



KSCS STRATEGIC PLAN (2016-2019) 4th UPDATE REPORT

May 2018 (covering reporting period of January 2018 to April 2018)

ABOUT THIS REPORT

The purpose of this report is to provide a progress update on the implementation of our strategic plan.

The chart on the right provides a snapshot of the KSCS strategic plan and what all of the service areas within the organization are working together towards achieving.

KSCS will provide quarterly updates to our Board of Directors, staff and community on the progress we are making in each area of service.

Status reporting will be made on each of the objectives and individual goals identified for each of the service areas.

The overall intent is to provide a more detailed narrative of work happening in each area as well as the highlights and challenges being faced as we work towards accomplishing our mission and vision.

KAHNAWAKE SHAKOTIIA'TAKEHNHAS COMMUNITY SERVICES STRATEGIC PLAN 2016-2019

OUR VISION

KSCS strives for a strong collective future for Kahnawà:ke by promoting and supporting a healthy family unit.

OUR MISSION

To encourage and support a healthy lifestyle by engaging with community through activities that strengthen our KSCS values of peace, respect and responsibility with the collaboration of all organizations of Kahnawà:ke.

CORNERSTONES OF INTEGRITY

These are the core principles that describe our organizational culture, help to determine our priorities and guide how we conduct ourselves in our daily work.

RESPECT

RESPONSIBILITY

TRUST

COMMITMENT

OUR THREE GUIDING STRATEGIC OBJECTIVES

"EMPOWERING KAHNAWA'KEHRÓ:NON FOR HEALTHY AND FULFILLING KANIEŃ'KEHÁ:KA LIVES..."

The number one strategic focus of the plan is to help empower Kahnawa'kehró:non individuals and families to take control of their lives. Client "helpfulness" will be one of the primary indicators of success. Also recognized is the importance of strengthened families (kahwá:tsire) as the strategic core of all programming and services. Strong, healthy kahwá:tsire requires a strategic focus on children, youth and young parents based within our culture.

STRATEGIC OBJECTIVE I

Be fully client-centered & client-driven

Re-focus on Kahnawa'kehró:non and their families as the most important stakeholder

- ❖ Improve our knowledge and understanding of our clients: engage them directly in evaluations (Client Helpfulness Indicators) and setting priority needs.
- ❖ Strengthen and normalize strong kahwá:tsire, by empowering and engaging our people to undertake fulfilling lives and healthy lifestyles.
- ❖ Focus much more on the positive and personal fulfillment: help people see, appreciate and build on their capabilities and fulfill their potential. Help others see it also.
- ❖ Re-assess / adjust our programming on a timely basis to better meet changing needs.
- ❖ Enhance our service, especially the KSCS user-friendly one stop approach.
- ❖ Address stigma and fear: provide a safe, secure space (we partner with Kahnawa'kehró:non to help them empower themselves).

STRATEGIC OBJECTIVE II

Enhance community engagement & community-based partnerships

- ❖ Actively engage the community as a key agent for positive change.
- ❖ Continue to expand and strengthen KSCS's productive partnerships within our teams, our community and beyond.

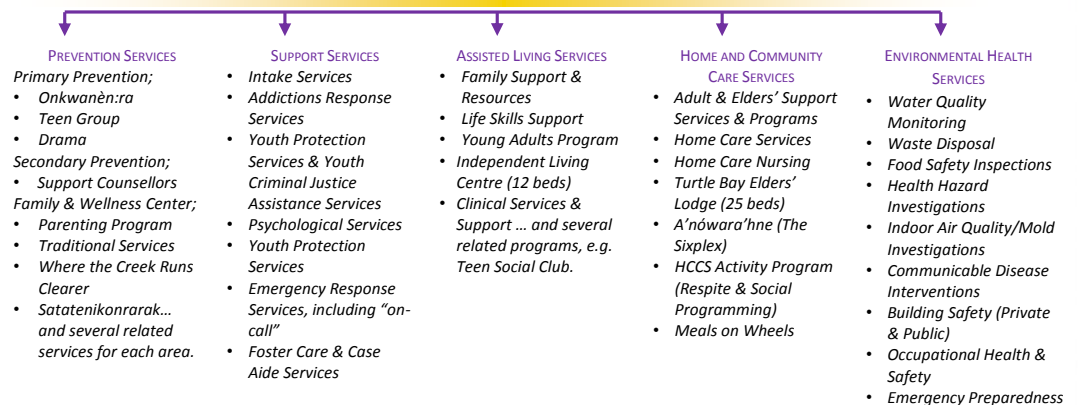
STRATEGIC OBJECTIVE III

Foster & accelerate active Kanien'kehá:ka ways of doing things, including more use of our language

- ❖ Strengthen understanding of our Kanien'kehá:ka ways, language and culture.
- ❖ Incorporate Kanien'kehá:ka ways in everything we do. This means increasing the use of our language and culture in everyday living and in the standard practices of our services.



OUR SERVICES



KSCS internal services required to support the service delivery teams are: ORGANIZATIONAL SUPPORT SERVICES, FACILITIES MANAGEMENT and FINANCIAL SERVICES.

COLOR CODING

KSCS will use color coding to provide at-a-glance information about how we are moving forward. Here is a description of what the following colors mean in this status report.

GREEN	Goal/objective proceeding as scheduled.	Goal/Objective is moving well and is on track to meet the projected dates. Item is within budget. The required resources are approved and in place. Everything is fine and in control.
YELLOW	Goal/objective slightly delayed however proceeding.	Goal/Objective is moving but somewhat off track and/or some control has been lost. The item could be at risk so is being managed cautiously. There are potential issues with schedule, budget or resource approvals/ access, but likely can be saved and put on track with corrective actions. Attention required but we believe we can still be successful.
RED	Goal/Objective has met a major challenge and will not meet its projected dates.	Goal/objective is not moving and cannot be accomplished in the present state. More than likely we will miss the desired dates. Issues/challenges have surfaced with schedule, budget, or scope of work and we do not believe we can deliver 100% successfully. Review and revisions are necessary. Requires management action to get back on track.
BLUE	Goal/Objective Completed	Goal/objective has been accomplished and is considered complete.

Note for update reporting:

- Goals flagged as **green** do not necessarily stay green forever. The colors can change as the environment changes and impacts the work we planned to do. Green items are not elaborated on at KSCS Leadership Team (KLT) updates, unless to celebrate major accomplishments.
- For goals flagged as **yellow**, the cause of the problem(s) and what's being done to correct it should be stated in the update. For most updates don't be surprised if yellow is the predominant color.
- For goals flagged as **red**, these will need management intervention and follow up. The issues process outlined in "Implementation of Plan" should be followed.

ORGANIZATIONAL OBJECTIVES

Organizational objectives are the planned improvements and major changes KSCS will undertake *in the ways we do things as an organization*, which we *must* do if we are to achieve our strategic objectives, with the primary focus on the empowerment and success of our clients. Each of the objectives are overseen by the Executive Director. Some specific objectives have been assigned to individual managers to oversee with the agreement that ultimately each service area is responsible to incorporate these into their plans. More details such as the rationale and purpose can be found in the larger Strategic Plan Document (page 28).

KSCS SERVICE DELIVERY TEAM UPDATES & SUPPORTIVE SERVICE TEAM UPDATES

Following the organizational Objectives section updates, the Manager of each service area has provided key highlights or challenges for their team's strategic objectives. Each of the goals under the objectives are given an "at-a-glance" color code and brief explanation of progress.

KSCS ORGANIZATIONAL OBJECTIVES UPDATE

KSCS Executive Director~ Derek Montour



SO 1: Assure KSCS has healthy and qualified staff		
1.1	Commit to and provide for a healthy and balanced quality of working life for all KSCS Staff. Each service area to submit its specific plan by no later than July 2018.	Organizational Support Service (OSS) and the KSCS Social Committee are involved in ongoing support of workplace wellness. Awaiting the organizational review results to determine specifics areas to address.
1.2	<i>In collaboration with HR</i> , assess the skills requirements to meet the plan priorities and implement timely and systematic training, with an updated Training Plan completed for each unit by September 2018.	Training plan completion date has been revised. There have been large scale trainings initiatives carried out, such as Emergency Social services training in Feb. 2018 and CPR/First Aid training in January and March 2018. See OSS update for further details.
1.3	Develop an effective recruitment and retention strategy to obtain employees with the skills to meet the specialized requirements of some parts of the plan, e.g. Director of Youth Protection, Psychologists, by September 2018.	Recommendations from the 2017 Workforce Assessment and the 2018 Organizational Review will help to guide movement on this objective.
SO 2: Enhance the organizational structure and work processes to deal with change		
2.1	Re-organize our structure and processes to provide best possible services to Kahnawa'kehró:non, by July 2018.	Restructuring/internal changes have happened within P&S, HCCS and ALS. Kathy Jacobs is our new Director of Family Services and we will be looking to fill a position for Director of Family Preservation. Also dependent on organizational review.
2.2	Develop and implement a planned approach to deal with the changing work focus and re-organization in a constructive and fair manner, by April 2018.	This objective must take into consideration the results of the organizational review. It will also involve review of the board responsibilities.
SO 3: Develop, organize and use valid, up-to-date data		
	Develop valid Key Performance Indicators (KPI's) by April 2018.	Organization Strategic Development Services (OSD) to work individually with managers to support their development of KPI's for the strategic plan (what does success look like). Will need to include where the Board would like to go.
3.2	Get valid and timely client data by September 2018.	The new case manager software "Penelope" was launched.

ORGANIZATIONAL OBJECTIVES continued

SO 4: Enhance use of IT & Communications technologies to improve client services and follow-up		Highlight: The original objective to consult staff and create prioritized goals based on needs has been completed. New goals have been listed below.
4.1	IT: Implement VOIP system beginning with the Main office by July 2017 and completing by March 2018.	Ready to connect EHS to the VOIP system. ALS is not ready to connect until KSCS has a stable internet speed.
4.2	IT: Centralized location to store all files within the organization. Include redundancy system (backup at another location) by June 2018.	Working with community IT Group to get minimum quality of service agreement for our internet speed.
4.3	IT: Centralize all the organizations important documents in one location including a table of contents that have hyperlinks to the files and templates by October 2018.	Awaiting movement on 4.2.
4.4	IT: Organizational access to scheduling software for meeting and training rooms by November 2018.	In research phase. Date changed.
4.5	Communications: Conduct a review on how KSCS communicates internally by July 2018.	Completion date has been revised from June 2017 to July 2018 because related to work completion in goal 4.1.
4.6	Communications: Communicate the results of the review to staff and encourage them to utilize these methods. Ensure communications are also sent using other creative tools like bulletin boards, TV in the kitchen, SharePoint intranet and other creative communications tools by October 2018.	Completion date has been revised from Oct. 2017 to Oct. 2018 because again related to work completion in goal 4.1.
4.7	Communications: Prevention Services having access to a KSCS Facebook page to promote events and activities by August 2018.	KSCS launched a Facebook page in March 2018. The page is currently managed only by Communications staff. On target to complete by August 2018. In addition, Where the Creek Runs Clearer will have a secret group for its members that will launch in July 2018. In new quarter a Facebook policy will be submitted to Mangers for review.

SO 5: Obtain the funding required to support the full implementation of the plan		
5.1	Each KSCS service will develop a budget and capital plan by July 2018.	There is now sufficient funding to support our plans as we received a significant increase in funds this year. Work is proceeding with Managers to ensure the plans and budgets are well aligned.

SO 6: Advocate for and obtain better access to critical services in the English language e.g. Institutional care, detox		
6.1	<i>In development</i>	ED is member of the Coalition of English Speaking First Nation Communities in Quebec which focuses on issues of access to English language services. The management team is expected to flag language issues they encounter.

ORGANIZATIONAL OBJECTIVES continued

SO 7: Strengthen our partnerships within our teams, our community and beyond.		
7.1	Develop an inventory and description of the priority partnerships that KSCS must foster and revitalize at the local, regional and national levels, by April 2018.	No movement. The preliminary list of partners must be expanded. Organizational Development Services (OSD) will be enlisted to help with this objective.
SO 8: Incorporate Kanien'kehá:ka ways, language and culture in everything we do.		
8.1	To gather information around KSCS staff prior knowledge and to begin discussion on how staff currently include tsi niionkwarihò:ten into their services/programs, by February 2018.	<p>The Final Report for year 1 of pilot project was completed, it includes details of all activities, results of research and recommendations.</p> <p>A total of 4 Focus Groups were conducted with staff (Skátne Ionkwaio'ten team, Leadership team, Environmental Health Services and Organizational Support Services).</p> <p>A meeting was held between the KSCS Tsi Niionkwarihò:ten Committee and Family and Wellness Traditional staff, April 2018 to discuss collaborative planning ex. training and program ideas. Follow up meetings to be determined.</p> <p>Program Coordinator participates in monthly planning meetings of the Tsi Niionkwarihò:ten Community Network. The network held a two day Cultural Awareness Month Fair in April. KSCS had a promotional booth Feedback surveys were collected from 100 respondents.</p>
8.2	To enhance the awareness of K.S.C.S. staff on tsi niionkwarihò:ten topics (ongoing calendar of events)	<p>KSCS Tsi Niionkwarihò:ten committee monthly meetings are on-going. Special meeting with FWC staff was held April 20 to discuss joint planning of staff events.</p> <p>Tsi Niionkwarihò:ten committee and the chairperson (Project Coordinator) continue to act as the liaison to representatives of the Mohawk Council's Language and Culture training program. First year seats for KSCS staff are selected annually This year Dwayne Kirby will be allotted the first year seat in the program.</p> <p>The committee presented the following to staff: a Midwinter Information session, Jan. 2018, "Mother Language Day" break time event for staff in March and a Wellness Event in April.</p> <p>The committee has also participated in the planning for the community Skatne Enionkwaio'ten 5 year planning sessions. These started Jan. 2018 and the plan was launched, April 26, 2018. ,</p> <p>Incentive t-shirts and other prizes had been distributed to aid in promotion of the project.</p> <p>Coordinator participates in training to further develop and enhance knowledge and skills.</p> <p>Promotional activities were conducted ex. radio ads to enforce KSCS belief in supporting language and family, talk show to promote events, newsletter articles, staff information via Info-line and Bulletin.</p>
8.3	To provide KSCS a Final Report on the Tsi Niionkwarihò:ten pilot project by April 2018.	The Final Report was submitted in March 2018. The program oversight has been reassigned to Kathy Jacobs (Director of Client Services). A meeting has been scheduled with the Director and Manager of Prevention to discuss and review the report recommendations implementation.

KSCS SERVICE DELIVERY TEAM UPDATE

PREVENTION SERVICES

Terry Young, Manager



SO 1: Know our clients potential and their priority needs		Highlight: There has been changes to the Prevention Team and new members have been added (for leaves and such) which have brought new ideas and innovative promotional ideas.
1.1	Complete the analysis of internal evaluation by April 2017, and revise programming and services to address the major gaps by May 2018.	The report has not be finalized yet and the timeframe needs to be extended to Sept 2018 in order to follow up with OSS for support
1.2	Design and implement a consultation with clients to identify and prioritize the clients' aspirations/expectations for achieving fulfillment, clients' priority needs and clients' evaluation of our programs and services by September 2018.	This will need to take into consideration and be in alignment with the global client evaluation tool that is to be developed for KSCS services.
1.3	Design and implement "client helpfulness indicator" (CHI) for April 2018.	No movement on tool design. Looking at rewording and relevancy of goal. Year has been revised to 2018.

SO 2: Ensure our children & youth receive a healthy, positive start		
2.1	Evaluate and address the program gap for 5 year olds, by December 2018.	Became Green with the discussions in parenting programming to look at development of programming for families with 5 year old children. The new Team Leader at FWC will be working closely with team to address this issue. Move the date to Dec 2018.
2.2	Enhance summer programs to ensure full access for all youth, regardless of family income by April 2017.	Completed by the date identified however seems will be an on-going goal. Reviewing and discussing primary prevention programming with a continued focus on access for all.
2.3	In partnership with education and the schools, enhance our prevention (healthy lifestyle) team activities in the schools, by September 2017.	Completed as the Primary Prevention team has been able to implement an In School prevention team that works closely with the schools in the community.

SO 3: Empower healthy Kanien'kehá:ka families		
3.1	Establish the Family Preservation Unit, with full programming, starting no later than September 2018.	Stephanie Horne has been meeting with the Team Leaders and Clinical Supervisors within Prevention and Support Services. She will be doing focus groups with other KSCS staff and community members in the coming quarter. Currently reviewing 3 different models of the Family Preservation Approach and will forward recommendations to Managers and Director with recommendations by Sept. 2018.
3.2	Enhance our "one-stop" service model to assure that any client in need will receive timely help from qualified personnel, by June 2018.	Have not moved much on this. Ideas have been discussed. Small evaluations have been conducted. Possibly looking at streamlining the intake and status table although timeframe is not realistic (by Dec. 2017) and is adjusted to Dec 2018 which is necessary because of the need for more development with Manager Support Services
3.3	Improve our understanding, appreciation and use of the cultural values and ways of empowered and healthy Kanien'kehá:ka families, including in our work practices, by June 2018.	This is ongoing and the Team leaders have been requested that their teams have Key Result Areas (KRA's) that are connected to this Strategic objective. There have been many creative approaches that the teams have been using to implement these activities.

PREVENTION SERVICES continued

SO 4: Optimize partnerships to meet client needs	
4.1	<p>Conduct an annual partner's consultation by February 2018, and incorporate major improvement for April 2018.</p> <p>Has not been completed at this time and will be looking to complete by April 2019.</p>
SO 5: Incorporate 'tsi niionkwarihò:ten' (our ways).	
Highlights: We have been continuing to incorporate more language and culture within our programming.	
5.1	<p>Incorporate Tsi Niionkwarihò:ten in all our programming & services and in our internal practices, by September 2018.</p> <p>Mary Mc Comber completed her program development and submitted a final report that includes recommendations. The Tsi Niionkwarihò:ten Program Coordinator position has been made an indefinite position and offered to Mary in order for her to continue with development, enhancement and implementation of her recommendations.</p>

KSCS SERVICE DELIVERY TEAM UPDATE



SUPPORT SERVICES

Cheryl Zacharie, Manager

SO 1: Empower Kahnawa'kehró:non (individuals and families) to take control of their lives		Highlight: With the transition behind us and relationships being built within the team, we are focusing on efficiently working together so that we can assist our clientele in a more effective manner. Moving forward our goal is to review, evaluate and implement the recommendations of past community/ client consultations in an effort to improve our services.
1.1	Design and implement a systematic process to consult with clients on a regular basis to identify their priority needs and obtain their timely assessment of the quality of our services, by April 2019.	After careful review of this it has become clear that we will have to reword/ rethink this objective and subsequently ensure the inclusion of the organization as a whole.
SO 2: Improve healthy Kanien'keha:ka development options for youth		Highlight: This past year Tsi lonteksa'tanonhnha Foster Care has focused on recruiting and increasing the Foster Homes available in Kahnawake. Training offered over the last year were Intergenerational Trauma, Attachment, Understanding Youth Protection, Drug and Alcohol Addictions, FAE/FASD and other Neuro-behavioral Conditions Challenge: Is still a challenge to find, and maintain homes that can provide care to those clients who have special needs/requirements
2.1	Recruit & train minimum 10 skilled/qualified foster homes in the community by September 2018.	Six new families came forward to apply to be a foster home this year. Of these six, one family respectfully requested their application be put on hold, two fostered for a short duration but are unable to continue at this time, one home was closed, and two homes are currently caring for children. Recruitment and training continues to be an ongoing process.
2.2	Significantly enhance effective support for youth 18 years who are transitioning out of foster care to capable independent living, by April 2018.	A new position has been approved to assist in making this objective a reality; The Youth Transition Worker. Moving forward the goal will be to develop and implement the position with the eventual goal of enhancing effective support for youth 18 + who are transitioning out of foster care. We recognize that the date of the original objective is no longer feasible and we have extended the date to April 2019.
2.3	Improve support for our youth in institutions outside the community (e.g. Batshaw), by April 2018.	This is an ongoing objective with research being conducted into access of various resources, i.e., French/ English services, treatment centers; with the eventual implementation of 37.5 and Kahnawake taking control over its Youth Protection Services, this will require more focus.
SO 3: Enhance the effectiveness of our youth protection, the Kanien'keha:ka way		Highlight: We have been working alongside Prevention Services to research and build the Family Preservation Approach and are hopeful that we will see its implementation in the near future; this will provide us with another relevant option to address the needs of families.
3.1	Get final approval of plan for the establishment of the Kahnawà:ke Youth Protection Directorate by the MCK no later than January 2018.	KSCS continues its work towards taking charge of the responsibilities of the Director of Youth Protection (DYP) under the Quebec Youth Protection Act, as well the Provincial Director (DP) under the YCJA still moving forward.

SUPPORT SERVICES continued

<p>3.2</p>	<p>Enhance the timeliness and quality of response and support for families in need, including successful reintegration of the child back with the family, by fully implementing the Enhanced Prevention Focused Approach no later than April 2018.</p>	<p>While we continue to assist in the various studies and work toward the eventual integration of the findings into our work, it is important to update the current situation within Youth Protection.</p> <p>On a continuous basis, the KSCS Youth Protection program deals with reports concerning situations that may place the child(ren) at risk or in danger (compromising his or her security and/or development). We are happy to report that in most situations, family members have come forward to care for the child.</p> <p>We recognize the value to implement a more preventative approach to addressing issues of concern before having to invoke the Youth Protection Act.</p>
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<p>SO 4: Break the recurring and normalizing pattern of addictions</p>		<p>Highlight: Over the last year we have been focusing on relationship building within the team and focusing on working more effectively with each service area. In addition the focus has been in gaining more training in various areas such as gambling, Prescription Drug Abuse, Nalaxone use, and finally in looking at various ways to improve the services offered to the community. We have reviewed and evaluated our screening tools and in the new year will focus on implementing upgraded versions of each and receiving training to ensure that we are using them in the best way.</p>
<p>4.1</p>	<p>Take the lead in implementing and coordinating a comprehensive & integrated partnership approach to address the growing problem of the abuse of prescribed & non-prescribed medications, especially pain killers, with an integrated plan approved and ready to implement by April 2019.</p>	<p>Over the last year the ARS team has worked to increase their ability to address the abuse prescription and non-prescription drug use and has acquired training in Nalaxone; has been able to provide a support group to clients suffering from Prescription Drug Abuse issues, and has worked in collaboration with other programs to develop a program which will incorporate physical and mental wellness as a means of encouraging relapse prevention.</p>
<p>4.2</p>	<p>Research and recommend implementation of new tools to address drug use (e.g. DUSI-R) Drug Use Screening Inventory by April 2017.</p>	<p>The research and recommendations have been submitted and plan is for the DUSI R to be fully implemented in the new fiscal year with a subsequent training for its use will be offered to the staff.</p>
<p>4.3</p>	<p>Secure a youth case worker for ARS to address the specific needs of youth with addictions by April 2017.</p>	<p>The position has been posted twice with no applications for the position. As a result we are currently reevaluating the position. In the meantime, the ARS team continues to work toward meeting the needs of their clientele.</p>
<p>4.4</p>	<p>Create a plan of action based on research in anticipation of the impact of the legalization of Cannabis in the community that includes promotion/education, prevention and intervention approaches by September 2018.</p>	<p>Support services continues to research and evaluate the anticipated impact that the legalization of Cannabis will have on our services. Our staff are involved at a regional level to ensure that they are kept abreast of upcoming developments.</p>
<p>4.5</p>	<p>Create a plan of action based on a comprehensive review of video lottery terminals that includes promotion/ education, prevention and intervention approaches by September 2018.</p>	<p>ARS has taken proactive steps to address the possible impacts of Video Lottery Terminals (VLT's) coming to the community by establishing a direct partnership with the Chair of Gambling Research from Concordia University. The partnership includes support (education, consultation and referral for gambling treatment training) to KSCS to help reduce the level of harm to the community.</p>

SUPPORT SERVICES continued

<p>SO 5: Assess & upgrade our psychological services</p>		<p>Highlight: In the area of Psychological Services, the focus has been designing and implementing a comprehensive assessment of priority needs in mental wellness, engaging the effectiveness and efficacy of processes, and emphasizing a client-centred approach with practices embedded in positive psychology.</p> <p>Challenges: Major challenge has been to address the needs of the Psych Team without the assistance of a fulltime Psychologist assisting in the development of the service area.</p>
5.1	<p>Design and implement a systematic process to consult with clients to identify their priority needs, by April 2017.</p>	<p>Client consultation is a common objective and we do not want to work in isolation but rather include this as a part of the global client consultation plans for KSCS.</p>
5.2	<p>Complete a comprehensive review of psychological services and present recommendations.</p>	<p>Complete. Can be reworded to reflect an ongoing process of the fully client centered approach and how we, as an organization/ service area, can work together to ensure that we are consistently evaluating our progress.</p>
5.3	<p>Put in place a fully capable, professional psychological service by October 2019.</p>	<p>A full Psych Team was in place however not functioning due to staff leaves of absence. This needs to be revisited. Over the quarter we have been successful in securing an indefinite position for Psychology Assistant, and have gained a 3rd Support Counsellor in the program. In addition we have begun working with Concordia University in an effort to recruit Master's and PhD level psychology students. We are happy to announce that we have accepted 3 students who will begin their internship in the next quarter.</p>

KSCS SERVICE DELIVERY TEAM UPDATE



ASSISTED LIVING SERVICES (ALS)

Vickie Coury-Jocks, Manager

SO 1: Know and address the needs of each client & family		
1.1	Find and implement an effective clinical assessment tool to enable caseworkers and families to assess needs and develop effective service plans, by April 2018.	New assessment tools have been identified, clinical staff are being trained on new tool. Implementation expected in next quarter.
1.2	Address the current gap in proper services for children by developing an information package for special needs caregivers, by September 2018.	Work on special needs resource guide continuing in this quarter. Final draft from consultant due in May, 2018. Next steps will be a review of draft by Steering Committee, presentation of document to Early Childhood Wellness committee for feedback and then print and distribution of resource guide.

SO 2: Enhance the quality of life & recognition/appreciation of each client		
2.1	Foster, develop and implement more opportunities for the athletic, artistic and other kinds of personal development and excellence of our clients, with the full recognition and active support of the community (on-going).	Program's and opportunities continued to be offered for ALS clients in the area of self-development using culture, language and the fine arts. Regular activities that focused on impacting the health priorities in Kahnawake's Community Health Plan (CHP) were also a regular part of the schedule.
2.2	Maximize the integration of the clients into community activities, including employment (on-going).	Continued progress in this area; within this quarter two additional clients began short-term work placement.

SO 3: Assure continuity of quality care for each dependant		
		Highlight:
3.1	Establish a full-time residential unit (for a minimum of 12 persons) as a planned alternative caregiver option for aging caregivers by April 2019.	Work on this objective continues at several levels; involvement from the networking table of Connecting Horizons will include support and advocacy for a residential resource. A report with actual capital and operational cost projections is being worked on.
3.2	Develop and implement a viable respite capability to accommodate special needs individuals by April 2019.	On-going support is being provided by the case worker's for families wishing to access respite dollars through the CLSC.

ASSISTED LIVING SERVICES continued

SO 4: Maintain a minimum waiting list (capacity to deal with the growing number and complexity of clients)		
4.1	Develop & implement an ALS Personnel Plan to support this plan by September 2018.	Good progress this quarter; one of our full-time staff members has successfully completed their education and has been accepted into the professional order of psycho-educators. In the next quarter, ALS will look at re-assigning duties to allow this individual to begin psych-education assessments as part of enhanced client service plans.
4.2	Increase the physical capacity of the Centre to support special needs clients during the plan period & beyond, with an improved plan and funding completed by April 2019.	Work continues in collaboration with the Facilities Manager and the Director of Family Services. A proposal will be submitted within the next quarter.
4.3	Develop an alternative funding strategy, involving all three levels of government and other partners, to support the required physical expansion & the additional staff requirements, by March 2019	Work on the data collection for special needs continues. Final report expected next quarter.

KSCS SERVICE DELIVERY TEAM UPDATE

HOME & COMMUNITY CARE SERVICES (HCCS)

Mike Horn, Manager



SO 1: Enhance client-centered service delivery		
1.1	Evaluate current services from a client perspective and make timely adjustments to programs, by June 2018.	There were a number of variables affecting ability to move, most notable is the shortage of hospital beds.
1.2	Review client activities/services that now can be enhanced due to block funding and report on by April 2018	HCCS has complied with all Health Canada requirements to move. HCCS has moved from Set to Block funding. This objective is completed.
1.3	Modify (reorganize) and enhance (when possible) HCCS personnel that will ensure better client service delivery by June 2018.	Awaiting the assistance of a Clinical Supervisor for HCCS.
1.4	Increase the physical capacity (beds/rooms) at the Elders Lodge to meet the needs of the community and staff by April 2019.	There is currently a shortage of hospital beds, we are waiting to see the needs after the hospital expansion is complete before we expand.
SO 2: Assure the dignity, autonomy and quality of life for elders		
2.1	Fully implement and evaluate the "falls response protocol" by February 2018.	Not achieved as planned, need to revise the date. The Falls Protocol is being utilized but not fully implemented.
2.2	Identify& address situations of Older Adult Mistreatment through Promotion and Education awareness campaigns on an ongoing basis.	The Eder's' Abuse Committee continues to meet monthly to address older adult mistreatment.
2.3	Enhance palliative care capability and service.	Palliative Care was considered a complimentary service" and is now considered an "essential service" that has been included in the Home Care budget.

KSCS SERVICE DELIVERY TEAM UPDATE

ENVIROMENTAL HEALTH SERVICES (EHS)

Donald Gilbert, Team Leader



<p>SO 1. Enhance client-centered service delivery</p>		<p>Highlight: Creation of a mapping system to locate homes on the territory using Google maps. All of us now have access to the map via cell phone so up-dating information is instantaneous.</p> <p>Challenge: Still not getting buy-in from home owners regarding the Bacti testing. Winter limited our ability to collect samples from outdoor taps since most have shut them off to avoid freezing.</p>
1.1	<p>Revisit current water quality monitoring schedule and increase frequency of bacteriological and basic chemical analysis if necessary.</p>	<p>Opportunity to examine the success of the Bacti sampling this season and work out some of the kinks.</p>
1.2	<p>Determine if annual inspections of high risk facilities is satisfactory or should be increased.</p>	<p>Inspections are being conducted with full cooperation of identified facilities.</p>

<p>SO 2: Seek necessary funding to operate within the Strategic Objectives</p>		<p>Highlight: Additional funding will be secured</p> <p>Challenge: Forecasting expenses</p>
2.1	<p>Negotiate with Health Canada to increase funding to perform additional water quality monitoring activities and associated materials.</p>	<p>Funds have been secured. This objective is completed.</p>

KSCS SUPPORTIVE SERVICE TEAM UPDATES

ORGANIZATION SUPPORT SERVICES (OSS)

Wendy Walker, Manager



SO 1. Assist in the assurance that KSCS has healthy and qualified staff using a holistic approach.		
1.1	Ensure the KSCS Social Committee plans activities that support staff wellness, using a holistic approach.	The Social Committee has continued to organize social activities for the staff using a holistic approach. The House League evaluation has been conducted and the survey will be shared with Managers and staff in May 2018.
1.2	Review and revise the current recruitment process at KSCS by March 2018.	The recruitment process has been one of the projects that has been put on hold until the Manager returns from leave. Should the return date extend beyond June 2018, the interim Manager will evaluate the file and initiate movement.
1.3	Enhance staff wellness by becoming more strategic and proactive in supporting employee management of a healthy and balanced life.	There are slight delays however work is proceeding. HR will collaborate with the Social Committee to identify the staffs preferred staff activities to work together to achieve and enhance staff wellness.
1.4	Create a KSCS Training and Development process & plan by April 2019.	The focus on the Training and Development Process & Plan will be addressed upon the Managers return from her leave. Should the return date extend beyond June 2018, the interim Manager will evaluate and initiate movement. To date: CPR and First Aid training completed. Excel training will be offered in the next quarter
1.5	Ensure OSS staff are healthy and qualified in order for us to be able to support and provide the best service to KSCS	Slight delays. OSS team validation and team activities are ongoing.

SO 2. Ensure OSS provides skills, resources, opportunities and accountability processes that will empower KSCS staff, and will contribute to their competence and satisfaction.		
2.1	Support employee coaching for performance, using existing PMP practices to support employees in achieving their goals.	Training on Performance Management Process (PMP) and Calibration process was provided to Managers and Supervisors in January 2017 to ensure consistent performance management. HR continues to provide one-on-one advice.
2.2	Develop and provide HR database access and training.	A new integrated database is being implemented in June/July 2018, which will require new training for Managers and Team Leaders, with a tentative training date of June 2018.
2.3	Create an electronic user friendly OSS Resource library (include policies, directives, benefits etc.)	On hold, awaiting results and suggestions from work with the external IT Network to see where and what is going to happen with the organizations partaking within this network.
2.4	Provide support and guidance to KSCS management in implementing strategies	OSD continues to provide support and guidance to managers and team leaders in their implementation of plans.

ORGANIZATION SUPPORT SERVICES continued

SO 3. Evaluate OSS services and adjust based on client needs by March 2019.		
3.1	Consult staff and management for feedback on OSS service areas by March 2018.	Slight delays however work is proceeding.
3.2	Adjust services to better meet the needs of KSCS by March 2019	Remaining offices to get VOIP is Assisted Living Services offices and Home & Community Care. EHO is ready for the switch over, IT needs to make arrangements with Bell to do switch over. It and Communications has consulted managers to gather priority IT and Communication needs. New goals have been created and prioritized and listed in the organizational objectives.
3.3	Update and maintain an OSS policy framework that provides guidance to KSCS	Work is proceeding, consultation with OSD to develop an internal process for managing policy review and revisions to be more timely and tracked.
3.4	Ensuring KSCS staff are continually informed of all OSS services available.	Slight delay but work is proceeding on the drafting of a directory.

SO 4. Develop and implement processes to involve clients directly in the timely evaluation and improvement of KSCS programs		
4.1	Create an internal evaluation team and determine roles and responsibilities.	Work has not progressed as anticipated. Research has been on going.
4.2	Provide training on evaluation and surveys.	Training on evaluation and surveys has been secured and will be completed in May 2018.
4.3	Establish and engage in effective and safe dialogue between KSCS, Kahnawa'kehró:non and our partners.	OSD providing support to Prevention & Support in creating client surveys/assessment tools.

KSCS SUPPORTIVE SERVICE TEAM UPDATES

FACILITIES MANAGEMENT

Dwayne Kirby, Manager



Facilities Management (which encompasses maintenance at the main building, maintenance and security and also the kitchen at the Turtle Bay Elders Lodge) does not yet have its own strategic objectives and goals to report on. The primary challenge has been setting time amidst numerous time sensitive projects.

Maintenance, renovations (and all that this entails i.e. tendering, contracts commissioned etc.), capital planning and budget planning have all been on-going with the goal to ensure we are providing services to our clients both internal and external to meet their needs.

The following are some **highlights** of accomplishments from January 2018 to present.

- Budget planning for fiscal year 2018-2019
- Fire damages repaired at Services Complex - Insurance claim processed.
- TBEL Renovations (on track):
 - Interior lighting upgraded to LED
 - Interior painted
 - Electrical forced air heaters replaced
 - New Maintenance & Security hired Brandon Horne replacing retired Melvin Jacobs
- Maintenance Management software evaluations from two software developers carried out in collaboration with MCK Director of Asset Management.
- Capital plan presented to Services Complex Management committee.
- Sprinkler System replacement at TBEL commissioned to Alert Sprinklers. Works coordinated with Maintenance staff to provide access to attic spaces during work hours.
- Home and Community Care office renovation planned and budgeted.
- Attended FNQLHCCS conference pertaining to Elders Care Facilities Accreditation
- Kitchen Services agreement(s) between KMHC and KSCS extended to coincide with hospital expansion project projected completion date.
- Linen and uniform quotation sought for Maintenance and Security, Kitchen staff at Elders Lodge.
- TBEL renovations wind down, room to room replacement of washroom utilities carried out.
- Fiscal year end close out involved timesheets and benefits carry over requests, purchase order and invoice processing to end March 31, 2018. Adjustment of purchase orders and budgets not completed for close of fiscal year.
- Designation of Ioseronie Rice, on-call Maintenance and Security to cleaning duties at KSCS main office until further notice.

KSCS SUPPORT SERVICE DELIVERY TEAM UPDATE

FINANCIAL SERVICES

Dana Stacey, Finance Controller



SO 1. Enhance short and long term global financial planning efforts based on sound financial practices and operations		Highlight: Yearly Board of Directors budget approved and Managers and Board are becoming familiar with the budget process and format.
1.1	Integrate the implementation of the strategic plan with the budget by February 2018.	Budget implementation is an ongoing process and we are proceeding in small increments to achieve this goal. We are working with a consultant on our budgets.
1.2	Review and amend KSCS Chart of Accounts to ensure the generation of timely and accurate financial reports that will assist in management decision making and reporting.	Still awaiting Organizational Review results then based on results planning to do the change by the fall. Will require an update of the ACCPAC system. We are working with a consultant on properly structuring the charter of accounts.
SO 2. Improve financial services based on the knowledge and understanding of client needs.		Challenge: Same challenges of time and staff to complete these tasks.
2.1	Design and implement a consultation with clients that will assess financial services offered and needs by June 2018.	Delayed until June 2018.
2.2	Implement a client engagement process that will identify areas for improvement and client needs by July 2018.	Delayed until July 2018.
SO 3. Enhance KSCS management and staff financial skills and practices that will assist them in fulfilling their current and planned needs.		Highlight: Higher understanding of budget process and the role it will play in the future. Challenge: Different skill levels of management need to be developed.
3.1	Review and update those financial procedures and policies that ensure the timeliness of services by June 2018 and communicate them to staff.	The finance manual is being revised. We are planning and gathering current procedures and policies, along with creating new resources to help Management and staff work with Finance.