28 Years: Carrier Sekani Approaches to Rebuilding Our Social Structures

Northern Caucus

April 11, 2018

Dr. Travis Holyk, Executive Director Research, Primary Care and Strategic Services, CSFS
Our Journey Today

This presentation will focus on CSFS’ efforts to develop a sustainable, high quality and community-based model of Service Delivery supported by best practices (Research).

• Overview of the Organization
• Establishing a Research Department
• Programs based on Best Practices
• Current hot button issues and research strategies
The foundation of Carrier Sekani Family Services (CSFS) and its approach to health is premised on nation rebuilding.
Research In Carrier Communities

• In 2005, CSFS Established its own Research Ethics Policy and a department to oversee research and Evaluation

• Research has become a cornerstone of CSFS
  • Provides knowledge regarding community needs
  • Enables CSFS to provide innovative programming.
  • Path to Healing and Mobilization
Structure

- Research and Evaluation Department
- Research Ethics Policy
- Community Advisory Committee
- Board of Directors
- Chiefs Meetings
- Research Ethics Committee
Research to Program Implementation

- CSFS Primary Care
- Intensive Family Preservation Program
- Strategic Priorities
CSFS Primary Care

- 2009 Research into Trust of medical system
- Concerns about care people were receiving

<table>
<thead>
<tr>
<th>Distrust</th>
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<tr>
<td>Care prejudiced against First Nations</td>
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<td>First Nations treated differently</td>
</tr>
<tr>
<td>Inappropriate practitioner behaviour</td>
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<tr>
<td>Doctors inconsistent</td>
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<tr>
<td>Doctors don't believe patient</td>
</tr>
<tr>
<td>Concerned about competence</td>
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<tr>
<td>Missed diagnosis</td>
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<tr>
<td>Doctor doesn't care</td>
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<td>Care depends on the practitioner</td>
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We began the implementation of our Primary Care Model in 2010/11.
Focus of our model is on relationships and continuity of care.
Supported by an electronic medical record and telehealth equipment.
Current State

• From our beginnings we now have a team of 7 physicians providing 4732 session hours of service to 11 First Nations. (1 week in person). 2 Doctors on Service contract.
• Supported by a team of MOAs and health professionals
• Expanded Telehealth & EMR to all communities
## Current and Accurate Patient’s Medical Chart

### Demographics
- **Chart No.:** 10347
- **Name:** MICKEY MOUSE
- **Alias:** MICKSTER
- **Birth Date:** 1946.11.23
- **Gender:** M
- **DoB:** 1946/11/23
- **Occupation:**

### Office Information
- **Facility:** TLFN
- **Location:**
- **Service:** MH
- **Service Provider:** CSFS, HOME CARE
- **Chart Loc.:**
- **Last Contact:** 2017.09.05
- **Invoice Balance:**

### Insurance Information
- **Insurance by:** BC
- **Insurance No.:** 9012 345 600
- **Check Dep. No.:** 00
- **Benefit Source:**

### Pharmacy
- **Pharmacy:** Rexall Drugs
- **Pharmacy Desc.:**
- **Phone:** (250) -56-3-00

### Selected Items
- **CSFS CONSENT FOR SERVICES:** ALLOW
- **FPW:** CHR
- **HOME CARE:** wound care
- **MH:** Ms Counselor
- **NEXT OF KIN:** Minnie Mouse
- **PRIMARY:** PAWLOVICH, John Paul
- **SPECIALIST:** Ophamologist Dr. Inosee
- **STATUS NUMBER:** 123456

### Contact Information
- **Address:** Box 4444
- **Address:** 26 Lane Rd.
- **City:** Burns Lake
- **Postal Code:** V4L 2P4
- **Country:** CANADA
- **Home:** 250-563-4563
- **Work:** 250-563-4564
- **Cell:** 867-872-3128
- **Preferred Phone:** Cell
- **eMail (Home):**
- **eMail (Work):**

### General Information
- **Short Note:**
- **General Notes:**

### Additional Features
- **Copy Addr.**
- **Paste Addr.**
- **Change Addr. Wizard**
- **Archive Addr.**
Integrated Care Team: ICT

- **Integrated Care Teams (ICT)** were identified as a path from a fragmented approach to emphasis on partnerships and team-based practices.
- ICT offers many advantages including:
  - expanded access to care
  - more effective and efficient service delivery
  - focus on the determinants of health
  - encouragement of staff to work at their potential.
Goals: Should be measurable, specific, realistic, and behavioral. For a goal to be measurable, the client / PCT should be able to ascertain whether it was or was not achieved at some point. 

Actions: Should be linked to Goals and explain exactly what will be done to achieve the desired goal. Actions are made up of three parts
- The Action
- The Time frame
- Who is designated to complete the action
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Intensive Family Preservation Services

• Beginning in 2011, CSFS worked with our communities to devise an approach to child welfare practices that is rooted in traditional values

• Over 35 meetings/focus groups took place with Advisory Committee, (139) Knowledge Holders and (59) Youth
Major themes:
- Implement Culturally Relevant Services
- Prevention First Approaches
- Reduce number of Children in Care
- Don’t reinvent the wheel

The program saw its first clients in 2014 as a result of Child Welfare Governance Research.
• Currently available only in Prince George.

• **Focus on a Specific Target Population** - Children at imminent risk of removal.

• **Immediate Availability and Response to Referrals** - Referrals are accepted 24 hours a day, 7 days a week. The CSFS IFPS clinician meets with the family as soon as possible and no later than 24 hours after the referral is received.

**Twenty-Four Hour Availability** – CSFS IFPS clinician and supervisor available to families 24/7.
Service Intensity and Caseload – Average of 8-10 face to face hours/week; average caseload of 2 families (families must agree).

Brevity of Services – Average of 4 weeks, extension with approval up to 6 weeks max; booster sessions.

Balance of Interventions and concrete goods and services
Intensive Family Preservation: Numbers to date

- Over 150 Total children
- 84% of children have remained with their parents
- 88% of children with parents or family
Community Identified Strategic Priorities

Nation Specific

**Need Statement:** Addictions and substance misuse is damaging the wellness of communities.

**Goal:** Identify the root issues causing the high rates of addictions and substance misuse, and thereby develop strategies to reduce the impact of addictions.

**Objective**
Minimize addictions in community
Increase awareness of addictive behaviours
Strengthen family

**Rationale**
We believe that while addictions and substance misuse is a significant factor in the occurrences of violence, abuse, and suicide, the most effective solution is to identify and address the root issues causing substance misuse.

**Partners/ Stakeholders**
Executive Lead: Mabel, Mary, Travis
Lead: Marilyn, Gord, Randall
Health and Wellness
Primary Care
Nursing
Community Knowledge Holders
Community Leaders
NNADAP
CtRs
ECE
Family Support
Family Prez
Bridging
Family Justice
IFPS
Guardianship

**Activities**
Increase aftercare
Work with Leadership to address addictions issues
Campaign to de-stigmatize mental health
Increase awareness of addictive behaviours “day drunk”
AA meetings
Quit now smoking cessation
Poster campaign- public ceremony/ acknowledgement
D & A work promotion
Rites of passage
Increase role models
Drug and alcohol week promotion
Collaborate with doctors and nurses on counselling or screening
Prayer groups
Family dry dances
Plan for transition/ second stage recovery home with programing
Walking groups
Yoga
Traditional Medicine
Identify root causes
Transition plan back to community
STI displays (sexual addiction)

**Outcomes**

**Short Term**
- Identify root causes of substance misuse in community
- Increased awareness of harms
- Reduce prescription drug misuse

**Long Term**
- Develop prevention strategies
- Develop appropriate supports.
- Families are together and happy
- Violence/anger decreased
- Mental Health is de-stigmatized
- Trust of Mental Health worker
- Reduction in suicide rates

**Outputs**
Increased communication between staff when controlled prescription drugs are prescribed
Campaigns, activities implemented
Transition home study and proposal completed
Mental Health and Addictions

• Identify the root issues causing the high rates of addictions and substance abuse and thereby develop strategies to reduce the impacts of addictions.
• Proposals/advocacy to address lack of services
• Opioid Strategy
Suicide Intervention

• CSFS believes the most effective prevention strategy is to identify and address root issues.
• Community Driven Approaches
• Focus of much of what we do is reconnecting dispossessed peoples with the land.
Strength Within
Cultural Competency

- Trust between community members and CSFS staff is essential for effective service delivery, and trust can most effectively be developed when staff are culturally aware.
/ Nowh Guna’ / Our Way
CARRIER CULTURE, KNOWLEDGE + TRADITIONS
Cancer

- Concerns about environment as well as other factors that impact cancer rates
  - Lung Health
  - Exercise
  - HPV Self Screening
Mussi

- travis@csfs.org