

KAHNAWAKE SHAKOTIIA'TAKEHNHAS



COMMUNITY SERVICES

(KSCS)

STRATEGIC PLAN

(2016 – 2019)



“Empowering Kahnawa’kehró:non for healthy and fulfilling Kanien’kehá:ka lives...”

Revised October 7, 2016

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EXECUTIVE OVERVIEW

EMPOWERING KAHNAWA'KEHRÓ:NON INDIVIDUALS, FAMILIES AND COMMUNITY

In the 2004 KSCS Strategic Framework, “Client Satisfaction” was ranked first of six key result areas (KRA); “Services to the Client” was ranked fifth out of six. The other four KRA’s addressed the *internal* workings of KSCS.

The number one strategic focus of the 2016 – 2019 Strategic 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. There is a clear understanding that “helpfulness” to the client must be preceded by providing highly effective programming and services. For special people with special needs and the elderly, there is a commitment to ensure dignity and a minimum quality of living.

This Plan also recognizes 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 and youth, and young parents based within our culture.

The KSCS VISION...

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

What this looks like and how we (KSCS staff) interpret it:

Community: A unified, caring, healthy and inclusive Kanien'kehá:ka community, with everyone pursuing a common Vision in mutual support and respect.

Families (kahwá:tsire): Strong, healthy, responsible and inclusive families.

Individuals: People who are empowered, pursue fulfilling lives and exemplify Kanien'kehá:ka culture and values.

Healthy people: Holistic (*physical, emotional, spiritual & mental*) health anchored in a strong Kanien'kehá:ka culture.

The KSCS 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.

What this looks like and how we (KSCS staff) interpret it:

- ❖ Health; healthy individuals, families and community
- ❖ Empowered individuals, families and community
- ❖ People living fulfilling lives
- ❖ Engaged, positive people, having engaging activities
- ❖ Secure families, secure community and secure environment /space
- ❖ Mutual support
- ❖ Responsible people
- ❖ Collaborating with dedicated partners and developing new ones
- ❖ Kahnawa'kehró:non and their families
- ❖ Kanien'kehá:ka culture and values

CORNERSTONES OF INTEGRITY...

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

❖ RESPECT

❖ RESPONSIBILITY

❖ TRUST

❖ COMMITMENT

THREE GUIDING STRATEGIC OBJECTIVES FOR KSCS (2016 – 2019)

I. Be fully “client-centered” and client-driven.

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

- ❖ Improve our knowledge and understanding of our clients: engage them directly in evaluations (*Client Helpfulness Indicators*) & 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 as well.
- ❖ 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 stigmatism and fear: provide a safe, secure space (we partner *with* Kahnawa'kehró:non to *help them empower themselves*).

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.

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

- ❖ Strengthen our 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.



THE MAJOR ORGANIZATIONAL OBJECTIVES FOR KSCS

The following organizational objectives are critical if we are to achieve the Strategic Objectives in the Plan.

1. Assure KSCS has healthy and qualified staff.
2. Enhance the organizational structure and work processes, and deal with change.
3. Develop, organize and use valid, up-to-date data.
4. Enhance use of IT and communications technologies to improve client services and follow-up.
5. Obtain the required stable funding to support full implementation of the Plan.
6. Advocate for and obtain better access to critical services in the English language.
7. Strengthen our partnerships within our teams, our community and beyond.
8. Incorporate Kanien'kehá:ka ways, language and culture in everything we do.

STRATEGIC OBJECTIVES BY SERVICE AREA (2016 – 2019)

KSCS provides services that support the individual and family needs at every life stage of Kahnawa'kehró:non. The client services are grouped into five (5) service delivery teams:

PREVENTION SERVICES

- ❖ Know our clients' potential and their priority needs
- ❖ Empower healthy Kanien'kehá:ka families
- ❖ Incorporate Tsi niionkwarihotens "Our Ways"
- ❖ Ensure our children & youth receive a healthy, positive start
- ❖ Optimize partnerships to meet client needs

SUPPORT SERVICES

- ❖ Empower Kahnawa'kehró:non (individuals and families)
- ❖ Enhance the effectiveness of our youth protection, the Kanien'kehá:ka way
- ❖ Assess & upgrade our psychological services
- ❖ Improve healthy Kanien'kehá:ka development options for Youth
- ❖ Break the recurring and normalizing pattern of addictions

ASSISTED LIVING SERVICES (ALS)

- ❖ Know and address the needs of each client & family
- ❖ Assure continuity of quality care for each dependent
- ❖ Enhance the quality of life & recognition / appreciation of each client
- ❖ Maintain a minimum waiting list

HOME & COMMUNITY CARE SERVICES

- ❖ Enhance client-centered Service delivery
- ❖ Assure dignity, autonomy and quality of life for elders

ENVIRONMENTAL HEALTH SERVICES

- ❖ To provide high quality environmental public health services.

This strategic plan focuses on the "what" needs to be done, and "why" it is important to do these things. The "how to's" will be outlined in the action plans developed for each goal identified for the Strategic objectives.



Kahnawà:ke Shakotii'a'takehnhas Community Services (KSCS) was established in 1986, with 15 employees. Its mandate from the Mohawk Council Of Kahnawake (MCK) was “to coordinate all programs and provide quality services in the areas of Alcohol and Drug Abuse Prevention, Social Services and Community Health”. The current official name, Kahnawà:ke Shakotii'a'takehnhas Community Services (KSCS), was actually adopted in 1988. Over the next years, six (6) other related programs were brought under the KSCS structure.

The first Strategic Plan was developed about 10 years later (1998), and the focus was largely organizational, specifically to continue to develop the organizational capacity to meet the needs of the community. That organizational focus was retained in a comprehensive updated Strategic Framework, dated 2004.

Throughout its 29 years, the general focus of KSCS has largely been to:

- Get quality health and social service programming in place, many of which are based on promoting healthy lifestyles;
- Establish and refine the organizational processes (Human Resource, Communications, Information Technology, Finance and Administration), to support the programming and service delivery.

KSCS has been successful...

In 2016, KSCS provides a full set of quality client services, including essential services, to support the individual and family needs at every life stage of Kahnawa'kehró:non. The client services are grouped into five (5) service delivery teams:

1. PREVENTION SERVICES	2. SUPPORT SERVICES
<p>Primary Prevention;</p> <ul style="list-style-type: none"> • Onkwanèn:ra • Teen Group • Drama <p>Secondary Prevention;</p> <ul style="list-style-type: none"> • Support Counsellors <p>Family & Wellness Center;</p> <ul style="list-style-type: none"> • Parenting Program • Traditional Services • Where the Creek Runs Clearer • Satatenikonrarak <p>... and several related services for each area.</p>	<ul style="list-style-type: none"> • Intake Services • Addictions Response Services • Youth Protection Services & Youth Criminal Justice Assistance Services • Psychological Services • Youth Protection Services • Emergency Response Services, including “on-call” • Foster Care & Case Aide Services

<p>3. ASSISTED LIVING SERVICES FOR ELDERLY & SPECIAL PEOPLE</p> <ul style="list-style-type: none"> • Family Support & Resources • Life Skills Support • Young Adults Program • Independent Living Centre (12 beds) • Clinical Services & Support <p>... and several related programs, e.g. Teen Social Club.</p>	<p>4. HOME AND COMMUNITY CARE SERVICES</p> <ul style="list-style-type: none"> • Adult & Elders' Support Services & Programs • Home Care Services • Home Care Nursing • Turtle Bay Elders' Lodge (25 beds) • A'nówara'hne (The Sixplex) • HCCS Activity Program (Respite & Social Programming) • Meals on Wheels
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<p>5. ENVIRONMENTAL HEALTH SERVICES</p> <ul style="list-style-type: none"> • <i>Water Quality Monitoring</i> • <i>Waste Disposal</i> • <i>Food Safety Inspections</i> • <i>Health Hazard Investigations</i> • <i>Indoor Air Quality/Mold Investigations</i> • <i>Communicable Disease Interventions</i> • <i>Building Safety (Private & Public)</i> • <i>Occupational Health & Safety</i> • <i>Emergency Preparedness</i> 	
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KSCS also has the full set of internal services, policies, processes and tools required to support the work of the five service delivery teams. These are made up of:

- **ORGANIZATIONAL SUPPORT SERVICES**, (Human Resources, Communications, Information Technology, Administrative Services, and Organizational Strategic Development)
- **FACILITIES MANAGEMENT**
- **FINANCIAL SERVICES**

Currently, KSCS has about 180 employees.

KSCS is also an active member of Onkwata'karitáhtshera (Kahnawake's one health agency). The KSCS Strategic Plan is fully consistent with its contribution to the broader community goals identified in the Community Health Plan (CHP) and is overseen by Onkwata'karitátshera, specifically the following health priorities:

- Substance abuse / addictions;
- Mental health; and,
- Learning / development disabilities.

Success in addressing these health priorities will also contribute to some of the other goals of the CHP, e.g. reducing diabetes, obesity and cardiovascular disease in the community.

Looking forward from 2016

Now that KSCS has fully established good quality services, and has the support and encouragement of a forward-looking Board... the strategic priorities for the next 3+ years (2016 – 2019) were re-thought and adjusted.

THE CURRENT CONTEXT IN KAHNAWÀ:KE

General overview

The following is a general macro-level description of the current context of the community and the important trends.

POPULATION

- 10,700 Kahnawa'kehró:non living in and outside of the community, of which about 7,900 live within the community.
- Under age 40: 48%, compared to 58% in Montreal, and 49.6% in Canada.
- 65 and older: 17%, compared to 15% in Montreal, and 15.7 % in Canada. We have relatively *more* elderly people living in our community.

(See Appendix A: Demographics of Kahnawà:ke)

GENERAL

Kahnawa'kehró:non have lived on our traditional territory since time immemorial; we have retained many of our cultural practices and traditions; several still speak our language while others are actively learning it. We continue to govern ourselves within the context of nation to nation relations with Canada.

Like many other First Nations communities, many of our deep issues stem from the same two root causes: colonialism and the residential school experience. In dealing with these, many of us have demonstrated a remarkable resilience and determination to persist as capable and responsible Kahnawa'kehró:non.

But the long term and lingering effects of colonialism still impact many of us, and there is deep pain and suffering. Our unity has been impacted. There are multi-generational challenges that have severely weakened our identity, self-esteem, confidence, and Kanien'kehá:ka ways and standards of coping and engaging positively with our lives. This is especially problematic for children and youth in their critical development stages.

KAHWÁ:TSIRE (FAMILIES) AND PARENTING

For the reasons identified above, many of our kahwá:tsire have suffered from the impact of the residential school system on parenting, and on several subsequent generations of our children who in turn became parents. Many grew up without ever really experiencing or knowing the qualities, ways and vital benefits of a healthy Kanien'kehá:ka family, including the strength of healthy relations and holistic development as confident, capable Kahnawa'kehró:non.

We need to foster a better understanding of the value and practices of healthy Kanien'kehá:ka family life, and raise our standards to what we know they should be. Maintaining a clean house and ensuring that our children are clean and properly fed are important. However, there is also the **critical** need to provide children with secure attachment relationships, nurturing and safe environments, and strong role models. It is critical that our children are shown and taught by example what loving, healthy relationships are, how to live life in a good way (healthy



lifestyles), and how to deal with adversity. Our children deserve to experience the joys that come from growing up in a healthy and capable Kanien'kehá:ka family.

The lack of these standards and parenting capabilities seriously compromise the development of many of our youth to become strong Kahnawa'kehró:non capable of fulfilling their potential and aspirations, who contribute positively to their future kahwá:tsire, and to the community.

For many challenged parents, there is a complex of related issues worsened by poor employment and resulting poverty. There are often difficult issues from their own youth; these bring on more stress, a sense of incapability, the potential for mental health issues and resulting feelings of shame and guilt. In turn, these circumstances typically lead to more counterproductive behaviours, including addictions and violence. This unfortunate "normalized" behaviour of the parents results in deeper trauma and the unacceptable "normalization" and perpetuation of the same behaviour in their children. In some cases, unacceptable parental behaviours such as neglect or abuse leads to the loss of their children to other avenues of care which are never as satisfactory as a healthy Kanien'kehá:ka home.

These same pressures on our families can also result in the unfortunate incidence of neglect and abuse of elders.

It is these parents and their youth who are stuck within this deeply complex cycle that constitute a good proportion of our long term clientele.

Conclusions

- ❖ **There is an enduring and growing need to support better parenting and stronger, healthier Kanien'kehá:ka families.**
- ❖ **Kahwá:tsire need to be empowered and "re-normalized" with healthy Kahnawa'kehró:non who take control of their lives in a good way.**

CHILDREN AND YOUTH

In addition to healthy family living, healthy children need to engage in positive activities among their peers. Kahnawà:ke offers an impressive set of opportunities and we see truly remarkable examples of our talented youth engaged in healthy and productive activities. But, getting youth from troubled families to engage spontaneously can be difficult. The same challenges arise in school, where these children can face both educational and social challenges, with life-long consequences. There is also the issue of poverty that can keep some children from having the means to participate in certain activities.

Children from unstable and unhealthy homes are typically troubled themselves. We are dealing increasingly with youth for whom the use of alcohol and substances such as marijuana, is seen as the norm: "it's OK for my parents, so I should be able to do it too". Likewise, the incidence of repeated violence and other acts of abuse in family life is seen as "normal". Since it is indeed "normal" that children imitate the behaviours of those closest to them, especially parents and older siblings, it is critical that parents and other family members set a consistently higher and healthier standard of behavior.



The fact that so many unhealthy and addictive behaviours are witnessed and experienced in the family setting as “normal” is a serious threat to the health of families and the community; *it is a built-in sustaining mechanism for unhealthy living and incapability.* This must be addressed as a priority.

We all know of the colonial legacy and its ties to many of these unhealthy behaviours, and that should only strengthen our individual and collective resolve to address it. Solutions should be based in our culture and community understanding of healthy practices. At the same time, we need to be open-minded when looking for solutions: we can also benefit from the research work of some of our academic partners and the technical knowledge of professionals, such as psychologists. We have a full generation of family and youth development work to accomplish.

We do know that *positive* approaches that build on the person’s capabilities and self-appreciation are more productive, leading to positive empowerment.

Conclusions

- ❖ **Many of our children and youth, and their families need competent support so the children can develop as confident, capable, happy youth who aspire to do good things for themselves, their families and the community.**
- ❖ **Children need good opportunities within the community to develop as healthy, capable Kahnawa’kehró:non.**
- ❖ **People develop better when they can build positively on their strengths, qualities and self-esteem.**

FOSTER CARE

We currently have about 30 – 35 children in foster care, a reduction from about 40 a few years ago. The decrease is mostly the effect of “permanent planning and placements”. Seven (7) of these require institutional accommodations outside the community, e.g. Batshaw, which is never an optimal solution.

It is increasingly difficult to get qualified foster homes in the community, and this only makes it more difficult for troubled youth to benefit from a healthy, nurturing environment that supports their development. This is a major challenge.

Conclusions

- ❖ **There is a continuing need to find good Kanien’kehá:ka foster care capabilities within the community.**
- ❖ **Children emerging from foster care need special support.**
- ❖ **Kahnawà:ke children placed in institutional care outside the community need far more personal support.**

ADDICTIONS AND DEPENDENCY

The negative impact of parents with “normalized” addictive behaviours has been addressed above. The impact is especially significant on youth in their teens. This “normalizing” is the primary mechanism that perpetuates unhealthy living in families and in the community.

Alcohol is still the main substance of abuse and addiction, followed closely by marijuana. Both are often present in normal social practices at home and in the community. Youth invariably face pressure to experiment with these substances. The abuse of alcohol in particular has a strong tie to violent behaviors.

In addition, we are seeing a major increase in the use and abuse of prescribed drugs, especially painkillers (opioids). These are powerful chemicals, often taken initially as part of a legitimate treatment to address real pain. However, getting off of these medications is proving to be highly problematic for many. Also, we have seen how youth take advantage of easy access to medications in the homes and experiment with them, often with very damaging results. **A mistake in dealing with these powerful chemicals can be *fatal*.**

Conclusions

- ❖ **As a community, we must break the ‘normalization’ of addictive and violent behaviours.**
- ❖ **We must address the urgent issue of addiction to prescribed drugs.**

SPECIAL KAHNAWA’KEHRÓ:NON WITH SPECIAL NEEDS

It has always been our Kanien’kehá:ka way to take care of people who, for reasons beyond their control, face special challenges. These are our “special people with special needs”, and often those with very special ‘gifts’. Currently, through the Assisted Living Services unit and in partnership with others, we provide diverse activities for about 68 special people aged 9 years and older, and their families. The objective is to assure dignity and a good quality of life for each of them.

It has been rewarding to observe how the families and the community have become engaged in supporting the personal fulfillment of these people and their increasing integration into all aspects of Kahnawà:ke life, including sports, recreation, artistic expression, and employment. We have witnessed some truly admirable personal achievements.

This has also helped us see that there are several others, including younger children, who need special support. Recently, we have identified an additional 40 individuals and their families who will soon require support. We are also seeing more situations where both the parent and one or more children need special help.

Conclusions

- ❖ **The number of families with special people who require special support is growing dramatically in size and complexity. Capacity and resources, including stable funding, are a major and growing challenge.**
- ❖ **Social integration and community recognition of the special achievements of these people contribute enormously to their quality of life and dignity.**
- ❖ **Community partnerships have proven to be highly beneficial.**



OUR ELDERS AND PERSONS REQUIRING HOME CARE

Taking good care of our elders has always been a core component of our Kanien'kehá:ka ways. Kahnawà:ke has established good facilities and programs that support dignity, autonomy and quality of life for the elderly. As indicated earlier, we tend to have relatively more elderly persons in our population than both Montreal and the Canadian populations, and we are already experiencing a wait list of about double the current capacity for the Turtle Bay Elders' Lodge.

We also have elderly persons with special needs living in facilities in Montreal. It would be preferable to be able to bring them home. In addition, we have been advised that funding will soon be lost for these people and we will have to absorb these additional costs.

As indicated above, we are aware that there are some incidents of elder abuse and neglect (more recently termed "older adult mistreatment") occurring in our community, and these need to be addressed in a good way for all concerned.

There is also a growing community preference that there be palliative care support in Kahnawake to assist both the person and the family at the end of life ("dying with dignity").

Conclusions

- ❖ **The numbers of elderly persons continue to grow; we need to plan for and obtain the additional facilities and resources to address this.**
- ❖ **Elder abuse and neglect need to be addressed in a good way.**
- ❖ **It's time to provide for palliative care ("dying with dignity").**



It is important that we situate our Strategic Plan in the larger context of major developments expected to have a significant impact on our ability to fulfill our Mission during the plan period 2016 – 2019.

Following are the major opportunities, defined as favourable conditions or developments that the plan *must* address. Only the first 3 are ranked in order of importance.

1. Kahnawa'kehró:non (our community members) are our single best opportunity.

Kahnawa'kehró:non...

- Strongly desire a better quality of family and community living;
- Want to take control of their lives;
- Want to experience a sense of fulfillment and accomplishment.

2. KSCS staff and programming

- Quality staff who care, are innovative, want to do a good job and provide quality services;
- The great range and diversity of our programs, services and activities to support our people;
- The KSCS “one-stop” service approach, even though it needs to be improved.

3. The Kahnawà:ke community and partners

- Productive partnerships and networking with dedicated and capable community and external partners;
- The location of Kahnawà:ke: access to a great diversity of quality programs, services and expertise;
- Our shared sense of community & community resilience: a growing core and network of healthy and positive Kahnawa'kehró:non, actively engaged and working together to foster a healthier community for everyone, can have a major positive influence in helping to establish and re-normalize good, healthy Kanien'kehá:ka ways of doing things.

4. Use of “positive, empowering approaches and language”

- There is a growing body of research to indicate that the use of positive language and behaviours, i.e. focusing much more on the strengths and dignity of each person, especially with clients, can have more productive and sustained outcomes for the client.
- This includes using a positive framework of actions, interventions, behaviours and practices that enable the person to better identify their personal strengths and to create a stronger personal vision, and building on these in ways that continually empower the person to achieve successes towards a better life.
- We can be fully knowledgeable and understanding of the issues/challenges and deficiencies without making these the sole focus of our interventions. The tendency to focus primarily on the client's “deficits / deficiencies” can reinforce negative self-esteem and confidence and be counter-productive.
- Within KSCS, this positive approach must be reflected in our processes and language, including greater use of our Kanien'kehá:ka language.
- These same positive approaches should also be used with the community, and with KSCS personnel.



5. Legislation

- Section 37.5 (*Youth Protection Act*): this will enable Kahnawa'kehró:non to have greater control over the futures of our youth, especially troubled youth.
- Law 21 (*An Act to amend the Professional Code and other legislative provisions in the field of mental health and human Relations: 2009*). The Act seeks to assure reliable, quality standards of professional services in the field of mental health. It is very relevant to our needs and represents a potential improvement in quality of professional services for our clients. But, there will be challenges to recruit and retain new professional employees, (see below).
- *The Truth and Reconciliation Commission Recommendations*: A number of these recommendations call for all levels of government to work with Aboriginal groups in ways that could significantly help address some of the great harms described above.

6. Funding

- Governments are generally open for negotiations, if we can demonstrate a reasonable chance of success. Given our recognized level of professional skills, we can look for special funding for pilot projects, e.g. the *Enhanced Prevention Fund* of INAC provides new opportunities for new and innovative approaches

7. New communications technologies

- Opportunities to enhance our services, communications, and follow-up.

In summary, for every planned action and intervention, we must ask ourselves, are we...

- ❖ Building on the deep aspirations of Kahnawa'kehró:non for a good, healthy life?
- ❖ Being positive and empowering the person by building on the strengths, dignity and inherent worth of each person and the community?
- ❖ Fully engaging the community and community partners?
- ❖ Being really proactive and creating positive, stronger healthier ways as the authentic Kanien'kehá:ka "norms" for good living?
- ❖ Drawing on the skills, innovation and dedication of our staff?

CHALLENGES

...that *must* be addressed

Challenges are often the flip-side of the same coin as Opportunities. The Challenges are also ranked in order of importance on potential impact, including the extent to which KSCS can exercise control in dealing with the challenge.

1. **Clients:** as discussed above, the major challenges include dealing with the lasting impact of colonialism and the residential school experience. Many of difficulties we see in our clients have been passed on with each generation.
 - The re-normalization of healthy Kahnawa'kehró:non and strong kahwá:tsire will be critical.
2. **KSCS Staff:** major challenges include...
 - Vicarious trauma and self-care: staff need better ways to identify and deal with job stress; more support for staff, including traditional services;
 - Traditional services / support: need for better access to traditional services, with a clear framework and communication regarding these services;
 - Many staff are at the limit of their capabilities; many are overwhelmed because of increasing workloads and no back-up;
 - Dealing with and managing change in fair and innovative ways:
 - Staff know change is coming and are insecure about job retention;
 - Must be willing to look into creative, innovative and less bureaucratic options;
 - A common mind-set: we need to adopt a more client-driven and cohesive mind-set actively supported by stronger internal joint planning and servicing;
 - Training: staff need training on teamwork /working inter-disciplinary. There is a continuous need for training to stay abreast of recent developments, legal changes, and best practices;
 - Staff unity and cohesion: we are not as united as we like to portray ourselves; there are internal 'factions' and disagreements which need to be addressed. The proposed changes could put further stress on this;
 - Satellite offices can bring services closer to some clients, but they also isolate the service/service provider from access to other teams and support they may need.
 - Because of several organizational changes over the years, some staff have moved into positions they are not fully comfortable in.
3. **KSCS programming and services**
 - Re-focus on the client and especially the importance of healthy, empowered kahwá:tsire .
 - 'One-stop servicing': we need to do a better job providing user-friendly, seamless intake to avoid confusing or discouraging those seeking help.
 - Organizational complexity: simplify the 'one-stop' approach and provide better supervisory support for staff.
 - Deal with the negative perceptions within the community towards parts of KSCS.



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- Enhance and expand traditional services, including access to them.
 - Address poverty in the community: even with good, responsible parents, we need to ensure that no child is left out of youth activities because their family may not have the money to pay for them.

4. Community Engagement & Partners

- Fostering a sustained, active engagement of the community in the recognition, practice and support for high standards of healthy, unified, inclusive and supportive Kanien'kehá:ka lifestyles.
- Partnering, project management and follow-up: in all of our partnerships, internal and external, we need to develop better joint project management and follow-up processes.
- Partnership buy-in where there is a perceived conflict in goals and procedures: this is particularly the case in joint work with our Peacekeepers. For the sake of the success of our clients, we need to develop more effective *joint* protocols.
- English Services are not always available, and this is a considerable challenge in the more complex and emergency cases, and in institutional care.

5. Funding

The significant and urgent challenge will be to find new sources of stable funding to meet the growing level of services the community requires.

- Two delivery units, ALS and H&CCS, each require more secure funding (block funding) and significantly more funds to enable them to address the growing list of clients. Backlogs or identified wait lists range from 60 – 100%. Funding for new physical capacity may be easier to obtain than operations funding.
- There is a need to recruit and retain professional staff in a number of areas. With the labour market and Law 21, this can represent significant additional costs.
- The costs of implementing and maintaining equity with our upgraded salary structure will also put significant additional pressure on our available funds.

6. Legislation / Jurisdiction

a. Law 21 (*Professional Orders*): the challenge will be...

- To recruit, compensate and retain qualified First Nation personnel, including professional orders, for designated positions including the Director of Youth Protection Services, psychologists and social workers;
- Additional requirements of the Order of Social Workers (increased record keeping, language issues, etc.);
- To adapt the Law to support some of our best practices.

b. Law 49 (*Foster Homes*)

- It will be even more difficult to meet requirements, with little corresponding benefit to our community. We already have a major lack of qualified foster homes.
- There is a real lack of homes for clients with special needs in our community.



7. Language of local services in English

- Lack of English language services with our local (Chateauguy and Montreal) partners, especially under the new Health and Social Service re-organization in Quebec.

8. The lack of good data

All units of KSCS need better data to:

- Accurately identify client priority needs on a timely basis;
- Indicate how well our programs and services are meeting client needs, i.e. ‘Key Performance Indicators’ (KPI’s), to support a “continuous improvement” approach.

9. Technologies

- Despite recent upgrades to our basic IT systems, we lack the ability to make full use of many modern communications technologies.



THE STRATEGIC LOGIC OF THE PLAN

A Strategic Plan, especially in the context of First Nations, which simply lists a bunch of objectives and goals is not addressing a fundamental reality:

- ⇒ **We can't do everything we would like to do.**
- ⇒ **We don't have sufficient resources.**
- ⇒ **How do we apply our limited resources to get the best possible outcomes for the community's future?**

For the new strategic plan, KSCS had the options of:

- 1) *Continuing to allocate resources according to past practice (i.e. about the same % of total funds goes to the same areas/programs),*
or
- 2) *Determining where KSCS should get the greatest benefit for the future of the community and allocating the resources accordingly.*

The second option was determined to be have the greatest value. The next step was to determine how KSCS could justify or validate what would bring the greatest benefit.

TYPICAL APPROACHES: The KSCS Strategic Plan Working Group looked at the following ways of assessing "greatest long term benefit for Kahnawa'kehró:non and their families".

- ⇒ Quantifiable benefit/impact: focus resources on the greatest number of people affected (e.g. by age group).
- ⇒ Apply resources where we can have the greatest potential benefit or impact: for Kahnawà:ke and that would be with the youth and young parents because of their influence on future behaviours, i.e. the critical need to "re-normalize" healthy Kanien'kehá:ka ways of doing things. This is also the largest segment of our population, accounting for about 48% of the total.
- ⇒ Apply to where we can control outcomes: distinguish between voluntary vs. involuntary impact on healthy life style, i.e. controllable behaviours for the individual vs. circumstances beyond our control (*ex:* aging, special people with special needs including genetic challenges).

The Strategic Logic of the 2016-2019 Plan...

FIRST: KSCS will commit the necessary funds to assure dignity and quality of life to *those who have least control over the root causes of their quality of life* (i.e. highly dependent Kahnawa'kehró:non: the elderly & our 'special people')

and...

SECOND: KSCS will put the major strategic focus on prevention, followed by direct intervention, both with a primary focus on youth and young adults (1 – 40 years).

Within this category (youth and young adults), KSCS favours strategies that will produce the greatest beneficial impact, e.g. Prevention (*for which we need a better word*).

To maximize the impact, KSCS will coordinate its actions with other partners, so we each do what we do best, ex. with Education for health based-curriculum.

- ❖ **Our children deserve a healthy start;**
- ❖ **Youth and young adults up to 40 years are 48% of the community population;**
- ❖ **They have the greatest potential to influence themselves and their children towards healthier lifestyles, i.e. "re-normalizing" healthy Kanien'kehá:ka ways;**
- ❖ **The root causes of most of their health issues are controllable / changeable behaviours vs. natural causes like aging;**

**Subject to terms of the funding agreements*

THREE GUIDING STRATEGIC OBJECTIVES FOR KSCS (2016 – 2019)

Strategic objectives are the planned actions or directions that are *designed to create highly beneficial outcomes for Kahnawa'kehró:non and their families.*

The following are three overarching strategic objectives that will guide all work carried out by KSCS, in all service areas.

I. Be fully “client-centered” and client-driven

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

1. Improve our knowledge and understanding of our clients: engage them directly in evaluations (Client *Helpfulness* Indicators) & setting priority needs.
2. Strengthen and normalize strong kahwá:tsire, by empowering and engaging our people to undertake fulfilling lives and healthy lifestyles.
3. 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 as well.
4. Re-assess / adjust our programming on a timely basis to better meet changing needs.
5. Enhance our service, especially the KSCS user-friendly “one-stop” approach.
6. Address stigmatism and fear: provide a safe, secure space (we partner *with* Kahnawa'kehró:non to *help them empower themselves*).

II. Enhance community engagement & community-based partnerships

1. Actively engage the community as a key agent for positive change.
2. Continue to expand and strengthen KSCS’s productive relationships within our teams, our community and beyond.

III. Foster and accelerate active Kanien’kehá:ka ways of doing things, including more use of our language

1. Strengthen our understanding of our Kanien’kehá:ka ways, language and culture.
2. 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.

STRATEGIC OBJECTIVES BY SERVICE AREA (2016 – 2019)

The following is a breakdown of the strategic objectives and goals specific to each of the five service delivery teams of KSCS, in the following order:

- ❖ Prevention Services
- ❖ Support Services
- ❖ Assisted Living Services
- ❖ Home and Community Care Services
- ❖ Environmental Health Services

PREVENTION SERVICES

PREVENTION SERVICES

STRATEGIC OBJECTIVE 1

Know our clients' potential and their priority needs

- Enhance our ability to understand the potential of our clients, and to identify and prioritize their changing needs on a timely and accurate basis.

GOALS	RATIONALE / PURPOSE
#1: Complete the analysis of the internal evaluation by April 2017, and revise programming and services to address the major gaps by May 2017.	<ul style="list-style-type: none"> Obtain relevant information about where we need to enhance both our programming and services.
#2: Design and implement a consultation with clients to identify and prioritize: <ol style="list-style-type: none"> The clients' aspirations / expectations for achieving fulfillment; The clients' priority needs; and, The clients' evaluation of our current programs and services to be completed by September 2017.	<ul style="list-style-type: none"> We need direct input from our clients to better align and adjust our service offer to support the pursuit of individual potential and to meet the priority needs of our clients. It is empowering for clients to know that their views are appreciated and acted upon.
#3: Design and implement a "Client Helpfulness Indicator (CHI)" for April 2017.	<ul style="list-style-type: none"> We need timely, valid information that tells us whether our clients find our services helpful, or not, & for participants to know that their views are appreciated & acted upon.

PREVENTION SERVICES

STRATEGIC OBJECTIVE 2

Ensure our children & youth receive a healthy, positive start

- Ensure our programming and activities support a healthy, positive experience for children and youth during their crucial developmental and formative years in order to become strong, productive Kanien'kehá:ka people.

GOALS	RATIONALE / PURPOSE
#1: Evaluate and address the program gap for 5 year olds, by April 1, 2017.	<ul style="list-style-type: none"> There are no programs for this age group, which is an important transitional period.
#2: Enhance summer programs to ensure full access for <i>all</i> youth, regardless of family income, by April 2017.	<ul style="list-style-type: none"> It is often children from lower income families that can most benefit from our programming; it is critical that we find ways to include them.
#3: <i>In partnership with Education and the schools,</i> enhance our Prevention (Healthy Life-Style) Team activities in the schools, by September 2017.	<ul style="list-style-type: none"> Our youth programs offer healthy Kanien'kehá:ka developmental & lifestyle activities, highly beneficial to the individual, the families and the communities.



PREVENTION SERVICES STRATEGIC OBJECTIVE 3 Empower healthy Kanien'kehá:ka families <ul style="list-style-type: none"> Preserve and empower Kanien'kehá:ka families to deal with a changing environment. 	
GOALS	RATIONALE / PURPOSE
#1: Establish the Family Preservation Unit, with full programming, starting no later than September 2017.	<ul style="list-style-type: none"> Coordinating all services for healthy families into a cohesive approach is the best way to bring all skills together to develop healthy families & assist when there are challenges.
#2: Enhance our "one-stop" service model to assure that any client in need will receive timely help from qualified personnel, by December 2017.	<ul style="list-style-type: none"> Persons who need help must have user-friendly, simple & secure access to encourage them to obtain help, to enable them to make the most use of the resources that are available to them.
#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.	<ul style="list-style-type: none"> Our Kanien'kehá:ka ways are sound and proven.

PREVENTION SERVICES STRATEGIC OBJECTIVE 4 Optimize partnerships to meet client needs <ul style="list-style-type: none"> Assure alignment and effective coordination programs and services of Prevention & Support with all key partners, internal & external, to optimize benefits for the clients & the most effective use of limited resources. 	
GOALS	RATIONALE / PURPOSE
#1: Conduct our annual partners' consultation by February 2017, and incorporate major improvements for April 2017.	<ul style="list-style-type: none"> Our partnerships are identified as a major opportunity for the success of our clients. It is critical that we review partnerships to optimize our joint contribution for our people.

PREVENTION SERVICES STRATEGIC OBJECTIVE 5 Incorporate Tsi niionkwarihotens "Our Ways" <ul style="list-style-type: none"> Incorporate Tsi niionkwarihotens, "Our Ways", as the basis for empowering healthy youth and families. 	
GOALS	RATIONALE / PURPOSE
#1: Incorporate Tsi niionkwarihotens, "Our Ways", in all our programming and services, and in our internal practices, by April 2018.	<ul style="list-style-type: none"> It is critical to our self-identity & esteem, & to the preservation of our ways of doing things, including our language as Kahnawa'kehró:non, that we work to increase our understanding & use of these in everything that we do.



SUPPORT SERVICES

SUPPORT SERVICES

STRATEGIC OBJECTIVE 1

Empower Kahnawa'kehró:non (individuals and families)

- Significantly empower Kahnawa'kehró:non individuals and families to take control of their lives, thereby enhancing their dignity, self-esteem, and confidence.

GOALS

#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 November 2017.

RATIONALE / PURPOSE

- We need valid, up-to-date input from our clients to ensure we are focused on the types of services and support that are most beneficial to them.
- Involving the clients directly in these consultation processes is a good way to engage & empower them, & foster personal responsibility.

SUPPORT SERVICES

STRATEGIC OBJECTIVE 2

Improve healthy Kanien'kehá:ka development options for Youth

- Improve our community capacity to provide healthy Kanien'kehá:ka development environments / options for our children and youth at risk, and for their families.

GOALS

#1: Recruit and train a minimum of 10 skilled / qualified foster homes in the community by September 2018.

RATIONALE / PURPOSE

- Many cases requiring foster care require crisis management capability.
- The chances for a child or youth (aged 0 – 18 years) at risk to progress to a healthy holistic lifestyles, including a healthy self-identity and esteem, are significantly increased if we can provide a healthy, supportive and nurturing Kanien'kehá:ka home within the community.
- Successful foster care can significantly reduce the need for permanent placements, which can also mean losing a young person to a permanent placement outside the community.

#2: Significantly enhance effective support for youth 18 years who are transitioning out of foster care to capable independent living, by April 2018.

- We need to prepare the youth for this difficult transition, and have the necessary support systems in place to support a successful transition.

#3: Improve the support for our youth in institutions outside the community (e.g. Batshaw), by April 2018.

- We need to establish effective partnerships with these institutions for the support and success of these youth.



SUPPORT SERVICES STRATEGIC OBJECTIVE 3 Enhance the effectiveness of our youth protection, the Kanien'kehá:ka way <ul style="list-style-type: none"> Enhance the effectiveness of our youth protection for the benefit of the youth and their families. 	
GOALS	RATIONALE / PURPOSE
#1: Establish our Kahnawà:ke Youth Protection Directorate by no later than September 2017, with final approval of the plan by the MCK no later than January 2018.	<ul style="list-style-type: none"> The chances of a successful transition or recovery to a healthy Kanien'kehá:ka lifestyle for the youth and the family will be greatly enhanced when we take control of our youth protection services.
#2: 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 <i>Enhanced Prevention Focused Approach</i> no later than April 2017.	

SUPPORT SERVICES STRATEGIC OBJECTIVE 4 Break the recurring and normalizing pattern of addictions <ul style="list-style-type: none"> Break the recurring and normalizing pattern of addictive practises and behaviours in our families, with a special focus on children, youth and their families. 	
GOALS	RATIONALE / PURPOSE
#1: 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 <i>which can have lethal consequences</i> , with an integrated plan approved and ready to implement by April 2017.	<ul style="list-style-type: none"> The prescribed and non-prescribed use of pain killers (opiates and narcotics) has become the fastest growing and the most urgent focus in many First Nation communities, in part because <i>an error in using or dealing with these powerful drugs can be lethal</i>. DUSI-R is a proven, on-line self-assessment tool with demonstrated significant benefits for both the individual client and the service provider Some addictive behaviours have become the “norm” for well over 55% of our families, with the potential of an even more incapacitated future for our families and their youth.
#2: Research and recommend implementation of new tools to address drug use (e.g. DUSI-R = <u>D</u> rug <u>U</u> se <u>S</u> creening <u>I</u> nventory – <u>R</u> evised) by April 2017.	
#3: Significantly enhance a Kanien'kehá:ka healthy home environment to totally de-normalize addictive behaviours, with a special focus on youth and young families, by January 2017.	



SUPPORT SERVICES

STRATEGIC OBJECTIVE 5

Assess & upgrade our psychological services

- Assess our needs for effective and efficient psychological services and implement an upgraded capability, including people and processes, to address the priority needs in mental wellness.

GOALS	RATIONALE / PURPOSE
#1: Design and implement a systematic process to consult with clients to identify their priority needs, by April 2017.	<i>This rationale covers all 3 goals:</i> <ul style="list-style-type: none">• Many of our clients need services, like quality assessments, that can only be handled by professional psychologists• It can greatly assist our other counselling staff to have direct access to professional psychologists for counsel
#2: Complete a comprehensive review and present recommendations in the following areas: <ol style="list-style-type: none">a. A comprehensive assessment of our priority needs in mental wellness issues;b. The staffing that we will need;c. The effectiveness and efficiencies of our services and processes;d. The best ways to optimize funding and the efficient use of funding;e. Implementing client consultation and feedback mechanisms;f. And reviewing processes to ensure the performance of the professionals we retain outside, and other key partnerships, for the benefit of our clients (July 2017)	
#3: Put in place a fully capable and independent professional psychological services service by October 2019.	



ASSISTED LIVING SERVICES (ALS)

ASSISTED LIVING SERVICES	
STRATEGIC OBJECTIVE 1	
Know and address the needs of each client & family <ul style="list-style-type: none"> Ensure we know and respond to the needs of our clients and their families 	
GOALS	RATIONALE / PURPOSE
#1: Find and implement an effective assessment tool to enable caseworkers and families to assess needs and develop effective service plans, by April 2017.	<ul style="list-style-type: none"> Each family & client has unique circumstances & needs; we must verify & validate these on a systematic & timely basis so we can properly & proactively prepare to address them.
#2: Address the current gap in proper services for children by developing an information package for special needs caregivers, by September 2017.	<ul style="list-style-type: none"> There is a growing number of children with special needs. However, there is no organized way to do a valid assessment of the child's needs and provide good information to the parents.

ASSISTED LIVING SERVICES	
STRATEGIC OBJECTIVE 2	
Enhance the quality of life & recognition / appreciation of each client <ul style="list-style-type: none"> Optimize the quality of life, including the development of each individual's gifts & d capacity, while enhancing the community's recognition of & support for the dignity & value of each client. 	
GOALS	RATIONALE / PURPOSE
#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).	<ul style="list-style-type: none"> Each client has gifts & ways of participating in a fulfilling life; it is a major part of our work to help discover these gifts & then to provide the support necessary for the person to fulfill her/his potential and aspirations. Success often requires good integration into community activities, & recognition for the efforts & accomplishments of our special people.
#2: Maximize the integration of the clients into community activities, including employment (on-going).	<ul style="list-style-type: none"> Integration of people with special needs into the regular activities of the community, including employment, sports, recreation & community events, is one of the best ways to assure each of these people can optimize her/his personal fulfillment / aspirations, & experience a genuine sense of contribution & personal dignity.



ASSISTED LIVING SERVICES

STRATEGIC OBJECTIVE 3

Assure continuity of quality care for each dependant

- Assure that primary (family) caregivers can be confident that there will be continuity of quality care for their dependant.

GOALS	RATIONALE / PURPOSE
<p>#1: Establish a viable full-time residential unit as a planned alternative caregiver option for aging primary caregivers by April 2019.</p> <p>➤ The unit will have to provide for a minimum of 12 persons.</p>	<ul style="list-style-type: none"> Our clients require services until they pass on. Typically, the primary caregiver for a client is a parent, & many parents of current clients are 70 years of age or older. The client & the primary caregiver need & deserve to know that there is a good permanent residence for the client, after the primary caregiver is no longer there.
<p>#2: Develop and implement a viable respite capability to accommodate at least 40 persons by April 2019.</p>	<ul style="list-style-type: none"> A full-time primary caregiver for a client needs to have access to occasional respite services to enable the caregiver to recuperate. Younger working parents, or single parents, also have real needs for this type of service.

ASSISTED LIVING SERVICES

STRATEGIC OBJECTIVE 4

Maintain a minimum waiting list

- Maintain a minimum waiting list: ensure ALS has the capacity (people, space and time) to deal effectively, efficiently and on a timely basis with the growing number and complexity of clients.

GOALS	RATIONALE / PURPOSE
<p>#1: Develop & implement an ALS Personnel Plan to support this plan by January 2016.</p>	<ul style="list-style-type: none"> ALS needs to plan and implement the additional capacity required to address the growing number and complexity of clients, estimated at an additional 60% of current capacity.
<p>#2: Increase the physical capacity of the Centre to support the estimated increase of 40 clients during the plan period & beyond, with an approved plan & funding completed before April 2018.</p>	
<p>#3: Develop an alternative funding strategy, involving all three levels of government & other partners, to support the required physical expansion & the additional staff requirements, by September 2017.</p>	



HOME & COMMUNITY SERVICES (HCCS)

HOME & COMMUNITY CARE SERVICES	
STRATEGIC OBJECTIVE 1 Enhance client-centered service delivery <ul style="list-style-type: none"> Enhance our ability to deliver client-centered quality services while responding to changing needs of the clientele. 	
GOALS	RATIONALE / PURPOSE
#1: Evaluate current services from a client perspective, and make timely adjustments to programs, by June 2017.	<ul style="list-style-type: none"> We need valid & timely client data, obtained directly from the client, to know whether we are meeting their priority needs in a satisfactory manner, to better identify any service deficiencies and to prepare a proposal for block funding.

HOME & COMMUNITY CARE SERVICES	
STRATEGIC OBJECTIVE 2 Assure dignity, autonomy and quality of life for elders <ul style="list-style-type: none"> Ensure elders and their families receive the support they need to foster dignity, autonomy and quality of life. <ul style="list-style-type: none"> Falls Response Protocol (carry-over Goal) Address Elder Abuse Implement Palliative Care 	
GOALS	RATIONALE / PURPOSE
#1: Develop and fully implement a “Falls Response Protocol” by February 2017. <A carry-over priority>	<ul style="list-style-type: none"> Elders & certain other members of the community are particularly at risk from lasting & life limiting effects if they are not properly handled immediately after a fall. The Falls Response Protocol is designed to minimize the risk of any additional damage following a fall.
#2: Identify & address situations of elder abuse on an urgent basis, starting no later than September 2016.	<ul style="list-style-type: none"> To ensure that no elder suffers from any form of abuse or indignity, & that families in need of help or support can get the help on a timely basis.
#3: Implement a palliative care capability and service by May 2017.	<ul style="list-style-type: none"> Enhance the dignity of end-of-life experience for our elders & their families by providing palliative care, preferably at home.



ENVIRONMENTAL HEALTH SERVICES (EHS)

ENVIRONMENTAL HEALTH SERVICES

STRATEGIC OBJECTIVE

The strategic objectives for Environmental Health Services (EHS) are in development. The basic objective is to provide high quality environmental public health services. EHS follows a similar mandate to the Environmental Health Program provided by Health Canada. They respond to the environmental public health needs of the community in a timely manner and work to identify and prevent environmental public health risks that could impact the health of community residents.

GOALS

In development

RATIONALE / PURPOSE

-



ORGANIZATIONAL OBJECTIVES (2016-2019)

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.

The General Objective of incorporating Kanien'kehá:ka ways, language and culture in everything we do is a critical underlying condition for success of the plan.

ORGANIZATIONAL OBJECTIVE 1

Assure KSCS has healthy and qualified staff

- Ensure we support the health and training of KSCS Staff (a *shared* responsibility with each employee, who must also feel empowered)
- Continue to implement the KSCS “coaching for performance” approach and the improved salary compensation structure.

GOALS	RATIONALE / PURPOSE
#1: Commit to and provide for a healthy and balanced quality of working life for all KSCS Staff. Each unit to submit its specific plan by no later than April 2017	<ul style="list-style-type: none"> • To provide quality services & programming for Kahnawa'kehró:non, KSCS's staff needs to be healthy on a sustained basis.
#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 April 2017.	<ul style="list-style-type: none"> • KSCS work processes and complexity are both changing and increasing, requiring regular updates in skills training. This includes improved organizational skills for supervisors.
#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 December 2016.	<ul style="list-style-type: none"> • KSCS needs to recruit people who have the specialized skills required to meet some of the goals in this plan. • Retention will require that KSCS also ensure fair and competitive employment conditions.

ORGANIZATIONAL OBJECTIVE 2

Enhance the organizational structure and work processes to deal with change

GOALS	RATIONALE / PURPOSE
<p>#1: Re-organize our structure and processes to provide best possible services to Kahnawa'kehró:non, by April 2017.</p>	<ul style="list-style-type: none"> There are a number of strategies in the Plan that will require changes in the way KSCS is structured, and in some of the processes it uses. <p><i>Ex: Find better ways to strengthen Kahwá:tsire and empower parents and children with Kahwá:tsire as a critical core element in a more integrated and coordinated service approach.</i></p>
<p>#2: Develop and implement a planned approach to deal with the changing work focus and re-organization in a constructive and fair manner, by January 2017.</p>	<ul style="list-style-type: none"> The plan calls for a number of significant changes including a much stronger focus on identifying & addressing the client's potential & needs, in an environment where the complexity of the clients' needs is increasing. ❖ The plan also calls for some re-organization, see Goal #1, above. ❖ The implementation of the improved salary compensation plan will require a reduction in personnel. The knowledge of this is already cause for insecurity. ❖ There is a need to strengthen unity and mutual support and internal partnering <i>within</i> the KSCS team. <p>All of these changes will have to be handled in a constructive and fair manner.</p>

ORGANIZATIONAL OBJECTIVE 3

Develop, organize and use valid, up-to-date data

- Systematically develop and use relevant, accurate and timely data on client priority needs and client performance and progress, and the clients' assessment of service quality and helpfulness, and other KPI's.

GOALS	RATIONALE / PURPOSE
<p>#1: Get valid and timely client data.</p> <ul style="list-style-type: none"> Each unit has indicated its objective of developing and implementing systematic processes to obtain timely client input regarding priority needs and the assessment of KSCS services and processes, by April 2017. <p>#2: Develop valid Key Performance Indicators (KPI's) by April 2017.</p> <p>A number of the service area plans identify the types of KPI's that need to be developed, but currently do not have adequate data to support them. Appropriate KPI's will be established by April 2017.</p>	<p><i>For Goals #1 & 2:</i></p> <ul style="list-style-type: none"> To understand our clientele (demographics, incidents measures, trends) & determine the priority needs of clients on a timely basis To assess the effectiveness / helpfulness of our services (<i>Client Helpfulness Indicators</i>), and provide feedback on the progress of the client to the client To measure progress (<i>Key Performance Indicators – KPI's</i>) to support a continuous improvement approach



ORGANIZATIONAL OBJECTIVE 4	
<p>Enhance use of IT and COMMUNICATIONS technologies to improve client services and follow-up</p> <ul style="list-style-type: none"> Assure effective access to and use of good information technologies to enhance communications, improve client services, and follow-up. 	
GOALS	RATIONALE / PURPOSE
<p>Information Technology (IT) #1 Each KSCS unit will meet with IT Services to identify and prioritize their requirements for IT support, and finalize their action plans by December 2016.</p>	
<p>Communications Services #1 Each KSCS unit will meet with Communications Services to identify and prioritize their requirements for effective communications technologies, and finalize their action plans by December 2016.</p>	

ORGANIZATIONAL OBJECTIVE 5	
<p>Obtain the funding required to support the full implementation of the plan</p> <ul style="list-style-type: none"> Assure KSCS obtains stable & sufficient funding to support the plan, including expanded facilities 	
GOALS	RATIONALE / PURPOSE
<p>#1: Each KSCS service will develop a budget and capital plan by January 2017.</p>	<ul style="list-style-type: none"> Several service areas need new resources to fulfill their objectives under this plan, particularly ALS and H&CCS who need expanded space and facilities.

ORGANIZATIONAL OBJECTIVE 6	
<p>Advocate for and obtain better access to critical services in the English language e.g. Institutional care, detox</p>	
GOALS	RATIONALE / PURPOSE
<p><i>To be determined</i></p>	

ORGANIZATIONAL OBJECTIVE 7	
<p>Strengthen our partnerships within our teams, our community and beyond.</p>	
GOALS	RATIONALE / PURPOSE
<p><i>To be determined</i></p>	



ORGANIZATIONAL OBJECTIVE 8 *General Objective

Incorporate Kanien'kehá:ka ways, language and culture in everything we do.

GOALS

RATIONALE / PURPOSE

In development:

The KSCS Leadership Team (KLT) will meet to develop and guidelines to facilitate the better use of Kanien'kehá:ka ways and language in the activities, programming, services and practices of KSCS.

Thereafter, service areas should develop specific goals / action plans in order to incorporate practices into service delivery, as appropriate

The following are the top five (5) suggestions for internal action:

- Training & Education:
 - K.S.C.S. needs to support requests for cultural training; placing more "value" on it.
- Use of Language:
 - Encourage use of Kanien'kéha in every day work.
 - Encourage use of Ohén:ton Karihwatéhkwén regularly, starting with the KLT role modeling it. (e.g. say every morning on loudspeaker?)
- Staff Wellness:
 - Have traditional "EAP" resources available (e.g. sweat for staff; inviting healers more)
- At Hire:
 - Mandatory cultural / language / history orientation, including probation requirements. * If probation requirements exist, all staff are required to pass the same standard.
- Traditional Ceremonies
 - Change name from festival to ceremony.



IMPLEMENTATION PLAN

...conditions for success

The Strategic Plan represents the essence of what the KSCS Board of Directors have determined must be achieved by KSCS during the plan period. Having a clear implementation process for the Strategic Plan was the most important success factor determined in consultation with KSCS Staff.

When reviewing previous plans, it was acknowledged that there are many recurring objectives and goals because the root causes of community issues have not changed. However, two specific things should change with this plan:

- There is a better understanding of what it really means to be truly “client-centered and client-driven”; and,
- There is a compelling obligation to undertake a systematic way of implementing this Strategic Plan.

THE IMPLEMENTATION PROCESS: *conditions for success*

1. Each Goal will be supported by an action plan.

- Each action will be developed and owned by the service manager with primary responsibility for the goal.
- Some action plans, e.g. for some organizational goals, will be developed for, and executed by the KSCS Leadership Team (KLT).
- Each action plan will in turn be approved by the Executive Director.
- Action plans will cover the steps and measures to be achieved in Year I of the plan (up to March 31st, 2017), and be updated on an annual basis.

2. Regular monthly progress reports (two ways) are made a priority

- The 1st report on each action plan will be by the service manager at the monthly “coaching for performance review” with the Executive Director.
- The 2nd monthly review of each action plan will take place at the monthly KLT meeting, where “progress reports” is the #1 item on the agenda.
 - Progress reports are made by “exception reporting” only, i.e. “we are on track, except for this element or this is why we are off track, and this is what we are doing about it”.
 - Anyone at the KLT can make suggestions to help get a particular action plan back on track; but ultimately it is the service manager’s call on what to do as they are responsible for ensuring success for each goal.

3. Quarterly review with the Board of Directors

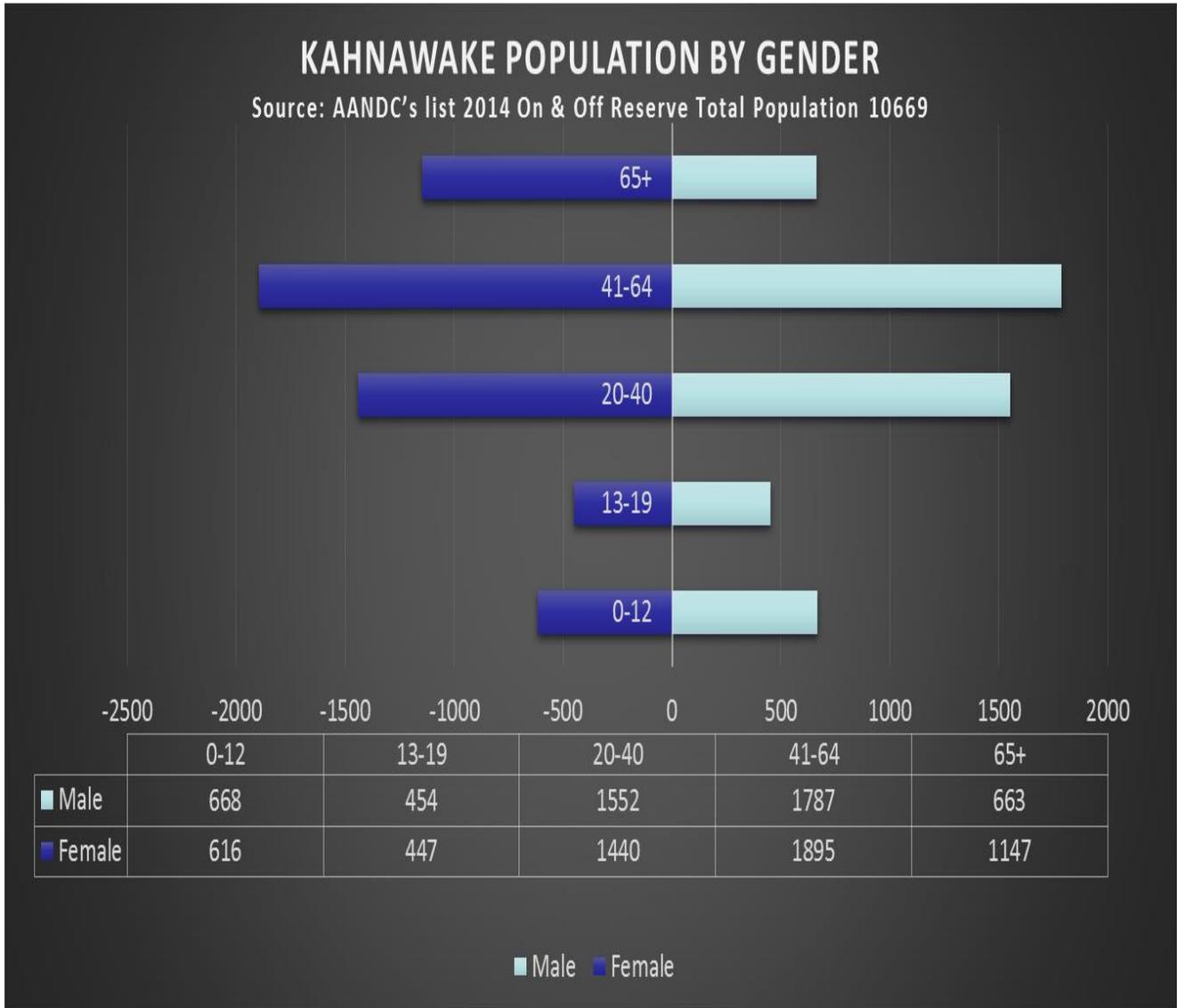
- It is strongly recommended that quarterly progress reports (also “exception reporting” only) are made to the KSCS Board on a selection of the most critical goals.

THE COMMUNICATIONS PROCESS: *another condition for success...*

It is strongly recommended that the Board issue a regular Progress Report to the community (on a quarterly basis). This would exemplify our sincere commitment to our clientele and staff. Achieving significant progress with Kahnawa’kehró:non and their families is worth celebrating.

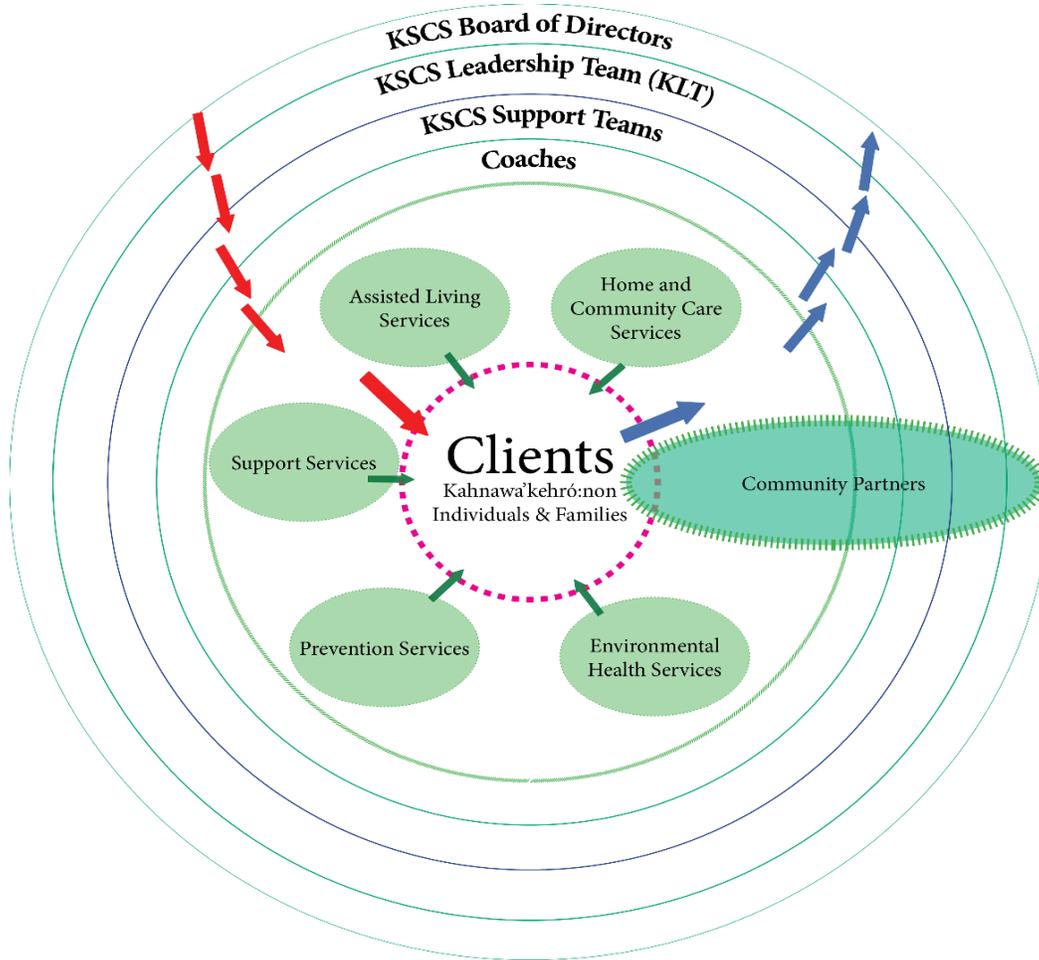
APPENDIX A: Demographics of Kahnawà:ke

Community Profile



APPENDIX B: KSCS' Client Centered Management Structure

Stakeholder #1: Kahnawa'kehró:non & their families



 = Delivery, Quality Services
 = Feedback: Priority Needs, Assessments
 = Enabling direction & support
 Coaches = KSCS Supervisory Team
 KSCS Support Teams = Admin, Finance, Organizational Support Services, Facilities
 KLT = Executive Director, Management, Designated Individuals & Committees