

and several related

services for each area.

call"

• Foster Care & Case

Aide Services

KSCS STRATEGIC PLAN (2016-2020) 7th UPDATE REPORT

ABOUT THIS REPORT

The purpose of this report is to provide an update on our strategic plan which originally was to span a three year time frame ending March 31, 2019. A decision was made by the KSCS Board of Directors to add an additional year and extend the timeframe to March 2020.

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 is committed to providing regular updates to our Board of Directors, staff and community on the progress we are making in each area of service. These updates can be found in these reports and available on our website kscs.ca.

| 0 | | ecember 2018 to Marc | |
|---|---|---|--|
| | KAHNAWAKE SHAK | OTIIA'TAKEHNHAS COMMUNI STRATEGIC PLAN 2016-2019 | TY SERVICES |
| | KSCS strives for a strong collective fut | OUR VISION ure for Kahnawà:ke by promoting and su OUR MISSION | pporting a healthy family unit. |
| | | oy engaging with community through acti ibility with the collaboration of all organiz | - |
| | These are the core principles that deso how | cribe our organizational culture, help to d we conduct ourselves in our daily work. RESPONSIBILITY TRUST | letermine our priorities and guide |
| | | EE GUIDING STRATEGIC OBJECTIVES | COMMITMENT |
| | The number one strategic focus of the plan is to l lives. Client "helpfulness" will be one of the pr families (kahwá:tsire) as the strategic core of all | imary indicators of success. Also recogni | duals and families to take control of their zed is the importance of strengthened :hy kahwá:tsire requires a strategic focus |
| | STRATEGIC OBJECTIVE I | STRATEGIC OBJECTIVE II | STRATEGIC OBJECTIVE III |
| | Be fully client-centered & client-driven | Enhance community engagement & community-based partnerships | Foster & accelerate active Kanien'kehá:ka ways of doing |
| | Re-focus on Kahnawa'kehró:non and their families as the most important stakeholder | · · · · · · · · · · · · · · · · · · · | things, including more use of our language |
| | Improve our knowledge and understanding of our clients: engage them directly in evaluations (Client Helpfulness Indicators) and setting priority needs. | Actively engage the community as a key agent for positive change. | Strengthen understanding of our Kanien'kehá:ka ways, language and culture. |
| | Strengthen and normalize strong kahwá:tsire, by empowering and engaging our people to undertake fulfilling lives and healthy lifestyles. | Continue to expand and strengthen KSCS's productive partnerships within our teams, our community and beyond. | Incorporate Kanien'kehá:ka ways in everything we do. This means increasing the use of our language and culture in everyday |
| | 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. | S CANA | living and in the standard practices of our services. |
| | 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). | | |
| | J | | |
| | PREVENTION SERVICES SUPPORT SERVICES Primary Prevention; Intake Services Onkwanèn:ra Addictions Response Teen Group Services Drama Youth Protection Support Counsellors Criminal Justice Family & Wellness Center; Assistance Services Parenting Program Psychological Services Traditional Services Youth Protection | Family Support & CARE Resources Life Skills Support Young Adults Program Home Cal | 5 beds) Investigations |

Building Safety (Private & Public) Occupational Health &

• Meals on Wheels

Safetv . Emergency Preparedness

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 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 <u>green</u> 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 <u>yellow</u>, 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 <u>red</u>, 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 | 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 March 2019. | Each Manager is responsible for their own team's health and quality of working life with support from the KSCS Social Committee and Organizational Support Service (OSS). Date has been revised to allow for incorporation of recommendations from organizational review into plans. | |
| 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 March 2019. | See OSS update under 1.4 | |
| 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 March 2019. | See OSS update under 1.2. Recommendations from the organizational review will be taken into consideration and incorporated in work beginning in this area. | |

| so | 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 September 2019. | Date was extended to September 2019, The KSCS structure has been reorganized and the Board of Directors have approved proposed structure but requires further dialogue for the phased in approach and structural changes. | |
| 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 September 2019. | KSCS Directors working on building capacity in managing change. Current change approaches have been positive. | |

| SO | SO 3: Develop, organize and use valid, up-to-date data | |
|-----|--|---|
| 3.1 | Develop valid Key Performance Indicators (KPI's) by March 2019. | No movement. This is an individual team /service activity versus a global activity. This has been noted that this will be a key activity in next strategic plan. |
| 3.2 | Get valid and timely client data by March 2019. | New Required Reporting iSC of Child and Family Service indicators for 2019/2020 fiscal year. This needs to be implemented starting April 1, 2019. Administrator of case management software is verifying if system is able to report on new indicators right now. |

SO 4: Enhance use of IT & Communications technologies to improve client services and follow-up COMPLETED: 4.1 Information Technology (IT) Each KSCS unit will meet with IT Services to identify and prioritize their requirements for IT support, and finalize their action plans by December 2016g Consultation completed for both goals. Needs have been identified and prioritized. New goals have been listed below as new 4.1 to 4.7. COMPLETED: 4.2 Communications: 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. **COMPLETED** : 4.1 IT: Implement VOIP system beginning with the Main office by July 2017 and completing by October 2018. Date extended from Oct 2018 to April 2019 due to the difficulties IT: Centralized location to store all files experienced with the VOIP system. Satellite offices are asked to within the organization (include 4.2 transfer all photos and videos currently stored on their servers to redundancy system backup at another removable mediums before the migration of the data to the main and location) by April 2019. backup servers. IT: Centralize all the organizations

| 3 | important documents in one location including a table of contents that have hyperlinks to the files and templates by January 2019. | Awaiting the results of the evaluation of the KLT folder with KSCS Management Team. |
|---|--|--|
| ļ | COMPLETED: IT: Organizational access to scheduling so | oftware for meeting and training rooms by November 2018. |
| 5 | Communications: Conduct a review on how KSCS communicates internally by May 2019. | Objective on hold until the Community Perception and Satisfaction Survey is completed. New projected date of May 2019 |
| 5 | Communications: Communicate the results of the review to staff & encourage them to utilize these methods. Ensure communications are | Contingent on objective 4.5. |

communications tools by January 2019. COMPLETED:

methods. Ensure communications are

also sent using other creative

4.3

4.4

4.5

4.6

Communications: Prevention Services having access to a KSCS Facebook page to promote events and activities 4.7 by August 2018.

| SO 5: Obtain the funding required to support the full implementation of the plan | | | |
|--|--|--|--|
| | | Finance continues to work with Managers on thinking about their budgets strategically and including projections for the completion of their strategic plan goals within the budget 2019/2020. | |
| | Each KSCS convice will develop a hudget | 19/20 budget draft was submitted to Board of Directors in February for approval in March 2019 | |
| 5.1 | Each KSCS service will develop a budget and capital plan by February 2019. | All Family Services managers have successfully completed their 2019 PMP objectives in regards to budgeting up to a certain point. Second half will continue in the 2019 year and strategic goals will be included. *Note: Strategic Objective 5 needs to be revised as the funding required to support the strategic plan has been obtained but there is significant follow up. | |

SO 6: Advocate for and obtain better access to critical services in the English language e.g. Institutional care, detox

| 6.1 | To strengthen internal processes that will ensure access issues to critical services in English that impact both KSCS staff and clients are documented, reported on and addressed with the appropriate bodies by March 2019. | Date revised. Work is being carried out. Management continually encouraged to flag access issues with the ED. ED informs management of Coalition of English Speaking First Nation Communities in Quebec (CESFNCQ) activities and access issues identified in other regions. Still reviewing Onkwata'karitáhtshera's role within this objective. |
|-----|---|--|
|-----|---|--|

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 May 2019. Date extended from March to May-challenge has been setting time aside to explore, discuss and determine priority partners.

| 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. | Discussion with staff in a variety of scenarios continues along with work with collaborative efforts with community members and organizations. Informal feedback and brief surveys are being collected at each activity, ex. Kanien:kéha sessions Unit 2 Ohén:ton Karihwatéhkwen, reconvened in January until March 29 2019. A total of 10 participants completed Unit 2. Feedback and results pending. Feedback also collected from: Mid-winter session, Dec.18 2018, Ribbon Skirt Making, Feb.28 and the second On-Boarding test presentation, Jan. 25 th , 2019. |
| 8.2 | To enhance the awareness of K.S.C.S. staff on tsi niionkwarihò:ten topics (ongoing calendar of events) | Each activity is evaluated and results used in the development of activities and education initiatives. A pre and post awareness question has been added to all of our questionnaires in order that we can look back to see what activities/event helped to increase awareness. This needs to be compiled for a final report. Events this quarter: Midwinter session, Ribbon Skirt Making sessions 1 and 2, Kanien'kéha sessions (9 sessions), Year of Indigenous Languages Promotions (radio talk-show, kiosk, Mother Language Day), Wahta teachings and Creation Story. Lending library- a total of 11 people signed out resources since Sept. 2018. The period of Dec-Feb. there were 5 users. This doesn't account for those who may browse. A new survey for staff is pending the new Fiscal Year. |
| 8.3 | COMPLETED: To provide KSCS a Final Report on the Tsi Niionkwarihò:ten pilot project by April 2018. Completed however year end reports will continue to be produced by the end of each fiscal year. This year's reported by Pending. | |

PREVENTION SERVICES ~ *Terry Young, Manager*



| SO 1 | SO 1: Know our clients potential and their priority needs | | |
|------|---|---|--|
| 1.1 | Complete the analysis of internal evaluation by Apr. 2017 & revise programming & services to address the major gaps by Apr. 2019. | Manager considering contracting out for final review of the document and finalize it. Timeframe change required to move to April 2019 in order to complete this. | |
| 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 April 2019. | Evaluation in general is being discussed with all service areas. Exploring the consolidation of global evaluation related objective/goals from each service area and placing under Organizational Objective 2. | |
| 1.3 | Design and implement "client helpfulness indicator" (CHI) for April 2018. | No movement & may need to develop own for services area in Prevention. Some staff have received training on survey design. Considering use & fit of KSCS Feedback Form with our programs. | |
| SO | SO 2: Ensure our children & youth receive a healthy, positive start | | |
| 501 | | | |
| | Evaluate and address the program gap for | All parenting workers are in their roles at the FWC. Manager will work | |

| | 2.1 | Evaluate and address the program gap for 5 year olds, by May 2019 | with the Team Leader to develop and then implement an enhanced Parenting Program-date needed to be extended |
|---|-----|---|--|
| 2 | 2.2 | COMPLETED: Enhance summer programs to ensure full access for all youth, regardless of family income by April 2017. Goal has become regular practice | |
| | 2.3 | COMPLETED: In partnership with education and the schools, enhance our prevention (healthy lifestyle) team activities in | |

| SO 3: Empower healthy Kanien'kehá:ka families | | |
|---|--|--|
| 3.1 | Establish the Family Preservation Unit, with full programming, starting no later than April 2019. | Final report completed and submitted to Executive Director and Director of Family Services. Director will work with Executive Director on recommendations provided for the Family Preservation Model approach implementation. Timeframe adjusted (4 months added) to April 2019 to reflect implementation of this objective. |
| 3.2 | Enhance our "one-stop" service model to assure that any client in need will receive timely help from qualified personnel, by June 2019. | Implementation of "timely" services based on the needs of the clients is being explored & discussed at Family Service meetings. Looking to involve Director & the other managers more in discussions. The P&S Admin team have also been discussing a number of issues related to one stop service & are preparing to make recommendations on changes to current services. The date extended to June 2019. |
| 3.3 | Improve our understanding, appreciation & use of the cultural values & ways of empowered & healthy Kanien'kehá:ka families, including in our work practices, by June 2018. | This has been ongoing. Team Leaders have incorporated this into their Performance management process as Key Result Areas. See Organization Objective 8 updates. |

| SO 4: Optimize partnerships to meet client needs | | |
|---|---|---|
| 4.1 | Conduct an annual partner's consultation by Feb 2018, & incorporate major improvement for April 2019. | Slightly delayed however will look to have completed by April 2019. |
| SQ 5: Incorporate 'tsi nijonkwarihò:ten' (our ways) | | |

| 50, | So 5. incorporate to infortkwarmoliteri (our ways) | | |
|-----|--|---|--|
| 5.1 | Incorporate Tsi Niionkwarihò:ten in all our programming & services and in our internal practices, by September 2018. | Development of a new program. See Organization Objective 8 updates. | |

SUPPORT SERVICES ~ Cheryl Zacharie, Manager



| SO 1 | : Empower Kahnawa'kehró:non (individuals and families) to take control of their lives | Highlight : We continue to work toward empowering our clients to take control of their lives. Our approach to providing services has been more client focused. As an organization we have released the Service Feedback Form which will offer feedback in relation to our services. |
|---|--|---|
| 1.1 | Design & implement a systematic process to consult with clients on a regular basis to identify their priority needs & obtain their timely assessment of the quality of our services, by Apr. 2019. | Evaluation in general is being discussed with all service areas. Exploring the consolidation of global evaluation related objective/goals from each service area and placing under Organizational Objective 2. |
| | : Improve healthy Kanien'keha:ka development options for youth | Highlight: Completed the job description for a Youth Transition Worker who will work with our youth who are aging out of care by offering support and assistance and posting in the upcoming fiscal year. |
| | | Challenge: Recruitment of new Foster families is a constant need and challenge. We will be developing a new strategy in the upcoming year. |
| 2.1 | Recruit & train minimum 10 skilled/qualified foster homes in the community-on-going. | We have been able to meet the ongoing needs of children requiring care, recruitment of Foster families continues to be a challenge. We are working with the communications team to increase public relations to gain new interested families. |
| 2.2 | Significantly enhance effective support for youth 18 years who are transitioning out of foster care to capable independent living, by April 2019. | The job description for a Youth Transition Worker has been completed. We look forward to a job positing in the upcoming fiscal year. |
| 2.3 | Improve support for our youth in institutions outside the community (e.g. Batshaw), by April 2019. | This continues to be an ongoing objective and we recognize the need for further research into the inequities experienced in reference to access to services outside of the community. We have also acknowledged that this objective will need to look at issues encountered amongst all services of the Family Services. |
| SO 3: Enhance the effectiveness of our youth protection, the Kanien'keha:ka way | | Highlight: In conjunction with Tewatohnhisaktha and KEC, we are discussing the viability of a Kahnawake BSW program. Recognize very complex in the meantime; each organization has taken on the responsibility of educating and informing our respective clientele about the career and its merits, in the hopes of peaking their interest. |
| | • | Challenge : Law 21 continues to present us with issues and as a result, we have run into barriers when attempting to hire caseworkers who meet the criteria of the Order. |
| 3.1 | Get final approval of plan for the establishment of the Kahnawà:ke Youth Protection Directorate by the MCK no later than January 2019. | With the recent election there has been no movement toward getting final approval for the establishment of the Kahnawà:ke Youth Protection Directorate. |
| 3.2 | Enhance the timeliness & quality of response & 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 Apr.2019. | Moving forward we will have to evaluate and analyze our current structure and services, taking into account the feedback from our clientele in an effort to determine the best practices for assisting our clientele. We will need to establish our indicators of success; we have been focused on improving our services by being more client focused but have not had the opportunity to consider how we will know whether or not we have been successful |

SUPPORT SERVICES continued

| SO 4: Break the recurring and normalizing pattern of addictions | | Highlight: In the area of Addictions Response we have been successful in offering a variety of services to the community and have been building partnerships with various external stakeholders in relation to the areas of gambling, mental health and drug use. Challenge: While we had filled all of our positions earlier in the year, we saw departure of one of our newest members. This has had an effect on the caseloads and we will look to fill the position in the near future. |
|---|--|--|
| 4.1 | 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, with an integrated plan approved and ready to implement by April 2019. | With the legalization of Cannabis, staff continue to work alongside Prevention Services to promote information and education but also to address more clinical issues that may arise. We are working toward planning an initiative that would share services, information and resources with the community in the area of mental health and addictions. |
| 4.2 | Research and recommend implementation of new tools to address drug use (e.g. DUSI-R) Drug Use Screening Inventory by April 2019. | Working towards implementing the DUSI R and consulting with Thunderbird Foundation to ensure that we have a culturally sensitive tool to use with our clients that is both useful and helpful to addressing their realities. As a result of this the timeline has been reconsidered and we have set a new goal of implementation for the new fiscal year. |
| 4.3 | Secure a youth case worker for ARS to address the specific needs of youth with addictions by Sept. 2019 | Was completed however position currently open again and need to develop a new recruitment strategy by Sept. 2019. |
| 4.4 | COMPLETED: 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 Dec. 2018. With the legalization of Cannabis, staff continue to work alongside Prevention Services to promote information and education but also to address more clinical issues that may arise | |
| 4.5 | Create a plan of action based on a comprehensive review of video lottery terminals that includes promotion/ education, prevention and intervention approaches by September 2019. | The ARS team continues to work with the stakeholders involved, in addition to the Prevention team, working toward the development of more long term plans. |
| | : Assess and upgrade our psychological services | Highlight: We now have a fully complete team and are working toward the growth of the Psychological Services program |
| 5.1 | Design a systematic process to consult with clients to identify their priority needs, by April 2019. | 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. This goal may become integrated under 1.1 above. |
| 5.2 | | hological services and present recommendations. e review and work towards implementing the recommendations. |
| 5.3 | COMPLETED: Put in place a fully capable, professional particular definition of the place we are able to main place we ar | sychological service by October 2019. aintain a fully functioning service but also work towards further growth. |

ASSISTED LIVING SERVICES (ALS) ~ Vickie Coury-Jocks, Manager



| SO 1 | SO 1: Know and address the needs of each client & family | | |
|------|--|--|--|
| 1.1 | Find & implement an effective clinical assessment tool to enable caseworkers & families to assess needs & develop effective service plans, by April 2019. | Assessment tools integrated. Psycho-educator has developed his work plan that includes prioritized case load of clients and families to begin assessments. | |
| 1.2 | Address the current gap in proper services for children by developing an information package for special needs caregivers, by September 2019. | Successful candidate identified to complete this project. Contract signed and work begins April 1 st , 2019. | |

| S | SO 2: Enhance the quality of life & recognition/appreciation of each client | | |
|---|---|--|-----------------------------|
| 2 | 2.1 | COMPLETED Foster, develop & implement more opportunities for the athletic, artistic & other kinds of personal development & excellence of our clients, with the full recognition & active support of the community. | |
| 2 | 2.2 | Maximize the integration of the clients into community activities, including employment (on-going). | Work in this area on-going. |

| SO 3: Assure continuity of quality care for each dependant | | |
|---|--|--|
| 3.1 | Establish a full-time residential unit (for a min. of 12 persons) as a planned alternative caregiver option for aging caregivers by December 2019. | Preliminary report was received from Waban-aki Tech Services that assessed property and building. With this information Waban-aki is developing a concept report that includes a budgetary estimate for construction. |
| 3.2 | Develop and implement a viable respite capability to accommodate special needs individuals by September 2019. | Support continues; case workers are assisting families in accessing respite dollars through the CLSC. |

| SC | SO 4: Maintain a minimum waiting list (capacity to deal with the growing number and complexity of clients) | | |
|-----|--|--|--|
| 4.1 | COMPLETED. Develop & implement an ALS Personnel Pla | an to support this plan by Sept. 2018. | |
| 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. | Building inspection was carried out and a report received from Wanban- aki Tech Services with recommendations for improvement and renovations which are now within the Capital Plan for implementation in FY 2019/20. | |
| 4.: | 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 Mar. 2019. | Within this quarter a steering committee was established that will look further into supporting the need for expansion of residential resources for special needs. | |

HOME & COMMUNITY CARE SERVICES (HCCS) ~ *Mike Horn, Manager*



| SO 1: Enhance client-centered service Challenge Nu | | Highlight: Additional funding opportunities. Challenge: High rate of human resource changes in Home Care Nursing and HCCS Case Worker positions. No success yet in recruitment of Clinical Supervisor. |
|---|---|---|
| 1.1 | Evaluate current services from a client perspective and make timely adjustments to programs (on-going). | Evaluation continues to be based on individual client assessments, and Client Service Plans. Evaluation in general is being discussed with all service areas. Exploring the consolidation of global evaluation related objective/goals from each service area and placing under Organizational Objective 2. |
| 1.2 | COMPLETED . <i>Review client activities/services that now c</i> Completed but continue to meet funding an | can be enhanced due to block funding and report on by April 2018. Ind reporting requirements. |
| 1.3 | Modify (reorganize) and enhance (when possible) HCCS personnel that will ensure better client service delivery by June 2018. | Hired 4 sporadic kitchen cooks Feb. 2019. Hired 2 sporadic Home Health Aides. Posting for HCCS Case Worker 2019. |
| 1.4 | Increase the physical capacity (beds/rooms) at the Elders Lodge to meet the needs of the community and staff (on-going). | Turtle Bay Elders' Lodge is in the process of being certified by Accreditation Canada. Preliminary planning is being conducted regarding potential expansion to TBEL. |
| SO 2: Assure the dignity, autonomy and quality of life for elders | | Highlight: funding available via proposals. Challenge: short time-frames to utilize the funding acquired. |
| 2.1 | Fully implement and evaluate the "falls response protocol" by March 2019. | Protocol still being utilized by HCCS and TBEL staff. |
| 2.2 | Identify & address situations of Older Adult Mistreatment through Promotion and Education awareness campaigns on an ongoing basis. | The HCCS Older Adult Mistreatment Committee hosted a 2 day workshop February 12 & 13 2019, inviting traditional speakers Tom Porter and Charlie Patton, to share their knowledge through storytelling to highlight historical and cultural relevance regarding respect and cultural responsibilities toward elders. Hosted a social on February 12 engaging multigenerational participation between youth and elders |
| 2.3 | Enhance palliative care capability and service (on-going). | February 5-7, 2019 4 members of HCCS Palliative Committee attended "Palliative & End of Life Care Skills Development for Workers" training offered by FNQLHSSC in Quebec City. At the Training, the committee also gave a one hour Power Point presentation on palliative care offered in by Kahnawake Home and Community Care Services. This was an excellent opportunity to share our experiences with other First Nations communities striving to implement Palliative Care as a component of their services. |

ENVIROMENTAL HEALTH SERVICES (EHS) Donald Gilbert, Team Leader



| SO 1: Enhance client-centered service delivery | | Highlight(s): EHS will be receiving additional funds to our 19/20 contribution agreement to supplement our increased potable water sampling cycles. As one of the earliest communities to use TECTA and as one of the most knowledgeable, experienced and independent operators, Larry Jacobs was invited to join an AFN national water symposium in Niagara Falls to co-present with Pathogen Detection Systems, Inc. and share his experience on the use of TECTA in Kahnawake. Challenge(s): Weather and poor road conditions for homes in outlying areas. |
|--|--|--|
| 1.1 | Revisit current water quality monitoring schedule and increase frequency of bacteriological and basic chemical analysis if necessary. | This quarter we were able to resample 309 wells for bacteria. Of those 309 wells, 5 wells needed to be disinfected. Getting difficult to resample some homes due to weather and some have shut their outdoor taps anticipating freezing temperatures. |
| 1.2 | Determine if annual inspections of high risk facilities is satisfactory or should be increased. | No issues to report. Identified facilities are cooperating and actively participating. |

SO 2: Seek necessary funding to operate within the Strategic Objectives

COMPLETED. SEE HIGHLIGHTS

2.1 Negotiate with Health Canada to increase funding to perform additional water quality monitoring activities and associated materials.

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. | On March 1 st an annual planning session was held with the social committee to plan for the new calendar of events starting new fiscal year at April 1 st . A variety of holistic activities are anticipated. A call for new members went out and 3 staff members responded and were welcomed to the committee. |
| 1.2 | Review and revise the current recruitment process at KSCS by Sept. 2019. | Organizational Strategic Development will be coordinating this project as a systems-wide change process. Ensuring all parties are consulted, and that the revised process meets the needs of KSCS globally. The completion date will be revised, once the terms of reference and project scope is determined. |
| 1.3 | Enhance staff wellness by becoming more strategic and proactive in supporting employee management of a healthy and balanced life. | OSS manager has met with Tsi Niionkwarihó:ten coordinators to set an objective for research & development of traditional healing approaches for staff. |
| 1.4 | Create a KSCS Training and Development process & plan by April 2019. | This is set as a key objective for Organizational Strategic Development to deliver on a global Training Plan. Completion date of April 2019 has been extended to December 2019 . |
| 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. | OSS staff developed and finalized its own Code of Conduct. Proud to see that 5 of OSS staff are attending the in-house Kanien'keha classes – In support of language & culture (KSCS Organizational Objective). We also have one OSS team member in 3 rd year of the 5 year MCK language & culture training program. |
| SO 2 | E: 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. | This quarter OSS was busy coaching or providing advice in preparation for annual performance appraisal time. |
| 2.2 | Develop and provide HR database access and training. | The database has now been set up to allow supervisors access to their employees files. Security classes were created for sub-divisions of each department (i.e. Prevention – White House). Training to |

| | | supervisors will commence the first week of April. |
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| 2.3 | Create an electronic user friendly OSS Resource library (include policies, directives, benefits etc.). | Set as a key objective for Research & Systems to develop the electronic file management system and formalize SOPs; administration to standardize all KSCS templates. |
| 2.4 | Provide support and guidance to KSCS management in implementing strategies. | A new Director of Internal Operations has been hired who will ensure internal services supports KSCS' achievement of our goals & objectives. |

| SO 3 | 8: Evaluate OSS services and adjust based on client needs by March 2019 | |
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| 3.1 | Consult staff and management for feedback on OSS service areas by March 2019. | KSCS is exploring developing a larger plan for service & systems evaluation, to manage evaluation from a more global focus rather than by individual departments. |
| 3.2 | Adjust services to better meet the needs of KSCS by March 2019 | As per 3.1, Internal Operations will assist in evaluating and adjusting services in a more coordinated effort. Communications' launched a stakeholder survey to gauge perceptions of KSCS – results will assist KSCS in how we can improve. |
| 3.3 | Update and maintain an OSS policy framework that provides guidance to KSCS | Personnel Policy amendments are being finalized, to be tabled at April board meeting. The Procurement Policy is being reviewed by management and finance and recommendations for amendments to the Board by summer. |
| 3.4 | Ensuring KSCS staff are continually informed of all OSS services available. | Changes from OSS to a broader Internal Operations Unit will result in some changes within the services – these changes are currently being documented and will be disseminated to all staff before the end of March. |

SO 4: Develop and implement processes to involve clients directly in the timely evaluation and improvement of KSCS programs Evaluation in general is being discussed with all service areas. Create an internal evaluation team and Exploring the consolidation of global evaluation related objective/goals 4.1 determine roles and responsibilities. from each service area and placing under Organizational Objective 2. The Statistics Canada survey training is being offered at end of March Provide training on evaluation and 4.2 as well as Stats Canada training "Turning Statistics into Stories" also surveys. scheduled for staff in March. KSCS launched a community & stakeholder survey to gauge community perceptions. A total 318 surveys were received. Results will be Establish and engage in effective and published once the report has been finalized. 4.3 safe dialogue between KSCS, Computer tablets have been purchased as a tool to regularly collect Kahnawa'kehró:non and our partners. user feedback electronically.

KSCS SUPPORTIVE SERVICE TEAM UPDATES

FACILITIES MANAGEMENT Dwayne Kirby, Manager



| SO 1 | SO 1: Support and continuously improve KSCS services through sustainable, environmentally friendly and cost effective maintenance practices that add to the value and integrity of its assets. | |
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| 1.1 | Put a storage management process for KSCS managers into effect that clearly outlines access, usage maintenance and evaluation of storage space (containers) acquired for each satellite office by March 2019. | Inventory of square footage per facility undertaken. Asset inventory of KSCS for insurance purposes as well as storage planning in progress. |
| 1.2 | Improve after hour security measures (such as lighting, video surveillance, locks etc.,) and protocols at all KSCS buildings by March 2019. | Services Complex camera system upgraded. All facilities security monitoring systems, fire panel and master key lock system upgrades to be in capital plan for fiscal year 2019-2020. |
| 1.3 | Incorporate Tsi Niionkwarihò:ten (our ways) where possible into maintenance practices and operations (such as reducing environmental footprints) by December 2018. | Use of Kanienkeha encouraged each day in service delivery. Eco-friendly cleaning supplies beginning to be phased in. |
| 1.4 | Enhance existing partnerships through creation of formal agreements with other partner organizations that outline details of collaborative efforts in delivery of services by December 2019. | Dialogue with MCK Director of Asset Management on collaboration for specific facilities related projects: Monthly discussions on mutual areas of concern / collaboration of facilities maintenance related matters. |

| SO 2: Create and maintain a culture that will foster teamwork, happiness, motivation and success. | | |
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| 2.1 | Implement a professional development and training plan for all Facilities Management team members (both full time and on call) that will ensure everyone has reached standard level of competency by December 2019. | Initiated bi-weekly meetings with Human Resources to begin work on a plan. |
| 2.2 | Implement a team building validation process with quarterly events that will help foster happy and healthy employees by March 2019. | Sporadic after hour team activities currently in practice. *looking to remove because is a practice. |

| SO 3 | SO 3: Assure the continuity of high quality and timely maintenance services to staff, clients and community. | | | |
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| 3.1 | Acquire a facilities management software program that will support facility management activities and ensure requests and work completed are tracked and within budget by June 2019. | In progress. Maximo software consultation underway in collaboration with MCK & Tewatohnhi'saktha. Maintenance Management software acquisition progressing in consultation with software developer | | |
| 3.2 | Ensure service delivery and workflow are aligned with the needs of the team's diverse clients and multiple sites by September 2019. | Day to day service delivery is fluid, however improvements via updated standard operating procedures, work order prioritizing & follow through; invoice processing to be undertaken in order to compliment maintenance management software (implementation of 3.1 although not contingent on software but ensuring that the practices are in place.) | | |
| 3.3 | Complete all current facility upgrades and renovations identified in the 2017/18 capital plan year within budget by March 2020. | Completed upgrades to Turtle Bay elders Lodge in order to get certified by Province. Ongoing and adjustments being made as organization evolves and will be reflected in capital plan 2019-2020. | | |
| 3.4 | Determine key messages and continuously convey effective communications that informs clients of our service delivery standards and processes along with realistic expectations for projects by March 2020. | No movement yet. To begin in new fiscal year. Pertinent information is conveyed when required pertaining to facilities related functions and projects. | | |
| 3.5 | Implement a system that will inventory and manage facilities equipment and supply needs, access and usage in order to meet the needs of the team and organization by September 2019. | Inventory gathering of data commenced with assistance from Finance and is near completion. | | |
| SO 4 | SO 4: Enhance the management of KSCS facilities through continual process improvements. | | | |
| 4.1 | Research best practices to ensure Facility Management Services are efficient, effective and safety focused by September 2019. | No movement yet. | | |
| 4.2 | Review current Facility procedures/practices to ensure they are alignment with organizational polices, by December 2019. | No movement yet. | | |
| 4.3 | Improve current procedures/practices based on findings and ensure they are implemented consistently among all staff by December 2019. | No movement yet. | | |
| 4.4 | Implement a clear, step by step process to aid the development of a long range (3 year) capital plan that identifies priorities within each budget cycle by March 2020. | No movement yet. | | |
| 4.5 | Implement annual client satisfaction surveys and focus group(s) to gather client feedback that will identify satisfaction with the quality and timeliness of services by March 2020. | No movement yet. | | |

KSCS SUPPORT SERVICE DELIVERY TEAM UPDATE

FINANCIAL SERVICES Dana Stacey, Finance Comptroller



| SO | 1: Enhance short and long term global financial planning efforts based on sound financial practices and operations | Challenges: Manager's on leave |
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| 1.1 | Integrate the implementation of the strategic plan with the budget by January 2018. | The draft budget for 19/20 was prepared with the current strategic plan of Managers. It will be a progression to implement future years into the plan. |
| 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. | This project is on hold until the organization's organigram has been finalized. No further update. |
| SO 2: Improve financial services based on the knowledge and understanding of client needs | | |
| 2.1 | Design and implement a consultation with clients that will assess financial | Implementation of recommendations started in Finance department |

| | services offered and needs by Feb.2019. | |
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| 2.2 | Implement a client engagement process that will identify areas for improvement and client needs by March 2019. | Internal client consultation complete. Planning on consultation externally, date will need to be extended for this aspect. |

| SO 3 | B: Enhance KSCS management and staff financial skills and practices that will assist them in fulfilling their current and planned needs | |
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| 3.1 | Review and update those financial procedures and policies that ensure the timeliness of services by March 2019 and communicate them to staff. | Implementation planned for and by March 31. |