Kanesatake Health Center Inc.

Kanesatake Aboriginal Health Transition Funds Project

Terms of Reference for Steering Committee

Beyond 2011 DRAFT

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1.0 INTRODUCTION

1.1 Preamble

The Kanesatake Health Center was incorporated August 15th, 2007. It is operated under a Board of Directors. The Board of Directors consists of 7 members, some of which are elected from the community, and others are appointed by the Mohawk Council of Kanesatake. The Chief Executive Officer of the corporation is the Executive Director of the Health Center.

1.2 Background

The total registered population in 2010 for Kanesatake is 2055, of which 693 reside off reserve or in other First Nations communities. The on-reserve population for Kanesatake is 1362.

In addition to the Band Council, the community has a Health Center, a residential Treatment Center, Social Services, a Daycare Center, an Elders' Home, Human Resources/Economic Development Office, a Youth Center, a Recreation program, a Public Works garage and Administrative Offices for Council Operations and Services such as Social Assistance. There are 3 schools within the community for Elementary and Secondary Education, and an Education Center, as well as a number of private businesses.

The Kanesatake Health Center (KHC) opened June 3, 1996. The Health Center is community-based committed to promoting wellness and harmony within the community of the Kanesatake and its surrounding territories. The KHC provides health services that are accessible to all Kanesatake community members regardless of age, race, sex, income, education, lifestyle choices, or religion.

The Health Center believes in a holistic approach to health and well being. It has adopted the belief that all individuals have the right to respectful care and the right to make informed decisions about the care they choose to receive. The mission of the Health Center directs that the staff, through their beliefs, words and actions, endeavor to meet the health and wellness needs of the Kanesatake community, the family, the individual and the unborn child with honor and respect at all times.

The Health Center currently has many programs and services which include but are not limited to the following examples:

- Community Nursing services and clinics;
- Prenatal and Immunization clinics;
- Home and Community Care;
- Outreach for Elders;
- Drug and Alcohol Prevention;
- Youth Council and Youth Group (KYOT);
- Moms and Tots program;
- Environmental programs;
- Prevention programs for healthy living such as tobacco awareness
- Information and Support Groups for Diabetes, HIV-Aids, etc.
- Mental Health Support programs.

The Health Center also networks with the Centre Jeunesse and the Riverside Elders Home to support the health and well-being of the Elders of the community. The Health Center also provides support for Child and Family Services through Family Support prevention programming.

1.3 Aboriginal Health Transition Funds

The Aboriginal Health Transition Fund (AHTF) is a five-year initiative (2004 to 2010) which seeks to improve the integration of Federal, Provincial and Territorial funded health systems, adapt existing health programs and services to serve better the needs of Aboriginal peoples (First Nations, Inuit and Métis), improve access to health services, and increase the participation of Aboriginal peoples in the design, delivery, and evaluation of health programs and services. The AHTF project was extended until March 31, 2011.

The AHTF provides transitional funding to Provincial and Territorial governments and First Nations, Inuit and Métis organizations and communities in three areas:

- **Integration** - to support First Nations and Inuit communities to improve the coordination and integration between provincial and territorial health systems and health systems within First Nations and Inuit communities;
- **Adaptation** - to support provincial and territorial governments to adapt their existing health programs to the unique needs of all Aboriginal peoples including those in urban and Métis settlements and communities; and
- **Pan-Canadian** - to support cross-jurisdictional integration and adaptation initiatives in three streams: First Nations, Inuit and Métis; capacity funding to national Aboriginal organizations;

workshops; evaluation activities; and overall administration of the AHTF.

1.4 Kanesatake Projects

Kanesatake submitted and was accepted for two projects, one under Integration and the other under Adaptation. The Adaptation Project, entitled "Cultural Adaptation of Pre-Hospital, In-Hospital and Post-Hospital Services and Liaison for Kanesatake", is there to provide cultural awareness training and liaison services with the Centre Hospitalier St. Eustache. The project is well underway and will be completed by March 31, 2011.

The Integration Project is entitled "Assessing, Enhancing and Integrating Health Services for Kanesatake". The overall goal of the project is to assess, enhance and create new linkages for services for the Elderly and young children who are the most vulnerable clientele for health services in Kanesatake. A gaps assessment has been conducted and recommendations are currently being implemented, wherever possible. The project will also end on March 31, 2011.

1.5 Timeframes

Originally, the Steering Committee was created to oversee both projects to completion. The term of the Steering Committee was extended to reflect the new end date of the projects: March 31, 2011. However, the continuation of the Steering Committee beyond the end date of the projects is integral to the process of integration. In fact, in early 2011, Health Canada will announce a new fund to oversee the continued integration of health services with provincial partners until 2013.

It is proposed that the Steering Committee continue to meet regularly until 2019, as integration normally takes at least ten years to occur. The communication links that have been established through these projects should be ongoing. The Terms of Reference should be revised in 2013.

1.6 Objective of Terms of Reference

The objective of this document is to provide the Steering Committee with the details of its mandate beyond the Adaptation and Integration projects.

2.0 STEERING COMMITTEE

2.1 Mandate

The Steering Committee is to oversee the implementation of both the Integration and Adaptation projects and to ensure continued integration of services beyond the end of the projects.

2.2 Composition

The Steering Committee is composed of 8 voting members:

- Executive Director of the Kanesatake Health Center Inc.
- Clinical and Programs Supervisor of Kanesatake Health Center Inc.
- Portfolio Chief Representative from the Board of Directors of the Kanesatake Health Center Inc.
- Director of the Riverside Elders' Home
- Manager of In-Home Support Services, Centre Jeunesse
- Family and Mental Health Services Coordinator, CSSS Deux-Montagnes
- A representative from the Regional ASSS des Laurentides
- Elders' Services Coordinator, CSSS Deux-Montagnes.

From time to time, the Steering Committee may decide to invite other health workers or service Directors to participate in meetings where the topic of discussion may involve their particular service or program.

2.3 Duties of Steering Committee

The main duty of the members of the Steering Committee is to ensure that there is appropriate communication and preparation between all parties for the purposes of the follow through on the AHTF projects, and to ensure that communication and integration continue after the end of the projects.

2.4 Responsibilities

The Steering Committee is responsible for

- Ensuring ongoing communication between project partners by assuring that links established during AHTF are maintained;
- Revisiting the model for pre-hospital, in-hospital and post-hospital care developed through the project;

- Overseeing the implementation of recommendations made by the AHTF Project teams by addressing needs and concerns of committees working on recommendations;
- Ensuring that new employees are aware of cultural training website and are encouraged to visit it by integrating it in orientation package for new employees;
- Assisting the KHC in finding a doctor.

2.5 Meetings, Minutes and Agenda

The Steering Committee will meet twice annually.

At the end of the AHTF projects a chairperson and minute taker will be selected. Each year, a new chairperson and minute maker will be selected.

The chairperson will be responsible for organizing the meetings of the Steering Committee. The chairperson will lead the meeting and ensure that the agenda and time set for the meeting are respected. The chairperson will provide a written update about the Steering Committee to be published in Karihwi:ios once annually.

The minute taker will be responsible for writing the agenda, as decided by the members at the beginning of each meeting, taking the minutes and keeping them in a file. The minute taker will type the minutes and email them to each committee member.

Minutes from the previous meeting are read at the beginning of each meeting for revision and approval. The approved minutes are to be kept on file as a record of the proceedings of the Steering Committee.

2.6 Quorum

The quorum for all Steering Committee meetings is established at five (5) out of the eight (8) voting members. Any ex-officio members present cannot be included in the quorum.

2.7 Deliberations

The Steering Committee will operate with consensus on the various issues and topics of discussion. If however, after several attempts, it is impossible to

achieve consensus, then a vote must be taken and the results of the vote recorded in the minutes. The vote will be set at a simple majority plus one.

3.0 PARAMETERS FOR STEERING COMMITTEE DECISIONS

3.1 Best Practice

Protocols, services or programs which are developed for the community, or which are patterned after the provincial system, should be taken from examples of best practice. They should also be culturally adapted to the needs of the community where feasible.

3.2 Best Interests

The development or access to any new service must be done in the best interests of the future development of the community of Kanesatake, without prejudicing existing aboriginal rights or Mohawk jurisdiction.

3.3 Basic Principle

The projects are in no way to be considered as a mechanism for the integration of Kanesatake health services with provincial services. They are a means of integrating "access" to necessary provincial services within a continuum of community health and social services.

3.4 Right of Access

Kanesatake community members should be seen as having the same rights of access to health and social services as all persons living in Quebec.

3.5 Consistency, Stability and Enhancement

Only services and programs that provide consistency, stability and enhancement to current services should be encouraged under the project.

3.6 Redress and Appeal

Access to or development of new services to the community must include a process for review and redress, and a mechanism for an Appeal Process.

3.7 Accountability

The decisions that are made must provide transparency and accountability to all parties and to the community of Kanesatake in particular.