2016-2021 **ראברייכףטי** STRATEGIC REGIONAL PLAN

Striving to achieve Nishiiyuu Miyupimaatisiiun together

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY







CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

The information in this publication may be reproduced without charge or further permission, provided that the CBHSSJB is identified as the source.

Electronic versions in English and French are available at: http://www.creehealth.org

2016-2021 Г≺∧Ĺ∩Ż⊳ ⊲ݥݥݤ∩"Ċݡݥ Strategic Regional Plan © All Rights Reserved Cree Board of Health and Social Services of James Bay Box 250, Chisasibi, QC JOM 1E0

ISBN: (PDF version) Legal deposit: 4th trimester 2017 National Library of Canada, 2017 Bibliothèque et Archives nationales du Québec, 2017

Approved by the Board of Directors September, 2017

TABLE OF CONTENTS

- 4 Executive Summary
- 5 Introduction
- 6 Chair's Message
- 7 Executive Director's Message
- 8 Overview of the CBHSSJB
- 9 Mission, Vision and Values
- **10** Building a new Strategic Regional Plan
- **11** Four Strategic Orientations
- 27 Capital Planning Summary
- 27 Conclusion
- 28 SRP Reference "template"
- **30** Bibliography

EXECUTIVE SUMMARY

Drawing from the *Eeyou/Eenou Regional General Assembly on Health and Social Services 2016* in Waskaganish (CBHSSJB, 2016), and taking into consideration the most recent data on population health status as well as achievements and gaps from the 2004-2014 Strategic Regional Plan, **four orientations** targeted for the **2016-2021 Strategic Regional Plan** have been defined:

- Catch up with the key indicators of health and social wellbeing observed for the general population of Quebec.
- 2. Access quality first-line services and specialized care along the service corridors.
- 3. Access traditional medicine and land-based healing in a timely manner.
- 4. Consolidate the Cree Succession Plan as well as human, material, financial and information technology resources.

With 13 focus areas and 51 strategic objectives identified from these four orientations, the Cree Board of Health and Social Services of James Bay (CBHSSJB) intends to lead its programs, service developers and service providers towards delivering enhanced and culturallysafe health and social services to the Eeyou Istchee population.

All CBHSSJB workers will use this document as a guide to develop and offer culturally-safe and bestpractice-based programs and services to the Eeyou Istchee population. To achieve this, and to participate in the improvement of the population's health determinants, the CBHSSJB will collaborate with partners and organizations who share common strategic priorities.

The 2016-2021 Strategic Regional Plan is a "living" plan that will be evaluated and adjusted at mid-term, using a participatory and realistic approach.

INTRODUCTION

The CBHSSJB is a unique institution of Aboriginal governance with regard to health and social services. It was established in 1978 in accordance with section 14 of the *James Bay and Northern Quebec Agreement 1975 (JBNQA),* a treaty protected by the 1982 Constitution Act. It is the only institution in Quebec governed by its own Act, S-5, the Act respecting health services and social services for Cree Native persons.

Under the JBNQA, the Cree have special rights regarding health and social services. Section 14 explicitly requires that Quebec recognize and take into account the exceptional difficulties associated with the provision of health care and social services in the North. This commitment requires the application of measures to support the development of local facilities, the upgrading of technical equipment and the policy for recruitment and retention of qualified professionals in Region 18.

Elsewhere in Quebec, Regional Boards are required, under section 182.0.2 of the Act Respecting Health Services and Social Services (S-4.2), to prepare a multi-year strategic plan. Without being under the same law as the rest of Quebec health regions, the CBHSSJB elaborated its first strategic plan for a ten-year period from 2004 to 2014. This was with the view of supporting the negotiations of the current CBHSSJB health agreement. Since the first Strategic Regional Plan (SRP) has come to an end, the organization needs to keep its structured approach to development. SRP 2016-2021 is the main tool adopted to align our efforts in the next five years. In Section 18 of S-5, the CBHSSJB was asked to encourage community participation in defining its own needs. This new strategic plan unfolds from the views expressed at the 2016 *Eeyou/Eenou General Assembly on Health and Social Services* in Waskaganish. The priorities identified were divided into four strategic orientations with 13 focus areas, forming the basis for the plan's structure:

- One focus area supports Orientation # 1: Catch up with the key indicators of health and social wellbeing observed for the general population of Quebec.
- Ten focus areas support **Orientation # 2**: Access quality first-line services and specialized care along the service corridors.
- One focus area supports Orientation # 3: Access traditional medicine and land-based healing in a timely manner.
- One focus area supports Orientation # 4: Consolidate the Cree Succession Plan as well as human, material, financial and information technology resources.

In order to keep track of progress and focus on the priorities agreed upon, SRP 2016-2021 is a "living" plan to be evaluated and adjusted at mid-term using a participatory and realistic approach. An evaluation plan will be elaborated based on the consensual vision of key players.

2016-2021 TZALAZD deeprice



MESSAGE FROM THE CHAIR

April 2018 marks the 40th anniversary of the founding of the Cree Board of Health and Social Services of James Bay (CBHSSJB). This is a time to reflect on how far we have come, and where we are going, as a Nation and as an organization. It is astonishing to think of how much the Cree communities have transformed in this time. The biggest challenge we face as a Nation is coping with rapid change and growth, and this also applies to the CBHSSJB.

The Strategic Regional Plan (SRP) is the most important planning tool we have as an organization. Covering a half decade, the SRP allows us to step back from the front line and the day to day to see the big picture. In an environment of rapid change, we need good data on the health of our people and we need an evidence-based plan with clearly defined targets. We also need to make sure our plan reflects the vision and priorities of the Cree Nation.

Since the Regional Assembly in Waskaganish in April, 2016, I have been travelling to local General Assemblies and meeting with leaders, community members and CBHSSJB employees. My aim during this tour of the communities is to listen to people and to make sure that we are headed in the right direction as we develop and finalize this plan.

What I have heard is that people want culturally-based and culturally-safe care close to home. They want Cree approaches to mental health and healing services. They want to bring back childbirth to our communities. They want our Elders to be protected, and they want and need respite options for families. They want to see Cree people in professional roles in our local clinics and hospital. This is a powerful vision that is embedded in this Strategic Regional Plan.

One of my priorities as I serve the remainder of my second term as Chairperson of the Board of Directors, is the updating of Law S-5. This piece of Quebec legislation defines and regulates the work of the CBHSSJB.

I echo my colleague Daniel St-Amour in underlining the importance of developing our Cree human resources, and urging our youth to continue their education so that they can help us build a great Cree institution. I call upon our communities to help us build a healthy society. The CBHSSJB alone cannot achieve targets like a 25% reduction in smoking and injuries. We need to work with partners, especially the youth in our communities, to address the challenges of the future.

Thank you to everyone who contributed to the creation of this SRP, especially Dr. Anne Foro, Director of Program Development and Support, who has merged ideas and evidence into a well written and practical document.

I invite all employees to read this plan and reflect on how you can be guided by the four orientations and help each other reach the targets described here. For our clients and community partners, including our elected Board and my successor as Chair, whoever it may be, I invite you to use this plan in the years to come to make sure we remain accountable and deserving of your trust.



MESSAGE FROM THE EXECUTIVE DIRECTOR

We are proud to present the CBHSSJB's Strategic Regional Plan for 2016-2021. This plan, which we call the SRP, grew from the Eeyou/Eenou Regional General Assembly on Health and Social Services, hosted by the Cree Health Board in Waskaganish in April of 2016. At that event, representatives of Cree communities and regional and local entities expressed their vision for achieving Miyupimaatisiiun and their priorities for our organization. The Strategic Regional Plan is the guide for where and how we commit resources over the coming years.

The realization of the SRP will require partnerships, infrastructure and a committed, qualified and sustainable workforce. As Executive Director, these elements are my responsibility. The SRP is, in effect, my road map.

A key priority that emerged from the Regional Assembly is expanding access to services close to home, and thereby reducing people's need to travel outside the region to get care. For example, the people have asked us for more options for respite care and long-term care, a range of healing services, and increased support for hemodialysis. Local solutions are essential to the realization of these goals, so we must break down silos and collaborate with local leadership to strengthen community-based services. In order to provide more access to care in our growing northern communities, we need modern buildings and other infrastructure. Capital projects are a critical component of the SRP, requiring years of planning and millions of dollars of investment. The construction of a new Regional Hospital Centre in Chisasibi will be a major milestone. We also need more housing, some of which is already being built. This is another area in which the Cree Health Board depends on our local and regional partners to achieve our collective goals.

The long-term success of our organization requires a strong, stable and predominantly Cree workforce. The Cree Succession Plan is a key element to achieve this vision. The plan helps us identify employees with leader-ship potential, and supports them with continuing education in collaboration with McGill University. The Cree Succession Plan also provides employee stability and reduces turnover. The CBHSSJB will continue to be one of the best employers in Eeyou Istchee, and we encourage all youth to consider post-secondary education.

This Strategic Regional Plan will guide us as we continue to develop a health and social services system to support healthy Cree communities in Eeyou Istchee. A system that will support people as they age, and will nurture their children and grandchildren as they grow. Our job is to take the vision expressed so eloquently in the 2016 Regional General Assembly in Waskaganish, and make it reality.



communauté crie | Cree community

- bureau du CCSSSBJ | CBHSSJB office
- 📙 hôpital | hospital
- 🛪 aéroport | airport
- ville | town/city
- autoroute
- route secondaire | secondary highway
- route de gravier | gravel road

OVERVIEW OF THE CBHSSJB

Located between the 49th and 53rd parallels in the northeastern part of Quebec, Region 18—also called Eeyou Istchee (EI)—is a Cree territory of nine communities. Although distances between each are great, the communities are accessible by road except for the most northern community, Whapmagoostui, which shares land with the Inuit community of Kuujjuaraapik and is only accessible by air and water.

With one of the youngest populations in the province and a dependency index of 53% (23% being the provincial index), El foresees that the population group showing the highest increase from now to 2036 will also be the most affected by chronic diseases. The El age pyramids from 1983 to 2013 show a dramatic increase in the Chishaayiyuu age group (30 years and over). Estimated projections for 2016-2036 show this tendency will remain and, while the province projects a 6.8% increase in population for 2036, El's projections double the provincial growth rate with a 12.9% growth from 2016 to 2036 (ISQ, 2014).

The CBHSSJB has a regional hospital with 28 beds located in Chisasibi, the largest community of El, and Community Miyupimaatisiiun Centres (CMCs) in each community. All CMCs are comprised of primary care services offered in four groups of program-services: Current and Ambulatory Services provide general medical services for all age groups, Awash Services address the common needs of mothers and of children aged 0-9, Uschiniichisuu services cover the common needs of youth aged 10-29, and Chishaayiyuu services take care of people aged 30 and over. Each CMC also has a Dentistry Department. A complete Pharmacy Department as well as laboratory and dialysis services are available in the two largest communities, and the remaining seven have dispensary-type pharmacies. The two largest communities also deliver hemodialysis services. Almost all specialized services are accessed out of the region. Wiichihiituwin (formerly Cree Patient Services) makes arrangements for clients travelling outside Eeyou Istchee, overseeing their stay away from home for medical treatment, follow-ups and diagnostic appointments.

Youth Protection Services are based in the CMC of each community, and Youth Healing Services are delivered in one facility located in Mistissini. Chisasibi and Mistissini have Group Homes that act as transitional houses for youth in difficulty.

Nishiiyuu, the department in charge of traditional healing and land-based programs, has as its mandate to support the cultural adaptation of other programs and services. The CBHSSJB is also required by law to have a regional Public Health Department which assures prevention, surveillance of the population heath status, and promotes healthy lifestyles. Administrative matters are covered by Human, Financial, Material and Information Technology Resource departments.

The CBHSSJB is managed by the office of the Executive Director whose mandate stems from the Board of Directors, comprised of the Chair, Directors, Advisory Committees and Councils. The Service Quality and Complaints Commissioner's office is located in Chisasibi with satellite offices in Mistissini, Val-d'Or, Montreal and Chibougamau.

MISSION, VISION AND VALUES

In partnership with the Quebec Ministry of Health and Social Services (QMHSS), the mission of the Cree Board of Health and Social Services of James Bay (CBHSSJB) is to provide for the management and organization of health and social services in the nine communities of the Cree Territory of James Bay. To do so, it must coordinate and implement health and social services with a view to maintaining, improving, and restoring the health and well-being of its population. In addition, it provides regional public health services involving prevention, promotion, monitoring and protection of population's state of health and well-being.^{1,2} The Board of Directors meeting held December 6-8, 2016 formulated and approved the following *Eeyou Nation of Eeyou Istchee Vision statement* regarding the development of community Myupimaatisiiun:

Individuals, families and communities strive to achieve Miyupimaatisiiun reflective of Nishiiyuu

As a Cree value driven organization, *honesty, loving, caring and sharing* form the foundation of the CBHSSJB's institutional values and principles. The establishment's code of ethics, developed in 2009 and revised in 2016, defines the key values and principles, as shown in *Diagram 1*.

VISION



Diagram 1: Key Values and Principles

1. http://www.creehealth.org/about-us.

2. http://www.QMHSS.gouv.gc.ca/ministere/mission.php.

BUILDING A NEW STRATEGIC REGIONAL PLAN

The majority of the 2004-2014 Strategic Regional Plan (CBHSSJB, 2014) has been implemented; any remaining actions have been integrated into the four newly-drafted orientations of the SRP 2016-2021.

A Cree Prioritization Process

The SRP 2016-2021 is inspired by the people's voice at the Regional General Assembly held April 2016 in Waskaganish (CBHSSJB, 2016), and priorities from communities are a source of triangulation with most recent Eeyou Istchee (EI) epidemiological data.

In Waskaganish, a Cree voting method identified health and social issues to be prioritized by the CBHSSJB in the SRP 2016-2021. These priorities—among the most frequently voted on issues—were identified and used to develop the SRP orientations for the years 2016 to 2021.

The assembly invited the nine communities to send five representatives each. Over the course of three days, groups were assembled to determine the most important health and social concerns in Eeyou Istchee. These concerns were grouped according to topic, and further discussed in groups by topic.

Topics were presented by groups and a Cree voting method determined the top Eeyou Istchee health and social priorities. Priorities based on Cree way of voting

Ideas generated under other topics (in brackets) will be included in planning

ТОРІС	Votes
Diabetes and Chronic Disease (link to dialysis and chronic care, health care services and Wiichihiituwin)	23
Mental Health (link to alcohol, drug and gambling addiction)	22
Traditional Medicine & Land-based Healing	20
Regional Therapy (Addictions) Centre (link to sexual abuse awareness and prevention, parenting, marriage counseling)	18
Elders Care & Abuse	16
Youth Protection & Child Development (link to teen pregnancy, parenting, JBNQA registration)	8
Respite home for Special Needs (link to men's shelter)	8

FOUR STRATEGIC ORIENTATIONS



Diagram 2: Four Strategic Orientations

2016-2021 TZALOZO deepr"CP"



Diagram 3: Hospitalization rates for injuries by leading cause of injury, Eeyou Istchee, 2010-2011 to 2012-2013

ORIENTATION 1

Catch up with the key indicators of health and social well-being observed for the general population of Quebec.

FOCUS AREA 1: COMMUNITY WELL-BEING,

PREVENTABLE ILLNESS and DEATH Between 1999 and 2013, life expectancy for Eeyou Istchee (EI) increased marginally from 76.9 to 77.6 years. In 2016, life expectancy for a Cree newborn was 77.9 years (both sexes), lower than the 80.8 years for babies born in the rest of the province (ISQ, 2016) (CBHSSJB, 2016).

The infant mortality rate decreased from previous years and was 14.6% (per 1,000) in 2013, yet it was still over three times higher than that of Quebec (4.5 per 1,000) (ISQ, 2016) (CBHSSJB, 2016).

A sedentary lifestyle and obesity foster cardiovascular and metabolic diseases, as well as the occurrence of musculoskeletal problems. According to a 2003 study, one El adult out of five was active during free time, while four remained sedentary; two out of three adults did not meet the required level of physical activity (Nolin, Blanchet, & Kuzmina, 2008). In a second study in 2007, it was reported that the Cree children were more obese than other Canadian children (Willows, Johnston and Ball, 2007). Using BMI as an obesity indicator, a 2012 study reported that 83% of Cree have a BMI greater than 30kg/m² and, from those individuals, 50% are in the category of morbid obesity (Hayward, et autres, 2012).

The regional hospitalization rate following injury remains higher than the national rate, increasing 28% between 2006 and 2014 (MSSS, 2015) (ISQ, 2014) (CBHSSJB, 2016). Hospitalization secondary to intentional injuries is on the rise. Between 2000-2002 and 2010-2012, hospitalization rates for self-harm increased almost threefold. Of all hospitalizations for self-harm, 39.3% (compared to 8.6% in Quebec) were girls aged 10 to 29. Hospitalization rates for self-harm related to suicide attempts are 4.4 times higher than those provincially (MSSS, 2013) (CBHSSJB, 2016).

Rates of sexually transmitted diseases saw a substantial increase from 2004 to 2013. Chlamydia regional rates in 2013 were 6.3 times the Quebec average, while rates for gonorrhea were 9.3 times. Hepatitis C was seen in 13 cases from 2009 to 2013. HIV is low with a few positive cases (INSPQ & LSPQ, 2013) (INSPQ, 2013).

The housing situation shows that overcrowding remains a problem with 19.6% living in overcrowded conditions, while the rest of Quebec is at 1.3% (CBHSSJB, 2016). The high unemployment rate of 16.87% in El is much higher than the provincial rate of 6.97% (Foro & Dolgoy, 2016) (Statistique Canada, 2011). The low income rate in 2012 was also high at 23.1%, compared to 8.3% provincially (ISQ, 2015). 46% of the El population between 25 and 54 do not hold a high school diploma, versus 16.2% in Quebec (Foro & Dolgoy, 2016). In 2011-2012, MELS reported a 55.4% drop-out rate in Region 18, compared to 16.2% in Quebec. Literacy is an important health determinant in Quebec (Bernèche and Traore, 2007).

Five strategic objectives related to COMMUNITY WELL-BEING AND PREVENTABLE ILLNESS AND DEATH aim at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
	Reduce smoking rate	Rate of smoking in the population	Smoking rate reduced by 25%
	Increase physical activity	Rate of population practicing physical activity 1 hr/day, 3 times a week	Physical activity rate increased by 25%
SO1: Promote healthy lifestyle with regards to smoking, obesity,	Apply CBHSSJB Nutrition Policy	Number of communities applying the nutrition policy	100% of communities apply CBHSSJB Nutrition Policy
nutrition, injuries and infant mortality	Reduce infant mortality rate gap between EI and Quebec, taking into account CE/CLE	 Overall infant mortality rate Infant mortality rate from CE/ CLE 	Overall infant mortality rate lowered
	Decrease injury rates	Rate of unintentional injury from motor vehicle collision, drowning, drug intoxication and falls	Overall non-intentional injuries reduced by 25%
SO2: Ensure quality prehospital emergency services and emergency measures all the time in Eeyou Istchee	Improve prehospital emergency communication systems and emergency measures preparedness	 Collaboration with CNG for the implementation of call line 911 811 call line P25 digital radio Number of simulation sessions per community 	 911 established 811 established P25 digital radio in place At least one simulation session realised per community/year
SO3: Reduce suicide attempt rate	Develop outreach and community partnership prevention programs	Number of suicide attempts	Rate of intentional injuries reduced by 50%
SO4: Decrease incidence rates of BBITD	Reduce incidence rates of chlamydia and gonorrhea	Incidence rates of declared episodes of chlamydia and gonorrhea	Chlamydia and gonorrhea incidence rates decreased by 50%
SO5: Improve social determinants	Contribute to collaborative interventions to advocate and support education	Number of collaborative interventions to advocate and support education	CBHSSJB contribution to at least 1 collaborative intervention on education in El
	Decrease the level of domestic violence and its impacts on individuals and families	Number of collaborative interventions to advocate and support housing and employment policies	CBHSSJB contribution to at least 1 collaborative intervention on housing and 1 collaborative intervention on employment in El
	Decrease the level of domestic violence and its impacts on individuals and families	Percentage of victims of domestic violence receiving support services on territory	90% of victims of domestic violence received support services in the territory

2016-2021 TKALNZD deeprice

ORIENTATION 2

Access quality first-line services and specialized care along the service corridors.

FOCUS AREA 2: FIRST-LINE SERVICES

Up to 2016, all Community Miyupimaatisiiun Centre (CMC) services were provided from 9am to 5pm, with early mornings (8 to 9 am) reserved for blood work. A client in need of services outside CMC hours would use the emergency number. As per the 2004-2014 SRP, some CMCs are slowly starting to implement the 80-hour operation schedule. The CBHSSJB wants to improve the experi-

ence of first-line services by delivering the right care in the right place at the right time. Furthermore, first-line services need to rach beyond the walls of the CMC. Equipped with a framework for the implementation of an Integrated Services Model, managers and service providers will work collaboratively to provide clients with care continuity and best practices.

Two strategic objectives related to FIRST-LINE SERVICES aimed at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO6: Improve the organization of first-line services	Implement the integrated services model, which is in the process of development	 Final draft of the living framework Implementation plan Number of communities where services are offered according to an integrated approach 	All the CMCs providing services in an integrated way
	Increase access to first line services in the communities of Wemindji, Mistissini, Waskaganish, Waswanipi to 80hrs/week, and in the communities of Whapmagoostui, Oujé-Bougoumou, Nemaska, Eastmain to 50 hrs/week	Number of hours per week for regular service offering in a CMC	 80 hrs/week of regular service offering in Wemindji, Mistissini, Waskaganish, Waswanipi 50 hrs/week, of regular service offering in Whapmagoostui, Oujé-Bougoumou, Nemaska, Eastmain
SO7: Improve regular access to first-line services	Increase access to psychosocial intake services in all communities	Number of CMCs providing psychosocial intakes	All 9 CMCs offering psychosocial intake services
	Decrease treatment initiation delay in Current Services	Average wait time before receiving initial treatment	Clients receive initial treatment within 60 minutes
	Improve access to Home Care	Number of clients receiving Home Care services	Number of clients receiving Home Care services increased by 25%
	Increase community outreach services	Volume of community outreach services initiated by the CMC	Volume of community outreach services increased by 25%

2016-2021 TZALAZD deepr"CP"

FOCUS AREA 3: SPECIALIZED SERVICES

Second- and third-line services, designated as specialized services, present a challenge to the region. As in the rest of the province, waiting time is quite long for access to specialized services. Some second-line services are provided in the region but they lack permanent resources, and the weakness of the regional hospital's technical equipment results in frequent referrals to outside hospitals. The CBHSSJB has an average of 25,000 referrals per year. In addition to the cost, referrals often entail painful and stressful trips, wasted time, anxiety and separation from clients' relatives. The recent MSSS policy for specialized services organization in the province looks promising for improving client access to these services (CBHSSJB, 2016). Additional access to specialized services is via telehealth technology, which the CBHSSJB has started to implement in communities in the form of teleophthalmology, teleradiology and teleobstetric services. In 2015-2016, 61% of all diabetic patients were screened without leaving their community (CBHSSJB, 2016).

Wiichihiituwin (formerly Cree Patient Services) is now implementing improvements in lodgings, and charters for CBHSSJB clients have begun. Since 2015, 300 clients have benefited from the charters (CBHSSJB, 2016).

Olympia Objection	Operational Objectives	Indiantera	Torgoto for 0001
Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO8: Establish formal agreements for	Sign agreements with key referral partners (CISSS-AT, CBHSSJB, CUSM, CIUSSS-ODIM, Gingras- Lindsay-de-Montréal, Villa Medica, Constance-Lethbridge, etc.)	Number of agreements signed	90% of agreements signed with key establishments for referrals out of territory for specialized services
specialized services corridor	Increase specialists Regional Medical Plan (PREM)	Amount of specialists' PREM	Specialists' PREM increase covering 90% of needs in the region
	Increase specialist visits on territory	Number of specialist visits on territory	Number of specialist visits increased by 50%
	Ensure coastal and inland charter services	Number of Cree Non-Insured Health Benefit (CNIHB) clients using the charter, from coastal and inland communities	75% of CNIHB clients use charter
	Organize ground transportation	Number of CNIHB clients using CBHSSJB ground transportation	75% of CNIHB clients use ground transportation
SO9: Develop Wiichihiituwin (formerly Cree Patient Services)	Improve lodging in Montreal and Val-d'Or	Level of satisfaction of clients using CBHSSJB accommodation in Montreal or Val-d'Or	80% of clients who use CBHSS- JB accommodation in Mont- real or Val-d'Or report being satisfied
	Improve nutrition services	Level of satisfaction of clients using CBHSSJB meals services	80% of clients satisfied with CBHSSJB meal services
	Increase after-hours access at Montreal Wiichihiituwin	Client access to extension of regular hours at Montreal Wiichihiituwin	After-hours extended at Mont- real Wiichihiituwin according to client needs
SO10: Improve Cree Non-Insured Health	Implement CNIHB program management model 4	Level of compliance with Model 4 management rules	100% compliance with Model 4 management rules for the CNIHB program
Benefits (CNIHB) program management	Implement the CNIHB guides	Level of implementation of CNIHB guides	100% implementation of CNIHB guides
	Establish telepharmacy	Number of communities using telepharmacy services	All 9 communities using telepharmacy services
SO11: Develop telehealth services	Implement new telemedicine services related to cardiology, psychiatry, obstetrics, dermatology, etc.	Implementation of new telemedicine services related to cardiology, psychiatry, obstetrics, dermatology, etc.	New telemedicine services (beyond ophthalmology, psychology, radiology) used in communities: cardiology, psychiatry, obstetrics, dermatology and others

Four strategic objectives related to SPECIALIZED SERVICES aim at measurable results over a five-year period

2016-2021 TZALAZO 466PP"CP3

FOCUS AREA 4: CHRONIC DISEASES

2010-2011 to 2012-2013 saw a much higher hospitalization rate at 1.8 times that of Quebec (MSSS, 2013). Since 1983, the number of new diabetes cases in El has doubled each decade, with the prevalence of diabetes more than three times that of Quebec. The number of dialysis and predialysis treatments recorded at Chisasibi hospital for the 2011-2012 financial year was 2,964 (CBHSSJB, 2012). Recently, Mistissini CMC was able to provide hemodialysis services, keeping about 60% of inland clientele in the region.

The circulatory system adjusted death rate is high: 207 per 100,000 versus 192 per 100,000 for Quebec. The adjusted death rate for respiratory system diseases of 119 per 100,000 shows statistical significance when compared to the Quebec rate of 64 per 100,000 (INSPQ, 2011). The leading causes of death in El are cancers, followed by circulatory system diseases, injuries and then respiratory system diseases (MSSS, 2013).

Musculoskeletal diseases such as arthritis or rheumatism are significantly less than those of the province: 6.5% versus 14%. Back pain, other than arthritis or fibromyalgia, is over the rate of Quebec: 16.9% versus 10.4% (INSPQ, 2011).



Diagram 4: Average annual number of deaths by leading cause, Eeyou Istchee, 2009-2013

Four strategic objectives related to CHRONIC DISEASES aim at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO12: Conduct opportunistic and population-based screening activities for chronic diseases	Provide screening for cancer, diabetes and respiratory ailments, using organized activities and opportunistic approach	Number of clients screened for cancer, diabetes and respiratory ailments	 80% of target groups receive organized screening services (Mobile Clara for breast cancer, PAP test, etc.)
			 100% of clients in need are offered opportunistic screening for other cancers, diabetes and respiratory ailments
SO13: Increase access	Evaluate the feasibility of peritoneal dialysis in the region	Recommendations from feasibil- ity report or from our experts	Peritoneal dialysis implemented in all 9 communities, if recom- mended in the feasibility report
to dialysis on territory	Increase number of clients who have access to dialysis in the territory	Percentage of clients accessing dialysis services in the territory	80% of clients at risk or affected by kidney disease have access to care in the territory
SO14: Increase follow- up for chronic disease	Increase percentage of patients seen in the required period for follow-up	Percentage of clients provided with required follow-ups according to standards for chronic diseases	50% increase in the number of clients receiving required follow- ups according to standards for chronic diseases
patients	Increase access to smoking cessation program	Number of clients in smoking cessation program	50% increase in number of clients using the smoking cessation program
SO15: Increase follow- up for patients at risk of kidney failure	Create a predialysis kidney clinic run by multidisciplinary teams	Number of clients followed at predialysis kidney clinic	90% of clients in need are followed and managed in pre- dialysis kidney clinic

2016-2021 דאגהאס מנפרייכיםי

FOCUS AREA 5: MENTAL HEALTH

A review of 2009-2011 medical charts from one community found that 36.5% of clients had a mental health issue (CBHSSJB, 2016). From the Canadian community health survey conducted in 2003, only 52.5% of El participants described their mental health as "excellent" or "very good". The more respondents consumed alcohol, the less likely they responded "excellent" or "very good" to the survey question. A total of 58.4% of non-drinkers reported excellent or very good mental health, but only 44.9% of those who reported drinking once a week or more answered this way. Furthermore, respondents using drugs were twice as likely to report mental health as "fair or poor" (14.1% for cannabis and 13.5% for cocaine) compared to non-users (6.1% and 7.3% respectively) (Légaré and Dannenbaum, 2008). This was also reported by the 2007 mental health study which found high rates of comorbidity between problem gambling, tobacco dependence, substance abuse and other psychological problems, including history of physical or emotional abuse (Torrie and Gill, 2009).

The CBHSSJB is planning to increase, improve and integrate its Mental Health and Dependencies Programs. There is a need for more patient-centered care, with multidisciplinary team work. Mental health services also need to incorporate cultural support services from a Cree holistic model of care.

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
	Implement crisis intervention protocols and a hotline for suicide prevention	 Level of usage of crisis intervention protocols Number of calls received by the hotline 	 100% of clients who show up in crisis receive services conforming with the protocols 50% decrease in number of suicide attempts
SO16: Develop an efficient Mental Health Network	Set Mental Health team in each community	Mental health workforce available in each community	Each of the 9 communities has at least one mental health work- er integrated in the multidisci- plinary team
	Support implementation of transitional facilities/intermediate or family-type resources for mental health clients with complex needs	Number of transitional facilities for mental health clients implemented on the territory	At least one transitional facility offering support services to mental health clients in the territory
SO17: Establish a holistic cultural approach to Mental Health	Develop a framework for a Cree holistic model for mental health	Cree holistic model for mental health	Complementary healing ap- proaches available to clients requesting Cree helping methods for healing
SO18: Increase on- territory Mental Health services	Increase number of professionals on staff (psychologists, psychotherapists, etc.)	Volume of referrals outside for mental health services	25% decrease in outside referrals for mental health services

Three strategic objectives related to MENTAL HEALTH aim at measurable results over a five-year period

2016-2021 TZALAZO deeprice

FOCUS AREA 6: ADDICTIVE BEHAVIOURS

From the Canadian community health survey conducted in 2003, 45.7% of those aged 12 and older smoked, showing a statistically significant difference with the rest of Quebec at 25.9%. 28.4% of the same age group reported consuming alcohol more than 12 times per year compared to 16.7% in the rest of the province. Twice as many pre-adults (aged 12-17) and adults aged 18-29 consumed drugs compared to those aged 30-49. Cocaine was predominantly used by 18-29 year olds (Légaré and Dannenbaum, 2008). In 2013, the Tan e ihtiyan school survey reported that 29.3% of Secondary I and II students (most aged 12 to 17 and therefore below the legal drinking age) consumed alcohol, and 37.6% consumed at least one drug in the year prior to the survey (CBHSSJB, 2015). As mentioned before, mental health and dependencies issues are intertwined and require close collaboration when programming services. The expected result of this collaboration is a regional rehabilitation centre, offering integrated support services for those suffering from addictions or dual issues.

Three strategic objectives related to ADDICTIONS aim at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO19: Increase access to sexual abuse awareness and prevention, parenting and marriage counseling program	 Contribute to community- based interventions for sexual abuse prevention Contribute to community- based interventions for marriage counselling and parenting skills 	Number of community-based in- itiatives involving the CBHSSJB for sexual abuse prevention, marriage counselling or parenting skills	At least two community-based initiatives involving the CBHSSJB for sexual abuse prevention, marriage counselling or parenting skills
SO20: Develop harm reduction approaches	Implement, in collaboration with partners, harm reduction ap- proaches through the Addictions Support Program, which is under development	Number of communities offering support services based on harm reduction approaches	All 9 communities offering support services based on harm reduction approaches
SO21: Develop healing	Do a needs assessment for a heal- ing lodge/regional rehabilitation centre for addictive behaviours	Clinical plan presenting the needs for rehabilitation support services for addictive behaviors	Request to QMHSS for the construction of a regional re- habilitation Center for addictive behaviors
services	Implement Addictions Support Program, including mobile addic- tion intervention for drug, alcohol and gambling	Volume of referrals outside for addiction issues	80% decrease in number of clients referred outside for addiction services

2016-2021 TZALAZO deeprice

FOCUS AREA 7: ELDER CARE AND ABUSE PREVENTION

Elders often typically need protection from abuse. Older Cree live with the consequences of residential schools and, in the absence of family support, suffer in isolation and can only rely on institutional care and social services. Lack of housing often means Elders having to share housing, increasing the potential for abusive situations. Presently, no program specifically targets Elders although the Homecare Program does visit Elders in need of care. Only one community has an Elders' Home operated by the Band Council. Being an Elder in Region 18 is different than in the rest of the province. When in need of specialized services in health and social care, Cree Elders generally have to travel out of their region. The isolation experienced is huge: most Cree Elders are not fluent in any language other than Cree. An escort is provided under Cree Non-Insured Health Benefits (CNIHB), but if a prolonged stay is needed, they are isolated from family and home.

In Quebec between 1997 and 2001, most deaths (69.3%) occurred in general and specialized care facilities as opposed to end-of-life palliative care situations. During the same period, the province had 23.7 palliative care beds per 500,000; Regions 10, 17 and 18 had none. 8% of Quebec's terminally ill patients received end-of-life care in their residence, and Regions 10, 17 and 18, which had the highest need (13.2%) for home palliative care, had none. Almost all patients in Quebec (92.5%) received palliative care in their region of residence, compared to only 66.6% of Region 10, 17 and 18 patients (INSPQ, 2006). In 2015, while the number of beds reserved for palliative care increased everywhere in the province (825 beds for 8,175,217 individuals), none were identified for Regions 17 and 18 (MSSS, 2015). Our clients do use other palliative care beds in Chibougamau, Val d'Or and Montreal, but Elders and clients in need of transitional or long-term stays in a facility, should remain within their community, with family and friends.

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO22: Promote Cree cultural values of loving, caring and respect for elderly in preventing abuse	Decrease the number of abuses in elderly	Number of Elders victim of abuse	50% decrease in the number of Elders victim of abuse
	Increase the capacity of first-line workers to assess and intervene in elderly abuse situations	Workforce available in each com- munity for social support and/or curatorship assessments	80% of abused Elders access- ing social support
0000	Increase home care services for Elders	Number of Elders in need who wait for services at home	0 Elders in need on a waiting list for services at home
SO23: Improve home care services for Elders	Optimize the Multi Service Day Centres service offers (MSDC)	Rate of MSDC services utilization by elderly	25% increase in the rate of MSDC services utilization by elderly
SO24: Provide institutional long-term care services in El	Do a needs assessment for a long-term care facility in El	Clinical plan presenting the needs for a long-term care facility in El	Request to QMHSS for the construction of a long-term care facility in El
SO25: Partner with communities to develop transitional facilities/ intermediate or family- type resources for the elderly	Support the implementation of transitional facilities/intermedi- ate or family-type resources for elderly in the territory	Number of transitional facilities/ intermediate or family-type re- sources for elderly	At least two transitional facili- ties/intermediate or family-type resources for elderly in El

Four strategic objectives related to ELDER CARE AND ABUSE aim at measurable results over a five-year period

2016-2021 TZALOZO deepr"CP"

FOCUS AREA 8: YOUTH PROTECTION AND CHILD DEVELOPMENT

Traditionally, the Cree Nation places great importance on child nurturing and care. In 2016, 175 Cree children were placed in foster homes under the Youth Protection Act. Among them, 45% were entrusted to extended Cree families or those identified as significant Cree caregivers. Most "signalements" are as a result of neglect or risk of neglect (52%), other forms of abuse (29%), "serious behavioral disturbances" (17%) and abandonment (2%). Since 2012, 26 children have been brought back to El avoiding long-term placement in non-native families. Efforts need to continue to keep children in their home communities, something supported by the recent Bill 113 on customary adoption in Quebec (CBHSSJB, 2016). Prevention is key to avoiding the anxiety and fear associated with being taken from family. The Awash and Uschiniichisuu Programs' services delivered by CMCs support parents in parenting and lifestyle changes to enhance the health of children, youth and their families.

Four strategic objectives related to Youth Protection and Child Development aim at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO26: Implement programs for youth in difficulty	Partner with communities to de- velop community-based interven- tions for youth in difficulty	Number of community-based interventions where CBHSSJB is involved	In all 9 communities, CBHSSJB is involved in at least one inter- vention for youth in difficulty
SO27: Implement action plan following audit for Youth Protection (YP) and Youth Healing Services (YHS)	Deploy the recommendations from the audit report on YP and YHS	Number of recommendations implemented	100% of recommendations implemented
SO28: Develop a child development support model in partnership with other local entities	Partner with Cree School Board (CSB) for joint initiatives	Number of collaborative projects with CSB	At least one collaborative pro- ject in each community
	Improve support to families in neglected situations	Percentage of neglected youth and children cases	Rate of neglected Youth and children less than 10%
	Implement early child programs	Number of communities running early childhood programs where CHB is involved	All 9 communities running early childhood programs
	Partner with Childcare Centres	Number of joint initiatives with Childcare Centres	At least one joint initiative with daycare center in each com- munity
SO29: Consolidate Awash and Uschiiniichisuu services	Consolidate Awash services	Volume and quality of Awash services provided	Quality of care improved, and volume of intervention evolved according to community needs
	Develop and consolidate Uschiiniichisiuu services	Deployment of varied interven- tions, including outreach activ- ities for Uschiniischisuu, based on a structured frame/program	25% increase in the volume of interventions, including outreach activities for Uchiniischisuu

FOCUS AREA 9: SPECIAL NEEDS AND RESPITE SERVICES

In EI, total disability program client breakdown is 5% Chishaayiyuu (30+), 68% Uschiniichisuu (10-29) and 27% Awash (0-9). Families of special needs clients receive very little services in their communities. Children and youth referred for treatment outside the region are ill-equipped to leave families and communities for any length of time; long-term care damages bonds of attachment. Families would benefit from respite care where children, siblings and/or parents can be included in daily activities. Specialized support services for disabled clients with complex needs are presently out of the region. FASD clinics have begun in some communities, receiving 15 referrals in fiscal year 2015-2016. (CBHSSJB, 2016).

Three strategic objectives related to Respite Home and Special Needs aim at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO30: Develop contractual agreements or subsidies with communities to create respite homes	Support the implementation of respite homes/intermediate or family-type resources for special needs clients	Percentage of special needs cli- ents brought back on the territory	75% of special needs clients brought back from outside with the establishment of respite homes/intermediate or family- type resources on the territory to support them
SO31: Establish trajectories of special needs programs	Implement client pathways for special needs through a structured frame/program	Volume of interventions for spe- cial needs clients and their fam- ilies, according to the trajectories	50% increase in volume of ser- vices provided to special needs clients and their families
SO32: Develop home services for special needs clients	Provide required home services for special needs clients and their families	Volume of interventions for spe- cial needs clients and their fam- ilies, according to the trajectories	Increase in volume of home services to special needs clients and their families according to needs

FOCUS AREA 10: PERINATAL CARE

For years, El women have given birth outside of their region: Inland clients delivering in Chibougamau, and Coastal clients being flown to Val-d'Or. Some high risk pregnancies are sent to hospitals in Montreal. Women are separated from partners, children and families for weeks at a time, given many are sent out in advance. To avoid such long stays outside of the community, some pregnant women are willing to take the risk of delaying their departure in Val-d'or, Chibougamau or Montreal. A few women have made the decision to give birth in their own community.

El has the highest rate caesarean births in the province with 13% of women affected by gestational diabetes in 2010-2013 (CBHSSJB, 2016). The development of a new Eeyou Istchee Midwifery Program is underway to improve the continuum of perinatal care and better prepare women for labor and delivery. Midwifery services will be integrated with first-line services and offered in three regional birthing homes covering all nine communities.

Given an average of 350 births occurring per year (CBHSSJB, 2016), the CBHSSJB is developing integrated perinatal care with the collaboration of Nishiiyuu Waapimausuwin, the Midwifery Program and the existing Awash services. Every woman should get expert prenatal counseling which includes lifestyle issues, cultural teachings and preparation for giving birth. This interdisciplinary work should also help decrease the number of high-risk pregnancies.

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO33: Give pregnant women the freedom to choose their perinatal care providers (midwife, MD, nurse)	Develop integrated pathways from Awash and midwifery ser- vices for offering quality care in perinatology	Number of women using midwifery services	80% of women are using midwifery services
SO34: Midwives conduct normal deliveries on territory in birthing homes	Implement birthing homes for the deployment of Eeyou Istchee Perinatal Care program	Number of deliveries by midwives per birthing home	70% of deliveries occur on territory
SO35: Decrease high risk pregnancies	Deploy Eeyou Istchee Perinatal Care program for decreasing high risk pregnancies	Proportion of high risk pregnan- cies in Eeyou Istchee	25% decrease in number of high risk pregnancies in the region

Three strategic objectives related to PERINATAL CARE aim at measurable results over a five-year period

FOCUS AREA 11: QUALITY OF CARE AND PERFORMANCE MANAGEMENT

From the point of view of the CBHSSJB, and taking into account the current organizational context, there are three keys elements for quality improvement in the organization's territorial service network. The CBHSSJB is looking to establish a performance management system throughout the organization, developing key indicators and using dashboards to manage departments and main projects. The implementation of best practices is key at clinical and management levels, and a solid information system is essential in supporting clinical interventions and managerial decisions. All clinical staff having access to an electronic unified interface with a Master Patient Index (MPI) will facilitate interdisciplinary team work and avoid unnecessary service delays and duplication.

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO36: Ensure performance management throughout the organization	Develop an organizational per- formance measurement system and dashboards for each depart- ment	 Number of clinical and administrative indicators defined for the CBHSSJB Number of departments using dashboards 	 10 clinical indicators and 10 administrative indicators are monitored All management teams of CBHSSJB departments using dashboard to monitor their progress
SO37: Implement a computerized information system to support clinical services	Complete the Master Patient Index (MPI) in preparation of health information applications deployment	 Level of completion of the Master Patient Index (MPI) Level of deployment of an electronic information system 	All 9 communities using elec- tronic data gathering systems for programs and services in the CMCs, hospital, and other CBHSSJB facilities
SO38: Implement best practice standards throughout the organization	 Initiate accreditation process for the hospital Develop client satisfaction assessment system 	 Quality of hospital services with regard to professional standards Degree of client satisfaction for services received from CBHSSJB facilities 	 80% compliance with the professional standards for the hospital services 80% of clients satisfied with services received from CBHSSJB facilities

Three strategic objectives related to QUALITY CARE aim at measurable results over a five-year period

2016-2021 דאגוחיסי מנפרריכיםי

ORIENTATION 3

Access traditional medicine and land-based healing in a timely manner

FOCUS AREA 12: TRADITIONAL MEDICINE AND LAND-BASED HEALING

From Act S5 (d), CBHSSJB is required to:

"better adapt the health services and social services to the needs of the population, taking into account regional characteristics, including the geographical, linguistic, sociocultural and socioeconomic characteristics of the region [...]".

To this end, the Nishiiyuu department has as its mission to support the CBHSSJB in fulfilling this part of its mandate. It is responsible for ensuring the inclusion and the provision of traditional medicine and practices, allowing clients the option of being treated with traditional approaches. More Land-Based Healing activities have started in the last few years and show promising results.

Cultural safety is an essential component of all programs and services delivered by the CBHSSBJ. Training on both cultural competency and trauma-informed interventions for service providers are necessary. Service providers also need the capacity for deep self-reflection in order to create culturally safe environments when interacting with clients. In fact, this dimension of quality—as a feeling of complete acceptance of values and cultural identity—is better measured by clients.

Seven strategic objectives related to TRADITIONAL MEDICINE AND PRACTICES aim at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO39: Formalize/ Legalize traditional medicine	Review Act Respecting Health and Social Services for Cree Indigenous Individuals (S5) to include traditional practices	Revised S5 to include traditional practices	Formal recognition of traditional practices in Revised S5
SO40: Provide choice for traditional medicine for clients	Provide Cree helping methods along with Western medicine and social services	Nature and volume of services provided by cultural counselors and traditional helpers to clien- teles	Nature and volume of services provided by cultural counselors and traditional helpers evolve according to client demand
SO41: Ensure culturally-safe services to clients	Provide all services in accord- ance with the client's cultural values and realities of the Crees	 Percentage of CBHSSJB employees who receive cultural safety training Percentage of clients who report feeling culturally safe in their interactions with providers 	 90% of CBHSSJB employees receive cultural-safety training 80% of clients report feeling culturally safe in interactions with CBHSSJB providers
SO42: Provide land-	Develop land-based and bush programs in collaboration with communities	Volume of bush program ac- tivities for different clienteles, involving Nishiiyuu	25% increase in volume of bush program activities involving Nishiiyuu
based healing and bush programs	Include self-awareness activities in existing land-based programs	Number of land-based programs that include self-awareness activities	100% of existing land-based programs include self-aware- ness activities in programming
6040 D	Implement Waapimausuwin pro- gram in all communities	Number of communities running a Waapimausuwin program	All 9 communities conduct a Waapimausuwin program
SO43: Provide Waapimaausuwin along with midwifery services	Develop collaborative care approach between perinatal pro- grams: Waapimausuwin, Awash and Midwifery	Number of clients provided with integrated perinatal care, includ- ing Waapimausuwin teachings	100% of target clientele is pro- vided with integrated Perinatal care, including Waapimausuwin teachings
SO44: Proceed for gathering traditional knowledge	Gather information from Elders via interviews transcribed and classified per topic	Volume of information gathered and transcribed, regarding differ- ent topics related to Cree health and well-being	Bank of substantial information and teachings transcribed from interview records with Elders
SO45: Implement best practice standards throughout organization	Implement TRC calls to action re- lated to health and social services	Number of calls to action related to health and social services implemented	100% of calls to action related to health and social services implemented

2016-2021 ראגוחיס מנפרריכים

ORIENTATION 4

Consolidate Human, Material, Financial and Information Techonology Resources

FOCUS AREA 13: HUMAN, MATERIAL, FINANCIAL

AND INFORMATION TECHNOLOGY RESOURCES With a total of 2,535 employees in 2015-2016, including 338 new employees, there are still 370 vacant positions in the CBHSSJB. New positions are to be created, which will require more housing and office space (CBHSSJB, 2016). The Human Resources Department (HRD) prioritizes the hiring of qualified Cree personnel, and recruitment strategies are constantly deployed in the communities. The HRD's main challenge has been the high employee turnover rate in Region 18. Given this, attraction and retention strategies, coupled with good working conditions, remain the focus of the HRD planning process. Furthermore, most professionals who come to work in our isolated communities need specific training and skills to deal with the nature of their work. The HRD needs to provide the orientation and training required to develop the necessary context-adapting skills in order to respond to the needs of the clientele.

Capacity building is important in the Cree Nation, but there are still gaps in the types of professions needed to offer health and social services to the population. The CBHSSJB is looking to fill these gaps by developing, in collaboration with partners, vocational training programs. The mandate of the Material Resources Department includes the construction of new facilities, which are required given the level of degradation of some facilities and poor technical equipment. In the 2013-2020 health agreement, clinical plans have been submitted and approved by the QMHSS for Whapmagoostui, Wasakaganish and Oujé-Bougoumou CMCs; the Regional hospital with Chisasibi CMC; and the Reception Centre. Plans for the regional rehabilitation centre for addictions, and the clinical plan for three birthing homes will soon be submitted to the Ministry. Long-term care and transitional resources/intermediate or family-type resources remain as capital projects to be developed to respond to the needs of Eeyou Itchee's population. As the workforce increases, the Material Resources Department will need to increase the number of housing units available to workers.

The Financial Resources Department plans to optimize all services and connect with the different departments. The Information Technology Department has much work to do toward upgrading and extending its services to the whole organization. Internet, telephone, visio conference and telemedicine should be accessible in each community, especially Whapmagoostui, given its isolation. IT cabling, network installation and equipment all need consistent funding.

Five strategic objectives related to HUMAN, MATERIAL, FINANCIAL AND INFORMATION TECHNOLOGY RESOURCES aim at measurable results over a five-year period

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO46: Develop attraction, retention and succession of Human Resources	 Implement the new Org chart Improve the working conditions for unionized employees and managers Decrease employees turnover rate 	 Degree of implementation of the new Org chart Number of vacant positions Employee turnover rate 	 Org chart implemented at 100% At least 2 actions of improvement in the work condition for unionized employees and managers 25% decrease in turnover rate 80% of positions filled
SO47: Extend the offer of services in HRD	Develop new training programs for capacity building of workers and professionals	Number of training programs initiated for workers and professionals	At least two training programs have been set for workers and professionals
SO48: Implement the CHB succession plan	Recruit Cree employees	Rate of positions filled by Cree	25% increase in the number of positions filled by Crees
SO49: Address the CHB facilities and	Implement the capital projects within the 2013-2020 health agreement	Number of capital projects within the agreement 2013-2020, imple- mented	100% of CHB capital projects within the agreement 2013-2020 are implemented
housing needs	Prepare next agreement	Agreement 2021-2028	Agreement 2021-2028 final document ready
SO50: Optimize financial resources management	Implement audits and accounting verifications	Budget balance and amount of savings	Significant amounts of saving from optimization
SO51: Implement IT Master Plan	Assure all communities have full continuous access of IT services	Number of communities with full and continuous access to IT	All 9 communities having full and continuous access to IT

CAPITAL PLANNING SUMMARY AND ESTIMATE COSTS OF THE SRP

Capital issues remain of utmost importance to the CBHSSJB. There is a lack of functional space in the health and social facilities, and administrative space is insufficient. Providing adequate housing for the current personnel is problematic, and the CBHSSJB is limited in hiring new personnel. This impacts the development and expansion of its programs and services. Funds for operations, maintenance, repair and renovations are also necessary for the existing buildings. Deficiencies in medical equipment and the information technologies system require extensive upgrading and expansion. These are all reasons why we need to consider important development funds and capital planning.

CONCLUSION

The 2016-2021 Strategic Regional Plan outlines the priorities identified by the Eeyou population, which corroborate recent Region 18 epidemiologic data, and the gaps remaining from the 2004-2014 Strategic Regional Plan.

All CBHSSJB workers will use this document as a guide to develop and offer culturally-safe and best practices based programs and services to the Eeyou Istchee population. To achieve this and to participate in the improvement of the population's health determinants, the CBHSSJB will collaborate with partners and organizations who share common strategic priorities.

As we look forward to 2021, we believe the 2016-2021 Strategic Regional Plan will further our vision toward enhanced health and social services that meet the needs of the Eeyou Istchee population.

In order to track our progress, this "living" plan will be assessed mid-term in our journey.

STRATEGIC REGIONAL PLAN 2016-2021	Consolidate the Cree succession plan and human, material, financial and information technology resources	 FOCUS AREA 5: Mental Health SO16. Develop an efficient mental health network Develop and implement crisis intervention protocols > Crisis interventions based on protocol. hot-line for clients in despair Set Mental Health Teams in communities Implement transition services Texporach, to mental health > Cree model developed, based on literature search on other FN models SO13. Establish holistic cultural approach to mental health > Cree model developed, based on literature search on other FN models SO13. Increase the offer of Mental Health Services on the territory. SO13. Increase the offer of Mental Health Services on the territory. SO13. Increase access to sexual abuse awareness and prevention, parenting and marriage counseling program SO20. Develop harm reduction approaches including and marriage counseling program SO21. Develop harm reduction approaches including and marriage counseling program SO21. Develop harm reduction approaches including and marriage counseling program 	$\begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \end{array} \end{array} \\ \begin{array}{c} \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \end{array} \\ \begin{array}{c} \end{array} \\ \end{array} $
STRATEGIC REGION	C ORIENTATIONS Access traditional medicine and land based healing in a timely manner	 FOCUS AREAS, OBJECTIVES AND TARGETS Sustanzation of first-line services Umprove organization of first-line management Improve organization of first-line Improve regular access to first line Improve regular access to first line Improve regular access to first line Improve regular access to services Improve regular access to services in communities > 800 ms/week Improve access to services Improve regular access to services in communities > 800 ms/week Improve access to services Improve access to service acceces to servi	ዋፊ [・] Strategic regional plan 2016-2021
٩ف٩۵ ^۳ ۲۹۵٬	FOUR STRATEGI (Access quality first-line services and specialized care along the service corridors	 FOCUS AREA 2: First-line services Focus AREA 2: First-line services So6. Improve organization of first-line services So6. Improve organization of first-line services Implement integrated services model (under development) SO7. Improve regular access to first line services Increase access to services in communities > 50 to 80hrs/week Increase access to psycho-social intake services in communities > 50 to 80hrs/week Increase access to psycho-social intake services in communities > 80hrs/week Increase access to home care Increase access t	ראאבריבףה"כּףה"כּףטיי אדאח
LANLOYD	Catch up with the key Indicators of health and social well-being observed for the general population of Quebec	 FOCUS AREA 1: Community well-being, preventable illness and death SO1. Promote healthy life style with regard to smoking, obesity, nutrition, injuries and infant mortality Reduce smoking rate. > by 25% Reduce smoking rate. > by 25% Apply CHB nutrition policy Reduce infant mortality rate gap between El and Quebec, taking into account CE/CLE Decrease injury rates. > by 25% SO2. Ensure quality prehospital emergency measures all the time in Eeyou lstchee Improve prehospital and emergency measures communication systems SO3. Reduce suicide attempt rate Develop outreach and community prevention programs > by 50% SO3. Brouce suicide attempt rate Develop outreach and gonorrhea rates by 50% SO4. Bring BBITD rate to Qc average Reduce chlamydia and gonorrhea rates by 50% SO5. Improve social determinants Contribute to collaborative interventions to advocate, and support education Contribute to collaborative interventions to advocate, and support housing and employment policies Decrease level of domestic violence and its impact on individuals and families > 00% of victims receive support services in territory 	TARGET

ranin's dièpricher

bac abood locot	EOCHS ABEA 19. Traditional modicina	EOCIIS ABEA 13. Human matorial
	& land based healing	financial and information technology
ractual agreements	SO39. Formalize/legalize traditional	resources
mmunities to	traditional provision	SO46. Develop attraction, retention and
t back from outside	nautional plactices	filled; turnover rate decreased by 25%;
	SO40. Provide choice for traditional	at least two actions of improvement in
mplement	medicine	working conditions for unionized employ-
ial needs programs	Provide Cree Helping Methods along with	ees and managers; organizational chart implemented at 100%
a services for	western medicine and social services	
S.	SO41. Ensure culturally safe services to	SO47. Extend the offer of services in
	clients	HRD > at least two training programs have
•	 Provide all services in accordance with 	been set for workers and professionals
erinatal care	Cree cultural values and realities > 90%	
hoose perinatal	or UBHSSJB employees receive cultural	SO46. Implement the CBHSSJB
wife. MD. nurse)	sarety nanimg	
	SO42. Provide land-based healing and	 Recruit Cree employees > 25% increase in positions filled by Cree
iduct normal	bush programs	
g homes > 70% of	 Provide bush program 	SO49. Address facility and housing
itory	 Incorporate self-awareness activities into 	needs
	existing land-based program	 Implement 2013-2020 health agreement
ו-risk pregnancy rate	SO43. Provide Waapimaausuwin along	 100% of capital projects in the health agreement implemented
	with midwifery services	 Prepare next agreement
	Implement midwifery program Implement Washimagusuwin program in	SO50 Ontimize financial recources
uality of care and igement	all communities	management > significant savings
mance management	SO44. Proceed for gathering traditional	SO51. Implement IT Master Plan 🕨 all
tion	knowledge	communities with full continuous IT access
nal performance 10 clinical indicators e indicators developed	SO45. Implement TRC calls to action 100% of calls to action related to health 	
monitoring dashboards	and social services implemented	
mputerized informa- ort clinical services octronic information	•	•

 Lond
 Ai
 < CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

Γ<<p>Γ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ
Κ



FOCUS AREA 9: Sp respite services

> SO22. Promote Cree cultural values of loving, caring and respect with elderly

FOCUS AREA 7: Elders care and

abuse prevention

FOCUS AREAS, OBJECTIVES AND TARGETS (CONTINUED)

SO30. Develop conti or subsidies with co create respite home needs clients brought

SO31. Develop and ii trajectories of speci

SO23. Improve elder homecare services

Increase capacity of first-line workers to

Decrease abuse in elderly

to prevent abuse

assess and intervene in elderly abuse

► 90% of abused access support

Increase homecare to elders > 0 waiting

Optimize MSDC service offer > increase

rate of MSDC service use by 25%

SO32. Develop hom special needs client • • •

FOCUS AREA 10: Pe

SO33. Freedom to cl care providers (Midv

care services > long-term care provided

in regional facility

SO24. Provide institutional long-term

SO34. Midwives con deliveries in birthing all deliveries on terr

develop transitional facilities at least

SO25. Partner with communities to

two transitional Elders' homes in territory

SO35. Decrease high ► by 25%

FOCUS AREA 8: Youth protection and

child development

SO26. Implement program for youth in difficulty > Improved services offered for

/outh in difficulty

•
•
•
•
•
•

FOCUS AREA 11: Q performance mana

SO36. Ensure perfori throughout organizat

SO27. Implement action plan following

YP and YHS audits ► 100% of recom-

mendations from audit implemented

SO28. Develop child development

support model

- Develop organizatior and 10 administrativ measure system 🕨 🛛
- Develop department and monitored

SO37. Implement col tion system to suppo MPI completed; ele system implemented

SO38. Implement best practice standards throughout organization

Implement early child program > 100% of

tion Rate of neglected youth < 10%</p>

communities with early child program

Partner with child care centres

SO29. Consolidate Awash and

Uschiniichisuu services

Improve family support in neglected situa-

each community

Board > at least 1 collaborative project in

Develop partnership with Cree School

- Initiate hospital accreditation process
- Develop client satisfaction assessment system

BIBLIOGRAPHY

Bernèche, F. and Traore, I. (2007). *Y a-t-il des lien entre la littéracie et la santé?* Ce que montre les résultats de l'Enquête international sur l'alphabétisation et les compétences des adultes 2003. Zoom Santé, ISQ, no 35, 8 p.

CBHSSJB. (2012). *Annual Report 2011-2012*. Chisasibi: CBHSSJB.

CBHSSJB. (2014). *Annual Report 2013-2014*. Chisasibi: CBHSSJB.

CBHSSJB. (2014). Strategic Regional Plan to Improve Health and Social Services - Miyupimaatisiiun: Building a Strong and Healthy Cree Nation. Chisasibi: CBHSSJB.

CBHSSJB. (2015). *Annual Report 2014-2015*. Chisasibi: CBHSSJB.

CBHSSJB. (2015, August 4). Québec Survey on Smoking, Alcohol, Drugs and Gambling in High School Students in Eeyou Istchee: Highlights. Retrieved from Creehealth.org.

CBHSSJB. (2016). *Annual Report 2015-2016*. Chisasibi: CBHSSJB.

CBHSSJB. (2016, March). Background summary statistical profile of health and health determinants in Eeyou Istchee for the Health assembly. Mistissini.

CBHSSJB. (2016). *Eeyou/Eenou Regional General Assembly on Health and Social Services.* Waskaganish.

Foro, A. and Dolgoy, L. J. (2016). *Oujé-Bougoumou Clinical Plan - CLSC/CMC Point of service.* Chisasibi: CBHSS-JB.

Hayward, N. et Coll. (2012). *Room for improvement in diabetes care amongst First Nations in Northern Quebec (Eeyou Istchee): Reasonable management of glucose but poor management of complications.* International Journal of Circumpolar health, 71:1-8.

INSPQ. (2006). Soins palliatifs de fin de vie au Québec: Définitions et mesures d'indicateurs. Québec: Gouv. du Québec.

INSPQ. (2011). *Pour guider l'action: Portrait de santé du Québec et de ses régions.* Québec: Gouvernement du Québec.

INSPQ. (2013). Portrait des ITSS. Québec: MSSS.

INSPQ. (2016, February 11). Infocentre de santé publique.

INSPQ and LSPQ. (2013). *MADO Database 2010 to 2013*. Québec: Gouvernement du Québec.

ISQ. (2014, Novembre). *Estimations et Projections de population, 2011-2036* (série produite en novembre 2014). Québec.

ISQ. (2015). *Le bilan démographique du Québec Édition 2015.* Quebec: Publications du Québec.

ISQ. (2016, June 25). Retrieved from *Eco-Santé Québec 2013-2014*. www.ecosante.fr/index2.php?base=QUEB&langh=FRA&langs=FRA&sessionid=.html.

Légaré, G. and Dannenbaum, D. (2008). *Cree Health Survey 2003.* Canadian Community Health Survey Cycle 2.1. liyiyiu Aschii. Health Status, life expectancy and limitation of activities. Chisasibi: CBHSSJB and INSPQ.

MSSS. (2013). James Bay Cree Registered Beneficiary List 2013.

MSSS. (2013). *MED-ECHO Database 2010-2011, 2012-2013*. Quebec.

MSSS. (2013). Mortality Database 2009 to 2013. Quebec.

MSSS. (2015). *MED-ECHO databases, 2012-2013 to 2014-2015.*

MSSS. (2015). *Plan Stratégique du ministère de la Santé et des Services sociaux du Québec 2015-2020.* Québec: La Direction des communications du MSSS.

MSSS. (2015). Soins palliatifs et fins de vies; plan de développement 2015-2020. Québec: Gouvernement du Québec.

Nolin, B., Blanchet, C. and Kuzmina, E. (2008). *Canadian Community Health Survey 2003.* Cycle 2.1 liyiyuu Aschii. Food habits, physical activity and body weight. Quebec: CBHSSJB.

Statistique Canada. (2011). Census. Ottawa: Publications du Canada.

Torrie, J. and Gill, K. (2009). *Highlights report on gambling and addictions: the "in the search of mind" project, gambling, addiction and mental health in Eeyou Itschee.* Chisasibi: CBHSSJB. Retrieved from creehealth.org.

Willows, N., Johnston, M. and Ball, G. (2007). *Prevalence* estimates of overweight and obesity in Cree preschool children in Nothern Quebec according to International and US reference criteria. American Journal of Public health, 311-16.