

KSCS STRATEGIC PLAN (2016-2020) 8th 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.

& several related

services for each area.

Foster Care & Case

Aide Services

| (Coverin | g April 2019 to June 20 | 019) | |
|--|---|--|--|
| | | | |
| KAHNAWAKE SHAK | OTIIA'TAKEHNHAS COMMUNI STRATEGIC PLAN 2016-2019 | TY SERVICES | |
| | OUR VISION | | |
| KSCS strives for a strong collective fut | ure for Kahnawà:ke by promoting and su | pporting a healthy family unit. | |
| | OUR MISSION | | |
| To encourage and support a healthy lifestyle b of peace, respect and responsi | by engaging with community through acti bility with the collaboration of all organiz | | |
| C | CORNERSTONES OF INTEGRITY | | |
| how | rribe our organizational culture, help to d we conduct ourselves in our daily work. RESPONSIBILITY TRUST | etermine our priorities and guide COMMITMENT | |
| OUR THR | EE GUIDING STRATEGIC OBJECTIVES | | |
| The number one strategic focus of the plan is to h 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 and client-driven | Enhance community engagement and community-based partnerships | Foster and 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 living and in the standard | |
| 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. | | 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). | Un | | |
| OUR SERVICES | | | |
| PREVENTION SERVICES SUPPORT SERVICES Primary Prevention; • Onkwanèn:ra • Teen Group Drama • Drama • Support Counsellors Family & Wellness Center; • Parenting Program • Traditional Services • Where the Creek Runs Clearer • Satatenikonrarak • Support Services • Intake Services • Addictions Response Services • Vouth Protection Services & Youth Criminal Justice Psychological Services • Psychological Services • Where the Creek Runs Clearer • Satatenikonrarak | Family Support & Sel Resources Life Skills Support Young Adults Program Independent Living Clinical Services & Support & several related programs, e.g. Taen Social Club. | ervices & Monitoring • Waste Disposal • Vaste Disposal • Vaste Disposal • Food Safety Inspections • Interstigations • Communicable Disease • Social • Building Safety (Private | |

- Meals on Wheels
- & Public) Occupational Health &
- Safetv

Emergency Preparedness

KSCS internal services required to support the service delivery teams are; ORGANIZATIONAL SUPPORT SERVICES, FACILITIES MANAGEMENT & 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 & is on track to meet the projected dates. Item is within budget. The required resources are approved & in place. Everything is fine & 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 & put on track with corrective actions. Attention required but we believe we can still be successful. |
| RED | Goal/Objective has met a major challenge & will not meet its projected dates. | Goal/objective is not moving & 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 & we do not believe we can deliver 100% successfully. Review & revisions are necessary. Requires management action to get back on track. |
| BLUE | Goal/Objective Completed | Goal/objective has been accomplished & 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 & 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) & 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 & follow up. The issues process outlined in "Implementation of Plan" should be followed.

ORGANIZATIONAL OBJECTIVES

Organizational objectives are the planned improvements & 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 & 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 & 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 & brief explanation of progress.

KSCS ORGANIZATIONAL OBJECTIVES UPDATE

KSCS Executive Director~ Derek Montour Director of Family Services ~ Kathy Jacobs Horn Director of Internal Operations~ Wendy Walker Phillips



| SO [·] | SO 1: Assure KSCS has healthy and qualified staff | | |
|-----------------|--|---|--|
| 1.1 | Commit to & provide for a healthy & 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 & quality of working life with support from the KSCS Social Committee & Organizational Support Service (OSS). Date has been revised to allow for incorporation of recommendations from organizational review into plans. Planned agenda item at Aug. Family Services Management meeting. | |
| 1.2 | In collaboration with HR, assess the skills requirements to meet the plan priorities & implement timely & systematic training, with an updated Training Plan completed for each unit by Dec. 2019. | See OSS update under 1.4 Family Services Training initiative planning was done in May & June 2019 | |
| 1.3 | Develop an effective recruitment & 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 Sept 2019. | See OSS update under 1.2. Recommendations from the organizational review will be taken into consideration & incorporated in work beginning in this area. Hiring language students for FWC Creek Runs Clearer so that the Mohawk language be brought over & used in the FWC environment. In addition as a recruitment tool for future. As a strategy exposing more students to work experiences within KSCS may interest them to work for KSCS in their future so in addition to Tewa Summer Students, KSCS hired (5) additional students sponsored under CWHI Funding. | |

| so a | SO 2: Enhance the organizational structure and work processes to deal with change | | |
|------|--|---|--|
| 2.1 | Re-organize our structure & processes to provide best possible services to Kahnawa'kehró:non, by Sept.2019. | Date was extended to September 2019, The KSCS structure has been reorganized & the Board of Directors have approved proposed structure but requires further dialogue for the phased in approach & structural changes. | |
| 2.2 | Develop & implement a planned approach to deal with the changing work focus & re-organization in a constructive & fair manner, by September 2019. | In line with recommendations from the KSCS Organizational Review, KSCS is adopting changes to the organizational structure. This includes changes at the Director, Managerial, and Supervisory & Front Line levels. KSCS will be putting out separate communications regarding the Organization Review in the coming weeks. The organization structural changes will continue to occur during the next strategic plan given recommendations from the Organization Review & in anticipation of adjusted strategic directives. Joining Kathy Jacobs Horn, Director of Family Services, we welcome Wendy Walker Phillips as the Director of Internal Operations which is in line with the Organizational Recommendations KSCS Directors have been working on building capacity in managing change. Current change approaches have been positive. Family Services retreat planned in August with team building activities & training (Understanding Concepts of Change Management & Risk) | |

| SO | SO 3: Develop, organize & 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 & timely client data by Dec. 2019. | Director of Family Services has been informed that changes have been made to the required reporting on indicators for ISC Child & Family Service for the 2019/2020 fiscal year. More will be reported on in next quarter. |

SO 4: Enhance use of IT and 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 & prioritize their requirements for IT support, & finalize their action plans by December 2016.

Consultation completed for both goals. Needs have been identified & 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 & prioritize their requirements for effective communications technologies & finalize their action plans by December 2016.

| 4.1 | COMPLETED : IT: Implement VOIP system beginning with the Main office by July 2017& completing by Oct. 2018. | |
|-----|--|--|
| 4.2 | IT: Centralized location to store all files within the organization (include redundancy system backup at another location) by April 2019. | Date extended from Oct 2018 to April 2019 due to the difficulties experienced with the VOIP system. Satellite offices are asked to transfer all photos & videos currently stored on their servers to removable mediums before the migration of the data to the main & backup servers. |
| 4.3 | IT: Centralize all the organizations important documents in one location including a table of contents that have hyperlinks to the files & templates by January 2019. | Awaiting the results of the evaluation of the KLT folder with KSCS Management Team. |
| 4.4 | COMPLETED: IT: Organizational access to scheduling software for meeting & training rooms by Nov. 2018. | |
| 4.5 | Communications: Conduct a review on how KSCS communicates internally by Nov. 2019. | Objective on hold until the Community Perception & Satisfaction Survey is completed & a new communications strategy for KSCS is developed. Date changed from May 2019 to November 2019. |
| 4.6 | Communications: Communicate the results of the review to staff & encourage them to utilize these methods. Ensure communications are also sent using other creative communications tools by January 2019. | Contingent on objective 4.5. |
| 4.7 | COMPLETED: Communications: Prevention Services having access to a KSCS Facebook page to promote events & activities 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 & including projections for the completion of their strategic plan goals within the budget 2019/2020. |
| 5.1 | Each KSCS service will develop a budget & 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 & strategic goals will be included. |
| | | *Note: Strategic Objective 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 | | |
|---|--|--|
| | To strengthen internal processes that will | Work is being carried out. Management continually encouraged to flag |

| 6.1 | ensure access issues to critical services in English that impact both KSCS staff & clients are documented, reported on & addressed with the appropriate bodies by Dec.2019. | access issues with the ED. ED informs management of Coalition of English Speaking First Nation Communities in Quebec (CESFNCQ) activities & access issues identified in other regions. Still reviewing Onkwata'karitáhtshera & their role within this objective. Date needed to be adjusted from March to Dec. 2019. |
|-----|--|--|
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2019 (for Fiscal Year 2018-2019).

| SO 7: Strengthen our partnerships within our teams, our community and beyond | | |
|--|---|--|
| 7.1 | Develop an inventory & description of the priority partnerships that KSCS must foster & revitalize at the local, regional & national levels, by Dec. 2019. | Date extended from May to Dec, challenge has been setting time aside to explore, discuss & determine priority partners for global organization. Family Services Management inventory of Internal, local & regional meetings that Team is involved in has been completed. Our strategy is to ensure we are using our time smart with less duplication while maintaining & creating new partnerships. |

| SO 8: Incorporate Kanien'kehá:ka ways, language and culture in everything we do | | |
|--|--|---|
| | To gather information around KSCS staff prior knowledge & to begin discussion on how staff currently include tsi | The Tsi Niionkwarihò:ten Coordinators (Mary McComber & Christine Loft) continue to support staff teams to consider how our ways are being incorporated into services: |
| | | At request of the Secondary Prevention Team Leader, follow up was done & recommendations were provided on the Oral Teachings series they were doing. |
| 8.1 | | Continued involvement with the Prevention & Support Administration Team via monthly meetings & consultations on topics such as culturally appropriate assessment tools. |
| | niionkwarihò:ten into their services/programs, by February 2018. | Another Onboarding session planned with KLT in August; |
| | | Follow up with HR & Executive Director regarding staff involvement in the MCK Language & Culture Training Program (Directive & SOP). |
| | | A brief staff survey completed to assist planning for staff Kanien'kéha sessions (October 2019 to March 2020). |
| | | Meetings continue with community networks as well. |
| | To enhance the awareness of K.S.C.S. staff on tsi niionkwarihò:ten topics (ongoing calendar of events) | In house Training Evaluation Forms completed in 2018-2019 were reviewed. The majority of staff agreed that their awareness & knowledge increased on Tsi Niionkwarihò:ten topics offered. |
| | | A new in house activity/training outline has been drafted for 2019-20 yr. |
| | | In April, as part of Cultural Awareness Month, staff were offered a special Tehontatoris presentation "300 Years of Resiliency" by Teiowisónte Deer which focused on Kahnawà:ke history. |
| 8.2 | | KSCS co-sponsored & assisted coordinators of Tenshate'nikonhrákwarite/ Broaden Your Minds learning series at the Mohawk Trail Longhouse. Events were promoted in-house & staff encouraged to attend. |
| | | In May, the Tsi Niionkwarihò:ten Committee initiated a Kanien'kehá:ka identity & wellness activity & Onkwehón:we staff were invited to participate in traditional singing (learning seed songs). |
| | | In June, the Tsi Niionkwarihò:ten Committee met with the Manager of Facilities to discuss preparations for fall building cleansing & feast. |
| | COMPLETED: | |
| 8.3 To provide KSCS a Final Report on the Tsi Niionkwarihò:ten pilot project by April 2018. Tsi Niionkwarihò:ten Year End Summary Report was submitted to Cheryl Zacharie Foote & Kathy Jacobs Horne | | |

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PREVENTION SERVICES ~*Stephanie Horne, Manager*

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| SO 1 | SO 1: Know our clients potential & 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 & finalize it. Timeframe change required to move to April 2019 in order to complete this. |
| 1.2 | Design & implement a consultation with clients to identify & prioritize the clients' aspirations/expectations for achieving fulfillment, clients' priority needs & clients' evaluation of our programs & 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 & placing under Organizational Objective 2. |
| 1.3 | Design & 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. |

| S | SO 2: Ensure our children and youth receive a healthy, positive start | | |
|---|---|--|--|
| 2 | 2.1 | Evaluate & address the program gap for 5 year olds, by May 2019 | All parenting workers are in their roles at the FWC. Manager will work with the Team Leader to develop & 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 | 2.3 COMPLETED: In partnership with education & the schools, enhance our prevention (healthy lifestyle) team activities schools, by Sept. 2017. Goal has become regular practice. | | |

| SO 3 | 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 & submitted to Executive Director & 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. |

| SO | SO 5: Incorporate 'tsi niionkwarihò:ten' (our ways) | |
|-----|--|---|
| 5.1 | Incorporate Tsi Niionkwarihò:ten in all our programming & services & 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. In an effort to better evaluate our programs we recently implemented the Outcome Measures Project which begins with Psychological Services as a pilot aimed at evaluating clients' experiences to identify areas for improvement & those areas working well. |
|------|--|---|
| 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 & placing under Organizational Objective 2. |
| SO 2 | : Improve healthy Kanien'keha:ka development options for youth | Highlight: We recently posted the position of Youth Support Worker (previously known as Youth Transition Worker), a position whose role is to work with youth aging out of care by offering support & assistance, & were pleased with the response of applicants. Interviews planned for July 2019 Challenge: Recruitment of new Foster families is a constant need & |
| | | 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've 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 yrs) who are transitioning out of foster care to capable independent living, by April 2019. | The Youth Support Worker position was posted & we were pleased with the response. Interviews are slated to take place in July 2019 & we are hopeful that we will be successful in filling the position. |
| 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 & 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. |
| | : Enhance the effectiveness of our youth protection, the Kanien'keha:ka way | Highlight: Observing lower Youth Protection statistics over the last year & we are hopeful that these will continue to drop. We have been able to fill all of positions for Caseworkers- YP & are at full capacity. Further to this, we have moved forward with planning a meeting with the Professional Order of Social Workers to discuss our realities in Kahnawake. Challenge: Law 21 continues to present us with issues & as a result, we have run into barriers when attempting to hire caseworkers who |
| 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. | meet the criteria of the Order. Since latest elections 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 & analyze our current structure & 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 |

| | : 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 & have been building partnerships with various external stakeholders in |
|-----|--|--|
| | | relation to the areas of gambling, mental health & drug use. |
| 4.1 | Take the lead in implementing & 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 & ready to implement by April 2019. | With the legalization of Cannabis, staff continue to work alongside Prevention Services to promote information & education but also to address more clinical issues that may arise. We are working toward planning an initiative that would share services, information & resources with the community in the area of mental health & addictions. |
| 4.2 | Research & 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 & consulting with Thunderbird Foundation to ensure that we have a culturally sensitive tool to use with our clients that is both useful & helpful in addressing their realities. As a result of this the timeline has been reconsidered & we have set a new goal of implementation for the new fiscal year (April 2020). In addition we have completed an inventory of screening & assessment tools & have been able to update those at our disposal; this is helpful to ensure a client focused approach to offering services tailored to each individual. |
| 4.3 | Secure a youth case worker for ARS to address the specific needs of youth with addictions by Sept. 2019 | With September 2019 around the corner, we will be looking at developing a new recruitment strategy to fill our last position which was previously left vacant. |
| 4.4 | COMPLETED: With the legalization of Cannabis, staff contin but also to address more clinical issues that r | ue to work alongside Prevention Services to promote information & education nay arise |
| 4.5 | Create a plan of action based on a comprehensive review of video lottery terminals that includes promotion/ education, prevention & 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: With a full & capable team our staff 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 & 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 | | logical services & present recommendations. review & work towards implementing the recommendations. |
| 5.3 | COMPLETED: <i>Put in place a fully capable, professional psyc</i> Have a full team in place we are able to main | chological service by October 2019. tain 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 and family | |
|------|--|---|
| 1.1 | COMPLETED Find & implement an effective clinical assessment tool to enable caseworkers & families to assess needs & develop effective service plans, by April 2019. | |
| 1.2 | Address the current gap in proper services for children by developing an information package for special needs caregivers, by September 2019. | Development of the resource guide is on track for completion end of September 2019. |

SO 2: Enhance the quality of life and recognition/appreciation of each client

COMPLETED

2.1 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.

COMPLETED

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 Work continues on this objective with good progress this guarter: Meetings held with 2 MCK chiefs & reps from housing, finance to Establish a full-time residential unit (for a support the work towards developing a special needs residential min. of 12 persons) as a planned 3.1 alternative caregiver option for aging resource. caregivers by December 2019. Presentation & support from KSCS BOD. Next steps identified for next quarter Develop & implement a viable respite 3.2 Case workers continue to facilitate access to respite dollars for families. capability to accommodate special needs individuals by September 2019.

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 Plan to support this plan by Sept. 2018. | | 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 & funding completed by April 2019. | Renovations to the ALS building to increase physical space has been given approval by the KSCS Executive Director & will be under the responsibility of the Facilities Manager, in collaboration with the Manager of ALS. |
| 4.3 | Develop an alternative funding strategy, involving all three levels of government & other partners, to support the required physical expansion & the additional staff requirements, by Mar. 2019. | Movement in this area has begun; dialogue with 2 chiefs has identified political support for a residential facility & to open a dialogue & negotiate with both the province & federal government for operational dollars. |

Identify & address situations of Older Adult

Enhance palliative care capability & service

Education awareness campaigns on an

Mistreatment through Promotion &

ongoing basis.

(on-going).

2.2

2.3

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



| SO 1 | SO 1: Enhance client-centered service delivery | | |
|------|--|--|--|
| | Evaluate current services from a client | Evaluation continues to be based on individual client assessments, & Client Service Plans. | |
| 1.1 | perspective & make timely adjustments to programs (on-going). | Evaluation in general is being discussed with all service areas. Exploring the consolidation of global evaluation related objective/goals from each service area & placing under Organizational Objective 2. | |
| 1.2 | COMPLETED . <i>Review client activities/services that now car</i> Completed but continue to meet funding & re | n be enhanced due to block funding & report on by April 2018. porting requirements. | |
| | Modify (reorganize) & enhance (when | With enhanced funding within Home Care creation of new positions & replacement of vacant positions is being addressed. | |
| 1.3 | possible) HCCS personnel that will ensure better client service delivery by June 2018. | Will be exploring the possibility of acquiring a new vehicle to be utilized for front line services delivery. | |
| | | Began Turtle Bay Elders' Lodge (TBEL) certification process. | |
| 1.4 | Increase the physical capacity (beds/rooms) at the Elders Lodge to meet the needs of the community & staff (on- | Presentation was made by a working committee regarding the TBEL expansion project to KSCS Board of Directors, & MCK Chiefs, both endorsed moving forward with a feasibility study. | |
| | going). | Provided Indigenous Services Canada (ISC) regional representatives onsite tour of TBEL, & outline of services offered by Home & Community Care Services. | |
| | | | |
| 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 & evaluate the "falls response protocol" by March 2019. | Protocol still being utilized by HCCS & TBEL staff. | |

HCCS Older Adult Mistreatment Committee had a kiosk at the

obtained feedback from community members.

alternatives are being sought where required.

of policy & procedure on the mistreatment of elders.

community Summer Opening BBQ, providing promotional material &

Palliative care is being offered to end life clients in the community.

Palliative medical equipment is being evaluated & replacement

Networking with Kateri Memorial Hospital Centre regarding the development

ENVIROMENTAL HEALTH SERVICES (EHS) Donald Gilbert, Team Leader



| | : Enhance client-centered service delivery | Highlights: Exploring potential new location for the EHS Building. The old print factory behind Kahnawake Market. Will need some work but it has potential. Concordia University requested our assistance with a lead sampling project. 30 samples for lead were collected at no cost to our program. Results indicated no lead in the centralized system. |
|-----|--|---|
| 1.1 | Revisit current water quality monitoring schedule & increase frequency of bacteriological & basic chemical analysis if necessary. | 282 samples collected this quarter with 4 wells issued boil water/disinfection notices.Issued a PSA requesting homeowners to open their hose taps to help us collect water samples without having to enter the premises. The word has spread, but still finding taps closed. |
| 1.2 | Determine if annual inspections of high risk facilities is satisfactory or should be increased. | No issues to report. Identified facilities are cooperating & actively participating. |

SO 2: Seek necessary funding to operate within the Strategic Objectives COMPLETED. See highlights. Negotiate with Health Canada to increase funding to perform additional water quality

2.1 monitoring activities & associated materials.

KSCS SUPPORT SERVICE DELIVERY TEAM UPDATE

| FINANCIAL SERVICES ~ Dana Stacey, Finance Comptroller | | | Comptroller |
|---|------|--|---|
| | SO 1 | I: Enhance short and long term global financial planning efforts based on sound financial practices & operations | Highlight: Audit was completed quickly & was handled easily by the Finance, Payroll & HR staff. |
| | 1.1 | Integrate the implementation of the strategic plan with the budget by Jan. 2018. | Ongoing process to always keep budget aligned with plan. |
| | 1.2 | Review & amend KSCS Chart of Accounts to ensure the generation of timely & accurate financial reports that will assist in management decision making & reporting. | 2 nd quarter revisiting the proposed chart of accounts & looking to move forward with it possibly in this fiscal year. |

SO 2: Improve financial services based on the knowledge and understanding of client needs

| 2.1 | COMPLETED: Design & implement a consultation with clients that will assess financial services offered & needs by Feb.2019. | |
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| 2.2 | Implement a client engagement process that will identify areas for improvement & client needs by March 2019. | Not started the consultation planning with our external partners/clients due to workload of staff, therefore status is red. Date will be changed to March 2020 & next report color will likely change. |

SO 3: Enhance KSCS management and staff financial skills and practices that will assist them in fulfilling their current and planned needs

| 3.1 | Review & update those financial procedures & policies that ensure the timeliness of services by March 2019 & communicate them to staff. | Update met original timeframe & is now currently being review by Director of Operations. Date when will be communicated to all staff needed to be adjusted to September 2019. |
|-----|--|---|
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KSCS SUPPORT SERVICE DELIVERY TEAM UPDATE

ORGANIZATION SUPPORT SERVICES (OSS) ~ *Susie Diabo, Manager*



| SO 1 | 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. | As of end of June, the chairing & coordination has transferred to the Executive Director, who will ensure the committee's mandate is maintained. This objective will be removed in next update & be reported on under KSCS Organizational Objective 1.1 | |
| 1.2 | Review & revise the current recruitment process at KSCS by Sept. 2019. | Terms of Reference (TOR) developed by OSD & finalized/approved by Steering committee. Consulting activities have begun (research, interviews, focus groups, etc.) | |
| 1.3 | Enhance staff wellness by becoming more strategic & proactive in supporting employee management of a healthy & balanced life. | Tsi Niionkwarihó:ten Coordinators & HR have started the research & development & have gathered information to work on developing policy & procedures for traditional healing approaches for staff. The HR network received presentation from a new EAP provider & will make a decision on possible change. | |
| 1.4 | Create a KSCS Training & Development process & plan by December 2019 . | Competing priorities ~ OSD workload. An external consultant will be sought to ensure completion of project within Q-4 | |
| 1.5 | Ensure OSS staff are healthy & qualified in order for us to be able to support & provide the best service to KSCS. | Several OSS staff have participated in various trainings to keep abreast of current trends, for example Turning Stats to Stories, EAP Health & Wellness sessions. | |

SO 2: Ensure OSS provides skills, resources, opportunities and accountability processes that will empower KSCS staff, and will contribute to their competence and satisfaction.

| 2.1 | Support employee coaching for performance, using existing PMP practices to support employees in achieving their goals. | HR continues to provide coaching to those that request assistance in the area of performance management. With the information gathered from this year's PMP cycle, HR is working on improving training strategies for next year | |
|-----|--|---|--|
| 2.2 | COMPLETED: Develop & provide HR database access & training. Training to supervisors was completed in May. HR is currently looking into a new HR Information System (HRIS) to better suit the needs of the organization. | | |
| 2.3 | Create an electronic user friendly OSS Resource library (include policies, directives, benefits etc.). | A restructuring of the OSS Department will result in a new department of Information Services. This project will be taken over by that department in the new fiscal year | |
| 2.4 | Provide support & guidance to KSCS management in implementing strategies. | A new Team member has joined OSD will be assisting in support required by management in the tracking & implementation of plan. | |

ORGANIZATION SUPPORT SERVICES continued

| SO 3 | SO 3: Evaluate OSS services and adjust based on client needs by March 2019 | | |
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| 3.1 | Consult staff & management for feedback on OSS service areas by March 2019. | Process of consulting other organizations on their payroll system. OSD is leading the review of the recruitment process. A steering committee has been formed to provide guidance throughout the process. Date of completion will need to be adjusted from March 2019 to October 2019 because projects started late and taking longer than anticipated. | |
| 3.2 | Adjust services to better meet the needs of KSCS by March 2019 | The community survey to gather feedback is complete. Results will be used to develop community strategy & branding for KSCS. The survey will be made available July 2019 internally first. Date of completion will need to be adjusted from March 2019 to October 2019, because analysis took longer than anticipated. | |
| 3.3 | Update & maintain an OSS policy framework that provides guidance to KSCS | Personnel Policy amendments to be tabled in July. Director of Internal Operations is reviewing the KSCS Procurement, Purchasing, & Tendering Policies. | |
| 3.4 | Ensuring KSCS staff are continually informed of all OSS services available. | Engage employees in developing activities for effective ways of communications (i.e. info fair) | |

| SO 4 | SO 4: Develop and implement processes to involve clients directly in the timely evaluation and improvement of KSCS programs | | |
|------|---|---|--|
| 4.1 | Create an internal evaluation team & determine roles & responsibilities. | Consolidating global evaluation related objective/goals from each service area & placing under Organizational Objective 2. | |
| 4.2 | Provide training on evaluation & surveys. | OSD attended training with Statistics Canada, hands-on to provide technical training, using software to manage data. The information gained will be shared with others in fall. | |
| 4.3 | Establish & engage in effective & safe dialogue between KSCS, Kahnawa'kehró:non & our partners. | 324 in total participated in the Perception & Satisfaction Survey. Data will be used to create strategies as to how best to complete this goal. | |

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 & 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. Date of completion will need to be adjusted from March 2019, because inventory and storage needs are taking longer than anticipated. | |
| 1.2 | Improve after hour security measures (such as lighting, video surveillance, locks etc.) & protocols at all KSCS buildings by March 2019. | Capital projects launched in June, to be completed by end of Q3. Date will need to be adjusted from March 2019 to reflect launch to December 2019. | |
| 1.3 | Incorporate tsi niionkwarihò:ten (our ways) where possible into maintenance practices & operations (such as reducing environmental footprints) by December 2018. | Use of Kanien'kéha encouraged each day in service delivery. Eco-friendly cleaning supplies beginning to be phased in. Kanien'kéha Language classes participated 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. | Collaboration with MCK Director of Asset Management on 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.

| 2.1 | Implement a professional development & training plan for all Facilities Management team members (both full time & on call) that will ensure everyone has reached standard level of competency by December 2019. | Initiated monthly meetings with Human Resources to begin work on a plan. Also bi-weekly meetings with Director of Internal Operations to help keep tasks on target |
|-----|--|--|
| 2.2 | Implement a team building validation process with quarterly events that will help foster happy & healthy employees by March 2019. | Sporadic after hour team activities currently in practice. |

FACILITES MANAGEMENT continued

| SO 3 | SO 3: Assure the continuity of high quality and timely maintenance services to staff, clients and community. | | |
|------|--|---|--|
| 3.1 | Acquire a facilities management software program that will support facility management activities & ensure requests & work completed are tracked & within budget by June 2019. | Software consultations fell off the schedule due to planning of additional office space needs on both KSCS & MCK requirements. Due to these competing priorities the date will need to be changed to December 2019. Status is red however will likely change in next quarter with date changed. | |
| 3.2 | Ensure service delivery & workflow are aligned with the needs of the team's diverse clients & multiple sites by September 2019. | Facilities team expansion now in progress to include hiring of Administrative Assistant III – Inventory & Accounts Control & Capital Projects Coordinator within the next quarter #3. These positions will enhance the overall service delivery flow. | |
| 3.3 | Complete all current facility upgrades & renovations identified in the 2017/18 capital plan year within budget by March 2020. | On-going | |
| 3.4 | Determine key messages & continuously convey effective communications that informs clients of our service delivery standards & processes along with realistic expectations for projects by March 2020. | On-going | |
| 3.5 | Implement a system that will inventory & manage facilities equipment & supply needs, access & usage in order to meet the needs of the team & organization by September 2019. | This objective is tied to 3.2 | |

| 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 & 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 & 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 & focus group(s) to gather client feedback that will identify satisfaction with the quality & timeliness of services by March 2020. | No movement yet. | |