

# 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

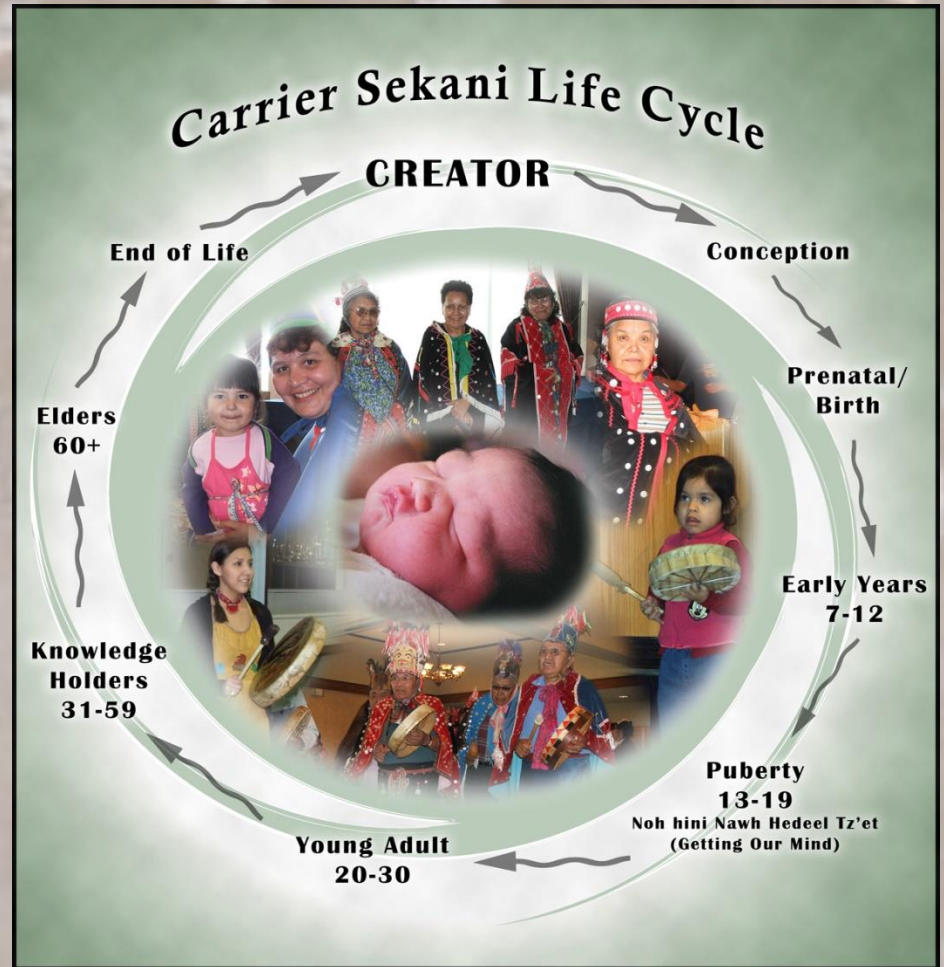


# Our Journey Today

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

RESEARCH  
SERVICES



our children  
our families  
our laws



- 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

*Responsibility  
and the outcome of the whole thing was I only got  
visitation rights and she got custody of the kids... I  
felt cheated and outnumbered, I couldn't do  
anything" (Yekooche Nov. 15, 2001).*

*"This is where I had a problem with the lawyers  
saying one thing, and the police were saying  
different things. It almost sounded like they were  
talking about two different cases" (Burns Lake I.B.  
Nov. 27, 2001).*

# CSFS Primary Care

Distrust	
Care prejudiced against First Nations	
First Nations treated differently	
Inappropriate practitioner behaviour	
Doctors inconsistent	
Doctors don't believe patient	
Concerned about competence	
Missed diagnosis	
Doctor doesn't care	
Care depends on the practitioner	

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

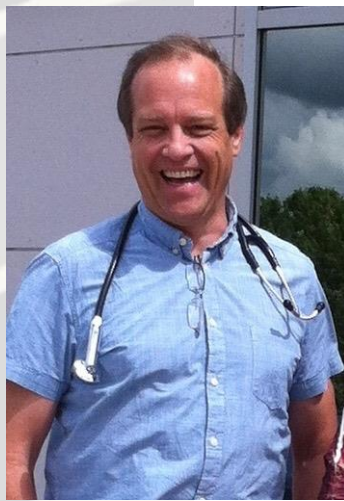


- We began the implementation of our Primary Care Model in 2010/11.
- Focus of our model is on relationships and continuity of care.
- Supported by an electronic medical record and telehealth equipment



# 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								MICKEY MOUSE 70 YR OLD M Chart 10347		
New Record	Delete Record	Save	Undo	Refresh	Search	Previous Chart	Next Chart			
CHART: 10347		FIRST: MICKEY		MIDDLE:		LAST: MOUSE		DoB: 1946/11/23		
Demographics	Patient Detail	ID Alias	Connections	Associated Parties	Occupation	WCB Claims	Other Claims	Incentive Claims	Settings	Benefits

### Patient Identification

Chart No.:	10347			<div>Patient Photo</div>	
Name (F/M/L):	MICKEY			MOUSE	
Alias (F/L):	MICKSTER				
Birth Date:	1946.11.23	(70)	Gender:	M	<div>...</div>
Current Status:	IA	Date:	2016.09.21	<div>Update Status</div>	

### Office Information

Facility:	TLFN	<div>...</div>	Last Contact	
Location:		<div>...</div>		2017.09.05
Service:	MH	<div>...</div>	Invoice Balance	
Service Provider:	CSFS, HOME CARE	<div>...</div>		-
Chart Loc.:				

### Contact Information

Address:	Box 4444		
Address:	26 Lane Rd.		
City:	Burns Lake	Province:	BC
Postal Code:	V4L 2P4	Country:	CANADA
Home:	250-563-4563	<input type="checkbox"/>	Leave Message
Work:	250-563-4564	Ext.:	<div></div> <input type="checkbox"/> Leave Message
Cell:	867-872-3128	Pager:	<div></div>
Preferred Phone:	Cell <div>...</div>	Fax:	<div></div>
eMail (Home):	<div></div>		
eMail (Work):	<div></div>		
<div>Copy Addr. Paste Addr. Change Addr. Wizard Archive Addr.</div>			

### Insurance Information

Insurance by:	BC	<div>...</div>	
Insurance No.:	9012 345 600	<div>Check</div>	Dep. No.: 00
Benefit Source:	<div></div>		

### General Information

Short Note:	<div></div>
General Notes:	<div></div>

### Pharmacy

Pharmacy:	Rexall Drugs
Pharmacy Desc.:	<div></div>
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

# 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.



Patient Summary				STARLA SKYWALKER		
New Chart	Delete Chart	Save	Undo	Refresh	Search	Previous
Chart No.:	15394	...	Current Status:		A	
Name (F/M/L):	STARLA	0	SKYWALKER		Insurance:	BC
Birth Date:	2010.03.06	Gender:	F	...	Service Provider:	
<a href="#">Expand All</a>	<a href="#">Collapse All</a>	In the last		60	days	Since
Date	Description	Detail				
[-] <b>PREFERENCES [1]</b>						
2017.06.30	CSFS INFORMED CONSENT COMPLETED	ALLOW				
Instruction Comment: Diego is patients uncle - requested to not participate in ICT						
[+] <b>CARE TEAM MEMBERS [2]</b>						
[-] <b>CHALLENGES and/or PROVISIONAL DIAGNOSIS / CONDITIONS [5]</b>						
2016.07.07	ANXIETY/DEPRESSION	Certainty: Confirmed				
2015.01.01	DIABETES, TYPE 2, - UNCONTROLLED	Certainty: Confirmed				
2016.01.05	HEPATITIS C W/O COMA, CHRONIC	Certainty: Confirmed				
2016.01.05	HIV DISEASE	Certainty: Confirmed				
2017.01.01	HOMELESSNESS	Certainty: Confirmed				
[-] <b>BARRIERS TO CARE (notes relating to the problem / challenges / symptoms / pro-dx) [1]</b>						
2016.10.10	HIV RELATED STIGMA IN COMMUNITY					
[-] <b>RESOURCES (strengths &amp; abilities) [2]</b>						
2016.10.01	CT COMPLETED HEALTHY BODIES 101 AT CSFS					
2016.10.10	CT IS TEAM MEMBER OF PLN HEALING WARRIORS					
[-] <b>GOALS (related to health challenge / hopes / dreams / goals) [3]</b>						
2017.06.29	TO ACHIEVE HEALTHY BODY IMAGE					
2017.06.30	HIV VIRAL LOAD < 50					
2017.06.30	TO FIND PERMANENT HOUSING	Burns Lake				
[-] <b>PLANS (ACTIONS) TOWARDS ACHIEVING LISTED GOALS [4]</b>						
2017.06.29	Meet with client to help work through stressors of homelessness	MH				
Planned Start: 2017/06/29						
Participant(s): MH						
2017.07.06	Positive Body Image Counseling	MH/ CLIENT				
Planned Start: 2017/07/06						
Participant(s): MH/ CLIENT						
2017.07.15	Start ARV's	CLIENT / DR HAMOUR				
Planned Start: 2017/07/15						
Participant(s): CLIENT / DR HAMOUR						
2017.06.29	assist client with getting on social assistance	PLANNED END DATE				
Planned Start: 2017/06/29 Planned End: 2017/07/29						
Participant(s): NURSE						
[+] <b>MESSAGES [1]</b>						
[+] <b>TASKS [1]</b>						

Care Plan	
Refresh	Tear Off
Create Snapshot	
FIRST: STARLA	MIDDLE: 0
Current Care Plan	Care Plan Snapshot
<a href="#">Expand All</a>	<a href="#">Collapse All</a>
Date	Description
[+] <b>DEMO [2]</b>	
[+] <b>REACTION RISKS / ALLERGIES [1]</b>	
[+] <b>ASSOCIATED PARTY [1]</b>	
[+] <b>CARE TEAM - CONNECTIONS [2]</b>	
[+] <b>PREFERENCES [2]</b>	
[+] <b>GOALS [3]</b>	
[+] <b>ACTIONS [3]</b>	
[+] <b>BARRIERS TO CARE [1]</b>	
[+] <b>RESOURCES [2]</b>	
[+] <b>HEALTH ISSUES [5]</b>	
[+] <b>MEASUREMENTS [1]</b>	

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

# Medical Trust

Rank 2016	Profession	Mean	Std. Dev.	Rank 2009	Profession	Mean	Std. Dev.
1	Doctor	4.46	.628	1	X-ray Tech	4.3	1.0
2	Nurse	4.36	.632	2	Lab Tech	4.1	.9
3	Lab Tech	4.31	.668	3	Carrier Healer	4.0	1.2
4	X-ray Tech	4.25	.739	4	Physiotherapist	4.0	1.1
5	Physiotherapist	4.12	.801	5	Med Researcher	3.7	1.1
6	Med Research	4.09	.786	6	Doctor	3.6	1.3
7	Carrier Healer	3.87	.971	7	Nurse	3.5	1.3
8	CHR	3.85	1.031	8	CHR	3.1	1.3

# 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.



A decorative background on the left side of the slide featuring a stylized, overlapping leaf pattern in shades of gray and white.

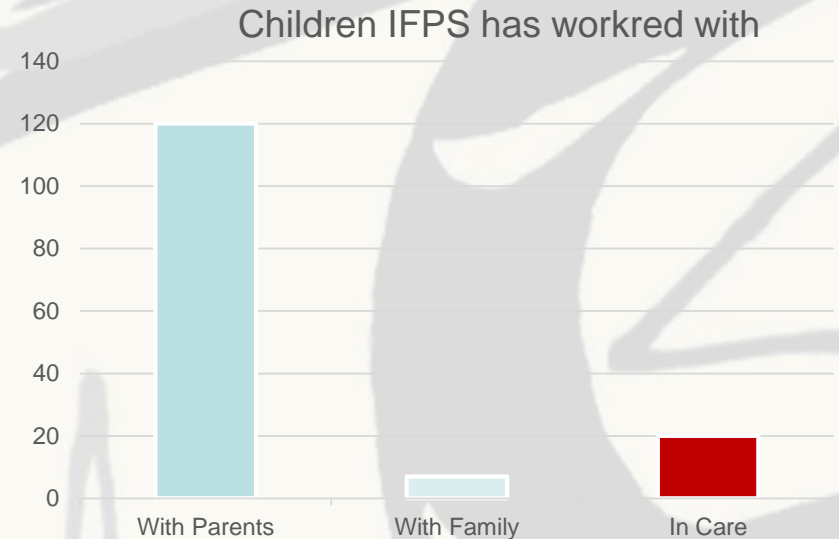
**Service Intensity and Caseload** – Average of 8-10 face to face hours/week; average caseload of 2 families (families must agree).

**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

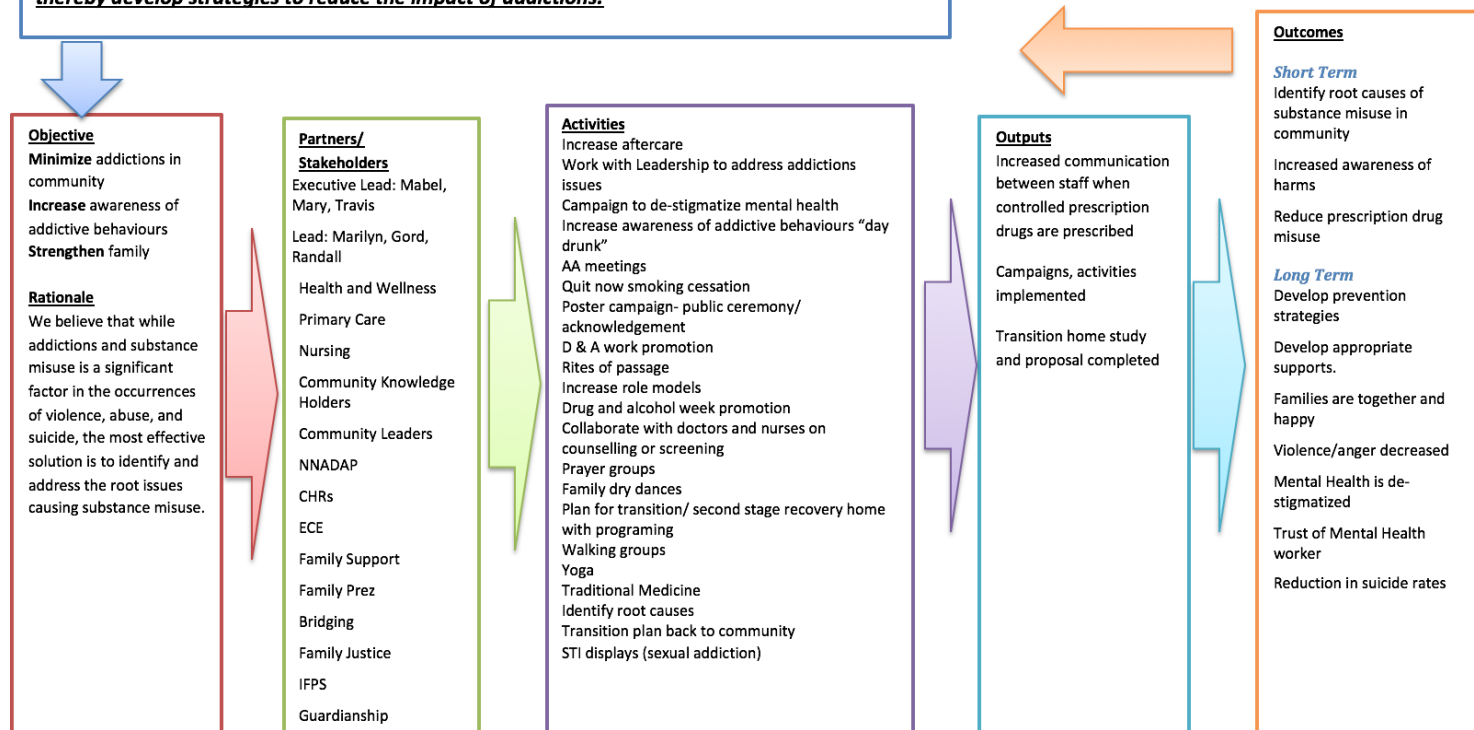


# Community Identified Strategic Priorities

## 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.



# 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

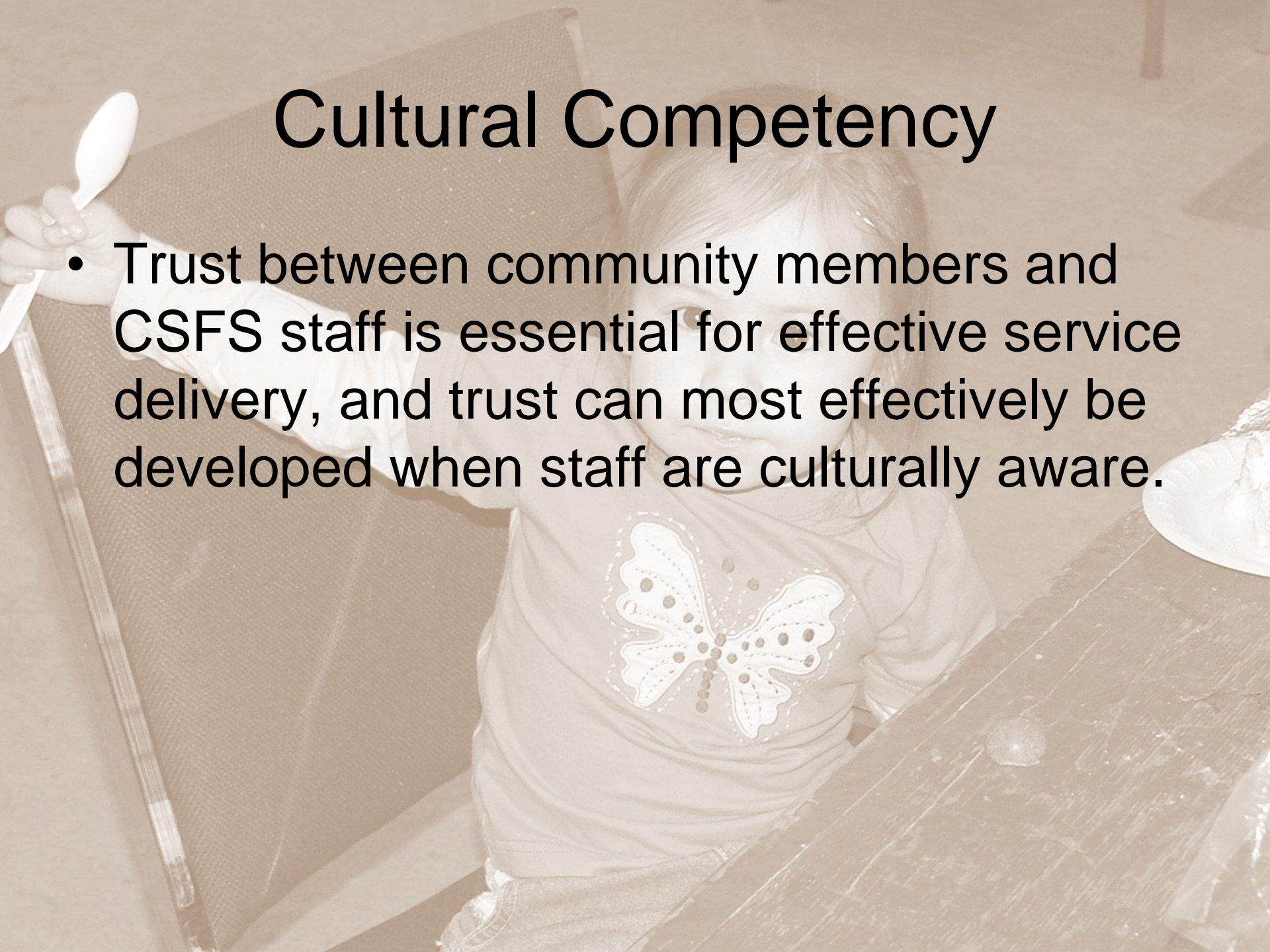
- CSFS believes the most effective prevention strategy is to identify and address root issues.
- Community Driven Approaches
- Focus of much of what we do is reconnecting dispossessed peoples with the land.

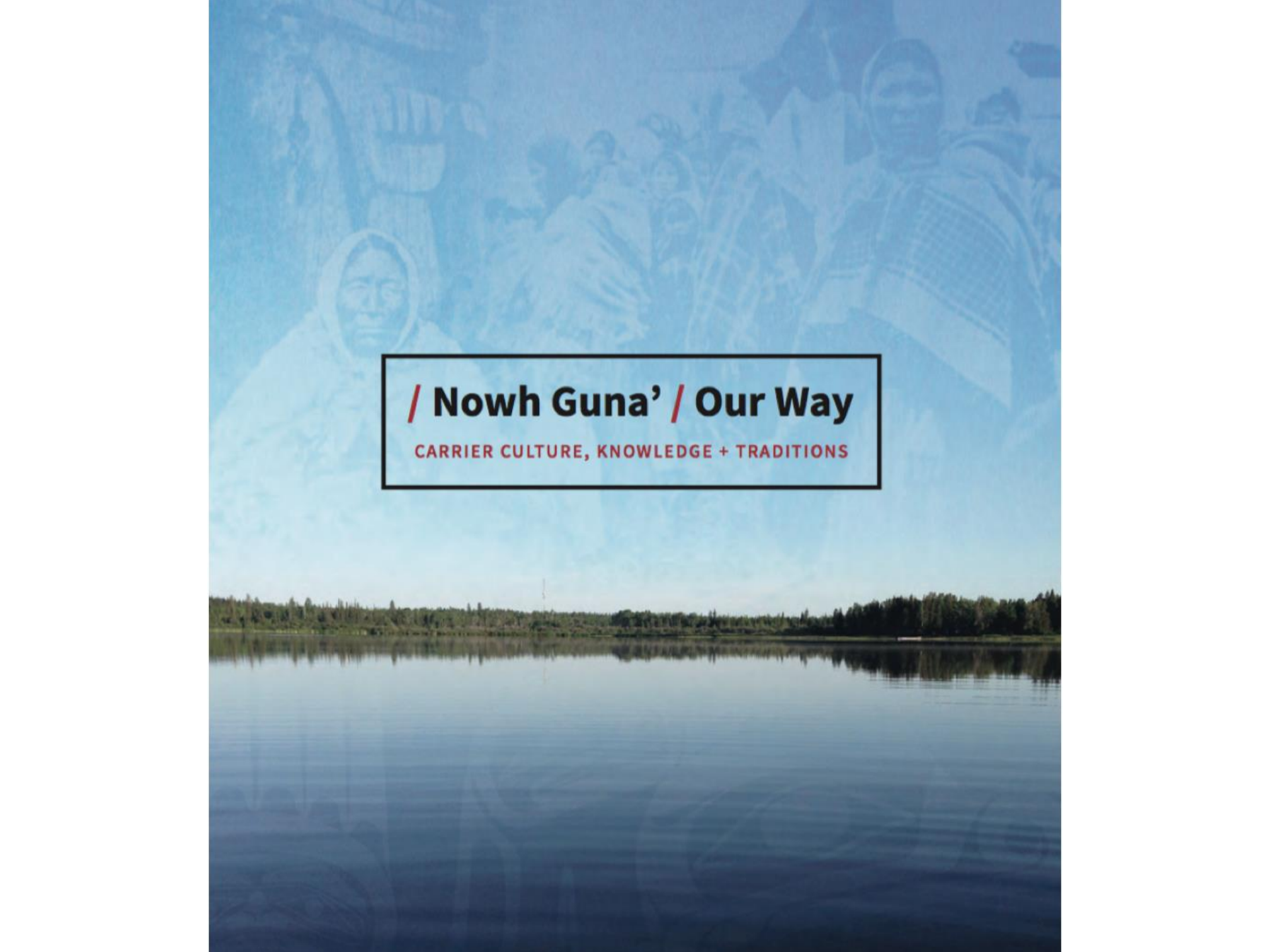
# Strength Within



# 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



Time & distance  
to travel to clinic

Health care  
shortages



Past trauma or  
discomfort with  
pelvic exam

Mistrust of health  
care  
environments



# Mussi

- [travis@csfs.org](mailto:travis@csfs.org)

