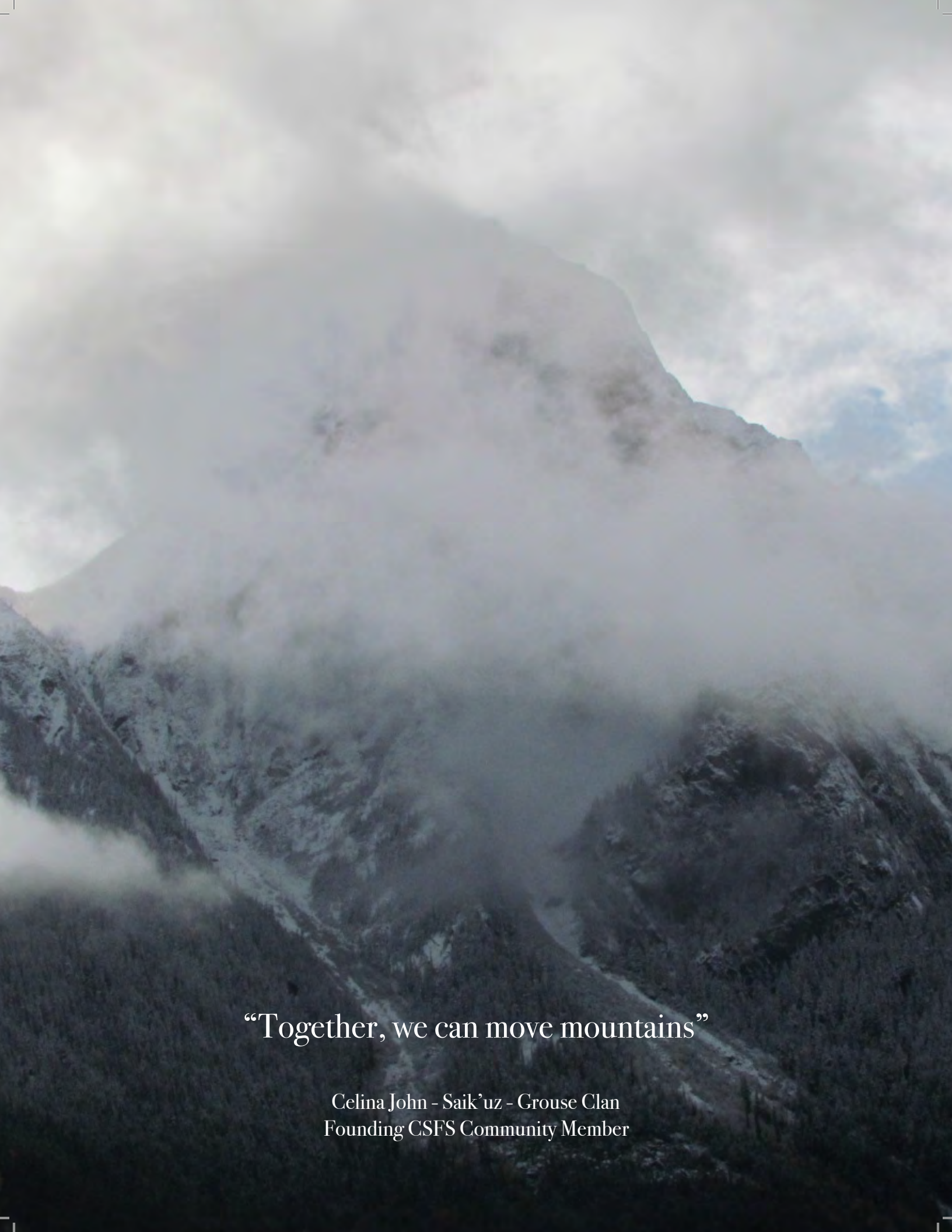
## **Annual Report 2019**

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“Together, we can move mountains”

Celina John - Saik'uz - Grouse Clan  
Founding CSFS Community Member



## Our Logo

The Late Larry Rosso from Lake Babine Nation, Beaver Clan created our logo in 1991. The mother bear represents protection, safety and wellbeing for all of our Carrier and Sekani citizens. The baby bear cub on the mothers back represents the children being at the centre of all that we do. The helping hand represents the services provided by our agency to support holistic wellness in partnership with our member Nations. Our agency tagline 'creating wellness together' often accompanies our logo to further communicate our partnership in creating wellness with our Nations.

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# Our Mission

With the guidance of our Elders, Carrier Sekani Family Services is committed to the healing and empowerment of First Nations families by taking direct responsibility for: health, social, and legal services for First Nations people residing in Carrier and Sekani territory.

# Our Values

CSFS is dedicated to serving our First Nations citizens in a respectful, honest, and compassionate manner following the principles that flow from accepted Carrier laws intended to govern the conduct of individuals. Each of these values need to be followed concurrently, with no single principle understood to have greater significance than another.

## Respect

Guides the actions of Carrier people in their conduct with each other and the land. Everything is about respect.

## Compassion

Making an effort to truly understand the suffering of another, and making an effort to assist in any way possible.

## Wisdom

Wisdom is sometimes referred to as intuition, or 'just knowing'. Providing services with wisdom can mean knowing when to share helpful resources, and when it is best to simply listen to someone.

## Responsibility

Accountability is a part of our great bah'ats system. We are responsible to our clans, our selves and our community. Responsibility is carried in one way or another by everyone within the system; we are all responsible for the wellness of ourselves, each other and the land.

## Caring

It is the role of everyone in the community to care for each other and the land. Demonstrating care is an important Carrier value for everyone.

## Sharing

Supporting each other through sharing and placing value on the community above individuals is important to our way of life. This is demonstrated through our great laws of the bah'ats.

## Balance and Harmony

The concept of interdependence on each other is important to understand for the principle of balance and harmony. For a family to be healthy and balanced, their community must be balanced and healthy. Individuals are not separate from each other or the land, and health and balance are interdependent to everything else within an individual's world.

## The 2019 Carrier Sekani Family Services Board of Directors

Chief Corrina Leween .....	President, Cheslatta Carrier Nation
Helen Michell .....	Vice President, Skin Tyee Band
Ellen Lorentz.....	Treasurer, Burns Lake Band
Murphy Abraham .....	Lake Babine Nation
Theresa Nooski.....	Nadleh Whut'en First Nation
Ray Morris .....	Nee Tahi Buhn Band
Chief Priscilla Mueller.....	Saik'uz First Nation
Tanis Reynolds .....	Stellat'en First Nation
Sandra Teegee.....	Takla First Nation
Heather Nooski.....	Wet'suwet'en First Nation
Melissa Joseph .....	Yekooche First Nation
Nancy Williams.....	Urban Representative



Lake Babine



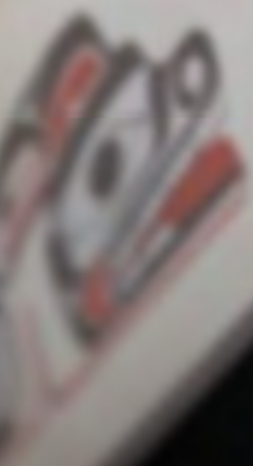
Nadleh Whut'en







Carrier Sekain  
Family Services



## Message from our BOD President

Chief Corina Leween

On behalf of the Board of Directors of Carrier Sekani Family Services, member bands and staff, I offer my greetings and appreciation to our member Nations, community partners, and friends of our organization.

Our 29<sup>th</sup> year has been an incredible step forward for the organization as a whole. From the Canadian Human Rights Tribunal decision to ensure that prevention services are finally going to be available to keep children with their families, to new legislation which outlines how we can build a framework for Child Family Services Jurisdiction and Governance for our Nations. I am truly excited what the future holds for the future care of our children and families.

We have to come together in the years ahead to build a framework for our child and family services. It will take time and patience. We

have the greatest opportunities in front of us while the organizations programs expand with the long-awaited arrival of prevention funding. With this wonderful opportunity we also have to embrace change as we create services tailored to best meet the needs of our community members.

I would like to thank the CSFS Board of Directors, executive team and staff for all their hard work and dedication in working diligently to improve the health and holistic well-being of our communities. Our organization started from humble beginnings in 1990, and now in our 29<sup>th</sup> year we have accomplished much. We have lots of successes and knowledge acquired from our ancestors and have lots of learning to reflect on as we move forward toward a bright future, creating wellness together. Onward to our 30<sup>th</sup> year!!!







## Message from our Chief Executive Officer

Warner Adam

Now is our time! After numerous reports dating back to 1907 demonstrating that the state of Indian health is heading down a path of destruction, evidenced by the impacts of Indian Residential schools and in particular the Child Welfare system; the federal government has passed Bill C-92 – An Act respecting First Nations, Inuit and Metis Children. The long-awaited federal legislation will provide the space for indigenous people to design, manage and control its own Child and Family Services agencies. CSFS has been instrumental in advocating for federal legislation, including systems changes. This was not an easy road but a good road that navigated a place where the federal government recognized that the high rates of indigenous child apprehensions reflected a state of emergency.

CSFS is situated in an ideal place to start the work of DEVELOPING OUR OWN Child and Family Well-Being Act. Our organization has 30 years of experience from which we can draw on. We can build upon our innovation and cultural ways of knowing, to re-create the agency in a way that builds upon family strengths and developing tools to continue in our path of re-building our Nations. This will include drafting the laws, regulations, standards and policy to determine how we as Carrier and Sekani Nations would exercise keeping our children safe and supporting our family's. Funding will be critical to ensuring the systems we develop meet the needs of our communities and members. Our task is to ensure that we cost out all services we require, to advance family and community well-being.

Our proposal as, approved by our Chiefs, includes a robust community engagement process, a Child and Family Wellness Jurisdiction Oversight Committee and a negotiations committee. This group will be responsible for leading the consultative

process to inform the re-design of systems and structures that are required to ensure children are protected in a culturally appropriate manner. We are targeting to build the secretariat that will support the work moving forward, and envision a three to five-year process in transforming the existing systems into a new regime.

Another significant development is related to the ruling of the Canadian Human Rights Tribunal. The ruling found Canada had violated Human Rights by not providing equitable funding to Children in Care. As a result, CSFS developed a strategy to identify gaps in services and the federal government are now providing the financial resources to ensure that CSFS provides quality services, in a culturally appropriate manner and according to need.

CSFS has a wellness model built on the philosophy of our potlatch. Services are to be delivered in an integrated holistic manner. Those services will be provided in different age categories and tailored to the needs of the individual and community. While several health challenges remain complex, CSFS will be working on re-modelling its health services to reflect the "Well-Being" Model. This includes building a wellness center within our own Carrier and Sekani Territory, so our people that require supports to attain wellness will be able to get it.

A wellness center, funded in part from FNHA and the BC government will create space for all health services to work collaboratively with Child and Family Services programs. It will create the space for our members to access the tools they need. It will help them re-build their strength in culture, in a respectful environment that respects the spiritual elements as vital to successful living.

The vision of our CSFS founding elders is finally coming to fruition. First Nations people finally have the opportunities to take care of our own, in our own way. What we do now will forever be remembered by our children. Our time truly is now.





## Executive Director of Child and Family Services

Mary Teegee

“Imagine a day when none of our children are in care and all our children are safe in the warm embrace of their families, clans and communities; it is up to all of us to make this day a reality”.

I would like to thank the Board, CEO, administration and Management for their support. I also must acknowledge my amazing staff who have chosen to work in the very challenging field of "social work". Thank you for sharing your time, energy and spirit to strengthen our families and children; you are all heroes.

This next year, will be exciting as we will develop our own child and family act. The act will be based on the expansive research and work completed by CSFS and extensive community engagement. CSFS is a viable position to undertake the sacred work of developing our laws because we have been preparing for this day since CSFS was incorporated. The vision from our elders, many who are no longer with us, was to take “direct responsibility for health, social and legal services for First Nations people residing in Carrier and Sekani territory”.

Over the years, initiatives, strategies, programs and services have been developed to reach the end goal of assuming jurisdiction in health, child and family services, and legal services. Becoming self-governing has always been a goal of the Carrier Sekani nations and on June 20, 2019 with Bill C-92 receiving Royal Assent, we are that much closer to realizing our shared vision. Bill C 92 is federal enabling legislation that paves the way for our nations to develop child and family laws. We know that the current



provincial system of child welfare has led to dismal outcomes for our children and families. We now have the opportunity to develop our own laws, our own practice, and our own standards based on our ways through the CSFS Child and Family Wellbeing Model.

The CSFS Child and Family Wellbeing Model reflects the realities in our nations in terms of governance. Currently we have an elected chief and council system of governance and a Hereditary Chief system – both these governing structures have a clear role within the jurisdiction model. As an elder stated, “there is more than enough



work for all of us to do to heal ourselves” - therefore we all have a role in breathing life into our own Carrier Sekani laws.

The key to realizing our vision is to ensure we stand united in our efforts. The late Celina John would often refer to the analogy of one arrow being easier to break than a bundle of arrows: this is of paramount importance in the development of a Carrier Sekani specific child and family act.

I believe we have always had the inherent jurisdiction to take care of our children, what we did not have were the resources to do so. Jurisdiction, in its simplest definition, is the ability to make decisions. We may be able to make decisions and provide plans for our children and families but if there are no funds and resources to enact the plans to keep children with families, “jurisdiction” cannot be

truly realized. Fortunately, the Canadian Human Rights Tribunal (CHRT) directed Canada to end the discrimination against Indigenous children. The ruling directs that Delegated Agencies are funded at the very minimum on par with MCFD and that all prevention costs are based on the actual needs.

We are living in unprecedented times. Never before have we had the ability to pay for extensive prevention services and supports on reserve that we do now. Never before have we had the opportunity to breathe life into our own laws. Imagine you can be one of the ‘Ancestors’ that those not yet born will talk about; the ones who changed their world so that children being removed from their families, clans and communities was but a distant memory.



## **Bridging to Employment Program - Prince George**

Samantha Wurtak

The Bridging to Employment program in Prince George offers training and a number of activities to help participants transition into the working world. Educational activities, work placements and opportunities help members become more involved in the community. We also provide training in a number of other areas. For example, we offer certificate training in WHMIS, First Aid, Food Safe, First Host, Serving it Right & Financial Literacy. The goal is to ensure the participants gain the skills needed to secure employment and further their education, all while establishing meaningful connections to viable employment industries.

The program is nine weeks in length and is offered three times per year. It runs in April, September and December in Prince George. Participants must be 16 years of age or older, unemployed and seeking education. They also may have personal barriers preventing them from obtaining further education or employment. The program runs from 9:00am to 2:30pm Monday to Friday and is located at 1145 Second Avenue. Applications can be obtained by visiting <http://www.csfs.org/files/bridging>.

The program has students working together as part of a cohesive team. That team acts as a support system as they reach their individual goals and overcome barriers to ensure they stay on a positive life path. The program involves a lot of team building activities and focuses on the student's future success. The program encourages setting goals and challenges the individuals to step out of their comfort zone. We do this in numerous ways; for example, this year we added tours at CNC, and embarked on a number of cultural-rich field trips.

We continue to maintain contact with participants to see whether they require additional supports and if they are following through with their action plan. We check in to make sure they are going to school and also to see if they have found employment. Lastly, we also continue our work towards building our network of employers and community service providers so we can continue connecting our students with good job prospects.

Our students were recognized in a number of ways, and are honoured for their accomplishments with an honoring Balhats. Each student received a training certificate in: Food Safe, First Aid, WHMIS, Serving It Right, Financial Literacy and First Host. Also, we were pleased to have had the Prince George Driving School facilitate the Graduated Driver Training to students. This past year, 16 students attended the training and wrote their Learners test.

The next program will begin in September 2019. There is strong interest to attend, as we have already received a number of applications. We will continue to work with all individuals wherever they may be on their career path. For many, this is the first positive step towards finding meaningful employment and/or life changes (addressing addictions and homelessness, just to name a few). Plans to refresh the Bridging Program are in the works and we will be looking for input from past and future participants.





## Bridging to Employment Program - Burns Lake

Diana Batley

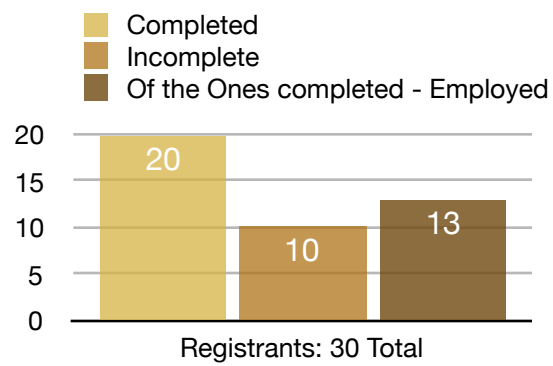
The Bridging to Employment program in Burns Lake is for people who self-identify as First Nations and are 19 years of age or older. All programming is approached from a First Nations cultural perspective for servicing the unemployed and underemployed. Participants work to develop self-awareness with activities leading to personal self-discovery along with working on soft and hard skills. The end goal of the program is to find worthwhile employment. This ten-week program is offered three times per year with customized training and industry certifications. The program culminates in a two-week work experience placement, with the hope of a permanent employment position. We provide programming Monday to Friday, 9:00 AM to 3:00 PM. Registration forms are available at CSFS.org or 492 Highway 16 west office. For more information feel free to contact us at 250.692.3586.

In 2018/2019, we added workshops focused on public speaking for the workplace. This program gradually built on self-confidence, self-awareness, research, and taking personal realistic risks. The 5-unit program concluded with a participant presentation in a chosen area of expertise, hobby, or special interest. Each participant presented to their peers within a safe and welcoming environment. This workshop proved to be extremely beneficial to the participants, enabling them to recognize their strengths, likes and dislikes. It also allowed participants to express themselves so they could discover their own voices, opinions and untapped abilities. In doing so, each person

was able to let their light shine in a positive, non-critical atmosphere. Each participant was required to develop a future plan. The goal is to support participants in researching their personal goals in employment and further education. Using a four step process, the individual evaluates and prioritizes needs versus wants, likes and dislikes, while keeping self-discovery as the primary goal. Secondly, participants examine their decision-making skills, while being supported by facilitators. The third step is to do a personal inventory of workforce or educational experiences. Lastly, participants apply SMART goals to move towards stated outcomes. This process naturally illuminates transferable skills, field of knowledge, values, and workforce needs. The final outcome is to assist participants in targeting ideal work and educational goals that are attainable.

In our last cohort, we had two very gifted women who attended daily. Each brought their enthusiasm and traditional skills to the group. One is a gifted blanket maker and the other is a proficient bead worker. They shared their skills and knowledge with everyone, which enhanced the program's cultural experiences. The Bridging program delves into self-actualization and recognizing transferable skills and exploring values and goals. These two individuals were hired by their respective nations because of the skills developed in the program that built upon their already existing skill sets.





Most participants were from the Lake Babine Nation. The program included one member from Bella Coola (Nuxalk), living on the Lake Babine Reserve.



## Community Linkages

Cheryl Thomas

Our Community Linkages program is designed to provide mobile food distribution, support, education, and referrals to Aboriginal individuals and families with multiple barriers. They include those with limited access to other community kitchen programs.

The goals of the program include:

- Improving health and nutrition
- Collaborating with existing programs in the community
- Improving participant access to various community services

The population served are Aboriginal individuals and families (however no one is turned away). Meals are provided at the Active Support Against Poverty (ASAP) shelter in downtown PG and to the VLA area of PG. Meals are served at ASAP four times per week, between 5:30 PM and 6:00 PM, Monday to Thursday. Various canned and dry foods are also distributed at the Carney Hill Neighbourhood Centre parking lot between 4:00 PM and 4:30 PM on Mondays and Wednesdays. Referrals are also provided.

The Program has collaborated with various programs and organizations in the community. They include: Cobs Bread, Active Support Against Poverty (ASAP), the Prince George Native Friendship Centre (PGNFC), the Urban Aboriginal Working Group (UAWG), PGNAETA, the Aboriginal Housing Society of Prince George (AHSPG), CSFS Indigenous Housing First Project, the Homeless Intervention Project (HIP), Salvation Army, Community Partners Addressing Homeless (CPAH), and the College of New Caledonia (CNC).

Our goals going forward will continue with a focus on improving health and nutrition, collaborating with existing programs and improving participant access to community services. Our next primary goal will be to join the Community Linkages Soup Bus with the CSFS Indigenous Housing First Project (IHFP) as they both service Aboriginal homelessness and at-risk homelessness in Prince George. This goal would link together well, as the Soup Bus can screen possible candidates for the IHFP, food service delivery, various transportation needs, and moving of furniture for clients.

A bright story from the past year: I met a couple that had accessed the Soup Bus at Carney Hill Neighbourhood Centre for many years. This couple, though, had not accessed the service in almost 3 years. I just so happened to see them again, and they were happy to see me. This couple is doing well and no longer needs to access the Soup Bus for food.









## Family Preservation & Maternal Child Health

Cheryl Thomas and Erin Johnson

The Family Preservation & Maternal Child Health Program is a client driven support program based on culture, tradition, and evidence-based best practices. It provides families with the tools to reach their holistic wellness goals. A family which maintains its cultural traditions and is in a state of wellbeing is more likely to have strong and healthy children who will lead future generations.

Our program provides prevention services to families with children from 0 to 19 years of age. We service Takla, Yekooche,

Saik'uz, Nadleh, Stelat'en, Burns Lake Band, Lake Babine Nation, Skin Tyee, Nee Tahi Buhn, Cheslatta, Westbank First Nation, Fort St. James, Vanderhoof, Burns Lake and Fraser Lake. Our hours are Monday to Friday from 8:30 AM until 4:30 PM. Referrals are internal, external and self referred.

Our team offered the following programs to communities:

- Community Kitchens on a monthly basis
- Car Seat safety and installation workshops



- Food Skill for Families classes
- Domestic Violence workshops
- Protecting our Children and Keeping Kids in Community workshops
- Advocacy for clients during court, mediation and MCFD meetings
- Prevention planning with families to help them achieve success

CSFS delivered a 3 week Literacy Camp for kids aged 5 to 12 years of age, in partnership with Frontier College. Several members of our community and CSFS team members were also able to complete their first year of the Indigenous Human Services Program in partnership with Nicola Valley Institute of Technology (NVIT).

In the coming year we plan to offer the following programming :

- Rainbows, a youth grief and loss support program.

- A 10-week Prevention, Education, Advocacy, Counselling and Empowerment program (PEACE)
- Kids in the Kitchen

This year, we increased staff positions in Fort St. James, Vanderhoof, Fraser Lake and Burns Lake. This allows for support services in urban settings for community members. We also plan to increase the number of home visits and available support groups.

CSFS will be offering the second year of the Indigenous Human Services Diploma Program. The first year program will also again be offered in Vanderhoof.

We are also working with Frontier College to expand on the delivery of the Summer Literacy program.

Community	Number of Families
Takla	10
Nak'azdli	6
Saik'uz	33
Yekooche	8
Stellat'en	12
Wet'sewet'en	9
Cheslatta	4
Skin Tyee	2
Nee Tahi Buhn	3
Nadleh Whut'en	16
Burns Lake Band	7
Lake Babine Nation	26
Burns Lake	7
Vanderhoof	10
Total	237







## Family Support Services

Cheryl Thomas

Our Family Support Services (FSS) is a community-based service that assists and supports children, youth and their parents / caregivers to ensure the safety and well-being of children and families.

We currently provide one-on-one support to approximately 95 families per month. Our Family Empowerment program provides supervised access to 62 families per week. Our CSFS team members also facilitate 8 groups per week, providing educational and support opportunities to children, youth and parents. Our groups include: children's and youth groups, Women's Group, Skills to Success, Anger & Stress Management, When Love Hurts, PEACE (formerly Children Who Witness Abuse), and a variety of parenting groups. FSS is open to anyone seeking assistance. Referrals for support are accepted from the Ministry of Children and Family Development, other community agencies and self-referrals. All services are provided from Monday to Friday, 8:30am-4:30pm.

Our achievements this year included our team offering 3 sessions of the PEACE program. The program is an intervention and prevention-based program for children and youth who have witnessed family violence in their home. We also offered three sessions of Anger and Stress Management training in partnership with BC Housing and Harmony House (Phoenix Transition Home Society PG). FSS was also able to provide 2 sessions of our new group: When Love Hurts.

Finally, we had applied for another grant from the First Nations Food Systems (funded by First Nations Health Authority and administered by the Heart & Stroke Foundation). The grant was approved and the funds will be used to enhance the "Three

Sisters Lane" community garden located at the 835 Third Avenue office.

Our goals this year include providing year long service for the Community Linkages Program and the Housing First Program by combining the two programs into one. We also plan to enhance the 'Three Sisters Lane' community garden with a goal to foster an appreciation for eating healthy, local food while improving the health, nutrition, exercise and wellness of the families we support. Lastly, we plan to add to the Rainbows program an adult grief and loss group called "Spectrum. We also aim to add a youth component to the grief and loss program.

Month	Community Case Load
April 2018	106
May 2018	118
June 2018	124
July 2018	104
Aug. 2018	83
Sept. 2018	18
Oct. 2018	101
Nov. 2018	
Dec. 2018	95
Jan. 2019	88
Feb. 2019	103
Mar. 2019	113

## Wrap Around Parent Guidance and Support Program

Cheryl Thomas and Lisa Hourie

The Wrap Around Parent Guidance and Support (WAPGS) program provides one-on-one family support, parenting education and outreach to families with children ages 0 to 6 years. Referrals are received from the Ministry of Children and Family Development (MCFD), the individual, as well as other community professionals. Our program is a strength-based program offering one-on-one and group settings in a very supportive and structured environment. We facilitate learning in many areas that include parenting support, life skills, communication and anger/stress management. We are located at 2025 Victoria Street and operate Monday-Friday 8:30am-4:30pm. Transportation, snacks and lunch are provided daily, and there is no cost to attend.

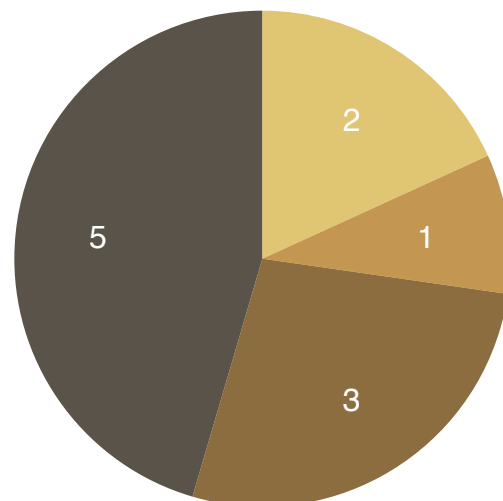
Our program continues to grow while providing key services. We hired an Early Childhood Educator which, including our team lead, brings our number of staff members to seven. In April we provided privacy training, and front-line worker training. In May, we had our stairwell encased with metal fencing to address safety concerns. We also facilitated team building, conducted car seat training and offered gift certificates to clients to help decrease barriers for clients and provide program incentives. In June of 2018, we held our Early Learning Years Wellness Fair. Other highlights this past year include a series of mini workshops during the month of August of 2018, CARF accreditation in October, along with 'Circle of Security' training for staff. In November, we held the Toonie Auction and then in December we provided a Christmas dinner with Santa and presents. From January of this year through to May of 2019, we partnered with

the College of New Caledonia as part of its social work practicum placement. We also participated in the Family Connections Celebration and the "It Takes a Village" event. Overall, it's been an incredibly busy past 12 months.

For the year ahead, we have set a number of goals. They include training staff in understanding 'secure attachment' through the Circle of Security program, training in mental health and addictions and offering training in Trauma Informed Practice. We also hope to offer more cultural programs and activities in the year ahead.

Over the past year we have provided support to the following CSFS Member Nation Communities:

● Nadleh Whut'en      ● Stellat'en First Nation  
● Saik'uz First Nation      ● Lake Babine Nation



## Indigenous Housing First Project

Cheryl Thomas

The Indigenous Housing First Project (IHFP) addresses the specific needs of the off-reserve homeless Indigenous population in Prince George. It is supported by an integrated, community driven service delivery system to house the homeless and guide them toward self-sustainability.

IHFP provides dwelling acquisition searches, damage deposit, first month's rent, furnishings, household goods, food and transportation. IHFP also provides guidance towards education and training programs, support for documentation (BC identification for example) and personal supports as approved by a supervisor.

IHFP provides services from the 835-3<sup>rd</sup> avenue office in Prince George and primarily serves clients transferred from PGNAETA, as well as new clients (mainly Aboriginal youth) in Prince George. Our hours of service are 35 hours weekdays with some weekend hours, as needed. Referrals come from CSFS Guardianship, CSFS Youth Services, CSFS Family Support, CSFS Community Linkages Soup Bus and self-referrals. In the year ahead we plan to continue to house the homeless, supply clients with furniture and food start-ups, guidance towards education and training programs, and provide personal support as needed.

One highlight of the program was assisting a single mother working on becoming self-sufficient. The project was able to provide housing, cover her damage deposit and help pay her rent. The program also assisted her with furniture, food, bus passes, transportation, driver's license renewal, and training (Construction Exploration Training) at PGNAETA. She

now has her own vehicle, full custody of her children, and she even fought fires in the Fort Fraser area. She recently started a new job as a Project Assistant/Workforce Promoter!



The past year we have housed thirteen clients, facilitated ten furniture start-ups and twelve food start-ups. IHFP have also assisted seven clients with guidance towards education and training at PGNAETA and CSFS Bridging to Employment Program. Finally, IHFP has also assisted clients with their personal needs, such as transportation to appointments, identifications, prescription glasses, income assistance applications and guidance to other resources within CSFS



## Youth Services

Amy Merritt and Kayla Brownscombe

Our Youth Services program supports youth aged 8 to 24 years old in Prince George, Vanderhoof, Burns Lake, and our 11 member Nations. It helps youth establish strong cultural ties, healthy relationships, and life skills that lead them to bright futures. We provide year-round Walk Tall programming, therapeutic 1:1 youth support services, culture camps, youth conferences, life-skills coaching and advocacy, in-community workshops and mentorship programs.

Our Prince George office is located at 1145 2<sup>nd</sup> ave. It is open during the school year, Monday to Friday from 8:30 AM to 8:30 PM. During the summer, it is open from 8:30 AM until 4:30 PM. Anyone can refer to Youth Services by accessing the referral form on our website, or by calling Kayla Brownscombe at 250 564 5643.

### Walk Tall & Jr. Walk Tall (PG)

Our Walk Tall program provides youth ages 8-18 years old with an opportunity to receive gender specific, after-school and weekend programming which is comprised of:

- Cultural Activities: traditional practices, traditional foods, attending events in our communities, and learning from knowledge holders.
- Recreational Activities: movie nights, bowling, swimming, hiking, arts, crafts, cooking, and fishing.
- Prevention and Education Workshops: topics such as knowing your rights, traditional practices, healthy sexuality, drug and alcohol harm reduction, lateral violence, healthy relationships, etc.

**Youth Leadership and Development**  
Our Walk Tall Youth Council encourages youth to be involved in planning activities,

fundraisers and events for the Walk Tall Program. Our Youth Council is comprised of those accessing services. The group meets weekly to provide insight and guidance to CSFS youth Services on programming implementation and development.

### Youth Food Bank

Our Food Bank is accessed regularly by youth in need. We also offer clothing, bus tickets and hygiene supplies. We are hoping to grow our Youth Food Bank to eventually offer cooking classes.

### Elder Youth Mentorship Program

The Saik'uz Elder Youth Mentorship program provides opportunities for cultural permanency for youth in care through an Elder Youth Mentorship program. Our first year-long pilot program took place in Saik'uz from March 31<sup>st</sup> 2017 to March 31<sup>st</sup> 2018. With the assistance of amazing elder mentors and community members, our Youth Care workers facilitated bi-weekly programming which brought Saik'uz Youth In Care, back to their community.

We expanded the program to the Lake Babine Nation (LBN) in January, 2019. The Lake Babine Nation Elder Youth Mentorship team hosted Elder Mentor training, helped deliver firewood to Elder mentors, provided language lessons and held a number of cultural activities. CSFS staff collaborated with the Elder mentors and the LBN Steering committee to plan the programs for children and youth in care.

### Youth Advisory Council

The goal of the Youth Advisory Council is for youth in-care (or who have recently aged out of foster care) to provide guidance to social workers based on their own in-care experiences. This feedback helps improve

the experiences, outcomes and services for children and youth-in-care.

### Vanderhoof Youth Centre

In Vanderhoof, we have a youth drop-in centre, which will be moving to a new, more accessible, location in September. The Centre provides support services to youth, including life skills, advocacy and recreational activities.

### Summary

Our Youth Services team is proud of its accomplishments the past year. The team was able to host its annual culture camps, expand the Elder Youth Mentorship Program, and host the 'We Are Fierce' and 'We are Warriors' girls and boys conferences in March and April 2019.

The Youth Services team hosted two culture camps in the summer of 2018: Boys & Girls in Saik'uz First Nation, and a canoeing camp in Prince George. In January 2019, we began the process of expanding the Elder Youth Mentorship program to LBN.

The 'We Are Fierce' and 'We Are Warriors' conferences were attended by 300 youth from our 11 member nations over 3 days at the Coast Inn of the North in Prince George. The keynotes were Grace Dove, and Michael Redhead Champagne delivered inspiring stories and pride in being Indigenous.

The workshops over the past year were educational, cultural and entertaining. We did Lahal, drumming, archery, target shooting, dancing, self-defense and traditional art.

In May 2019, Amy Merritt a 12 year employee of CSFS, became the Director of Youth Services. Our program goals for 2019/2020 are to address the needs of high risk youth and youth who have aged out of CSFS foster care. The Youth program will be expanded in Prince George, Vanderhoof and Burns Lake. We look forward to implementing the program in other CSFS member Nations.

### Walk Tall Youth Stats 2018

Nation	#	In Care
Lake Babine Nation	8	4
Cheslatta	1	1
Saik'uz FN	1	1; 2 aged out
Takla FN	7	5
Tl'azt'en	6	2
Lheidli Tenneh	3	0
Beaver Cree FN	0	0
Cree Nation	8	2
Stellat'en FN	0	0
Iskut	3	1
Gitxsan Nation	4	0
Yekoochee	5	2; 3 aged out
Nak'azdli	7	2
Fort Nelson FN	2	0
Wet'suwet'en FN	7	1
Vuntut Gwitchin	1	0
Ulkwatcho First	1	0
Tsay Keh Dene	2	1
Morice Town	0	0
Nadleh Whut'en	1	1
Kwadatcha FN	1	1
Nee Tahi Buhn	1	1
Calcha'n Nation	1	0
Nisga'a Nation	0	0
Lax Kwalaams	0	0
Saddle Lake FN	0	0
Meadow Lake FN	0	0
Shuswap	0	0
Carrier	2	0
Metis	7	2
N/A	16	2
Total	98	29; 5 aged out

## Guardianship for Children in Care

Sonya Rowland

Carrier Sekani Family Services provides Guardianship care to children aged 0 to 18 years and are in the continuing custody of the Director of Child Welfare from our 11 Member First Nations. There are three Guardianship teams in Prince George, Vanderhoof and Burns Lake. The Guardianship teams work to provide permanency for children in care.

CSFS work with young adults and support them in reaching their goals after they have aged out of care. We also provide services to families who reside in our member communities, such as referrals to daycare subsidy, or counselling. CSFS is currently developing a team to specifically work with our “post-majority” (or aged out) youth who can continue to receive support until their 27<sup>th</sup> birthday.

At this time, our workers hold caseloads of up to 15 children/youth; the goal is to decrease this to 8 per worker. Reducing the caseloads garners more attention to connecting children in-care to their communities, families, and strong permanency plans. CSFS currently holds approximately 75 child service files across our three teams.

This past year, our teams hosted a number of well attended events and camps. Events included our celebrations for “Children and Youth in Care week.” They were held in June with drumming, lahal, crafts, face painting, games, entertainment, and food. CSFS also hosted a Connections camp on Nadleh traditional territory in May 2018.

Education continues to be an important goal for our youth. This June, we had five youth graduate from high school. Youth are also enrolled in the “graduated licensing program” where they can get their New Driver’s license and buy their first vehicle. Several of our youth have also already been successful in obtaining summer employment! One of our Burns Lake youth has worked very hard on an

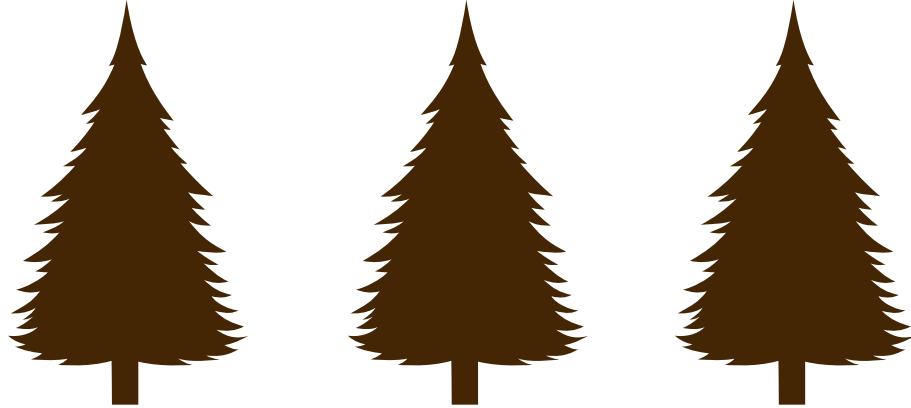
entrepreneurial course and has been successful in local and regional competitions with her teammates. One of our youth has also been nominated for a 2019 Child and Youth Award of Excellence.

Our teams encourage children, youth, and caregivers to participate in traditional learning and cultural events. Many of the youth we support take part in the Elder-Youth Mentoring Programs held in Saik’uz and Burns Lake (Lake Babine Nation). Prince George children/youth have been participating in the LBN Elders Drum Group, where they can learn dances and songs. They also attend community events and culture camps such as the Wet’suwet’en Wednesdays in Burns Lake, LBN Girls Group, LBN urban drum group, the Invisible Migration celebration, and the Boys and Girls Conferences recently hosted in Prince George. Several of our children have attended the bah’lats this year, where they witnessed the business of their community and clans.

Most importantly, our guardianship teams strive toward our children returning to family and/or community homes, whenever possible. This year, the Prince George team was able to return one child from Nadleh to his mother through the courts by rescindment of the continuing custody order (CCO). In Vanderhoof, the team is continuing to work with a family toward rescindment of a CCO for their child. Several of our children have also been placed with relatives who have become restricted parents with CSFS.

CSFS is working with MCFD and Nations on a plan to assume guardianship of children in temporary care. This will support connections between children and their families, culture and communities sooner than if they remain in care with MCFD. CSFS also hopes this will enable more children in temporary care to return to their family.





## Youth Collaboration & Transition Planning

Sonya Rowland

The Youth Collaboration & Transition Planning team provides service to children and youth in care with CSFS. The Youth Collaboration & Transition Planning Worker (YCTPW) collaborates with children and youth in care, their family, their Nations, and their social worker and care team. The team then develops plans to build resilience, family connection and to assist with transitions for youth into adulthood. The YCTPW will assist with guardianship responsibilities to promote better planning for children and youth in care.

The YCTP team also provides post-majority services to former youth in care of CSFS (on and off reserve) in accordance with provincial legislation, policy and guidelines. Young adults who were previously in care can self-refer to our program. Anybody associated with the youth can also refer them. Referrals for agreements with young adults (AYA) can come from family, community members, and community professionals. If they are eligible for an agreement, they can receive funding from \$250 up to \$1250 to cover living expenses and program costs per month. The

agreement can provide 48 months of support and assistance.

To be eligible for this agreement the adult must be between the ages of 19 and 26 years of age, previously been in foster care, and have been involved with one of the following:

- A minimum of 60% of a full-time educational or vocational program course load, or 40% if the young adult has a permanent disability
- A minimum participation of 15 hours a week in a rehabilitative program (i.e. mental health or addictions program)
- An approved life skills program (which CSFS offers)
- A combination of educational, vocational, rehabilitative, and/or life skills program time equal to a minimum of 15 hours a week.

For more information, please contact Roxanne Vanzetta at (250) 612-9672 or at [roxanne@csfs.org](mailto:roxanne@csfs.org)

## Safe House Program

By Cindy Adam

The past year has been spent preparing for the opening of the new safe house located on Lake Babine Nation Reserve, Woyenne, in Burns Lake. The top priority for the safe house will be to provide a culturally safe, nurturing environment for our clients immersed in our Carrier traditions. We will be offering wrap around supports and programming to our clients as well as after-care. In this process, how each individual will be supported has been discussed, and how we can ensure we are working toward healthy and safe outcomes for women and children accessing our services.

The Safe House Program currently has a team of two workers, but we are in the process of hiring six more full time Support Workers, a full time Outreach Coordinator, a full time Counsellor, and a part time Casual Driver. Our goal is to have all positions filled by August 2019.

Development of the policies and procedures is still in progress. We are also still putting together all the pertinent documents required to ensure our clients have a smooth and seamless intake. Clients feel welcomed, safe and supported when they enter our programs. We do have a soft



guideline for our service delivery plan as we will be looking to our clients to guide our work and support them on an individual basis. Our commitment to our clients is that they leave us feeling strong and empowered. We saw the completion of construction in June 2019, and are now putting on our final touches and making the house into a home. The goal is to open our doors to clients in September 2019.

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Carrier Sekani Family Services

**Become a  
Foster Parent**

## Resources Program

Sonya Rowland

Our Resources program works predominantly with caregivers/foster parents in Prince George, Vanderhoof and Burns Lake. We continually work to recruit and explore foster options in our 11 Nation Communities. In Prince George, we have over 60 foster parents and also work with seven group homes. In Vanderhoof and Burns Lake, we have 22 foster homes and one group home. Our foster homes are caregivers for children in care of CSFS, Nezul Be Hunuyeh, and the Ministry of Children and Family Development [MCFD]. We are always looking to recruit people who are interested in fostering, particularly from our First Nation member communities.

Our Resource Recruitment and Retention worker, Vivianne Vanderpool, has been working with our 11 Nation Communities to identify people interested in fostering. This work is given priority in the hopes that if children are removed from their family, there will be a home in their community. Our home studies are prioritized for applicants who are Indigenous and live in one of the 11 member Nations.

We have over 20 families working through the home study process to become foster parents. These locations include Prince George, Vanderhoof, Saik'uz, Nadleh, Burns Lake, Wet'suwe'ten, Woyenne, Tachet, Fort Babine and Yekooche. We offer fostering information workshops to the communities we serve.

Our Resources team facilitated a "Keeping Kids in Community" workshop in Saik'uz on September 25, 2018. A follow-up orientation session was held on November 2, 2018. Resource staff have attended health fairs in Cheslatta, Wet'suwe'ten and Yekooche. They will be attending upcoming health fairs in Skin Tyee, Stellat'en and Fort Babine.

The Resource team focuses on finding and supporting people to open their hearts and their homes to children who are brought into foster care. The caregiver goes through training and a home study in order to support skill development and to ensure foster parent standards are met. Once the application and home study processes are complete, we work with our caregivers on an on-going basis to create a home environment that promotes stability, culture, and inclusive fostering for children in care. Required training for all prospective foster parents is the new online PRIDE (Parent Resources for Information, Development and Education) training which recently replaced the Pre-Service Orientation facilitated by AXIS. Recognizing that online training can be a barrier for many families, CSFS resources worked with Indigenous Perspectives Society to hold an in-person training spread over 2 weekends, one in March and one in April, 2019. Participants from Prince George, Vanderhoof, Burns Lake, Yekooche, Nadleh, Woyenne and Fort Babine attended and completed the program. CSFS covers travels costs for participants to attend this training.

Our continued goal is to increase cultural competency in foster homes, so that children, who are not residing in their traditional territory or with family, have on-going access to their culture. If you have ideas on how we can improve, or can assist facilitation of capacity building, please give us a call at any of our CSFS locations!

If you would like to set up a workshop or find out more about becoming a caregiver, please contact Vivianne Vanderpool at (250) 562-3591 or at [vivanne@csfs.org](mailto:vivanne@csfs.org).

## Cultural Support

Geraldine Flurer

The Cultural Program will be developed to promote "Yinka Dene-People of the Earth" culture and holistic teachings. Every person has a role and a purpose within the communities, from the children to the elders. Providing Balance, Connectedness, and Transcendence. As my Grandmother Dr. Sophie Thomas taught "If you take care of Mother Earth, she will take care of you, If you destroy the Earth you destroy yourselves". We are all connected to each other and to Mother Earth and all she brings.

The Cultural Program team will provide services, support and programming throughout the CSFS traditional territories. Currently we are fortunate to have as Cultural Advisers and mentors, Barby Skaling and Wilf Adams. We will be filling positions within CSFS which will include five full-time Cultural Connection Coordinators, ten part-time Cultural Support Workers, 4 Community Wellness Coordinators and a newly developed Native Arts Program.

The team will work with our communities in developing cultural programs under the guidance of our elders, knowledge holders, language teachers, story tellers and our Native artists. Cultural support is developed through participation, learning cultural teachings, traditional activities and re-connecting to our traditional territories. All of our programs are built on a strong cultural foundation and evidence-based approaches.

At CSFS, culture is at the base of everything we do. All of our services are aligned with the basic bah'lats (potlatch) principles and traditional values. The bah'lats system is the Carrier system of governance, which is used to maintain order and upright ways of living including justice, land stewardship, spirituality, values and conduct. At the heart of the

bah'lats system is the great law of sharing, as well as respect, responsibility, compassion, wisdom, caring and love. No principle is of greater significance than another, and balance is upheld.

### Cultural Program Team

- We are currently hiring, interviewing and developing job descriptions. Interaction and sharing are key, and our goal is to build a cultural team that will enhance, enrich and compliment current programs
- We encourage developing inter-community projects and events that focus on positive relationship building.
- The cultural team will orientate themselves to the communities and identify cultural needs.
- CSFS Guidelines and Policies are to be followed
- Regular team meetings to identify effective ways of reporting back to the communities by being available and accessible.
- Monthly budgets for our Cultural Connections coordinators, our support workers, and Community Wellness coordinators. Programs will be periodically evaluated for effectiveness.

### Projects Participated in

- Mentorship programs at Saik'uz First Nation and Burns Lake Band
- Planning committee for the "We are Fierce" and "We are Warriors"
- Connections Camp at Beaumont Park/ Nadleh Whut'en Traditional Territory
- Carrier Language classes at Saik'uz First Nation
- The Language Literacy Project: CSFS and Douglas College and Saik'uz First Nation planning committee



- Elder Committees in Saik'uz First Nation and Stellat'en First Nation
- Northern Indigenous Parenting Conference to be held in September 2019
- The Elders Conference planning committee November 12-14, 2019
- 29<sup>th</sup> AGA All Clans Feast – Planning Committee
- Regular Monthly Managers Team Meetings with Mary Teegee, Executive Director of Child and Family Services

#### Training participated in

- Community Wellness Committee training
- Non-Violent Crisis Intervention – 2-year Certification

Looking forward we aim to develop and maintain the following:

#### Resource Person(s) and Cultural List Database

The team is developing the creation of a cultural database of community resource persons for CSFS staff to access, with the support of the Cultural Connections coordinators. The database will include knowledge holders, language teachers, story tellers sharing of oral histories, artists, drummers, singers and songs unique to our communities.

#### The First Peoples' Yinka Dene Arts Portfolio, Outreach

An arts portfolio is a package of living information that outlines the history, creativity, and experiences of the artist. Whether they are a painter, carver, musician, storyteller, actor, dancer, filmmaker, bead worker or any other type of artist, an arts portfolio is a necessary tool. Individual artists will find guidance on how to write an artist's biography, an artist's statement and resume/ CV (curriculum vitae) with photos, video or

audio samples of the artist's work. As part of this we plan to develop a showcase to spotlight artists.

Provide leadership in building and developing cultural teams that are motivated, creative, and focused on reflecting community needs while working in cooperation with community wellness teams.

#### Community and After School Programs

Consisting of a variety of activities such as drum groups, teaching Dakelh songs, clan songs, traditional dancing, regalia, drum making, and beadwork.

Revitalizing our traditional languages, documenting our stories, histories, genealogies, culture camps, hunting and gathering activities.

#### Community Wellness Teams

Carrier Sekani Family Services (CSFS) has long recognized the need to create teams of service providers made up of professionals from multiple programs and to have these teams informed and guided by the traditional values of each Carrier-Sekani member Nation.

Community Wellness Committees (CWC) have been identified as a way for each CSFS member Band/Nation to provide advisory support to each Band/Nation's community and CSFS programs and to provide direct community support for health and child wellbeing matters. Each team is supported by a CSFS community wellness team coordinator.

#### An Inventory of existing Cultural Programs in the CSFS communities

Including cultural camps, language programs, beading programs, quilting projects, regalia projects, Dakelh singing, Dakelh drumming and dancing, story tellers, and knowledge holders.

## Child Welfare Reform

Ian Simpson

On February 23, 2007, the First Nations Child and Family Caring Society (FNCS) and the National Assembly of First Nations (AFN) filed a complaint with the 2016 Canadian Human Rights Tribunal (CHRT). In the complaint, they alleged that the federal government was discriminating against Indigenous people through the funding of child welfare services on-reserve at a lower level than provincial and territorial governments fund services for off-reserve.

After 72 days of hearings in January 26, 2016, the CHRT released its decision substantiating the claims, and ordering Canada to immediately cease its discriminatory conduct, reform its First Nations Child and Family Services program, and immediately, and properly, implement Jordan's Principle. Through the CHRT rulings, Canada was ordered to develop an alternative system for funding prevention. The new system, by order of the CHRT, must be based on actual needs and reimburse actual costs for these services.

**Needs Based Prevention Funding**  
In December 2017, CSFS received notice that we would be eligible to receive prevention funding to support families under our Child and Family Services program. CSFS engaged our communities through a series of engagement sessions to review existing community plans and determine needs for families through a holistic wellness approach.

CSFS utilized feedback from those engagement sessions to incorporate priorities and formulate a proposal to empower families and prevent children from going into care. This year our proposal was

submitted and approved; additional funding has been secured to provide prevention services at actual cost. This allows us to increase our scope and breadth of services. This type of funding has previously been allocated to all provinces across Canada, except for British Columbia and New Brunswick. We are excited to finally have access to these much-needed funds that will support family wellness through holistic services.

Bill C-92, An Act respecting First Nations, Inuit and Métis children, youth and families, is Federal legislation designed to address serious flaws in the Indigenous child welfare system, and to affirm the rights and jurisdiction of Indigenous peoples in relation to child and family services. The bill seeks to set out principles applicable, on a national level, to the provision of child and family services in relation to Indigenous children, such as the best interests of the child, cultural continuity and substantive equality.

CSFS's proposed jurisdiction model is now under development and will leverage Bill C-92 to breathe life into the laws that help dictate the wellbeing of Carrier and Sekani children and families. Terms of references for an oversight committee have been developed. They are to be comprised of respected Carrier and Sekani elders and leaders, a negotiations committee, and a legislative working group. In addition, a community engagement strategy is under development to maximize the input received from all member Nations.





#HERO



## Primary Care, Research, and Strategic Services

Travis Holyk

As the organization continues to grow, we are trying to find a balance between increasing amenities to communities, and to ensure services are meeting the needs of the patients and clients we serve. One way that we continue to determine if our programs meet defined standards is through accreditation. Accreditation is an independent review process that assesses an organization against a set of standards and provides recommendations for areas of improvement. Our CARF (Commission on Accreditation of Rehabilitation Facilities) Survey was completed in October and November. December 20, CARF notified us of its accreditation decision and provided its report. CSFS received three-year Accreditation, the highest outcome possible.

### Primary Care

CSFS primary care continues to strengthen its role as a primary care home for our member First Nations. Being the patient's primary care home is an important aspect of the model for care we are trying to establish, as it provides continuity of care and consistency for our patients. A primary care home is a person-centred medical setting, such as a family doctor's office, where people establish a long-term relationship with a doctor or nurse practitioner who provides medical care. We continue to add physicians who believe in the work that was started close to 10 years ago. This will ensure the availability of CSFS doctors, both face to face and via virtual care.

In addition, the success of our model is dependent on the team of providers available, including community health nursing, and home and community care.

Integrated Care Teams and shared electronic medical records enhance patient and client care by using a team-based approach. Our goal is for patients to get timely access to continuous and comprehensive care.

Our nursing visits grew by approximately 600 visits over last year, with 4636 total visits in this fiscal year. Our home care visits were also up this year by over 400 visits with 1751 visits to patients. With the addition of nurse practitioner services and increased physicians, the number of patients seen in our clinics rose from 3471 last year to 4394 this year.

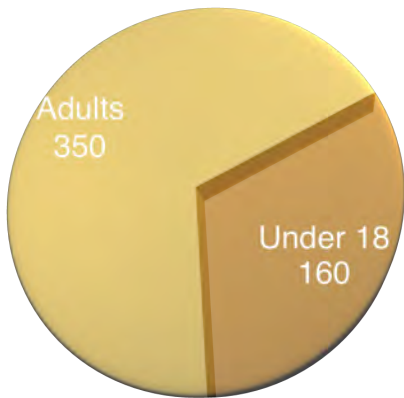
CSFS continues to be a leader in the area of virtual care, which is now being recognized around the world as a critical improvement for access to rural and remote communities. We encourage people to use this service as our numbers were down overall from last year. Since our doctors are not always in community, virtual care and video conference provides a service that enables patients to stay connected with their doctor.

The Yu Beh Yah Prince George Clinic is now running with two Nurse Practitioners, Sherry Sherba and Rebecca Irving. They provide a wide range of direct health care services for under-served populations living in Prince George, primarily those who are without a primary care provider. The Yu Be-yah clinic is located in the main Carrier Sekani building on Fourth Avenue. The clinic provides care Monday to Thursday. To be a patient at this clinic, the patients need to recognize our providers as their primary care home and not seek their care from walk in clinics and/or other providers around Prince George. Being the patient's primary care home is an important aspect

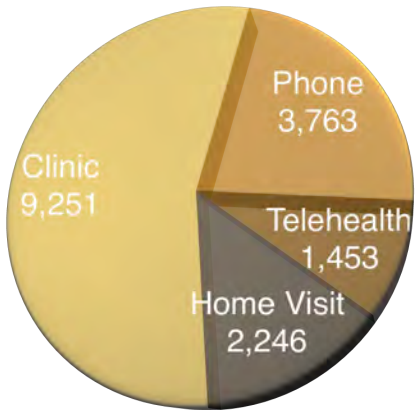
of the Yu Be-yah clinic model, as it provides continuity of care and consistency for our patients. The Yu Be-yah clinic also works to provide continuity of care to patients in the Carrier Sekani member communities. If patients, who regularly see Carrier Sekani health providers in their community and have a CSFS Family Doctor, require primary care services while in Prince George, the Yu Be-yah clinic is happy to facilitate this.



Immunizations (2018-19)



Types of Primary Health Care visits in the past year



Health Visits (2018-19)	Clinic	Note/phone	Telehealth	Home Visit
Physicians and Nurse Practitioners	4394	2201	1453	66
Nurses	4636	1562	0	429
Home Care	0	0	0	1751
Physio	221	0	0	0





## Research

Research remains a cornerstone of CSFS and not only makes us unique as an agency, but is critical to our work. It enables us to guide projects that are reflective of the needs of our community, guided through direction by our Research Advisory Committee made up of representatives from each nation.

## Women's Health

Study in women's health aims to increase access and coverage of cervical cancer screening for Indigenous women living in under-screened rural and urban areas in Northern British Columbia. Barriers to screening include personal fears/beliefs, geographic isolation, challenges with the health system, and mistrust of healthcare system. To improve access and coverage for this population, the investigators plan to build a novel service for HPV self-collection and screening, where women can do the test themselves. At-home screening involves easily collecting one's own sample for cervical cancer screening that is then tested for human papillomavirus (HPV), which is a known cause of cervical cancer. The process of self-collection is used in other places around the world but is not standard in BC. In this study, we want to see if offering at-home screening is a good way to encourage women to screen.

Cervical cancer can be prevented through regular screening, early detection and treatment. Like any screening test, this does not prevent cervical cancer but it can detect if a person is at increased risk of cervical cancer and can detect early changes that could lead to cancer.

We have conducted meetings with women in a number of CSFS communities in order to gain their input into the project. Kits are being provided to women in all the CSFS served communities at this time. Within the Lake Babine Nation, our physician team has

access to and can provide the screening kits.

## Suicide Research

The Strength Within suicide prevention project, which began in 2016, is now complete. The project was built on the relationships and teachings from the Nges Siy (I love you) project aimed at suicide prevention among youth. During the Nges Siy project, the communities suggested that the young adults would also benefit from such an intervention and so we wrote a proposal to CIHR to fund this phase.

The first step was to revise the Nges Siy materials geared towards youth to suit young adults. Under the guidance of a Community Advisory committee, and engagement with a community-based Working Group, the revision process aimed to incorporate traditional values into the manual.

The Advisory Committee originally suggested that adults should be the primary group that needed services and should be the focus of the second research phase. When we posted on Facebook that workshops were being held, the feedback pointed towards including all ages. We took that feedback and wrote a proposal with a focus on those over the age of 55 to complete the life cycle approach. We were one of two Proposals funded in Canada, to complete component three of our suicide research. Suicide Research will continue to be a focus in the coming year.

## Lung Health

Our lung health research, in partnership with Dr Pat Camp from UBC, is now two years into the project. The objective of this study is to estimate how many people within CSFS communities have Chronic Obstructive Pulmonary Disease (COPD). COPD is a lung disease that includes chronic bronchitis and emphysema.



Research is conducted by completing lung function tests with a random sampling of households from 13 CSFS communities (6 visited to date). Typically, people must receive a referral and leave their community in order to have their lungs tested. We believe this has resulted in an underreporting of COPD based on symptoms reported through work with communities. So far, this is true since, within our MOIS data, only 4% of people were diagnosed with COPD and our random sample of participants is 17%.

Based on direction from our advisory committee, we are also looking at the relationship between inhaled pollutants and symptoms. We test the air quality, carbon monoxide and dioxide and fine particulate, and visual inspection of problems associated with mold in homes and community buildings of those who agree to participate.

Random Sample	
Number of Participants (n)	70
Female, n (% of group)	42 (60%)
Age, years, mean (SD)	54.7 (13.3)
Current/past tobacco smoker, n (% of group)	58 (83%)
Smoking Exposure <ul style="list-style-type: none"> <li>• Pack years, mean (SD)</li> <li>• Pack years, median</li> </ul>	15.0 (2.1) 11
Work exposure to dust, n (% of group)	38 (54%)
COPD Prevalence	12 (17%)

## Exercise

The overall goal of this project is to develop and evaluate a pulmonary rehabilitation program for members of the 11 First Nations served by CSFS. The first part of this project is to gain a better understanding of the physical activity of people in our communities and how these activities impact physical, mental and spiritual health, including challenges to participation in physical activity. We will use this information to develop and evaluate education materials. Finally, we will examine the feasibility of implementing a pulmonary rehab program that is reflective of the CSFS communities.

We completed focus group interviews and photo-voice with participants in Burns Lake and Wet'suwet'en First Nations who were identified as having a chronic disease. Participants shared their questions regarding:

- How the participants manage their chronic condition and overall health
- The values of physical activity (including historical influence)
- Current practices
- Barriers and needs of physical activity from the perspective of the participants
- The feasibility of using technology for future pulmonary tele-rehabilitation programs

There will be a greater emphasis on this project in the coming year. This includes work being done by Joel Chen, a respirologist and graduate student in UBC Rehabilitation Sciences.

## Focus of the Upcoming Year

Building on meeting the needs of clients, one of the focuses this year will be on developing an ongoing evaluation strategy. We are in the process of hiring an Evaluation Lead. Our 10-year health transfer agreement will soon expire and as part of this process we will be undertaking our health transfer evaluation. One of the priorities for our newly

hired research associate will be to host community meetings to set future research priorities.

Regarding direct services, we have developed job descriptions and have plans for increasing allied health professionals such as physio and occupational therapists. And building on the success of our Intensive Family Preservation Program, as outlined in Fiona's report, the program will be expanding to provide services to nations in the Vanderhoof and Burns Lake areas.





## Family Justice and Collaborative Practices

Pauline Gregg

The Carrier Sekani Family Services Family Justice Department offers specialized facilitation for families in crisis or families needing extra support to resolve a dispute. This program is based on research conducted around Carrier decision-making practices, to ensure that families receive culturally relevant support to address their needs. A variety of voluntary services are available and include the following: Family Group Conferences (Carrier Family Decision Making Meetings), Youth Transition Conferences, Family Case Planning Conferences, Prevention Meetings, Permanency Planning Meetings and Comprehensive Plans of Care. Please contact our Collaborative Practices Lead or any of our skilled facilitators toll free at 1 800 889 6855, or by emailing [familyjustice@csfs.org](mailto:familyjustice@csfs.org)

Last year, we set a goal to reach out to the communities to present our program information. Our most active team member in promoting our services is Cathie Hemeon. She attended Health Fairs in Stella'ten First Nation, Nadleh Whut'en, Cheslatta Carrier Nation and Yekooche First Nation. Cathie volunteered at the 2019 CSFS "We Are Fierce" Girls Youth Conference in March, and attended the Woyenne Culture Night in June 2019.

Presentations serve to promote our program goals and services. In Prince George, Pauline Gregg presented to the Parent's Legal Centre in January of 2019, the UNBC Social Work Students (annually) during the fall semester, the MCFD Practicum Social Workers (annually) in March 2019, and to the CSFS Family Preservation Workers in May 2019.

Our plan for the upcoming fiscal year is to increase the use of our collaborative planning processes for children. Due to

high turnover in the social work field and in our community child welfare service providers, it is important for our program to continually share information with our stakeholders. We will do this by sharing more information and remaining easily accessible for anyone requesting information regarding our services and referral process.

### Number of Meetings Completed

Family Group Conferences	14
Family Case Planning Conferences	44
Youth Transition Conferences	4
Prevention Meetings	2

The number of completed meetings is 64, within a 6 month timespan with primarily two facilitators serving a large geographical area. This number greatly surpasses our MCFD contractual obligations. The completed meetings do not include work we have completed on referrals that did not have a scheduled meeting for various reasons.

The meetings served the following: Takla Lake First Nation, Lake Babine Nation, Tl'azt'en Nation, Nak'azd'li Whut'en, McLeod Lake Indian Band, Saik'uz First Nation, Stellat'en First Nation, Opaskwayak Cree Nation, Nee Tahi Buhn Band, Tsay Keh Dene, Kwadacha Nation, Cheslatta Carrier Nation, Big Stone Cree Nation, Gitsegukla, Metis and Non-Aboriginal children and families.

NOTE: Cathie Hemeon's service delivery to our CSFS guardianship teams includes services to all CSFS member children.

## Nursing

Judith Sandford

The CSFS Nursing team and home care aides are an important part of the CSFS Primary Care Team. The team has been busy building and developing integrated collaborative care, working with community health staff and other allied health professionals. We participate in all community health fairs and have increased access to medical care by scheduling more telehealth time with specialists, mental health counsellors, etc., which is a vital service for our more remote communities.

Responding to community needs is the priority of our primary care program. The CSFS community nurses and home care aides provide daily professional care to individual community members and families throughout the CSFS territory, with direct care either in the home or in the clinic.

We work together with the mental health team, Community Health Representatives and doctors to ensure that an integrated, holistic and appropriate health service is provided, or an advocacy program is in place. This includes referrals and coordination with other levels of care such as palliative, rehab, detox and hospital care.

Over the past year, CSFS nurses and care aides have provided many educational sessions and promotional health programs to

prevent illness, encourage individuals to make healthy lifestyle choices and take charge of their own health.

Immunization programs were provided monthly in all communities for all ages, which included measles and flu vaccines. Soon, we will provide a vaccine for shingles. New this year is the project with Dr. Sheona Mitchell-Foster at UNBC to offer the self-swab cervical screening test for women. This is an important change as it is a non-invasive procedure that should increase vital screening opportunities for early assessment and diagnosis.

Our home care team encourages elders to be cared for at home, ensuring medical and safety equipment is in place. This provides personal, daily, hands-on care and social interaction that improves their quality of life. We also offer rehab exercises and palliative care as needed.

We are in the process of reviewing the current nursing model and the integrated care team conferences to ensure we are meeting the individual and community needs with appropriate services and planning for our future plans. We are constantly improving our programs and learning new ways to successfully integrate traditional medicine.







## Intensive Family Preservation Services

Fiona Demers

The Intensive Family Preservation Services (IFPS) program delivers an in-home counselling and crisis intervention program. It is aimed at preventing the unnecessary out-of-home placement of children. Our program serves families in Prince George whose children are at imminent risk of placement. Our services typically last 28 days, during which a clinician spends 8-10 hours per week with the family, and is available to the family for support 24 hours per day, 7 days a week. We receive all of our referrals through the Ministry of Children and Family Development.

The IFPS program has been an exemplar of best practices since its inception, and continues to be a successful program. The program has provided support to 21 families from April 2018 to March 2019, resulting in 33 children remaining with their parents. The program has kept 204 children in their home with their families since it began in 2014.

In the upcoming year, the IFPS program will be expanding into Vanderhoof and Burns Lake. Teams will be created in each of these communities. That will enable our program to serve a greater number of families in our member nations.

Quotes from clients:

"I am thankful our life paths crossed. My kids will benefit from all our sessions, and it helped my family all grow closer together. I feel you people have a great team and can

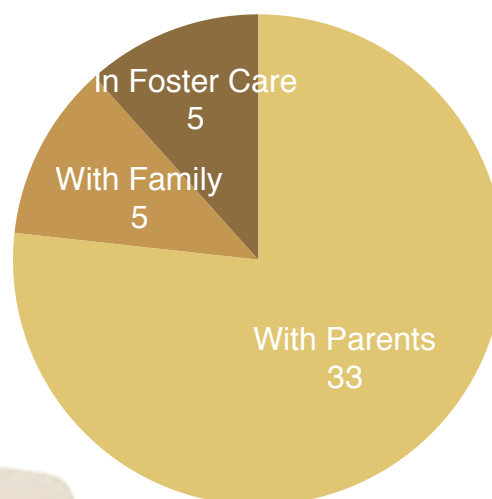
make huge differences in people's lives. You sure did in me and mine. Thank you."

-Client

"She was easy for me to open up to and I always felt she was respectful and took time to understand me, and my family."

-Client

Children in the IFPS Program from April 2018- March 2019



## Executive Director of Health

Mabel Louie

The Health Services that CSFS offers includes the Health and Wellness program, Early Childhood Development services, Northern Mobile Diabetes program, First Nations Health Benefits for on and off reserve, UNHBC Patient Liaison Program, Community Development, Men's Wellness program, HIV/Aids and the Northern Child Advocacy Centre. We also provide support and guidance regarding our band health programs to 10 of our 11 Nations. Capacity building initiatives for communities continue as last year we supported a Chemical Addiction Training program in Burns Lake and this fall we will be supporting the Early Childhood Development Certificate program. The training will take place in Burns Lake

Each year, we have seen an increase in scholarship incentives in the health transferred Nations who have completed a certificate, diploma or bachelor degree in healthcare. It is promising to see community members return to school for the betterment of their lives, their children, and their communities. This year, we have provided almost 25 incentives. Of the 25, graduates are Kirsty West from Takla/Saikuz who graduated with a Bachelor of Arts with a Major in Psychology, and Adrienne Goodridge from Nadleh, who received her Social Work degree.

Healing the Healers 2.0 group are on their 3<sup>rd</sup> year of training. We encourage the communities to seek the assistance of the elders who participated in the program in order to learn their newfound skills, especially for the younger generation. The elders will begin assisting with Orman Lake camp this summer as well as assist with other community events.

The Men's Wellness initiative is slowly getting off the ground. The groups were provided with training and were involved with the FNHA mens training in an effort to assist community men with their healing journey and return to their roles in the family unit. Some health services have been decentralized, and as a result works plans have been developed.

For the past 3 years, our program has been submitting requests to build a year-round Treatment Centre in our territory. The discussions with the FNHA on the matter have consistently stalled. This year, with the help of our CEO, we were finally able to see positive movement on this file. The proposals in the past were multi faceted approaches including detox, treatment centre and after care homes situated in Fort St. James, Vanderhoof and Burns Lake areas. We were able to get approval for a Headstart program in Vanderhoof. The program will be housed at the old St. Josephs school. This coming year, we will be incorporating more traditional culture and healing in our programs. Our Health transfer agreement will have to be renewed in 2020, and therefore a Health evaluation will be coming soon.



## Best Beginnings Occupational Therapy

Dawne Persson

The Best Beginnings program (BBOP) provides Occupational Therapy, Speech-Language Pathology, and Rehabilitation assistant support for children ages 0 to 6 years in the communities of Takla, Yekooche, Saik'uz, Nadleh Whut'en, Stellat'en, Fort Babine, and the Woyenne Kindergarten.

The program provides information and services for children and their families to promote healthy development. We offer one-on-one services at daycare facilities and home visits. We also provide professional assessments and referrals, facilitate parent education and support programs, and assist families to plan activities that encourage optimum

development for their children. Any family or care provider can refer to the BBOP program. Our referral form can be obtained at the CSFS Vanderhoof office or the CSFS website.

Our goal last year was to provide more group programming in the daycares and communities. Our literacy groups, sign language workshops and small circle times were quite successful. In the year ahead, we would like to add an additional Speech and Language and Occupational Therapist to our team to allow us to see children on a consistent basis.

## Vanderhoof Youth Centre

Dawne Persson

The Vanderhoof Youth Centre is dedicated to promoting and advancing the health and well-being of its citizens and communities in a dignified, respectful, and culturally appropriate manner. We are located on 183 1st Street, and are open on Tuesday, Wednesday, and Thursday for drop-in from 3:00 PM -6:00 PM.

The goal of the Vanderhoof Youth Centre is to provide a safe and inclusive environment for everyone who enters the Centre. All Youth between the ages of 12 - 19 are

welcome, regardless of culture, gender, and social class.

The Vanderhoof Youth Centre has been offering a variety of programming this year such as Food Safe Level 1, Open Mic Night, Art Time, training and movie nights. We obtained additional funding to offer more programming and extend our hours to provide services five days a week. However, we would like to obtain more staff for the Youth centre to be able to run more outreach programming and activities.







# Aboriginal Supported Child Development

Dawne Persson

The Aboriginal Supported Child Development program currently provides service to Saik'uz, Nadleh, Stelat'en, Yekooche, Takla, Burns Lake Band, and to the Lake Babine Nation. We also provide services to Vanderhoof and Fraser Lake for families that are living off-reserve.

The program is designed to support children 0 to 18 years of age, and their families with additional needs or developmental concerns. We help children who require extra support to be included in their community programs. We also offer home visits and programs for parents, and help to connect families with the appropriate resources.

Any family or care provider who has concerns that a child may have a developmental delay may refer children to the program. Our referral form can be obtained through the CSFS Vanderhoof office.

This past year we set two primary goals:

- To increase education for our support daycare workers. This included starting their ECCL courses to work towards their ECE certificates.
- Increase the delivery of the partnership training for the daycare staff in the communities. This included FASD training and Behavioural management.

We met both goals. We also had some of our support workers taking courses that would build on their skills. We were able to deliver programs for daycares related to FASD training and behavioural management. Our program was also able to expand to include an infant development worker as well as additional support worker positions.

In the year ahead, we would like to utilize the new additional positions to increase service delivery in all of the communities.



## Canadian Prenatal Nutrition Program

Dawne Persson

Our CSFS Canadian Prenatal Nutrition Program (CPNP) provides services to families living in the Vanderhoof area. We support families who are expecting, or have babies, and are less than 7 months of age. Nutritional support, prenatal vitamins, breast feeding education, prenatal and postnatal resources, and information and referrals to other agencies are provided by our team. Our services include home visits, drop in sessions, and one-on-one support. Referrals to our program can be made by public health nurses, physicians, community service providers, legal guardians, or by self-referral.

We set a goal to provide more support groups for families, such as prenatal classes and breastfeeding supports, and have been successful so far. We have put on multiple prenatal classes, given one-on-one breastfeeding support on a weekly basis, and put on workshops for nurses and doctors. We continue to push towards expanding our program to offer full-time services to provide more support for families.

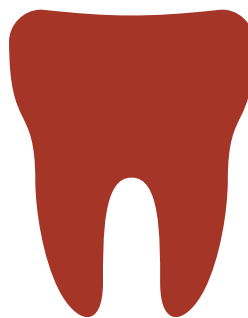
## Children's Oral Health Initiative Program

Dawne Persson

Our Children's Oral Health Initiative (COHI) Program is an early childhood tooth decay prevention program for children aged 0 to 7, and their parents and caregivers in Stellat'en and Nadleh Whut'en. COHI services include annual screening, fluoride varnish applications, sealant application and temporary fillings.

A dental therapist or dental hygienist and a COHI aide deliver the program. The COHI aide supports the dental professional and act as an essential link between the dental professional and the community. The services provided by COHI aides include obtaining authorization from families to enrol children in the program, applying fluoride varnish, giving one-on-one oral health education to children and adults, and improving overall community health.

Last year's goal was to provide more educational sessions for families in the program and reach a larger demographic area. We were successful in doing so, and have been able to reach many different families. In the upcoming year, we would like to be able to reach more community members with children 0 to 4 years of age. To do so, we plan to reach out to other programs and professionals to ensure we are involving all families to participate.





## Early Years Centre - Vanderhoof

Dawne Persson

Our Early Years Centre (EYC) in Vanderhoof provides early childhood services and supports for children aged 0 to 6 and their families from the Vanderhoof area and Saik'uz First Nation. We provide up-to date information on child care spaces in Vanderhoof, as well as information on programming and events offered in the community geared towards children. Information and resources are available at our Vanderhoof office located at 240 West Stewart Street. We also post information on the Early Years board in the main reception area.

We offer a number of different programs: a toy lending library, preschool, summer programming, and other drop in programs. We are open for drop ins Monday to Friday, 8:30 AM to 4:30 PM. Some of our programs require pre-registration.

One of our goals for the past year was to increase communications with local schools. We want to attain more information from what school staff are seeing as gaps and needs for families and their children who are entering kindergarten. We wanted to assist local childcare centres and programs for young children, and to address concerns through different program opportunities. We have already started conversations with the school district about our goals, and have attended various meetings about the Early Years framework.

The Early Years is changing this year with it being combined with the ASI-YE funding (which is our Best Beginnings Outreach Program). We are now in the process of changing the program name and logo, titles of staff, as well as creating more programming. Most of our current

programming will continue, however our goal is to have all these changes in place by September, 2019.



## Early Years Centre - Burns Lake

Dawne Persson

The Burns Lake Early Years Centre provides services to the community of Burns Lake, Lake Babine Nation, Burns Lake Band, and surrounding areas. We offer services for both Indigenous and non-Indigenous families and information on events and programming in the community. Some of the programs we currently have running are the toy lending library, an art and craft group, and the Words on Wheels (WOW) mobile learning bus. Families can drop in at the centre Mondays, Tuesdays or Thursdays from 8:30 AM until 3:30 PM at the Muriel Mould Learning Centre Building.

Our goal last year was to increase our outreach services throughout the year to ensure we were reaching everyone in the area. We have started to do circle times in two different daycares and have been doing outreach to other organizations running different programs. Much like EYC in Vanderhoof, this program is being combined with ASI-YE funding. We are also in the process of changing program names and logos. Our current programming will continue in the meantime, with the goal to be ready by September of 2019.

Name of Program	# of Clients
Aboriginal Supported Child Development Program	40
Best Beginnings Outreach Program	83
Children's Oral Health Initiative	0-4 Years Old (Nadleh): 11 5-7 Years Old (Nadleh): 18  0-4 Years Old (Stellaten): 19 5-7 Years Old (Stellaten): 25
Vanderhoof Youth Centre	No Clients (Drop-In Centre)
Burns Lake Early Years Centre	No Clients (Drop-In Centre)
Vanderhoof Early Years Centre	No Clients (Drop-In Centre)
Canadian Prenatal Nutrition Program	24

## First Nations Health Benefits

Lorna Paul

First Nations Health Benefits Program  
The First Nations Health Benefits (FNHB) program serves the following First Nations: Burns Lake Band, Skin Tyee Band, Cheslatta Carrier Nation, Nee Tahi Buhn, Wet'suwet'en First Nation, Saik'uz First Nation, Stellat'en First Nation, Nadleh Whut'en, Takla First Nation and Yekooche First Nation. Any members from these Nations who live in British Columbia are eligible for assistance. Our office is located at the Carrier Sekani Family Services Office in Vanderhoof. We accept calls from 9:30am to 12:00pm, and from 2:00pm-4:30pm Monday to Friday. Eligibility for service is based on a referral being provided to the closest available specialist, and the appointment must be covered by the British Columbia Medical Services Plan.

There were a couple developments this past year: As our catchment area has downsized in 2018, the FNHB is still fielding calls and channelling clients in the proper direction for the off-reserve portion, back to the First Nation Health Authority region. Also, we are working to further encourage direct deposits, and going paperless wherever possible, by using an electronic filing system.

An ongoing goal for the FNHB program is to visit communities upon request and attend local health fairs whenever possible to provide public education on the policies laid out by our funders, which FNHB must follow. The program will be also be encouraging the use of telehealth equipment for doctors visits and specialists visits when possible.

First Nation	Trips
Burns Lake	8
Cheslatta	26
Nadleh Whut'en	152
Nee Tahi Buhn	110
Saik'uz	117
Skin Tyee	178
Stellaten	47
Takla	692
WFN	18
Yekooche	289





## Aboriginal Patient Liaison Program & Projects

Charlotte Alfred

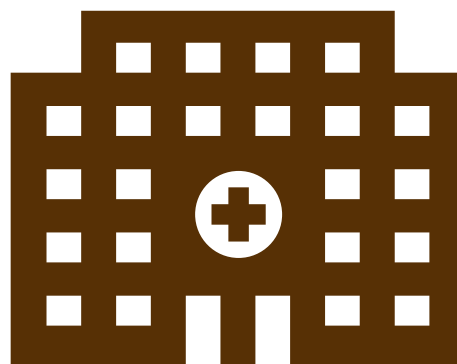
The Aboriginal Patient Liaison Program offers services to ensure First Nations People who are utilizing services at the University Hospital of Northern BC have support and for their cultural needs to be met. The Liaison acts as an advocate between the medical staff and the patient, and assists the patient with travel.

The Liaison assists the patient in many others ways as well: they send letters of support to the community patient travel clerks, assist with funding for the patient while they stay in hospital, attend hospital rounds to seek medical updates on aboriginal clients, assist the clients to understand the medical jargon and help the client if they have any questions about their health. The Liaison's office hours are Monday to Friday, 8am to 4pm.

The program has taken a number of positive steps this past year. Earlier this year, we were able to get a signed agreement between the Northern Health Authority and our CSFS Health programs. We were also awarded 8 infant car seats from BCAA, which will go towards infants discharged from the hospital. There were

some positive developments in our meetings with the NHA, such as NHA staff asking more questions about First Nation communities. Also, UGNBC nursing staff are having conversations with community nurses about our client's health. Overall, there has been good dialogue with UGNBC staff with the goal of improving community members health as the main focal point.

Goals for this year include improving treatment of our First Nation members when seeking medical assistance, as well as preserving their health. We will continue to voice our concerns to gather support from leadership. We are also looking at more ways to support our Aboriginal Patient Liaison in lessening their workload, especially when working away from CSFS staff. We will continue to have UNBC practicum students join our program. This year, we expect a 4<sup>th</sup> year social worker who is looking to get experience working in the health field. We thank Linda Locheed, Chief Social Worker, for her continued assistance with the program.





## National Native Alcohol and Drug Abuse Program

Marilyn Janzen

CSFS assists in mentorship to the National Native Alcohol and Drug Abuse Program (NNADAP) workers in our member Nation communities. The objective is to support the community in establishing and delivering culturally relevant, community-based programs aimed at reducing substance abuse. Our communities have NNADAP Workers who can provide referrals and assist community members in accessing applicable services.

The Addictions Liaison Program provides mentorship and support to the NNADAP workers in the community, as CSFS has no authority of band-employed NNADAP workers. The NNADAP workers provide community members a full continuum of care involving prevention, intervention, and aftercare in communities of Takla, Yekooche, Saik'uz, Nadleh, Stelat'en, Nee Tahi Buhn, Cheslatta, Skin Tyee, Wet'suwet'en First Nation, and Burns Lake.

Training is offered to each NNADAP worker. This year, the Addictions Liaison supported NNADAP workers to take the University of British Columbia's online Provincial Opioid Addiction Treatment Support Program Certificate, Narcan Training and CISM Training. Also, ten students completed a certificate in Chemical Addictions Worker Certificate, more commonly referred to as the CHAD program, with Nicola Valley Institute of Technology, in October of 2018. Congratulations to all ten of the graduates.

Our Addictions Liaison also worked to help each of the NNADAP workers to create a

local aftercare tool kit which included brochures outlining local resources; it was designed for each individual band and will support people returning home from treatment centres.

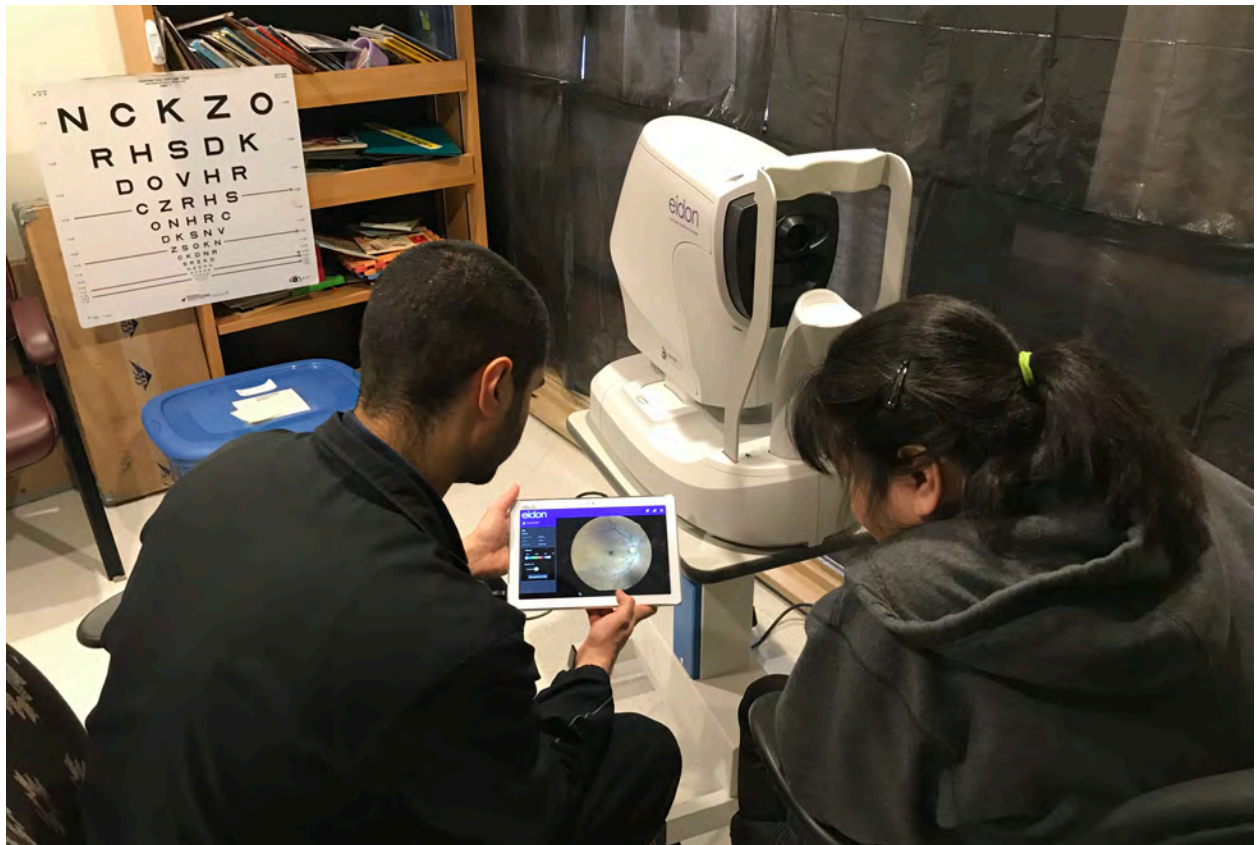
This year, the Addictions Liaison advocated for and received funding for each band to receive program supplies which included two different games: the Game of Misfortune, and the second called Alcohol Changes Everything. These are to be used as tools with NNADAP clients to help with communication and education.











## Mobile Diabetes Telemedicine Clinic

Matthew Summerskill

Servicing approximately 55 communities across the northern and interior regions of the province, the Mobile Diabetes Clinic continues to be a leading, innovative, and valued diabetes service. Diabetes remains a complex condition, and our service provides health testing and education for those living with, and at high risk for, diabetes. Our machines allow for near immediate results, thus preventing what would otherwise be 3-4 timely appointments at multiple locations. During a clinic visit, education may be provided in the form of understanding some of the challenges related to living with diabetes, or preventing problems that could arise from diabetes. Clients are always given a copy of their results with an explanation of what they mean, and given instructions on goal prioritizing.

The MDTC is delivered by dedicated nurses who meet one-to-one with clients annually, and over the course of pertinent follow up. We value the work of Community Health Representatives (CHRs) who help us determine suitable clinic times, and as a partner in education, screening, and outreach. CHRs, nurses, or people with diabetes can contact the MDTC directly to arrange an in-person or community visit.

Over the past year, we have achieved the following priority goals:

- Number of clients with diabetes accessing our services increased
- Increased the number of people screened for diabetes
- Increased holistic care approaches (i.e., more time per client, partnerships

with traditional healers, massage therapists, foot care aestheticians etc.)

- Helped the majority of people in contact with our clinic attain a better health status
- Increased FNHA support for program service expansion
- More intensified follow-up conducted with clients leading to improved care outcomes
- Helped a growing number of people gain access to needed tools and therapies not covered under FNHA Plan-W

In light of the complexity of diabetes, we continue to maintain that First Nations across our region have utmost access to comprehensive, culturally safe, and close-to-home diabetes services. Our clients have repeatedly told us they value our model, and we continue to advocate on their behalf to intensify the reach of our service. In providing culturally safe care, those accessing our service must be granted the time to be heard, and for us providers to learn and grow with our clients. With good care and understanding, many of the problems associated with diabetes can be prevented.

“Thank you again for taking the time to explain and show me, you guys showed genuine care, humour, and professionalism. Looking forward to see you again.” - Nadleh client

In the past year, we screened 600 people for diabetes, and helped 420 people with diabetes.



## Indian Residential School Support

Marilyn Janzen

The Indian Residential Schools Program (IRS) provides mental and emotional health support to all former Indian Residential School students, their families and individuals who were impacted by the residential schools in all of our member CSFS communities. The IRS program works with the community; understanding the health of our participants who are struggling with the effects of IRS attendance are a vital piece to the health and wellness of their families and communities. Many of these men and women, young and old, attribute their substance abuse to a particular trauma they endured: the residential school legacy.

This year, we received notice that we would have funding for this program until 2020. In order to continue to meet the needs of the

individuals and families that have been affected by the impact of residential schools, the IRS staff will work closely with the Community Mental Health clinician and the Addiction Recovery program. This will ensure that these needs will continue to be addressed after the program has reached its end date of March 31, 2019.

During the year, the IRS program provided the Shake, Rattle, and Role workshop with the rest of the HAWP program. This was provided to all 10 of the communities that CSFS serves. We will continue to ensure appropriate coverage while the program is short staffed. Being a part of a large program helps to ensure that members do not slip through the cracks, as our program operates under the policy of every door is the right door when accessing services.

## Addictions Recovery Program

Marilyn Janzen

We provide a 28-day residential treatment program from April to October, which is conducted on Nadleh Whut'en territory at Ormond lake. From November through March, a 28-day Outreach Program is available to communities upon request. This service is a great example of the integration of tradition and Western treatment strategies, which is reflective of our program's vision statement: 'Culture is Healing'. Prior to the start of each camp season, our crew works on team building training. This year, we attended the front-line worker's training in April with the First Nations Health Authority (FNHA).

This past summer, our treatment centre was evacuated due to wildfires, and unfortunately we lost two cabins and our smoke house; we evacuated all clients and

staff on site to the Saik'uz Potlatch house. The transition was made seamlessly for our clients who experienced no break in their program. Thank you to the Saik'uz Elders Society, and the people of Saik'uz, for their hospitality in our time of need. We are still working with FNHA to recover lost items from the fire, and working with Nadleh Whut'en as they make plans to rebuild.

While in treatment at Ormond Lake, clients experience a full addictions recovery program including land-based healing. Activities this past year included Alcoholic Anonymous meetings at local communities, beading, basket making, sweat ceremony, smudging, nature walks, and a psyche education on addictions within a rustic setting. Our program has

noticed a significant increase in the clients attending the camps who are addicted to meth, cocaine, heroin, and fentanyl. Our program works hard to bring Western education about these drugs and combine it with cultural knowledge to develop a program tailored to the specific individuals at Ormond Lake.

Mobile treatment this year, through the fall and winter months, included two weeks on Grief and Loss in Takla, Nadleh, Wet'suwet'en, Saik'uz and Prince George (completed in partnership with Takla Lake First Nation). Other programs offered included Co-dependency and healthy relationships in Nadleh, and Trauma on the Southside.

Our program, along with all NNADAP workers across BC, attended FNHA's Addiction forum. Staff were updated on FNHA's plans, attended educational workshops, and networked with other treatment programs and NNADAP workers from across the province. One staff member has decided to continue their post-

secondary journey and is taking the Indigenous Human Services Diploma with NVIT. Good luck to Kyle Olin.

As we continue to operate our land-based healing at Ormond Lake, we have been advocating with the First Nations Health Authority (FNHA), and previously with First Nations and Inuit Health (FNIH), for a year-round home for the recovery program. We are happy to report that FNHA has confirmed over 4 million dollars to help us build a year-round centre.

We hope to construct an elder's building at the Ormond lake facility to encourage elders to participate in the residential treatment program. We also hope to increase the number of community outreach programs we offer, and to increase the cultural components of our programming by employing a designated cultural counsellor. Finally, we plan to work with the communities to develop and deliver a long-term aftercare program that will take place within the communities in our service delivery area.

New Client Files Opened this Year	281
Cases Closed	227
Emergency Sessions	127
Education Groups	427
Therapeutic Groups	302
Emergency Group Sessions	400

## Child & Youth Mental Health

Marilyn Janzen

The CSFS Aboriginal Child and Youth Mental Health program provides community-based clinical counselling and outreach services to children and youth and their families who live either on or off reserve.

Counsellors work with children and their families that are experiencing severe challenges. Sometimes parents and children fight, children stop going to school, or start using drugs and need help working through these challenges. Our counsellors work in all 15 Carrier Communities with offices in Vanderhoof, Fort St. James and Burns Lake. This service is funded by the provincial government and therefore we provide services to all 13 Nations and 15 communities in the central north.

Services include:

- Psychometric testing for identified children and youth by our on-staff psychologist
- Assessment and ongoing mental health intervention for children and youth
- Those experiencing, or are at high risk, for developing a mental health related disorder
- Work with families of identified children & youth
- Ongoing work with staff and students in schools.

This past year, we were able to work with Francois and Ruby Prince to bring youth workshops to all ten CSFS communities, as well as Fort St. James. The workshop focused on self-esteem and empowerment along with Carrier legends and making paddles.

This year, Child and Youth Mental Health staff provided psycho-educational workshops to communities and staff on multiple issues: lateral violence, how to keep children safe, suicide prevention, and mindfulness. Other

groups organized by staff included circle of security parenting group, girls groups, groups on topics such as self-esteem and grief and loss, self-care for people who are self-harming, and a self-empowerment group.

This year, staff worked with other CSFS professionals and advocated with the CSFS primary care program to begin providing a medical youth clinic at the high school in Burns Lake, and to continue to with more comprehensive and effective services for the youth. Staff also started working with the BC Children's hospital to access the Telehealth Outreach Psychiatric Services (TOPS) program, which enables psychiatrists at BC Children's Hospital in Vancouver to provide psychiatric services to children and youth in our region.

Staff continue to carry a full case load of up to 32 clients, while tending to a waitlist of up to 25 children and youth. Recently, with the support of Child and Family Services receiving prevention dollars, we have obtained funding that will not only enhance our services but allow us the opportunity to hire more Child and Youth Clinicians. Currently, staff provide suicide assessments, crisis sessions, provide drop in services at high schools, outreach at youth centres and schools, and get involved in community functions, cultural activities, and youth conferences.

**In the past year, we opened over 115 new client files, and spent over 572 hours on Wellness Work.**



## Men's Wellness Support Group

Bryan Clyne

### Men's Group Support Program

In working with our member Nations and CSFS staff, we have identified that men are an underserved population who experience worse health outcomes than many other population groups. To combat this issue, CSFS has endeavoured to develop Men's Groups as a harm-reduction strategy in each community. Men's groups are intended to provide a safe place for men to develop positive social networks to help support healthy behaviours. The program serves adult men living both on and off reserve and are willing to attend meetings. Currently, there are Men's Groups meeting regularly in Nadleh Whut'en, Burns Lake, and the Takla Nation. Other Men's Groups are in the process of being established in Saik'uz, Wetsuwet'en, Lake Babine, Stelat'en and Yekooche. The Men's Groups are offered on a weekly basis in an informal setting on reserve. The men participate in a variety of healthy and engaging activities, which are meaningful to the group participants.

Our goals from last year were to:

- Host a second Men's Group facilitator training session
- Establish more Men's Groups

- Work with other existing Men's Groups to form a network of support

CSFS was able to achieve all of these goals.

The second Men's Group Facilitator Training occurred from March to June, with three separate trainings and a special fourth meeting involving the trainee facilitators and previously trained facilitators meeting and discussing strategies for their respective Men's Groups. A third Men's Group has formed, with more potential groups showing promise. Men from the groups have been able to go to Yekooche, Tsay Keh Dene, and meet with the Prince George Dude's Club. The men have also had opportunities to work with FNHA to work on developing a network of support for Men's Groups. In the upcoming year, the Men's Groups would like to:

- Have a refresher training for facilitators.
- Establish more Men's Groups
- Build a larger network
- Meet with other Men's Groups more often.
- Promote Men's Groups travelling and meeting with each other.



## Senior Policy Analysis & Projects

Tracey Michell

Establishing partnerships for a collaborative and integrated service delivery is pivotal to two initiatives: The First Nations Child and Youth Advocacy (CYAC) and the Community Safety Plan (CSP).

The CYAC concept was initially advocated for as a result of CSFS involvement with the Cedars project. The concept was then championed by the Northern First Nations Leadership.

The resolution which called for the creation of a CAYC was a major accomplishment. The Cedar Project Research Project showed historical trauma, sexual abuse, and HIV among Cedar Project participants. Unfortunately, the former Representative for Children and Youth, Mary Ellen Turpel-Lafond's 2013 "When Talk Trumped Services" resulted in the withdrawal of funding in January 2014. Without funding for staff, the initiative ceased. Subject to numerous denials to funding, CSFS received funding in 2017 for a CYAC.

Reducing the trauma for child and youth affected by sexual abuse relies on partnerships with professionals that work in area. Policy and operational planning have been in development since 2017. The objective is to maneuver through each of the professional's legislative requirements to reduce the trauma during service delivery for children, youth and their families. Two entities to advance the work are the Regional Steering Committee, intended to provide advice, and the Multi-Disciplinary Team (MDT) Working Group, to review and draft documents and materials.

CSFS has facilitated dialogue with CSFS Member Nations on community safety. Canada administers the three-phased facilitation process and project funding. All of the CSFS Member Bands in Health have,

or will, be approached. In 2015, Canada hosted their three-phased facilitation sessions with Takla, Stellat'en, Saik'uz, Nadleh and Yekooche. Takla implemented their CSP in 2015, followed by Yekooche in 2018. Nadleh and Stellat'en recently approved their CSP and implementation is pending. Saik'uz withdrew their application.

The CSP is set to advance to the rest of the communities in 2019-20, including South Side, Burns Lake and Wet'suwet'en First Nation.

The CYAC Partnership involved joint development of documents and material to shape a working relationship or to provide general information to new members. The material generated thus far are:

- Indigenous Northern BC Approach – Child and Youth Advocacy Centre Report
- First Nations Regional Steering Committee Terms of Reference
- Draft Memorandum of Understanding on the Sharing of Information
- Q & A Information Sheet

Other material and documents may include:

- Partnership agreement
- Protocol

One of the biggest goals is to access funding to house and administer the CYAC, along with the implementation of the Sharing of Information agreement and mutually agreed upon operation plan.

For the CSP, CSFS hopes to have a bigger role during the three-phased dialogue conducted by Canada for the remaining Member Nations. We hope to expedite the finalization of each respective CSP in order to increase access to funding that may be available.

## Healing the Healers Program

Janice Nooski

The Healing the Healers Program continues to operate from the Burns Lake Child and Youth Mental Health Office located on 2<sup>nd</sup> Avenue, and the Necigeh Beyigh located at the Wet'suwet'en First Nation. It services all 10 communities from 8:30am to 4:30pm on weekdays.

For the last 3 years, Janice has been working with Dr. Christina Dobson and Marilyn Janzen to coordinate Healing the Healers 2.0, which includes two junior elders from the 10 communities CSFS serves. Activities this past year have included:

- Traditional Parenting with Penny Nikal
- Cultural Competency with Marleanna Mann, Barby Skaling and Sarah Hein
- Trauma Informed Care with Jane Middleton-Moz

•July will wrap up at Ormond Lake with Dr. Dobson featuring Train the Trainer Workshops.

The goal of this program is to support elders in leading a healthy lifestyle, as well as become actively involved in their community. Our goal has always been to build capacity in community to have more resources, and to give elders back their traditional role of active engagement, advisors, and teachers.

Some of the HTH 2.0 members are already active in their communities and participate in community workshops. Two of our HTH 2.0 members have travelled to Quesnel to conduct and teach a Letting Go Ceremony along with Minnie Thomas.

Community	Elders
Burns Lake Band	Anne Marie Tibbetts
Cheslatta Carrier Nation	Hazel Burt & Gloria Alexis
Nadleh	Cindy Solonas
Nee Tahi Buhn	Ted Morrisa
Saik'uz First Nation	Brenda Antoine & Dennis Thomas
Skin Tyee Band	Shirley Wilson & Late Chester Crocker
Stella'ten First Nation	Norman Charlie & Amie Williams
Takla Lake First Nation	Marvin Abraham & Helen Prince
Wet'suwet'en First Nation	Irene Stevens & Margaret Sampson
Yekooche First Nation	Henry Joseph & Hilda Schielke



## Community Mental Health

Marilyn Janzen

Community Mental Health Program  
Our Community Mental Health Program includes qualified clinicians providing services in communities for a specified number of days each week. These clinicians work with the community wellness workers to provide psychosocial education and direct counselling services. The Community Mental Health program is available on reserve in all 10 of the CSFS member health transfer communities. The mandate of the program is to provide mental health services to any Nation member who is seeking assistance. Our programs all operate under an "every door is the right door" policy for accessing services, so referrals can come from anyone, including from individuals seeking services. The Community Mental Health Program works to ensure that critical incidents are responded to within 24 hours.

This year, staff worked to organized women's groups, men's groups, 'letting go' ceremonies, talking circles, and suicide prevention programs. Staff also completed a number of other workshops:

- Psycho educational
- Suicide prevention
- Grief and loss
- Trauma and PTSD
- Self-care and stress management
- Depression
- Wellness through connection
- How to deal with disclosures of sexual abuse
- Communication and team building
- Seasonal blues and how to cope
- Painting and art therapy

The Community Mental Health Program partnered with Francois and Ruby Prince to

complete the "Shake, Rattle and Toll" workshops in all ten of the CSFS communities we serve. The workshop focused on discussions about trauma while making yourself a rattle. This experience was well received in communities, and people enjoyed their rattles.

Staff continue to provide support to community activities, including culture camps and Indigenous People's Day celebrations. We also offer support to other organizations and programs within CSFS. This year, we provided mental health support on a number of occasions to the Bridging to Employment program in Burns Lake, the CSFS research department, the Prince George Native Friendship Centre for its Sixties scoop presentation, as well as CSFS youth conferences. Our focus also includes increasing the use of telehealth within our program, and focusing on building awareness and breaking down the stigma of mental health.

In the past year, we worked over 1500 hours of formal counselling, and over 950 hours of informal counselling.

## Wellness Workers

Marilyn Janzen

In March 2019, the HAWP program started to implement wellness workers on the team. We saw a significant need for NNADAP services off reserve in Prince George, making the decision to invest in this area feasible. In April of the same year, we received funding back from bands on the Southside to provide a wellness worker to the three Southside bands.

Our wellness workers spend their time on the front lines assisting clients in attending individual and family treatment; supporting mandated clients; referring clients to other services, such as the Bridging Program and family support; and collaborating with NHA, the UNBC hospital, and FNHA to ensure clients have access to services. Staff assist with hospital visits, attend mediation with clients, and partner with other wellness workers (NNADAP workers).

Our staff continue to advocate and support clients in attending detox, and collaborating with other treatment centres to ensure our off-reserve population in Prince George has the same services as our membership on reserve.



## Critical Incident Stress Management

Marilyn Janzen

Critical Incident Stress Management (CISM) is a comprehensive, phase sensitive, and integrated, multi-component approach to crisis/disaster intervention. This service is designed to help communities manage the stress response associated with a critical incident. We provide a two-day certification training to prepare staff and natural helpers in responding to an incident and can provide on scene support to member Bands.

All of our staff are trained in CISM (International Critical Incident Stress Foundation). Our HAWP staff make up our CISM response team. We would like more community members trained in CISM, and have an open invitation for any of our communities to request this training.

To clarify, CSFS does not receive the funding to provide 24/7 crisis services, which is often confused by our Critical Incident Stress Management title. To help membership understand, we would like to share some definitions with you. Critical Incidents are “unusually challenging events that have potential to create significant human distress and can overwhelm one’s usual coping mechanisms”. Psychological distress in response to critical incidents such as emergencies, disasters, traumatic events, terrorism, or catastrophes is called a

psychological crisis” (Everly, 2006, p.15). Which is an acute response to trauma, disaster, or other critical incident wherein:

1. Psychological homeostasis (balance) is disrupted (increased stress)
2. One’s usual coping mechanisms have failed
3. There is evidence of significant distress, impairment, dysfunction (Everly, 2006, p. 16).

A CRISIS INTERVENTION is:

- A short-term helping process.
- Acute intervention designed to mitigate the crisis response.
- Not psychotherapy (Everly, 2006, p.50).

This past fiscal year, from April 1, 2018 to March 31, 2019 the HAWP program responded to 4 CISM events: one in the Burns Lake area, two in the Vanderhoof area, and one in the Fort. St. James area. While we have provided training to a number of community members, our staff continue to be the only ones who provide a response. This takes our clinicians and addictions staff out of their community and program to meet the immediate needs of a community in distress. We thank communities for their patience while we are coordinating staff to deal with the situations as they arise.

## Intern Psychologist

Marilyn Janzen

Dr. Michael Hoff continues to be supported by the organization to become a registered Psychologist. Dr. Hoff is under the supervision of a registered psychologist: the supervision is required for Dr. Hoff to regularly sign off on assessments and be provided with consultation. Dr. Hoff meets with families and schools to provide consultation and assessments. Michael spends much of his

time doing psychometric assessments, which requires the input and relationship building with schools, families, and the individual client.

Family Interventions/Consults	49
School Administration Consults	49
Clinician Consults	38





## Health and Wellness Program

Marilyn Janzen

Our Health and Wellness Program is delivered by our multi-disciplinary team in on-reserve communities and off-reserve First Nations in Prince George, Vanderhoof, and Burns Lake. The program provides access to professional mental health clinicians and addiction workers who provide a full spectrum of holistic, culturally appropriate counselling services for individuals, families and groups. We collaborate with traditional healers and knowledge holders to provide culturally appropriate services. Our program offers:

- Aboriginal Child and Youth Mental Health (clinical counselling for children and families)
- Addictions recovery, including a residential treatment program for 6 months of the year
- Access to an Addictions Liaison (NNADAP Mentorship Program)
- Community Mental Health
- Indian Residential School Survivors Support Program
- Critical Incident Stress Management (CISM)
- Psychological Assessments

Last year, our programs spent a significant amount of time dealing with the wildfires. We attended evacuation centres, hotels, and homes. We worked with other staff and organizations to ensure that people had their basic needs first, then spent time working to lower anxiety levels. After the wildfires were extinguished and evacuation orders lifted, we spent time providing debriefing in communities, and planned celebrations for the people returning to their homes. We did so in collaboration with community health representatives and other health and wellness staff.

There were many highlights this year for our program. In July of 2018, CSFS was awarded a contract from MCFD for two new full-time clinicians in Burns Lake. As of June, we are

the sole provider of Child and Youth Mental Health services in Burns Lake. Though we were able to fill the positions quickly, demand for the program was high. As a result, we have created waitlist procedures and are working to fill a full-time position for waitlist management services.

Critical Incident Stress Management (CISM) training, Non-violent Crisis intervention training, and cultural competency training are all standard mandatory training for any new staff that joins our team at CSFS, and our program has a high compliance rate. Two staff members completed a certificate in Complex Trauma and Sexual Abuse Intervention with the Justice Institute, and two others completed the Indigenous Focus Orientation Training. All four of these women were dedicated in their studies, and continued to carry a full case load while completing an eight-month training program that took them from their communities for one week of a month. Congratulations to Denise McKinley, Nyree Hazelton, Judy Bergman, and Alexa Tyler.

I would like to take this time to thank each and every one of the HAWP staff members. They often work in high stress situations, provide outreach, carry full caseloads, volunteer at community and organization functions, while advocating for more support for individuals, children, and families. Thank you all for your dedication to the wellbeing of others.



## Communications

Marlaena Mann

We are thrilled to finally have access to equitable funding to allow us to expand our communications team over the past year. The new positions being added are the following: Sr Communications Officer, Digital Writer, Communications Projects Officer, and Communications and Administrative Assistant. With our growing team in place, we have been able to start working on creating original CSFS content, expanding our social networking reach, collaborating with our member Nations, and developing an internal communications strategy as we continue to change and grow as an organization.

Over the past year, we have continued to work hard on ensuring that our various partners have the information they need about Carrier Sekani Family Services in a timely and convenient fashion. We completed a communications audit in early 2019 to gather data on communications indicators around our communications outlets. The overall feedback we received was positive (7/10), and were advised on some areas of focus for improvements. We will be working on reviving our CSFS News and Culture Blog over the next year, and will also be creating our own video content.

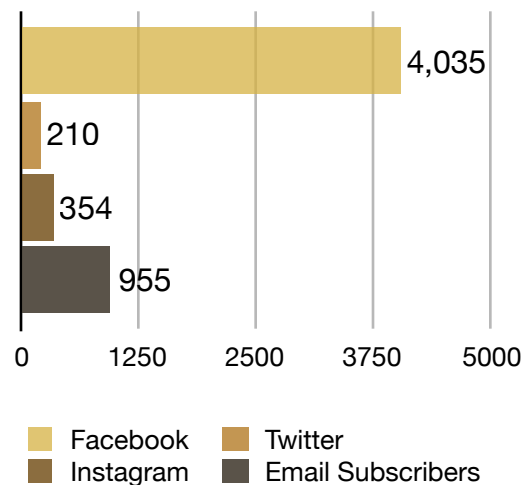
A major goal for the up and coming year is developing and implementing an internal communications strategy to ensure that CSFS staff have the info they need to implement our strategic plans and communications tools in order to work collaboratively and across silos. We will also be reinvigorating our communications committee to improve the flow of information and ensure natural influencers are aligned with the organizational goals and values to help manage change.

Over the past year, we updated all of the program information on our website in order to ensure the consistency and organization of sharing information.

Our Social Media accounts are all doing particularly well. We currently have 4035 followers on Facebook, an increase of 600 from last year. Our growing presence on Instagram has resulted in an increase in followers to 354. We currently have 210 Twitter followers, which can also be attributed to our increased activity.

Our email subscription list has also grown substantially to 955 recipients (up from just over 600 last year). Our rate of opened emails sits at 34%, well above the industry standard of 24%.

Social Media Follower Numbers



Website Data: average visits per day 87 and 17,000 individual users – which is the same as last year.



## Nowh Guna Carrier Competency Training

Marlaena Mann

To build upon the education provided from reading our Nowh Guna Carrier Culture resource booklet, we have developed a two-day training session, which expands on the booklet. Our training uses experiential learning, storytelling, land-based learning and a relational approach for settlers and indigenous people to examine their own realities and biases. Topics include Carrier history, impacts of colonization, myth busting, language, world view, interconnected ways of thinking, and racism. The participants are treated to a feast, complete with traditional food, clan songs/grand entry and gifts. Knowledge holders share their cultural knowledge, alongside facilitators who can speak from a traditional European settler worldview, while creating a safe space for people from all cultures to learn. Interest in our training continues to grow since the last report. 221 former and current CSFS staff have now taken the training, and

83 external partners have joined us. In addition, we now have a contract with Northern Health to provide four sessions of training to 80 of their staff between now and March 31, 2019. We hope to expand our reach into other sectors including private corporations, media, law enforcement and legal services.

Plans to complete work on the second portion of the curriculum have been stalled due to competing priorities, but will hopefully resume in the fall of 2019. The second portion will explore intergenerational trauma and approaches; concepts around reconciliation, allyship, harm reduction, and decolonization will also be included. Once this second segment of the training is complete, the final component will be for CSFS to partner with each of our member Nations to provide Nation specific training for staff who work in the communities.



## Privacy, Information and Technology

Marlaena Mann

The CSFS Office of Policy and Privacy Information oversees all activities related to the development, implementation, maintenance, and adherence to CSFS policies and procedures covering the privacy 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. The office is also responsible for investigating and reporting on all suspected breaches of privacy.

CSFS has robust network security policies restricting the number of technical vulnerabilities and attempts to exploit those vulnerabilities such as, WIFI Security, Mobile Device Security, Phishing, Ransomware, and Malware. The global trend of cyber criminals is that they are targeting staff members more than using malicious software. This type of hacking is called Phishing. Phishing is a cybercrime in which a target or targets are contacted by email that are posing as a legitimate institution to lure individuals into providing sensitive data such as personally identifiable information, banking, and access credentials to restricted information.

Phishing and email-based malware are the most prevalent forms of social engineering that affects CSFS. In response, we have continued to run a series of mock “Phishing Campaigns” to educate staff and reduce the risk of a business email compromise. The goal of these campaigns is to increase staff ability to spot phishing emails and other threats. Since spring, we have run 3 phishing campaigns and provided subsequent training around information security to individual staff members. Since

the first campaign in November 2017, we have seen a reduction in the rate of failure, which indicates that staff are becoming more aware of how to identify phishing security threats.

CSFS recognizes the value of sharing information for the purpose of assessing, planning, and developing health and social programs. With the advent of the Integrated Care Teams, and a more holistic approach to care, it has become necessary to revise the processes by which clients/patients are oriented to CSFS services. While an interdisciplinary approach to care improves patient outcomes, it does not minimize or affect privacy rights. Only those supporting or directly providing care have access to a patient’s personal health information.

All CSFS Clients 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

We recognize privacy protection can co-exist with our holistic care system to enable health and wellness for community members. CSFS staff are here to support you with any questions that you may have.

# Human Resources

Regina Toth

The Human Resource (HR) Department covers all aspects that relate to the people who work for Carrier Sekani Family Services (CSFS), and is responsible for managing the related resources.

The CSFS HR Department underwent a dramatic change and formally shifted to a dedicated department in 2019. Where the previous role operated from the side of a desk, it has now evolved into a strategic business partner within the scope of the administrative operations.

This new opportunity has enabled the new HR staff and associates to analyze the systems, operations and procedures. This will establish better delivery for HR functions for the current needs, and to manage the anticipated expansion of the organization. The new staff have developed a comprehensive 3-5 year HR Strategic Work Plan:

- Develop and implement policies and procedures in alignment with the organizational culture
- Incorporate change management principles
- Administrate law and principles of natural justice with respect to the HR strategic communication needs
- A Data Analytics Framework that assists in determining trends, and missing or gapped polices
- Compensation Framework
- A Recruitment/Retention/Talent Acquisition and Success Strategy;
- A Capacity Building Strategy including professional development and training, and examining the untapped member labor pool
- A Risk Management Plan for the HR Administrative functions including succession planning

The CSFS HR Mission Statement:

To support the agency's mandate, objectives, and mission; and commit to developing, implementing and supporting programs that develop the potential of our most important asset: our people. HR will carry out its role and responsibilities in a people-oriented strategy.

Our mission is to provide the following services:

- Recruitment of qualified individuals
- Retention of valuable employees
- On-boarding, training, development, and education to promote individual success and increase overall value to the organization
- A safe, discriminant-free, harassment-free, and healthy working environment
- Support for career and profession growth
- Support Finance in the administration of benefits, policies, and procedures

CSFS has approximately 265 employees, not including contract employees; 35 employees are considered to be in a retirement segment, 13 are on a leave category. This is only some of the data collection that we now are able to do. Our hope is to have more robust and data in the future.

All of this could not be accomplished without skilled staff. Accolades and gratitude are extended to Bonnie Rentz, Marie Merasty, Ramandeep Kaur, William Clyne, Sarah Weddell and contracted legal counsels for all of their efforts and hard work to not only conducting the day to day work, but for their business senses in their contribution to the HR Strategy and Work Plan.







## Finance

Carol Reimer

KPMG was engaged to complete an audit for Carrier Sekani Family Services and have given the opinion that the statements presented herein present fairly, in all material respects the financial position of the society as of March 31, 2019. The auditors have issued a clean audit opinion.

This year saw a period of excitement and growth in our organization due to greater participation from the federal government – Indigenous Services Canada, enabling the support of our families and cultural growth in our communities. This support came in the latter part of our fiscal year, thus increasing our cash position at the end of the year as well as our liabilities due to the

start up of new programs in our communities.

We ended the year with a surplus of \$1,520,000 due mainly to Indigenous Services Canada reimbursing Carrier Sekani Family Services for retroactive payments from the 2016-2017 and 2017-2018 fiscal years, which had resulted in a loss of \$905,000 in the 2017-2018 year.

Our organization continues to focus on prudent fiscal management and clear and transparent accountability of the funds entrusted to us as we move thru the next stage of growth within our organization.

Creating Wellness together.



Financial Statements of



**CARRIER SEKANI FAMILY  
SERVICES SOCIETY**

And Independent Auditors' Report thereon

Year ended March 31, 2019





KPMG LLP  
177 Victoria Street, Suite 400  
Prince George BC V2L 5R8  
Canada  
Tel (250) 563-7151  
Fax (250) 563-5693

## INDEPENDENT AUDITORS' REPORT

To the Members of Carrier Sekani Family Services Society

### ***Opinion***

We have audited the financial statements of Carrier Sekani Family Services Society (the "Society"), which comprise:

- the statement of financial position as at March 31, 2019
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2019 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.

### ***Basis for Opinion***

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our auditors' report.

We are independent of the Society in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### ***Responsibilities of Management and Those Charges with Governance for the Financial Statements***

Management is responsible for the preparation and fair presentation of the 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.



In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

### ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.  

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation



Page 3

- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

***Report on Other Legal and Regulatory Requirements***

As required by the Society Act (British Columbia), we report that, in our opinion, the accounting policies applied in preparing and presenting financial statements in accordance with Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with that of the preceding period.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, stylized font and is underlined with a single horizontal stroke.

Chartered Professional Accountants

Prince George, Canada

July 9, 2019





# CARRIER SEKANI FAMILY SERVICES SOCIETY

## Statement of Financial Position

March 31, 2019, with comparative information for 2018

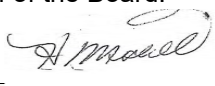

	2019	2018
<b>Assets</b>		
Current assets:		
Cash	\$ 7,050,317	\$ 3,580,589
Accounts receivable	1,417,258	616,835
Sales tax receivable	61,491	52,379
Prepaid expenses	70,274	41,314
	<u>8,599,340</u>	<u>4,291,117</u>
Tangible capital assets (note 2)	2,978,278	2,372,672
	<u>\$ 11,577,618</u>	<u>\$ 6,663,789</u>

## Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 2,744,532	\$ 1,470,641
Wages payable (note 3)	934,210	1,807,593
Deferred contributions (note 4)	3,289,793	296,492
	<u>6,968,535</u>	<u>3,574,726</u>
Net assets		
Investment in tangible capital assets	2,978,278	2,372,672
Unrestricted surplus	1,630,805	716,391
	<u>4,609,083</u>	<u>3,089,063</u>
Commitments (note 6)		
	<u>\$ 11,577,618</u>	<u>\$ 6,663,789</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, 2019, with comparative information for 2018

	2019	2018
Revenue (note 7)	\$ 32,923,520	\$ 27,465,532
Expenses:		
Advertising	10,550	4,626
Amortization	555,610	517,793
Annual general assembly	26,684	24,132
Band contracts	2,570,203	2,517,762
Board governance	38,555	-
Catering	122,090	99,565
Consulting fees	436,928	573,596
Contingency	191,645	154,134
Cultural events	650,458	15,708
Equipment leasing	66,468	68,026
Exceptional costs	112,647	127,025
Fire member support	77,607	-
Fostering	6,117,891	6,228,862
Honorarium	124,190	72,291
Insurance	158,708	122,724
Interest charges	10,244	10,229
Land based camps	500,000	-
Materials and supplies	1,103,336	1,103,377
Medical travel	817,778	1,536,500
Meetings	441,405	239,360
Memberships	23,886	21,033
Moveable capital asset reserve	348,395	94,075
Office and general	680,952	382,089
Prenatal	6,143	25,136
Professional fees	181,505	18,874
Rent	403,402	328,440
Repairs and maintenance	445,514	361,513
Respite care	148,655	154,005
Salaries and benefits	12,334,188	11,220,934
Strengthening our families	5,233	6,029
Telephone	459,248	505,825
Traditional healing	30,266	36,037
Training	812,217	558,609
Travel	1,203,860	1,095,013
Utilities	187,039	147,549
	31,403,500	28,370,871
Excess (deficiency) of revenues under expenditures	\$ 1,520,020	\$ (905,339)

See accompanying notes to financial statements.



# CARRIER SEKANI FAMILY SERVICES SOCIETY

## Statement of Changes in Net Assets

Year ended March 31, 2019, with comparative information for 2018

	Investment in Tangible Capital Assets	Unrestricted Surplus	Total 2019	Total 2018
Balance, beginning of year	\$ 2,372,672	\$ 716,391	\$ 3,089,063	\$ 3,994,402
Excess (deficiency) of revenues over (under) expenditures (note 5)	(551,409)	2,071,429	1,520,020	(905,339)
Purchase of tangible capital assets	1,161,216	(1,161,216)	-	-
Proceeds on disposal of tangible capital assets	(4,201)	4,201	-	-
Balance, end of year	\$ 2,978,278	\$ 1,630,805	\$ 4,609,083	\$ 3,089,063

See accompanying notes to financial statements.





# CARRIER SEKANI FAMILY SERVICES SOCIETY

## Statement of Cash Flows

Year ended March 31, 2019, with comparative information for 2018

	2019	2018
Cash provided by (used in):		
Operations:		
Excess (deficiency) of revenues under expenditures	\$ 1,520,020	\$ (905,339)
Items not involving cash:		
Amortization	555,610	517,793
Gain on disposal of tangible capital assets	(4,201)	(1,595)
	2,071,429	(389,141)
Change in non-cash operating working capital:		
Accounts receivable	(800,423)	4,247
Sales tax receivable	(9,112)	(9,321)
Prepaid expenses	(28,960)	(2,579)
Accounts payable and accrued liabilities	1,273,891	338,621
Wages payable	(873,383)	1,161,131
Deferred contributions	2,993,301	161,492
	4,626,743	1,264,450
Investing:		
Purchase of tangible capital assets	(1,161,216)	(472,952)
Proceeds on disposal of tangible capital assets	4,201	6,000
Restricted cash	-	85,185
	(1,157,015)	(381,767)
Increase in cash	3,469,728	882,683
Cash, beginning of year	3,580,589	2,697,906
Cash, end of year	\$ 7,050,317	\$ 3,580,589

See accompanying notes to financial statements.



# CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements

Year ended March 31, 2019

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Carrier Sekani Family Services Society (the "Society") is a non-profit society to develop and deliver health, social, family corrections and legal services to the Carrier and Sekani Nations. The Society is incorporated under the Societies Act (British Columbia), is a not-for-profit organization pursuant to Section 149(1)(f) of the Income Tax Act.

## 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 and the First Nations Health Authority. 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, 2019

## 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
Buildings	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, tangible capital assets and accrued liabilities. 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, 2019

## 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:

				2019	2018
	Cost	Accumulated amortization		Net book value	Net book value
Buildings	\$ 2,907,310	\$ 1,540,903	\$	1,073,708	\$ 1,151,302
Vehicles and equipment	6,426,867	4,814,996		1,904,570	1,221,370
	\$ 9,334,177	\$ 6,355,899	\$	2,978,278	\$ 2,372,672



# CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2019

## 3. Wages payable:

	2019	2018
Government remittances	\$ 64,777	\$ 400,795
Other	62,205	37,498
Vacation payable	636,685	494,824
Wages payable	137,444	108,272
Pension payable	33,099	121,591
Retroactive wages payable	-	644,613
	<b>\$ 934,210</b>	<b>\$ 1,807,593</b>

## 4. Deferred contributions:

Deferred contributions is comprised of the following:

	2019	2018
Aboriginal Headstart	\$ 423,782	\$ -
Emergency Shelter	305,045	-
FNHA	298,920	-
FNHA Carts	-	96,045
Gilead HIV	20,000	20,000
INAC Safehouse	78,661	140,000
ISC Documentary	748,375	-
ISC Domestic Violence	50,000	-
INAC Maintenance	1,248,649	-
MCFD Early Years	1,068	-
Ministry of Health	60,000	-
Solicitor General HOT	20,000	20,000
UNBC CIHR	10,619	20,447
UBC Funding	24,674	-
	<b>\$ 3,289,793</b>	<b>\$ 296,492</b>

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



# CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2019

## 5. Net assets:

	2019	2018
Excess (deficiency) of revenues under expenditure:		
Amortization of tangible capital assets	\$ (555,610)	\$ (517,793)
Gain on disposal of tangible capital assets	\$ 4,201	-
Excess from unrestricted operations	2,071,429	(302,361)
Excess from internally restricted operations	-	(85,185)
	<u>\$ 1,520,020</u>	<u>\$ (905,339)</u>

## 6. Commitments:

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, 2019.

In 2018, the Society entered into an agreement with Nahleh Whu'ten First Nation to lease the land on their reserve containing the CSFS Addiction Treatment Centre for annual payments of \$18,000. This agreement expires on October 18, 2019.

## 7. Revenue:

	2019	2018
First Nations Health Authority	\$ 11,248,609	\$ 11,432,473
Indigenous Services Canada	9,771,258	4,729,896
Ministry of Children and Family Development	9,427,819	8,716,320
Northern Health Authority	311,166	84,601
Solicitor General	25,000	67,750
Other income	2,139,668	2,434,492
	<u>\$ 32,923,520</u>	<u>\$ 27,465,532</u>





# CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2019

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## **8. 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.

## **9. Income taxes:**

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

## **10. Economic dependence:**

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

## **11. 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.

## **12. Employee remuneration:**

For the 2019 fiscal year, the Society paid remuneration of \$75,000 or greater to ten employees, whom received total remuneration of \$1,483,655.

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