

Annual Report 2016-2017: Tłıchọ Community Services Agency



Tłıchọ Community Services Agency

Dọ Nàke Lani Nàts'etso · Strong Like Two People

**Tlicho Community Services Agency
Annual Report 2016 -2017**

The purpose of the Agency is to improve the health, wellness and education of the people in Tlicho communities by providing a range of easily accessible, integrated programs and services. The Agency manages the delivery of education, health, wellness and social programs and services for the NWT communities of Behchokò (Rae-Edzo), Gamètì (Rae Lakes), Wekweètì (Snare Lake) and Whatì (Lac La Martre).

Our Agency is both new and old. Established on August 4, 2005, the Agency is a creation of the *Tlicho Agreement*. Section 7.10 of the Tlicho Agreement called for an *Intergovernmental Services Agreement* between the Government of Canada, the Government of the NWT and the Tlicho Government. The ISA creates the Agency and ensures that it continued to perform the educational, health and social programs and services of the organizations from which it emerged, including the former Dogrib Community Services Board (1997-2005), the Dogrib Divisional Board of Education (1989-1997) and the Rae-Edzo School Society (1967-1989).

The Mission of the Tlicho Community Services Agency

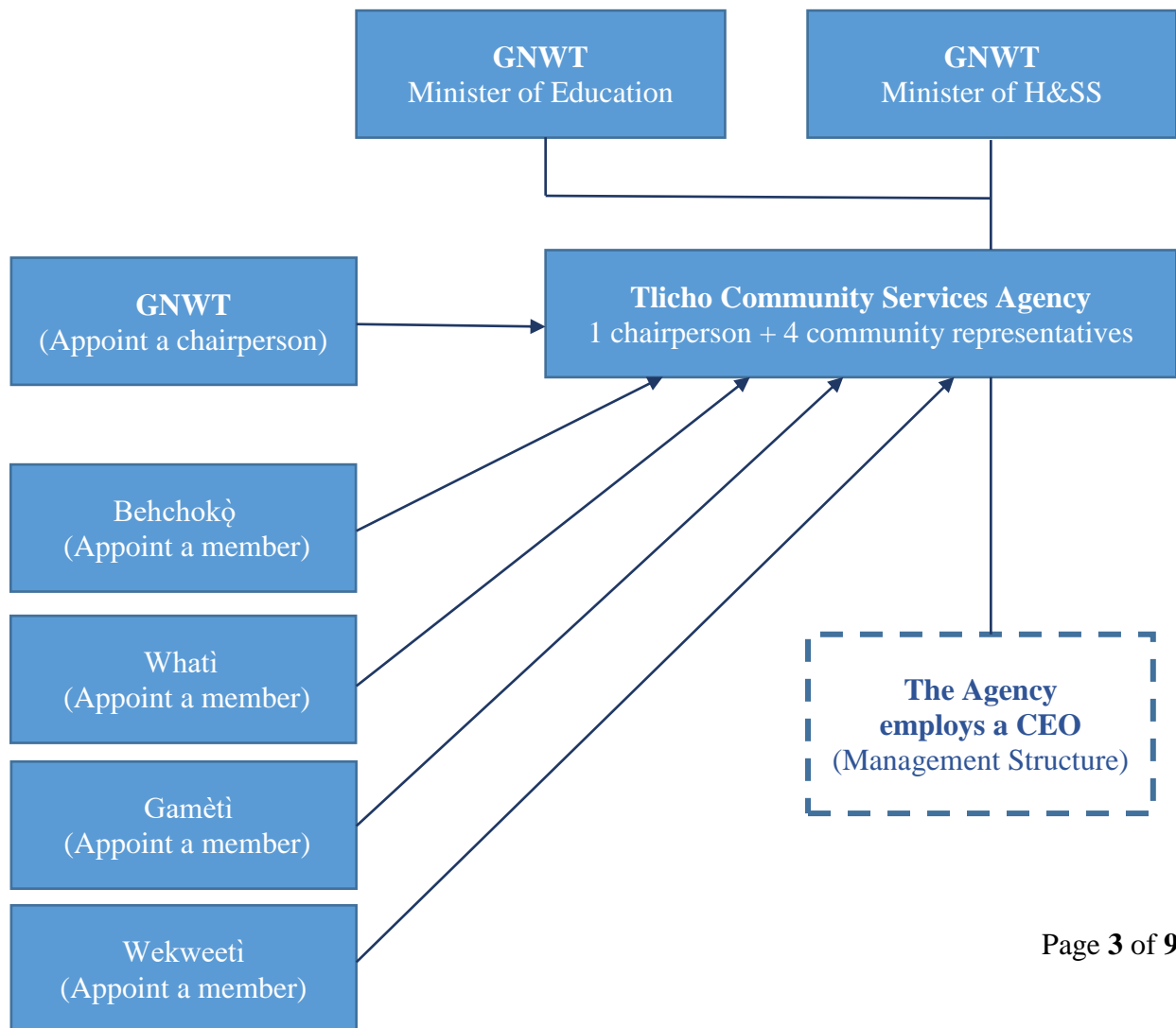
“Strong Like Two People”

<p><i>Preamble</i></p>	<p><i>For thousands of years, Tlicho people have lived in harmony with their families, their communities and with the land. Our people took pride in passing on our knowledge, skills and values to each generation and in the excellence of this tradition, our survival as a people was assured. In this century we became dependent on the church and the government and in this loss of control, we find that our families, the community, language and culture are threatened. Our very survival as a people is at stake. Thus...</i></p>
<p><i>Mission of the Agency</i></p>	<p><i>We, the members of the Tlicho Community Services Agency are committed to the development of a continuum of care that will return control of education, health and social programs and services to the people of our communities, support them in the task of strengthening their families, promote the knowledge and skills they need to survive today and model the values they need to live in harmony with their families, our communities and our land.</i></p>

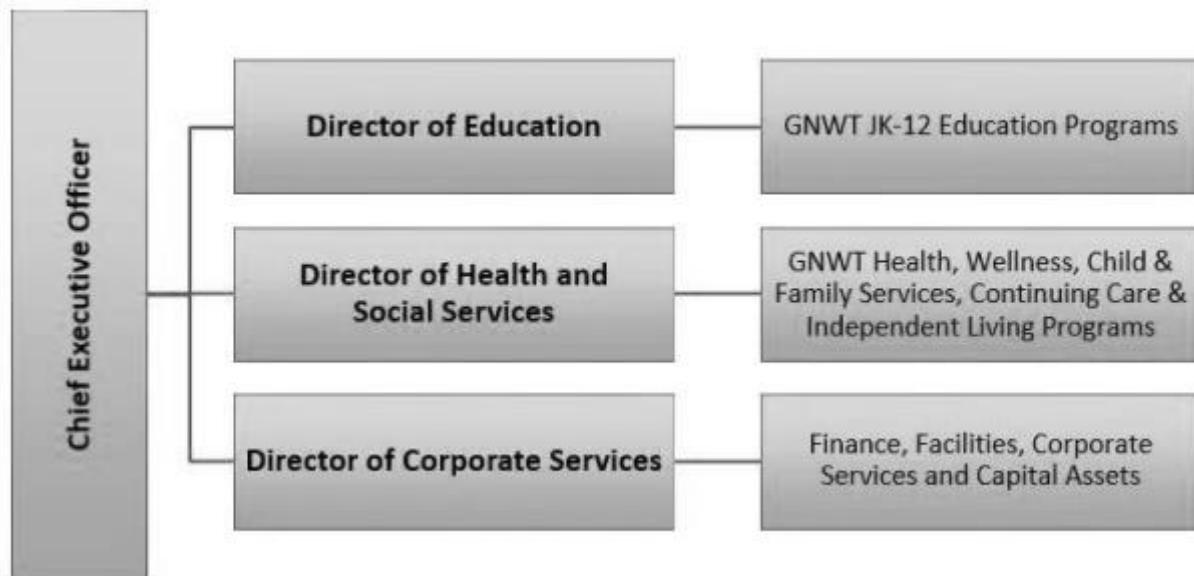
<p><i>Vision of the Agency</i></p>	<p><i>“Do Nake Lani Nats’etso...Strong Like Two People”</i></p> <p><i>In 1971 a frail Chief Jimmy Bruneau officially opened the new Edzo school that was to bear his name. On this occasion, he spoke of the importance of a model of bicultural and bilingual education where equal emphasis must be given to educating children in two cultures. Some years later in 1991 at a meeting to discuss the work of a new Board of Education, a respected Behchoko elder, Elizabeth Mackenzie, commented on her understanding of the words of Chief Jimmy Bruneau. She described his vision as asking for his people to be “Strong Like Two People”.</i></p>
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The Agency is governed by a Board made up of four members and a Chairperson. The four Tlicho Community Governments, Behchokò, Gamètì, Wekweetì and Whatì each appoint one member to represent their community on the Agency Board. The GNWT Minister of Aboriginal Affairs appoints the Chairperson.

Governance Structure of the Tlicho Community Services Agency



The Agency employs a Chief Executive Officer who fulfills legislated roles under GNWT legislation including that of “Deputy Head” for the public service, and “Superintendent” under the Education Act.



Core Programs and Services

The core programs and services delivered by the Tlicho Community Services Agency include the following:

- **GNWT Child and Family Services:** Child Protective Services, Elder Support, and Family Violence Support. Family support and child protection includes child welfare, early intervention, foster homes, adoption, investigations, apprehensions and court work. In 2009, mental health and wellness programs were integrated with child and family services.

GNWT K-12 Education: Schools from Junior Kindergarten to grade 10 in all Tlicho communities and high school programming in Behchoko, Gamètì and Whatì. Inclusive schooling services for school age children include assessment, intervention and counseling support. There are also home boarding accommodation services for high school students from Wekweetì when they attend school in Behchokò or Whatì.

- **GNWT Primary Healthcare:** Primary Health Care services in all communities, including Public Health and Wellness programs, Dental, Ambulance and Emergency Services in Behchoko.
- **GNWT Continuing Care and Independent Living:** This has included the management of the Jimmy Erasmus Seniors Home in Behchoko, as well as homecare services.

2016 – 2017 Key Accomplishments

Electronic Medical Records:

EMR “Electronic Medical Records has been successfully implemented in all Tlicho Communities. The EMR has improved the quality of care, by facilitating greater communication between health care providers and specialists. EMR has also improved the privacy and security of the charts ensuring that only people with authorized access are able to view medical information.

EMR has increased access to all the pertinent medical information such as specialist reports, procedure reports, diagnostic imaging, medications, etc. organized into one electronic medical record. This results in a better experience for the client and ultimately better patient care.

The EMR Remote Support plan provides community health nurses with additional Medical Doctor Support for non-urgent consultation. A message is sent to the assigned Medical Doctor on the schedule with a response received by the end of the day. This decreases the number of non-urgent calls going through Med Response as well as improves response times, resulting in better patient care.

Preparation for Accreditation – September 2017

Accreditation is a four-year cycle of assessment and improvement, where organizations work to meet standards and raise the quality of their services. The program identifies and rewards competence and innovation, helping organizations to be more efficient.

All health care facilities will participate in a supplementary survey from Accreditation Canada in September 2017 with the full accreditation survey expected in 2019.

Two standards have been identified by Accreditation Canada to be completed by September 2017:

1. Remote / Isolate Health Services
2. Infection, Prevention, and Control Standards

Behchoko will be one of the communities surveyed in 2017. The TCSA has been working collaboration with the Northwest Territories Health and Social Services Authority to develop policy and best practice.

Home Care:

The recent hire of a regional home care coordinator will provide focused training and development of our home support workers. Home Support Workers from across the region received training in Behchoko. Monthly Teleconference will provide additional supports for workers, with the goal of standardizing the quality of care to elders in our communities.

Jimmy Erasmus Seniors Home:

The Opening of the second wing of JESH has provided eight additional beds and one additional respite care bed. The additional respite bed is providing support in the community for those elders whose families are need of additional support. It also provides support for residents who need assistance transitioning back to their community after hospitalization.

Twenty four hour a day Licensed Practical Nurse supervision has resulted in better clinical care for those clients with complex medical issues. Additional activity supplies, gardening equipment and reactional programing are contributing to improved activity programs for both resident's elders and those elders who participate in the day program.

Structured Decision Making:

In partnership with the Department of Health, TCSA has implemented Structured Decision Making (SDM) which is an evidence based approach to making decisions. Standardized assessments are used in each Social Services Authority in the Northwest Territories to allow for the same decisions being made across the territory. These assessments are mandatory for all Social Workers in the Northwest Territories. There are 6 assessments that will be used within the next year. Currently Community Social Service Workers have been trained on 4 of the assessments (Screening Assessment, Safety Assessment, Risk of Future Harm Assessment and the Household Strengths and Needs Assessment). Training for the final 2 assessments will take place in 2018. They include Family Reunification and Risk Assessment.

Housing Pilot Project in the Tlicho Region:

The TCSA is currently working with the GNWT and the Tlicho Government on the issue of housing in the region. We have become aware of a number of impending evictions and are concerned of about impacts on the family and children if eviction takes place.

Child and Family Services have been working with these families to come up with strategies on how to maintain their housing. The eligible families sign a consent form with Housing and then the Housing Manager contacts TCSA with a copy of the arrears they owe as well as their current rent. We work with the families to help them budget so that they can pay down their arrears while still being able to pay for household needs.

In January 2017, TCSA and Housing had six families that signed the consent forms. Two of the families cancelled their consent forms, one family paid their arrears off in May 2017 and three of the families are still working closely with TCSA. This project has been successful thus far and it has been a very positive collaboration between TCSA and Housing.

Speech and Language Pilot Project

In September 2015 the TCSA contracted an independent Speech and Language Pathologist to support the development and implementation of a tier one approach to oral language development in our largest elementary school (student population ~212). Both formal and informal assessment revealed severe and significant oral language delays in at least 84% of EMES students. Per the SLP's official report at that time, "many if not most of students had between 2 and 4 year delays in their oral, expressive language. It was the consensus of the entire

group of SLPs servicing the Tlicho region (including two independently contracted SLPs, three working with the TCSA schools through the Stanton Territorial Health Authority, and one TCSA-employed SLP) that unless students in the Tlicho region received intensive and consistent interventions from Speech-Language Pathologists they would not progress in their oral expressive language. It was also stressed that because oral expressive language is the foundation for future reading and writing, that the students at EMES are at a severe and significant risk.

Recognizing that the combined SLP services available to school-aged children in Behchokq are inadequate to meet the sheer number and severity of needs, the TCSA is moving to implement a school-based, three-tiered intervention approach to speech and language development services in Behchokq. Since 2015 we have developed and implemented the first tier (universal supports) at Elizabeth Mackenzie Elementary School (EMES). Doing so has required that we provide training to teachers and school administrators in what constitutes appropriate oral language development in both the early and school-age years and, by extension, how to identify oral language delays. From there, we've built their capacity in how to integrate enriched oral language development strategies into their instructional practice such that the services are framed in a manner that integrates classroom context and curriculum activities, collaboration with families, education, and universal strategies that enhance oral language development.

Next steps include staffing two full-time speech and language pathologists to a) grow this tier one model into other TCSA schools and b) develop and implement the their two SLP intervention model at EMES (including targeted small group interventions both inside and outside the classroom environment).

Mental Health and Wellness in Children and Youth – Safe & Caring Schools

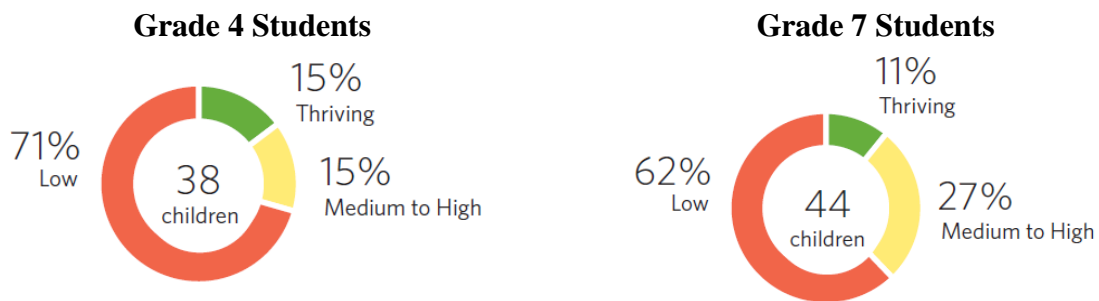
Each of the five TCSA schools have developed and are implementing a safe and caring schools plan grounded in current best practice and research. We have consulted with Ray Hughes, a national education coordinator for the Fourth R Leadership program through Western University's Centre for School Mental Health, in the development of these plans to ensure they are grounded in, and informed by, the most current research in school mental health while being aligned with current legislation and district policy. Elements of these plans include:

- having reporting mechanisms available to students, parents, staff and others;
- a systemic procedure for how incidents of bullying will be documented and responded to;
- evidence-based healthy relationship program(s) implemented in the schools;
- strategies being implemented that target the entire community including parents, students, school staff, etc.;
- strategies being implemented that address school specific issues;
- strategies being implemented that teach students safe intervention and proactive reporting skills and provide students with the skills and confidence needed to resolve conflict in a non-violent way; and
- Emergency response plans that cover a breadth and depth of potential emergency response situations.

Mental Health and Wellness in Children and Youth – Counselling Support

The Middle Years Development Instrument (MDI) is a population-based measure that uses a self-report questionnaire to ask students in grades 4 and 7 about their thoughts, feelings and experiences in school and in the community. The MDI includes questions that are linked to three areas of students' development: well-being, health, and academic achievement. The well-being index focuses on critical areas of students' development during the middle years: optimism, happiness, self-esteem, absence of sadness and general health. Scores from these critical areas are combined to correspond to three categories of well-being: thriving, medium to high well-being, or low well-being. Green represents the percentage of children who are thriving or doing very well. Yellow represents the children who are in the medium to high well-being category and red represents the children who report low well-being. The well-being index results for the Tlicho region are noted below:

Figure 1: The Well-Being Index Results for Students in the Tlicho region



The MDI also includes questions on the Assets Index. The Assets Index combines measures that highlight four key assets that help to promote children's positive development and well-being. Assets are positive experiences, relationships or behaviors present in children's lives. According to the Assets Index results in the MDI 2015-16, the percentages of Grade 4 students in the Tlicho Region that reported the presence of Adult Relationships, Peer Relationships, and Nutrition and Sleep were 88%, 74%, and 55%, respectively (see figure 4). The percentage of Grade 4 students that reported a presence of Adult Relationships is above the NWT average, whereas the percentages of Grade 4 students that reported the presence of Peer Relationships and Nutrition and Sleep are below the NWT averages.

Figure 2: The Assets Index Results for Grade 4 Students in the Tlicho region

Percentage of children reporting the presence of the following assets in their lives:

Number of children: 38

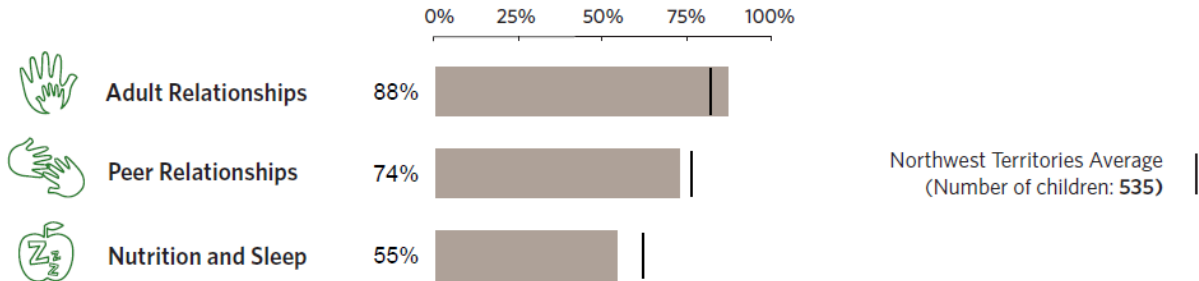
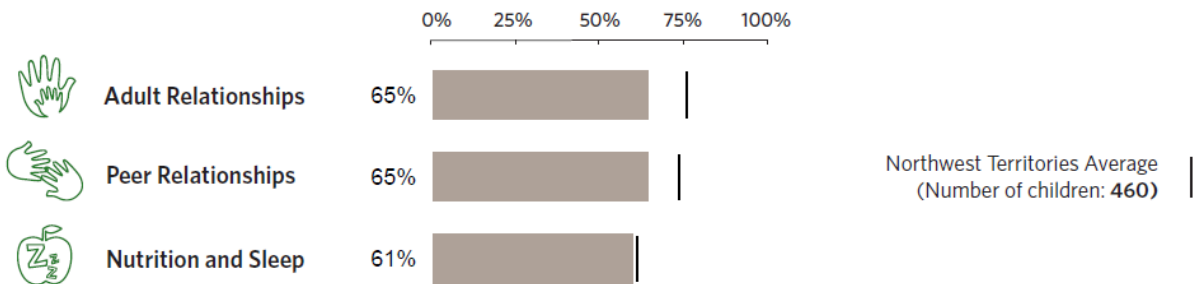


Figure 3: The Assets Index for Grade 7 Students in the Tlicho region

Percentage of children reporting the presence of the following assets in their lives:

Number of children: 44



Recognizing the significant level of need for mental health and wellness support for children and youth the TCSA has staffed a full-time mental health counsellor at Chief Jimmy Bruneau School and a full-time art therapist at Elizabeth Mackenzie Elementary School for the past two years. We are expanding our support for schools in this area to include a full-time art therapist at Mezi Community School in Whati for the 2017-2018 school year on a one-year pilot basis. If the impact of this position is positive and results warrant an extension of the pilot, the position will remain in effect beyond the upcoming school year.