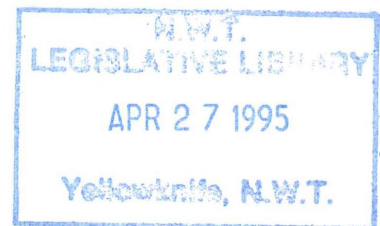




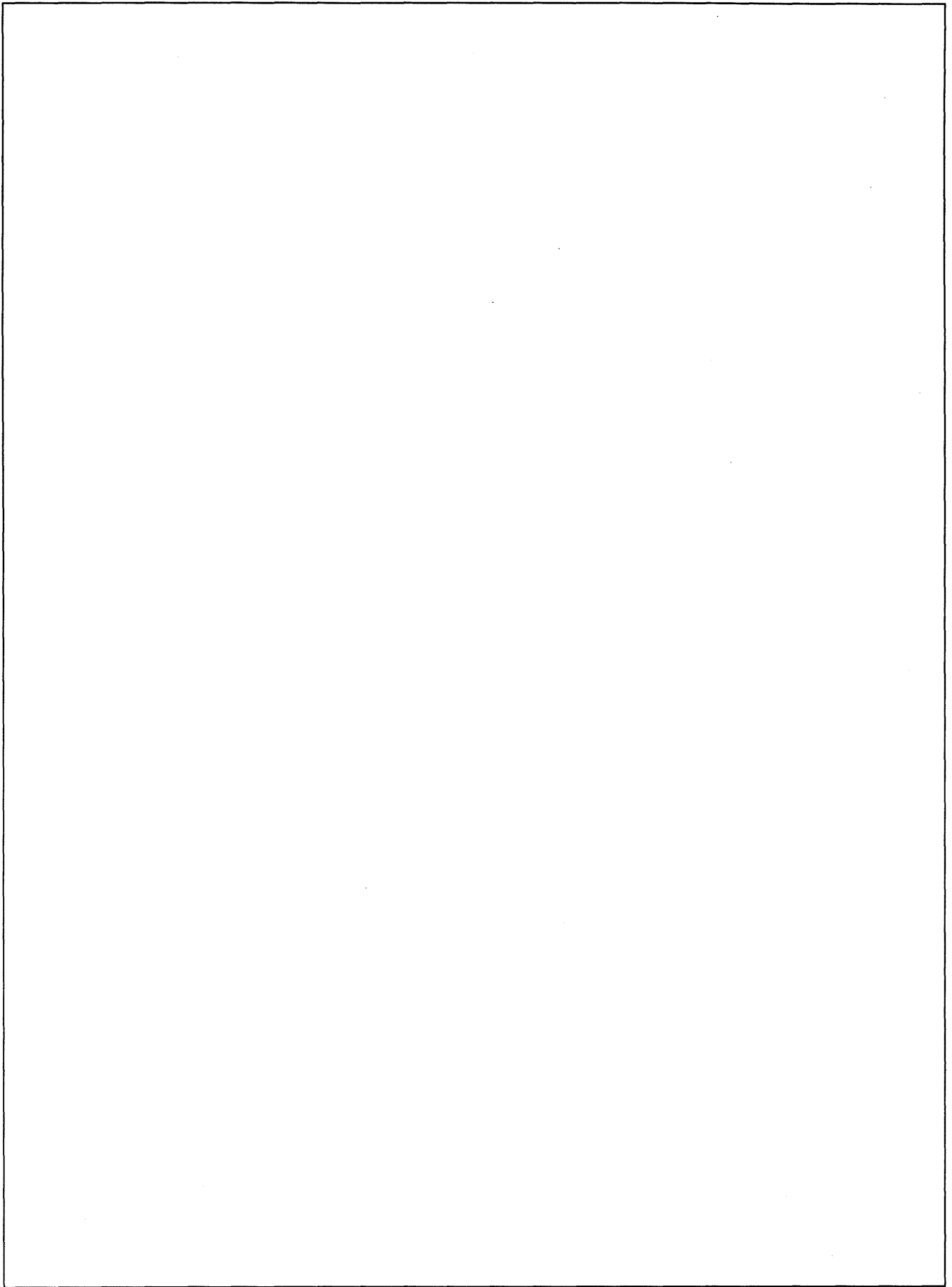
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Renewed Partnerships: An Update

Submitted by Premier Nellie J. Cournoyea to the 7th Session of the 12th Legislative Assembly of the Northwest Territories



Northwest Territories Health and Social Services



Introduction

In November 1991 the Legislative Assembly established the Special Committee on Health and Social Services. The committee was to examine the delivery of health and social programs in the Northwest Territories and determine the way that northerners felt about those services.

Talking and Working Together, the final report of the Special Committee on Health and Social Services, was tabled in the Legislative Assembly in November of 1993. The report was the result of two years of public discussion and community consultation across the North. Thirty-two specific recommendations directed the government to improve the way it delivered health and social programs in the NWT.

In March 1994 the government tabled *Renewed Partnerships*, its response to the final report of the Special Committee on Health and Social Services. *Renewed Partnerships* outlined the steps that the government would take to effect the renewal of its health and social programs in the coming years. In keeping with the theme of partnership, the report was the joint effort of the Departments of Health, Social Services, Education, Culture and Employment, Justice, Safety and Public Services, Personnel, the Northwest Territories Housing Corporation and the Financial Management Board Secretariat.

This update highlights the government's progress on the commitments made in *Renewed Partnerships*. Particular attention is given to those recommendations of the Special Committee that required a progress report to the Legislative Assembly. Updates on the individual recommendations of the Special Committee will be found under one of the following nine headings first used in *Renewed Partnerships*:

- Partnerships in Government
- Partnerships in Service Delivery
- Learning from Traditional Knowledge

- Strengthening the Family
- Income Security Reform
- Helping Victims of Violence
- Treating and Preventing Addictions
- Supporting Front Line Workers
- Changing Attitudes and Behaviours

Partnerships in Government

Recommendation 1

An implementation plan for consolidation of the departments will be developed by September 15, 1994.

An implementation plan for the consolidation of the Departments of Health and Social Services was tabled in the Fall of 1994. The Consolidation Plan is attached as Schedule A.

Recommendation 2

The level of cooperation and information sharing between all government departments involved in the delivery of health and social services must improve, and the government should report to the 1994 Fall Session of the Legislative Assembly on measures taken to achieve this.

Recommendations of the Special Committee on Health and Social Services and, more recently, of the Standing Committee on Finance in *Investing in Our Future* emphasized the need for collaboration and cooperation amongst departments. The Social Envelope Committee, made up of the Ministers of Justice, Health and Social Services, Education, Culture and Employment and the Housing Corporation, demonstrates the government's intent to deliver effective programs and services.

A budget supplement to the *Main Estimates* for the 1995/96 fiscal year outlines the collaborative efforts of the Social Envelope Committee to improve the level of partnership and cooperation among their departments. The communication resulting from the work of the committee has had a dramatic and positive impact on program quality and results.

In December 1993 the Departments of Health, Social Services, Justice, and Education, Culture and Employment established a joint working group to develop a **Community Wellness Strategy**. The

working group met with community organizations in June 1994 to develop a common vision and foundations for the strategy.

A communications plan is being developed to ensure all government departments and members of the public receive information about the strategy development. A newsletter was printed and distributed in December 1994.

Consultations that resulted in the **Community Wellness Strategy** provided a venue for cooperation and partnership within government which expanded to include regional and community organizations.

The **Community Wellness Strategy** is discussed further under the heading **Changing Attitudes and Behaviours**.

A Memorandum of Agreement was signed by the Ministers of Education, Culture and Employment, Health and Social Services and Justice in January 1995. The Memorandum of Agreement is a key policy document which establishes the basis for collaborative action at community, regional and departmental levels to meet the complex needs of children and families. This integrated, collaborative approach will be critical to the success of the **Community Wellness Strategy**, as well as to such specific initiatives as the development of school-linked services to children and youth.

The transfer of social assistance to Education, Culture and Employment by April 1, 1995 has heightened cooperation and information sharing. A working group on **Income Support Reform**, with staff from both the Departments of Education, Culture and Employment and Health and Social Services, reports to the two Deputy Ministers.

Respite care guidelines were developed by Health and Social Services in May 1994 in consultation with the Northwest Territories Council for Disabled Persons, long term care facility operators, home care

Partnerships in Government

coordinators, superintendents of Social Services, and the chief executive officers of the health and hospital boards.

The reorganization of the Department of Health and Social Services streamlined programs to facilitate the sharing of information as follows:

- All community programs and services are under one Assistant Deputy Minister.
- Internal communication lines between divisions and with the regions are being improved with local and regional computer networks.
- The location of the community health information system function in the same division as computer systems will increase the speed of client services information flow to community health centres.
- Senior management meetings including all health board chief executive officers and all superintendents have been held regularly since June 1994. Cabinet has approved a new mandate and goals which have been submitted as part of the 1995/96 *Main Estimates*. Definitive objectives for the new structure have also been developed for the 1995/96 *Main Estimates*.

Partnerships in Service Delivery

Recommendation 3

Greater authority should be transferred to regional health boards.

Work on a Memorandum of Understanding between the Department of Health and Social Services and the health and hospital boards has been ongoing. The memorandum was meant to clearly define the roles and responsibilities of both the department and the boards.

Meetings between the Minister and the boards took place in Cambridge Bay during the week of October 2, 1994. After discussion the Memorandum of Understanding process was revised. Two documents will now govern the relationship between the department and the boards.

A *Preferred Futures* document, to be approved by the Minister of Health and Social Services and the health and hospital boards, will propose greater powers for the boards. At the same time, this document will contain accountability measures to preserve ministerial authority. The *Preferred Futures* document will be developed as part of the department's strategic planning process. The second document, a *Contribution Agreement* with terms of reference for each board will define the financial relationship between boards and the department.

Completion of these two documents is on target.

Recommendation 11

The results of an independent review of the Medical Air Transportation Program should be presented to the 1994 Fall Session of the Legislative Assembly.

The **Aulaguma Travel Management Project**, an independent study of government travel conducted by the Inuvialuit Development Corpora-

tion, was completed in November 1993. The project report contains a separate chapter on medical travel and has been used to guide the development of new standards for the Medical Air Transportation Program.

On the basis of the Aulaguma report, and internal findings, the department is making improvements to medical travel in the following three areas.

1. Standards for Medevac Air Carriers

Draft standards for air medevac carriers were distributed to health and hospital boards, and to a committee of physicians representing every region of the NWT, in February 1994.

After discussion between the Department of Health and Social Services and its partners the proposed standards were revised. The revised draft was circulated to the boards, the physicians' committee and NWT air carriers for their suggestions and input.

Meetings between the department, the boards, the physicians' committee and territorial air carriers will continue. Final standards will be agreed upon by June 1995.

2. Air Medevac Personnel Standards

The department and the boards have drafted proposed standards for medevac personnel. The proposed standards have been circulated to the physicians' committee for additional input and should be finalized by April 1995.

3. Compassionate Travel and Employee Medical Travel

Compassionate and medical travel policies will be revised for consistency by June 1995.

Partnerships in Service Delivery

The medical travel policy for employees of the GNWT will be revised in consultation with the Financial Management Board Secretariat and the boards. Revisions will be completed by May 1995.

There was no significant change in the use of the clinics.

Health and hospital boards will continue to test new approaches to scheduling clinic hours in consultation with communities.

Recommendation 13

Regional health boards should be encouraged to review health centre clinic hours of operation to better meet community needs.

Most health centres in the Northwest Territories have an appointment and walk-in system for sick clinics. Emergencies are seen anytime and a nurse is always on-call on weekends and after regular clinic hours.

In its smaller communities the Kitikmeot Health Board is discussing hours of operation with the community health centers and hamlet councils. In the larger communities hours are staggered between 8:30 AM and 6:00 PM.

Multi-nurse health centres in the Inuvik Region have staggered hours between 8:30 AM and 6:00 PM.

In Arviat, Baker Lake and Rankin Inlet the nurse on-call starts at 8:00 AM. At the community's request, clinic hours in Sanikiluaq are 8:00 AM to 4:30 PM.

Clinic hours in the Mackenzie Region vary between 8:00 AM and 6:00 PM.

The Baffin Health Board is currently reviewing clinic hours with health centre staff and local health committees.

A small pilot project took place in the Inuvik and Kitikmeot Regions in the Fall of 1992. Clinic hours were staggered between 8:00 AM and 6:00 PM.

Recommendation 18

A 1-800 telephone line should be provided so that elders have direct access to a source of information and help.

A 1-800 information line for seniors will be established by April 1995. It will be operated by the Northwest Territories Seniors Society.

Learning from Traditional Knowledge

Recommendation 6

Traditional healing methods must be recognized, funded by government and incorporated into our system of health and social services.

In January 1995 the Dene Cultural Institute began training a team of traditional healers, partially funded by the Department of Health and Social Services. Combining traditional knowledge and healing practices with current knowledge about addiction, child abuse and family violence, the healing team will serve the Dene communities of the Western Arctic.

A workshop on traditional health practices was held in February 1995. It was organized jointly by the Dene Cultural Institute and a steering committee made up of representatives from the NWT Medical Association and the Department of Health and Social Services.

Information from this workshop will be used for ongoing enhancement of traditional healing services.

The Keewatin Regional Health Board will be evaluating the Rankin Inlet Birthing Project. An evaluator has been hired and a funding proposal for the evaluation has been sent to the National Health Research and Development program North of 60. The evaluation of the birthing project will be tabled in the Assembly by April 1996.

Results from the evaluation will help the government determine whether legislation for midwifery programs would be appropriate.

Strengthening the Family

Recommendation 20

Respite care should be available for those who care for others in the home. A plan for such a program should be included in the government's 1995/96 budget.

Respite care projects will be piloted in the Fort Smith and Baffin Regions in 1995/96. A total of \$240,000 has been committed to the projects, which will provide respite care up to a maximum of 20 hours per week. Extra staffing for existing home maker and coordinated home care programs will also be provided.

Recommendations 24, 25 and 28

These recommendations identify the need for in-school and workplace child care services for young parents, the establishment of a permanent child care policy and early intervention services for pre-school children.

The Special Committee determined that young parents need assistance in order to pursue educational and career opportunities. In September 1994 the Department of Education, Culture and Employment introduced the Early Childhood Program, which replaced its former child day care policy. The Early Childhood Program provides day care assistance and early intervention services for young children.

Many of the child care and early intervention objectives identified by the Special Committee on Health and Social Services have been achieved by the introduction of the Early Childhood Program, including:

- focusing on the importance of early childhood programs and services;
- providing financial support for parents in part-time employment or training programs;

- assisting unemployed parents whose children are at-risk and would benefit from early intervention; and
- using a more equitable means test to determine eligibility for assistance, rather than an income test.

Two Early Childhood Program Offices have been opened. An office in Iqaluit serves the Baffin and Keewatin Regions, while an office in Yellowknife provides services to the Kitikmeot, Fort Smith and Inuvik Regions.

To ensure sound intervention programs for at-risk children the Departments of Health and Social Services and Education, Culture and Employment have made a commitment to coordinate funding from a variety of sources, including:

- departmental initiatives;
- the Community Action Program for Children under Brighter Futures (projects for 1993/94 and 1994/95 are listed in Schedule B); and
- Building Healthy Communities (a new federal initiative).

The Government of Canada's Aboriginal Head Start Program deals with early intervention projects such as parenting and pre-school activities. Federal funding is allocated directly to community-based non-governmental organizations.

Pre-school intervention programs were established in Arviat and Fort Simpson in the Fall of 1994. Both projects focus on providing intervention services to at-risk children. A holistic approach is used to improve parenting strategies, develop networks for parents and promote healthy practices in the community. First language literacy for children is also an

Strengthening the Family

important goal. Another early intervention program will be developed in Rae-Edzo later this year.

The department will work with Aboriginal organizations planning programs under the First Nations and Inuit Program of Brighter Futures, the Aboriginal Head Start Program and other government initiatives. This will avoid the costly duplication of programs and services.

Recommendation 26

The recommendations of the Family Law Review must be implemented quickly. The new legislative framework should be presented to the Legislative Assembly by March 31, 1994.

New legislation is being prepared in response to the Family Law Review. The bills will include a *Family Law Act*, a *Children's Law Act*, an *Adoption Act* and a *Family Services Act*. Proceeding with this legislation will be identified as a priority for the next government to consider.

Amendments to the *Maintenance Act* were made during the Seventh Session of the Legislative Assembly to allow for maintenance orders for common law spouses. This too was a recommendation of the *Family Law Review Report*.

The *Aboriginal Custom Adoption Recognition Act* received third reading in the Sixth Session of this Assembly. The bill was a response to the Family Law Review recommendations to take a community based approach to custom adoption. The act will:

- allow the Minister to appoint respected community members as adoption commissioners. The commissioners, upon application by adoptive parents, will issue a certificate recognizing that a custom adoption has taken place. This certificate will have the effect of a court order; and

- provide for the issuing of a new registration of live birth, reflecting the new name of the child, the names of the adoptive parents and of the birth parents.

Implementation will take place by September 30, 1995. The Department of Health and Social Services is working to identify and train adoption commissioners across the North.

Recommendation 27

New and more practical criteria governing the selection, development, and monitoring of foster homes must be developed.

An updated *Foster Care Manual* has been circulated to foster family associations for review and comment. Further meetings with these associations will be required to resolve outstanding concerns about HIV issues.

In 1994 the Government of Canada struck a working group of foster family associations to draft national guidelines for foster care. Territorial foster family associations are participating in the working group with the support of the Department of Health and Social Services. Further work on the *Foster Care Manual* will be undertaken once these guidelines have been approved.

Income Security Reform

Recommendations 14, 15, 21 and 22

These recommendations identified the need for significant changes to income support programs. Income support must be fair and progressive, and it must respect the unique culture of the North.

In preparation for income support reform in the Northwest Territories the government released a public discussion paper, *Creating Choices: Solving the Income Support Puzzle*. Public input is being sought on:

- establishing links between education, training, learning, community job creation, and income support;
- revising the Child Daycare Program to focus on developmental needs and services to children;
- allowing social assistance recipients to retain more earned income as an incentive to work;
- securing adequate income for people choosing traditional lifestyles; and
- reassessing the basic costs of shelter, food and clothing.

Public discussion on *Creating Choices* will help the government find solutions to the problem of income security that will reflect northern ideals.

Recently, the federal government released a discussion paper called *Improving Social Security in Canada*. This paper looks at the ways that a secure income can be provided for people who are not able to provide for themselves.

The Departments of Education, Culture and Employment and Health and Social Services are working with the federal government to develop a

territorial approach to income support reform that upholds the objectives of fairness, job creation, provision of training and enhanced needs assessment and counselling. All benefits and subsidies received by northerners will be examined and the findings of this review will influence future income support reform proposals.

The federal government will investigate issues surrounding income support to seniors at a later date.

Investing in People, a joint territorial-federal initiative, is already meeting some of the government's income security objectives. This eight million dollar project will provide:

- one million dollars in 1994/95 for the Northern Skills Development Program. Money will be split between College East and College West;
- up to one million dollars in 1994/95 for work activity projects such as the Gwich'in Work Activity Project; and
- up to six million dollars in 1995/96 for similar retraining and work activity projects.

Further discussion about **Investing in People** may be found under the heading **Changing Attitudes and Behaviours**.

Some changes already have been, or will shortly be, made to certain income support programs.

The following amendments to the Social Assistance Regulations were made effective September 20, 1994:

- the earned income allowance was increased from \$50 a month for a single person to \$95, and from \$100 a month for a family to \$190; and

Income Security Reform

- a maximum exemption of \$200 a month for the allowance granted to individuals participating in **Investing in People**.

These amendments support the employability of social assistance recipients, allowing them to retain training allowances and some earned income from work experience.

A revised fuel for elders policy will be completed by April 1995. It will include:

- a means test;
- a cash subsidy to those who qualify; and
- the extension of the subsidy to those who use electrical heat.

The transfer of social assistance from the Department of Health and Social Services to the Department of Education, Culture and Employment in April 1995 will further help the government to meet its goals for income support reform. Currently, community social services workers are responsible for administering both social assistance and social programs such as child welfare. Large case loads and time consuming administrative work reduce the amount of time they have for providing life skills, money management and budget counselling. Counsellors in Education, Culture and Employment career centres and in other education and training agencies will be able to assist people in developing their careers and skills.

Helping Victims of Violence

Recommendations 8, 9 and 10

These recommendations identified the need for the adoption of a policy of "zero tolerance" towards violence and a review of housing and family violence programs to ensure that the victims do not suffer the consequences of domestic violence.

A violence strategy is being incorporated into the government's **Community Wellness Strategy**. Working groups developing the strategy have included representatives of territorial women's groups, among other community organizations.

The Northwest Territories Housing Corporation has improved its housing policies, programs and delivery practices to ensure that the housing needs of victims and their children are met:

- The corporation requires both spouses to sign social housing leases and home ownership mortgage agreements. This protects the rights of victims of violence if the couple separate.
- The home ownership mortgage agreement specifies that the spouse who has custody of the children remains in the unit if the couple separates (subject to court review).
- Local housing associations can over-accommodate a tenant, providing an extra bedroom that can serve the community as an emergency safe-home for victims of family violence.
- In cases of domestic violence some local housing associations are forcing abusers to vacate larger units to allow the victims to move back into their own homes.
- If it is legally valid, a clause requiring abusers to leave the unit so victims and children

can remain will be added to social housing leases.

- Proposed changes to the point rating system should be implemented in 1995. This will give extra points to applicants who are victims of abuse.
- The Department of Health and Social Services will arrange insurance for people who wish to use their homes as safe-homes, but are unable to obtain their own insurance.

In November 1994 the Minister of Justice addressed the Legislative Assembly and congratulated the municipalities and organizations that had passed resolutions adopting zero tolerance for family violence. Municipal councils, band councils and other organizations that had not yet adopted such resolutions were invited to do so.

A document entitled *Zero Tolerance for Violence: A Status Report* was tabled in the Legislative Assembly on October 24, 1994. The document identifies current and planned initiatives addressing violence. Proposed initiatives include giving Justices of the Peace the power to make emergency orders to protect victims of family violence and possible legislation regarding acts of violence committed by political leaders.

Zero Tolerance for Violence makes clear that there are limits to a "legal solution" to violence. Effective long-term violence prevention only happens when we deal with the underlying roots of the problem. Violence is as much a symptom of unhealthiness as it is a cause. Violence, and our tolerance for violence and denial of its effects, will continue as long as our communities and our families remain unhealthy. A strategy to eliminate violence is one which addresses the wellness of our communities as its goal.

The **Community Wellness Strategy** currently being developed is the best way to address family

Helping Victims of Violence

violence. The strategy puts violence in a broad social context, rather than isolating it and trying to deal with it as a separate problem. A community development approach emphasizing collaboration and partnership building is vital to the strategy.

The **Community Wellness Strategy** will allow communities to determine their own priorities for spending public money. Depending on community perception of the need, money could be diverted from other programs to make violence prevention a higher priority.

Preventing and Treating Addictions

Recommendation 30

Local measures to reduce the flow of alcohol and illegal drugs into northern communities must be actively supported.

Two interim amendments to the *Liquor Act* have been passed:

- an amendment extending “local options” plebiscites to communities where licensed establishments exist; and
- an amendment enabling “dry” communities without RCMP detachments to employ by-law officers with special powers to enforce certain provisions of the *Liquor Act*.

Hearings on the *Legislative Action Paper on the Liquor Act* were held by the Standing Committee on Legislation in January 1995. The Department of Safety and Public Services will prepare a legislative proposal in the Fall of 1995 based on the report of the committee.

Supporting Front Line Workers

Recommendations 5 and 16

All new front line workers and those working in cross-cultural situations should receive better opportunities for, in particular, cross-cultural training. A progress report will be made to the 1994 Fall Session of the Legislative Assembly.

Five staff development officer positions were identified as a result of reorganization in the Department of Social Services in March 1994. These positions have been staffed and intensive training for the trainers was provided in September 1994. The staff development officers will provide career development services to staff and assist managers with learning needs assessments. They will also provide statutory training in corrections, child welfare and social assistance to community staff.

The Corporate Human Resource Planning Committee is developing a human resource planning framework with the help of the Human Resource Management division of the Financial Management Board Secretariat. A Department of Health and Social Services planning framework based on the corporate framework will include:

- integrated human resource planning;
- affirmative action planning; and
- staff and management development.

The Corporate Human Resource Planning Committee is also developing a proposal for an employee assistance program that will:

- provide community based counselling resources;
- be developed in cooperation with other employers;

- build on existing community infrastructure and services; and
- improve services to NWT residents.

From October 1989 to June 1994 the Advanced Nursing Skills In-Service Program (ANSIP) has trained 189 community nurses from all regions in the Northwest Territories. Training is designed to enable nurses to provide safe, competent, primary health care in remote settings.

The first two of three ANSIP training programs scheduled to run from October 1994 to June 1995 have begun. The training schedule is as follows:

- an eight week Community Health Nursing Module focusing on health promotion and disease prevention - October 17 to December 9, 1994.
- a 17 week Clinical Skills Program consisting of seven modules - January 16 to May 26, 1995.
- a three week Nursing Management/Leadership course - May 29 to June 15, 1995.

Each health and hospital board has its own development and training budget and programs aimed at training. Regionally organized conferences held yearly include Community Health Representatives (CHRs) and environmental health officers. Workshops specific to AIDS awareness and the development of an NWT AIDS strategy have involved CHRs, environmental health officers and nurses. In the last four years 49 CHRs have graduated from a one year CHR program at Arctic College.

Clerk interpreters and some CHRs have been participating in medical interpreting training offered through Arctic College. Approximately sixty have completed 250 modules on medical interpreting.

Supporting Front Line Workers

Each dental therapist is visited annually by a dental consultant who reviews treatment plans and practices.

Cross-cultural awareness training is already included in ANSIP training for community health nurses. The Department of Education, Culture and Employment will review the description of the current cross-cultural awareness course offered through Arctic College this year. The department has made a commitment to meet with the Traditional Knowledge Working Group and review the course content. A representative from the department has been attending regular meetings of the Interdepartmental Group on Traditional Knowledge.

Recommendation 17

An employee assistance program should be developed and made available to Health and Social Services front line workers.

As mentioned in *Renewed Partnerships*, five psychologist positions were decentralized to the regions in order to give them additional resources for community mental health. These people will also be able to assist with an employee assistance program.

A Corporate Human Resource Planning Committee reporting to a steering committee of Deputy Ministers was established in June 1994. This committee, which has representatives from all government departments, will develop a proposal for a coordinated employee assistance program.

A working group has been assigned to the task and presented a draft report to the Corporate Human Resource Planning committee in February 1995. A final proposal identifying employee needs and outlining associated costs and recommended program options will be prepared for April 1995.

Changing Attitudes and Behaviours

Recommendations 19, 23, and 29

These recommendations call for effective public education programs dealing with elder abuse and addictions and the further development of more effective ways to communicate with young people in order to raise their awareness of the health and social issues that affect them.

Work on a **Community Wellness Strategy** has been ongoing. In June 1994 meetings were held between a number of government departments and community health and social service organizations. A further meeting was held in Rankin Inlet in November 1994. Representatives of drug and alcohol workers, shelter workers and women's groups helped identify some of the needs and priorities that will be addressed in the strategy.

One of the basic principles of the strategy is that each community knows its own problems and knows what must be done to solve those problems. Because each community is unique, different solutions will be necessary. The **Community Wellness Strategy** will be flexible enough to allow communities to define their own priorities and programs.

The final strategy will focus on four interrelated themes:

- education and training;
- interagency collaboration;
- prevention, treatment and healing; and
- community empowerment.

Violence prevention issues will also be integrated into the four strands of the strategy.

As a part of the strategy development a project to promote the time-honoured tradition of storytelling

has been initiated. People from across the North have been invited to share their successes in healing, remember the old ways and traditional times, and describe what is working to promote healing and achieve wellness.

An interagency workshop updating Baffin Region groups and agencies on the strategy development was held in Iqaluit in January 1995.

A draft discussion document was distributed to all the participants of the June and November meetings. The document was reviewed and responses were received by March 1, 1995. When it is completed, the **Community Wellness Strategy** will be tabled in the Legislative Assembly.

To address the Special Committee's concerns for youth the Departments of Health and Social Services and Education, Culture and Employment will examine the **Partners for Youth** project, incorporating useful components in a **Northern Youth Strategy**.

As part of an ongoing initiative to raise young people's awareness about health and social issues the Department of Education, Culture and Employment surveyed students in grades four through ten about health. The survey asked students about their feelings and practices relating to health issues. The survey results will be available in the Spring of 1995.

The Tube, a Department of Education, Culture and Employment television program aimed at young people, recently aired a program about HIV/AIDS on the TVNC network. The program was a joint production of Education, Culture and Employment and the Department of Health and Social Services.

Youth are an important focus of the new **Community Wellness Strategy**. As part of the need to deal with the social problems facing young people in our communities \$360,000 has been committed to youth projects that focus on leadership, healthy lifestyles

Changing Attitudes and Behaviours

and addictions awareness. Based on recommendations from the wellness strategy, the policy governing this program will be changed to focus more on the social development of youth in crisis.

The Minister of Education, Culture and Employment has been designated as the lead minister for youth. Youth leadership funds have been transferred from Health and Social Services to Education, Culture and Employment. This organizational change will help to focus the government's efforts on youth related activity.

Conclusion

A review of this report card for the Assembly demonstrates that change is occurring and progress has been achieved.

Departments are focused on change, not just to streamline resources but to focus on community needs in the following ways:

- headquarters is down sizing;
- programs and resources are being moved to the communities;
- front line workers will get more training and assistance; and
- departments are cooperating to concentrate resources and provide multifaceted solutions to complex problems.

Consolidation Plan

Health and Social Services

Phase I: Headquarters Reorganization

Consolidation of Headquarters Corporate Functions

Finance and Management Services Division: The Finance and Administration Divisions from both departments were combined along with Capital Planning and the financial consultant services from the existing Hospital and Health Facilities Division.

Policy and Strategic Planning Division: The policy, planning and legislation functions of the two departments were combined along with the information and systems development functions from the Finance Division of Health and the former Social Services division of Policy, Planning and Evaluation.

Consultation - Department and Health Board Management Staff

Draft Mandate and Principles, options for headquarters structure and regional options for program delivery were reviewed at joint senior management meetings of Health and Social Services in July and September of 1994.

Consultation - Hospital and Health Boards

Draft Mandate and Principles and proposed headquarters and regional structures were reviewed with each health board in September and October of 1994. Consultation with the NWT Health Care Association, professional groups involved in health delivery and board chairs to plan for the future consolidation of Health and Social Services was completed in October of 1994.

Restructuring of Headquarters

Submission to Cabinet in October 1994 for approval-in-principle of headquarters consolidation at the divisional level.

Headquarters Directors appointed by November 1, 1994.

Detailed design of each division completed by December 1, 1994.

Submission to the Financial Management Board (FMB) for final approval by January 15, 1995.

Appointments to all headquarters positions to be completed by January 31, 1995.

Transfer of Social Assistance to Department of Education, Culture and Employment - April 1, 1995.

Revisions to *Establishment Policy* and *Programs and Services Manual* submitted for Cabinet approval - April 1995.

Consolidation of Budget

A proposed 1995/96 capital budget for the consolidated department was presented to the Standing Committee on Finance (SCOF) in September of 1994.

A proposed operating budget will be presented to SCOF in January 1995.

Strategic Planning

Department and boards to develop strategic plan for Health and Social Services renewal by October 1995 (5 year plan).

Phase II: Regional Organization

Continuing Consultation

Management meetings to explore options for the delivery of Health and Social Service programs - ongoing.

Meetings/conference calls with board chairs - monthly.

Consultations with Aboriginal and regional organizations and other service delivery agents - October and ongoing.

Regional Restructuring

Organizational design options for regional structures to be finalized by February 1995.

Cabinet approval-in-principle for organizational model -March 1995.

Board CEOs and Social Services regional managers to design regional organizational structure based on model approved by Cabinet.

FMB approval for detailed regional organizations - September 1995.

Reorganization at regional/board level implemented between September 1995 and January 1996.

Budget Restructuring

System developed in consultation with boards to provide more flexibility in budget administration by December 1995.

Mackenzie Health Services Restructuring

Consultation with communities currently served by Mackenzie Health Services to determine how Health and Social Services programs could be more effectively delivered - December 31, 1994.

Options developed for delivering services, with possible decentralization to the Deh Cho, Dogrib and Fort Smith Regions by February 1995.

Cabinet approval-in-principle of the proposed organizational structure by March 1995.

FMB approval for detailed organization - September 1995.

Implementation plan completed by January 1996.

Phase III: Community Restructuring and Planning for the Future

Development of a Community Delivery Model

Consultation with boards and departmental staff on the issue of restructuring options at community level by December 1995.

Options for organizational design completed by February 1996 and submitted for Cabinet approval-in-principle.

New organizational design for community based delivery systems developed by each board/region within the approved delivery models by April 1, 1996.

Departments combined at community level between April 1, 1996 and April 1, 1997.

Program Integration

Programs and services currently delivered separately by both departments to be assessed for potential integration and the establishment of linkages - ongoing.

Programs totally integrated by April 1, 1997.

Brighter Futures Projects

| 1993/1994 Approved Projects | |
|--|------------------|
| 1. Sappujijit Friendship Centre, Rankin Inlet - Support program for young families | \$ 76,626 |
| 2. Native Women's Association/Yellowknife Catholic Schools - Toy lending library | \$ 63,280 |
| 3. NWT Family Services, Yellowknife - Children's treatment team | \$172,500 |
| 4. Yellowknife Association for Community Living - Support for children with FAS/FAE | \$ 120,133 |
| 5. Women's Resource Centre, Hay River - Child advocate program | \$ 76,626 |
| 6. Canadian Mental Health Association, NWT Division, Yellowknife - Self-esteem needs assessment | \$ 20,800 |
| TOTAL | \$529,965 |

| 1994/1995 Approved Projects | |
|---|------------------|
| 1. Shared Care Society, Arviat - Small steps program | \$ 28,974 |
| 2. Dene Cultural Institute, Hay River Reserve - Promoting healthy children through family wellbeing | \$108,900 |
| 3. Friendship Centre, Fort Simpson - Early intervention project | \$ 63,349 |
| 4. Native Women's Association/Yellowknife Catholic Schools - Toy lending library (additional funding allocation) | \$ 10,500 |
| 5. NWT Family Services, Yellowknife - Children's treatment team (additional funding allocation) | \$ 35,333 |
| TOTAL | \$247,056 |

(Dollar amounts represent one year funding)

Recommended 1994/95 "One Year Only" Projects

| | |
|---|-----------------|
| 1. Fort Smith Cooperative Nursery School - Short term support for ongoing early intervention program | \$2,650 |
| 2. Enterprise Recreation Committee - Development of educational resource centre for children in Enterprise | \$29,600 |
| 3. Snack programs in Keewatin - community education committees in Whale Cove (\$7,800) and Repulse Bay (\$4,000) | \$11,800 |
| 4. La Fédération Franco-TeNoisè, Yellowknife - parenting program | \$6,050 |
| 5. Hay River Cooperative Play School - enhancement of early intervention program targeting Métis children | \$7,500 |
| 6. Taloyoak Community Education Council - early intervention pre-school initiative | \$5,700 |
| TOTAL | \$63,300 |