



CARRIER SEKANI
FAMILY SERVICES



2017 CSFS Annual General Assembly

Yinka Dene tsinli soo udsoo deh kah lghah'tuzduli
'Creating Wellness Together'



September 6 + 7 2017
Hosted by Nadleh Whut'en



CARRIER SEKANI
FAMILY SERVICES

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CSFS Board President

Nancy Williams

Hadeeh! Dene'Zeh, Tsa Khu'Zeh, Skkhy Zeh! On behalf of the Board of Directors of Carrier Sekani Family Services, member bands and staff, I am pleased to welcome you to the 27th Annual General Assembly. Mussi Cho to Nadleh Whut'en for allowing us to conduct this important business on your beautiful territory. I would like to recognize and thank all of the members of the eleven First Nations that are a part of the CSFS organization.

I would like to thank the CSFS Board of Directors for all their hard work and dedication in serving our communities. The BOD commits a lot of volunteer time to attend meetings and provide leadership in ensuring that the voice of the community members is heard and that information is shared back. We are also thankful to CEO Warner Adam, his executive team, managers and all the staff who work diligently to improve the health and well-being of our communities.

I would further like to recognize and thank all of the hereditary chiefs and elected chiefs and council members for their support and commitment to working in partnership with CSFS to 'Create Wellness Together'. It is indeed only through all of us working together collaboratively that we can best meet the needs of our communities to support resilience and holistic wellness.



This year's theme is 'Creating Wellness Together'. This path toward health and resilience is one that we must all walk together. We all know that it takes a community to raise a child. It also takes a community to work together, each person using their strengths and gifts to bring out our greatest potential. It is our collective responsibility to ensure that children, families, and communities have what they need to grow and prosper in their own unique ways.

I am proud that CSFS is working hard with all of our communities to ensure we have the necessary tools needed to overcome the impacts of colonization and uphold our inherent rights as the leaders of our own people and territories. What we plan today will be inherited by the children of



CSFS Board of Directors





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Stellat'en



Stellat'en, Tannis Reynolds



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Yekooche First Nation, Melissa Joseph



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Nadleh Whut'en



Lake Babine Nation, Clara Williams



Nee Tahi Buhn, Ray Morris



Saikuz
First Nation

Saik'uz First Nation, Priscilla Mueller



Takla Lake First Nation, Sandra Teegee



Photo courtesy David Luggi





Chief Executive Officer

Warner Adam



We continue to witness the impacts of colonization on our members and their communities. Significant events have occurred in the last couple of years, with the federal and provincial elections and the 2016 Canadian Human Rights Tribunal decision on child welfare. Consequently, it appears that the two levels of governments have finally realized their obligations to correct the imposition of their laws and legislation that have led to the policy and practice of systemic racism towards Indigenous children, youth, and their families. The political landscape presents an opportunity for First Nations to re-design the administration of Child Welfare programs.

The strength from our ancestors keeps our culture, language, indigenous institutions and rituals alive. Subscribing to philosophies dictated by our culture takes commitment, time and energy. It is a task that would not be possible without knowing who we are, where we come from and where we want to go. I am convinced that with the expertise of CSFS, we are ready to forge ahead to make substantial changes around how we can achieve a better place for our future generations. While I am optimistic that each government recognizes the impacts of colonization, we must ensure that their commitments withstand future elections. I believe with hard work, commitment, resources and proper processes, we can influence and build systems that will enhance our Indigenous structures and institutions.

In the North region, it has been three years since the creation of the First Nations Health Authority (FNHA). The FNHA assumed the federal infrastructure and has been in the process of changing health services to reflect the diverse needs of First Nations in BC. For over 27 years CSFS has been one of many conglomerates that has delivered health programs and services to our member First Nations. Our expertise has allowed us to work with FNHA and other partners to address gaps that exist within delivery systems. We hope to secure proper resources to enhance programs and services. While this exercise has been laudable, more work needs to be done in partnership between CSFS and FNHA as well as both levels of government.

One of our innovative projects is the development and implementation of a First Nations Primary Care model. Our research has demonstrated that changing physician services and bringing doctors directly into communities has resulted in building trusting relationships between the medical systems and our community members. Our philosophy of holistic services has always been imbedded in treating the emotional, physical, spiritual and mental aspects our patients. As you will note in this report, this is only one of the many projects that allow us to demonstrate how we can re-design systems to meet our community members needs and keep reliable data to measure our results.



On the Child and Family Services front, our leaders have always believed that accepting a delegated model for Child Protection services was an interim measure. CSFS has accessed additional resources to provide a wide range of family and child centered programs. Again, you will find in this report a demonstration of innovative thinking, with the expansion of new programs to build capacity within our communities. It would be an injustice to only provide delegated services; to do so would go against our philosophy of holistic services and would render us unable to re-build our communities.

Commitments have been made by both levels of governments to overhaul the Child welfare system so that it reflects the needs and culture of First Nations people. Canada, through INAC, has announced that it will work with First Nations to re-design the Child and Family Services policy (Directive 20-1 Federal Funding Formula). This commitment includes drawing down jurisdiction and developing our own laws -- which will not only protect children, but also provide intervention and prevention services. Moving forward requires a two pronged approach: CSFS will be working with Chiefs and Communities to examine Child Welfare jurisdiction, and then CSFS will work with government agencies to secure funding for this important work. These initiatives will involve reviewing past research, community consultation reports, developing baseline information, and seeking re-direction from communities on how we as Carrier and Sekani Nations can ensure our children are protected, safe and nurtured in our communities.



CSFS will continue to strive to ensure our programs and services remain top quality and culturally appropriate for the children, youth and their families we serve. Our executive team and staff will continue to work hard to meet the objectives based on our multi-year plan. We will continue to work with our Nations to 'create wellness together'.

A Wet Zah.

Warner Adam





Health Services

Mabel Louie

Thank you to Nadleh for allowing us to do our annual business on your homelands.

The Health programs consists of the Band Health Contracts, Early Childhood Development, Health and Wellness Programs, on Reserve Patient Travel and Patient Liaison at the Prince George hospital. We also have the Mobile Diabetes program, which is Northern in scope. We used to have the HIV Coalition for the North; this program has since disbanded due to funding cuts. The NHA funds were reduced to almost 1/4 of our previous funding and the FNHA funds have not been allocated as the program is still under review. The CSFS health program also provides off reserve Patient travel for the majority of northern communities.

Staffing has been challenging at times, however we were still able to fulfill most of our work plan goals. The Community Health Representatives Scope of Practice was completed, and the National Native Alcohol and Drug Addiction Program (NNADAP) workers met to assist and finalize an aftercare strategy for their communities and the ARP program. Five communities participated in Community Safety

Planning starting in mid 2015. Tracey Michell is currently working with communities to prioritize and finalize their plans. Takla Landing has been a shining star in finalizing their safety plan and developing their Men's group which was one of their priorities. Although the other four communities haven't prioritized their plans, they have been completing some of their wish list items.

Training for men from our communities has taken place this past year. The training is designed for men to reclaim their traditional roles as protectors of our communities. More training will be rolled out later in the fall. In addition, the 2nd group of Healing the Healers has now been established in each of our communities with various teachings and trainings provided that will help participants strengthen their natural healing abilities to assist their communities.

One of the leading issues that communities are currently concerned about is the Opiates crisis in the Province. Our community engagement team met and requested an Opiate response to be developed for communities. Although the





province and FNHA is working on a response, the team felt that this response should be a community driven process, therefore we will build or add to what is already being worked on.

We continue to work on expanding our Health and Wellness program. Communities continue to request more specialized services such as Art and Play therapy and other infant mental health services. We would also like to work on furthering partnerships with other communities. We continue to advocate to have our broader health and wellness proposals funded by FNHA and MCFD. This has been an ongoing request for several years. Funding we have requested consist of a Treatment Centre, more health and wellness staffing, and Detox and Recovery homes (within our three main areas: Burns Lake, Vanderhoof and Fort St. James). Finally, we are building our health and wellness capacity by having two of our clinicians trained in the Sexual Abuse Intervention program.

One of the issues that many of our communities struggled with is recruitment



of trained Drug and Alcohol workers. This September we will be sponsoring an accredited Drug and Alcohol Worker training which will be held in Burns Lake. Students who join the program may decide to further their training by taking a Diploma program and eventually a Degree program. The training will be provided by the Nicola Valley Institute (NVIT). Although the program will be sponsored by CSFS, we are still seeking funding partners. It is open for two people from each of our health transferred communities. We have also continued to request funding for a patient liaison worker for the Vanderhoof hospital.



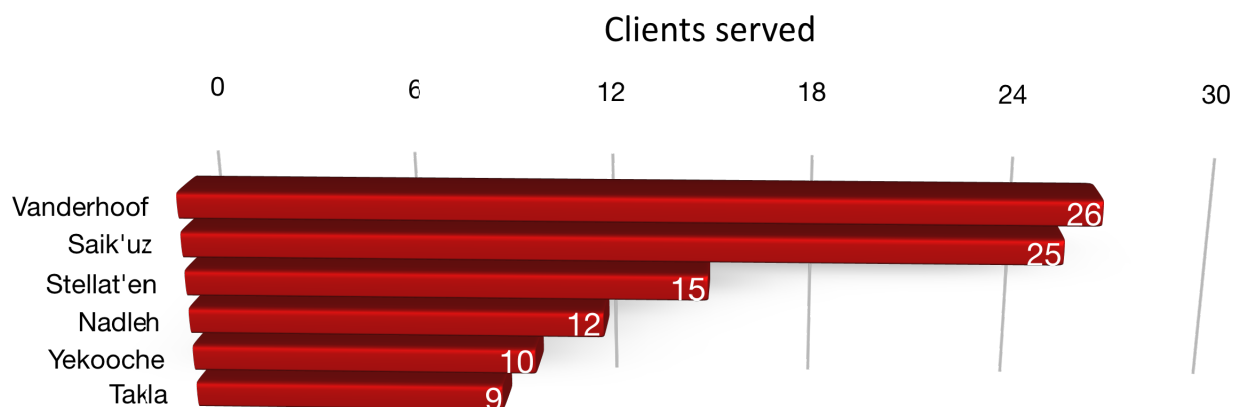
Canadian Pre-Natal Nutrition

Dawne Persson

Our Canadian Pre-Natal Nutrition Program (CPNP) provides services to First Nations families who are expecting and non First Nations families with babies under seven months of age who live in the Vanderhoof and Saik'uz area. We also provide outreach services to the communities of Takla, Yekooche, Stellat'en, and Nadleh. We provide opportunities to participate in traditional activities such as making moccasins, cradle boards, traditional foods, and drumming. Families learn about nutrition, prenatal vitamins, breast feeding, and receive referrals to other agencies as needed. We provide services through home visits, drop in sessions, craft and cooking circles, and through one to one support. Referrals to CPNP can be made by public health nurses, physicians, community service providers, guardians, or anyone who fits our criteria can refer themselves.

In the past year we set a goal to provide more educational opportunities for our clients and access additional funding to help service our families more efficiently. We have been successful in bringing in more professionals to the mom's group to provide additional educational opportunities. We were able to access small amounts of funding through the local Early Childhood Development Committee to provide more resources for families.

Goals for the up and coming year include expanding the Canadian Prenatal Nutrition Program to more communities. We would also like to hire more staff to provide additional support. This will require additional funding which will be sought out through various proposals.





"I've definitely benefited being a part of the CPNP as I got connected to Mom's group which has been a great resource for me exploring my creative side, making friends and having my kids enjoy play time, crafts, and stories. If I ever needed anything like a pair of pants for one of the kids the coordinator was there to help. I was also connected with the food bank during a time when I really needed it."

- Program Participant

Special Projects

Janice Nooski

This year we have supported the development of a new 3 year funded Heal the Healers group 2. The group has two junior elder representative from each the 10 communities of Burns Lake Band, Cheslatta Carrier Nation, Nadleh Whut'en, Nee Tahi Buhn, Saik'uz First Nation, Stellaten First Nation, Skin Tyee Nation, Takla Lake First Nation, Yekooche First Nation & Wet'suwet'en First Nation. The Jr Elders provide support to their communities and some are 2nd generation from the first Heal the Healers group! We plan on hosting bi-monthly sessions in one of the ten

respective communities on a rotational basis. We hope to find ongoing funding for the group in the up and coming year.

In the Vanderhoof CSFS office we are working on a Health Wall of Fame. If you are a graduate or know someone in the health field (i.e. a Doctor, Nurse, LPN's, Resident Care Aide) please send Janice your biography along with a grad photo to jnooski@csfs.org. The Health Wall of Fame will be located at the Vanderhoof CSFS Location on the main floor.

Dental Program

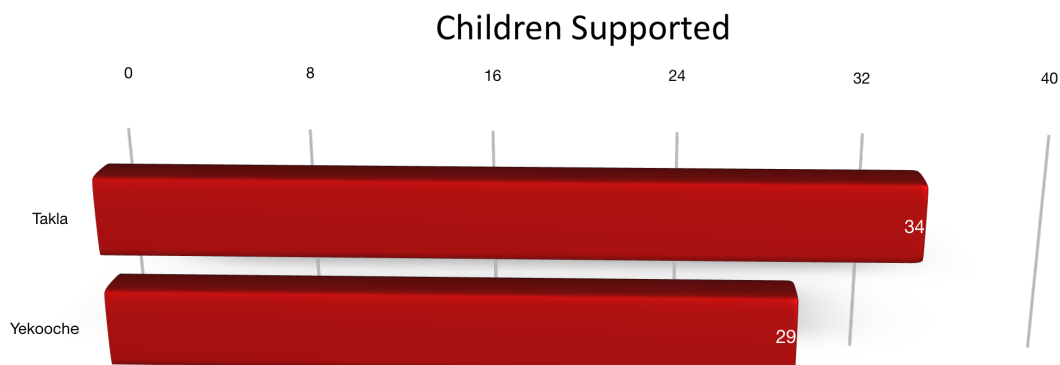
Dawne Persson



Our Dental Program provides teeth varnishing to children aged 0-17 living in Takla and Yekooche. We have a staff who apply dental varnishing on a quarterly basis. Education for participants is provided on an as-needed basis. At each visit, each participant receives a toothbrush and toothpaste, and some children are referred to a dentist in Prince George for more advanced care such as dental surgery. Some children receive referrals to a dentist in Prince George for dental surgery. The program is designed as an oral health preventative program. It has given the necessary resources and tools for the children to learn and be able to implement preventative dental practices. Families can self-refer to the program or any

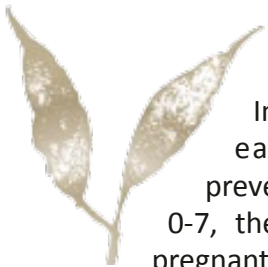
professionals in the community may refer as well.

Our goals for the past year included continual outreach to all of the children in the community under the age of seventeen, as well as be able to access some funding so we can bring a dentist to the communities. We were successful in reaching out to additional children in the community throughout the year however we were not able to attain any additional funding for a dentist. We will continue to work on this goal in the up and coming year. We would like to have a Children's Oral Health Program running in all of our communities and will be working on attaining this funding from First Nations Health Authority (FNHA).



Children's Oral Health Initiative Program

Dawne Persson

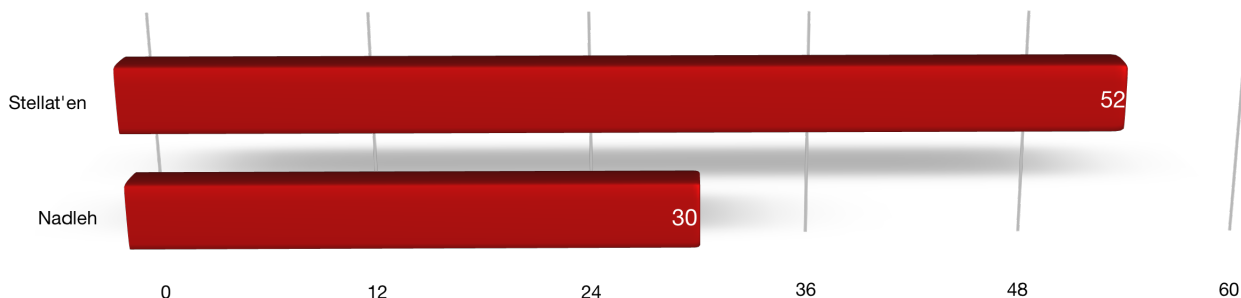


The Children's Oral Health Initiative Program (COHI) is an early childhood tooth decay prevention program for children aged 0-7, their parents and caregivers and pregnant women in Stellat'en and Nadleh Whut'en. COHI services include annual screening, fluoride varnish applications, sealants and temporary fillings. A dental therapist or dental hygienist and a COHI aide deliver the program in communities. The COHI aide is a community member hired by the community to support the dental professional and provide some COHI services independently. The aides are an essential link between the dental professional and the community. Services provided by COHI aides include: obtaining authorization from families to enrol children in COHI, applying

fluoride varnish, giving one-on-one oral health education to children and adults, and providing community health services.

Our goals last year included starting our varnishing's in September instead of end of October as it proved to be quite rushed to get the children done before the end of June. We were successful in doing this and there was an increase in the number of children receiving all four varnishing for the year. Next year, we would like to be able to provide more educational sessions for children and families in the program. We would also like to do at least four presentations in both communities throughout the year.

Children Supported



Early Years Centre Burns Lake & Vanderhoof

Dawne Persson

The Burns Lake Early Years Centre (EYC) provides services to the town of Burns Lake, Lake Babine Nation, Burns Lake Band, and surrounding areas. The Centre offers literacy programs, developmental screenings, parenting programs and services for both Aboriginal and non-Aboriginal families. Some of the programs that are currently running are the Toy Lending Library, Arts and Crafts Group, Words On Wheels bus and other summer programming. Families can stop in to the Centre Mondays, Tuesdays or Thursdays from 8:30-3:30. We are located in Room #141, of the Muriel Mould Learning Centre Building.

Our goals for the up and coming year include getting additional programming running in the community for children and families to access throughout the year. We would like to host some parenting workshops for families to access, and to continue collaborating with other ECE programs in the community to strengthen the programs.

“My family and I have used the toy lending library since it opened. It has given us the opportunity to provide a variety of toys for our 1 year old daughter to play with, without spending any extra money. She has really enjoyed some of the toys we have borrowed from there, in particular one of the ride-em toys. When we have had family visiting I have also borrowed toys for various age groups, and multiple toys at once! The Toy Lending Library has a wonderful selection of toys for all ages; it is a great program in our community that I am happy to support.”



The Vanderhoof Early Years Centre (EYC) provides early childhood services and supports for children aged 0-6 and their families from the Vanderhoof area and Saik'uz First Nation. The EYC has up-to-date information on child care spaces in Vanderhoof, as well as information on other Early Years programming offered in the community. Visitors are encouraged to stop by the centre at 240 West Stewart Street to sign up for our monthly newsletter and look at the resources available.

Some of the programming we offer includes a toy lending library, preschool, and summer programming as well as other drop in programs

throughout the year. Families can drop by anytime between 8:30 and 4:30 Monday to Friday. Some activities may require registration.

This year we wanted to find a building in Vanderhoof where we could bring all of the Early Years Services under one roof to make access easier for families. We are still working closely with other agencies to make this goal a reality. We would like to be able to secure a permanent building location for our Early Years Preschool. The building we currently occupy is up for sale and we are trying to find funding to purchase it or find a new building.



"Both of our daughters have attended numerous programs put on by the Early Years Centre in Vanderhoof. We are very fortunate to have such a wonderful, welcoming and safe centre for our family to attend. The staff is very nurturing, warm and adapted to any needs that we or our daughters needed. THANK YOU!" - Program Participant

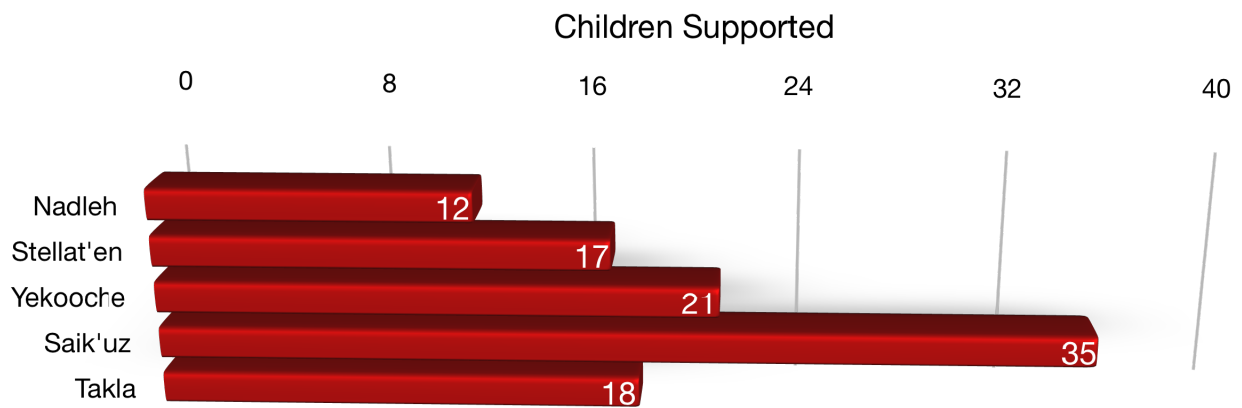
Best Beginnings Outreach Program

Dawne Persson

The Best Beginnings Program provides Occupational Therapy, Speech-Language Pathology, and Aboriginal Infant Development Consultant support for children 0-6 years of age in the communities of Takla and Yekooche, Saik'uz, Nadleh Whut'en, and Stelat'en. The program provides meaningful information and services to ensure children and their families have their best chance for healthy development. We offer one-to-one services at daycare facilities as well as home visits and play groups. We also provide professional assessments and referrals, parent education and support programs and we assist families to plan activities that will encourage the optimum development of their children. We have an additional contract in Burns Lake area that allows our Speech and Language Pathologist and Occupational Therapist to see children in the area.

In the past year, we set a goal to continue collaborating with other programs. We also wanted to continue to see children at birth and follow them through to six years of age. We were successful in attaining this goal as we were able to see most of the children living in the communities, though not all required our assistance. We were able to give all of the family's developmental information that would help them provide a rich learning environment for their children. Over the next year, we would like to attain additional funding to help us provide more parenting courses and additional therapy resources to families.





"Our child received therapy; we were very happy to have the therapist work with our family. When our three-year-old started stuttering she brought us a program to work on with him. She was very kind and patient with him and helped him ease our anxieties about the situation. She was always calm and encouraging and our son enjoyed her visits." - Program Participant

Aboriginal Supported Child Development Program

Dawne Persson

The Aboriginal Supported Child Development currently provides service Saik'uz, Nadleh, Stellat'en, Yekooche, Takla and the Burns Lake area (including Burns Lake Band and Lake Babine daycares). We also provide services to Vanderhoof and Fraser Lake, for families that are living off reserve.

The program is designed to meet the needs of children 0-18 years of age with additional needs or developmental concerns. We enable children who require extra support to be included in their community programs such as daycare and preschool. Our program also offers home visits, parenting programming and helps connect families with appropriate resources.

Any family or care providers who have a concern that a child has a developmental delay in any domain may refer children to the ASCD program; the referral form can be obtained through the CSFS Vanderhoof office.

Over the past year, we wanted to make our program more culturally relevant and were looking for new materials to use. We successfully added additional programs including Moe the Mouse, drumming; we are currently are working on obtaining theme boxes for the daycares and staff to utilize. Increasing community interest in training in the Early Childhood Development Program is a goal we have set for the up and coming year. We consistently seek qualified ECE workers and would like to find ways to support community members to take the courses.





"My children have been working with CSFS at the headstart with ASCD for the past few years. They have shown a lot of improvements while working with the staff that come in. The staff have also helped them prepare for kindergarten. The kids just love when they go to school and always come home happy that they saying they seen the CSFS staff. CSFS shows great support for kids as well as parents." - Program Participant



Aboriginal Child & Youth Mental Health

Marilyn Janzen

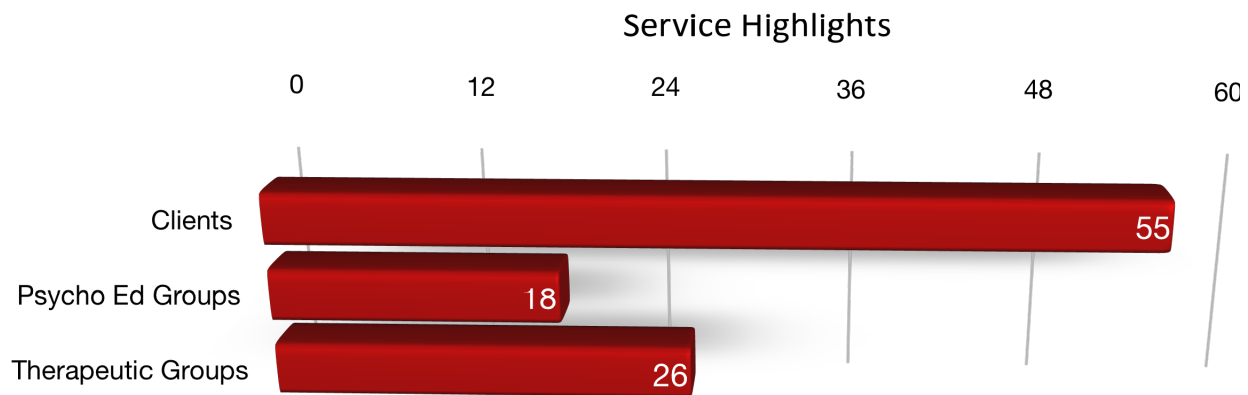
Our Child and Youth Mental Health services are offered by Counselors that work with children and their families who are experiencing severe challenges. Sometimes parents and children fight, children stop going to school or start using drugs, which the time to access our Aboriginal Child and Youth Mental Health program. This program operates in 15 Carrier Communities with offices in Vanderhoof, Fort St. James, and Burns Lake.

The program staff have worked to move from the Mustimuhw Electronic Record System to the Medical Office Information System (MOIS) electronic record system. The system allows for collaboration between involved CSFS professionals when needed, and provides secure record keeping. The move to using the new system proved to be a challenge for some staff, however with some support from the primary care admin staff all of the ACYMH clinicians are now operating live on MOIS.

Program staff continue to partner with elementary and high school staff to provide support for children and youth. Examples of this collaboration are the girls groups, which operated out of the Fraser Lake Elementary Secondary School, and the mindfulness groups out of the Grassy Plains School.

Psychoeducation is offered in partnership with the communities that we serve, and at their requests. This year staff offered different workshops that included parenting groups, impacts of technology on youth, baby blues (postpartum depression), and other various groups. Staff also attended community driven functions such as health fairs and culture camps.





Addictions Liaison Program

Randall Brazzoni



The Addictions Liaison program has become a stable program within the Health and Wellness Program. Cecelia Sam completed her first year providing mentorship support to the National Native Alcohol and Drug Abuse and Program (NNADAP) workers. The NNADAP workers provide community members a full continuum of care involving prevention, intervention, and aftercare in the communities of Burns Lake, Wet'suwet'en First Nation, Skin Tyee, Cheslatta, Nee Tahi Buhn, Stellat'en, Nadleh, Saik'uz, Yekooche and Takla.

This year the NNADAP workers attended two complex trauma informed training opportunities. It was an opportunity for the workers to regroup, reconnect and receive updates on changes and plans for the year. Each NNADAP worker provided at least two days of events in their community during National NNADAP week in November.

Carrier Sekani Family Services Health Programs scheduled two planning sessions for the NNADAP team this year. Two key issues were discussed by the team. Firstly, along with CSFS management and representatives from several departments, we worked on and finalized an aftercare strategy for community members who complete their addiction treatment. The aftercare strategy was finalized and sent to each Chief in June 2017. Secondly, we discussed

developing a plan to provide training for two individuals from each community who can replace current personnel as more NNADAP workers reach retirement age. We also plan to provide training to communities that currently do not employ a NNADAP worker due to challenges in recruiting staff. CSFS has an addiction recovery program which also faces challenges in recruiting trained personnel.

As part of Carrier Sekani Family Services capacity building, in each community, we are sponsoring a Chemical Addictions Certificate program in Burns Lake this September 2017. CSFS sent a letter in February 2017 to Chief and Council proposing to sponsor a training program for future NNADAP workers. After a review of all potential training institutions, Nicola Valley Institute of Technology (NVIT) was selected to deliver the community-based Chemical Addictions Certificate scheduled to start September 18, 2017, in Burns Lake. Upon successful completion of the program, students will be awarded a Chemical Addictions Worker Certificate. The certificate can ladder into a Diploma and Advanced Diploma programs. The Chemical Addictions Program is a 90 credit block transfer to the University of Fraser Valley and ladders into a fourth-year degree in the General Studies Degree in Addictions.



Many of our communities do not have an academically trained work force for the addiction field. In addition, the face of addictions is changing. We are no longer seeing alcohol as the primary substance being abused, it is being replaced by designer drugs. Therefore, it is wise to train a younger work force to help assist with the impending opiate crisis. We have an opportunity now to get ahead of the crisis, however, we require trained personnel.

Lastly, keeping present NNADAP workers up to date through training resources is valuable

in that it allows for the best health care practices to be utilized in our communities. It is essential to keep this in mind as retaining experienced staff with credentials is of high importance, especially in the Northern region. CSFS ensures that each NNADAP worker maintains his or her certification through the Indigenous Board of Canada which grants professional certification to First Nation practitioners working in addictions.



Indian Residential School Program

Randall Brazzoni



This winter we received notification that this would be the last year of funding for the Indian Residential School Survivors Support (IRS) program, although there is still need within the communities for this service.

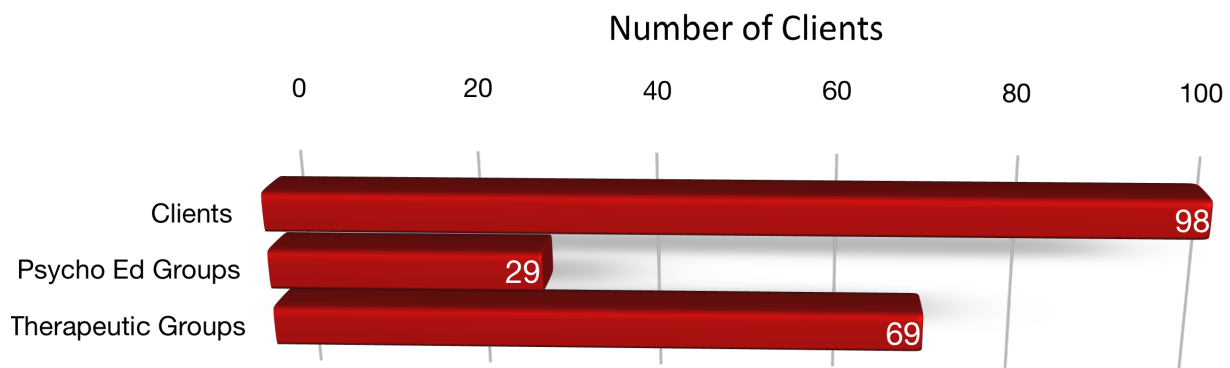
In order to continue to meet the needs of the individuals and families that have been affected by the impact of residential schools, the IRS staff will work closely with the Community Mental Health clinician and the Addiction Recovery program to ensure that these needs will continue to be addressed after the program has reached its end date of March 31, 2018.

The program provides emotional and cultural support to former Indian Residential School survivors, their families, and individual who were impacted by residential school legacy. The IRS program works with other community resources to assist individuals struggling with the effects of residential school. Many of the individuals that are struggling attribute their

battles with substance abuse and issues of trauma as a result of the time they spent in residential school. The program assists individual IRS survivors, intergenerational IRS survivors, and their families, in their healing journey with a focus on making positive changes in their life.

The program staff are available throughout the year to run a cultural based program in each of the communities at their request to help the community dealing with topics such as grief and loss, anger management and healthy relationships. They are also available to provide debrief support to Residential School survivors and their families. Whenever necessary, they will also provide support and educate other programs within Carrier Sekani Family Services.

During the year, IRS staff have conducted presentations and education sessions within communities on the impact of the Residential School experience on survivors and their families.



Addictions Recovery Program

Randall Brazzoni



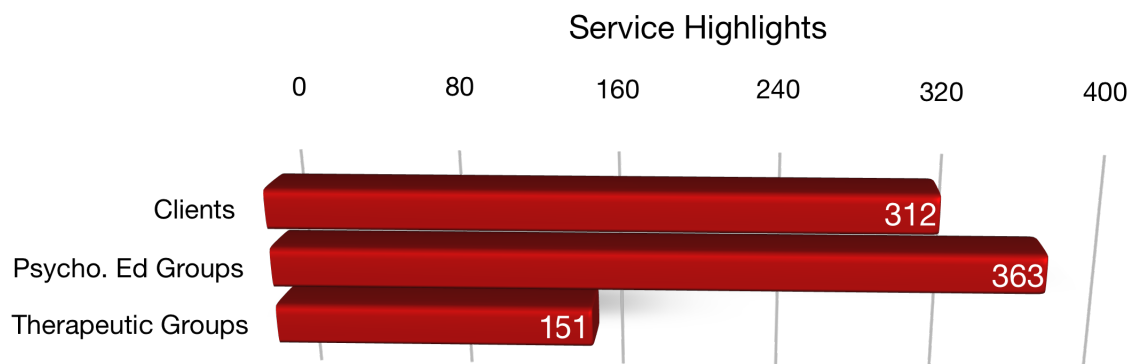
Over the past year, there have been several changes to the Addiction Recovery Program. The program now runs a 20-day community treatment program during the winter months (October through April) and a 28-day residential program during the summer months (from May to October). The 28-day residential program is run on Nadleh Whut'en territory at Ormond Lake.

This year we have been fortunate to add two full-time Master's degree practicum students to our team. The students assisted in providing a well-rounded approach to residential addictions treatment programming. Combining a strong cultural component to the program with western therapies allows us to provide the best possible approach to treatment. The addiction recovery program continues to work with community members, whether it be in communities or on the streets. Our program is built on the understanding that these men and women are vital to their families and communities but are struggling with drug and alcohol addiction. Many of these men and women, young and old, attribute their battles with substance abuse to issues of trauma such as, systemic abuse and discrimination,

alcoholism/addiction in their families of origin, poverty, childhood trauma, loss of traditions and cultural identity, tragic events and all forms of abuses.

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

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



Over the years we have been able to help individuals improve their quality of life and make a positive impact on their family and community. These success stories are great to hear from former participants in the program. As one recent graduate of the program explained, since completing the Residential Treatment program her life has greatly improved. The tools and information that she gained during the time she spent in the program included learning cultural values, cultural teachings, coping skills and dealing with grief and loss issues.

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

Community Mental Health

Marilyn Janzen



Carrier Sekani Family Services updated their strategic plan, and in doing so decided that suicide prevention and intervention services needed to have a stronger focus. The community mental health program was tasked with ensuring their program did what they could to meet the directive. In our planning, we decided we needed to approach this on many different levels. We started by training our staff. All of the clinicians, both community, and ACYMH staff took part in a two-day clinical skills training program called “Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians” from the American Association of Suicidology, which was facilitated by a suicidologist. Staff learned skills to ensure that they could support a community member dealing with suicidal ideation.

Our next step was to start getting communities talking about suicide intervention. On September 10, Suicide Prevention Day, our staff kicked off a yellow ribbon campaign in their communities with an event of their choice. Some chose to raise awareness through a soup and bannock event, while others did it at health fairs. We also coincided Suicide Prevention Day by

unveiling our “Stay Connected” magnet. The stay connected campaign was about ensuring that community members knew which crisis lines to access should they need to. CSFS does not have the funding to provide 24 hour 7 days a week coverage, so ensuring people were informed was an important step.

The next step for this project will be providing community members a suicide intervention training accredited by the Indigenous Certification Board of Canada. We will also be offering each Chief and Council training called QPR which stands for Question, Persuade, and Refer. It’s a 1 to 2-hour training designed to teach gatekeepers, or natural helpers the warning signs of a suicide crisis and how to respond. We know that the Chief and Council members are the people that community members most often go to for support.

A second area that we decided to focus on was Aboriginal Domestic Violence. We have a vision of men’s groups in each of our communities driven by local men, and supported by community clinicians. We started by offering training to 2 men from each of the 10 member bands. They did 3 rounds of training that included colonization, facilitation skills, communication skills, triggers of domestic violence, team building,

Service Highlights

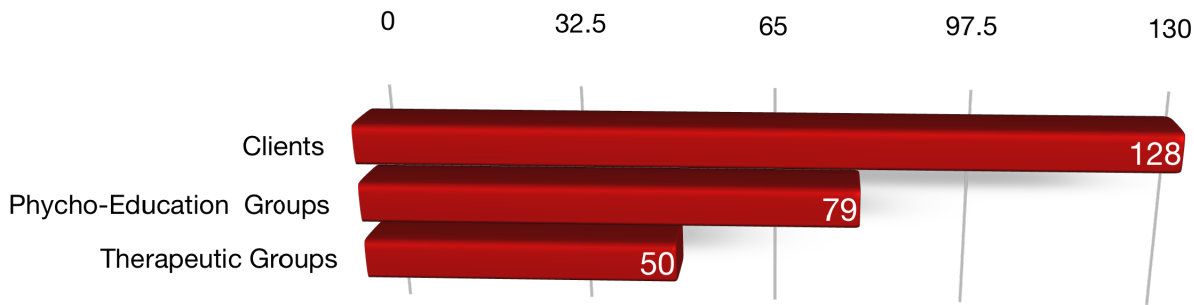


Photo courtesy David Lugg

crisis and suicide intervention training, and cultural teachings and practices. Having the men facilitate groups within their communities will encourage members to connect with their traditional roles and culture, as well as engage in facilitated discussion about domestic violence. By increasing capacity of the community, it encourages community members to take ownership and an active role in their health.

Furthermore, the skills learnt by the men during the training sessions will empower them to address pertinent issues in their communities, such as violence and suicide, using an approach that encourages strength in culture. To further support these men, Carrier Sekani Family Services will utilize its existing resources to help the men's group.

Mobile Diabetes Telemedicine

Matthew Summerskill



The Mobile Diabetes Telemedicine Clinic provides education, assessments, and support to First Nations living with diabetes. Education may be provided in the form of understanding things related to developing and living with diabetes. Assessments can help identify problems that could arise in relation to diabetes. The clinic is run by nurses with specialty training in diabetes. These nurses meet one-to-one with clients in approximately 55 communities across Northern British Columbia. The service is dependent on partnerships with host communities, and specifically, the work of Community Health Representatives (CHR's) to determine suitable times, community interests, and partner in education, screening, and follow-up. CHR's, nurses, or people with diabetes can contact the MDTC directly to arrange an in-person or community visit.

We have achieved the following program goals over the past year:

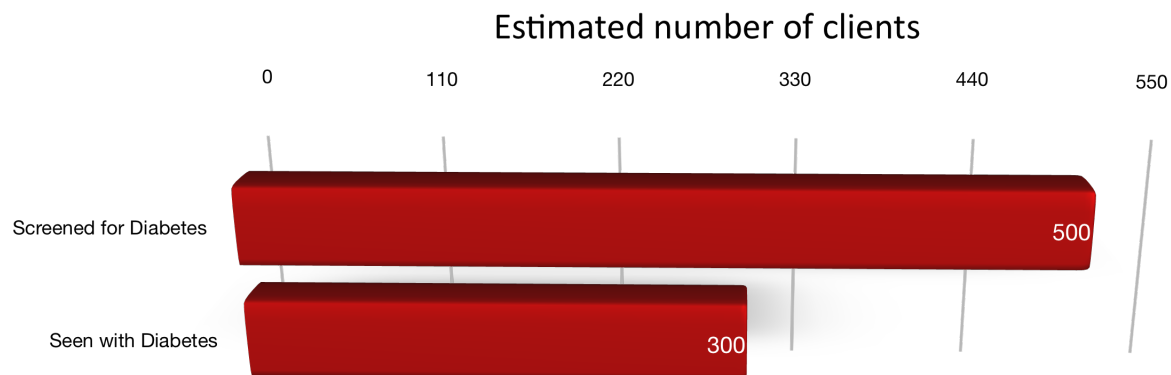
- * Helping people attain better control over their health
- * Conducted more group education appointments in communities, using games and diabetes round table discussions

- * Increased partnerships with communities in the interior (i.e., Diabetes Road show with Tsilhqot'in National Government).

- * More intensive follow-up conducted with clients

- * Increased our team of diabetes nurses

In meeting hundreds of First Nations with diabetes throughout the North, the MDTC has become aware that client contact with Northern Health Diabetes Nurses in the larger urban centers (i.e., Vanderhoof, Prince George, Burns Lake, etc) is minimal to non-existent. This represents an immense problem in terms of equitable access to essential health care for First Nations. A leading goal for the coming year is to advocate to government sources that our funding base be increased, so that we can better serve First Nations with diabetes. This would allow us to deliver more clinics, conduct more follow-up, and essentially intensify the 'reach' of our services. Clients must be granted the time to be heard, and health providers the time to learn from, about, and with their clients. Through these measures, the cultural humility of MDTC staff will continue to grow and evolve.



"Staff very pleasant, caring, and efficient; this was a good experience. I didn't think I would have utilized this service, but it came at a very important time of my diabetes journey and was glad I did." - Saikuz client

First Nations Health Benefits

Lorna Peters



First Nations Health Benefits (NIHB) offers Medical Transportation Assistance to registered First Nations.

The population CSFS services are: Burns Lake Band, Wet'suwet'en First Nation, Cheslatta Carrier Nation, Skin Tyee Band, Nee Tahi Buhn Band, Stellat'en First Nation, Nadleh Whut'en First Nation, Saik'uz First Nation, Takla First Nation and Yekooche First Nation. We also provide services to registered First Nations people residing off reserve in Prince George, north as far as Mackenzie, east as far as Valemont, south as far as Quesnel, and all points in between. First Nations Health Benefits is located in the Vanderhoof Office at 240 West Stewart Street. Our hours of services are 8:30am to 4:30pm daily Monday thru Friday. In order to be eligible for services, a referral to a specialist is required and the appointment must be covered by MSP. Referral is provided to the closest health services provider.

The program staff have noticed an increase in the number of off reserve clients seeking our

services, with between 3-6 new clients daily. We have increased our staffing to a team of three, up from two staff to manage the increase in demand for our program. We are working on advising clients to send their Direct Deposit form in, which will lessen waiting time for cheques to be issued. We have also been proactive in electronically filing client files, which has lessened the extra work involved in having paper files.

One of the goals for our program is to attempt to visit communities within the outlying areas off reserve. This has been tough to schedule as the FNHB department is very busy. Another goal we are working on is to bring down the cost of travel for long distances by utilizing the Northern Health Connections Bus, Telehealth, and Greyhound Bus service wherever possible.

"We would like to thank you very much Lorna for making the surgery possible at such a short notice" - Off Reserve PG Client.

Community:	# of Trips	Total Cost of Trips
Off Reserve	850 Trips	\$ 445,111.53
Burns Lake Band	10 Trips	\$ 1,465.15
Cheslatta Carrier Nation	83 Trips	\$ 12, 435.43
Nadleh Whut'en	239 Trips	\$ 59,594.01
Nee Tahi Buhn	191 Trips	\$ 19,600.54
Saikuz Firat Nation	386 Trips	\$ 83,146.91
Skin Tyee First Nation	247 Trips	\$ 17,769.05
Stellaten First Nation	180 Trips	\$ 48,817.20
Takla Lake First Nation	2208 Trips	\$ 302,218.42
Wetsuweten First Nation	90 Trips	\$ 24,444.69
Yekooche First Nation	626 Trips	\$ 69, 912.87



Photo courtesy David Luggi



Special Projects Health Administration

Charlotte Alfred



Our Special Projects for Health Administration program offers yearly health service agreements to ten CSFS Member Communities. This year we changed the funding formula based on the 2015 INAC statistics. From the population statistics, a formula table was developed. For example, if you had twenty youth in the community, your community would be entitled to \$2,000.00 for a Youth Grant. With the agreements and grants, reports are required. The community health staff submit monthly reports, with financial statements due on a quarterly basis. Audit statements for health programs are due at the end of the fiscal year. When reports are submitted, the funds are released.

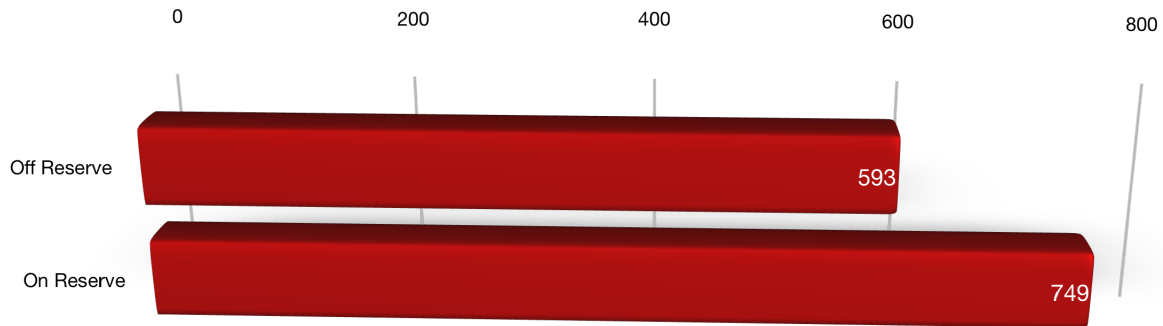
Another valuable part of the Special Projects Program is providing supervision for the Aboriginal Patient Liaison Worker at the University Hospital of Northern British Columbia (UNHBC). The Aboriginal Patient Liaison Worker supports community members when they are staying at the UNHBC by providing information on health services, translation, applications for benefits and general hospital information.

Goals achieved this year included supporting the Health and Wellness Program to develop

training for the Men's Support Group, developing a business plan for renovations to our Vanderhoof Office, proposal development for visiting professionals to Yekooche First Nation, as well as planning Aboriginal Day celebrations at the UHNBC for the Aboriginal Patient Liaison Program. We also developed proposals to provide services for off reserve clients to access the Canadian Prenatal Nutrition programming, and the active living grant for the Burns Lake Men's Support Group through the Northern Health Authority. Coordination support was provided for the Community Health Representative Retreat and also for quarterly meetings, while file management support was provided for the Yekooche and Cheslatta Community Health Representatives.

Our program goals for 2018 include having monthly Vanderhoof Office Administration meetings and seeking funding for a second worker for the Aboriginal Patient Liaison Program. We further plan to reactivate the Aunties and Action Program where volunteers visit patients who were staying in the hospital. Finally, we plan to continue working to support the Community Health Development program, where services are offered to new and evacuated mothers who are in the Maternity Ward.

Estimated Number of Clients





Child and Family Services

Mary Teegee



Respected Elders, Leaders, Community Members; the mission of Carrier Sekani Family Services is to take “direct responsibility for: health, social and legal services for First Nations families residing in Carrier and Sekani territory.” This work is to be done with the guidance of our elders and ancestors in accordance with the “great law” of our Balhats system. The importance of this mission cannot be understated, especially now. With the commitment of the Federal government to work with First Nations in hopes of fixing the wrong doings of the past, and in spirit of reconciliation, we have the opportunity to make fundamental changes to the Indigenous and Northern Affairs Canada (INAC) program and service delivery systems to meet the needs of our nations.

In January 2016, The Canadian Human Rights Tribunal (CHRT) found the Federal government acted discriminatorily against First Nation children, as evidenced by the inequity of child and family services funding allocated for on reserve children. The immediate action that the Tribunal identified to remedy the situation was to replace the archaic funding formula with a formula based on need rather than

numbers of children in care. The Tribunal also called for prevention dollars to be immediately allocated to those provinces where they are not yet receiving these funds, BC being one of those provinces.

In response to the CHRT ruling, the National Advisory Committee (NAC) on First Nations Child and Family Services (FNCFS) Program Reform was formed. The mandate of the NAC is to work with First Nations leadership and organizations, child and family services agencies, front-line service providers, the parties to the Complaint, and other stakeholders, on steps towards FNCFS Program Reform and meaningful change for First Nations children and families. As the BC representative on the NAC, I am privileged to have the opportunity to guide the work to make much needed change to the child and family services program.

Canada has also signed on to the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP). Key articles of the UNDRIP reference the rights for Indigenous peoples to “participate in decision-making” in matters that affect them, to “maintain and develop their political, economic and social systems or institutions,” and to be consulted “through



their own representative institutions in order to obtain their free, prior and informed consent before implementing legislative or administrative measures that may affect them.”

With the direction the Federal government has taken to advance the state of Indigenous nations, CSFS is poised to breathe life into the UNDRIP, to implement the CHRT ruling and to fulfill the mission of CSFS by taking direct responsibility for “social” services. Within the coming year, CSFS will be engaging with community members to seek guidance in moving forward to assume jurisdiction for our children and families. The work we will be doing will be built on the foundation of the research we have already compiled through the development of our Family Law Model and through the research project, Our Children Our Families Our Laws.

We must work together to capitalize on this unique opportunity we have to reform child and family services to better the outcomes for our children in care, return our children home, strengthen families, and rebuild nations. Never before have we had this opportunity to make fundamental change to funding, service provision, and legislation.



The mission set out by our predecessors to assume direct responsibility for health and social services can be realized if we all work together. We have the opportunity to develop our own policies and standards based on our laws. Many great leaders have only dreamt of this day; we are in an enviable position to make this dream a reality, to start to right the wrongs of the past. It is incumbent on all of us to work together, to the best of our abilities, to get this right. Our children are depending on us.

Sincerely, Mary

Youth Services Vanderhoof, Saik'uz & Prince George

Kayla Brownscombe



Carrier Sekani Youth Services seeks to prevent and reduce youth substance use/abuse and violence while improving outcomes for youth in the North. We do this by increasing protective factors and reducing risk factors for youth aged 8-24 years. Our Youth Services program includes year-round after-school programming, therapeutic 1:1 services, life-skills coaching, advocacy, culture camps, volunteer opportunities, a Saik'uz Elder Youth Mentorship Program, and youth events and trips. Our office is located in Prince George at 1145 2nd Ave. We are actively seeking funding to offer youth services in Burns Lake and Vanderhoof. Our office is open Monday, Thursday, and Friday 8:30am - 7:00pm and Tuesdays and Wednesdays 8:30am - 8:00pm. We accept self-referrals, as well as referrals from community supports and services.

Despite ongoing funding challenges our Youth Services Team of eight staff have persevered, and continue to offer culturally competent youth services. The project we're most proud of this year is our Saik'uz Elder Youth Mentorship Project. In November, 2016 CSFS received \$20,000 in funding from the Victoria Foundation to implement an Elder Youth Mentorship program in Saik'uz. CSFS has received overwhelming positive feedback from elders,

youth, and social service professionals involved in the program. The Saik'uz Elder Youth Mentorship project has shown that mentorship programs can build community capacity, increase opportunities for cultural permanency for youth in care, and re-engage elders in their traditional role as mentors in their communities. Some of our favourite memories from the year are learning to snowboard at the SWITCH program, attending the World Indigenous Games in Edmonton, singing our hearts out at Heat Wave Outdoor Music Festival, and our annual Culture Camps (Boys Camp in July, and a Girls Camp in August) at Saik'uz park and Potlatch House.

Our Youth Services team is excited for the year ahead; we look forward to spending more time in community, and pending funding, implementing the Elder Youth Mentorship project to two more member nations. Additionally, we'll be using the data collected from the Saik'uz Elder Youth Mentorship program in our proposals seeking funding for youth services in the Vanderhoof area. You can look forward to the Youth Forums we'll be hosting in our eleven member nations. The forums will engage youth in a consultation process to identify which prevention services would support youth in their community.



"Four years ago I was referred to the Walk Tall program by my counsellor. With the support of Walk Tall staff I was able to sober up, quit doing drugs, and drinking and hanging out with other addicts. I keep my circle small now, I set boundaries, and I am growing into the person I'm supposed to be. The Youth Services staff helped me to make the transition from (my community) to Prince George. They do the best they can with what they have, and they go out of their way to make sure youth are safe, fed, and cared for."

- 4 year Walk Tall participant.



Quality Services & Development

Barbara Cruwys



The Quality Service & Development Manager oversees the delivery of delegated Child Welfare Guardianship and Voluntary services to children in permanent care, and voluntary services to families living on and off reserve. As part of our commitment to providing services to our children, we have a Resource team who recruits and completes foster home studies to care for children in care.

We currently have offices in Prince George, Vanderhoof and Burns Lake, which provide delegated services for all communities. The offices are open Monday to Friday 8:30 to 4:30, although some services provide flexible hours if needed.

We have established regularly scheduled team meetings for updates between the delegated programs. In addition, we have provided learning opportunities and training to staff. Our program areas have expanded with new positions to serve our community members both in and out of the community.

We have also established an agreement for wage parity for our delegated workers to match wages being paid by MCFD to their staff.

A goal for the year ending March 31, 2018, includes starting the process of bringing children into temporary care over to CSFS for guardianship duties. This will involve planning for more staff to accommodate the increase in numbers of children on our caseloads. In addition, we are looking to establish more resources to provide care options for our children in care. Another goal we have is to work towards establishing more positive working relationships with other related agencies and organizations. Finally, we are working on policies with respect to conflict of interest for employees as CSFS foster parents. We are also working on establishing an agreement to have an independent Delegated Agency provide services when such conflicts arise - such as Quality of Care assessments for foster homes.

Family Empowerment

Cheryl Thomas

The Family Empowerment Program facilitates visits between children and their families who are involved with the Ministry of Children and Family Development (MCFD). Our program promotes healthy child development and positive, safe interactions between family members. We work from a strengths perspective and encourage families with positive reinforcement and provide parenting support and education. Referrals for the Family Empowerment Program must be made through MCFD or a Delegated Aboriginal

Agency. There are no self-referrals to this program.

Visits occur in various locations including CSFS' 835 Third Avenue office visitation rooms, MCFD, in the community or in CSFS clients' homes. Visits are offered seven days a week and beyond the regular 8:30am-4:30pm work day. Goals for each family working with program staff are defined through contracts with MCFD.



Foster Parent Resources

Amy Merritt



The PG resource teams works predominantly with foster families in Prince George. We also recruit and explore foster home options in our eleven CSFS Member Nation communities.

The Resource team focuses on finding and supporting wonderful people to open their hearts and homes to children who are brought into foster care. The caregivers go through rigorous training and a home study, in order to attain skills and ensure foster parent standards are met. Once a caregiver meets our standards, we support and work with them to provide stability, and cultural connection for the children in their homes. Support is provided in our office and in foster family homes from Monday to Friday, 8:30-4:30pm.

In Prince George, we have over sixty foster parents and seven group homes that we contract to provide foster care. We have opened a foster home in Saik'uz and are working with two community members from Takla to complete their home study assessment.

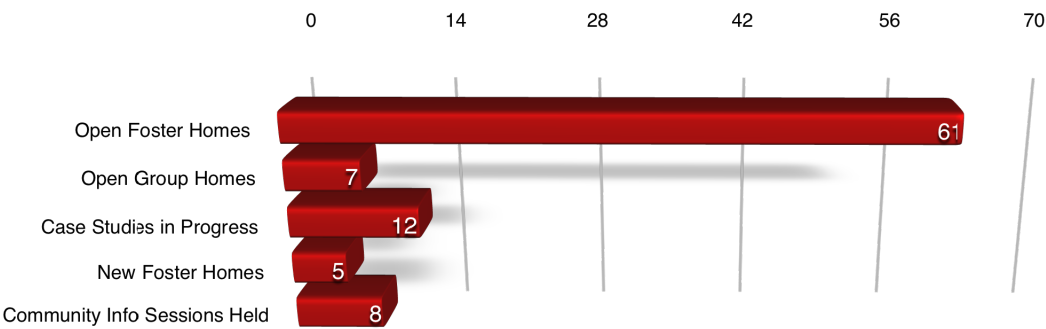
We offer fostering information workshops to the communities which we serve. In the past year, we have provided these sessions

in Cheslatta, Saik'uz, Takla, Nadleh, Stellat'en and Wet'suwet'en. We will provide the sessions in our other communities throughout the remainder of 2017.

We have staff who facilitate Applied Suicide Intervention Skills Training (ASIST) and Crisis Prevention Institute (CPI) training to foster parents, CSFS staff and community members. Training was offered in Prince George, Burns Lake and Vanderhoof in 2017. We will be facilitating ASIST again this November in Burns Lake.

One of the main goals of our team is to increase cultural capacity in foster homes, so that children have daily access to their culture. Resource team members and foster parents have been attending community events such as Health Fairs, Baby Welcoming ceremonies, and Christmas parties in as many communities as possible with the hope of collaborating with community members to keep children in their home communities. We assist our caregivers in attending community events and connecting with community members wherever possible. We will continue to work with community Elders, knowledge holders and families to learn and gain knowledge about the children's culture.

Service Highlights



Guardianship Services

Prince George

Sandra Wilson

The guardianship program is responsible for acting in the best interests of children and youth who are in the Continuing Custody Care (CCO), from our 11 member nations.

Guardianship social workers are responsible for children and youth's physical, emotional, intellectual and spiritual rights. This also includes decision making that concerns their education, health care, placement, and legal consents, while preparing youth for independence, and maintaining their cultural, community, and family connections.

Goals and achievements for the guardianship team involve continuing to work collaboratively with families and communities to develop permanency plans for children and youth in care, whether it be to return them to their family or for adoption.

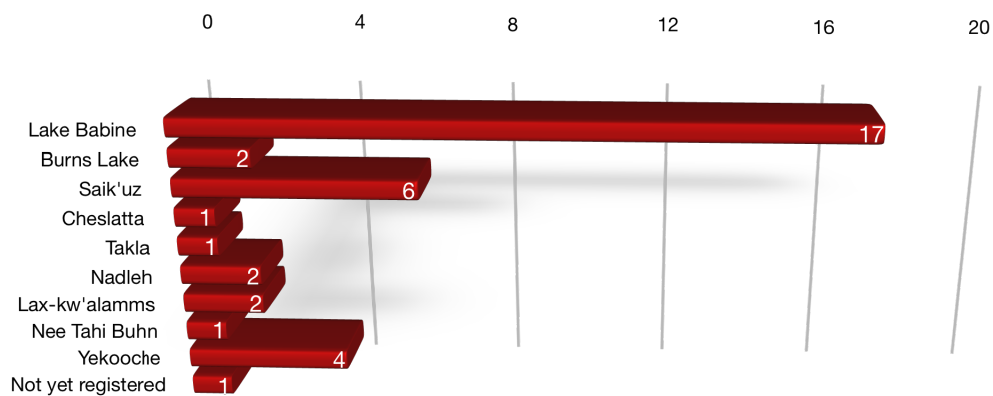
We also work to keep children and youth connected to their families, communities, and cultural traditions.

Each year, in June, the guardianship team hosts a Children In Care event. The event is a celebration of children, their families and caregivers the opportunity to come together to enjoy recreational games, as well as enjoy a meal together and have fun.

Future planning will involve continuing to work collaboratively with families and communities, in developing long term permanency planning, in the best interests of the children & youth in care, with the goal of keeping families together.



Children in Care Residing in Prince George



"Carrier Sekani guardianship social workers really care for their children and youth and maintain great connections with them."

- CSFS Caregiver

Integrated Child Welfare Vanderhoof

Juanita Gull



The Integrated Vanderhoof Child Welfare team provides delegated social work services to children in care from our 11 communities and to foster families. We meet with children and families in their homes, foster homes and group homes and as guardians of the children, we attend appointments with doctors, schools, etc. Voluntary family support services such as respite, voluntary care agreements, special needs agreements and youth agreements are provided directly to families in need. The goal of our program is to help keep kids safe, holistically healthy, connected to their culture, and to maintain kinship ties with family and community so they can grow up with a strong sense of identity as healthy First Nations people.

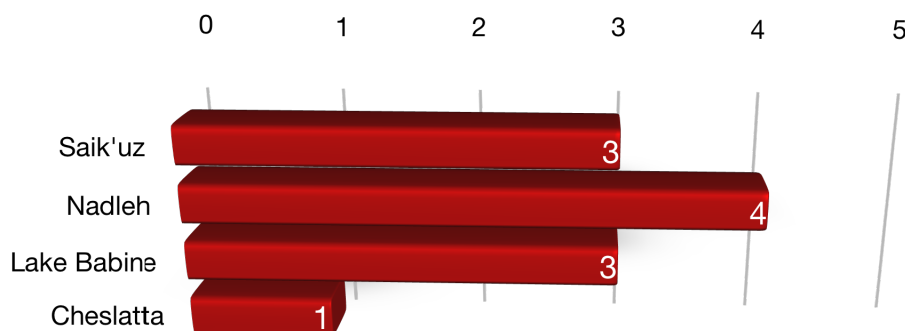
Most recently, CSFS hired a full-time Family Empowerment worker in Vanderhoof to transport and supervise Children in Care visits with the families in their communities. Some of the successes we have seen in our youth this year is one youth having the opportunity to attend the World Indigenous Games in Toronto in July 2017, two youth in care graduated from high school, some children and youth attended cultural camps, one youth will be attending the Engineering Program at CNC this fall, and over the year we also had two

youth obtain their driver's licence and purchase vehicles.

A major success this year is the increase of opportunities for our foster families to learn more about culture and things that are directly impacting our children in care today. This year they received training on Residential Schools, Contractual Obligations and Policies and Procedures, confidentiality, CPI (Non-Violent Crisis intervention Training) and ASSIST (Applied Suicide Intervention Skills Training). This fall we will be facilitating Aging Out of Care Training for our foster parents. Unfortunately, due to the fires this summer, our Connections Camp for our caregivers and children in care was canceled. This is often time we take to learn about Carrier culture. Fortunately, Stellaquo extended an invitation to us to join in on their Salmon Festival. What an amazing opportunity!

A challenge for our program is that we just don't have the Foster homes to place children close to or in their communities or to bring large sibling groups together. This year we have worked closely with MCFD to do preventative work, where we have children who initially come into care and placed them closer to their communities and families. This work is ongoing, we currently

Number of Children in Care Residing in Vanderhoof



have 8 foster homes. We continue to work on recruiting Foster Families in or near our communities to address this issue; however, we have not had enough community members step forward to assist with emergency placements, relief/respite, and/or fostering. It is of utmost

importance to us that we place the children in our care in Aboriginal homes. If you are interested in fostering, please contact Ali Henrickson at (250) 567-2900. (Vanderhoof) or Verna West at (250) 692-1800 (Burns Lake).



Integrated Child Welfare Burns Lake

Cheryl Boyd

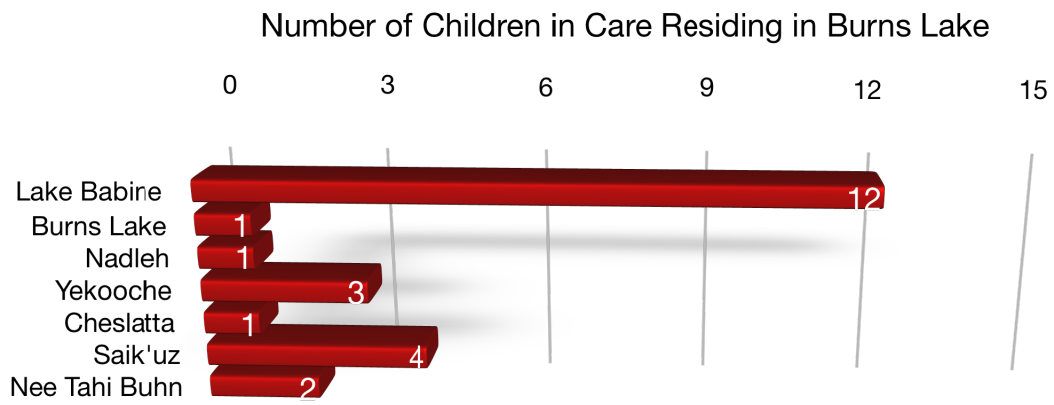
The Burns Lake Integrated Child Services team provides delegated social work services to children in care from our 11 communities as well as foster families. We meet with children and families in their homes, foster homes and group homes and as guardians attend appointments with doctors, schools, etc. The goal of our program is to help keep kids safe, holistically healthy, connected to their culture, and to maintain kinship ties with family and community so they can grow up with a strong sense of identity. The Burns Lake Guardianship office typically works Monday to Friday 8:30am to 4:30pm but will adjust hours when there is community events, family visits, etc.

The Burns Lake Guardianship team has had a busy year with new staff joining the team. The office is currently waiting for a new team assistant and a youth worker to start their new positions. The children and youth have been making great strides this past year. We have recently seen a youth graduate from high school, who will be focusing on working at the band office, two youth have aged out this past year and are achieving their goals, two youth have accomplished getting their driver's license,

and numerous children and youth will be attending cultural and bible camps.

The CSFS Burns Lake office is currently busy working on permanency plans for our children in care. These plans ensure that the children stay connected to their culture and families. One struggle our team finds, similar to the Vanderhoof office, is that there is not have enough foster homes to place children close to or in their communities, or to bring large sibling groups together. This year we have worked closely with MCFD to do preventative work. We have worked hard to have children who initially come into care placed closer to their communities and their families. We continue to work on recruiting Foster Families in or near our communities to address this issue; however, we have not had enough community members step forward to assist with emergency placements, relief/respite, and/or fostering. It is importance to us that we place the children in our care as close to home as possible.





Family Support Services Prince George

Cheryl Thomas



Family Support Services are community-based services that assist and support children, youth and their parents / caregivers in Prince George.

The goal of our program is to support the safety and well-being of children and families. We currently provide one on one support to approximately 90 families per month. The staff also facilitate 9 groups per week including Girls and Boys group, Women's Group, Skills to Success, Toddler Group, Future Leaders, Anger & Stress Management, Children Who Witness Abuse, and Parenting Group (Parenting 1234, Parenting Now and Traditional Parenting). The program is open to all who seek assistance and referrals are accepted from MCFD, community agencies and include self-referrals. All services are offered Monday through Friday from 8:30-4:30.

Our goal achievements over the last year include adding new programming to our services. The CSFS Children Who Witness Abuse (CWWA) program is the first of its kind in the province to include First Nations (Carrier specific) content. The goals of this program are to break the generational impact of violence; support children and youth exposed to abuse with developing self-esteem and awareness of safety concerns, and help them understand

their own emotions and to understand the dynamics of violence

We also started offering an Anger & Stress Management group four times a year in partnership with BC Housing. Finally, we received two (2) \$5000.00 grants from the First Nations Food Systems and the First Nations Health Authority (administered by the Heart & Stroke Foundation). With the funds, we have started the 'Three Sisters Lane' Community garden at CSFS' 835 Third Avenue office.

"I never knew his to read those labels on packages before. I never knew what they meant. Now I do."

"I really, really need Women's Group. It keeps me on the right path, and I have learned so much being part of this group."

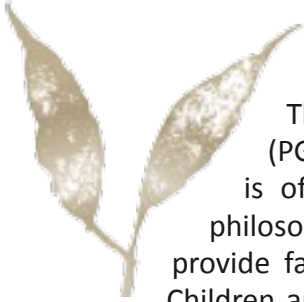
"I have always wanted to make a drum, and now I am making one for my son. This makes me happy." "I didn't think I would want to continue being part of this group after the first visit, but I love being part of the women here. They have taught me that I am not alone and they keep me strong too."

CSFS Member Nations Engaged in Services													
Community	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Lake Babine Nation	20	15	15	21	16	18	18	22	19	16	16	11	207
Takla	3	5	4	3	5	4	2	2	4	7	3	4	46
Saik'uz	5	3	3	2	4	4	2	2	4	6	7	7	49
Yekooche	2	5	3	3	1	3	5	5	4	1	2	3	37
Stellat'en First Nation	2									1			3
Wet'suwet'en First Nation,		4	2	1	2	1		1	1	1	1	1	15
Cheslatta	2	2	2	2	1	1		1	1	1	1	1	15
Skin Tyee				1					1	2	1	1	6
Nee Tahi Buhn													0
Nadleh Whut'en,	4	3	3	2	2	3	3	2	2	2	2		28
Burns Lake Band	1	1	1										3



Parent Guidance & Support

Lisa Hourie



The Parent Guidance & Support (PGS) program is new to CSFS and is offered in Prince George. The philosophy of the PGS program is to provide families experiencing Ministry of Children and Family Development (MCFD) involvement and parents wishing to learn new tools with an opportunity to enhance their parenting knowledge and skills. PGS is a hands on community-based service for parents, with children ages 0-5.

The program allows parents to strengthen their parenting knowledge and skills. Parents will learn new tools through mentoring, modelling, and coaching. Parents and their children attend the PGS program 2 days per week from 10AM to 3PM for a three month period and complete the program with a graduation celebration. Anyone can refer a family to the program, including self referrals.



Driver Training Program

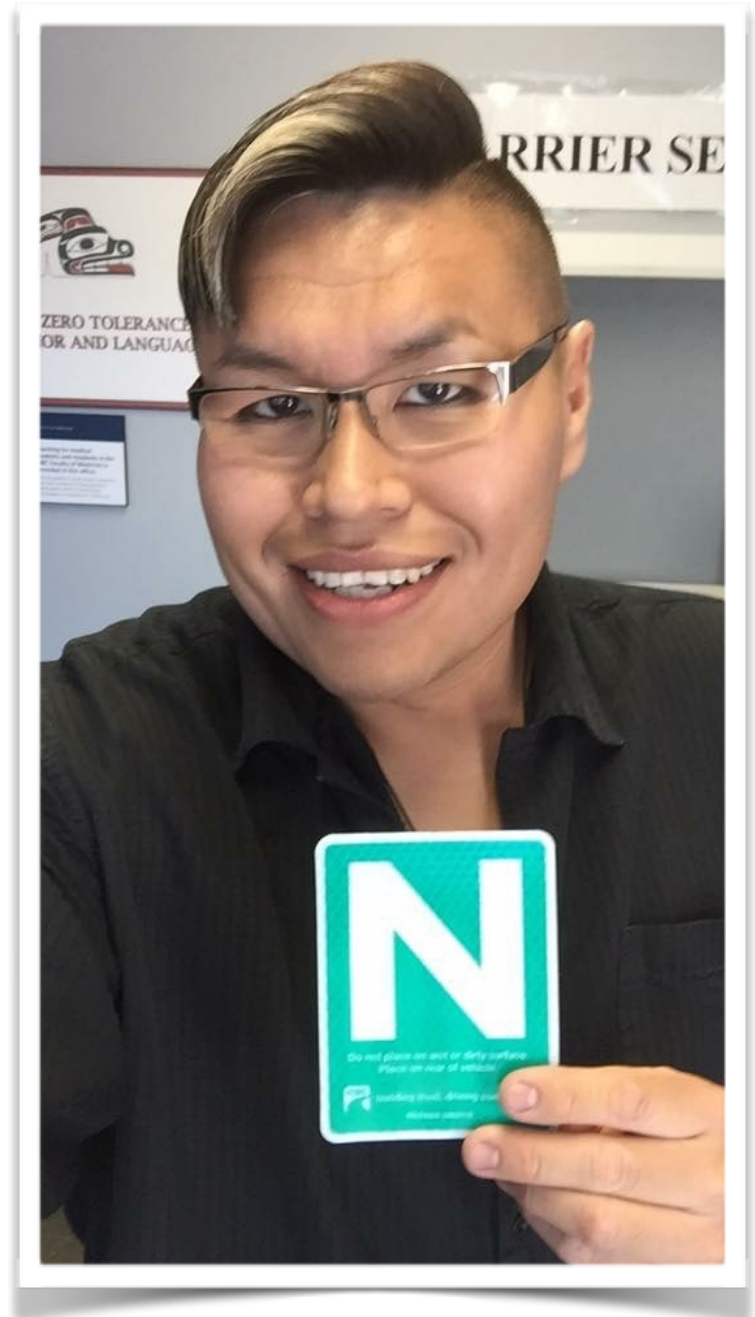
Carli Staub



The Drivers Training Program provides training in Classes 4, 5, 7L, and 7N driver's license, as well as testing and license fees for students. We serve all First Nations communities along Highway 16 W, between Prince George and Prince Rupert. Generally, programming is offered on week days between 9:00 and 5:00, but it is possible for us to provide weekend programming as needed. Any community that is interested in having this training can contact us, as well as any individual who is interested in learning to drive or getting the next level of license.

2016 was the first year for this project, which ran as a pilot. We were successful in getting the project approved for 2 more years, and began offering training in early 2017. So far we have delivered our scheduled training to 99 participants in Nadleh Whut'en, Nak'azdli, Saik'uz, Gitanyow, and Cheslatta. We have also trained students in Prince George, Tl'azt'en, and Gitxsan.

We will continue to reach out to communities and provide driver training, focusing on the communities we have not yet visited. Our goal is to make it all the way west to Prince Rupert and surrounding communities!



Bridging to Employment Prince George

Samatha Wurtak

The Prince George Bridging to Employment program has been serving the Prince George community for the last 17 years. The program is designed to assist unemployed and underemployed individuals to find meaningful employment and gain entry level certification. It is the students themselves that make this program great. We have students that genuinely want to be here and are motivated to make changes in their lives. From day one and every day onward we strive to create a positive environment which is safe and inviting by developing a culture of mutual respect where students feel valued.

The program runs three times per year starting in January, September, and November, Monday through Friday from 9:00am-2:30pm. Applications are available online www.csfs.org or at 987 Fourth Ave. Students in the program can expect to learn self esteem skills, support system creation, self awareness, holistic wellness awareness, problem solving skills, Bah'lats protocols, and skills to develop a healthy identity.

Once the program is complete, staff maintain contact with students to see how they are

and celebrate success no matter how big or small. The overall objective of this program is to reduce the barriers that inhibit personal growth and development towards:

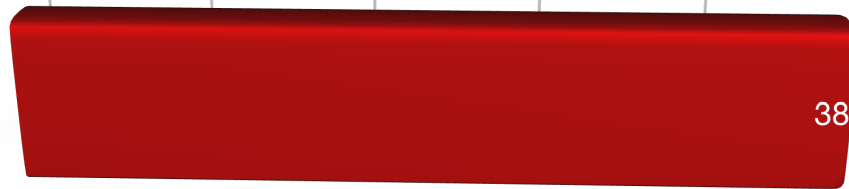
- * Engagement in employment related activities which lead to meaningful employment
- * Accessing relevant education/training opportunities and community services
- * Development and maintenance of skills to achieve self-sufficiency and a holistic sense of well-being

An important component of this program is to enhance and strengthen personal development, self-esteem, and daily living skills. Participants then build from that foundation toward employability, education, and training. The Bridging to Employment Program realizes that a vital objective for this program is to ensure a strong partnership and linkage between the program, employers, and industries leading to sustained employment in areas of current and/or future growth demand.



PG Bridging Participants

0 8 16 24 32 40



"I love coming to this class, it gives me something to look forward to each day. It has helped me to come out of my shell. I never used to like to talk or read in front of other people, but here its" "- JP

Bridging to Employment

Burns Lake

Diane Batley



The Burns Lake Bridging to Employment program has been serving the Burns Lake community for the past five years. Our program is available to people 19 years of age or older and is First Nations focused. The program is designed to assist unemployed and underemployed individuals to find meaningful employment and gain entry level certification. The program is fast paced, self-motivated and encourages participants to be genuinely involved in making distinctive changes in their lives. Our facilitators set the pace in providing a positive environment, meeting the various learning styles of all participants within each lesson. We create a safe and respectful work environment modelled on the work place. In other words, we set expectations as a work place environment, teaching personal accountability such as being on time, no cell phones, teamwork, and chores. Our program provides a safe and inviting learning environment fostering a culture of mutual respect where students feel valued by others and self.

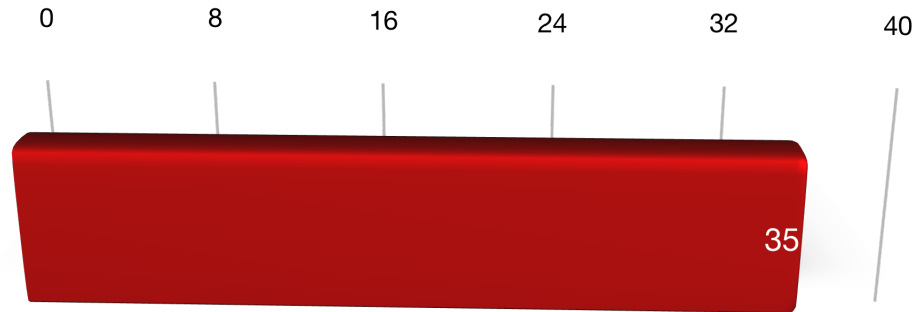
We offer a 10 week program, provided three times a year and includes customized training to people hoping to enter the workforce. We aim to give participants the skills necessary to compete for various employment opportunities; this includes a two week work experience within their community. We run Monday to Friday 9:00

to 3:00pm. We provide healthy meals and snacks on a daily basis, enabling them to have less responsibilities so they can focus on their learning. Applications are available online www.csfs.org or the Bridging Office, 492 Highway 16 West, Burns Lake BC. 250.692.3586.

A strong component of the Burns Lake Bridging to Employment Program is a First Nations cultural perspective in all the work that we endeavour. Bah'lats protocols are taught by Hereditary Chiefs. Drum making, button banners, beading, treaty information, hunting and more are taught by community members. Cultural experiential learning is used to build a strong foundation in applied life skills with all work the participants take on. The program applies hard and soft skills, and cultural practices.

Soft skills refer to a cluster of personal qualities, habits, attitudes and social graces that make someone a good employee and compatible to work with. Companies value soft skills because research suggests and experience shows that they can be just as important an indicator of job performance as hard skills. We use this model utilizing the knowledge, values, skills, and wisdom of the ancestors and knowledge keepers. Respecting and incorporating traditional values within the market expectations endeavours a comparable crossover into all

BL Bridging Participants



work places. The overall objective of this program is to reduce the barriers that inhibit personal growth and development towards self-improvement. The important component of this program is to enhance and strengthen personal development, self-esteem and daily living skills. Participants then build from that foundation

towards employability, education, and training. The Bridging to Employment Program realizes that a vital objective for this program is to ensure a strong partnership and linkage between the program, employers, and industries leading to sustained employment in areas of current and/or future growth demand.

Family Preservation & Maternal Child Health

Erin Smedley



The CSFS Family Preservation and Maternal Child Health Program offers early childhood development programming, advocacy and support for families, referrals to other programs and resources, parenting and life skills education, and prenatal and postnatal support. Based on the lifecycle model, we provide supports to families from preconception until a child is 19 years of age.

The program provides services to families living on reserve in Saik'uz, Nadleh Whut'en, Stelat'en, Takla, Yekooche, Lake Babine Nation, Burns Lake Band, Wet'suwet'en, Nee Tahi Buhn, Skin Tyee and Cheslatta. Support can be provided in the family's home, in the community, or at the office. Regular hours of services are from 8:30-4:30, Monday-Friday. Referrals are received from anyone including self-referral, medical professionals, social workers, women's shelters, or any other source.

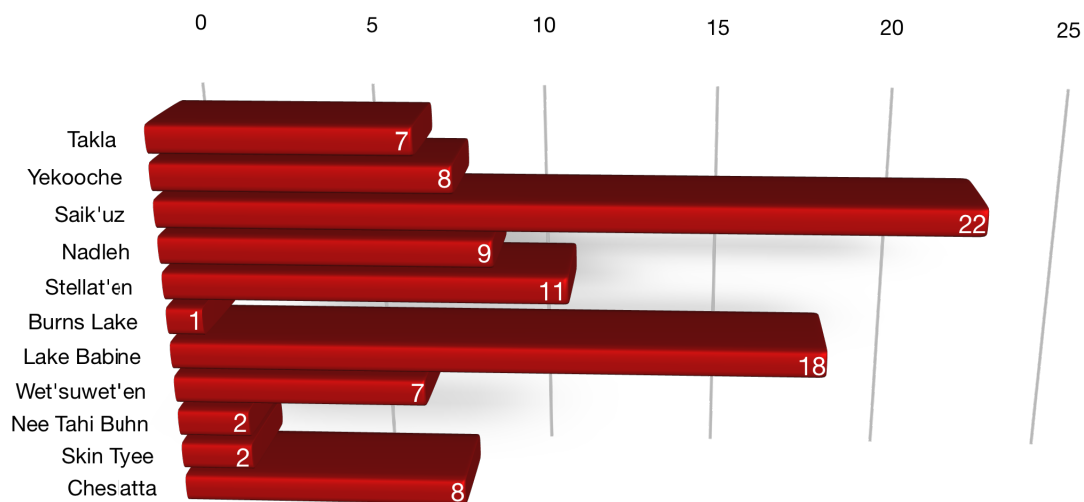
The program offers and assists in multiple workshops and information sessions throughout the communities such as lice workshops, car seat installation, safety,

community kitchens, women's wellness groups, family night, drumming nights and women's support groups. We were successful in providing parenting programs within all of the communities through the delivery of the "Growing Great Kids" parenting program.

Currently, we are working on the development of "The Fathers First Program". The Fathers First program is a pilot project that will be offered in the Burns Lake area. The program will focus on building relationships between fathers and their children through group activities and individual support services.


Family Preservation and Maternal Child Health will continue to offer programming which is tailored to fit the needs of each individual community and family. We are also responsible for the distribution of the "Baby Boxes". Baby boxes provide families who are expecting the arrival of a baby with education on infant health as well as the provision of some essential baby supplies. The boxes will be given out to all families that are expecting or have a child under the age of 3 months and complete the Baby Box University online educational programming.

Number of Families Served



Community Linkages

Cheryl Thomas



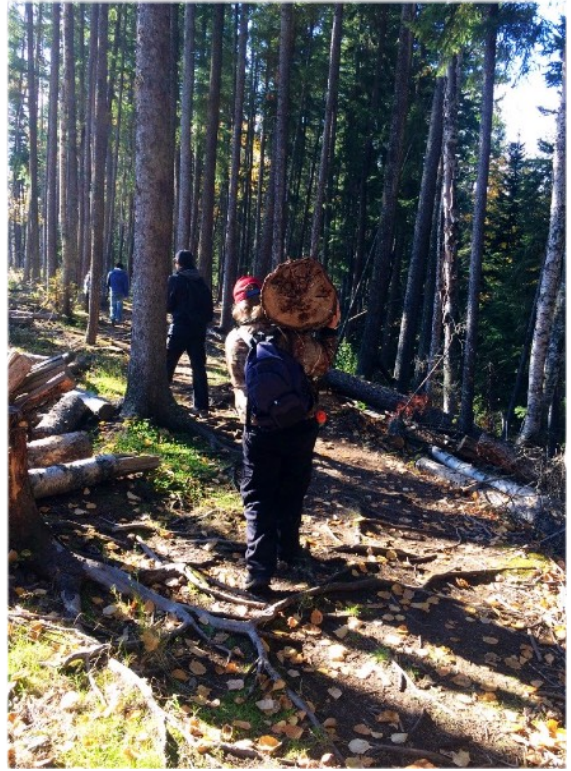
The Community Linkages Soup Bus Program provides mobile food distribution, support, education and referrals to individuals and families with multiple barriers. Information is also provided regarding health, parenting, life skills, education, employment, affordable housing, income assistance, drug and alcohol services, as well as cultural information and services.

The Soup Bus distributes food to people at risk of being homeless Monday-Wednesday at the Carney Hill Neighbourhood Centre (parking lot - 2579 Victoria Street) from 4:00-4:30. The Soup Bus fed over 7,000 meals at the ASAP shelter this past year, and over 2,500 meals were

distributed to families at risk at the Carney Hill Neighbourhood Centre.

Funding is often difficult to secure for this initiative. The ongoing goal of the Community Linkages Soup Bus program is continued support of families that are at risk and people who are already homeless. The Community Linkages Soup Bus program is actively seeking additional funding to help the program continue forward. Clients at ASAP continually express gratitude over the quality of the soup served to them. A few clients, who have succeeded in finding a job, and no longer require our assistance, return to express gratitude for the help provided by the program staff in their time of need.





Primary Care, Strategic Services & Research

Travis Holyk



Congratulations to Nadleh on the beautiful building that the AGA is taking place in this year. Based on the CSFS Strategic Plan, some of the key areas that the primary care team focused on this year included improved information sharing, integrated service delivery, improved addiction support, and suicide prevention.

Primary Care

From our beginnings with one physician providing monthly visits to 3 CSFS communities, combined with videoconferencing when he was at home, today, we have 7 physicians who each provide roughly 6 days in community and 8 days of service via telehealth every month. As a result, telehealth is available every day with one of the CSFS doctors.

CSFS's Primary Care Program continues to mature and grow. The next phase of development is to enhance the First Nations Primary Care Homes already developed and increase reliable service for the communities of Tachet, Wet'suwet'en, Woyenne, Burns Lake, Cheslatta, Nee Tahi Buhn and Skin Tyee. We continue to have specialist services visiting community and added medication reviews by a pharmacist this year.

The CSFS Model has been successful because of the relationships that have been built between the doctor and patient. This includes the doctors providing care in community and at CSFS facilities rather than having people go to spaces they are not comfortable. Physicians have the opportunity to develop cultural awareness through experiences outside of a clinic setting engaging with patients and communities. Evaluation data suggests that the model has been effective in reducing many of the barriers to care while improving trust of medical professionals.

Family Justice

Since 2006, this program has offered a variety of facilitated meetings that encourage families to come together to address family/community concerns and create plans for their children in the event of Ministry for Children and Family Development (MCFD), Carrier Sekani Family Services (CSFS) or other delegated Aboriginal agency involvement. We offer Care planning, Prevention Meetings, Family Group Conferences, Youth Transitioning Conferences, and Family Case Planning Conferences. Our staff has changed recently, with Jaylene Bourdon leaving us to pursue other adventures and Renee Gomes retiring. We wish them well and thank them for their dedication and service.

Research

In addition to some small projects, we started two larger initiatives this year:

Suicide Grant

Due to the success of the youth suicide study, we have expanded and adapted that work to meet the needs of young adults (25-45). The goals of the study are to adapt and expand the previous suicide intervention and program, and implement and evaluate interventions with an older population.

Key achievements and research activities this year have focused on building our research team, including advisory community representation, work plan finalization, research ethics approval and adaptation of the youth suicide manual in preparation for piloting our community intervention.

Lung Health

The objective of this study is to estimate the burden of COPD in remote and rural First Nations communities. Chronic Obstructive Pulmonary Disease (COPD) is a lung disease that includes chronic bronchitis and emphysema.

Some of the work we have completed to date includes:

- * Met with a Community Advisory Committee to determine their views on lung health and Chronic Obstructive Pulmonary Disease (COPD).
- * Completed 2 lung health days in Takla, and presented preliminary findings
- * Completed 2 lung health days in Saik'uz and Burns Lake as part of the Winter Wellness



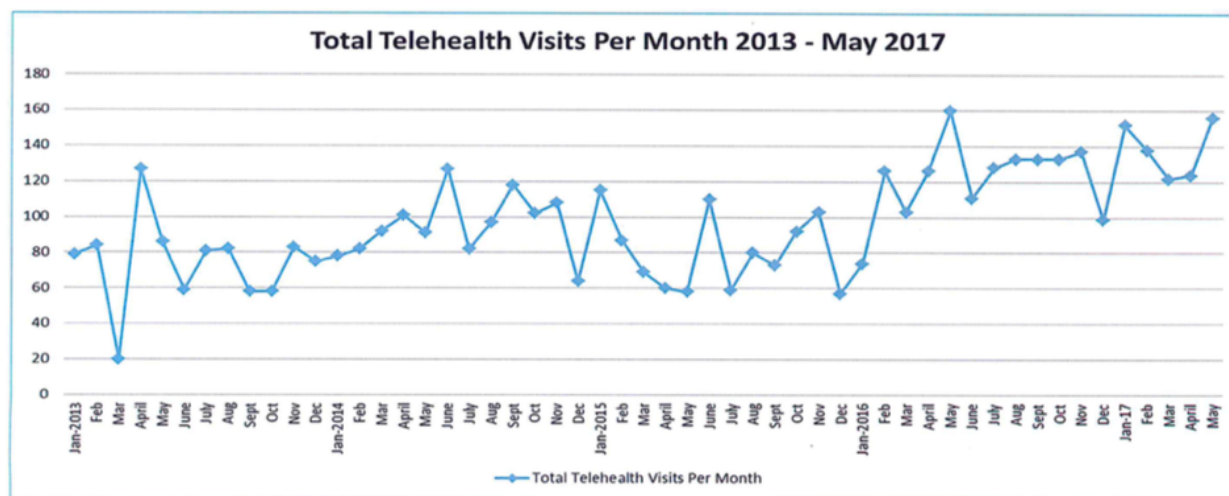
- * Designed a larger grant to investigate prevalence of COPD in CSFS communities, as well as residential, environmental, occupational and cultural/community sources of inhaled pollutants associated with symptoms of lung issues.

Focus of the Upcoming Year

The focus of the primary care team in the upcoming year will be to bolster accreditation, enhance primary care in Burns Lake and Prince George, develop an opioid strategy, improve electronic medical record data and develop community specific health promotion and protection programs in each CSFS community.



Care provider visits (2016)	Face to face	Notes/phone	Telehealth
Physicians	3806	1678	1390
Nurses	4583	1855	
Home Care RCA/Nurse	1613	450	
Physio	144	9	58



Family Justice Statistical Information (January 2015- December 2015)

Referral Type	Number of Referrals	Conferences Completed	Number of Participants
Family Justice	149	114	750
Care Planning	56	57	266





Nursing

Judith Sandford



We are committed to providing community health promotion services and programs for the prevention of disease, maintenance of health and the overall health and well-being of individual communities. We use a holistic model of care and practice in a culturally respectful and safe manner.

The Nurses and Home Care Aides provide services within the Health Clinics, community halls, schools and/or in a home on an individual basis or as part of a multi-disciplinary team which may include physicians, mental health clinicians, physiotherapists, nurse practitioners, and Medical Health Office Assistants.

Primary care services are offered 24/7 from the Takla Landing Nursing Station. Health clinics are open Monday to Friday in Yekooche, Stella, Nadleh, Saik'uz, Wet'suwet'en First Nation, Burns Lake and Southside (for the Skin Tyee, Nee Tahi Buhn and Cheslatta community members). Nurses facilitated at least two community training sessions in all CSFS communities on the use of Narcan for opiate overdoses. We also provided promotion of healthy lifestyles workshops for chronic and elder patients with chair yoga exercises and community walks. All nurses have completed certification to offer enhanced education, contact tracing and education programs.

TB screenings were completed in all communities this year, and follow-up was provided as needed. We also participated in staff collaboration with Integrated Team meetings in Saik'uz, Takla and Southside.

Our up and coming year goals include ongoing Narcan/Opiate education training for community members. We plan to develop a CSFS opiate/harm reduction strategy with other professionals. We are going to continue promoting and supporting the integrated team model of practice in communities with a focus on maternal care, and chronic complex patients. Ongoing community engagement with other health team members will be forth coming to develop community-specific community health plans based on mandated services and community need.

In addition, ongoing proactive Chronic Disease management will be provided with the Primary Care Team, with a focus on diabetic patients and other at-risk individuals. Improvement in the overall patient response to pap clinics, STI screenings, and treatment clinics will also be worked on. We plan to develop a First Responder program in Takla and Yekooche; working with community and the FNHA. We are working on providing dental therapist clinics, initially in Takla and Yekooche. Finally, we are going to have our staff complete rehab skills training, and provide foot care in all clinics.

Intensive Family Preservation

Fiona Demers



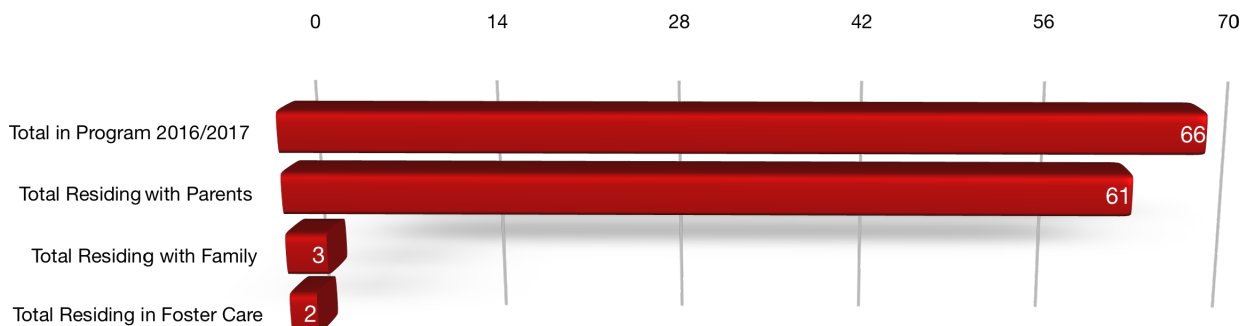
The Intensive Family Preservation Services (IFPS) program delivers an in-home counselling and crisis intervention program aimed at preventing the unnecessary out of home placement of children. Our program serves families in Prince George whose children are at imminent risk of placement. Our services 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 responsive and flexible nature of the program has allowed us to successfully provide support to 30 families over the period of January 2016 to December 2016 resulting in 61 children remaining with their parent(s).

"I think this program is very valuable, the intensity of 8-10 hours a week and the availability of staff really helps meet the needs of the family 24/7." (MCFD child protection social worker)

"Although we were worried that this would be invasive and frustrating we were thrilled with our clinician and the program. We have learned so much!" (IFPS Client)

Service Outcomes



Privacy and Policy

Chris Ross



In today's world, ensuring information security requires well trained and responsible staff as well as diligently maintained technologies.

The Office of Policy and Privacy Information oversees all ongoing activities related to information management, and furthermore, monitors and controls the privacy of, and access to, patient/client information.

We recognize the value of sharing information for the purpose of supporting community wellness and developing health and social programs.

Our team is committed to ensuring that CSFS staff will share information in ways that are consistent and in accordance with our Privacy & Security Framework and policies.

It is our job to ensure CSFS staff members only share information responsibly and respond effectively when privacy and security breaches occur.

Our technical team not only manages everyday technologies such as computers and printers, but also ensures the secure information transfer between the 16 geographically separate CSFS offices and health centres.

Caring for your Information



We are working towards ensuring that all staff receive training on appropriate information sharing, and how they can prevent information incidents. It is key that all CSFS staff understand and support an organizational culture that is aware of its privacy obligations.

With the advent of the Integrated Care Teams, and a more holistic approach to care, it has become necessary to substantially revise and restructure the processes by



which clients/patients are oriented to CSFS services. While an interdisciplinary approach to care improves patient outcomes, it creates the potential for confusion regarding who is accessing patient personal health information.

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

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

We do this under, and in accordance with, the Personal Information Protection Act (PIPA) and other applicable legislation.



Your Rights regarding your Personal Health Information

CSFS patients and clients have a right to:

- Confidentiality
- Ensuring their personal information is accurate
- Understanding who has access to their personal information and for what purpose
- Understanding how their personal information is retained
- Understanding how and when their personal information is shared
- Understanding how to make a complaint about how their information is used



Communications, Public Relations & Projects

Marlaena Mann



Hadih! I am pleased to provide a report on our CSFS communications, public relations, and projects that have been taking place over the past year.

We have continued to work hard on maintaining our agency communications, with an overarching goal to increase external communication with our various stakeholders. Our external communications outlets include our website, social media accounts, eblast newsletter, quarterly print edition newsletter and branded media templates such as posters, and program brochures, etc.

Website Data last year

Average visits per day 85

16, 609 Individual users (50% new and 50% returning)

Pages per session 2.17

Social Media

Facebook 2800 followers

Growing presence on Instagram and Twitter

Goozih Subscription List

550 recipients

34.5% open rate (10% above industry standard of 24%)

For internal communications, we have continued to add to our 'common drive' which is a central location to house forms, research papers, resources, proposals, photos, and agency information. This year a proposal drive was added so that managers and individuals who work on accessing funding have access to materials and research already generated for proposals. Goals for the up and coming year include:

- * Continuing to provide as much advance notice as possible for events and programming
- * Work with each team's communications committee designate to improve the quality of information sharing

For projects, the Carrier Culture Resource 'Nowh Guna' was completed this year and printed. The resource has been distributed to



each program and copies have also been provided to each of our member Nations to provide cultural knowledge to service providers. The booklet utilizes quotes from knowledge holders representing all of our member Nations and includes lots of colourful and historical photographs to accompany various topics. The next step in this process has commenced with identifying key cultural competencies to include in a training curriculum. I am working with Dr. Sarah De leeuw from the UNBC Medical Program on developing pilot cultural competency training. We will then finalize a curriculum for all CSFS staff. We plan to also offer the training to the larger community, specifically any professionals who work with Carrier individuals.

Over the past year, we have completed all of the funding requirements for the Burns Lake Safe House project to Indian and Northern Affairs Canada, and the Canada Mortgage and Housing Corporation. The safe house is designated to be located on Woyenne land at Lake Babine Nation. The safe house will enable us to provide



culturally relevant and effective housing and support solutions to address family violence. We plan to have the safe house building phase of the project completed next year and to start offering programming once the building is complete.

In the next year, I will also be working on the Prince George Integration building project with a contractor who has recently been retained. This project involves moving multiple CSFS locations around the urban Prince George area to one central location which will enable clients to receive our services under one roof.



Audited Financial Statements

Carol Reimer



KPMG was appointed by the board to audit the 2016-2017 financial statements of Carrier Sekani Family Services. The scope of the audit includes the financial statements and accompanying notes, any schedules have been prepared by Carrier Sekani Family Services. KPMG has issued the opinion that the financial statements present fairly the financial position of Carrier Sekani Family Services in accordance with Canadian accounting standards for not-for-profit organizations.

Each year a cycle of accountability is performed in our organization. Strategic plans are reviewed and updated, from these plans budgets are prepared and approved by the board. As well, employees complete work plans based on program goals from the strategic plan. Monthly financial statements

are prepared for board and management review. Financial reporting is sent to outside funding agencies as per the contractual obligations of the signed contract. Completing the cycle, auditors are engaged to review the financial information presented by our organization and state an opinion on our work.

This organization continues to be a financially strong, dynamic, innovative organization. This shows in the unique programs started within our organization and the growing services that we offer each year to community members. These include speech and language services and early years supports to children, winter and summer culture camps and community gardens. We also take the time to look at ourselves internally and grow our professionalism with programs such as



accreditation and internal program evaluations. We find time to support future growth with fundraising efforts such as the Art Gala to support scholarships for Aboriginal Artists and ongoing scholarships at University of Northern British Columbia to support health and social services students.

Over the years we have continually seen growth with our organization and this year is no different, with a 6% increase in revenue of last year. This growth allows us to continue to develop programs for our communities, develop capacity within our members and provide a brighter future for all. This fiscal year expenditures exceed revenue by \$296,000 but were supported by previous surplus within the organization. Our cash and cash equivalents remain strong enough to enable the organization to cover its obligations and withstand the timing of cash flows from government funders.



Financial Statements of



CARRIER SEKANI FAMILY SERVICES SOCIETY

Year ended March 31, 2017



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

We have audited the accompanying financial statements of Carrier Sekani Family Services Society, which comprise the statement of financial position as at March 31, 2017, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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



Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Carrier Sekani Family Services Society as at March 31, 2017, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Report on Other Legislative Requirements

As required by the Societies Act (British Columbia), we report that, in our opinion, the accounting policies applied in preparing and presenting the 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. Below the signature is a horizontal line that starts under the 'K' and ends under the 'P'.

Chartered Professional Accountants

July 26, 2017

Prince George, Canada



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Financial Position

March 31, 2017, with comparative information for 2016

	2017	2016
Assets		
Current assets:		
Cash	\$ 2,697,906	\$ 2,775,108
Accounts receivable	621,082	873,182
Sales tax receivable	43,058	42,440
Prepaid expenses	38,735	43,140
	3,400,781	3,733,870
Tangible capital assets (note 2)	2,421,917	2,628,845
Restricted cash	85,185	157,646
	\$ 5,907,883	\$ 6,520,361

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 1,132,019	\$ 1,466,545
Wages payable (note 3)	646,462	584,676
Deferred contributions (note 4)	135,000	178,043
	1,913,481	2,229,264
Net assets (note 6):		
Investment in tangible capital assets	2,421,917	2,628,845
Unrestricted surplus	1,487,300	1,504,606
Internally restricted (note 5)	85,185	157,646
	3,994,402	4,291,097

Commitment (note 7)

	\$ 5,907,883	\$ 6,520,361
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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, 2017, with comparative information for 2016

	2017	2016
Revenue (note 8)	\$ 25,118,294	\$ 23,783,977
Expenditures:		
Advertising	3,896	7,785
Amortization	526,590	540,710
Annual general assembly	29,201	36,057
Band contracts	2,468,976	2,222,896
Catering	74,542	110,903
Consulting fees	417,551	287,602
Contingency	73,668	35,240
Cultural events	23,284	25,916
Equipment leasing	69,582	42,581
Evaluations	-	8,565
Exceptional costs	252,294	211,101
Fostering	5,633,940	5,380,327
Honorarium	66,433	82,332
Insurance	158,090	152,184
Interest charges	9,947	9,329
Materials and supplies	816,919	1,034,031
Medical travel	1,267,152	1,140,404
Meetings	101,256	169,799
Memberships	21,369	15,779
Moveable capital asset reserve	138,273	24,993
Office and general	298,984	250,199
Prenatal	29,424	50,690
Professional fees	17,837	15,666
Rent	294,906	245,535
Repairs and maintenance	315,294	324,703
Respite care	210,677	156,445
Salaries and benefits	10,111,077	9,509,089
Strengthening our families	3,530	7,066
Telephone	503,009	459,571
Traditional healing	11,250	21,376
Training	283,516	234,620
Travel	1,010,186	1,045,953
Utilities	172,336	154,506
	25,414,989	24,013,953
Deficiency of revenues over expenditures	\$ (296,695)	\$ (229,976)

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Changes in Net Assets

Year ended March 31, 2017, with comparative information for 2016

	Investment in Tangible Capital Assets	Unrestricted Surplus	Internally Restricted	Total 2017	Total 2016
Balance, beginning of year	\$ 2,628,845	\$ 1,504,606	\$ 157,646	\$ 4,291,097	\$ 4,521,073
(Deficiency) excess of revenues over expenditures (note 6)	(526,590)	302,356	(72,461)	(296,695)	(229,976)
Net changes in investment in tangible capital assets (note 6)	319,662	(319,662)	-	-	-
Balance, end of year	\$ 2,421,917	\$ 1,487,300	\$ 85,185	\$ 3,994,402	\$ 4,291,097

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Statement of Cash Flows

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by (used in):		
Operations:		
Deficiency of revenues over expenditures	\$ (296,695)	\$ (229,976)
Items not involving cash:		
Amortization	526,590	540,710
Gain on disposal of tangible capital assets	(13,832)	(36,277)
	216,063	274,457
Change in non-cash operating working capital:		
Accounts receivable	252,100	(238,932)
Sales tax receivable	(618)	(9,406)
Prepaid expenses	4,405	1,621
Accounts payable and accrued liabilities	(334,526)	462,682
Wages payable	61,786	77,879
Deferred contributions	(43,043)	(458,481)
	156,167	109,820
Investing:		
Purchase of tangible capital assets	(331,230)	(408,739)
Proceeds on disposal of tangible capital assets	25,400	74,355
Decrease (increase) on restricted cash	72,461	(6,040)
	(233,369)	(340,424)
Decrease in cash	(77,202)	(230,604)
Cash, beginning of year	2,775,108	3,005,712
Cash, end of year	\$ 2,697,906	\$ 2,775,108

See accompanying notes to financial statements.



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements

Year ended March 31, 2017

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. On November 28, 2016, the new Societies Act (British Columbia) became effective. The Society has until November 28, 2018 to transition to the new 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. 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, 2017

1. Significant accounting policies (continued):

(d) Tangible capital assets:

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

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

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

(e) Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Items subject to such estimates and assumptions include the carrying amounts of accounts receivable, 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, 2017

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:

			2017	2016
	Cost	Accumulated amortization	Net book value	Net book value
Building	\$ 2,562,449	\$ 1,282,687	\$ 1,279,762	\$ 1,408,223
Vehicles and equipment	5,521,336	4,379,181	1,142,155	1,220,622
	\$ 8,083,785	\$ 5,661,868	\$ 2,421,917	\$ 2,628,845

3. Wages payable:

Included in wages payable are government remittances of \$50,314 (2016 - \$58,824).



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2017

4. Deferred contributions:

Deferred contributions is comprised of the following:

	2017	2016
INAC tool dev/planning	\$ 115,000	\$ -
Gilead HIV	20,000	-
Ministry of Health	-	60,000
Ministry of Justice - Domestic Violence	-	30,000
Palliative Care	-	22,500
Preschool fees	-	1,500
Status of Women	-	29,681
Walk Tall Burns Lake	-	34,362
	\$ 135,000	\$ 178,043

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

5. Internally restricted:

As at March 31, 2017, the Board of Directors have internally restricted an amount of \$85,185 for the purpose of contributing funds towards the building costs for the Stellat'en First Nation Health Clinic. During the year this balance earned interest income of \$604 (2016 - \$6,040).



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2017

6. Net assets:

	2017	2016
(Deficiency) excess of revenues under expenditure:		
Amortization of tangible capital assets	\$ (526,590)	\$ (540,710)
Excess from unrestricted operations	302,356	303,088
Excess from internally restricted operations	(72,461)	7,646
	\$ (296,695)	\$ (229,976)

	2017	2016
Net change in investment in tangible capital assets:		
Tangible capital assets acquired	\$ 331,230	\$ 408,739
Net book value of tangible capital asset disposals	(11,568)	(38,078)
	\$ 319,662	\$ 370,661

7. Commitment:

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



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2017

8. Revenue:

	2017	2016
First Nations Health Authority	\$ 10,670,639	\$ 10,323,371
Indigenous and Northern Affairs Canada	4,085,252	3,785,544
Ministry of Children and Family Development	7,749,211	7,822,292
Northern Health Authority	174,312	252,029
Solicitor General	267,112	165,665
Other income	2,171,768	1,435,075
	<u>\$ 25,118,294</u>	<u>\$ 23,783,976</u>

9. Financial risks:

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

10. Income taxes:

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

11. Economic dependence:

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



CARRIER SEKANI FAMILY SERVICES SOCIETY

Notes to Financial Statements (continued)

Year ended March 31, 2017

12. Budget:

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

13. Employee remuneration:

For the 2017 fiscal year, the Society paid remuneration of \$75,000 or greater to eighteen employees, whom received total remuneration of \$1,812,600.



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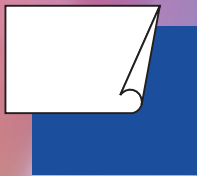
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