



**YELLOWKNIFE**

*Health and Social Services Authority*

*Serving Dettah, Fort Resolution, Lutsel K'e, Ndilo and Yellowknife*

**Strategic Plan  
2007-2011**

## 2007-2011 Strategic Plan

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# **YELLOWKNIFE HEALTH AND SOCIAL SERVICES**

## **Strategic Plan**

**2007 – 2011**

Yellowknife Health and Social Services Authority (YHSSA) was created in April 1997. The role of the authority has expanded over the last ten years and now includes the delivery of health and social services in Dettah, Fort Resolution, Lutsel K'e, Ndilo and Yellowknife. Successful partnerships with community organizations, local community governments, First Nations and Metis governments, the Department of Health and Social Services (DHSS), other GNWT Departments, and Health and Social Services Authorities (HSSAs) are essential to our success.

In 2005, YHSSA developed and released a Strategic Plan for the period of 2005-2009. During this short period of time there have been significant changes in our environment which have had an impact on our strategic objectives. Changes in resources and further direction from the GNWT Legislative Assembly<sup>1</sup> and the Department of Health and Social Services<sup>2 3</sup> have been taken into consideration in the continuing development of our strategic plan.

The purpose of this update is to provide direction to YHSSA's work in the next four year period and to align our direction with the DHSS.

At the time the 2005-2009 plan was developed, YHSSA adopted seven pillars for the organization: programs, facilities, funding, human resources, communications, leadership and management.

We also reaffirmed the vision and mission and developed seven critical success factors which would guide the delivery of programs and services to the communities we serve.

In order to succeed YHSSA must ensure that:

- Wellness and prevention are in the forefront
- Our practices are collaborative
- Barriers are minimized
- The communities, as a whole, support our goals
- Services are not duplicated elsewhere in the community
- We explore new ways of doing things
- The system is sustainable.

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<sup>1</sup> GNWT Strategic Plan 2006 Progress Report, October 2006

<sup>2</sup> Northwest Territories, Health and Social Services, Shaping Our Future 2006-2009, April 2006

<sup>3</sup> Northwest Territories, Health and Social Services, Action Plan, 2006-2010, August 2006

## **1. VISION**

**“A caring community, working together to achieve physical, mental, spiritual and emotional well-being.”**

## **2. MISSION**

**“The provision of a holistic integrated range of health and social services for the people of Yellowknife, Dettah, Ndilo, Fort Resolution and Lutsel K’e.”**

## **3. CENTRE OF GRAVITY**

**Public Confidence**

## **4. CRITICAL SUCCESS FACTORS**

**1. Programs:** People receive a range of high quality community based core programs and services.

- YHSSA dedicates resources to seek, develop and sustain high quality community-based health and wellness solutions to a growing resident and transient population of over 20,000 through a case management approach.

**2. Partnerships:** YHSSA works in partnership with other organizations to address client needs.

- YHSSA ensures the provision of core programs and services and works in partnership with other organizations to meet client needs.

**3. Financial:** YHSSA operates in a financially prudent and accountable manner.

- YHSSA, through a combination of operating grant, special funding, and other partnerships, manages its resources, and operates in a financially prudent and accountable manner to achieve its vision/mission. Special funding and other partnerships are used to expand and enhance our core services to keep pace with increasing demand.

**4. Workforce:** YHSSA, working in a collaborative environment, recruits, develops and retains skilled staff.

- YHSSA’s recruitment, retention, training and development programs and practices build capacity as the demand and complexity of services increases, enabling staff and partners to be case managers and solution providers skilled in collaborative practice.

**5. Prevention/Promotion:** YHSSA supports clients to achieve optimal independence and wellness.

- YHSSA and our partners articulate a case management model that encourages the sharing of appropriate information required to support clients and seek solutions that result in optimal independence and wellness. We work together proactively to break the cycle of dependency on reactive and acute care services through education and awareness initiatives that allow residents to adopt sustainable and healthy lifestyles.

**6. Communication:** YHSSA communicates in an open, transparent and accountable manner.

- YHSSA is both transparent and accountable as it seeks opportunities to collaborate with various agencies and foster public support to develop more effective solutions and fulfill its mandate and vision.

**7. Environment:** YHSSA ensures that its structures, people and processes fully support the achievement of the Vision.

- YHSSA, in collaboration with DHSS and GNWT, ensures that its organizational structure, human resources, business systems, physical facilities and technological resources facilitate the achievement of its vision and mission, striving for success for the long term.

## **5. LINKAGES WITH DHSS and the GNWT**

The vision of the 15<sup>th</sup> Legislative Assembly is “Self reliant individuals and families sharing the rewards and responsibilities of healthy communities and a prosperous and unified Northwest Territories”<sup>4</sup>. The goals are:

1. A strong northern voice and identity.
2. Healthy, educated people living in safe communities, who are able to contribute and take advantage of life’s opportunities.
3. Well-governed, sustainable communities and regions able to fulfill their potential.
4. A diversified economy that provides northerners with opportunities and choices.
5. Care and protection of the natural environment.<sup>5</sup>

The first priority of the GNWT Strategic Plan, Overall Summary, 2006 Progress Report<sup>6</sup>, “Helping people help themselves – our personal, family and community responsibilities”, reaffirms the government’s commitment to help residents make healthy lifestyle choices and break addictions.

The Minister’s Action Plan for Health and Social Services, 2002-2005 outlined 45 action items with specific commitments, timelines and deliverables for each of five areas: Improved Services to People, Improved Supports to Staff, Improved System-Wide Management, Improved System-Wide Accountability and Improved Support to Trustees.

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<sup>4</sup> 15<sup>th</sup> Legislative Assembly, NWT Legislative Assembly

<sup>5</sup> *ibid*

<sup>6</sup> 2006 Progress Report, Volume 1, Overall Summary, GNWT Strategic Plan, p.3

One of the action items resulted in the 2003-2004 approval of the Integrated Services Delivery Model (ISDM) of Care for health and social services. The six core services are: Diagnostic and Curative, Rehabilitation, Protection, Continuing Care, Promotion and Protection, and Mental Health and Addictions. Our Minister fully supports working jointly with other government departments such as Education Culture and Employment (ECE), Justice and Housing in the achievement of the model.

The DHSS updated strategic plan, *Shaping Our Future*, 2006-2010 has maintained the directions set out in the original plan: strengthening partnerships, building a continuum of services and creating healthy public policies<sup>7</sup> and sets the direction for the next four years. The Northwest Territories Health and Social Services, Action Plan 2006–2010 outlines the initiatives and actions that will support improved management and accountability for health and social services delivery in the NWT.<sup>8</sup>

### **IMPLICATIONS FOR YHSSA**

YHSSA will work with DHSS to be a leader in initiatives that support the 15<sup>th</sup> Legislative Assembly. YHSSA's role in the development of a model for Primary Community Care is directly linked to the achievement of the goals of the 15<sup>th</sup> Assembly.

YHSSA needs to be an exemplary partner in its relationship with other government and non-government agencies. YHSSA needs to play a lead role in encouraging and supporting collaboration and effective partnerships between agencies for the purpose of improved client service delivery and positive social change. We can harness the expertise of our human resources and community partners to design and implement solutions aimed at improving the physical, social, emotional and spiritual health of children, families and individuals.

YHSSA is working with all staff and program managers to further the development and integration of the ISDM model. As a community based health and social services agency our programs and services are closely aligned to the ISDM. (Appendices A, B)

YHSSA values and promotes community partnerships. We will pursue every opportunity to develop collaborative practise models with partners whose mandate aligns with ours.

YHSSA is fully committed to Primary Community Care Reform and has dedicated staff working on this project. Our approach has been one of extensive stakeholder involvement within and outside our organization.

YHSSA will set an example for effective governance and collaborative integrated health and social services delivery.

The political process for Treaty #8 communities impacts the current mandate of YHSSA. The existing agreement for the delivery of health and social services to Lutsel K'e and Fort Resolution is based on an interim Memorandum of Understanding (MOU).

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<sup>7</sup> *Shaping Our Future*, 2006-2010, An Updated Strategic Plan for Health and Wellness in the Northwest Territories, April 2006, p.1

<sup>8</sup> Northwest Territories Health and Social Services, Action Plan 2006-2010, August 2006

Several Non Governmental Organizations (NGOs), Stanton Territorial Health Authority (STHA) and YHSSA provide mental health services. YHSSA initiated a review of the continuum of mental health services available for residents of the communities we serve. Coordinating mental health services will improve efficiency, provide opportunities to share best practice and streamline access for clients.

The human resource (HR) services have been amalgamated into a GNWT service center model. YHSSA will continue to work with HR to identify the challenges and establish processes to ensure effective HR support for our authority.

## **6. ENVIRONMENTAL SCAN**

YHSSA continues to operate in a dynamic environment of pulls, pushes and constraints. Within this environment there are opportunities to partner with many stakeholders to maximize the efficiency and effectiveness of our services and programs. Working together reduces the risk of duplicating services or wasting resources.

### **Economic:**

The NWT is home to two diamond mines with a third scheduled to begin production in October 2007. The Mackenzie Valley natural gas pipeline negotiations have reached an agreement on socio-economic impacts benefits. This milestone is incremental in moving the project forward. Currently the NWT has a wealth of resources available for development: mining, oil, gas, forestry, hydro-electricity and tourism.

The Federal Health Accord has provided a commitment to the NWT that will see more funding for existing health and social services programs. The federal government also funds a number of specific programs in the north that are directed towards aboriginal peoples, for example, Brighter Futures and the Canada Prenatal Nutrition Programs.

There continues to be a shift in affluence as more people are employed in the diamond mines and related initiatives. The future holds the potential for more employment opportunities with the coming of the pipe line.

The GNWT is still very dependant on federal transfer payments. The lack of resource royalties and the current situation has the GNWT in a debt position. The GNWT is projecting a period of limited growth.

There is a wide shortage of physicians, nurses and other health and social services professionals in Canada as well as internationally.

### **IMPLICATIONS FOR YHSSA**

YHSSA works through the Joint Senior Management Committee (JSMC) to provide input on the impact of the pipeline. JSMC is well placed to enable the HSSAs to speak with one voice. There is

a need for a communication plan as well as to have both short and long term goals. The opportunity to develop a strategy that would provide lasting benefits from the pipeline development is ideal.

The socio economic impact benefits agreement also formalizes previous commitments to hire about 800 NWT residents during the four-year construction phase. YHSSA will be an active participant with the GNWT in developing a plan to prepare for the population growth due to the anticipated influx of pipeline workers. Many of the workers may live in Yellowknife and others may travel through Yellowknife on their way to and from the south.

There are social impacts from the rapid development of non-renewable resources in the region. The Minister's Action plan addresses the need to work with other departments to develop a comprehensive approach to monitoring and mitigating the health and social impacts of development.

In spite of the affluence experienced in Yellowknife, there is a growing awareness of the working poor who are employed in minimum wage jobs and are unable to adequately meet their basic needs.

YHSSA is also beginning to experience the impact of an aging workforce. An increasing number of staff is retiring with a shrinking population from which to recruit. New recruits will tend to have less experience with low knowledge levels of YHSSA and the NWT health and social services system. The ability to recruit and retain seasoned professional staff and support staff to mentor new and inexperienced staff will continue to have an impact on our ability to deliver and maintain the quality of community based health and social services programs over the next 3-5 years. This will require more focus on enhanced personal responsibility for health, a concerted effort towards promotion and prevention and a shift from the provision of direct care to assisted living and supportive living.

As with the national trend, volunteer resources are being depleted. Our NGO partners' capacity to deliver existing or the additional off-loaded services is stretched. Wage and competitive pressures will lead to reduced capacity and capabilities with challenges leading to reduced competency and levels of care delivery.

YHSSA will need to work with the GNWT Department of Human Resources to develop more flexible policies and work arrangements to be well positioned to retain and attract new staff. Lack of infrastructure, including office space and affordable housing in Yellowknife, Lutsel K'e and Fort Resolution are significant impediments to an effective recruitment and retention strategy.

Increasing obligations and care expectations means the YHSSA Board and the Senior Management Team will be faced with difficult ethical challenges of budget allocations, service program priorities and potential service limitations. YHSSA must operate within the constraints imposed by the GNWT through the DHSS. We will look to maximize alternate sources of funding through other income opportunities and partnerships and new and sustainable ways of providing identified core services.

### **Social:**

In early 2001 the overall population for the NWT returned to growth.<sup>9</sup> Since that time, growth has been: 2003 at 1.8%, 2004 at 1.4% and 2005 at 0.3%.<sup>10</sup> In 2005, Yellowknife formed 45.2% of the

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<sup>9</sup> 2006 NWT Socio-Economic Scan, NWT Bureau of Statistics



territorial population, an increase from the 2003 figure of 44.6%. In 1976 Yellowknife formed 28.6% of the population.<sup>11</sup>

Migration from the smaller communities to Yellowknife is continuing. In 2006, 20.3% of Yellowknife residents were aboriginal compared to 2001 when only 18.8% of the population was aboriginal, an increase of 411 persons (Appendix C).

The demographic trends include a reduction in the birth rate and an increase in the number of seniors.<sup>12</sup> The growth rate of seniors aged 60 and over, is widespread and has shown a 3.9% annual increase during the period 1991 to 2005. Although the birth rate is declining the fertility rate for NWT teens is 3.0 times the national rate.<sup>13</sup>

There is also a significant increase in the number of NWT youths aged 10 to 14 years. In 2006, there were estimated to be 3,615 youth in the 10-14 year age group compared to 3,298 and 3,238 respectively for ages 5-9 years and 0-4 years. This leads to a projected increase of 15-24 years olds of 703 by the year 2011, from 6799 in 2006 to 7502 in 2011(Appendix D).

Housing continues to be a major concern in the NWT, particularly in the smaller communities.<sup>14</sup> Crime rates, especially violent crimes continue to increase. The NWT violent crime rate was more than seven (7) times the national rate in 2004, the highest level since 1985<sup>15</sup>.

Education levels are quite different for aboriginal and non-aboriginal territorial residents. In 2004, 87% of non-aboriginal residents 15 years of age and older had achieved a high school diploma compared to 45% of aboriginal residents of the same age group.<sup>16</sup>

The leading cause of death for the 1998 to 2002 period was neoplasms or cancers<sup>17</sup>.

Alcohol consumption in the NWT well exceeds the 2003 Canadian value. In the NWT, 45.9% of drinkers consumed 5 or more drinks on one occasion as least once per month, compared to the 21.4% in the rest of Canada<sup>18</sup>.

## **IMPLICATIONS FOR YHSSA**

The 2006 estimates for Yellowknife show 521 seniors (65+). By 2021, the number of seniors (65+) in Yellowknife is expected to grow to 1,395, an annual average increase of 11.18%. In the next five years the number of seniors is expected to increase by 319 or 61% (Appendix E). More seniors are retiring in the north and many northerners are bringing their aging parents to live with them in the north. Seniors health benefits and a comprehensive home care program make Yellowknife an attractive place for seniors.

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<sup>10</sup> ibid

<sup>11</sup> ibid

<sup>12</sup> ibid

<sup>13</sup> ibid

<sup>14</sup> ibid

<sup>15</sup> ibid

<sup>16</sup> ibid

<sup>17</sup> ibid

<sup>18</sup> ibid

Given the magnitude of the projections for the seniors' population in Yellowknife, it is critical that planning continue for the anticipated growth. In order to avoid the increased capital and operating costs of caring for the elderly and chronically ill in facility based care, home and community care must be the first step on the continuum of care. With the increase in the population of seniors in our communities comes a proportional increase in the number of residents who are living with different degrees of cognitive impairment. This is not simply a local concern but one that affects all NWT regions and communities. YHSSA recognizes the need to develop a range of services along the continuum of care that seniors with cognitive impairment require.

The Yellowknife Association of Concerned Citizen's for Seniors (YACCS) had anticipated accessing funding to begin the construction phase of their facility for seniors with cognitive impairment in 2007-2008. This funding has been delayed. YHSSA is working in collaboration with YACCS, the DHSS and other stakeholders to identify unmet needs and how existing programs and services can be accessed to provide support to families caring for their cognitively impaired relatives at home.

In Yellowknife, the population of persons aged 25-44 years is estimated at 6,757 for 2006. By 2021, this age group is expected to reach a high of 8,165 persons (Appendix E). Similarly the age group of persons 45-64 years is expected to increase from 4,175 to 5,072 persons. These changes will bring about a need for adult programs and services and will stretch existing resources.

Homelessness in Yellowknife is major concern. In recognition of the severity of this issue, YHSSA is an active and supporting member of the YK Homelessness Coalition. We have also provided funding support to a youth overnight program at the Side Door.

There is a significant need to quantify the transient population who access health and social services based in Yellowknife. Requests for services for non-Yellowknife residents currently living in Yellowknife due to medical requirements are increasing. There is an increase in special needs clients in the Yellowknife area and capacity is not keeping pace with community needs.

In addition, the volume of international migration to the NWT and in particular to Yellowknife presents some unique challenges. For example, public health has an immigrant screening protocol which includes immunizations being reviewed and updated and screening for various diseases based on the country of origin. Language barriers are usually present and creative solutions must be implemented. The language and cultural differences need to be considered in relation to birthing and childrearing practices.

Dettah shows an increase for the period 2006 to 2021 of both the age groups of 25-44 year olds and 65+ from 48 to 81 and 20 to 32 respectively. Programming especially for the 65+ will need to be addressed.

In 2006, the number of 15-24 year olds in Fort Resolution is estimated at 90 persons, a high from 2001 of only 70 persons (Appendix E). The community is addressing the need for specialized efforts for young people.

Also in Fort Resolution, there is a large adult population living with long term chronic disease. This has an impact on the requirement for health centre, homecare and social program staff to continue to meet the challenges of monitoring and supporting these residents.

In Fort Resolution the number of persons over the age of 65 is expected to increase from 57 in 2006 to 80 by 2021 and in Lutsel K'e for the same period the numbers are expected to increase from 28 to 42 people. These increases, while small in number, will seriously stretch the capacity of local programs and services which support both the well elderly and the less able elderly.

In Lutsel K'e there is an anticipated increase in the number of persons aged 45-64 from 69 in 2006 to 101 in 2021.

### **Technological:**

Healthcare information technology (IT) is undergoing rapid change at a global level, and the NWT healthcare sector is under tremendous pressure to keep pace with these changes. The importance of Information Management/Information Technology (IM/IT) has been raised in the majority of jurisdictions in Canada, and healthcare IM/IT has been promoted as an essential component of primary care renewal.

Given the Federal Government's recent focus on accelerating the delivery of healthcare services through improved information and communications technology, there is an opportunity to create partnerships with the Federal Government and find alternate funding outside the GNWT's capital funding process. The GNWT and Canada Health Infoway<sup>19</sup> have signed an agreement to build a "living lab" for an Electronic Health Record (EHR) in the NWT. The goal of this project is to build a model for a pan-Canadian Electronic Health Record. Electronic Medical Record (EMR) systems (a sub-component of an EHR) are seen as one of the key building blocks on which a patient's EHR is built. As part of this project, the DHSS has developed an informatics strategic plan to set the direction of healthcare IM/IT for the NWT. The long-term objective of all the healthcare IM/IT initiatives in the NWT is to build a solid foundation for the delivery of healthcare services that support the DHSS's ISDM.

The significant challenges of delivering healthcare services in the NWT are remoteness, geographical size, a culturally-diverse population, a geographically dispersed population and access to physicians/specialists. Given these factors, northern communities are isolated from services normally enjoyed by southern jurisdictions. Telehealth is seen as a viable solution to bridging the gaps in accessing some health and social services.

### **IMPLICATIONS FOR YHSSA**

YHSSA and the Hay River Health and Social Services Authority (HRHSSA) have been innovative and instrumental in the development of EMR systems in the NWT. Both authorities have successfully piloted and implemented EMR systems. As a result of these successes, the DHSS and a steering committee comprised of clinicians, administrators and IT are currently selecting a Territorial EMR application which is scheduled for deployment in the summer 2007. One of the

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<sup>19</sup> Canada Health Infoway is an independent non-profit corporation (Canada Health Infoway Inc.) that is mandated to accelerate the development and adoption of modern health information and communication technology. It offers expertise and funding for health informatics projects. The corporation's efforts over the first five years of its mandate are to focus on the development and implementation of Electronic Health Records. The corporation is a funding partner in the NWT initiative to build the model for a pan-Canadian EHR.

deployment sites includes the YHSSA's Frame Lake Community Health Clinic. These EMR systems will be a key component in the development of a Territorial Electronic Health Record (TEHR). The impetus of EMRs is to improve the quality of care by providing accurate and timely information to health care providers.

*What is the impact of the use of EMR Systems?*

- Multiple care providers, in different locations can view up to date patient records,
- Reduction of medical errors,
- Access to timely information,
- Access to accurate records, and
- Improved quality of care.

The YHSSA Telehealth program currently offers client services, training and videoconferencing services to Fort Resolution, Lutsel K'e, Yellowknife, and communities throughout the NWT and Nunavut. In addition, it offers real-time consultation between specialists located in Yellowknife or Edmonton, and clients located in the remote communities with Telehealth facilities.

*What is the impact of the use of Telehealth?*

- Expanded services to clients,
- Educational opportunities,
- Access to specialty services, and
- Videoconferencing access for remote participants.

Technology plays a pivotal role in the delivery of YHSSA's services because it:

- Provides staff with the information and the reliable tools necessary to do their job,
- Enables staff to use technology to work more efficiently and productively,
- Allows staff to collaborate and share knowledge,
- Ensures the management and secure access to information,
- Improves program and service delivery, through effective planning, and
- Bridges gaps in providing client services.

As technology evolves and demands increase, the YHSSA will need to ensure an adequate budget to cover ongoing annual ever greening (scheduled replacement of outdated systems) of hardware and network infrastructure, software upgrades, licensing costs, compliance, and IT Training.

## **7. Overall Critical Success Factors and Measures of Success**

In working to achieve our Vision, and living our Mission over the next 4-5 year period, we have identified seven Critical Success Factors. Each program area has developed outcome measures, tools, strategies, and actions in order to meet the seven Critical Success Factors.

An outline of key outcome measures for YHSSA is summarized below:

### **Critical Success Factor 1:**

**Programs:** People receive a range of high quality community based core programs and services.

YHSSA dedicates resources to seek, develop and sustain high quality community-based health and wellness solutions to a growing resident and transient population of over 20,000 through a case management approach.

#### **Key Outcome Measures:**

1. Provision of culturally and age appropriate addiction services leads to a reduction in child and family addictions.
2. 90%+ of YHSSA clients surveyed will report that access to primary care services is seamless, timely and comprehensive. As a result, their health conditions are stabilized and wellness maximized.
3. There will only be isolated cases of active TB in Dettah, Fort Resolution, Lutsel K'e, Ndilo and Yellowknife.
4. STIs will be eliminated in the 13-29 year old (high risk) demographic group.
5. Program delivery will reflect a case management approach.
6. 100% of children served will have a safe home environment in which to anchor their growth and development.
7. YHSSA's staff and its community funded partners will work collaboratively within the framework articulated in the ISDM.
8. By 2009, people will have access to the programs and services they need to protect themselves and their children from family violence. We will see a decreasing rate of violence from the high in 2004.

### **Critical Success Factor 2:**

**Partnerships:** YHSSA works in partnership with other organizations to address client needs.

YHSSA ensures the provision of core programs and services and works in partnership with other organizations to meet client needs.

#### **Key Outcome Measures:**

1. YHSSA proactively engages partner organizations to collaborate and leverage resources to best meet the demands, opportunities, and choices for the people we serve.
2. All partner initiatives will demonstrate financial and program accountability.

### **Critical Success Factor 3:**

**Financial:** YHSSA operates in a financially prudent and accountable manner.

YHSSA, through a combination of operating grant, special funding, and other partnerships, manages its resources, and operates in a financially prudent and accountable manner to achieve its vision/mission. Special funding and other partnerships are used to expand and enhance our core services to keep pace with increasing demand.

#### **Key Outcome Measures:**

1. Management makes fiscally responsible decisions and operates within Board approved budget and capital plan.

2. Comprehensive homecare and community care will be continuously reassessed in order to reduce the requirement for increased capital and operating costs of facility based care.
3. By 2009, 100% of YHSSA's goods and services will be purchased in the most cost effective manner pursuant to current Policy.

#### **Critical Success Factor 4:**

**Workforce:** YHSSA, working in a collaborative environment, recruits, develops and retains skilled staff.

YHSSA's recruitment, retention, training and development programs and practices build capacity as the demand and complexity of services increases, enabling staff and partners to be case managers and solution providers skilled in collaborative practice.

#### **Key Outcome Measures:**

1. YHSSA participates in pro-active recruitment and retention initiatives.
2. YHSSA encourages a workforce that reflects the demographics of our communities, and in particular will increase the number of Aboriginal speaking employees over the next four years.
3. The annual performance plan review process shows that each YHSSA employee has the competence to excel at their jobs, is engaged in continuous learning initiatives and is performing at a high level of impact for YHSSA and their clients.
4. Existing program delivery interruptions resulting from work force issues will be minimized.

#### **Critical Success Factor 5:**

**Prevention/Promotion:** YHSSA supports clients to achieve optimal independence and wellness.

YHSSA and our partners demonstrate a case management model that encourages the sharing of appropriate information required to support clients and seek solutions that result in optimal independence and wellness. We work together proactively to break the cycle of dependency on reactive and acute care services through education and awareness initiatives that allow residents to adopt sustainable and healthy lifestyles.

#### **Key Outcome Measures:**

1. YHSSA will deliver a formal annual campaign in public awareness and communication highlighting an emphasis on promotion, prevention and other pro-active interventions that reduce reliance on acute care that will result in a shift of knowledge, skills and attitudes resulting in behavioural changes.
2. Prevention and health promotion aspects e.g. obesity, diabetes, chronic disease, heart disease, and violence and addiction avoidance will form a clear component of each program area's service delivery.
3. 100% of children served will experience improved developmental outcomes. Wherever possible, parenting capacity will be increased and families will be successfully preserved.
4. YHSSA will select culturally appropriate community wellness indicators over the next two years and strive to improve community health according to those indicators in the remaining years (2009-2011).

### **Critical Success Factor 6:**

**Communication:** YHSSA communicates in an open, transparent and accountable manner.

YHSSA is both transparent and accountable as it seeks opportunities to collaborate with various agencies and foster public support to develop more effective solutions and fulfill its mandate and vision.

#### **Key Outcome Measures:**

1. YHSSA's vision and mandate are understood, supported and aligned with other HSSAs, NGOs, DHSS and local and aboriginal governments.
2. Public is confident that YHSSA operates in an open and accountable manner.
3. Through open dialogue with aboriginal leaders, community agencies and residents, YHSSA ensures public accountability and community visibility.

### **Critical Success Factor 7:**

**Environment:** YHSSA ensures that its structures, people and processes fully support the achievement of the Vision.

YHSSA, in collaboration with DHSS and GNWT, ensures that its organizational structure, human resources, business systems, physical facilities and technological resources facilitate the achievement of its vision and mission, striving for success for the long term.

#### **Key Outcome Measures:**

1. YHSSA strives to operate facilities and create safe and healthy working environments which allow staff to effectively carry out their job function.
2. By 2009, YHSSA professionals will use client information systems (EMR) to support clinical decision-making and case management.

## **9. YHSSA 2007-08 Budget and 2008-09 to 2010-11 Projections**

There are many challenges for an organization such as YHSSA and its partners to provide quality community based health and social services in an effective, efficient and economical manner. There are a number of competing priorities and limited new funding available to meet all of the challenges.

Our organization made the commitment to integrating our Strategic and Business planning processes with the development of the 2005-2009 Strategic Plan. We also recognized that it is critical to align our strategic and business planning process with the DHSS and the overall GNWT Business Planning timetables.

Our Board of Trustees and Senior Management team have identified the critical success factors, key outcome measures along with specific initiatives and strategies which will be the basis for securing and allocating resources within the organization and through to our NGO partners where applicable.

The process involved the identification and allocation of available resources as well as areas where additional funding would be required. The proposed 2007-08 budget takes into account the approved 2007-2008 DHSS targets and is aligned with this strategic plan. YHSSA is now well

positioned to identify Forced Growth and New Initiative funding requirements for the 2008-09 DHSS Business Planning process.

Pages 16 and 17 summarize the Incremental and Funding Reallocation Needs related to each Critical Success Factor by Division.

Page 18 provides a balanced budget for 2007-08 along with projected increments for the following three years.

Pages 19, 20 and 21 provide a further breakdown of this information by Activity.



Ongoing Updated

CSF	Division	Description	Funding Source		Budget 2007-08	FTE	Budget 2008-09	FTE	Budget 2009-10	FTE	Budget 2010-11	FTE
			Acc	Sec								
1. Programs	Executive	Community visits - Sr. Management Team - Reallocation of existing funding	711	6000	Existing	10,000		10,000		10,000		10,000
		Secure ISDM Coordinator position funding from DHSS 08-09	711	31111	DHSS			100,000	1.00	100,000	1.00	100,000
		Design and implement a case management & single point of entry model Yr 1 existing	711	31190	Existing	20,000		20,000		30,000		0
	Community Health											
		Secure Funding for additional midwife positions - DHSS funded 1 in 07-08	713	35111	DHSS	157,554	1.00	284,919	2.00	284,919	2.00	284,919
		Secure Funding for additional NP positions - DHSS have funded 8.5 FTE's for 07-08	713	35111	DHSS			225,000	2.00	337,500	3.00	337,500
		Plan and secure funding for one additional Public Health Nurse for school health team - Forecd Growth	715	35111	DHSS			80,000	1.00	80,000	1.00	80,000
		Plan and secure funding for one additional Public Health STI Nurse for school health team - Forecd Growth	715	35111	DHSS			80,000	1.00	80,000	1.00	80,000
		Secure funding for full time Lactation consultant - New Initiative	715	35111	DHSS			80,000	1.00	80,000	1.00	80,000
		Secure funding for full time Home Support Worker - New Initiative	715	35111	DHSS			65,000	1.00	65,000	1.00	65,000
		Secure Additional Funding for Basic Locum Coverage of Physician Positions - DHSS Model Adjustment	713	39191	DHSS	725,000	0.00	900,000	3.60	900,000	3.60	900,000
	Social Programs	Establish an additional Voluntary Services Worker DHSS funded	716	35111	DHSS			78,000	1.00	78,000	1.00	78,000
		Establish Case Manager for Mental Health/Addictions DHSS funded	716	35111	DHSS			81,000	1.00	81,000	1.00	81,000
		Establish a Family Violence Specialist position - DHSS funded	716	35111	DHSS			81,000	1.00	81,000	1.00	81,000
		Establish additional life skill coaches for Metal Health and Addiction programs- DHSS funded	716	35111	DHSS			140,000	2.00	140,000	2.00	140,000
		Establish an additional child and family services social worker - Forced Growth	716	35111	DHSS	105,000	1.00	210,000	2.00	210,000	2.00	210,000
		Increase capacity for transitional supported housing for Mental Health/addictions - DHSS funded	716	80000	DHSS			800,000		800,000		800,000
		Establish Additional health & Nutrition supports for Foster Care Parents of babies	716	60000	DHSS			50,000		50,000		50,000
		Reestablish a foster family group home - DHSS	716	80000	DHSS			300,000		300,000		300,000
		Establish additional Contracted family support workers - New Initiative	716	80000	DHSS			249,000		249,000		249,000
	Ft. Resolution	Establish a Full time Homecare Nurse in the Community - Federal Enhancement Funding	715	35111	3rd party			90,000	1.00	90,000	1.00	90,000
	Lutsel K'e	Establish a Full time Home Support Worker in the Community - Federal Enhancement Funding	715	35111	3rd party			63,000	1.00	63,000	1.00	63,000
		Establish a Full time Cultural Support Support Worker in the Community - New Initiative	715	35111	DHSS			63,000	1.00	63,000	1.00	63,000
	Sub Total					1,017,554	2.00	4,049,919	22.60	4,172,419	23.60	4,142,419
2. Partnerships	Executive	Develop, Foster & Support Community Partnerships for ISDM Implementation via Community Consultations	711	6000	Internal	20,000		20,000		20,000		20,000
	Social Programs	Work with DHSS and NGO's to secure additional funding required to meet NGO Salary needs - Estimate Only	716	80000	DHSS			500,000		750,000		775,000
	Ft. Resolution	Assist in qualifying D&A workers to the Standard of Wellness Workers - Federal funding	716	60000	3rd party	10,000		10,000		30,000		10,000
4. Workforce	Lutsel K'e	Establish a child and family services committee - Yr 1 Reallocation of existing	716	35190	DHSS	20,000		20,000		15,000		0
	Sub Total					50,000	0.00	550,000	0.00	815,000	0.00	805,000
4. Workforce	Executive	Establish and provide cultural sensitivity training for YHSSA - DHSS funding	711	60000	PDI Funding	25,000		25,000		0		0
		Support the activities and costs of the Occupational Health and Safety Committee - Employee training & Equip	711	49500	Internal	10,000		10,000		10,000		10,000
	Community Health	Increase in staff training for front line employees not eligible for PDI -	713	60000	Clinic Rev	20,000		20,000		20,000		20,000
	Social Programs	Establish regular training sessions for non violent crisis intervention and personal safety in the workplace	716	60000	Internal	20,000		20,000		20,000		20,000
	Sub Total					75,000	0.00	75,000	0.00	50,000	0.00	50,000

Ongoing Updated

CSF	Division	Description	Acc	Sec	Funding Source	Budget 2007-08	FTE	Budget 2008-09	FTE	Budget 2009-10	FTE	Budget 2010-11	FTE
5. Prevent/Promo	Board	Board will work with staff in order to develop an overall health promotion and prevention strategy - existing	715	60000	Existing	10,000		10,000		10,000		10,000	
	Social Programs	Increase community day programming and supported housing resources	716	80000	DHSS	0		400,000		400,000		400,000	
		Establish mental health supported living program for women	716	80000	DHSS	0		700,000		700,000		700,000	
		Establish temporary & transitional supported living program for mental health clients	716	80000	DHSS	0		700,000		700,000		700,000	
		Establish additional home visitor positions	716	35111	DHSS	0		184,500	3.00	184,500	3.00	184,500	3.00
	Ft. Resolution	Implement Healthy Families Program in Fort Resolution - Federal Funding	716	35111	3rd party			68,500	1.00	68,500	1.00	68,500	1.00
	Lutsel K'e	Implement Healthy Families Program in Lutsel K'e - Federal Funding	716	35111	3rd party			69,500	1.00	69,500	1.00	69,500	1.00
	Sub Total					10,000	0.00	2,132,500	5.00	2,132,500	5.00	2,132,500	5.00
6. Transparency	Board	Board of Directors to hold open (town hall) forums in each of our communities - existing resources	711	6000	Existing	7,500		7,500		10,000		7,500	
	Executive	Establish a Communications Officer position to enhance & coordinate Media relations and corporate image	711	35111	DHSS			82,000	1.00	82,000	1.00	82,000	1.00
		Active management of Web Site and other communication tools to increase accesability to current informatior	711	31190	Existing	10,000		10,000		10,000		10,000	
	Sub Total					17,500	0.00	99,500	1.00	102,000	1.00	99,500	1.00
7. Environment	Executive	Complete a review of existing Office and Program space to identify pressure points effecting program delivery	711	31190	Internal	5,000							
	Social Programs	Secure additional funding for office space to accommodate Healthy Families program staff	716	69000	DHSS	0		35,000		35,000		35,000	
	Community Health	Implementation of EMR software and equipment in the Frame Lake Medical Clinic	713	70000	DHSS	50,000		50,000		50,000		50,000	
		Active participation in planning for consolidation of three downtown clinics	713	31190	Existing	5,000							
	Ft. Resolution	Complete review of existing facilities and office space to explore future utilization options	711	31190	Existing	10,000							
	Lutsel K'e	Continue to work with Housing Corporation regarding additional space for Admin and Social program staff	711	31190	Existing	10,000							
	Sub Total					80,000	0.00	85,000	0.00	85,000	0.00	85,000	0.00
	Total					1,250,054	2.00	6,991,919	28.60	7,356,919	29.60	7,314,419	29.60
	Existing Resources & Re-allocated					182,500	0	152,500	0	140,000	0	107,500	0
	Third Party Funding					10,000	0.00	301,000	4.00	321,000	4.00	301,000	4.00
	DHSS Increased Funding					1,057,554	2.00	6,538,419	24.60	6,895,919	25.60	6,905,919	25.60
						1,250,054	2.00	6,991,919	28.60	7,356,919	29.60	7,314,419	29.60

**Yellowknife Health & Social Services Authority**  
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<u>Account No.</u>	<u>Account Description</u>	<u>2006-07 Revised Budget</u>	<u>2006-07 Projected Actuals</u>	<u>2007-08 Proposed Budget</u>	<u>2008-09 Projected Budget</u>	<u>2009-10 Projected Budget</u>	<u>2010-11 Projected Budget</u>
<b>REVENUE</b>							
11010	DHSS - Operating Contribution	26,362,990	26,362,990	27,250,990	32,889,409	33,246,909	33,256,909
11011 - 11022	DHSS - Special PurposeContribution	2,674,061	3,043,668	2,802,358	3,103,358	3,123,358	3,103,358
11023 - 11051	Other Third Party Contributions	259,000	190,533	99,000	99,000	99,000	99,000
11052 - 12009	Patient/Client Services Revenue	1,126,000	1,060,000	976,000	976,000	976,000	976,000
12010	Physician Recoveries	8,257,200	8,568,379	8,583,356	9,483,356	9,483,356	9,483,356
12011 - 19999	Other Recoveries/Donations	349,600	350,139	317,600	317,600	317,600	317,600
	<b>TOTAL REVENUE</b>	<b>39,028,851</b>	<b>39,575,709</b>	<b>40,029,304</b>	<b>46,868,723</b>	<b>47,246,223</b>	<b>47,236,223</b>
<b>EXPENSES</b>							
	<b>Compensation</b>						
31000s	Management and Operations - Permanent Term	2,517,525	1,694,492	1,699,113	1,799,113	1,799,113	1,799,113
31000s	Management and Operations - Casual	0	207,647	0	0	0	0
31190s	Purchased Profesional Services - M&O	164,591	182,484	168,883	168,883	168,883	168,883
35000s	Unit Producing Front Line Workers - Permanent/ Term	12,033,483	10,671,950	13,374,450	15,399,869	15,529,869	15,519,869
35000s	Unit Producing Front Line Workers - Casual	0	1,861,318	63,533	63,533	63,533	63,533
35190s	Purchased Profesional Services - UP	82,220	69,600	56,676	76,676	76,676	76,676
39000s	Physicians Employed	8,077,696	6,680,593	8,144,708	9,044,708	9,044,708	9,044,708
39190 - 39191	Purchased Profesional Services - FFS	803,000	879,382	870,000	870,000	870,000	870,000
39192 - 39199	Purchased Profesional Services - Locums	0	1,917,643	0	0	0	0
	<b>Total Compensation</b>	<b>23,678,515</b>	<b>24,165,108</b>	<b>24,377,364</b>	<b>27,422,783</b>	<b>27,552,783</b>	<b>27,542,783</b>
40000 - 49999	Supplies	1,029,249	1,060,224	1,002,797	1,012,797	1,012,797	1,012,797
60000 - 66049	Sundry- Telephone, Travel, Training	1,313,404	1,202,275	1,301,062	1,351,062	1,348,562	1,323,562
66050 - 66099	Foster Care	2,750,400	2,718,700	2,750,400	2,750,400	2,750,400	2,750,400
67000 - 69999	Advertising, Insurance & Rent	1,513,510	1,571,194	1,504,742	1,539,742	1,539,742	1,539,742
70000 - 79999	Equipment	305,630	574,250	322,400	372,400	372,400	372,400
80000 - 89999	Referred and Contracted Out Services	8,349,643	8,373,478	8,682,039	12,331,039	12,581,039	12,606,039
90000 - 99000	Buildings and Grounds	88,500	219,500	88,500	88,500	88,500	88,500
	<b>Total O&amp;M</b>	<b>15,350,336</b>	<b>15,719,621</b>	<b>15,651,940</b>	<b>19,445,940</b>	<b>19,693,440</b>	<b>19,693,440</b>
	<b>TOTAL EXPENSES</b>	<b>39,028,851</b>	<b>39,884,729</b>	<b>40,029,304</b>	<b>46,868,723</b>	<b>47,246,223</b>	<b>47,236,223</b>
<b>NET SURPLUS (DEFICIT)</b>		<b>0</b>	<b>-309,020</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>STAFFING PLAN - FTE/Person year Allocations</b>							
	Management and Operations	<b>16.50</b>	<b>n/a</b>	<b>14.00</b>	<b>15.00</b>	<b>15.00</b>	<b>15.00</b>
	Unit Producing Front Line Workers	<b>144.60</b>	<b>n/a</b>	<b>153.54</b>	<b>177.54</b>	<b>178.54</b>	<b>178.54</b>
	Physicians	<b>32.00</b>	<b>n/a</b>	<b>31.00</b>	<b>34.60</b>	<b>34.60</b>	<b>34.60</b>
	<b>TOTAL FTE'S</b>	<b>193.10</b>	<b>n/a</b>	<b>198.54</b>	<b>227.14</b>	<b>228.14</b>	<b>228.14</b>
	Base Funded	<b>173.54</b>	<b>n/a</b>	<b>173.54</b>	<b>198.14</b>	<b>199.14</b>	<b>199.14</b>
	3rd Party Funded	<b>15.10</b>	<b>n/a</b>	<b>15.1</b>	<b>19.10</b>	<b>19.10</b>	<b>19.10</b>
	Revenue/Internal Reallocation	<b>4.46</b>	<b>n/a</b>	<b>9.9</b>	<b>9.9</b>	<b>9.9</b>	<b>9.9</b>
	<b>TOTAL FTE'S</b>	<b>193.10</b>	<b>n/a</b>	<b>198.54</b>	<b>227.14</b>	<b>228.14</b>	<b>228.14</b>

**Yellowknife Health & Social Services Authority**  
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**Budget Summary by Secondary by Regior**

<u>Account No.</u>	<u>Account Description</u>	<u>2006-07 Revised Budget</u>	<u>2006-07 Projected Actuals</u>	<u>2007-08 Proposed Budget</u>	<u>2008-09 Projected Budget</u>	<u>2009-10 Projected Budget</u>	<u>2010-11 Projected Budget</u>
<b>REVENUE - Yellowknife</b>							
11010	DHSS - Operating Contribution	22,975,349	22,975,349	23,789,349	29,344,768	29,707,268	29,732,268
11011 - 11022	DHSS - Special PurposeContribution	2,539,290	2,857,810	2,670,086	2,670,086	2,670,086	2,670,086
11023 - 11051	Other Third Party Contributions	259,000	190,533	99,000	99,000	99,000	99,000
11052 - 12009	Patient/Client Services Revenue	1,124,000	1,060,000	976,000	976,000	976,000	976,000
12010	Physician Recoveries	8,257,200	8,568,379	8,583,356	9,483,356	9,483,356	9,483,356
12011 - 19999	Other Recoveries/Donations	317,000	329,739	290,000	290,000	290,000	290,000
	<b>TOTAL REVENUE - Yellowknife</b>	<b>35,471,839</b>	<b>35,981,810</b>	<b>36,407,791</b>	<b>42,863,210</b>	<b>43,225,710</b>	<b>43,250,710</b>
<b>EXPENSES - Yellowknife</b>							
	<b>Compensation</b>						
31000s	Management and Operations - Permanent Term	2,142,604	1,408,985	1,444,287	1,544,287	1,544,287	1,544,287
31000s	Management and Operations - Casual	0	168,576	0	0	0	0
31190s	Purchased Profesional Services - M&O	148,391	177,484	152,683	152,683	152,683	152,683
35000s	Unit Producing Front Line Workers - Permanent/ Term	9,596,516	9,179,818	10,776,737	12,428,156	12,563,156	12,568,156
35000s	Unit Producing Front Line Workers - Casual	0	879,819	63,533	63,533	63,533	63,533
35190s	Purchased Profesional Services - UP	27,100	42,100	8,176	28,176	28,176	28,176
39000s	Physicians Employed	8,077,696	6,680,593	8,144,708	9,044,708	9,044,708	9,044,708
39190 - 39191	Purchased Profesional Services - DR - FFS	803,000	879,382	870,000	870,000	870,000	870,000
39192 - 39199	Purchased Profesional Services - DR - Locums	0	1,917,643	0	0	0	0
	<b>Total Compensation</b>	<b>20,795,307</b>	<b>21,334,400</b>	<b>21,460,125</b>	<b>24,131,544</b>	<b>24,266,544</b>	<b>24,271,544</b>
40000 - 49999	Supplies	722,626	747,174	681,175	691,175	691,175	691,175
60000 - 66049	Sundry- Telephone,Travel,Training	1,154,346	964,009	1,140,004	1,180,004	1,157,504	1,152,504
66050 - 66099	Foster Care	2,669,000	2,669,000	2,669,000	2,669,000	2,669,000	2,669,000
67000 - 69999	Advertising, Insurance & Rent	1,469,516	1,518,200	1,460,748	1,495,748	1,495,748	1,495,748
70000 - 79999	Equipment	246,900	511,800	250,200	300,200	300,200	300,200
80000 - 89999	Referred and Contracted Out Services	8,325,643	8,277,450	8,658,039	12,307,039	12,557,039	12,582,039
90000 - 99000	Buildings and Grounds	88,500	219,500	88,500	88,500	88,500	88,500
	<b>Total O&amp;M</b>	<b>14,676,531</b>	<b>14,907,134</b>	<b>14,947,666</b>	<b>18,731,666</b>	<b>18,959,166</b>	<b>18,979,166</b>
	<b>TOTAL EXPENSES - Yellowknife</b>	<b>35,471,839</b>	<b>36,241,534</b>	<b>36,407,791</b>	<b>42,863,210</b>	<b>43,225,710</b>	<b>43,250,710</b>
<b>NET SURPLUS (DEFICIT) - Yellowknife</b>		<b>0</b>	<b>-259,723</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Management and Operations	12.50	n/a	10.00	11.00	11.00	11.00
	Unit Producing Front Line Workers	117.75	n/a	126.69	145.69	146.69	146.69
	Physicians	32.00	n/a	31.00	34.60	34.60	34.60
	<b>TOTAL FTE'S</b>	<b>162.25</b>	<b>n/a</b>	<b>167.69</b>	<b>191.29</b>	<b>192.29</b>	<b>192.29</b>
	Base Funded	144.79	n/a	144.79	168.39	169.39	169.39
	3rd Party Funded	13.50	n/a	13.50	13.50	13.50	13.50
	Revenue/Internal Reallocation	3.96	n/a	9.40	9.40	9.40	9.40
	<b>TOTAL FTE'S</b>	<b>162.25</b>	<b>n/a</b>	<b>167.69</b>	<b>191.29</b>	<b>192.29</b>	<b>192.29</b>

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<u>Account No.</u>	<u>Account Description</u>	<u>2006-07 Revised Budget</u>	<u>2006-07 Projected Actuals</u>	<u>2007-08 Proposed Budget</u>	<u>2008-09 Projected Budget</u>	<u>2009-10 Projected Budget</u>	<u>2010-11 Projected Budget</u>
<b>REVENUE - Deninu</b>							
11010	DHSS - Operating Contribution	1,690,300	1,690,300	1,744,300	1,744,300	1,744,300	1,744,300
11011 - 11022	DHSS - Special PurposeContribution	76,132	127,219	55,359	223,859	243,859	223,859
11052 - 12009	Patient/Client Services Revenue	2,000	0	0	0	0	0
12010	Physician Recoveries	0	0	0	0	0	0
12011 - 19999	Other Recoveries/Donations	15,600	10,400	15,600	15,600	15,600	15,600
	<b>TOTAL REVENUE - Deninu</b>	<b>1,784,032</b>	<b>1,827,919</b>	<b>1,815,259</b>	<b>1,983,759</b>	<b>2,003,759</b>	<b>1,983,759</b>
<b>EXPENSES - Deninu</b>							
	<b>Compensation</b>						
31000s	Management and Operations - Permanent Term	201,764	147,104	145,257	145,257	145,257	145,257
31000s	Management and Operations - Casual	0	16,368	0	0	0	0
31190s	Purchased Profesional Services - M&O	7,400	2,000	7,400	7,400	7,400	7,400
35000s	Unit Producing Front Line Workers - Permanent/ Term	1,213,061	930,558	1,293,445	1,451,945	1,451,945	1,451,945
35000s	Unit Producing Front Line Workers - Casual	0	450,167	0	0	0	0
35190s	Purchased Profesional Services - UF	50,620	23,000	44,500	44,500	44,500	44,500
	<b>Total Compensation</b>	<b>1,472,845</b>	<b>1,569,196</b>	<b>1,490,602</b>	<b>1,649,102</b>	<b>1,649,102</b>	<b>1,649,102</b>
40000 - 49999	Supplies	140,099	148,600	145,099	145,099	145,099	145,099
60000 - 66049	Sundry- Telephone,Travel,Training	76,257	115,966	74,257	84,257	104,257	84,257
66050 - 66099	Foster Care	15,900	5,700	15,900	15,900	15,900	15,900
67000 - 69999	Advertising, Insurance & Rent	24,200	33,200	24,200	24,200	24,200	24,200
70000 - 79999	Equipment	40,730	41,950	51,200	51,200	51,200	51,200
80000 - 89999	Referred and Contracted Out Services	14,000	84,028	14,000	14,000	14,000	14,000
	<b>Total O&amp;M</b>	<b>311,187</b>	<b>429,443</b>	<b>324,657</b>	<b>334,657</b>	<b>354,657</b>	<b>334,657</b>
	<b>TOTAL EXPENSES - Deninu</b>	<b>1,784,032</b>	<b>1,998,640</b>	<b>1,815,259</b>	<b>1,983,759</b>	<b>2,003,759</b>	<b>1,983,759</b>
<b>NET SURPLUS (DEFICIT) - Deninu</b>							
		<b>0</b>	<b>-170,721</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Management and Operations	<b>2.00</b>	<b>n/a</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>
	Unit Producing Front Line Workers	<b>13.79</b>	<b>n/a</b>	<b>13.79</b>	<b>15.79</b>	<b>15.79</b>	<b>15.79</b>
	Physicians	<b>0.00</b>	<b>n/a</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	<b>TOTAL FTE'S</b>	<b>15.79</b>	<b>n/a</b>	<b>15.79</b>	<b>17.79</b>	<b>17.79</b>	<b>17.79</b>
	Base Funded	<b>15.19</b>	<b>n/a</b>	<b>15.19</b>	<b>15.19</b>	<b>15.19</b>	<b>15.19</b>
	3rd Party Funded	<b>0.60</b>	<b>n/a</b>	<b>0.6</b>	<b>2.60</b>	<b>2.60</b>	<b>2.60</b>
	Revenue/Internal Reallocation	<b>0.00</b>	<b>n/a</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>TOTAL FTE'S</b>	<b>15.79</b>	<b>n/a</b>	<b>15.79</b>	<b>17.79</b>	<b>17.79</b>	<b>17.79</b>

**Yellowknife Health & Social Services Authority**  
**2007- 2011 Strategic Plan**  
**Budget Summary by Secondary by Regior**

<u>Account No.</u>	<u>Account Description</u>	<u>2006-07 Revised Budget</u>	<u>2006-07 Projected Actuals</u>	<u>2007-08 Proposed Budget</u>	<u>2008-09 Projected Budget</u>	<u>2009-10 Projected Budget</u>	<u>2010-11 Projected Budget</u>
<b>REVENUE - Lutsel k'e</b>							
11010	DHSS - Operating Contribution	1,697,341	1,697,341	1,717,341	1,800,341	1,795,341	1,780,341
11011 - 11022	DHSS - Special PurposeContribution	58,639	58,639	76,913	209,413	209,413	209,413
12010	Physician Recoveries	0	0	0	0	0	0
12011 - 19999	Other Recoveries/Donations	17,000	10,000	12,000	12,000	12,000	12,000
	<b>TOTAL REVENUE - Lutsel k'e</b>	<b>1,772,980</b>	<b>1,765,980</b>	<b>1,806,254</b>	<b>2,021,754</b>	<b>2,016,754</b>	<b>2,001,754</b>
<b>EXPENSES - Lutsel k'e</b>							
	<b>Compensation</b>						
31000s	Management and Operations - Permanent Term	173,157	138,403	109,569	109,569	109,569	109,569
31000s	Management and Operations - Casual	0	22,703	0	0	0	0
31190s	Purchased Profesional Services - M&O	8,800	3,000	8,800	8,800	8,800	8,800
35000s	Unit Producing Front Line Workers - Permanent/ Term	1,223,906	561,574	1,304,268	1,519,768	1,514,768	1,499,768
35000s	Unit Producing Front Line Workers - Casual	0	531,331	0	0	0	0
35190s	Purchased Profesional Services - UF	4,500	4,500	4,000	4,000	4,000	4,000
	<b>Total Compensation</b>	<b>1,410,363</b>	<b>1,261,512</b>	<b>1,426,637</b>	<b>1,642,137</b>	<b>1,637,137</b>	<b>1,622,137</b>
40000 - 49999	Supplies	166,523	164,450	176,523	176,523	176,523	176,523
60000 - 66049	Sundry- Telephone,Travel,Training	82,800	122,300	86,800	86,800	86,800	86,800
66050 - 66099	Foster Care	65,500	44,000	65,500	65,500	65,500	65,500
67000 - 69999	Advertising, Insurance & Rent	19,794	19,794	19,794	19,794	19,794	19,794
70000 - 79999	Equipment	18,000	20,500	21,000	21,000	21,000	21,000
80000 - 89999	Referred and Contracted Out Services	10,000	12,000	10,000	10,000	10,000	10,000
	<b>Total O&amp;M</b>	<b>362,617</b>	<b>383,044</b>	<b>379,617</b>	<b>379,617</b>	<b>379,617</b>	<b>379,617</b>
	<b>TOTAL EXPENSES - Lutsel k'e</b>	<b>1,772,980</b>	<b>1,644,556</b>	<b>1,806,254</b>	<b>2,021,754</b>	<b>2,016,754</b>	<b>2,001,754</b>
<b>NET SURPLUS (DEFICIT) - Lutsel k'e</b>							
		<b>0</b>	<b>121,424</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	Management and Operations	<b>2.00</b>	<b>n/a</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>
	Unit Producing Front Line Workers	<b>13.06</b>	<b>n/a</b>	<b>13.06</b>	<b>16.06</b>	<b>16.06</b>	<b>16.06</b>
	Physicians	<b>0.00</b>	<b>n/a</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
	<b>TOTAL FTE'S</b>	<b>15.06</b>	<b>n/a</b>	<b>15.06</b>	<b>18.06</b>	<b>18.06</b>	<b>18.06</b>
	Base Funded	<b>13.56</b>	<b>n/a</b>	<b>13.56</b>	<b>14.56</b>	<b>14.56</b>	<b>14.56</b>
	3rd Party Funded	<b>1.00</b>	<b>n/a</b>	<b>1.00</b>	<b>3.00</b>	<b>3.00</b>	<b>3.00</b>
	Revenue/Internal Reallocation	<b>0.50</b>	<b>n/a</b>	<b>0.50</b>	<b>0.50</b>	<b>0.50</b>	<b>0.50</b>
	<b>TOTAL FTE'S</b>	<b>15.06</b>	<b>n/a</b>	<b>15.06</b>	<b>18.06</b>	<b>18.06</b>	<b>18.06</b>

YHSSA SERVICE DELIVERY MODEL: ISDM PROFILE			APPENDIX A					
Division	Program	Sub Program	ISDM Core Services					
			Diagnostic & Curative	Rehabilitation	Protection	Continuing Care	Promotion & Prevention	Mental Health & Addictions
Community Health Programs	Clinic	Community Visits (Lutsel K'e and Fort Resolution)	x		x		x	x
		Hospital Based Services, Stanton Territorial Hospital	x		x	x	x	x
		Outreach Clinic at Centre for Northern Families	x		x		x	x
		Primary Care at Family, Great Slave, Gibson & Frame Lake Clinics	x		x	x	x	x
		Community Visits (Tli Cho) (CS)	x		x		x	x
	Health Promotion						x	
	Home Care	Community Mental Health Nursing				x	x	x
		Community Home Care Nursing (Ndilo and Dettah)	x			x	x	
		Footcare	x	x		x	x	
		Home Support - Home Support Workers			x	x	x	x
		Meal Program (CS)				x		
		Medical Social Work - Medical Social Worker			x	x	x	x
		Nursing Programs e.g. Home IV, Palliative, Wound & Ostomy Care	x	x		x	x	
		Rehabilitation - occupational therapist, physiotherapist (CS)		x		x	x	
	Long Term Care	Facility based Long Term Care (C.S.)				x		
	Midwifery		x		x		x	
	Nurse Practitioner		x		x	x	x	x
	Public Health	Community Dietician					x	
		Community Nursing (Ndilo and Dettah)	x		x		x	x
		Communicable Diseases	x				x	
		Health Promotion					x	
		Maternal/Child Health			x		x	
		School Health	x		x		x	
		Sexually Transmitted Disease	x		x		x	
		Canada PreNatal Nutrition Program	x				x	
Community Social Programs	Child and Family Services	Adoptions			x		x	
		Child Protection Services			x		x	
		Foster Care			x		x	
		Family Support			x		x	
		Territorial Treatment Centre TTC (C.S.)			x		x	x
		Youth Overnight Program (C.S.)			x		x	x
	Family Enhancement	Healthy Families				x	x	
		Voluntary Services			x	x	x	x
	Mental Health and Addictions	Adult Services & Community Development			x	x	x	x
		Family Counseling					x	x
		Addictions Services (C.S.)		x			x	x
		Adult Day Programming (CS)		x	x	x	x	x
		Adult Supported Housing (CS)		x	x	x	x	x
		Family Violence Shelter (C.S.)			x		x	x
Fort Resolution	Community Health Programs		x		x	x	x	x
	Community Social Programs				x	x	x	x
		Dental Services (C.S.)	x					
		Seniors Support (C.S.)					x	
Lutsel K'e	Community Health Programs		x		x	x	x	x
	Community Social Programs				x	x	x	x
		Dental Services (C.S.)	x					
(CS) Community Funded Partner								

## **PROGRAM DESCRIPTIONS**

## **APPENDIX B**

Our service delivery model recognizes individuals and families as the centre of all health and social programs and services. Promotion, prevention and early intervention are essential to all programs.

In Yellowknife, our programs and services are focused on two main areas: Community Health Services and Community Social Programs.

Services in Fort Resolution and Lutsel K'e are delivered in a similar service delivery model.

### **COMMUNITY HEALTH SERVICES**

The Community Health Services Division is comprised of seven main service areas: Clinic, Health Promotion, Home Care, Midwifery, Nurse Practitioner, Nutrition and Public Health. We also coordinate and support the Canada Prenatal Nutrition Program.

#### **Clinic**

Physicians, nurse practitioners, nurses and a broad range of other staff deliver primary health care through four Yellowknife clinics.

Services include:

- Health promotion, including healthy lifestyle promotion, maternal health, reproductive and child care and community development.
- Health protection and preventative services, including screening, intervention disease control, prevention of injury, prevention of chronic diseases and addictions, hearing and vision, and early intervention.
- Acute care, chronic disease management and diagnostic services, including crisis response.
- Continuing care, including palliative care and long-term care.
- Developmental rehabilitation and support services, including mental health and addictions.
- Obstetrics, emergency room coverage, inpatient care, surgical assists and General Practitioner (GP) anaesthesia at Stanton Territorial Hospital (STH).
- Medical direction to other agencies, such as Aven Manor, City of Yellowknife - Fire Department.
- Regular physician visits to communities in the region, to other communities in the NWT and to selected communities in the Nunavut Territory.
- Family Physician, Nurse Practitioner and Public Health Nurse in a community outreach setting at the Centre for Northern Families.
- Provision of physician services to the Tli Cho Community Services Agency through a Memorandum of Understanding



## Health Promotion

The goal of the Health Promotion Program is to enable individuals, families and communities to increase control over the determinants of health and thereby improve their health<sup>1</sup>.

The YHSSA Health Promotion program follows the Ottawa Charter for Health Promotion's three strategies<sup>2</sup>:

- **advocacy** for health to create the essential conditions for health;
- **enabling** all people to achieve their full health potential; and
- **mediating** between the different interests in society in the pursuit of health.

The Health Promotion Coordinator provides support to YHSSA community organizations, NGOs, and other health and social service providers to plan, develop, implement and evaluate health promotion initiatives, through assisting (by request) with or coordinating in-services, workshops, health fairs, etc. The Coordinator is actively involved in developing, distributing and evaluating northern health promotion resources, and maintains an online resource library, which includes downloadable resource materials and lending materials. The Coordinator also provides CPR training for YHSSA staff.

## Home Care

Home Care provides client-centered short and long term care, for eligible individuals of all ages and their families living in Yellowknife, Dettah and Ndilo, to maximize health and/or social well-being and to allow them to remain in their own homes and in the community.

Services include:

- case management,
- home nursing,
- community mental health nursing,
- personal care and assistance with activities of daily living,
- in-home respite care,
- palliative care,
- foot care,
- rehabilitation,
- social work,
- teaching and family support,
- meals on wheels, and
- equipment loan coordination.

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<sup>1</sup> Ottawa Charter for Health Promotion, WHO Geneva, 1986

<sup>2</sup> Health Promotion Glossary, WHO, 1998 adapted

## **Midwifery**

The Midwifery Program offers a safe, holistic, integrated service that is responsive to community needs, offers choices, respects cultural diversity and provides continuity of primary care provider in a collaborative environment. The goal of the Midwifery Program is to support women, babies and their families to have healthy pregnancy, birthing and postpartum experiences.

The services provided by the Midwifery Program include:

- preconception care, prenatal care, intrapartum care and birth, postpartum care of the newborn,
- breastfeeding promotion and support,
- postpartum care of the mother to six weeks following birth, and
- well woman care.

## **Nurse Practitioner**

The purpose of the Nurse Practitioner (NP) Program is to enhance client (individuals, families and groups) access to advanced health assessment, nursing care and health care services. NP's are registered nurses with additional education who work as autonomous practitioners as well as members of a health care team.

NP services include:

- advanced health assessments,
- diagnosis of common or episodic type illnesses,
- ordering and interpretation of diagnostic tests,
- prescribing medications,
- performing selected procedures,
- monitoring stable chronic illnesses, and
- consultation and/or referral to a physician or another member of the health care team as needed.

NP practice settings can include:

- Community Health Centres,
- Medical and Primary Community Care Clinics,
- Community Organizations/Non Government Organizations, and
- Public Health and Home Care.

## **Nutrition**

The Community Dietitian is responsible for providing leadership and nutrition expertise in the promotion of healthy eating within a population health and community development framework. The work is performed in partnership with other organizations and individuals who work with

nutrition and health promotion programs such as YHSSA community organizations, NGOs, and other health and social service providers.

The Community Dietitian provides support and leadership by assessing, setting priorities, planning, implementing and evaluating community nutrition services, focusing on primary prevention while promoting, supporting and protecting the nutritional health of people in the YHSSA service area.

## **Public Health**

Public Health provides public health nursing programs and services in Yellowknife, Dettah and Ndilo, which promote and preserve health, prevent and reduce the incidence of communicable diseases, illness, disability and death across all age groups.

Programs include:

- Communicable Disease: adult immunizations, communicable disease follow-up and monitoring, tuberculosis (TB) follow-up and monitoring, travel health clinics, sexual transmitted infections clinic services and community outreach activities.
- Maternal/Child: pre-natal and post-natal classes, home visiting of families with new babies, breastfeeding education and support and well child clinics which include growth and development assessments and immunizations.
- School Health: immunizations, health information resources, health education classes, hearing and vision screening and speech assessment.

The Public Health program provides opportunities for clinical placements for the Aurora College Nursing Program and for nurses who are completing post-RN programs.

**Regional Canada Prenatal Nutrition Program** (all NWT Communities except those in the Inuvik and Sahtu regions)

The Canada Prenatal Nutrition Program (CPNP) is a federal initiative. The Regional Canada Prenatal Nutrition Coordinator provides support, resources, training and site visits to community based CPNP programs. The goal of the program is to improve the health of mothers and infants by increasing access to healthy food, providing information to help mothers make better choices and promoting breastfeeding.

## **COMMUNITY SOCIAL PROGRAMS**

The Community Social Programs Division (CSPD) provides social programs and services directly for children, families and individuals. CSPD forms strategic partnerships and contracts with a number of NGOs and contractors to ensure that appropriate services and programs are available at alternative, easily accessible entry points in the community.

## **Adoption and Foster Care**

The Adoption and Foster Care program is a mandated program under the *Child and Family Services Act*.

Services include:

- Completion of foster home and adoption home studies.
- Provision of training to Yellowknife foster families.
- Permanency planning.
- Ensuring that the bio-psycho-social needs of children in care are met.
- Provision of treatment services to children.
- Consultation and support to foster families and adoptive families.
- Processing all international, department and step-parent adoptions.

## **Child and Family Services**

The Child and Family Services program promotes the best interests, protection and well-being of children.

Services include:

- Receiving and investigating complaints or requests concerning the welfare of children (ages 0-16) who may be at risk for abuse or neglect or at risk for self harm and determining the need for child protection services accordingly.
- Offering services to youth aged 16-18 who need assistance in transitioning to adulthood.
- Working collaboratively with families to develop and implement plans to effectively address a child's need for protection.
- Seeking solutions that are responsive to the individualized needs and strengths of the children, youth and their families.
- Helping the family access the resources of other community agencies and programs.
- Advocating with other government departments and NGOs in support of the family.
- Arranging for foster home services to provide short-term or long-term care for children under apprehension.

Child and Family Services try to achieve an appropriate balance between protecting children and preserving families. As part of this role, social workers are trained to help the family identify the resources they need from the community, at the right time and from the agency or service best equipped to help them.

## **Community Development/Adult Services**

Sometimes, adults may have difficulty managing some tasks necessary for them to effectively address their daily living needs or to achieve independence. The Adult Services and Community

Development program provides case management services and support to adults with mental health needs, developmental disabilities and/or brain injury.

Case managers help clients to access needed services in the community, such as: day programming, counselling, supported housing or other relevant services and programs. Life skills coaches are available to assist clients in problem solving specific issues related to their independence. Some of the services include: helping clients obtain income support; acquiring birth certificates and/or identification cards; resume writing; and advocating for clients with other programs offered in the community.

The over-arching goal of Adult Services case managers and life skills workers is to help clients overcome their challenges and to achieve the highest quality of life and level of independence.

### **Family Counselling**

Family counsellors and psychologists provide services for clients who:

- may not be able to access counselling services through an Employment Assistance Program (EAP); or
- may not be able to afford services on their own through a private service provider and
- are of any age and are experiencing challenges that impact their mental health.

Family Counselling seeks to provide high quality and effective counselling services to children, individuals and families. Counsellors are particularly well equipped to help children and youth with mental health concerns and their families; victims of family violence; people suffering from depression or anxiety and children or adults requiring intellectual assessments.

### **Healthy Families**

- A voluntary home visitation program for families with newborn babies.
- Services are initiated prenatally or shortly after birth.
- Family home visitors work from a strength-based approach to promote healthy childhood growth and development, positive parenting and parent-child bonding.
- Home visitors also link parents to other services and programs in the community.
- Families can refer themselves or be referred through their health care provider (doctor/nurse).
- There is no cost for the program.

### **Voluntary Services**

Voluntary Services are available to families with children 0-15 through the development of a voluntary support agreement; or to youth 16-18 through the development of a support services agreement. Each of these agreements outlines a plan to help the family and the youth and any costs to be paid through the program. The agreement is signed by the social worker and the parent(s) and/or youth. If a youth over 16 does not have the capacity to sign an agreement, the agreement can be signed by the social worker and their parent(s)/guardian.

## 1. Voluntary Support Agreements (VSAs)

VSAs are designed to help families with children who have a range of needs and may require help in order to ensure their healthy development. Most often services come in the form of helping families access programs and services out in the community and sometimes this includes financial assistance. As well:

- VSAs are offered to parents experiencing a number of different challenges as they try to address the needs of their children and families.
- Community social service workers provide individual assessment and develop support plans.
- Through the VSA the parents and their children (ages 0-15 years) gain access to services and programs they need, at the right time and from the right service provider.
- Families can refer themselves.
- Agreements can be terminated upon notice by the parents, youth or social worker involved.

## 2. Support Services

Support Services are designed to help youth who may be struggling with the transition to adulthood and may require support, services and even financial assistance in order to help them with housing, food and basic necessities for an interim period of time. In order to qualify for assistance youth must be willing to develop a list of goals and work collaboratively with their social worker and support system to effectively address their goals. As well:

- Youth can refer themselves.
- Community social service workers provide individual assessment and develop support plans.

# **FORT RESOLUTION HEALTH & SOCIAL SERVICES**

## **Community Health Services**

Two community health nurses, visiting doctors and other visiting health professionals provide Primary Care and Public Health Services.

Services include:

- Emergency, acute and diagnostic services including crisis response and emergency preparedness; after hours emergency on call coverage; sick clinics.
- Public Health programs: TB surveillance, Well woman, Well man, Well child, Immunization, Chronic illness, Child developmental screening and assessment and sexual health.
- Community Health Representative programs: prenatal and postnatal classes and clinics.
- Health Promotion programs: Active living, tobacco cessation, HIV/Aids awareness program.
- Addictions referrals and medical assessments.

- Medical travel and referrals to regional and national medical centers.

#### Visiting Specialist Services:

- Bi-weekly physician visits,
- Liaison and referral to other local agencies,
- Eye team.

#### Dental Program:

- Prevention and promotion,
- Visiting dental team,
- Emergency referrals.

#### Community Home Support Services:

- Footcare,
- Home Support – personal care, activities of daily living, meal planning.

### **Community Social Programs:**

Services are offered in the following areas: Child and Family Services, Community Development/Adult services, Community Mental Health, and Guardianship, Adoption and Foster Care.

#### Child and Family Services:

The Child and Family Services program serves to promote the best interests, protection and well-being of children.

#### Services include:

- Responding to complaints or requests for service concerning the welfare of children.
- Investigating allegations of child abuse and neglect.
- Making presentations to Court for those children who appear to be in need of protection under the provision of the *Child and Family Services Act*, and making applications for care and custody.
- Arranging for foster home services to provide short-term or long-term care for children under apprehension.

### Community Development/Adult Services

- Family Violence Counselling and intervention,
- Liaison with Deninu Drug and Alcohol Program,
- Advocacy,
- Families First, Northern Parenting Program.

### Community Mental Health

- Counselling and referrals to treatment facilities,
- Referrals to visiting mental health team and family counselling team,
- Individual, group, family counselling.

### Foster Care

The Adoption and Foster Care program is a mandated program under the *Child and Family Services Act*.

Services include:

- Completion of foster home studies and adoption home studies,
- Permanency planning,
- Ensuring that the bio-psycho-social needs of children in care are met,
- Provision of treatment services to children,
- Consultation and support to foster families and adoptive families.

## **LUTSEL K'E HEALTH & SOCIAL SERVICES**

### **Community Health Services**

Two community health nurses, visiting doctors and other visiting health professionals provide Primary Care and Public Health Services.

Services include:

- Emergency, acute and diagnostic services including crisis response and emergency preparedness; after hours emergency on call coverage; daily morning sick clinic.
- Public Health programs: TB surveillance, Well woman, Well man, Well child, Chronic illness.
- Community Health Representative programs: Prenatal, School, Environmental Health, Health Promotion.
- Health protection and preventative services.
- Continuing Care including palliative care, referral to home support services.
- Addictions referrals and medical assessments.



- Medical travel.

#### Visiting Specialist Services:

- Physician visit,
- Eye team,
- YHSSA Family Counsellor.

#### Dental Program:

- Prevention and promotion,
- School program,
- Visiting dental team,
- Emergency referrals to regional centre.

Home Care Program supports independence for elders to remain in their own homes for as long as possible and provides the following support programs for elders and families:

- Daily meal program,
- Palliative Care Program,
- Respite Care Program,
- Social Services advocacy and support programs,
- Homecare/Homemaking Program.

#### **Community Social Programs:**

Services are offered in the following areas: Child and Family Services, Community Development/Adult services, Community Mental Health, and Guardianship, Adoption and Foster Care.

#### Child and Family Services:

The Child and Family Services program serves to promote the best interests, protection and well-being of children.

#### Services include:

- Responding to complaints or requests for service concerning the welfare of children.
- Investigating allegations of child abuse and neglect.
- Making presentations to Court for those children who appear to be in need of protection under the provision of the *Child and Family Services Act*, and making applications for care and custody.
- Arranging for foster home services to provide short-term or long-term care for children under apprehension.

### Community Development/Adult Services

- Family Violence Counselling and intervention,
- Youth addictions referrals,
- Counselling and referrals for clients referred through the Justice System,
- Advocacy,
- Traditional parenting program,
- On the land workshops and interventions,
- Elders Support Services.

### Community Mental Health/Addictions

- Counselling and referrals to treatment facilities,
- Referrals to visiting mental health team and family counselling team,
- Health promotion and awareness workshops, saunas, sharing circles,
- Individual, group, family counselling,
- Support groups,
- Fundraising ,
- On the Land programs: camps and workshops.

### Foster Care

The Adoption and Foster Care program is a mandated program under the *Child and Family Services Act*.

#### Services include:

- Completion of foster home studies and adoption home studies,
- Permanency planning,
- Ensuring that the bio-psycho-social needs of children in care are met,
- Provision of treatment services to children,
- Consultation and support to foster families and adoptive families.

## SERVICES PROVIDED THROUGH NON-GOVERNMENT ORGANIZATIONS AND OTHER CONTRACTED SERVICES

Note: Many of these organizations such as the YWCA, Yellowknife Association for Community Living, Tree of Peace, Salvation Army, STHA, Bosco Homes, Native Women's Association, Yellowknife Foster Family Association, Yellowknives Dene First Nation, Yellowknife Women's Centre and Yellowknife Association of Concerned Citizens for Seniors were providing services in partnership with the government before the Authority was established. The date 1997 reflects the establishment of the Board under a Public Administrator.

Name of Partner	Year Services Began with the Authority
<b>5131 NWT Ltd. (Somba K'e Family Dental)</b> Dental Services for Lutsel K'e	2003
<b>5131 NWT Ltd. (Somba K'e Family Dental)</b> Dental Services for Fort Resolution	2003
<b>Adult Foster Care – Two Contractors</b> Adult foster care in a supported living arrangement, which allows the adult to reside in the contractor's home, as independently as possible, and promotes and encourages social and physical integration into the community.	1999 & 2001
<b>Bosco Homes</b> <b>Territorial Treatment Centre (TTC)</b> Intensive co-educational treatment program for eight (8) children and adolescents from the Northwest Territories suffering from severe emotional, behavioural and other psychological difficulties. The centre also provides emergency placements for children and adolescents experiencing psychological crises. This is a staffed facility operating on a 24-hour in-service program basis.	1997
<b>Deninu Kue First Nation</b> Provides resources for non-residential counselling, intervention and follow up services.	2002
<b>Fort Resolution Seniors Society</b> Funding for a part-time coordinator to offer social and recreational day programming for healthy seniors. The day programs include activities, entertainment, conversation, learning and wellness promotion.	2006
<b>Native Womens Association - Victim Services</b> This service provides the coordination of volunteers to assist the RCMP in crisis situations. Volunteers accompany victims and family members to court and other appointments. Services include: emotional support, assistance, information, and referral to resources in the victim's own community.	1997
<b>Northern People First</b> Group Independent Living program for clients to allow them to live as independently as possible. Promotes and encourages social and physical integration into the community. Services include assistance and training in basic life skills, emotional support and some supervision.	2003
<b>NWT Council for Persons with Disabilities</b> Early Childhood Intervention Program	2004
<b>Salvation Army - Alcohol and Drug/Solvent Programs</b> Withdrawal Management Services - The target population is persons who are in need of managed withdrawal from addictions and associated behaviours. These services are provided in a residential setting for four (4) to six (6) persons. Follow up care and support is provided.	1999

Name of Partner	Year Services Began with the Authority
<b>Stanton Territorial Health Authority (STHA)</b> <b>Meals on Wheels Program</b> Daily meals for eligible clients based on their dietary requirements.	1997
<b>The Side Door – Living Room Program</b> Overnight support to youth aged 16-19.	2005
<b>Tli Cho Community Services Agency</b> Physician Services	2006
<b>Tree of Peace</b> <b>Alcohol and Drug Program (Adults and Youth)</b> Alcohol and drug counselling, aftercare, referrals, community workshops, education and promotional programs, consultation with others to provide alcohol and drug treatment services in the evaluation and referral of clients. After care services are also provided to those who have completed treatment programs. Services targeted to youth focus on harm reduction in all areas, as well as alcohol and drug counselling.	1997
<b>Yellowknife Association for Community Living</b> <b>Skills Training</b> Provides day programming including an employability program, for up to twenty-two (22) adults with intellectual disabilities, to prepare them to enter the work force.	1997
<b>Group Independent Living</b> Supported living arrangements for clients to allow them to live as independently as possible in a group setting. Promotes and encourages social and physical integration into the community. Services include assistance and training in basic life skills, emotional support and some supervision.	2004
<b>Respite Program</b> Respite services for families with disabled children or adults.	2006
<b>Supported Independent Living</b> Supported independent living arrangements for clients enabling them to live as independently as possible in their own homes. The program promotes and encourages social and physical integration into the community.	1999
<b>Yellowknife Association of Concerned Citizens For Seniors - Aven Manor</b> 24 hour nursing and/or personal care for 29 people, 60 years of age or more who require care beyond that which Home Care, family and the community can provide.	1997
<b>Yellowknife Foster Family Association</b> Support and education for foster families to maximize the quality of care provided to foster children and youth.	1997
<b>Yellowknife Women's Centre/Centre for Northern Families</b> Community outreach program of the Great Slave Community Health Clinic and case management services to individuals experiencing homelessness and other related issues. The agency also receives a small amount of core funding from YHSSA for its operations.	1997
<b>Yellowknives Dene First Nation</b> <b>Alcohol and Drug Program</b> Program for clients from Dettah and Ndilo: promotes awareness of effects of alcoholism, encourages healthy lifestyle choices, supports individuals and families, preserves traditional culture and values of the Dene. A place where people can enhance their knowledge of health and abuse issues, develop and promote alternate activities to drinking, facilitate counselling and treatment initiatives.	1997

Name of Partner	Year Services Began with the Authority
<b>Young Women's Christian Association (YWCA)</b> <b>Alison McAteer House</b> A 12 bed Family Violence Emergency Shelter and a counselling outreach program for women and children who are victims of family violence; 24 hour - seven day a week crisis telephone line; public education, advocacy and outreach.	1997
<b>Support Services for Mentally Challenged Adults</b> Supported living arrangements for clients to allow them to live as independently as possible in their own homes or in a group setting. Promotes and encourages social and physical integration into the community. Services include assistance and training in basic life skills, emotional support and some supervision.	1997
<b>Supported Independent Living program for Mentally Ill Persons</b> Supported living arrangements for clients to allow them to live as independently as possible in their own homes or in a group setting. Promotes and encourages social and physical integration into the community. Services include assistance and training in basic life skills, emotional support and some supervision.	2003
<b>Group Independent Living (Rycon Drive)</b> Supported living arrangements for clients to allow them to live as independently as possible in a group setting. Promotes and encourages social and physical integration into the community. Services include assistance and training in basic life skills, emotional support and some supervision.	2004
<b>Group Independent Living program for Mentally Ill Persons</b> Supported living arrangements for clients to allow them to live as independently as possible in their own homes or in a group setting. Promotes and encourages social and physical integration into the community. Services include assistance and training in basic life skills, emotional support and some supervision.	2003

## Aboriginal Migration to Yellowknife 2001 - 2006

## APPENDIX C

	NWT Total Population	Total Aboriginals	Aboriginals in Yellowknife	% of Aboriginals in Yellowknife
2006	41,861	21,408	4,345	20.3
2005	42,629	21,389	4,312	20.2
2004	42,798	21,390	4,302	20.1
2003	42,231	21,222	4,230	19.9
2002	41,489	21,063	4,089	19.4
2001	40,822	20,893	3,934	18.8

*Source: NWT Bureau of Statistics*

**Population Projections by Age Category  
Northwest Territories, 2006 - 2021**

**APPENDIX D**

*2004 Projection Model Updated to 2006 Population Estimates*

	2006	2011	2016	2021
All Ages	41,862	44,835	46,503	47,825
0 - 4	3,238	3,319	3,387	3,327
5 - 9	3,298	3,081	3,039	3,132
10 - 14	3,615	3,293	2,995	3,009
15 - 24	6,799	7,502	7,244	6,612
25 - 44	14,023	14,769	15,570	16,400
44 - 59	7,586	8,561	9,098	9,243
60+	3,302	4,310	5,170	6,102

*Source: NWT Bureau of Statistics*

**Population Estimates & Projections by Age Group**  
**Selected Communities, 2001 - 2021**

**APPENDIX E**

*2004 Projection Model Updated to 2006 Population Estimates*

	0 - 4 Years	5 - 9 Years	10 - 14 Years	15 - 24 Years	25 - 44 Years	45 - 64 Years	65+ Years	All Ages
<b>YELLOWKNIFE</b>								
<i>Estimates</i>								
2001	1,350	1,578	1,434	2,684	6,872	3,437	403	17,758
2002	1,370	1,580	1,485	2,800	6,968	3,653	417	18,273
2003	1,452	1,549	1,494	3,060	7,065	3,918	420	18,958
2004	1,436	1,528	1,512	3,106	7,109	4,120	447	19,258
2005	1,495	1,461	1,516	3,057	6,993	4,156	490	19,168
2006	1,474	1,354	1,514	2,900	6,757	4,175	521	18,695
<i>Projections</i>								
2011	1,519	1,436	1,430	3,306	7,314	4,778	840	20,623
2016	1,560	1,430	1,434	3,302	7,795	4,948	1,113	21,582
2021	1,586	1,480	1,461	3,265	8,165	5,072	1,395	22,424
<b>DETTAH</b>								
<i>Estimates</i>								
2001	25	23	20	32	58	37	17	212
2002	24	24	22	30	57	42	17	216
2003	20	25	24	30	50	51	17	217
2004	18	22	28	31	50	53	18	220
2005	12	25	26	34	50	53	19	219
2006	x	25	23	37	48	54	20	217
<i>Projections</i>								
2011	x	x	x	39	66	42	x	215
2016	x	x	x	42	68	44	27	217
2021	x	x	x	x	81	40	32	219
<b>FORT RESOLUTION</b>								
<i>Estimates</i>								
2001	48	52	62	70	186	103	48	569
2002	42	50	62	76	183	94	55	562
2003	37	40	57	83	173	106	54	550
2004	33	38	56	85	162	99	58	531
2005	26	39	56	85	153	95	61	515
2006	29	41	48	90	142	98	57	505
<i>Projections</i>								
2011	39	x	54	72	159	100	63	508
2016	41	30	28	60	174	113	65	511
2021	29	35	45	50	147	115	80	501



## GLOSSARY

## APPENDIX F

**Case management** – Integrated case management refers to a structured process whereby clients are assisted in negotiating a complex system and where a variety of assessment and therapeutic services are coordinated. Case management is a simpler and more focused version of services integration and collaboration, based around the specific needs of individual clients. Case management can take the form of: courtesy calls or memos between care providers; exchanging client information as needed; establishing formal referral relationships; case management meetings between care providers and joint meetings with the client.<sup>1</sup>

**Client centred** – The goal of client-centred practice is to create a caring, dignified and empowering environment in which clients truly direct the course of their care and call upon their inner resources to speed the healing process<sup>2</sup>. Carl Rogers (1902-1987) is best known as the founder of ‘client-centred’ or ‘non-directive’ therapy.

**Clients** – YHSSA clients number over 20,000 and include: community residents in Dettah, Fort Resolution, Lutsel K’e, Ndilo and Yellowknife. As well, there are people living out of Yellowknife on the Ingraham Trail; out on the land; workers at the mines and other remote locations, who travel through Yellowknife or are transient in Yellowknife, visitors to our communities from other parts of Canada and other countries, and other NWT and Nunavut residents who are temporarily in Yellowknife.

**Collaboration** – Collaboration in a primary community care context refers to processes by which health care providers work together to provide a range of primary health services, while maintaining distinct and independent practices.<sup>3</sup>

**Collaborative practice** – In collaborative practice, work is done together toward a common end.

**Co-location of services** – Co-location of services refers to services “under one roof”.

**Community-based Care** – Those health care services based in the community to support individuals and families as close to home as possible. The term implies community involvement in planning for health care services. In addition to primary care, community based health care services can include basic diagnostic services, mental health, home care, emergency care, long term care, addictions services, public health and a variety of therapeutic services as determined by community needs and availability of resources.

**Continuing Care** – Continuing care refers to those services that maintain or improve the physical, social and psychological health of individuals who, for a variety of reasons, may not be able to fully care for themselves. The goal of continuing care is to improve independence and quality of life for these individuals and their families. Continuing care

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<sup>1</sup> NWT Integrated Service Delivery Model, p 129-130

<sup>2</sup> Client-Centred Rehabilitation (March 2001), Working Paper, Arthritis Community Research & Evaluation Unit

<sup>3</sup> NWT Integrated Service Delivery Model, p 122

reflects the need for a progressive and flexible system of care that allows individuals to access all of the services they might need. Services include: case management, home nursing, personal care, respite, foot care, medication management, rehabilitation, social support, meals programs, equipment loan, supported living services, and facility living services.<sup>4</sup>

**Continuum of Care** – A service delivery framework that classifies health and health care services and programs from least to most intrusive. The implication is that individuals need varying degrees of access to services depending on their circumstances.

**Core Integrated Services Delivery Model (ISDM) services** – The ISDM has six core service areas: diagnostic and curative, rehabilitation, protection, continuing care, promotion and prevention, and mental health and addiction.

**Diagnostic and Curative Services** – Diagnostic and curative services are those that are required to diagnose and provide treatment and fall into three areas: diagnostic, medical travel and treatment.<sup>5</sup>

**Electronic Medical/Health Records** – A medical record in digital format.

**Health** – A complete state of physical, mental, spiritual, emotional and social well-being. Health also refers to the ability to realize hopes and satisfy needs and to change or cope with the environment.

**Health Promotion** – Health promotion focuses on achieving equity in health by providing equal opportunities and resources to enable people to achieve their optimum health potential and includes: improving life skills, encouraging healthy choices, acquiring skills and education and increasing the opportunities for individuals to grow and make healthy choices.<sup>6</sup>

**Health Status** – Health status refers to indicators used to measure the state of health of individuals and the overall health of a community and can include: life expectancy, the percentage of low birth weight babies, potential years of life lost, morbidity rates, mortality rates.

**Holistic** – Holistic emphasizes the importance of the whole and the interdependence of its parts and is an approach that is targeted to the whole person – mind, body and spirit.

**Home Care** – Home care is made up of an array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of life care, rehabilitation, support and maintenance, social adaptation and integration and support for the informal (family) caregiver. Home care services are for infants, children, adults and seniors.<sup>7</sup>

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<sup>4</sup> NWT Integrated Service Delivery Model, p 71

<sup>5</sup> NWT Integrated Service Delivery Model, p 16

<sup>6</sup> NWT Integrated Service Delivery Model, p 87

<sup>7</sup> Canadian Home Care Association

**Indicator** – An indicator is a specific and measurable attribute of a desired outcome.

**Integrated Services Delivery Model (ISDM)** – ISDM is a vertical and horizontal integrated health and social services organization based on the HSSA / Departmental structure that has formal linkages with other health and social service providers in the NWT and elsewhere, and that has established delivery system processes, procedures, and tools that are rooted in a collaborative approach to client care in all core services areas, particularly at primary community care (PCC) level, but radiating outward to secondary and tertiary levels of care.<sup>8</sup>

**Integration** – Integration in a primary community care context refers to processes by which a wide range of health care services is provided as a single, seamless service, with less obvious distinctions between the service providers. As an example, a physician might refer a patient to a mental health specialist who works in the “mental health” division of the same health authority.<sup>9</sup>

**Interdisciplinary** – Interdisciplinary implies a blurring of professional boundaries versus multidisciplinary where professionals maintain their professional boundaries.<sup>10</sup>

**Multidisciplinary** – Multidisciplinary defines the practice where professionals work together but maintain their professional boundaries versus interdisciplinary where there is a blurring of professional boundaries.<sup>11</sup>

**Outcome** – Outcomes are positive changes you expect to happen to the target group because of your activities.<sup>12</sup>

**Outcome Measure** – Outcome measures are things you measure to describe your outcomes. They tell you what affect the activity has and who is affected.<sup>13</sup>

**Output** – Outputs are the immediate products you create with activities. Outputs show your program is making progress along the way.<sup>14</sup>

**Output Measure** – Output measures are things you measure to describe your outputs. They tell you how well things are working along the way.<sup>15</sup>

**Palliative Care** – An interdisciplinary service that provides active, compassionate care to the terminally ill in their home, hospital or other health facility. Palliative care is provided to individuals and their families where it has been determined that treatment to prolong life is no longer the primary objective.

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<sup>8</sup> NWT Integrated Service Delivery Model, p 1

<sup>9</sup> NWT Integrated Service Delivery Model, p 122

<sup>10</sup> NWT Integrated Service Delivery Model, p 131

<sup>11</sup> NWT Integrated Service Delivery Model, p 131

<sup>12</sup> Results-based Management and Accountability Framework: An Evaluation Tool, Department of Health and Social Services

<sup>13</sup> *ibid*

<sup>14</sup> *ibid*

<sup>15</sup> *ibid*

**Performance Measurement Strategy** – Performance measurement is the plan you develop to regularly assess your program and help you to know what to change along the way to make sure your program does what you want it to do.<sup>16</sup>

**Prevention** - Primary prevention refers to the prevention of illness or injury. Secondary prevention is the early detection of problems before further illness or disability results. Prevention services take into account individual, environmental and societal factors that contribute to problems developing. Services include: immunization, pre and post natal education, tobacco strategies, home care teaching, school health, family health.<sup>17</sup>

**Primary Care** – The first level of care provided at the first point of contact with the HSS system. Every community will have access to, at least, a basic team of primary health and social services care providers and to some diagnostic services. All communities shall have access to clinical assessment and treatment, front line counselling, first aid, emergency care, after care, and monitoring of a plan of care. In very small communities some of these services will have to be offered through visiting staff with a system of referral/consultation for advanced assessment, care and treatment.<sup>18</sup>

**Primary Community Care (PCC)** – PCC is community based and is usually the client's first contact with the health and social services system. The approach seeks to improve accessibility to services, stability of programs and services, continuation of health care services, public participation, responsibility, client and provider satisfaction and overall quality of care.<sup>19</sup> In the NWT "primary community care" is used in place of the term "primary health care", which is more commonly used in other jurisdictions. PCC encompasses all of the primary health care principles and characteristics but is intended to reflect a broader, more comprehensive range of primary health, wellness, and social services established to meet northern client and community needs.<sup>20</sup>

**Primary Health Care** – Primary health care involves responding to illness within the broader determinants of health. It includes coordinating, integrating and expanding systems and services to provide more population health, sickness prevention and health promotion by all disciplines. It encourages the best use of all health providers to maximize the potential of all health resources.

**Promotion and Prevention** – Promotion and prevention programs and services aim to enhance a process whereby people are provided with ways and means of taking greater control over factors that impact their health and well-being. These services are key contributors to the overall strategic goal of improving NWT residents' optimal physical, emotional, mental, and social well-being within healthy and supportive environments.<sup>21</sup>

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<sup>16</sup> Results-based Management and Accountability Framework: An Evaluation Tool, Department of Health and Social Services

<sup>17</sup> NWT Integrated Service Delivery Model, p 87-88

<sup>18</sup> NWT Integrated Service Delivery Model, p 17

<sup>19</sup> Feel Good Gazette, Special Issue, p 4

<sup>20</sup> NWT Integrated Service Delivery Model, p ii

<sup>21</sup> NWT Integrated Service Delivery Model, p 87

**Protection Services** – Protection services aim to safeguard the health and well being of individuals and families. Protection services are usually provided in the context of a legislative and/or policy framework e.g. *Public Health Act, Child and Family Services Act, Adoption Act, Guardianship and Trustships Act*. These services protect the integrity of the person within the social context of family, culture and community.<sup>22</sup>

**Public Health** – The mission of public health is to improve the population's health by working in partnerships with communities, families and individuals to identify health needs and health potential; and by supporting collective and individual action to prevent illness, protect and promote health and achieve well-being. The functions of Public Health include: assessing the health of populations, health promotion, population health advocacy, disease/injury prevention, health protection, epidemiology, community social support/capacity.

**Rehabilitation** – Rehabilitation services help to improve and maintain the functional independence of clients with impairment from injury, chronic disorder or disability. In addition to improving an individual's quality of life, rehabilitation services are an effective way of reducing the demands of family and publicly funded support systems. Services are provided in a range of settings, including the home and health services agencies, and can include: assessment, treatment, intervention and education.<sup>23</sup>

**Respite** – A service provided to primary caregivers to give them temporary relief or support by providing a substitute for the caregiver in the home.

**Seamless** – A term used to describe health services that are linked without obvious joins in which the user can move effortlessly.

**Secondary Care** – These are the referred services located within hospital or other facilities in the NWT that respond to advanced and/or specialized needs. Secondary care services include: internal medicine and surgery, alcohol and drug treatment, psychiatry, pediatrics, obstetrics and more advanced diagnostic services such as laboratory or more specialized radiology services.<sup>24</sup>

**Single Point Access** - Within a primary community care system, the term access, in its narrowest sense, refers to physical access to services and therefore overlaps with the concept of co-location of services. Clients can come to one facility and receive a wide range of health care and social services on site. Integrative and collaborative access also refers to the process by which a client can enter the HSS system through one “provider”. Every “provider” becomes an entry point and the client can be referred for other services within the system without having to “re-enter” the system through another access point, particularly where services are located at different sites or are even provided by independent agencies. Responsibility for directing and tracking the client within the system is maintained by the original provider as long as the presenting health or social

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<sup>22</sup> NWT Integrated Service Delivery Model, p 48

<sup>23</sup> NWT Integrated Service Delivery Model, p 31

<sup>24</sup> NWT Integrated Service Delivery Model, p 17

service issue is within the domain of that provider, so that the client sees the original care provider as their primary advocate and can always return to the entry point for further support and guidance. Where the presenting client issue is clearly in the domain of another care provider, the entry provider holds responsibility for the client until it is formally shifted to the new provider who then becomes the primary “access” point and client guide and advocate within the system. The focus of this exercise is to ensure that clients, once they have entered the system, do not at any point feel disconnected, abandoned, or isolated within the system.<sup>25</sup>

**Stanton Territorial Hospital (STH)** – In addition to clinic responsibilities, YHSSA family physicians provide services at STH which include: emergency room, obstetrics, in patient care, surgical assists and GP anaesthesia.

**Strategic Plan** – A strategic plan is a document used by an organization to align its organization and budget structure with organizational priorities, missions and objectives. Strategic planning is a systematic method used by an organization to anticipate and adapt to expected changes.<sup>26</sup>

**Telehealth** – The delivery of health related services, enabled by the innovative use of technology, such as videoconferencing, without the need for travel.

**Tertiary Care** – These are more specialized diagnostic and treatment services that normally must be accessed outside the NWT, with some limited tertiary services being provided by STHA.<sup>27</sup>

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<sup>25</sup> NWT Integrated Service Delivery Model, p 125

<sup>26</sup> The Balanced Scorecard Institute

<sup>27</sup> NWT Integrated Service Delivery Model, p 17