



REQUEST FOR PROPOSAL

KAHNAWAKE ONKWATA'KARITÁHTSHERA 2017 - 2022

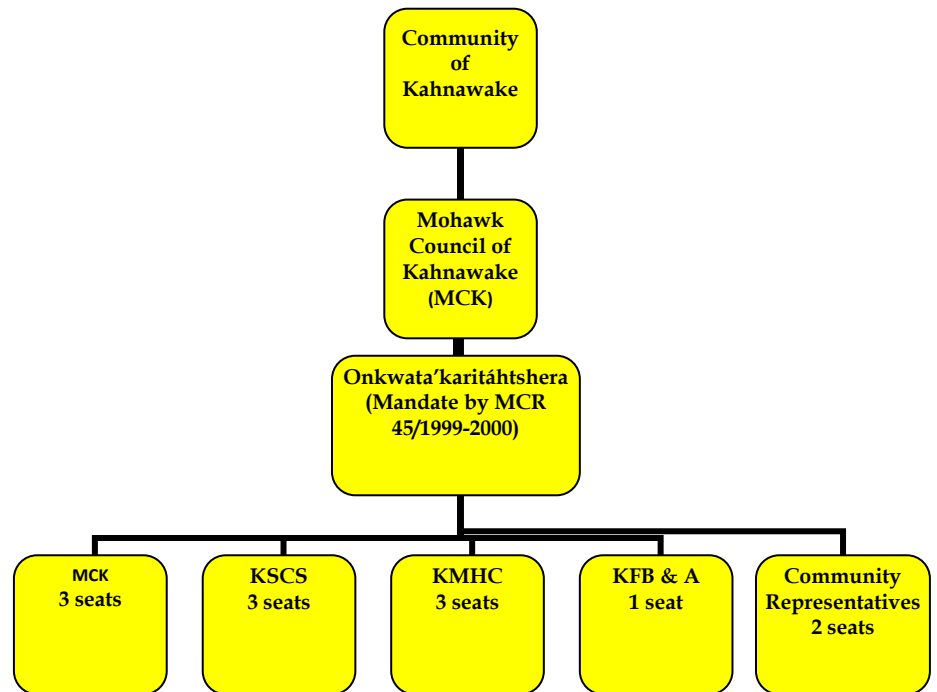
5 YEAR STRATEGIC PLAN



INTRODUCTION

Onkwata'karitáhtshera is seeking a motivated Consultant proficient in strategic planning techniques, capable of meeting deadlines and possessing good communication skills, in order to assist in conducting a five year Strategic Health Plan.

Onkwata'karitáhtshera serves as the Health Commission within the Mohawk Territory of Kahnawake. Its mandate from the Mohawk Council of Kahnawake (MCK) indicates its responsibilities in the coordination of specific services to the community. Two of the member organizations within Onkwata'karitáhtshera that have programs/services operating under the Health Funding



Consolidated Contribution Agreement (Health Transfer Agreement) with Health Canada are Kahnawake Shakotia'takehnhas Community Services (KSCS) and Kateri Memorial Hospital Centre (KMHC). Another member, the Kahnawake Fire Brigade and Ambulance Services (KFB & A) provides medical transportation services through a separate contribution agreement.

KSCS and KMHC are located in two different facilities within the community; each has its own separate governing bodies and mandates with shared responsibilities for specific service delivery areas. Each organization also has other funding arrangements with federal and provincial departments for services that are not covered under the Consolidated Health Agreement with Health Canada. Both organizations have developed the frameworks



necessary to carry out their mandates. The process used to develop these frameworks included community members, as well as use of existing research conducted in the community.

Both KSCS and KMHC accepted that the Consolidated Health Agreement within Kahnawake would require some integration of these frameworks and Onkwata'karitáhtshera serves as the advisory and coordinating body that ensures the needs coming out of organizational and community research are addressed where appropriate.

Onkwata'karitáhtshera's 1998 goals were reaffirmed for the 2012-2022 CHP.

1. To provide a proactive holistic approach by assuming responsibility and control for determining health priorities and resource allocations for all health and social services.
2. To advocate for and promote the health and social interest of all Kahnawakehró:non.
3. To arrange long term health and social service planning and strategic frameworks **for the health priority needs.**

The intent behind the goals is to:

- Build capacity within the community to deliver quality health services
- Develop a structure that would be responsible for establishing long-term goals (15-20 yrs.) and coordinating the associate planning for services intended to improve the health of Kahnawakehró:non
- To have the ability to integrate with existing planning structures and partnerships within the community.

In addition to the above overarching goals, each of the logic models (37) developed for the programs/services covered under the agreement have goals and objectives identified and these will be important in the evaluation.



BACKGROUND

The Mohawks of Kahnawà:ke have extensive experience in the governance and management of health and social services in partnership with both the federal and provincial governments. Kahnawake also has 20 years of experience conducting the required Health Transfer Agreement activities for the community and Health Canada. The following are important dates which demonstrate the activities that have taken place thus far;

⇒ 1998 Community Health Needs Assessment conducted and first Kahnawake Community Health Plan (CHP) developed based on needs assessment. Health priorities were:

- | | |
|---------------------------|---------------------------------------------|
| 1. Alcohol & Drug Abuse | 6. Cancer |
| 2. Violence | 7. STI's, HIV, AIDS |
| 3. Diabetes | 8. Prenatal/Family Planning & Birth Control |
| 4. Mental Health | 9. Obesity/Poor Eating/Bulimia/ Anorexia |
| 5. Cardiovascular Disease | 10. Accidents & Injuries |

⇒ 1999 Kahnawake negotiated and entered into a two year Health Transfer Agreement with Health Canada after which both parties then agreed to extend the agreement to a total of 5 years.

⇒ In November 2002, the evaluation of the 1998-2002 CHP began and ended in August, 2003. A requirement of Health Transfer was to conduct an evaluation of the CHP plan in the fourth year. The report is titled "Kahnawake Health Programs Transfer Evaluation".

⇒ After the evaluation in 2003, Kahnawake was required to submit a new community health plan. As part of the 2003 evaluation, there was an exercise conducted to verify if the health priorities remained the same or had changed. The major finding was that the issues were all inter-related and would be addressed concurrently. The key areas remained the same, however, the ranking was changed:

⇒ Alcohol and Drug Abuse



- ⇒ Mental Health
- ⇒ Diabetes
- ⇒ Violence
- ⇒ Cardiovascular Disease

- ⇒ In April 2004, a new CHP was developed. The report was called “2004-2005 Community Health Plan for Health Transferred Programs, April 2004.” The CHP was revised and updated.
- ⇒ For the first time, Logic Models for each program and service were introduced and used in this plan.
- ⇒ The CHP was revised and updated again and a report was submitted to Health Canada called “Kahnawake Community Health Plan for Transferred Programs 2006-2007 Report, January 2006”. A decision was made by the representation from Onkwata’karitáhtshera to continue to focus on the reduction of incidence and consequences associated with the same top five health issues: Alcohol and Drug Abuse, Mental Health, Diabetes, Violence, & Cardiovascular Disease.
- ⇒ 2010 - A review and analysis were conducted and findings can be found in the report titled "Report on the Status of Kahnawake Community Health Plan for Transferred Programs, 2010".
- ⇒ 2012 - Based on the previous activity, the CHP was again revised and updated in a report called “Kahnawake Community Health Programs ~ Transferred Programs, 2012-2022”.
- ⇒ March 2012 - Kahnawake entered into a 10 year agreement with Health Canada. The agreement is now referred to as Health Funding Consolidated Contribution Agreement, formerly known as Health Transfer.
- ⇒ March 2017 - A 5 year evaluation of the CHP was conducted and recommendations were provided to improve the plan.



With each new Community Health Plan, Onkwata'karitáhtshera increased coordination for, and alignment to, the Community Health Plan. All program areas also enhanced and made improvements in their planning efforts and services.

CHP HEALTH PRIORITIES FOR 2012-2022

In the "Report on the Status of the Kahnawake Community Health Plan for Health Transfer Programs 2010", the health priorities were identified as follows;

1. Substance Abuse/ Addictions
2. Mental Health Issues
3. Learning/Developmental Disabilities
4. Cardiovascular Disease (hypertension)
5. Cancer
6. Diabetes
7. Obesity

CHP Evaluation 2017-2022

An evaluation of progress of the Community Health Plan was carried out. The funding arrangement is for ten years and this 5 year mark is considered the evaluation period. There was a formative evaluation 5th year this past summer and there will be a summative evaluation in the 10th year. In the 10th year, Kahnawake intends to enter into a negotiation of the agreement."

The Consultant generated a report of results based on these questions, which included some recommendations for Onkwata'karitáhtshera to implement for the next 5 years of the Community Health Plan.



Strategic Plan:

In preparation to implement the Community Health Plan Evaluation 2017 and Onkwata'karitáhtshera's operational review recommendations, a strategic plan is to be developed to implement a high level approach to delivering comprehensive Health and Social Services in Kahnawake.

Onkwata'karitáhtshera Strategic Plan Deliverables

Based on the principles of Kanien'kehá:ka culture and language, the consultant will conduct a two day workshop as follows: to assist Onkwata'karitáhtshera with the design, organization and implementation of a comprehensive, effective, efficient strategic plan.

To then define strategies and strategic objectives that will set direction through an action plan that stimulates creativity and innovation.

Resources

Interested consultants will be given access to a number of resource documents to assist them in preparing their project proposals.

1. DVD for Onkwata'karitáhtshera
2. Community Health Plan Executive Summary
3. Onkwata'karitáhtshera Operational Diagnostic Report

Methodology – The consultant will identify a detailed methodology in his/her proposal on how he/she will achieve the expected project deliverables.

The consultant will work closely with the Executive Committee of Onkwata'karitáhtshera, or any other person designated by the Executive Committee throughout the duration of the project.

Timeframe –The entire project is to be finalized no later than **June 30th, 2017**.

Evaluation – The proposal submission will be evaluated on the basis of completeness, relevant experience, cost, and ability to meet the timeframe.



References - The proposal should identify at least two clients in the past three years who may be contacted to verify experience and expertise.

Submission - Proposal should be sent to the attention of:

Susan Horne - Onkwata'karitáhtshera, Chairperson
Onkwata'karitáhtshera
P.O. Box 1440, Kahnawake, Quebec, J0L 1B0
450-632-6880

No later than Friday, May 5th, 2017 by 12:00 noon.

