



# KSCS STRATEGIC PLAN (2016-2019) 1<sup>st</sup> UPDATE REPORT

(covering September 2016 to January 2017)

## ABOUT THIS REPORT

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

The chart on the right provides a snapshot of the overall plan.

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

Status reporting will be made on each of the objectives and individual goals identified. This document provides a more detailed narrative of work happening in each area.

## KAHNAWAKE SHAKOTIIA'TAKEHNHAS COMMUNITY SERVICES STRATEGIC PLAN 2016-2019

### OUR VISION

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

### OUR MISSION

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

### CORNERSTONES OF INTEGRITY

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

**RESPECT      RESPONSIBILITY      TRUST      COMMITMENT**

### OUR THREE GUIDING STRATEGIC OBJECTIVES

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

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

#### STRATEGIC OBJECTIVE I

**Be fully client-centered & client-driven**  
Re-focus on Kahnawa'kehró:non and their families as the single most important stakeholder

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

#### STRATEGIC OBJECTIVE II

**Enhance community engagement & community-based partnerships**

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

#### STRATEGIC OBJECTIVE III

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

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



### OUR SERVICES

PREVENTION SERVICES	SUPPORT SERVICES	ASSISTED LIVING SERVICES FOR ELDERLY & SPECIAL PEOPLE	HOME AND COMMUNITY CARE SERVICES	ENVIRONMENTAL HEALTH SERVICES
Primary Prevention; • Onkwanèn:ra • Teen Group • Drama Secondary Prevention; • Support Counsellors Family & Wellness Center; • Parenting Program • Traditional Services • Where the Creek Runs Clearer • Satatenikonarak... and several related services for each area.	• Intake Services • Addictions Response Services • Youth Protection Services & Youth Criminal Justice Assistance Services • Psychological Services • Youth Protection Services • Emergency Response Services, including "on-call" • Foster Care & Case Aide Services	• Family Support & Resources • Life Skills Support • Young Adults Program • Independent Living Centre (12 beds) • Clinical Services & Support ... and several related programs, e.g. Teen Social Club.	• Adult & Elders' Support Services & Programs • Home Care Services • Home Care Nursing • Turtle Bay Elders' Lodge (25 beds) • A'nówara'hne (The Sixplex) • HCCS Activity Program (Respite & Social Programming) • Meals on Wheels	• Water Quality Monitoring • Waste Disposal • Food Safety Inspections • Health Hazard Investigations • Indoor Air Quality/Mold Investigations • Communicable Disease Interventions • Building Safety (Private & Public) • Occupational Health & Safety • 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 status report.

<b>GREEN</b>	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.
<b>YELLOW</b>	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.
<b>RED</b>	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.
<b>BLUE</b>	Goal/Objective Completed	Goal/objective has been accomplished and is considered complete.

### Note for update reporting:

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

## ORGANIZATIONAL OBJECTIVES

Responsibility for the organizational objectives has been assigned to individual managers. No status updates are available for the 8 organizational objectives, these will be reported on in the next update report.

## KSCS SERVICE DELIVERY TEAM UPDATES & SUPPORTIVE SERVICE TEAM UPDATES

On the following pages, the Manager of each service area provides 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 SERVICE DELIVERY TEAM UPDATES

### PREVENTION SERVICES

*Terry Young, Manager*

<b>SO 1: Know our clients potential and their priority needs</b>		<p><b>Highlight:</b> Staff are having discussions about what assessment of priorities looks like.</p> <p><b>Challenge:</b> Making the shift from old ways of evaluating a session (how did you like the activity) to assessing client potential and determining impact of our work. A global client consultation is needed for KSCS, we are waiting to work in partnership with other areas on this.</p>
1.1	Complete the analysis of internal evaluation by April 2017, and revise programming and services to address the major gaps by May 2017.	Internal evaluation completed, need to finalize report and share with staff for next steps on how to adjust programming. The timeframe for revising programming and services to address gaps will likely need to be extended.
1.2	Design and implement a consultation with clients to identify and prioritize the clients' aspirations/expectations for achieving fulfillment, clients priority needs and clients evaluation of our programs and services by September 2017.	Discussion has been happening about what this can look like and the preferred style of focus groups to invite feedback. Now must get the teams involved. Nothing has been put into action yet. Tied to the plans for a global client evaluation tool for KSCS services.
1.3	Design and implement "client helpfulness indicator" (CHI) for April 2017.	This cannot be completed within the timeframe outlined. No movement on tool design. Needs to be restructured with a new timeline.

<b>SO 2: Ensure our children &amp; youth receive a healthy, positive start</b>		<p><b>Challenge:</b> There has been some resistance to change. It will be important to increase dialogue with staff on how we adjust our services.</p>
2.1	Evaluate and address the program gap for 5 year olds, by April 1, 2017.	Staff have been brainstorming and partnering to provide well thought out summer programming especially focusing on the 5 year olds. Hope to have something in place this summer.
2.2	Enhance summer programs to ensure full access for all youth, regardless of family income, by April 2017.	Meetings being held to explore options and make sure we are learning from past experiences (processes that did not go as intended and missed the mark). Looking into what our summer programs are really doing and what we need them to do. Ex. exploring a referral based Onkwanenra.
2.3	In partnership with education and the schools, enhance our prevention (healthy lifestyle) team activities in the schools, by September 2017.	In school planning team now includes Youth Protection staff. Have increased presence in Kahnawake schools. We are now providing prevention programming in new school, at Billings in Chateauguay. Working on an Memorandum Of Understanding with the Kahnawake Youth Center to partner and share resources. KSCS prevention has ability to financially support certain partner's activities that encourage healthy lifestyles. Exploring building partnerships beyond Kahnawake (i.e. YMCA, Native Friendship Center).

**PREVENTION SERVICES continued**

<b>SO 3: Empower healthy Kanien'kehá:ka families</b>		<b>Challenge:</b> we do not currently have the resource people with skills and time to dedicate to moving certain goals forward.
<b>3.1</b>	Establish the Family Preservation Unit, with full programming, starting no later than September 2017.	The Family Preservation Coordinator position was posted but were not able to fill it. This will be re-posted but it will cause some delay. The timeline needs adjustment.
<b>3.2</b>	Enhance our "one-stop" service model to assure that any client in need will receive timely help from qualified personnel, by December 2017.	Have not moved much on this. Ideas have been discussed. Small evaluations have been conducted. Possibly looking at streamlining the intake and status table. The timeframe is not realistic and needs to be adjusted.
<b>3.3</b>	Improve our understanding, appreciation and use of the cultural values and ways of empowered and healthy Kanien'kehá:ka families, including in our work practices, by June 2018.	More responsibility given to prevention Team Leaders to ensure discussions are held to think about how our services are fostering healthy families and what more/alternatives we can do. They work in partnership with the KMHC traditional medicine component to build on what they know and can do.

<b>SO 4: Optimize partnerships to meet client needs</b>		<b>Highlight:</b> A lot of partnering is happening. We see this throughout the other objectives above.
<b>4.1</b>	Conduct our annual partner's consultation by February 2017, and incorporate major improvement for April 2017.	Plan to do this however the timelines need to be adjusted. It will take more time to develop a system for partner consultation.

<b>SO 5: Incorporate 'tsi niionkwarihotens' (our ways).</b>		<b>Highlights:</b> We have been incorporating more language and culture within our programming. <b>Challenge:</b> Not moving as fast incorporating within team practices because waiting on filling the Tsi Niionkwarihotens Coordinator position who will oversee this globally.
<b>5.1</b>	Incorporate Tso Niionkwarihotens in all our programming & services and in our internal; practices, by April 2018.	Teams encouraged to use more Kanienkeha in day to day. Actively looking at ways of doing this. Prevention team members sit at the traditional approaches subcommittee and weaving science and traditions committee. Tsi Niionkwarihotens coordinator has been approved and will be implemented in the coming year.



## KSCS SERVICE DELIVERY TEAM UPDATES

### SUPPORT SERVICES

*Kathy Jacobs, Manager*

<b>SO 1: Empower Kahnawa'kehró:non (individuals and families) to take control of their lives</b>		<b>Challenge:</b> In retrospect, we realize this is more of an organizational objective and we cannot work in isolation in this area. Prevention has a major role as well.
1.1	Design and implement a systematic process to consult with clients on a regular basis to identify their priority needs and obtain their timely assessment of the quality of our services, by November 2017.	In the planning phase, surveys and focus groups with clients have been thought out but there are many steps to put this in place. Hoping to incorporate with the global move for gathering feedback from clients. The date to accomplish must be adjusted. Our target is to have a redesign of our services based on client consultation by April 2019.
<b>SO 2: Improve healthy Kanien'keha:ka development options for youth</b>		<b>Highlight:</b> We are keeping more youth in the community with their extended family.
2.1	Recruit & train minimum 10 skilled/qualified foster homes in the community by September 2018.	Diversion taken on this objective. Recruiting new foster homes is not happening, we are now actively finding family members. Foster homes still last resort. We will be making Tsi lonteksa'tanonhnhha more visible in the community.
2.2	Significantly enhance effective support for youth 18 years who are transitioning out of foster care to capable independent living, by April 2018.	Research being conducted on other foster care resources, set up and funding for special supports for youth in transition out of care. This was removed from budget for next fiscal year but is still important. Hope resources can be directed to this area for the following year.
2.3	Improve support for our youth in institutions outside the community (e.g. Batshaw), by April 2018.	Research being conducted on services and access i.e. if they can see a psychologist or if transportation is covered. Concern that First Nations children are treated differently and expected to use non-insured benefits to meet their needs (assumption that there is more money for a FN youth), reality, Kahnawake has more constraints, for ex. we do not have set funding for Case Aids.
<b>SO 3: Enhance the effectiveness of our youth protection, the Kanien'keha:ka way</b>		<b>Highlight:</b> Work has gone into clarifying the authority and abilities of the team leaders for support services. This capacity building approach is working very well. <b>Challenge:</b> There are many known and anticipated challenges to this major revamp of our youth protection system. Internal resistance to change stands out as an issue to address.
3.1	Establish our Kahnawà:ke Youth Protection Directorate by no later than September 2017, with final approval of the plan by the MCK no later than January 2018.	Moving forward but very slowly, much is in hands of the government. Need to document the chronology of events in relation to the YP Directorate. Many action steps must be further elaborated on in preparation for a future YP Directorate. KSCS will have to review and upgrade a number of manners of practice. There are costs associated with many of these.
3.2	Enhance the timeliness and quality of response and support for families in need, including successful reintegration of the child back with the family, by fully implementing the Enhanced Prevention Focused Approach no later than April 2017.	Realized this is a very large objective that needs more time. Approach needs to be explained to the community. The date should be revised to April 2018. Preliminary work to better understand our approach is moving. Currently a study underway with McGill looking at the community approach model. This is a follow up activity to McGill research on Kahnawake's youth protection numbers vs. outside norms.

**SUPPORT SERVICES continued**

<p><b>SO 4: Break the recurring and normalizing pattern of addictions</b></p>		<p><b>Highlight:</b> The objective about de-normalizing addictive behavior in the community has been removed from this plan period. We realize this was ambitious and premature considering the other pieces that must be put in place to change complicated community behavior. This is a community issue, not something that Addictions Response Services alone can change.</p>
4.1	<p>Take the lead in implementing and coordinating a comprehensive &amp; integrated partnership approach to address the growing problem of the abuse of prescribed &amp; non-prescribed medications, especially pain killers, with an integrated plan approved and ready to implement by April 2017.</p>	<p>Mobilization has been happening but the timelines for the action plan steps need revision. A multidisciplinary task force has been moving on addressing the opiate crisis for our community. Meetings with physicians, pharmacists and leadership are happening. Everyone is on board. With leadership involved, we anticipate moving faster. The implementation date is expected for April 2019.</p>
4.2	<p>Research and recommend implementation of new tools to address drug use (e.g. DUSI-R) Drug Use Screening Inventory by April 2017.</p>	<p>Reviewed current client assessment tools and realize need some upgrading. Purchased newest version of the SASSI tool and training has been organized. The DUSI-R specifically should be implemented by the target date. We hope to review our assessment tools every 3-5 years.</p>
4.3	<p>Secure a youth case worker for ARS to address the specific needs of youth with addictions by April 2017.</p>	<p>New objective added to meet a specific need identified for workers who specialize in helping youth. It will be a pilot project. The position has been approved and selective recruitment has been made.</p>

<p><b>SO 5: Assess &amp; upgrade our psychological services</b></p>		<p><b>Highlight:</b> The upgrade of our psychological services has happened quicker than we anticipated.</p> <p><b>Challenge:</b> The same challenges as objective 1.1. We need to develop a global consultation process in conjunction with all service areas, not to burden the community with many evaluation requests.</p>
5.1	<p>Design and implement a systematic process to consult with clients to identify their priority needs, by April 2017</p>	<p>No movement in this areas as the other parts required to make the necessary changes to psychological services are priority. Client consultation is a common objective and we do not want to work in isolation but rather include this as a part of the global client consultation plans for KSCS.</p>
5.2	<p>Complete a comprehensive review of psychological services and present recommendations.</p>	<p>A review with recommendations was completed. It was identified that not all referrals to psych services needed to be followed by a psychologist. Some can be served effectively by a counsellor with specialized knowledge of mental health needs.</p>
5.3	<p>Put in place a fully capable, professional psychological services by October 2019</p>	<p>We've added the resources necessary to better support psychological needs. Previous focus was more crisis oriented due to the funding, now can move away from limited numbers of sessions. In many cases there is a lot underlying an acute psychological crises. Not all referrals have to be sent out, some can be supported by senior counsellors under the supervision of our psychologist. Evaluation will be required at a year mark of implementation.</p>



## KSCS SERVICE DELIVERY TEAM UPDATES

### ASSISTED LIVING SERVICES

*Vickie Coury-Jocks, Manager*

<b>SO 1: Know and address the needs of each client &amp; family</b>		<b>Highlight:</b> We have new resources in place to better know and serve our clients. We recently finalized a client satisfaction questionnaire to use with families and clients to provide ALS with feedback and suggestions. Hoping to implement by this summer with the assistance of summer students.
<b>1.1</b>	Find and implement an effective clinical assessment tool to enable caseworkers and families to assess needs and develop effective service plans, by April 2017.	Several tools have been identified and being reviewed to make sure they fit the needs of ALS and clients. On target to implement better tools shortly.
<b>1.2</b>	Address the current gap in proper services for children by developing an information package for special needs caregivers, by September 2017.	This has been a backburner item for a long while. We now have resources to be able to move on this. Recently secured a new staff position to work full time in house through Jordan's Principle. Will involve a research role and the duty of coordinating the development of the information packages for families. Recently submitted a proposal to INAC's Disabilities Initiative, part of this was to cover the costs of producing a high quality information package for families.

<b>SO 2: Enhance the quality of life &amp; recognition/appreciation of each client</b>		<b>Highlight:</b> We are pleased to be able to offer a wide range of activities that enhance the person's quality of life.
<b>2.1</b>	Foster, develop and implement more opportunities for the athletic, artistic and other kinds of personal development and excellence of our clients, with the full recognition and active support of the community (on-going).	Secured external funding to hire someone to offer artistic and musical development for our clients. This person is trained in special needs. The fine arts programming involves music, arts and drama. Networking with the Special Olympics office in Chateauguay to support the athletic aspiration of our clients. Involved with Lucky Harvest to offer therapeutic horseback riding.
<b>2.2</b>	Maximize the integration of the clients into community activities, including employment (on-going).	Caseworkers are actively networking with Tewatohnni'saktha. We have 4 clients who are job ready and now looking for an employer match.

<b>SO 3: Assure continuity of quality care for each dependant</b>		<b>Highlight:</b> We've submitted a new proposal that if approved will help us to better plan for continuity of care for any potential clients.
<b>3.1</b>	Establish a full-time residential unit (for a minimum of 12 persons) as a planned alternative caregiver option for aging caregivers by April 2019.	Plans are under development for capital construction. The ALS expansion has taken priority for capital. The proposal to INAC's Disabilities Initiative proposal, if accepted, will help in securing funding, an anticipated outcome is justification for more resources (some of which can be used to fund the operational side of our expansion).
<b>3.2</b>	Develop and implement a viable respite capability to accommodate special needs individuals by April 2019.	We've developed a plan and anticipated the known needs for respite. INAC's Disabilities Initiative proposal, if accepted will help forecast future needs and services.

**ASSISTED LIVING SERVICES continued**

<b>SO 4: Maintain a minimum waiting list (capacity to deal with the growing number and complexity of clients)</b>		<b>Highlight:</b> We have been successful in reducing our wait list from 4 to zero.
<b>4.1</b>	Develop & implement an ALS Personnel Plan to support this plan by January 2016.	The personnel plan is complete. Negotiated for another case worker and psych educator. The job posting for the social worker is presently posted. As we are approved based on funding, will continue to fill identified human resource gaps.
<b>4.2</b>	Increase the physical capacity of the Centre to support special needs clients during the plan period & beyond, with an improved plan and funding completed before April 2018.	Waiting on approval of construction proposal. Completion date is dependent on approval of the funds to begin, however it looks good.
<b>4.3</b>	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 September 2017.	Although we have addressed some challenges, presently things are at a stalemate because our agreement is tied to bigger issues with Federal Government approval. We would like to get back to the table, however it is tied to 10 other large agreements that the government wants to negotiate all at once. MCK is not yet prepared to move forward. We realize this objective is beyond our control and may need rewording.



## KSCS SERVICE DELIVERY TEAM UPDATES

### HOME & COMMUNITY CARE

*Mike Horn, Manager*

<b>SO 1: Enhance client-centered service delivery</b>		<b>Challenge:</b> A global client consultation/evaluation is needed for KSCS, so clients are not oversaturated with requests.
<b>1.1</b>	Evaluate current services from a client perspective and making timely adjustments to programs, by June 2017.	<p>Have not done any evaluation. Some data available from the recent re-accreditation process. The intent changed, originally it was to evaluate the meals on wheels service and kitchen. Now there is a global move toward gathering feedback from clients.</p> <p>The date for this to be accomplished needs revision as this does not depend only on H&amp;CCS.</p>
<b>SO 2: Assure the dignity, autonomy and quality of life for elders</b>		<p><b>Highlight:</b> there are working committees for each goal. Planning is happening for everything. The chair is responsible for keeping things moving.</p> <p><b>Challenge:</b> the time for the teams to be able to focus on moving the strategic objectives. There is a lot happening on the everyday work and operational side.</p>
<b>2.1</b>	Develop and fully implement a “falls response protocol” by February 2017.	Falls Response Protocol is fully developed and implemented in most but not all service components. Will require evaluation at a year mark. Everyone received the same training. There is feedback that the protocol is being followed.
<b>2.2</b>	Identify& address situations of elder abuse on an urgent basis, starting no later than September 2016.	Moving along very well. A committee is in place from various sectors of HCC. We’ve started internally and will work towards external partnerships to address older adult mistreatment (new terminology). Need promotion, education and awareness. Will do on June 15 <sup>th</sup> - National Day of Older Adult Mistreatment Awareness.
<b>2.3</b>	Enhance palliative care capability and service by May 2017.	Palliative care services are complimentary-no special funding for it. Enhancing development of a specialized team to provide care in home. A committee is in place to plan the steps. Committee members attended International Palliative Care Conference in November (Montreal), exposed to worldwide best practices.



**KSCS SERVICE DELIVERY TEAM UPDATES**

**ENVIRONMENTAL HEALTH SERVICES**

*Donald Gilbert, Team Leader*

<b>SO 1. Enhance client-centered service delivery</b>		<b>Challenge:</b> We want to increase testing to assure safety and quality however potential challenges are getting into the homes and facilities more often. This would be impacted by client's access schedules.
<b>1.1</b>	Revisit current water quality monitoring schedule and increase frequency of bacteriological and basic chemical analysis if necessary.	Increased the schedule for bacteriological analysis to two times a year for 600 individual home wells. Increased basic chemical analysis from 55 samples per year to 110 samples per year.
<b>1.2</b>	Determine if annual inspections of high risk facilities is satisfactory or should be increased.	Based on food safety risk assessment, establishment inspections will be conducted a minimum of twice a year.
<b>1.3</b>	In partnership with Kahnawake Environment Protection Office, Health Canada and INAC participate in a groundwater monitoring project on properties in proximity to former dumpsites in Kahnawake.	Partnership and networking is an important aspect to our plan however in this initiative EHS is not the lead.
<b>SO 2: Seek necessary funding to operate within the Strategic Objectives</b>		
<b>2.1</b>	Negotiate with Health Canada to increase funding to perform additional water quality monitoring activities and associated materials.	Working with Health Canada to increase funding due to the increased testing identified in goal 1.1.

## KSCS SUPPORTIVE SERVICE TEAM UPDATES



### ORGANIZATION SUPPORT SERVICES

*Wendy Walker, Manager*

Organization Support completed its restructure in October 2016. The OSS team now includes Human Resources, Payroll, Administration, Communications, IT, and Organizational Strategic Development.

Each area with the exception of Admin had created and developed their own strategic plans. These plans are currently under review and revision. The large OSS team will be working on consolidating a set of objectives and goals based on commonalities between their individual plans and emerging needs identified by service delivery teams. The OSS Strategic Plan is about 50% complete, it will be finalized by April 2017.

The following are some **highlights** of what the team has worked on and accomplished within the September 2016-January 2017 timeframe.

#### Restructuring of OSS Services

- Our first project will be taking a multidisciplinary approach (utilizing knowledge and talents of the larger OSS team) to revise the recruitment process for new positions
- A HR Team Leader was put in place Fall 2016
- Payroll merged with HR in January 2017 to improve efficiency of processes
- A restructuring of admin has begun. A Client Services position has been approved and will be in place as of April 2017
- Traditional services benefit for staff is being revamped. The Tsi Niionkwarihotens coordinator will further develop this and then it will be administered by HR.
- We intend to align our services under an empowerment and capacity building approach.

#### Evaluation and determining needs

- Survey is underway to assess employee satisfaction with our Health Benefits insurance provider (one year post change)
- Completed a skills profile for all administrative assistants
- Completed a survey with management to determine administration needs. The need for an administrative assistant for managers (in the main building) was approved and the new position implemented by June 2017.
- Communications, IT and OSD have met with managers to identify needs and will incorporate into strategic plans.

#### Global needs

- Data is being collected from performance appraisals to begin a global staff training plan
- Data is being collected from leaves of absence to determine where we can do more prevention and staff wellness activities
- Implemented calibration process to ensure Performance Management is fair and consistent
- A Request for Proposal is out for the Workload Assessment project. Work anticipated to begin in March 2017.
- Compensation policy has been completed and approved. Now reviewing non-monetary incentives.
- Based on data, evening reception services will be streamlined for more efficient use of resources.

## KSCS SUPPORTIVE SERVICE TEAM UPDATES



### FACILITIES MANAGEMENT

*Dwayne Kirby, Manager*

The Manager of Facilities began work in April 2016 at the end of Strategic Planning. The primary objective was to create a capital plan for each facility. The goal thus far has been to enhance facilities to better meet client needs. The priority for the next 5 years is to maintain, upkeep and expand what exists. There was some restructuring of supervisory responsibilities under the new manager.

Facilities management now encompasses maintenance at the main building, maintenance and security and also the kitchen at the Turtle Bay Elders Lodge.

The facilities teams will be working on creating a new set of strategic objectives and goals for their services. This work will begin in March 2017. The following are some **highlights** of what has been accomplished from April 2016.

#### Training

- Manager and Team Leader have completed training and certification as Facilities Management Professionals

#### Family & Wellness Center

- Roof replacement old house side - completed September 2016

#### White House

- Interior paint - completed September 2016
- Plans scheduled: Dish room conversion to 4 workstations, kitchen renovations, closet demolition and reconfiguration & roof replacement justification.

#### Independent Living Center

- Emergency stairwell - completed September 2016
- To be scheduled: Floor in accessible bathroom - pending

#### Environmental Health Services

- Porch paint – pending completed September 2016
- Library office and walls painted September.

#### Elder's Lodge

- Successful merge of the 2 kitchen staff (KMHC & TBEL)
- TBEL Roof replacement - completed July 2016
- Garage Roof replacement - completed
- Internal kitchen storage clean up - completed September 2016
- Recruited and hired 2 drivers for meal delivery – completed

#### A'nowarahne

- Apartment #5 cleaning prior to selection of resident September 2016

#### Services Complex

- Exterior paint - completed September 2016
- Organizational signs refurbishment – completed Sept 2016
- Exterior lighting repairs – pending
- Parking lot asphalt repair and line painting - completed September 2016
- First Nations Wireless antenna lease signed October 2017
- Okwari room conversion for 12 Support workstations – Feb 2017
- Plan for storage solution (onsite storage units)



**KSCS SUPPORTIVE SERVICE TEAM UPDATES**

**FINANCIAL SERVICES**

*Dana Stacey, Finance Comptroller*

<b>SO 1. Enhance short and long term global financial planning efforts based on sound financial practices and operations</b>		<b>Challenge:</b> The transition of Payroll to HR and bringing on two new staff has slowed work in this area overall because of the time required to learn our system. <b>Highlight:</b> We are working more closely with managers who are taking ownership and a more active role in the budgeting process.
1.1	Integrate the implementation of the strategic plan with the budget by <i>February 2018</i> .	Work has been in progress. This goal is tied to the strategic objective #3.
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 by	Originally wanted to have completed this year but did not anticipate the amount of time and work involved. This has been pushed to next year.

<b>SO 2. Improve financial services based on the knowledge and understanding of client needs.</b>		<b>Highlight:</b> Because client satisfaction was important in our strategic plan this influenced recruitment and the two new staff hired came in with this understanding that the client comes first.
2.1	Design and implement a consultation with clients that will assess financial services offered and needs by June 2017	Date may need to be pushed, Charter of Accounts project and random Home Care audit took priority.
2.2	Implement a client engagement process that will identify areas for improvement and client needs by July 2017	Date may need to be pushed, Charter of Accounts project and random Home Care audit took priority.

<b>SO 3. Enhance KSCS management and staff financial skills and practices that will assist them in fulfilling their current and planned needs.</b>		<b>Highlight:</b> We are working more closely with managers who are taking ownership and a more active role in the budgeting process.
3.1	Review and update those financial procedures and policies that ensure the timeliness of services by June 2017 and communicate them to staff.	Communicating our practices has been at the forefront as we have new staff.