

2016–2021
ԴՀԱԼՈՐԻՉ՝ ՎՃՃՔՐԻՇՔԸՆ

Striving to achieve Nishiiyuu Miyupimaatisiun together



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

Approved by the Board of Directors September, 2017

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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:

1. 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 culturally-safe 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 best-practice-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.



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 Miyupimaatisiun 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 leadership 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.

MISSION, VISION AND VALUES

In partnership with the Quebec Ministry of Health and Social Services (QMHS), 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 Myupimaatisiun:

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

VISION

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*.



Diagram 1: Key Values and Principles

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

1. <http://www.freshhealth.org/about-us>.
2. <http://www.QMHSS.gouv.qc.ca/ministere/mission.php>.

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.

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.

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.

Priorities based on Cree way of voting

TOPIC	Votes
Diabetes and Chronic Disease (link to dialysis and chronic care, health care services and Wiichihiituwini)	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

Drawing from the *Eeyou/Eenou Regional General Assembly on Health and Social Services 2016* held in Waskaganish (CBHSSJB, 2016), and taking into consideration the most recent data on the population's 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:

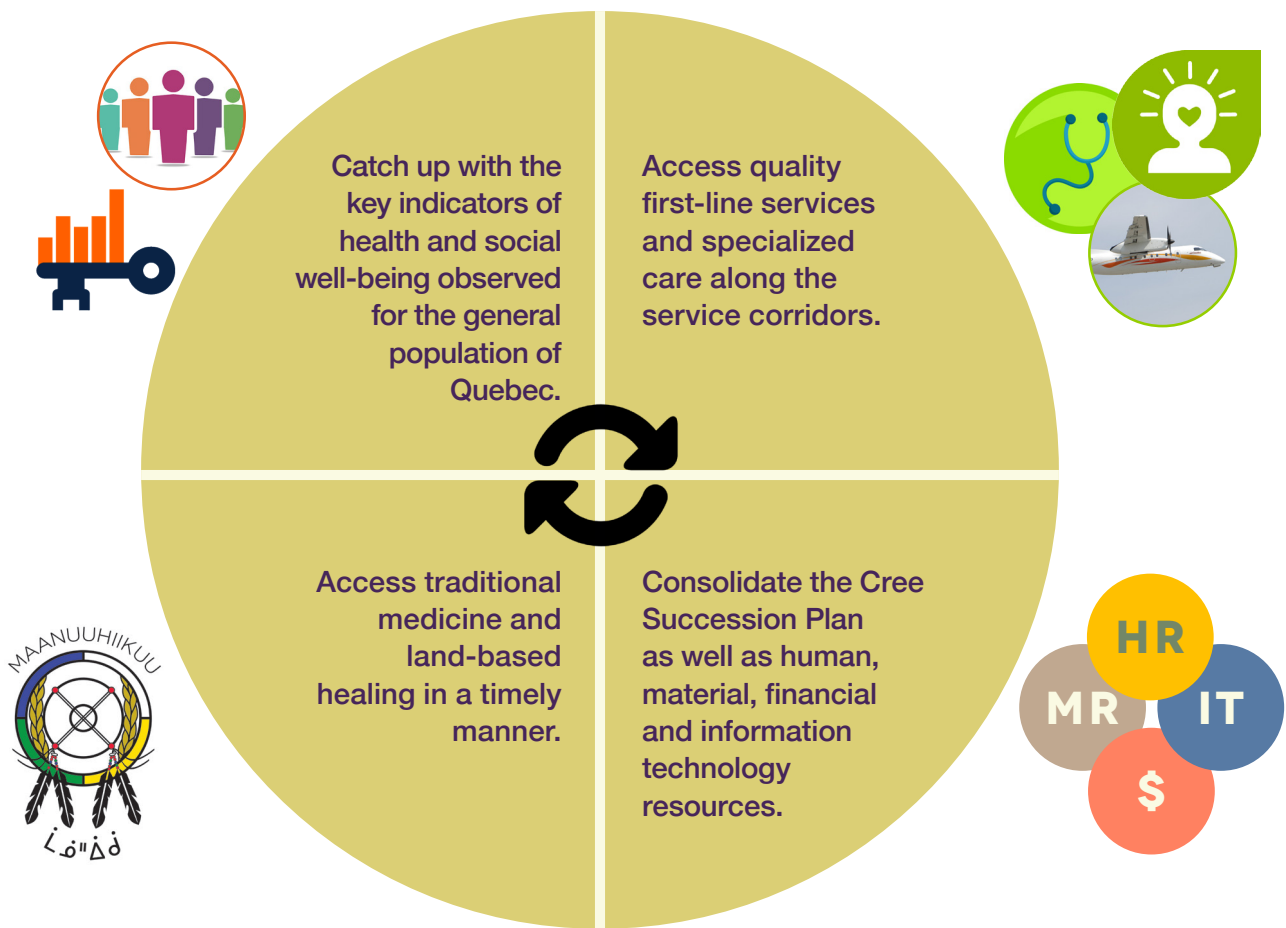


Diagram 2: Four Strategic Orientations

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
SO1: Promote healthy lifestyle with regards to smoking, obesity, nutrition, injuries and infant mortality	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%
	Apply CBHSSJB Nutrition Policy	Number of communities applying the nutrition policy	100% of communities apply CBHSSJB Nutrition Policy
	Reduce infant mortality rate gap between EI and Quebec, taking into account CE/CLE	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Collaboration with CNG for the implementation of call line 911 811 call line P25 digital radio Number of simulation sessions per community 	<ul style="list-style-type: none"> 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 EI
	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 EI
	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

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 Miyupimaatisiun 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 reach 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	<ul style="list-style-type: none"> 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
SO7: Improve regular access to first-line services	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	<ul style="list-style-type: none"> 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
	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%

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

Wiichihiituwinn (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).

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO8: Establish formal agreements for specialized services corridor	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
	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%
SO9: Develop Wiichihiituwin (formerly Cree Patient Services)	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
	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 CBHSSJB accommodation in Montreal 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 Montreal Wiichihiituwin according to client needs
SO10: Improve Cree Non-Insured Health Benefits (CNIHB) program management	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
	Implement the CNIHB guides	Level of implementation of CNIHB guides	100% implementation of CNIHB guides
SO11: Develop telehealth services	Establish telepharmacy	Number of communities using telepharmacy services	All 9 communities using telepharmacy 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

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 EI 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 EI 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).

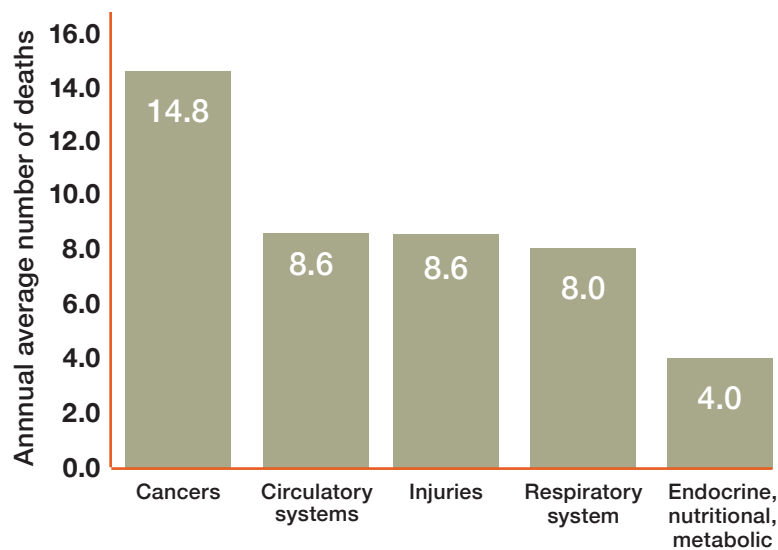


Diagram 4: Average annual number of deaths by leading cause, Eeyou Istchee, 2009-2013

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	<ul style="list-style-type: none"> 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 to dialysis on territory	Evaluate the feasibility of peritoneal dialysis in the region	Recommendations from feasibility report or from our experts	Peritoneal dialysis implemented in all 9 communities, if recommended in the feasibility report
	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 patients	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
	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 predialysis kidney clinic

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 EI 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 (Torrìe 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.

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

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO16: Develop an efficient Mental Health Network	Implement crisis intervention protocols and a hotline for suicide prevention	<ul style="list-style-type: none"> • Level of usage of crisis intervention protocols • Number of calls received by the hotline 	<ul style="list-style-type: none"> • 100% of clients who show up in crisis receive services conforming with the protocols • 50% decrease in number of suicide attempts
	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 worker integrated in the multidisciplinary 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 approaches 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

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	<ul style="list-style-type: none"> Contribute to community-based interventions for sexual abuse prevention Contribute to community-based interventions for marriage counselling and parenting skills 	Number of community-based initiatives 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 approaches 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 services	Do a needs assessment for a healing 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 rehabilitation Center for addictive behaviors
	Implement Addictions Support Program, including mobile addiction intervention for drug, alcohol and gambling	Volume of referrals outside for addiction issues	80% decrease in number of clients referred outside for addiction services

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.

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

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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 EI 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 develop community-based interventions for youth in difficulty	Number of community-based interventions where CBHSSJB is involved	In all 9 communities, CBHSSJB is involved in at least one intervention 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 project 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 community
SO29: Consolidate Awash and Uchiiniichisuu 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 Uchiiniichisuu services	Deployment of varied interventions, including outreach activities for Uchiiniichisuu, based on a structured frame/program	25% increase in the volume of interventions, including outreach activities for Uchiiniichisuu

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 clients 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 special needs clients and their families, according to the trajectories	50% increase in volume of services 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 special needs clients and their families, 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, EI 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 pre-natal 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.

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

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 services 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 pregnancies in Eeyou Istchee	25% decrease in number of high risk pregnancies in the region

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 key 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.

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

Strategic Objectives	Operational Objectives	Indicators	Targets for 2021
SO36: Ensure performance management throughout the organization	Develop an organizational performance measurement system and dashboards for each department	<ul style="list-style-type: none"> • Number of clinical and administrative indicators defined for the CBHSSJB • Number of departments using dashboards 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Level of completion of the Master Patient Index (MPI) • Level of deployment of an electronic information system 	All 9 communities using electronic data gathering systems for programs and services in the CMCs, hospital, and other CBHSSJB facilities
SO38: Implement best practice standards throughout the organization	<ul style="list-style-type: none"> • Initiate accreditation process for the hospital • Develop client satisfaction assessment system 	<ul style="list-style-type: none"> • Quality of hospital services with regard to professional standards • Degree of client satisfaction for services received from CBHSSJB facilities 	<ul style="list-style-type: none"> • 80% compliance with the professional standards for the hospital services • 80% of clients satisfied with services received from CBHSSJB facilities

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

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

To this end, the Nishiyyuu 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.

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.

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 client-tes	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 accordance with the client's cultural values and realities of the Crees	<ul style="list-style-type: none"> • Percentage of CBHSSJB employees who receive cultural safety training • Percentage of clients who report feeling culturally safe in their interactions with providers 	<ul style="list-style-type: none"> • 90% of CBHSSJB employees receive cultural-safety training • 80% of clients report feeling culturally safe in interactions with CBHSSJB providers
SO42: Provide land-based healing and bush programs	Develop land-based and bush programs in collaboration with communities	Volume of bush program activities for different clientele, involving Nishiiyuu	25% increase in volume of bush program activities involving Nishiiyuu
	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-awareness activities in programming
SO43: Provide Waapimaasuwin along with midwifery services	Implement Waapimaasuwin program in all communities	Number of communities running a Waapimaasuwin program	All 9 communities conduct a Waapimaasuwin program
	Develop collaborative care approach between perinatal programs: Waapimaasuwin, Awash and Midwifery	Number of clients provided with integrated perinatal care, including Waapimaasuwin teachings	100% of target clientele is provided with integrated Perinatal care, including Waapimaasuwin 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 different 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 related 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

ORIENTATION 4

Consolidate Human, Material, Financial and Information Technology 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	<ul style="list-style-type: none"> Implement the new Org chart Improve the working conditions for unionized employees and managers Decrease employees turnover rate 	<ul style="list-style-type: none"> Degree of implementation of the new Org chart Number of vacant positions Employee turnover rate 	<ul style="list-style-type: none"> 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 housing needs	Implement the capital projects within the 2013-2020 health agreement	Number of capital projects within the agreement 2013-2020, implemented	100% of CHB capital projects within the agreement 2013-2020 are implemented
	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.

FOCUS AREAS, OBJECTIVES AND TARGETS (CONTINUED)

FOCUS AREA 7: Elders care and abuse prevention

SO22. Promote Cree cultural values of loving, caring and respect with elderly to prevent abuse

- Decrease abuse in elderly
- Increase capacity of first-line workers to assess and intervene in elderly abuse
▶ **90% of abused access support**

SO23. Improve elder healthcare services

- Increase homelcare to elders ▶ **0 waiting**
- Optimize MSDC service offer ▶ **Increase rate of MSDC service use by 25%**

SO24. Provide institutional long-term care services ▶ **long-term care provided in regional facility**

SO25. Partner with communities to develop transitional facilities ▶ **at least two transitional Elders' homes in territory**

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FOCUS AREA 8: Youth protection and child development

SO26. Implement program for youth in difficulty ▶ **Improved services offered for youth in difficulty**

SO27. Implement action plan following YP and YHS audits ▶ **100% of recommendations from audit implemented**

SO28. Develop child development support model

- Develop partnership with Cree School Board ▶ **at least 1 collaborative project in each community**
- Improve family support in neglected situation ▶ **Rate of neglected youth < 10%**
- Implement early child program ▶ **100% of communities with early child program**
- Partner with child care centres

SO29. Consolidate Awash and Ushiniichisuu services

FOCUS AREA 9: Special needs and respite services

SO30. Develop contractual agreements or subsidies with communities to create respite homes ▶ **75% of special needs clients brought back from outside**

SO31. Develop and implement trajectories of special needs programs

SO32. Develop home services for special needs clients

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FOCUS AREA 10: Perinatal care

SO33. Freedom to choose perinatal care providers (Midwife, MD, nurse)

SO34. Midwives conduct normal deliveries in birthing homes ▶ **70% of all deliveries on territory**

SO35. Decrease high-risk pregnancy rate ▶ **by 25%**

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FOCUS AREA 11: Quality of care and performance management

SO36. Ensure performance management throughout organization

- Develop organizational performance measure system ▶ **10 clinical indicators and 10 administrative indicators developed and monitored**
- Develop department monitoring dashboards

SO37. Implement computerized information system to support clinical services ▶ **MPI completed; electronic information system implemented**

SO38. Implement best practice standards throughout organization

- Initiate hospital accreditation process
- Develop client satisfaction assessment system

FOCUS AREA 12: Traditional medicine & land based healing

SO39. Formalize/legalize traditional medicine ▶ **S5 reviewed to include traditional practices**

SO40. Provide choice for traditional medicine

- Provide Cree Helping Methods along with western medicine and social services

SO41. Ensure culturally safe services to clients

- Provide all services in accordance with Cree cultural values and realities ▶ **90% of CBHSSJB employees receive cultural safety training**

SO42. Provide land-based healing and bush programs

- Provide bush program
- Incorporate self-awareness activities into existing land-based program

SO43. Provide Waapimaasuwin along with midwifery services

- Implement midwifery program
- Implement Waapimaasuwin program in all communities

SO44. Proceed for gathering traditional knowledge

SO45. Implement TRC calls to action ▶ **100% of calls to action related to health and social services implemented**

FOCUS AREA 13: Human, material, financial and information technology resources

SO46. Develop attraction, retention and succession of HR ▶ **80% of positions filled; turnover rate decreased by 25%; at least two actions of improvement in working conditions for unionized employees and managers; organizational chart implemented at 100%**

SO47. Extend the offer of services in HRD ▶ **at least two training programs have been set for workers and professionals**

SO48. Implement the CBHSSJB succession plan

- Recruit Cree employees ▶ **25% increase in positions filled by Cree**

SO49. Address facility and housing needs

- Implement 2013-2020 health agreement ▶ **100% of capital projects in the health agreement implemented**
- Prepare next agreement

SO50. Optimize financial resources management ▶ **significant savings**

SO51. Implement IT Master Plan ▶ **all communities with full continuous IT access**

STRATEGIC REGIONAL PLAN 2016-2021

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

STRATEGIC REGIONAL PLAN 2016-2021

▶ = TARGET

