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Chairman's Report 2008-2009

The work of the Cree Health Board is regarded by many as health, medical, social, mental health and public health activities. Certainly this is the central mission of the organization and, as expressed in the Vision Statement, we are reminded why we are there and that this Vision Statement guides us in the work we need to do at all levels.

There are many employees working for the organization on a daily basis that do not deal directly with those in need of care, but provide necessary support in order for the health care workers to do their work. This work is done in offices, laboratories, patient transport, shops, kitchens, warehouses, pharmacies, foster homes, etc. In all, there are 149 job titles in the Cree Health Board, including health and non-health workers.

The responsibility of the Board of Directors is to make decisions regarding the internal business of the organization as well as its relationship with Cree and non-Cree governmental and other organizations.

The functions of the Chairman, as an elected official representing the Cree Regional Authority started in mid-October 2008.

Since that time, I have dealt with many issues that have a direct or indirect bearing on the mandate and responsibilities of the Cree Health Board.

The usual order of business is to bring various items to the Board of Directors for discussion, as information and/or for decision. This is done in collaboration with the Executive Director, who in turn, works with the executive management which is comprised of the Assistant Executive Directors of Miyupimaatisiiun, Pimuhteheu and Administration. In the near future, we will be adding the function of Eeyou/Eenou Pimaatisiiun to these management functions which will be the Cree cultural component of how we wish to deal with health and social services based on the Cree precept and Cree helping ways.

For future organization of services and partnerships and collaboration with other Cree and non-Cree entities, the following activities are done from the Chair's office:

CreeCo had invited several Cree entities to talk about possible joint ventures of projects that would be economically sustainable. Some ideas were discussed where the Cree Health Board could collaborate with CreeCo and its subsidiaries for certain projects. Further discussions are planned to elaborate on these ideas but there needs to be consultation at the management level of the Cree Health Board and the Board of Directors would make the necessary decisions to venture into these projects. The idea would be to outsource certain operations that have a sustainable economic potential where the Cree Health Board does not have a direct health service mandate or responsibility.

Similar to the CreeCo possibilities, there is growing involvement in working with the Secretariat to the Cree Nation Abitibi-Temiscamingue Economic Alliance which is dedicated to the development of economic partnerships between the Cree Nation and Abitibi-Temiscamingue. One of the objectives is to

initiate activities and actions to build links between the business circles of the Cree communities, Abitibi-Temiscamingue and various stakeholders including the Cree Health Board which is responsible for a large volume of Cree clientele in need of good service and security while away from home. This meets with another objective of the business community contributing to services in an economically sustainable manner.

The New Relationship Agreement signed between the Cree Nation and the government of Canada has a provision for Cree Nation Governance which provides for discussions between the Crees and Canada to develop a governance Agreement and governance Legislation that may lead to changes to the James Bay and Northern Quebec Agreement and the Cree/Naskapi (of Quebec) Act. This development, if it is agreed upon, would set structures and powers of a Cree Nation Government beyond the provisions of the CNQA and define the relationship between the Cree Nation Government with the bands and the Federal and Quebec governments. The Grand Council of the Crees had decided to create a Cree Nation Governance Working Group comprised of four chiefs, a Commissioner of the Cree/Naskapi Commission, a representative of the Elders, a representative from the Grand Chief's Office and the Chairs of the Cree Health Board, Cree School Board, Board of Compensation, Cree Trappers Association and the Cree Nation Youth Council. There is a five year period for this group to present its view of what would be presented to the Cree/Federal Negotiating Table, following a comprehensive consultation process within the Cree Nation. The CNGWG has started its meetings beginning with orientations on existing and historical legislations and First Nations Agreements. Quebec will have to be brought into this process since Quebec legislation plays a large part in the operations of several Cree entities, including the Cree Health Board. This is also necessary because of the mutual interests between the Crees and Quebec regarding the various uses and designations of the land regime. The CNGWG is chaired by Dr. Matthew Coon Come and coordinated by William Mianscum.

Responding to First Nations concerns about child safety and security, the Quebec Ministry of Justice and the Ministry of Health and Social Services have created a Working Group to examine customary adoption practices in Native communities. This would lead to a proposal of conditions for the eventual recognition of these practices by Quebec legislation. The Chairperson of the Cree Health Board sits with 9 other members, of whom 5 represent First Nations and the Inuit, and 4 members represent the Ministries of Justice and Health. Work has been prepared for a consultation process in the Cree communities as well as the other First Nations and Inuit communities, of which a report will be prepared outlining recommendations for Quebec legislation that would be endorsed by the First Nations, including the Cree and the Inuit of Quebec. As this concerns child safety and welfare and many legal issues, as well as the First Nations and Inuit cultural context, many considerations have to be discussed in formulating the appropriate recommendations.

The Chairperson of the Cree Health Board, along with the Executive managers of the Cree Health Board and many other entity representatives of the Cree Nation, took part in a Grand Council of the Crees sponsored Symposium of the Harvard Project on Indian Economic Development. While the focus is economic development on Indian lands and reserves, there was a strong message regarding sovereignty, institutions, cultural and leadership matters. Absence of a strong state of these important aspects of society shows that communities suffer from poverty and poor health and an overall bad social situation. It is clear that all sectors of society have to work together to reach a good standard of living and equity in our communities. Pursuing what we have learned at this Symposium is necessary as this will work towards developing healthy, viable communities.

Work in the development of a Cree Social Policy is nearing the first phase of completion with the involvement of the Cree Health Board, the Grand Council of the Crees, the Regional Elders Council, the Cree School Board and the Cree Nation Youth Council. A temporary Joint Working Group was formed by the 5 entities to work on the Draft Terms of Reference. The subsequent phases will involve all groups and entities that have some form of social wellness mandate, which would mean 10 to 15 groups in each of the Cree communities. All local and regional entities will be asked to participate as well as any individuals who involve themselves in the helping of others. A Task Force of the above 5 organizations is to be formed in the coming weeks to guide the process which is foreseen to take 3 to 4 years to complete. Georges Sioui was the principal consultant that provided the historical background for the initial phase of the project. The process manager that worked with the Joint Working Group and all other daily coordination matters is Mandy Gull.

In addition to being involved in these activities and events, there is the on-going work of the Board of Directors, with the Administration, in many areas.

The Chairperson is also involved in the deliberations of the Administrative Committee of the Board, the Moses-Petawabano Commission which deals with legislative matters, the Steering Committee which includes Grand Council and Ministry members that guides the implementation of the Health Agreement, the Hydro Quebec/SEBJ/CHB Joint Health Committee, the Niskamoon Fisheries and Health Committee and the Council of Chishaayiyuu which is being created to give guidance to the Cree Health Board organization from a Cree cultural perspective.

As stated at the beginning, the essence of our mandate as the Cree Health Board is with the core of health, social, medical, mental health and public health staff and I wish to express my gratitude for their daily perseverance with many issues they face. I thank the support staff that allows the service providers to do their job. I thank the Executive Director and the Assistant Executive Directors and their staff for the preparation of work that they do for things to progress. I thank the Director of Corporate Services for making Board meetings work and my assistant, Sherry Ann Spencer, for supporting my work.

The Cree Health Board is one aspect of Cree society that endeavors to help people in need, but there are many other organizations and individuals that contribute for all of us to strive for Miyupimaatisiiun. All of us together as a Cree Nation, along with our partners, have a part to play.

Thank you and May God bless us all.

James Bobbish
Chairman

Public Establishments and the Board of Directors

Legislative Background

The James Bay and Northern Quebec Agreement, signed on November 11, 1975, between the Governments of Canada and Quebec and the Grand Council of the Crees (of Quebec), anticipated the creation of a Cree Regional Board that would be responsible for the administration of health and social services for all people, either permanently or temporarily residing in Region 18.

The Order in Council 12-13-78, dated April 20, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions, respecting health and social services, as defined by the Act, can maintain public establishments in one or more of the following categories:

- Local Community Service Centre now called Community Miyupimaatisiiun Centres
- Hospital Centre
- Social Services Centre
- Reception Centre
- Multi-Service Day Centres

The Cree Board of Health and Social Services of James Bay presently administer seven public establishments and Community Clinics in each Cree community of Region 18.

Public Establishments

Regional Establishments:

Regional Hospital Centre
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

Cree Social Services Centre
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

Weesapou Group Home
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2681

Upaahchikush Group Home
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel.: (819)923-2260

Youth Healing Services
139 Mistissini Blvd.
Mistissini, Baie du Poste (Quebec)
G0W 1C0
Tel.: (418) 923-3600

Community Miyupimaatisiiun Centres

Whapmagoostui CMC
Whapmagoostui (Quebec)
J0Y 3C0
Tel.: (819) 929-3307

Waswanipi CMC
Waswanipi (Quebec)
J0Y 3C0
Tel.: (819) 753-2511

Willie Matches Memorial Miyupimaatsiiun Centre
Wemindji (Quebec)
J0M 1L0
Tel.: (819) 978-0225

Nemaska CMC
Poste Nemiscau, Champion Lake
J0Y 3B0
Tel.: (819) 673-2511

Waskaganish CMC
Waskaganish (Quebec)
J0M 1R0
Tel.: (819) 895-8833

Ouje-Bougoumou Healing Centre
68 Opatica Street P.O. Box 37
Ouje-Bougoumou
G0W 1C0
Tel.: (418) 745-3901

Eastmain CMC
Eastmain (Quebec)
J0M 1W0
Tel.: (819) 977-0241

Mistissini CMC
Mistissini Lake
G0W 1C0
Tel: (418) 923-2332

Cree Board of Health and Services of James Bay

Members of the Board of Directors

From April 1st, 2008 to March 31st, 2009

The Board of Directors consists of the following members:

One Cree representative for each of the distinct Cree communities of the region usually served by the Board is elected for three years from among and by the members of the community that she or he represents:

Denise Brown — Vice-Chairperson
Eastmain representative

Vacant*
Chisasibi representative

George Masty
Whapmagoostui representative

Joseph Georgekish
Wemindji representative

Susan Esau
Waskaganish representative

Linda Shecapio
Mistissini representative

Lily Sutherland
Waswanipi representative

Darlene Shecapio-Blacksmith
Ouje-Bougoumou representative

Thomas Jolly
Nemaska Representative

Edna Kitchen Kistabish
Observer for Washaw-Sibi

* Prior to the regional elections for the office of the Chairman of the CBHSSJB, James Bobbish was the Chisasibi representative on the Board of Directors and later replaced by Reginald Sam and then by Violet Bates.

Following the legislative amendments regarding the composition of the Board of Directors and as a result of the general elections that took place for the office of the chairperson of the CBHSSJB, the elected chair also becomes the CRA Representative with a four (4) year term;

James Bobbish Chairman
CRA Representative

One representative elected for three years among and by the members of the Clinical Staff of any establishment of the said Region:

François Lavoie
Clinical Staff (Council of Physicians, Dentists and Pharmacists)

One representative elected for three years among and by the members of the Non-Clinical Staff of any establishment of the said Region:

Vacant
Non-clinical staff

The Executive Director of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the Executive Directors:

Mabel Herodier
Executive Director

There have been five (5) regular meetings, two (2) special meetings and three (3) conference calls of the Board of Directors during the period covered by the present report.

Cree Board of Health and Social Services of James Bay

Members of the Administrative Committee

As of March 31, 2009

James Bobbish	CRA representative and Chairman
Mabel Herodier	Executive Director
François Lavoie	Clinical Staff
Denise Brown	Eastmain Representative and Vice-chair
2 seats vacant	

There has been one regular meeting and ten (10) conference calls of the Administrative Committee during this period covered by the annual activity report.

Members of the Audit Committee

As of March 31, 2009

Lily Sutherland	Waswanipi Representative
George Masty	Whapmagoostui Representative
1 seat vacant	

The Audit Committee met once during the period covered by the annual activity report.

Managerial Personnel as of March 31, 2009

Including Advisors

General Management	
Mabel Herodier	Executive Director
Vacant	Management Advisor-Special Projects
Linda Corston	Executive Assistant-Interim
Richard St-Jean	Assistant to Executive Director-Corporate Planning, Programming, Evaluation and Development
Janie Pachanos	Advisor to Executive Director-Eenou/Eeyou Pimaatisiiun
Peter Atkinson	HRD Consultant
Annie Bobbish	Advisor for Succession Planning
Helen Atkinson	NIHB Advisor
Office of the Chairman	
James Bobbish	Chairman
Anne-Marie Awashish	Commissioner of Complaints and Quality Services
Corporate Services	
Laura Moses	Director of Corporate Services
Vacant	Coordinator of Communications
Pimuhteheu	
Paula Rickard	Assistant Executive Director – Pimuhteheu
Rachel Martin	Head of Administrative Unit
Laura Bearskin	Director of Professional Services & Quality Assurance - Social
Helene Nadeau	Director of Professional Services & Quality Assurance – Nursing
Vacant	Director of Professional Services & Quality Assurance – Allied Health
Daisy Ratt	Coordinator of Mental Health (interim)
Louise Carrier	Coordinator of Current & Ambulatory Services
Jason Coonishish	Coordinator of Pre-Hospital & Emergency Measures
Dr. Richard Lessard	Director of Public Health (Interim)
Paul Linton	Assistant Director of Public Health for Chishaayiyuu Miyupimaatisiiun
Manon Dugas/Therese Bouchez	Assistant Director of Public Health for Uschiniichisuu Miyupimaatisiiun
Bella Moses Petawabano/Christine Roy	Assistant Director of Public Health for Awash Miyupimaatisiiun
Jill Torrie	Assistant Director of Public Health for Specialized Services
Administrative Services	
Robert Larocque	Assistant Executive Director-Administrative Services
Nancy Bobbish	Director of Human Resources
Rena Matthew	Coordinator of Human Resources Management
Vacant	Human Resources Advisor
Francine Noel	Coordinator-Human Resources Development Unit
Patrick Coté	Director of Information Technologies and System Resources
Bilal Sirhan	Coordinator of ITSR

Martin Meilleur	Director of Financial Resources
Vacant	Assistant Director Financial Resources
Gordon Matthew	Head of Purchasing
Nora Bobbish	Head of NIHB-Program
Jacques Martin	Director of Material Resources (Interim)
Vacant	Coordinator-Facilities Unit

AED- Miyupimaatisiiun

Lisa Petagumskum	Assistant Executive Director – Miyupimaatisiiun
Vacant	Assistant to AED – Regional Services & Programming Liaison
Janie Moar	Assistant to AED – Operations
Bessie House (Interim)	Head – Miyupimaatisiiun Administrative Unit

Cree Patient Services

Caroline Rosa	Director – Cree Patient Services
Jasmine St-Cyr	Head – Val d'Or CPS Centre
Josée Audet	Head – Montreal & Chibougamau CPS Centers

Chisasibi Hospital

Vacant	Director – Hospital Services
Celine Laforest	Coordinator – Ambulatory Unit
Priscilla Weapenicappo	Coordinator – Medicine Unit
Marco Bisaillon	Coordinator – Auxiliary Unit (was also the Interim Director of Hospital Services)

Youth Healing Services

Gordon Hudson	Director – Youth Healing Services
Philip Shecapio	Coordinator – Resources

Youth Protection

Vacant	Director – Youth Protection
Mary Bearskin	Assistant Director – Youth Protection (was also the interim Director of Youth Protection)

DSP Medical

Vacant	Director – Professional Services, Medical & Region Medical & University Affairs
Michel Plouffe	Administrative Director of Professional Services -Medical

Mistissini

Annie Trapper	Director - Mistissini Miyupimaatisiiun Centre
Louella Meilleur	Coordinator – Awash Miyupimaatisiiun
Taria Coon	Coordinator – Uschiniichisuu Miyupimaatisiiun
Paul B. Iserhoff	Coordinator – Administrative Unit
Agathe Moar (Interim)	Coordinator – Chishaayiyuu Miyupimaatisiiun
Martin Nyles	Coordinator – Current Services

Waswanipi

Alan Moar	Director – Waswanipi Miyupimaatisiiun Centre
Harriet Charles (Interim)	Coordinator – Administrative Unit
Marlene Etapp Dixon	Coordinator – Awash & Uschiniichisuu Miyupimaatisiiun
Luc Lamarche	Coordinator – Chishaayiyuu Miyupimaatisiiun & Current Services

Ouje-Bougoumou

Susan Mark	Director – Ouje-Bougoumou Miyupimaatisiiun Centre
Alyne Blacksmith	Coordinator – Administrative Unit
Janie Wapachee	Coordinator – Awash & Uschiniichisuu Miyupimaatisiiun
Pierre Lariviere	Coordinator – Chishaayiyuu Miyupimaatisiiun & Current Services

Nemaska

Beatrice Trapper	Director – Nemaska Miyupimaatisiiun Centre
Vacant	Coordinator – Administrative Unit
Kathleen Neeposh	Coordinator – Awash & Uschiniichisuu Miyupimaatisiiun
Aissahtou Bah	Coordinator – Chishaayiyuu Miyupimaatisiiun & Current Services

Waskaganish

Bert Blackned	Director – Waskaganish Miyupimaatisiiun Centre
Louie-Rene Kanatewat	Coordinator – Administrative Unit
Bertha Dixon	Coordinator – Awash & Uschiniichisuu Miyupimaatisiiun
Sarah Cowboy	Coordinator – Chishaayiyuu Miyupimaatisiiun & Current Services

Eastmain

Rita Gilpin	Director – Eastmain Miyupimaatisiiun Centre
Vacant	Coordinator – Administrative Unit
Vacant	Coordinator – Awash & Uschiniichisuu Miyupimaatisiiun
Vacant	Coordinator – Chishaayiyuu Miyupimaatisiiun & Current Services

Wemindji

Josephine Sheshamush-Moar (Interim)	Director – Wemindji Miyupimaatisiiun Centre
Mary Shashaweskum	Coordinator – Administrative Unit
Josephine Sheshamush-Moar	Coordinator – Awash & Uschiniichisuu Miyupimaatisiiun
Vacant	Coordinator – Chishaayiyuu Miyupimaatisiiun & Current Services

Chisasibi

Jules Quachegan	Director – Chisasibi Miyupimaatisiiun Centre
Jeannie Pelletier	Coordinator – Awash Miyupimaatisiiun
Jane Cromarty	Coordinator – Uschiniichisuu & Family Preservation and Miyupimaatisiiun
Vacant	Coordinator – Administrative Unit
Adelina Feo	Coordinator – Chishaayiyuu Miyupimaatisiiun

Whapmagoostui

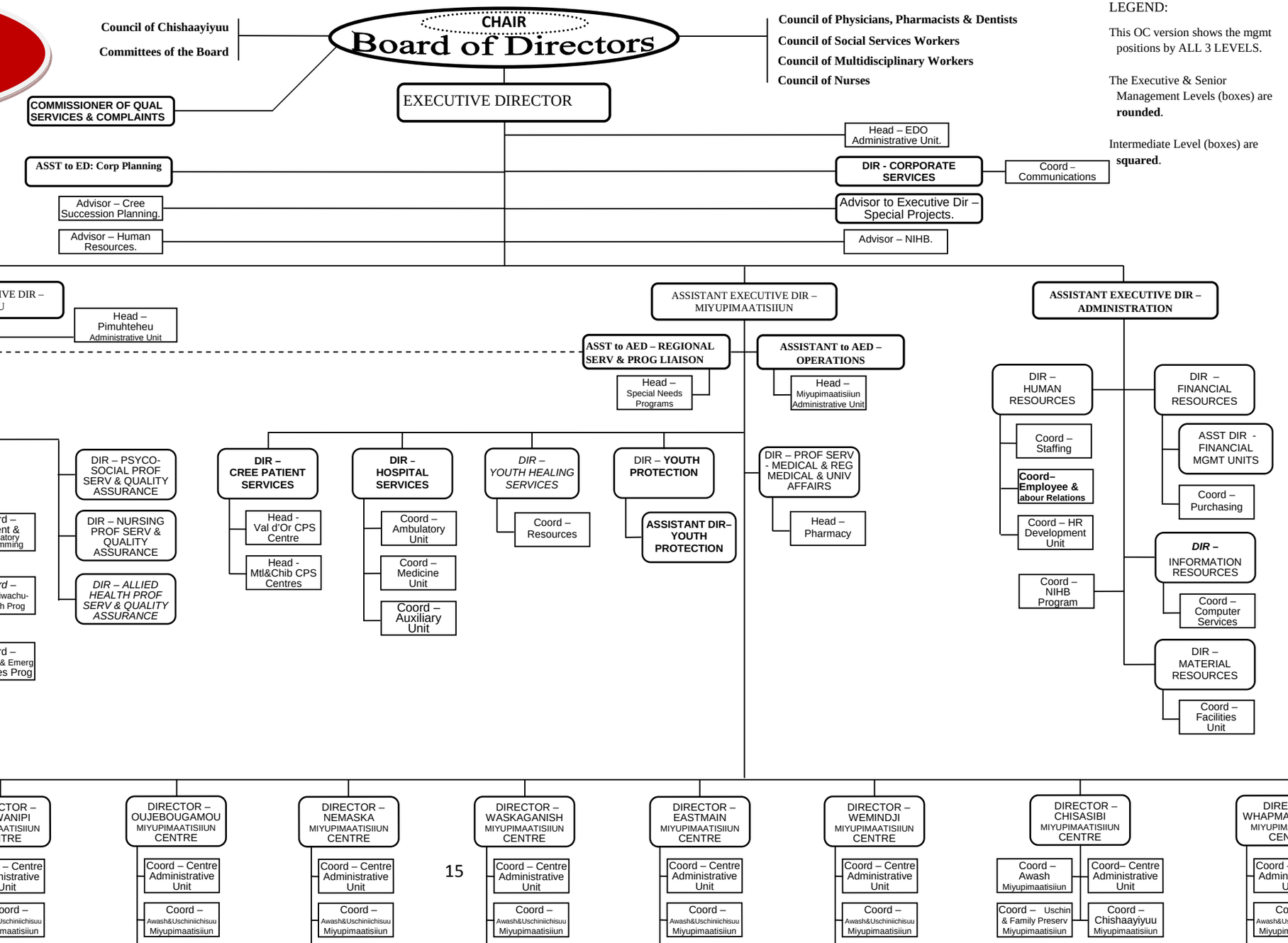
John George	Director – Whapmagoostui Miyupimaatisiiun Centre
Vacant	Coordinator – Uschiniichisuu & Family Preservation Miyupimaatisiiun
Vacant	Coordinator – Administrative Unit
Vacant	Coordinator – Chishaayiyuu Miyupimaatisiiun

Approved by resolutions of the Board of Directors as of July 17 2008

Organization Chart -

By, Mgmt Positions, Three Levels

Cree Board of Health and Social Services of James Bay



LEGEND:

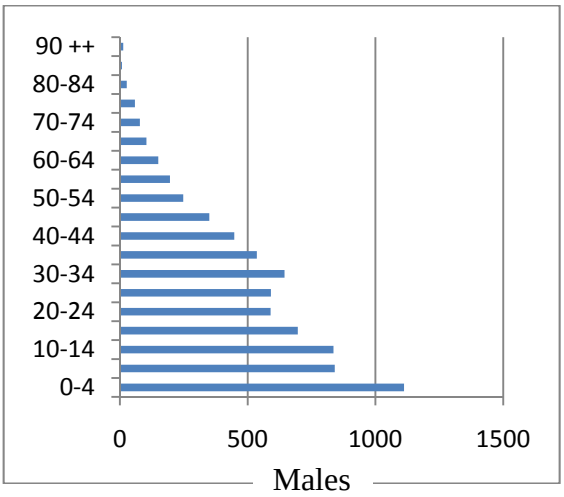
This OC version shows the mgmt positions by ALL 3 LEVELS.

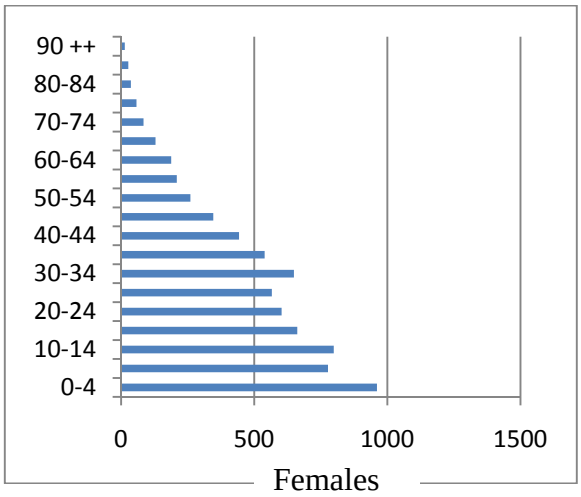
The Executive & Senior Management Levels (boxes) are **rounded**.

Intermediate Level (boxes) are **squared**.

Cree Population Statistics

Cree Population: Resident in the Region, October 2008						
Age	Males		Females		Total	
0-4	1112	53.64%	961	46.36%	2073	13.93%
5-9	841	51.98%	777	48.02%	1618	10.88%
10-14	836	51.13%	799	48.87%	1635	10.99%
15-19	696	51.25%	662	48.75%	1358	9.13%
20-24	590	49.46%	603	50.54%	1193	8.02%
25-29	591	51.08%	566	48.92%	1157	7.78%
30-34	644	49.81%	649	50.19%	1293	8.69%
35-39	536	49.86%	539	50.14%	1075	7.23%
40-44	448	50.28%	443	49.72%	891	5.99%
45-49	350	50.29%	346	49.71%	696	4.68%
50-54	248	48.82%	260	51.18%	508	3.41%
55-59	196	48.40%	209	51.60%	405	2.72%
60-64	150	44.38%	188	55.62%	338	2.27%
65-69	104	44.64%	129	55.36%	233	1.57%
70-74	78	48.15%	84	51.85%	162	1.09%
75-79	59	50.43%	58	49.57%	117	0.79%
80-84	27	42.19%	37	57.81%	64	0.43%
85-89	8	22.86%	27	77.14%	35	0.24%
90 ++	13	48.15%	14	51.85%	27	0.18%
TOTAL	**7527**	**50.59%**	**7351**	**49.41%**	**14878**	**100.00%**





Office of the Executive Director

Overall, the 2008-2009 fiscal year was another very challenging one for the CBHSSJB. This is the year that the conditions and terms for the base funding as negotiated in the current Health Agreement 2004-2009 would have come to an end. The challenge for management was to ensure that our work was aligned to be able to develop the best and most comprehensive strategy to enable the CBHSSJB to extend this Agreement for an additional two years or until the end of the 2010-2011 fiscal year. We achieved positive results in a meeting held with the partners of the Health Agreement on December 3 and 4, 2008.

The orientations and work initiatives of the executive management were to develop a three-year implementation plan (2008-2009 to 2010-2011) which required concentration on three main components. We agreed to hold regular "work sessions" to develop this plan and to continue to improve on the plan in order to allow the organization to achieve its objectives as outlined in the Strategic Regional Plan and within the agreed time-frame:

Improving the current status of operations

The reorganization and the implementation of development funds gave management the opportunity to, on one hand, assess current management practices, processes and tools and, on the other, assess services and program delivery. Improvements were made at different levels whenever possible as time was a crucial factor. The results will allow for management to establish a more practical and realistic plan to address the areas that require improvement and development.

Reorganization and stabilizing operations

The critical component of the plan is to complete the reorganization process. This would allow for stabilizing operations; in other words, having managers in place to oversee the operations and implementation of the three-year plan. All areas within the design of the organization are affected:

1. **Miyupimaatisiiun Group** that oversees service delivery or front (first) line services;
2. **Pimuhteheu Group** that oversees Public Health, services, general programming, and Quality Assurance; and
3. **Administrative Resources Group.**

It was necessary to initiate temporary measures or plans for each area to continue to support this process until its completion.

Implementation of development funds

The work continued to ensure that the personnel plans for each area were aligned to meet the needs of each Community Miyupimaatisiiun Centre and the Regional Hospital. The personnel plans for the regional operations are required to ensure ideal support services to these needs. In the interim, the different initiatives approved for funding from the 'surplus" funds are those that will support the continued efforts to complete the implementation of the development funds and to meet the requirements of the current Health Agreement.

Other main mandates and obligations

- **Improvements to the "organizational chart"**: it was approved to table recommendations for improvements to the chart once a year, every June or July meeting of the Board of Directors. Recommendations were tabled in July 2008 and the most significant of these improvements are those made to the organization of the Pimuhteheu Group. Work continues to meet the mandates given by the Board of Directors to place Nishiyuu Miyupimaatisiiun (Cree Helping and Healing Methods) and NIHB appropriately within the organizational chart;

- **Mobilization of all resources to Cree communities**: the move of Public Health operations from Montreal to Mistissini was completed in December 2008. The resources that continue to work from Montreal are all the doctors assigned to Public Health. These doctors work from 1 to 2 days per week for the CBHSSJB while also continuing to practice in their field (s) of specialty elsewhere;

- **General elections of the Chairperson of the CBHSSJB**: the office of the Executive Director oversaw the administrative, procedural and legal aspects of these elections;

- **Strategy to complete the capital projects plan**: a revised schedule to the plan was approved in December 2008. Pre-feasibility studies were commissioned for the remainder of the projects and this process was completed in March 2009. The work on the Mistissini CMC remains on schedule for construction to begin in July 2009;

- **Completion of the construction and operations of the Wemindji CMC**: construction concluded on time however there were a few delays in the transfer from the old facilities to the new CMC. These were concluded in March 2009;

- **By-law review**: the preliminary review was concluded in December 2008. Revisions will continue after the review is completed by the Moses-Petawabano Commission;

- **Concluding services agreements with other regions to facilitate the corridor of health and social services**; the agreement with Region 10 (Chibougamau) is close to conclusion. This agreement will be concluded in 2009-2010. The work continues to ensure that we have agreements with all other regions that receive and treat our patients. On the other hand, many service agreements were concluded with different institutions and establishments that provide those services for our clients which are not available in our region;

- **Secure a long-term contract for Medevacs;** discussions began with Air Creebec to secure a long-term contract for medevacs. This agreement will be concluded in early 2009-2010;

- **Mandates given by/or results from the Regional Implementation Committee meetings;** this committee is chaired by a highly reputable and regarded individual within the Health and Social Services network who also championed the Strategic Regional Plan. The main mandate of this committee is to ensure that the implementation plan is sound and realistic and that resources and mandates are provided to support the initiatives identified in the three (3) year implementation plan;

- **Mandates given by/or results from Steering Committee meetings;** the tasks and obligations that derive from the mandate of the Steering Committee are multi-faceted and require the mobilization of major contributors within the CBHSSJB organization and resources contracted by the CBHSSJB. Due to the critical time in the development of the organization, these mandates were of high priority for the executive management and time had to be secured to ensure that we met these obligations;

- **Mandates given by/or results from Moses-Petawabano Commission meetings;** the critical file to support this year was the development and completion of the "Code of Ethics". This work was overseen by the Commissioner of Quality and Complaints.

Notable events

- **30th anniversary celebrations of the CBHSSJB**; the office of the Executive Director was given the mandate to plan and to organize this historic event. This was the first time that the CHBSSJB had hosted an anniversary celebration in its short history;

- **Official opening of the Eastmain MSDC**; this was the last of the MSDCs to host the official opening of their facilities.

Mandates from other Regional governance bodies

- **Grand Council of the Crees of Eeyou Istchee/Cree Regional Authority**; the GCCEI organized sessions to support Cree leadership within the Cree entities, organizations and companies. Furthermore these sessions are organized to allow the political leaders and the executive managers to be more aware of the plans and priorities of each, to allow for discussion and input from the members on plans and priorities and to organize events that will help each to improve overall leadership skills and knowledge;

- **RUIS-McGill**; representation at this table is currently maintained by the DSP-Medical as well as the member overseeing the DSQ file. Once priorities are addressed then I will be required to assume this representation. There is ongoing work carried out by sub-committees of the RUIS and the mandates of each need to be reviewed and assessed to determine if these would be relevant to the CBHSSJB before we assign representation to these committees;

- **AQESSS**; It was determined by the Board of Directors that the representative to this Association would be the Executive Director. Due to the many current mandates and obligations, there were plans to attend at least one meeting this fiscal year; however this did not happen. Therefore, time needs to be identified to allow for attendance at least twice in the next fiscal year.

As in any other organization, there are always other mandates given, and some complement or are relevant to the main responsibilities and obligations of the Executive Director. There are others that are to be treated "in confidence" due to the rules, regulations and laws that govern health and social services within this province.

Finally, I am confident that we have made progress in the areas where we needed to improve and develop first. We continue to find the means to help support the leadership at the local level in their need to improve skill level and increase capacity. We continue to improve our plan for the introduction of the model for the delivery of integrated services and establishing of multi-disciplinary teams needed to sustain this model. The main support services are well planned and they continue to improve on this planning as we make progress in implementing the development of the initiatives prioritized by the organization. Overall, the team accomplishments are significant over the year considering the extent and volume of the workload of each individual. We would not have arrived where we are today if our team did not consider and substantiate the needs of each and every one now and for the future.

Mabel Herodier
Executive Director

Reports from the Executive Director's Advisory Team

Human Resources

The HR Advisor (Conseiller) supports files and projects related to the Executive Director's responsibility.

The HR Advisor supported the process of minor revisions and modifications to the organization chart, which were approved by the Board of Directors in July, 2008. Work is on-going in the writing and revision of management job descriptions as a result of the 2007 and 2008 revisions to the chart.

The HR Advisor is an administrative support to the organization's planned Masters Degree in Public Administration. This program will be delivered by the *École nationale d'administration publique* (ENAP). During the past year, the Advisor has served as a liaison and support to the Preparatory Program and has collaborated with ENAP in the planning and development of the Masters program. An *Offre de Service* is almost ready to be signed, pending resolution of a financing issue. Institutional capacity will be developed through this investment.

The HR Advisor also participates in other files and committees.

Peter Atkinson
Human Resources Advisor
Office of the Executive Director

Council of Chishaayiyuu

In 2008-2009, the addition of two more members to the Council of Chishaayiyuu was approved by the CBHSSJB Board of Directors, which resulted in a slight change to the membership provision in the Terms of Reference. The Terms of Reference specifies a membership of four Elders, three Cree knowledgeable about traditional healing practices and one member from the Board of Directors. With the exception of the Board member, all members were to be chosen by the Regional Council of Elders.

At their meeting in November 2008, the Regional Council of Elders voted to keep the original members on the CBHSSJB Council of Chishaayiyuu and reiterated their position that all married members and delegates should always attend meetings together as much as possible. As a result of this position, the two new members recommended by the Council of Chishaayiyuu and affirmed by the Regional Council of Elders were Earl and Nancy Danyluk from Wemindji.

The membership of the Council of Chishaayiyuu now consists of:

Smally and Laurie Petawabano from Mistissini
Robbie and Sally Matthew from Chisasibi
Earl and Nancy Danyluk from Wemindji
Robbie and Elizabeth Dick from Whapmagoostui

In addition to attending all meetings of the Board of Directors, they have acted as advisors to the team working on the development of the Cree Social Policy. One member, Nancy Danyluk, was appointed to that team. Two other members, Robbie and Elizabeth Dick, were appointed to the Healing Centre committee. The members of the Council of Chishaayiyuu continued to meet with the researchers on the Traditional Medicines for Diabetes project.

Under Nishiiyuu Pimaatisiiun, a Cree anatomy terminology project was started and the members of the Council of Chishaayiyuu are fully involved as they are the experts in the Cree language. They provided guidance on the document “The Cree and Social Impacts of Historic Events in James Bay”, a document that is meant to be an awareness tool. They also acted as advisors in the development of a training document. This paper attempts to identify the areas in which Cree traditional practitioners could be trained, who should provide the training, and the methods used in training.

Other awareness tools are being developed but were not completed in 2008-2009. One of them is a PowerPoint presentation of “The Cree and Social Impacts of Historic Events in James Bay” and another on “Integrated Services”.

Cree NIHB Advisory Office

The payment for medically required goods and services provided to clients within the jurisdiction of the Cree Health Board comes from two sources: provincial health insurance (RAMQ) for all Quebec residents; and, the Cree Non-Insured Health Benefits Program (CNIHB) for beneficiaries of the James Bay and Northern Quebec (JBNQA).

Non-insured health benefits provided to Aboriginal people is a Federal program in Canada, but in the case of the Quebec James Bay Crees, the extended health benefits are funded by Quebec and managed by the Cree Health Board. Therefore, CNIHB is a totally unique program in Canada.

Due to the complexity of this unique program, an Advisor position was created in July 2007 under the direction of the Executive Director. The primary responsibility of the Advisor is more in the area of policy development, policy guidance and interpretation of policies with the goal of protection and sustain-ability of the CNIHB Program.

The daily administration of requests or claims for NIHB goods and services is the responsibility of the Program Manager of the Cree NIHB Program, a position which has been in place since 2001 and is presently under the direction of the Assistant Executive Director, Administration.

As well, the day-to-day administration of non-insured health benefits in the CBHSSJB is the responsibility of the individual departments that administer their respective policies, give the proper authorizations, and assign the expenses to the proper budget codes for financial management. These departments are:

- Cree Patient Services which arranges medical appointments, transportation of patients and authorized escorts, room and board for patients and escorts, and other services as medically required by the patients;
- The Chisasibi Regional Hospital Pharmacy which handles all services related to prescribed medications for all the communities;
- The dental clinics which provide front line services for dental and orthodontic care;
- The medical clinic which handles all outside consultations for patients including specialist services.

As can be seen, the operational activities of the CNIHB Program are dispersed throughout the Cree Health Board organization.

In 2007-08, the Advisor undertook a strategic level review of the Cree NIHB Program which was presented to the Executive Committee and the Board of Directors. This review has served as a foundational document for the ongoing evaluation of the program.

The activity in policy development has been continuing this year. The goal is to finalize all the existing CNIHB policies, of which there are fourteen, and develop three new policies among other planned activities in the coming years.

The main objective is to assist in the improvement of Cree health and social wellness through increased access to health and social services, the provision of all the resources necessary to meet health and social services needs, and participate in the integrated services model development. This is in accordance with the goals of the Strategic Regional Plan (SRP) of the Cree Health Board.

Commissioner of Complaints and Quality of Services

Overview

In the second year of my mandate as the first full-time Commissioner, development has been a key activity in addition to the management of complaints.

The two year contract, which was allocated to me in September 2007, included the management of outstanding and incoming complaints and the revision of existing complaints policy to reflect the spirit of Chapter 3 of the 4.2 Law of Health and Social Services.

This exercise was necessary to establish parameters to manage complaints according to the right of users and in accordance with the various missions of the organization.

In the process of evaluating the existing policy of complaints, I identified the absence of a code of ethics that reflects the mission and values of the organization and define the rights of users.

The code of ethics became the priority development issue for the current year as it would define the attitudes expected from the interveners in providing care to the population and highlight the rights of the users in receiving the care.

The past year was dedicated to development, consultation and adoption of a Code of Ethics as outlined later in this document. The updated policy is in its final stages for review by the executive committee and will be completed in the next year.

In the management of complaints, the past year was characterized by a 50% reduction in the number of complaints received. True, the absence of a medical examiner may have contributed to a reduced number of complaints, but corrective measures and sensitization to attitudes and behaviours that took place during the Code of Ethics consultation may have contributed to this reduction.

Another factor that has certainly had some impact on this reduction is the fact that complaints from the staff as staff members not users were transferred to the HR Department.

It is common to see a reduction in complaints as systemic changes occur as a result of recommendations and staff becomes aware of the quality surveillance which is more apparent.

An extensive search for a medical examiner by the Commissioner led to the hiring of Dr. François Charette who has begun the management of outstanding and new complaints as of March 5th 2009. The beginning of his mandate being so close to year end has not allowed for any conclusions to be included in this year's report.

Role of the Local and Regional Commissioners, Medical Examiner, the Regional Table of Commissioners and the CAAP *Centre d'accompagnement aux plaintes*

Prior to examining the summary of activities for the past year, I felt it was important to give the scope of the tasks bestowed on the Commissioner because of our particular structure. In other regions in Quebec, the complaint process is handled by local commissioners within a specific institution such as a hospital centre, a CLSC or a youth service centre.

Complaints dealing with medical practitioners, physicians, dentists, pharmacists are handled by a medical examiner as stipulated in Article 42 of the law.

Regional commissioners act as commissioners for private resources for the elderly, mentally or socially challenged, and for ambulance services. These services are not part of the agency services and are offered by private resources.

In our region all of the latter services are dispensed by the CBHSSJB, therefore the functions of the Regional Commissioner related to the above–mentioned services are not applicable. However the commissioner for the CBHSSJB does participate at the table of regional commissioners which interfaces with the Ministry through regular quarterly meetings with the *Direction de la qualité.*

The Table of regional commissioners also interfaces with the *Protecteur du Citoyen* who serves as a second instance or appeal whenever a user is not satisfied with the commissioners' conclusions. Other ministries, such as *Famille et Ainés,* consult with the table for matters of common preoccupations.
The regional Table has over the past few years developed positions on issues such as the power of intervention of the Commissioner guaranteed by 4.2 and also the importance of the independence of the Commissioner.

In the present structure of the CBHSSJB, the Commissioner compiles the duties of both local and regional commissioners as previously outlined. Furthermore since the territory does not have Community Organizations as described in Section 76.6 of the 4.2 law, there is no allocation for the creation of a support to users' network as is the case in other region of Quebec (CAAP *Centre d'accompagnement aux plaintes)*. The role of assisting users in formulating the complaints becomes an added responsibility of the Commissioner.

Development Activities of 2008-2009
Code of Ethics, Complaints Policy and Risk Management Committee & Policy

In March of 2008, the Moses-Petawabano Commission mandated the Commissioner of Complaints along with legal counsel to prepare a draft code of ethics which would reflect the realities of the region's populations and the services dispensed.

In July 2008 a draft Code was presented to the Board of Directors which authorized consultations on the proposed document.

The consultation process required several sessions with various target employee groups within the organization and also representatives from the users and elders.

A final version was approved by the Board of Directors at the March 2009 meeting, following a recommendation from the Moses-Petawabano Commission. It is entitled: GUIDE FOR INTERVENERS AND USERS OF THE PATHWAYS TO "MIYUPIMAATISIIUN" SERVICES.

The distribution and implementation of the Code of Ethics is scheduled for 2009-2010. In harmonization with the Code of Ethics, work on the complaints policy is in its final phase by the Commissioner and legal Counsel. A draft will be submitted for review and approval in the upcoming months.

Risk Management is not part of the Commissioners' responsibilities but is an important component in the improvement of quality and safety.

An effective risk management program reduces the occurrences of events which lead to complaints not only from users but from anyone using the facilities of the institution.

Risk management addresses issues related to security. It requires a process which is on-going, coordinated

and integrated to all the systems of the organization. It allows the identification, analysis, control and evaluation of risks and situations deemed risky which have or could have caused harm to users as well as visitors or staff of an institution, including the belongings of the latter as well as those of the establishment.

In the past year the risk management process has been brought up for discussion at the Quality Secretariat. Support is provided by General Management to create a Risk Management Committee to drive this important file. Risk management policies and procedures are essential to secure the health services environment that meets the norms of the Accreditation Process, which eventually will be required for the CBHSSJB as in all other regions.

Operational Activities 2008-2009
Management of Complaints

Dissatisfaction expressed by a user or his or her representative in relation to services he or she has received, should have received, or is receiving.

Collaboration with Medical Examiner on Complaints regarding a physician, a dentist, a pharmacist or a resident

Dissatisfaction expressed by a user in relation to the behaviour, attitude or competency of a physician , a dentist, a pharmacist or a resident including dissatisfaction regarding the quality of an act related to the professional activity of any of the above.

Assistance

Request formulated by a user who aims at obtaining access to a service, information or assistance in his or her communications with a staff member, or assistance in formulating a complaint with another authority.

Intervention

Action undertaken by the Commissioner following information communicated to her by a person or a group when the rights of a user or several users are at stake. Several conference meetings were conducted with various administrative units to propose integrated approaches to situations of common interest.

Follow-up of recommendations

Follow-up with concerned authorities on corrective measures and recommendations stemming from the conclusions of the investigations conducted by the Commissioner. This responsibility is to be handled by the Watchdog Committee Comité de vigilance *once it is set up as a result of the policy revision.*

Representation at Table of Regional commissioners

Participation in four regional meetings with the Table, *the Direction de la Qualité*, and the *Protecteur du Citoyen.*

Meeting with *Ministère de la famille et des ainés* on the file entitled *La maltraitance des ainés.*

Regular conference calls with the table for consultations on the document on the independence of the Commissioners.

Summary of complaints 2008-2009

During the period beginning April 1st 2008 and ending March 31st 2009 the users of services lodged a total of 21 new complaints to the Commissioner and 1 new complaint for the Medical Examiner. From the year 2007-2008 a total of 12 complaints were outstanding and were managed during the current year.

Table 1: Total Number of Complaints 2008-2009

Responsible for the treatment of complaints	**Complaints outstanding at the beginning of present period**	**Complaints received during present period**	**Complaints concluded during present period**	**Complaints outstanding at the end of March 31/09**
Commissioner of complaints	**13**	**21**	**29** (17 new) (12–outstanding)	**4**
*Medical Examiner	**10**	**1**	**3** 1 Transferred to College of physicians 2 Abandoned (Physician no longer practicing)	**6** 3 of these complaints were transferred to the medical examiner as of March 2nd 2009

* The lengthy time it took to secure a medical examiner has contributed to the transfer to the College of Physicians and left an outstanding number of complaints in this area.

Table 2: Summary of new complaints by category 2008-2009

Area of complaint	**Number resolved**	**Number in process**
Quality of services	9	2
Organization of environment & policies	2	1
Attitude & unethical behaviour		
Access to service	6	1
Total	**17**	**4**

Table 3: Summary of Outstanding complaints by category 2008-2009

Area of complaint	**Number resolved**	**Number in process**
Quality of services	8	
Organization of environment & policies	2	1*
Attitude & unethical behaviour	2	
Access to service		
Total	**12**	**1**

*The recommendation was made in 2007 but awaits the setting up of an integrated protocol.

Table 4: Delays in treatment of new complaints

Delay period	**Number of complaints**
1 to 10 days	2
11 to 30 days	5
31 to 45 days	2
More than 45 days	8 *
Total	**17**

The delay of 45 days is very difficult to achieve because of the distance factor, the schedules of line managers and the various traditional activity calendars. This issue is addressed in the policy revision, where

we recommend a sixty day delay for conclusions and follow-up.

Table: 5 Outcome of interventions

Type of outcome	Number of complaints
Corrective measures	16
Improvement measures	8
Conciliation	7
Clarification	6
Intercession/liaison	3
Total	**39**

Status of 2007-2008 recommendations made by the commissioner

From last year's list of recommendations the following was completed:

- A code of ethics to be submitted for approval by the board of directors following consultations with target consultation with groups of staff and users

The next two are in progress:

- An intranet web-site to be set up regrouping all policies for easy access for staff;
- A Web site to be created provides all information on various policies and procedures for users including all procedures related inter-agency services.

With regard to the third recommendation concerning absence of protocols for various services in the organizations:

- To provide better continuity in the practices, it is imperative to develop protocols. The increasing number of nursing staff from agencies and replacement physicians requires these tools to ensure some continuity in the services provided.

  Some protocols have been completed and others are in progress but many more are required and **this recommendation remains on-going.**

The final recommendation is still outstanding.

- This recommendation stemmed from the lack of guidelines and contracts for homes sheltering users in transit for medical attention outside the community.
  This recommendation remains current.

Guidelines and service agreement contracts to be designed for contracted services with alternative resources

New Recommendations for 2008-2009 year

In addition to the current and on-going recommendations the following constitute recommendations stemming from recent complaints.

- Set up the Risk Management Committee to establish a risk management policy and procedures.

- Revise home care policy and guidelines to fit all clientele entitled to services.
- Provide training to first line workers on safety issues and protocol.
- Establish Emergency intervention protocol.
- Establish interface between mid-managers and HR regarding disciplinary files.
- Address the shortage of status 5 workers to oversee users who are under preventive detention. Define clear profile and tasks for this type of responsibility.

Conclusion

The upcoming year will present the challenges of promoting the code of ethics, and the rights of the users to the employees and the users. This will begin the process of developing a culture of quality within the organization.

As we now have a medical examiner and a full-time commissioner in place the management of complaints should maintain a steady and more regular schedule.

The past two years were quite challenging in the fact that many outstanding complaints had to be treated and this causes an exceptional challenge, as memory of events fade with time and staff mobility is high.

We have now reached a place where the number of outstanding complaints is down to one. In this case the recommendation of the Commissioner was done. We are awaiting the protocol to conclude this last outstanding complaint.

The realities of the region, starting from extended distances, language diversity and large staff turnover will always present additional challenges but we can sense in the organization that the concern for quality both in staff and users has been greatly enhanced.

Ann Marie Awashish
Commissioner of Complaints and Quality of Services

Corporate Planning, Evaluation and Development Department

General Administration

For the 2008-2009 fiscal year, the department dealt with arrivals and departures of staff: first, two PPROs resigned from their positions: the PPRO – Research and Evaluation, and the PPRO – Local Projects. At the same time we succeeded in recruiting a candidate for the position of PPRO – Information Systems.

For the next year, we will try to complete our recruitment for the Department by hiring the personnel needed. Three positions have to be filled: PPRO – Research and Evaluation, PPRO – Regional Projects, and PPRO – Local Projects.

Corporate Planning and Evaluation Sector

a) Activity Dashboard

In the *Strategic Regional Plan* document, there is mention of a series of indicators measuring the objectives in term of results to be obtained after the five (5) years of implementation. In that sense, we started to identify a list of indicators to be used for the purpose of building dashboards for the Board of Directors and MSSSQ. Since last year, we have been producing these dashboards on a regular basis. Based on 13 periods, we collected the information for some of our services and programs: Dental Services, Youth Protection Department, Cree Patient Services, MSDC, and Youth Healing Services. We hope that we will cover all the other services and programs. For the year 2008-2009, a summary analysis for 9 periods was provided to the concerned authorities.

b) Corporate Planning, Evaluation and Development Department Operational Planning 2007-2008 and 2008-2009

The proposed operational planning 2007-2009 for our services was approved by the Executive Committee and by the Board of Directors.

c) Corporate Planning, Evaluation and Development Department Operational Planning 2009-2010 and 2010-2011

We worked on the production of the budgets and operational planning for these years. Next year we should have the approval of these documents by the Executive Committee and the Board of Directors.

d) Operational Planning 2006-2009 of the CBHSSJB

We finalized the Operational Planning 2007-2009 of the CBHSSJB with the approval of the document by the Executive Committee and by the Board of Directors.

e) Format of the Annual Activity Report

The first version of the policies on the “Standard” and “Summarized” Annual Activity Report was elaborated many years ago (1987-1988). Since that time, the services and programs have greatly expanded and the organizational chart of the organization has become more complex. Also, taking into account the implementation of the Strategic Regional Plan, the operational planning of services and programs, new facilities (Youth Centre, MSDC...) and a focus centered to the communities, and the new CBHSSJB Organization Chart (July 2008), the policies have to be revised and adapted to our actual context.

Next year will be focused on the summarized version of the report and the modified policy should be approved by the Executive Committee and the Board of Directors.

f) Participation in Committees and Working Teams

Our Services participated in different committees such as:

1) The Executive Committee
2) The Regional Implementation Committee on the Strategic Regional Plan
3) Research Committee
4) Regional and Local Information Systems Working Team

g) Regional and Local Information Systems Working Team (RLISWT)

We revised the Frame of Reference document by improving the content of it with new roles and responsibilities of the Working Team. The document was approved by the Executive Committee. New applications were also approved by the Executive Committee.

h) Collection of Statistics

We continued to collect the different statistics on programs and services provided by the CBHSSJB. The revised document was provided to the managerial staff Collection.

Corporate Development Sector

Warehouse, Maintenance Shop and Archives

Only one file only was dealt with for the year 2008-2009. A pre-feasibility study was done regarding a new facility that would have the functions of a warehouse, maintenance shop, and archives for the CBHSSJB. We provided analysis and cost numbers to the team working on this file.

Richard St-Jean
Assistant to the Executive Director-Corporate Planning

Miyupimaatisiiun Group

Mandate

Our main mandate is to ensure the delivery of programs and services within region 18 through the following areas: Youth Healing Services, Youth Protection, Patient Services, Age Group Programs (Awash, Uschiniichisuu, Chishaayiyuu) in the communities, and Hospital Services.

Team

The Miyupimaatisiiun Group is the largest within the Cree Board of Health and Social Services of James Bay. We have the strengths and challenges of a large family, with a rich pool of various types of expertise; from Psycho-Social, Health, Dental, Pharmacy, Rehabilitation Services, and of course Eeyou Miyupimaatisiiun.

Regional Team

Lisa Petagumskum	Assistant Executive Director- Miyupimaatisiiun
Janie Moar	Assistant to AED-Operations
Michelle Gray	Assistant to AED- Program Liaison (resigned Dec. 2008)
Demerise Coon	Head of Administrative Unit
Bessie House	Administrative Technician
Madeline Iserhoff	Administrative Technician
Charlotte Kawapit	Administrative Technician
Judy Kanatewat	Executive Secretary

Senior Management

Mary Bearskin	Director of Youth Protection-Interim
Caroline Rosa	Director of Cree Patient Services
Gordon Hudson	Director of Youth Healing Services
Louise Gagnon	Director of Hospital (resigned fall 2008)
Vacant	Director of Professional Services-Medical

Local Directors

John George	Local Director Whapmagoostui
Jules Quachegan	Local Director Chisasibi
Josephine Sheshamush	Interim-Local Director Wemindji
Rita Gilpin	Interim-Local Director Eastmain
Bert Blackned	Local Director Waskaganish
Beatrice Trapper	Local Director Nemaska
Annie Trapper	Local Director Mistissini
Susan Mark	Local Director Ouje-Bougoumou
Alan Moar	Local Director Waswanipi

Intermediate Management

Abraham Bearksin	Interim-HCCP Coordination
Louise Carrier	Health Coordinator
Evike Goudreault	Special Needs Coordinator

Accomplishments

Human Resource Development in all communities

The Human Resources to be hired in each community has improved greatly in the past year. The beginning of 2008 was almost at a standstill due to numerous family situations at Human Resources. Towards the end of the fiscal year, the number of interviews of positions that have been posted began to pick up again.

Facilities

The construction of the Wemindji Community Miyupimaatisiiun Centre was completed in December 2008. The official opening has been moved several times, but the staff has already moved to their long-awaited building. It is a building designed to ensure the delivery of Integrated Services; the multi-disciplinary teams of each age group of Awash, Uschiniichisuu and Chishaayiyuu are located within close proximity to one another to maximize their time and to ensure the provision of services as per Program Design.

The Mistissini Functional Plan was been submitted to the Ministry. The construction dates were identified in the beginning of the New Year but no confirmation yet. The target date is July 3, 2009 to commence construction.

Integrated Services

We have hired twenty-two (22) intermediate managers out of the thirty (30), required locally. These managers are responsible for the implementation of Integrated Services. Their hiring has been crucial to take the next steps in this major change in the way services are provided at the local level It will ensure that multi-disciplinary approaches are adhered to and that most importantly, case management is closely monitored.

Challenges

Implementation of the Strategic Regional Plan

Housing and Office Space

As we have less than two years to implement the services in the communities as per the extension of the SRP, the urgency of identifying intermediate office space is crucial and cannot be stressed enough. The delivery of programs and services will continue to be delayed until this is resolved in the communities which require this.

Hiring Process

This is both an accomplishment and a challenge this year. We still have numerous positions to fill but progress has been made since last year.

Rehabilitation Services

Major change management requires the delivery of services in various programs within the Community Miyupimaatisiiun Centre by one professional wherever possible.

Multi-year Implementation Plans

Multi-year implementation plans for each community: this continues to be a moving target due to the challenges of securing interim office space in each community, with the exception of Wemindji.

Integrated Services

Although more local Coordinators have been hired, there are still numerous vacancies, and this has an impact on the level of programs and services that can be delivered.

Home and Community Care Program

The focus will be to ensure the hiring of staff to fill positions in the community of Eastmain.

Multi-Service Day Centres

The number of participants in the MSDC's continues to increase. In the past year, even without the Adapted vehicles, the staff has provided services to services to more people than last year.

Not all the kitchens are ready for use. The propane is still an issue that needs to be addressed.

Youth Healing Services and Youth Protection

Youth Healing Services

Annual events continue to be a success. YHS positions have been posted and interviews have been conducted. Gordon Hudson and his team continue to be the source of much needed structure for our Youth.

Youth Protection

The retirement of Bryan Bishop was a great challenge. We are thankful for the people who have stepped up to the challenge of filling such big boots. Mary Bearskin accepted to be interim Director since the retirement of Mr. Bishop but now she is anxious to return to her former position as the Assistant.

Hospital Services

Marco Bisaillon has also been interim Director, since the resignation of Louise Gagnon. He has had the challenge of taking on responsibility, during very challenging times, of this service area. Marco has exemplified leadership and commitment. We truly appreciate his dedication and courage to take on this position.

Special Needs

Evike Goudrealt and Anny Lefebvre have completed their community visits to inform the population about the up-coming Needs Assessment. They have met with parents and service providers. The challenge is to compile a complete list.

Patient Services

Caroline Rosa and her team continue to strengthen their ability to meet the demands of their services.

Conclusion

The completion of the Wemindji Community Miyupimaatisiiun Centre is the highlight of the year. The community of Wemindji has patiently waited for this Centre. At the first Board meeting I attended in 2000, I listened to the Board of Director from this community reiterate the need to make this project a priority for his community. At that time, it seemed like but a distant dream.

I would like to thank each one who has contributed to the provision of programs and services in all areas. Your contribution is greatly appreciated. Please do not lose sight of why we take on the responsibility of Miyupimaatisiiun, even when the challenges become too much to take. The ones who rely on these programs and services need you, but so do your family and loved ones. Take care of yourselves and loved ones first, and the rest will fall into place.

Lisa Petagumskum
AED-Miyupimaatisiiun

Miyupimaatisiiun Group: Regional Programs and Services

Chisasibi Regional Hospital Centre

The year 2008-2009 brought many changes within the hospital, starting with the departure of the Director and of the Ambulatory Services Coordinator. We went through personnel changes throughout the year in Medicine, Management and Laboratory.

A Laboratory Technician shortage obliged us to negotiate service contracts with Val d'Or and Chibougamau hospitals for laboratory services. Laboratory tests were sent to these two hospitals from the end of December to the beginning of April because of the technicians' shortage. The situation is getting better now with technicians from the recall list working full-time in Chisasibi.

There was a work reorganization that was started in the Medicine department last December with the help of the nurses, the DSI, and a consultant from AQESSS. We received the report made following her visit to Chisasibi in January and we are about to start planning the project. The main goals are to review work organization, decrease the use of agency nurses, increase the stability of our nursing team and decrease the number of incident reports within the next fiscal year. We will also evaluate the feasibility of hiring auxiliary nurses to work in medicine.

The situation in the external clinic stayed the same with the number of visits increasing by 4% since last year. In medicine, our bed occupancy rate went up again this year by 2%, reaching 70% of its full capacity. The meetings between allied health professionals contributed to a proper follow-up on patients as the implementation of the *thérapeutique infirmier* (PTI) plan was ready by April 1st 2009.

This is an increase of 31% since 2005-2006, mainly due to the increasing number of chronic patients. There is a real need for long-term care facility in Eeyou Istchee and this will have to be looked at closely. As for specialists' visits, we were able to increase the number of patients seen by specialists last year by 22% and we are looking to improve our score again this year. We want to reach 1500 patients this year, what would be an increase of 15%.

In radiology, the modification of the way the number of exams is calculated shows an increase of 100% in the number of tests made, this is due to the fact that the previous years, multiple exams on one patient counted for one exam only.

In the hemodialysis department, the ever increasing number of treatments went up by 12% last year and by 41% in the last four years. With the number of treatments increasing year after year; additional nursing positions will be necessary. We also add a visit for the MGH dialysis responsible and we are about to negotiate a new service agreement with them that will improve our nurses training and improve the use of tele-health equipment for patients consultations with specialists and for nurses training.

For the equipment, the big projects will be the replacement of the PACS system, of the biochemistry analyzer, of the ultrasound analyzer. But the biggest project, which could have an impact on the future of the hospital, is the work reorganization in the clinic and medicine departments.

Archives

A. NUMBER OF ADMISSIONS	2005-2006	2006-2007	2007-2008	2008-2009
Medicine	360	449	489	458
Obstetrics	7	17	8	7
Pediatrics	126	206	189	187
Newborns	1	4	1	2
TOTAL	494	679	688	654
Chronic	3	3	1	6

There is a decrease of 4.9%

B. NUMBER OF HOSPITALIZATION DAYS	2005-2006	2006-2007	2007-2008	2008-2009
Medicine	1807	2162	2555	2747
Obstetrics	9	23	32	23
Pediatrics	427	565	802	499
TOTAL	2243	2750	3389	3269
Newborns	2	19	7	4
Chronic	N/A	N/A	N/A	N/A

There is a decrease of 3.5%

C. TOAL NUMBER OF IN-PATIENTS PER DAY	2005-2006		2006-2007		2007-2008		2008-2009	
	Total	Average/day	Total	Average day	Total	Average/day	Total	Average/day
Medicine	2117	5.42	2107	5.8	2341	6.39	2549	6.98
Obstetrics	9	0.02	17	0.05	13	0.03	11	0.03
Pediatrics	407	1.12	551	1.5	738	7.01	552	1.5
TOTAL	2533	6.95	2675	7.3	3092	8.44	3112	8.53
Newborns	2	0	17	0.05	7	0.01	4	0.01
Chronic	2753	7.54	3425	9.4	3646	9.96	3788	10.38
Bed occ. Rate	53.6%		62%		68%		70%	

The occupation bed rate is based on 27 beds available.

Medicine and Clinic

TRANSFERS TO ANOTHER HEALTH CENTRE	2005-2006	2006-2007	2007-2008	2008-2009
Medicine	47	47	48	41
Obstetrics	0	1	6	3
Pediatrics	8	7	12	4
TOTAL	55	55	66	48

Decrease of 27.3%

DEATHS				
	2005-2006	2006-2007	2007-2008	2008-2009
Medicine	10	5	5	5
Obstetrics	0	0	0	0
Pediatrics	0	0	0	0
Newborns	0	2	2	0
Chronic	2	7	7	6
TOTAL	12	14	14	11

Decrease of 21%

AVERAGE STAY				
	2005-2006	2006-2007	2007-2008	2008-2009
Medicine	5.43	4.74	5.6	6.28
Obstetrics	1.29	1.35	1.5	1.44
Pediatrics	3.21	2.77	4.5	2.74
Newborns	20	4.75	7	2
Chronic	N/A	N/A	N/A	N/A
TOTAL-acute	4.7	4.0	5.2	5.15

DEPARTURES				
	2005-2006	2006-2007	2007-2008	2008-2009
Medicine	333	456	452	437
Obstetrics	7	17	21	16
Pediatrics	133	204	177	182
Newborns	1	4	1	2
Chronic	4	0	2	8
TOTAL	478	681	653	635

Decrease of 2.8%

NUMBER OF VISITS AT THE CLINIC			
2005-2006	2006-2007	2007-2008	2008-2009
18,245	17,912	18,513	19318

There is an increase of 4.3%

NUMBER OF SPECIALISTS VISITS			
2005-2006	2006-2007	2007-2008	2008-2009
1,632	1,439	1,067	1305

Increase of 22.3%

OBSERVATION HOURS			
2005-2006	2006-2007	2007-2008	2008-2009
744.35	701.66	1827.26	1888.13

Increase of 3.3%

Radiology Department

	2005-2006	2006-2007	2007-2008	2008-2009
	Total exams	Total exams	Total exams	Total exams
X-rays	3,032	2,952	3,180	6147
EKGs	868	764	952	1924
Ultrasounds	837	764	699	1487
Technical units	86,979	74,058	82,923	165,594

Increase of 100% due to the software calculation changes.

TOTAL OF REFERRED (FROM RADISSON-RECOVERY COST)				
	2005-2006	2006-2007	2007-2008	2008-2009
Whapmagoostui	120	Included in total of clients (above)	Included in total of clients (above)	Included in total of clients (above)
Radisson	86	66	44	137

Increase of 211% in the number of clients referred from Radisson.

Laboratory Department

	2005-2006	2006-2007	2007-2008	2008-2009
Tests done in Chisasibi	179,586	183,945	205,452	205,278
Tests done outside	70,651	66,091	69,034	80,666
Unit cost	$1.78	From MSSQ	From MSSQ	From MSSQ

Increase of 11.7% in Chisasibi and of 4.5% in tests done outside.

Tests from the communities were done in Val d'Or and Chibougamau from January to March.

Laboratory tests done for Radisson Health Centre – Recovery cost				
	2005-2006	2006-2007	2007-2008	2008-2009
Total of tests	3,838	3,413	3,363	2,629
Total money perceived	10,281.40$	9,722.15$	8,745.95$	8,418.50$

Hemodialysis Department

NUMBER OF DIALYSIS TREATMENTS	2005-2006	2006-2007	2007-2008	2008-2009
Number of clients	Average 11	Average of 12	Average of 13	Average of 14 patients
Number of deceased	3	1	2	0
Kidney transplants	1	1	0	1
Number of treatments	1503	1574	1892	2123
Pre-dialysis clients	42	58	50	32

Increase of 12.2% in dialysis.

Marco Bisaillon
Interim Chisasibi Regional Hospital Centre Director

Dentistry Department

Clinical Activities

In 2008-2009, the Cree Health Board provided dental care to more than 5877 clients. The department staff met clients on more than 16,688 occasions between April 1st 2008 and March 31st 2009. These include emergency visits as well as scheduled appointments. The details are contained in the attached compiled statistics of the dental department.

In addition to the clinical work of our Dentists and Dental Hygienists, post-graduate resident Dentists from 3 university programs visited Chisasibi, Mistissini and Wemindji. Dental specialists continued to visit the two largest communities, Chisasibi and Mistissini. Even if we lost our specialist for endodontics, a replacement dentist was found and plans to come to Chisasibi in May 2009.

With the addition of 4 new Dentists in 2005 the Cree Health Board increased its clinical activities significantly in most of the smaller communities but unfortunately this increase in services delivery is not reflected in the two most populated communities, Chisasibi and Mistissini. These communities, in fact, retain a waiting list of over 6 months and the increased demand for treatment can no longer be met within an acceptable time frame. It has proven to be a source of great dissatisfaction to the Cree population of the communities concerned in the past year. This issue will have to be addressed in the near future with the MSSS.

Regular department meetings between Dentists and also Dental Hygienists were held. The Dentists were involved in various functions of the CPDP. A Dental Study Club continued to evolve, its members met 5 times during the year (teleconference). The Dentists participated in the CPDP Congress held in Val d'Or in September 2008. The Dental Hygienist participated in the ODQ congress held in Montreal and kept their mandatory continuous education at the required level.

The Department Head and especially the Dentist based in Wemindji contributed to the finalizing details of the moving in the new CMC in March 2009. The Head Dentist and especially both permanent Dentists in Mistissini are working hard to finalize all details for the new Mistissini CMC to begin construction summer 2009. A concerted effort is being made to standardize all dental clinics and a template is already prepared for the construction/renovation of all the other CMC still to come.

Upon my nomination as Head of Dentistry, in August 2008, I determined my objectives for the year which were:

1- Find a solution to increase the accessibility of dental treatment under general anesthesia for the children population.
2- Increase recruitment efforts for Dentist and Dental Hygienists and try to put in place all the permanent positions unfilled in the territory.
3- Increase computer training for our dental employees so the dental software is use to its maximum potential in all community.

In October 2009, an agreement was concluded between the NIHB department, the Dental Department and a specialized pedodontic dental clinic in Montreal to be able to send all dental general anesthesia cases of the territory to their clinic. The unavailability of sufficient general anesthesia for dental treatment for many years with our affiliated hospital, Chibougamau and Val d'Or, made the conclusion of this agreement a

priority for the young clients we serve. This agreement was made in accordance with the rules applicable for the Federal NIHB which are the basis for the CBHSSJB own NIHB.

In 2008-2009, we continued maintaining the service at a high level despite our difficulty to find replacement Dentists and full-time Dentist to take over the two open permanent positions. Fortunately our recruitment efforts paid off, and we instated a long-term Dentist replacement in Eastmain in January 2009 and found a full-time Dentist for Chisasibi who is scheduled to begin full-time work in August 2009. We increased our list of available replacement Dentist significantly which makes booking replacement much easier now than 6 months ago. Needless to say, the economic situation is helping us with that matter and thus our efforts must continue in the upcoming year.

We also struggled with a number of aging equipment and the difficult internal process of replacing them in a timely fashion.

In an effort to increase significantly the use of the dental management software, I sent a Cree employee to teach and support the implementation of the software into daily activities in each community. This employee was the only one fully operating the software since its beginning 5 years ago and was the best candidate to provide a Cree user friendly training to all concerned staff and professionals. The result is that we have gone from 1 community to 8 communities working the program entirely. Some more support work will be required to fully reach the software potential but we are well on our way.

Community Health Activities

The dental sector continues to be an important leader in the community health activities. Visits to schools and daycares were carefully planned and organized by local Dental Hygienists, in collaboration with CHRs. Mrs. Malika Hallouche, Program Officer for Dental Health, is in charge of establishing the programs applied by local dental hygienists but unfortunately was on a sick leave for most of the year which did create a lack of leadership within the team and postponed development of new activities for the hygienist program.

In their mandate, Dental Hygienists developed sustainable cooperation with other health professionals, including nutritionists. For instance, the “Drop the pop” challenge was held for the third year, in close collaboration with dental hygienists.

Two research projects, conducted by Dr. Jacques Véronneau, continued to evolve even if it was put on hold for a while due to the reorganization of the Public Health office from Montreal to Mistissini. The CreeC Project and the Fluoride Varnish Project are progressing towards the objective of developing new approaches to enhance dental health in the region.

A dental hygiene “stage” project was completed with *Cégep de St-Hyacinthe*. The actual activity took place in June 2008 in Chisasibi and was a success. It has increased visibility for our organization and provided an opportunity to spark interest within these professionals to come and work for the Cree Health Board. In fact, our efforts paid off because we added two full-time dental hygienists to the team and the process is ongoing to add two more before September 2009.

Objectives for the Coming Year

The department is committed to continue providing excellent dental services to the population, with a particular emphasis on prevention. To achieve this, we will work on:

1- Continuation of development and implementation of the dental prevention program;
2- Supervising a new epidemiology study 10 years after the last one 2001 to evaluate the state of the situation;
3- Keeping recruitment activities going and ensuring that all permanent position are filled for dentist, dental hygienist and Cree support staff;
4- Upgrading specialist availability and visits;
5- Maintenance/renewal of equipment;
6- Planning for all the new CMC projects;
7- Continue implementation of dental software Abeldent and upgrading the manager and superuser knowledge on how to extract statistical pertinent information;
8- Planning for a yearly training session for all permanent Dental Assistants and Administrative Officers.

The main difficulties will come from the increasing lack of replacement Cree support staff for Dentistry, especially in Waswanipi, Mistissini, Nemaska and Great-Whale. This is mainly due to the great number of full-time job openings offered by the CBHSSJB.

The new CBHSSJB personnel plan will take a while before we see its full implementation which creates confusion about who is responsible and the process to follow in order to be efficient in the different task required to keep the level of services delivery to its maximum. Mainly, the management of dental staff will soon fall under the local direction. This leadership, although very welcomed by the dentist, will remain a challenge for all parties involved in terms of management and coordination of all replacements.

The other difficulty will be to find an efficient way to deal with capital expenses/dental machinery requests. Even if there is a certain amount of planning involved, the fact remains there is frequent unpredictable breakdown that need to be address quickly in order to keep the services safely going. This process still needs to be addressed.

Consolidation				Diagnostic			Prevention								Restoration		
	# of clients	# of visits	9 yrs & <	Compl	Urg	Cons	X-Ray	Hyg	Proph	Det	Fluor	SPF	Peri	Amal	Comp	Temp	CAJ
Chisasibi	1714	4011	992	807	1361	215	3314	687	627	392	369	329	53	1239	1996	169	141
Whapma-goostui	493	1131	234	181	414	139	700	182	127	105	71	13	0	350	450	51	1
Wemindji	464	873	199	143	324	7	553	128	104	49	55	125	3	575	392	8	4
Eastmain	266	687	140	216	185	106	712	179	158	122	65	31	21	277	360	96	0
Waskaganish	756	1543	343	183	821	33	1076	202	181	105	95	45	12	414	754	100	4
Nemaska	274	633	130	200	245	32	1129	136	168	115	123	416	16	102	1199	105	2
Waswanipi	546	2846	750	407	427	47	1549	392	377	217	188	109	25	607	617	31	25
Mistissini	1002	3919	719	649	833	144	2896	1016	475	374	345	737	66	1368	1215	86	48
Ouje-Bougoumou	362	1045	329	266	201	113	765	187	276	203	150	142	9	627	559	5	33
TOTAL	**5877**	**16688**	**3836**	**3052**	**4811**	**836**	**12694**	**3109**	**2493**	**1682**	**1461**	**1947**	**205**	**5559**	**7542**	**651**	**258**

Lucie Papineau, DMD
Head of Dentistry Department

Department of Medicine

General Statement

Physicians of the CBHSSJB have noted a trend in the last few years of escalating patient morbidity and psychosocial issues that are contributing to a rapidly increasing the workload. The challenge for the Department of Medicine will be adapt to this increasing workload with increases in human resources as well as recommendations for increased support through allied services. Increased morbidity is multi-factorial but likely in large part due to high rates of obesity and diabetes, with their attendant complications. Psychosocial problems seem to be rapidly escalating as well, and appear to be particularly severe in Mistissini and Chisasibi.

General Objectives

Specific Files

University Teaching Affiliation

The McGill university teaching affiliation continues to be strong. We train an average of 2 trainees per month, a combination of medical residents and students. Our teaching affiliation over the years has proved to be our most effective recruitment tool. It is also valuable in that it helps us to recruit physicians who wish to maintain an academic presence, which we believe to be of a higher standard and quality.

Medical Examiner

We succeeded in hiring a medical examiner of complaints: Dr. François Charette. The backlog of medical complaints is being dealt with.

New Programs and Protocols Established

Nephropathy Screening Guidelines approved
HBHK (Healthy Blood Pressure Healthy Kidney Project) approved
Nicotine Replacement Therapy Protocol approved.

Regional Annual CMDP Assembly

The Regional Annual Assembly of the CMDP was held in Val D'Or in September 2008.

New Full-Time Psychiatrist

We hired Dr. Janique Harvey who works full-time for the CBHSSJB. Her community visits have already begun.

Recruitment Activities

Recruitment activities are ongoing and consist of ad placement, display booths at conferences and a yearly presence at the "Journée Carrière". As well we are proceeding with measures to produce promotional material appropriate for mass mailings to physicians.

Épuration du Dossier

A sub-committee was formed to determine protocol and procedure for *épuration du dossier*. This process is ongoing.

Laboratory

There has been a significant turnover of laboratory personnel, resulting in numerous problems and errors that have had the effect of creating inefficiencies and compromised quality of care. These problems are

being dealt with by the administrative personnel and there appears to be recent improvement.

Mistissini CMC and Light Hospital

The next year will entail much work and planning within Mistissini to render a functional medical working plan for the CMC. Efforts will have to be made as well to coordinate this functional plan with the Chibougamau Hospital.

Material Resources

Major medical items needed include the following:

- Pediatric Ventilator
- Telemetry for the clinic and medical ward
- Bipap device for the hospital

Human Resources/Personnel Management

Medical coverage over the last year has been reasonable. There has been stability and minimal turnover in our full-time and half-time physicians. There were no departures in this calendar year. Although there have been gaps in replacement doctor coverage of certain villages, overall coverage was good this year as compared to previous years. There was, however, a particular problem in Waswanipi, which was related to the move of their permanent physician Julian Carrasco, to Mistissini.

We will be hiring a new permanent physician, Dr. Anne France Talbot-Bolduc, who is scheduled to begin working in the summer of 2009.

Medical coverage of the territory being continually adjusted to accommodate needs. Staffing has been increased for each village based on need.

Medical Coverage of the Territory as of March 31st, 2009

Whapmagoostui:	Dr. Tinh Van Duong, permanent full-time Dr. Carole Laforest, permanent, half-time. Dr. Helen Perreault, permanent.
Chisasibi:	Dr. Darlene Kitty, full-time . Dr. Michael Lefson, full-time. Dr. Barry Fine, full-time. Dr. Jimmy Deschesnes, full-time. Dr. Olivier Sabella, converted from full-time to half time in April of 2008.
Wemindji:	Dr. Roxana Bellido was hired as a permanent full-time. Dr. Bellido was on maternity leave from October 2008 to May 2009.
Eastmain:	No permanent MD.
Waskaganish:	No permanent MD.
Nemaska:	Dr. Guy Paquet, permanent half-time.
Waswanipi:	No permanent MD. Dr. Julian Carrasco transferred to Mistissini in June of 2008.
Mistissini:	Dr. Gerald Dion, permanent full -time.

Dr. Raffi Adjemian, permanent full-time.
Dr. Rosy Khurana, permanent full-time.
Dr. Julian Carrasco, permanent half-time

Financial Resources

The Department of Medicine has no direct access to financial resources. As a result the purchasing of equipment both medical and non-medical has often proven to be frustrating, inefficient and time-consuming. It would be desirable to define and provide a budget for the Department of Medicine or define and streamline existing purchasing procedures.

Dr. Jimmy Deschesnes
Chief, Department of Medicine

Physiotherapy

Mission

Dedicated to the physical capacities of the human body and to human function in its environment; the mission of the Physiotherapy Services is to provide the most comprehensive care possible to inhabitants of the James Bay communities. Providing consultation, evaluation, treatment, education, and recommendations within the scope of physiotherapy, the service aims to reflect and be adapted for each individual, and as needed, to the individual's family and community. Further, Physiotherapy Services function under the mission and vision of the Cree Board of Health and Social Services of James Bay.

Current Key Factors for Physiotherapy in James Bay

- High prevalence of obesity, sedentary lifestyle, trauma, and diabetes.
- Need for specialized care for special needs children, for elderly and persons with disabilities (physical, mental, intellectual).

Areas of Care

There are currently 4 areas of care where physiotherapy could be involved:

1) Out-patient clinic area
2) Care for hospitalized patients
3) Home and community care clients
4) Multi-Service Day Centre

Staffing Resources

Physiotherapy staffing included physiotherapy professionals and non-professional rehabilitation monitors.

- Physiotherapist: 4 full-time positions on the coast 1 in the Inland.
- Physical Rehabilitation Technician (PRT): the original Inland MSDC PT position was filled by a PRT in 2006.
- Rehabilitation monitors: 1 position per community assigned to the HCCP, except in Eastmain and 1 or 2 positions per MSDC per community (depending on the community size). The HCCP RM in Whapmagoostui is currently vacant and the HCCP RM in Waswanipi is not currently active in her position, DELIVERY OF SERVICE
- ***Physiotherapy in Chisasibi***: HCCP-PT position filled, no waiting list, however also assuming regional rehab coordinating duties; interim since October 2008. Hospital PT position vacant since mid-January, 30 active files now on hold & waiting list of 60 patients.
- ***Physiotherapy in Whapmagoostui*****:** 4 community visits Chisasibi HCCP PT: caseload of 80 patients, about 1/3 are seen per visit.
- ***Physiotherapy in Wemindji*****:** PT position filled. PT starts the next fiscal year with a waiting list of 103 requests.
- ***Physiotherapy in Eastmain:*** 4 Community visits by PT based in Wemindji. Needs in Eastmain will no longer be covered by that professional who is working full-time in Wemindji since February 2009.
- ***Physiotherapy in Waskaganish****:* PT position filled. PT starts the next fiscal year with a waiting list or 70 requests.
- ***Physiotherapy in Waswanipi***: PT position filled. PT starts the next fiscal year with a waiting list or 63 requests.
- ***Physiotherapy in Mistissini/Ouje-Bougoumou/Nemaska:*** data not available (professional is on sick leave).

Physiotherapy services were provided on the territory through 6 professional staff positions.

Community Frequency of care Out-patient HCCP Hospital MSDC

Whapmagoostui 4 yearly visits:	14 days per visit
Chisasibi	Regular presence
Wemindji	Regular presence
Eastmain	4 yearly visits: 14 days per visit
Waskaganish	Full-time coverage (except during vacation)
Waswanipi	Full-time coverage (except during vacation) (indirect via RM, PT location of services delivery)
Mistissini	82 days (offered on weekly basis)
Ouje-Bougoumou	44 days (offered on weekly basis)
Nemaska	17 visits of 2 days

Non-Client Related Activities 2008-09

Internal team activities

- Staff development – continuing education for physiotherapist and rehabilitation monitors
- New employee recruitment – McGill Job Fair March 5th, 2009 with other clinicians
- HCCP Team Meetings
- Interdisciplinary Team Meetings
- MSDC Team Meetings
- Educational sessions with nursing staff on musculoskeletal conditions with communities
- Misgoobimatsee Challenge (May 25-June 21, 2008): 1 month of supervised exercise classes, healthy eating habit tips, injury prevention tips (in Waskaganish)
- Support to Chisasibi School Special Needs Class
- Support to community daycare Special Needs Educators

Rehabilitation Development

- Physiotherapists phone conference calls team meetings (once every 3 months)
- Annual Rehabilitation Professionals Team Meeting in Chisasibi (Dec 1-5, 2008)
- Informative presentation (power point) on “who does what in your rehabilitation team” was put together (Jan.-March, 2009)
- Presentation to Local Directors March 5th, 2009, in Montreal
- Nurses & doctors’ musculoskeletal exercise program bank being up-dated (for all communities)
- Organization of community tour for ***Rehabilitation equipment calibration –*** October 2008
- Nomination of interim regional rehab coordinator December 2008: Lisa Arcobelli (PT Chisasibi & Whapmagoostui)

This section prepared by:

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Mylene Hache, Pht
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Youth Healing Services

Mission Statement

To contribute to the protection and well being of Youth through the implementation of a program of accountable care that provides safety, security, and most importantly, treatment. We are committed to providing a compassionate and effective family oriented program for youth who are experiencing a wide scope of difficulties.

We also believe that providing prevention strategies and resources is a key element to the determent of escalating difficulties, and are committed to investing in youth, their families, the communities, and subsequently, the Cree Nation at large.

Vision Statement

The Youth Healing Services Department, and its respective programs, works within the following vision statement:

"The fundamental goal of the Youth Healing Services is to mentor in a highly structured setting, teaching appropriate skills, enabling youth to achieve success outside the facility."

Youth Healing Services engages the following goals and perspectives to ensure appropriate planning and programming produces mission related accomplishments:

1. To provide an atmosphere of warmth, consistency and predictability so the youth will be able to have an orderly and predictable view of their environment.
2. To establish a relationship with the youth which will promote a sense of security, responsibility and awareness that others can be predictable and considerate.
3. To develop within the youth a new sense of self worth.
4. To teach the necessary social and living skills.
5. To develop group skills so the youth can function in a variety of settings.
6. To provide a referral system when the needs dictate.
7. To act as an advocate for the rights and needs of all youth.
8. To collaborate with Youth Protection to establish an appropriate plan of care to address the youths' physical, emotional, developmental, spiritual, educational, religious and cultural needs.
9. To make program evaluations an integral part of YHS to provide transitional aftercare for those youth progressing into possible foster care, alternative placement or returning home.

Introduction

With the introduction of the SRP over the last 5 years Youth Healing Services has gone through numerous changes in all areas of operations and the team has adapted and overcome as the professionals they are.

Youth Healing Services serves youth between the ages of 11 and 18 who are experiencing a variety of difficulties at home or in the community.

Objectives

Youth Healing Services is committed to Rehabilitation as a Cree way of learning and being. The staff supports youth in acquiring and maintaining necessary skills to cope more effectively with the demands of their own person, family and environment which includes land based programs.

Youth Healing Services is now in the process of developing a community based service focused on family preservation using a holistic approach to care. As we continue extending services in youth programs one of the important elements is to introduce a healthy lifestyle to youth and their families.

Another important component of YHS we continue to build is the Bush Program. The Holistic Land Based Program is now fully implemented on both the Coast and Inland. Staff has been assigned to develop and maintain a constant traditional way of life to engage the youth of Region 18. Elders in both settings have been contracted to ensure proper delivery of these teachings.

Youth Healing Services is committed to provide proper care as part of the on-going process in the development of integrated youth services in the continuum of care. These services focus on all aspects of the client, family and community settings.

Youth Healing Services Commitment to Care

Youth Healing Services takes great pride in the de-institutionalization of all facilities to create a more comfortable environment to better suit the therapeutic value in intervention with youth. Below are just a few examples of our on-going commitment.

- The bush program has been fully developed and implemented within Youth Healing Services and will continue to develop for both Group Homes and the Reception Centre, eventually reaching all youth of Region 18.
- To better serve the youth in placement, Youth Healing Services consults directly with youth in our care to encourage them to voice their concerns and ideas on program development, as well as how to implement a more positive consequences structure.
- Traditional, cultural and elders' teachings are used in providing service to our clientele and their families based on values, ideas and concepts.
- Youth Healing Services effectively maintains support and guidance in team training and development.
- Youth Healing Services establish partnership links within agency services and with local and other community entities.
- Youth Healing Services maintains developmental plans to build professional skills, knowledge and experience in support of staff development.
- Youth Healing Services and Cree Native Childcare are promoted through workshops, and conferences.

Improvements in Management

Youth Healing Services originally had one manager for each unit. This was recently changed to have one Coordinator of Resources to manage all three units. This change allowed us to add more frontline Child Care Workers.

Improvements in Case Management

Youth Healing Services created the position of Regional Intake Advisor to oversee the Intake and Discharge procedures of youth. Her responsibility is to ensure all youth being admitted to each facility has an effective Healing Path Plan and ensures that rights and needs of youth are met in terms of service, resources and cultural sensitivity.

Healing Path Plans have long been a part of our interventions with youth to help them set clear goals to healing and well-being. In the beginning, these plans focused primarily on the youth and the challenges

he/she faced at home and their community. The approach now is a holistic one where the focus is not only on the youth but on the parents as well.

The youth and parents are met individually and then as a family. This approach allows for a safe environment for each family member to disclose their situation. The healing process begins and a plan is developed to support the family during the term of youth placement in one of our residential units.

The residential units observed that while the healing path plans were helpful, we still required an individual action plan for the youth. These action plans were meant to provide a detailed description of the weekly responsibilities of the youth and his/her primary child care worker. The youth is asked what help he/she needs, and a goal is set with detailed means to achieve it written into the plan.

Healing Path plans and Action plans are tools we use to help the youth and their family with the healing process, awareness and prevention strategies.

Improvements in Crisis Management

Child care workers are trained in therapeutic crisis management, with ongoing refreshers and restraint maneuvers, to ensure the safety of the youth, peers and staff. We have seen improvements in this area as staff are more confident in managing crisis. Recently, we have been using more visual tools to assist the youth to recognize his/her self awareness, control and prevention strategies.

A child care worker manual was developed as an orientation manual for new employees and a as tool to remind existing staff of necessary procedures in the event of a crisis. The tool is a set of critical steps to be taken in the event of a suicide attempt, threat, gesture, self-mutilation, disclosure, accident, or AWOL.

In the units, the youth are still faced with daily obstacles and challenges. These challenges come in the form of crisis when the youth loses control over a situation. It is when the crisis is over that the youth and child care worker are able to discuss thoughts, actions, and feelings. An individual crisis management plan is developed to assist youth find alternative solutions to cope with their situation and review safety measures.

This plan comes in the form of a personal contract that allows the youth to visualize positive outcomes for practicing self control and possible excuses/consequences that follow should they not practice self control. Repetition and consistency are key to helping the youth manage severe behavioral problems.

Improvements to Rules and Regulations

Improvements had to be made to our rules and regulations to better inform youth and their parents of youth rights and liberties, privileges and responsibilities, restraint and safety measures, detention protocol, and safety for passengers. Consequences for youth who have difficulty following rules and regulations are also outlined. Having a good working relationship with Batshaw and L'Etape allowed us to adopt and modify our rules and regulations to ensure the safety and security of the youth and child care workers.

Improvements to Staff Debriefing

We recognize that helping youth with difficulties is a challenging job and can sometimes lead to stress and critical incident stress. When a critical incident occurs we make time for our staff to debrief the situation as team and individual counseling is made available if they so desire. Pastor Paul Racine has been brought into Youth Healing Services for individual counseling for the staff to deal with personal and work stressors.

Team building was also provided to create a safe working environment.

Improvements to Planning and Programming

Youth Healing Services created the position of Planning and Programming Officer to oversee the cultural day-to-day programming and training of staff of each residential unit. We have seen improvements in the

Bush Program, which began as a pilot project for Youth Healing Services clientele, to include permanent bush program staff with inland and coastal Elders overseeing regional activities.

The number of activities has increased with major cultural seasonal activities, including caribou, bear, and moose hunting, and fishing activities. We are beginning to recognize the importance of rites of passage for youth who come to our facilities and have not had the experience of shooting their first kill. The rites of passage for girls have been sewing, preparing moose hide, cleaning, and cooking traditional food. It is also important to follow respective community traditions.

When youth in the bush program are not in the bush, they are in their respective communities doing cultural programming that teaches the following:

- how to prepare for an activity
- respect for the land, environment and for each other
- cultural moral values
- fish preparation, ice fishing, setting nets winter and summer
- preparation of moose hide
- setting up a tent
- wood cutting
- rabbit snaring, beaver trapping, hunting moose, caribou, bear
- how to smoke fish, moose & bear meat
- how to clean & preserve wild meat
- survival skills
- canoeing techniques
- participation in Traditional Gatherings, Murray's Lodge & Elders Lodge

A yearly calendar of cultural events is made for the bush program staff and residential Child Care Workers to follow.

In the beginning, Youth Healing Services was involved in the local Journey of Wellness but we observed that our clientele had difficulty being integrated at the community level. Youth Healing Services then started its own Journey of Wellness that evolved into the Sam Awashish Journey of Wellness, as a tribute to a man who so effortlessly gave to others. This was a regional program but was changed to a program specifically for youth placed in open custody units. We observed that we could be more effective with a smaller group of youth as opposed to a larger group. This activity has grown to include invited guests willing to provide spiritual counselling, aboriginal role models, and those who want to learn more about Cree culture and are willing to share their survival skills knowledge.

Youth Healing Services also participates in a yearly cultural exchange pow-wow with Batshaw Youth and Family Services in Montreal. The purpose of this event is to share our culture with youth and staff in the open custody units at Batshaw. We provide and cook traditional food on site so spectators can get a glimpse of food preparation. We also present a walking out ceremony and traditional medicines.

The bush program also operates a yearly canoe brigade to honour our tradition of canoeing down the Mistissini River. The regional program is meant for younger kids and is held in Ottawa at Camp Smitty where youth are engaged in life, social, and cooperative skills in a camp environment.

Recently, Youth Healing Services was honored to have the members of the Elders Council participate in our Bush Program meeting. The Elders Council acknowledged the stories and experiences we shared and also shared their knowledge and experience with us. They emphasized the importance of engaging youth in the bush by using opportunity as a means to teach the youth as well as taking the time to play games and have fun with the youth. We were happy to hear their comments and advice and look forward to our next

meeting with them.

The bush program is beneficial for youth to learn inland and coastal traditions. The bush program staff is doing a cultural exchange for each activity because inland and coastal people have a different way of doing things in the bush. The program teaches life skills that help youth build self-confidence and self-esteem.

The bush program, inland and coastal, now has quarterly meetings with the YHS administration. This is their opportunity to voice concerns, review protocol and planning stages, and share and learn from one another. The bush program also has weekly meetings to update each unit on planned and upcoming activities. The purpose is to have a team approach to planning and preparation, and provide the bush program with an update on the youth behaviour and background information.

Northern Wellness Camps

This proposed project extends the notion of Aboriginal sports camps that have been operating in Northern Quebec for the last five years to that of Northern Wellness Camps, the key addition being a full "curriculum" of drug awareness and prevention program. The objective of the program is to equip youth (primary target market is youth under 19 years of age) in the awareness and prevention of drugs, alcohol, and other dangerous substances.

As is demonstrated in the international research literature, so called "crime prevention through social development" (CPSD) initiatives have long been proven to be effective in reducing anti-social behaviour of youth, especially those CPSD strategies that focus on fundamental life skills development through the venue of sports and recreation programming. Through widely available sports and recreation programs, young people are exposed to pro-social role models, learn about the crucial life lessons of teamwork, fair play, and honesty, improve their health outcomes and psycho-social functioning and, become engaged in positive activities which necessarily divert them from anti-social ones.

In keeping with these beliefs, YHS has developed a wellness camp concept that has been offered to youth aged 6 to 19 in five communities, namely Waswanipi, Whapmagoostui, Ouje-Bougoumou, Chisasibi and Waskaganish. Over the past five summers, we have organized football camps, hockey camps and basketball camps, with each camp attracting some 200+ youth from local communities. These camps have been designed to exercise both "the body and the soul" of our young participants and are regarded as the only prevention-based programs in the Cree Nation.

Objectives within the Next Two Years

- Completion of the National Training Program for Child Care Workers and Administration.
- Completion of Goal and Means Training; this will assist us in further developing crisis management, daily programming in terms of group work in anger management, awareness and prevention strategies.
- Goals and Means train the trainer; this will assist us in providing in service orientation and refreshers for staff.
- Completion of ASIST (Applied Suicide Intervention Skills)train the trainers.
- Further development for Bush Program, having a base camp, more Bush Program Child Care Workers.
- More involvement of the Elders Council with Youth Healing Services.
- Ongoing training for child care workers and security personnel on restraint manoeuvres.
- Visiting Psychologist on a monthly basis to better meet the needs of the youth and their families.

Youth Healing Services Statistics		
	Periods 1 - 13	2008 - 2009
Weesapou Group Home	Total in placement	91
	Youth Protection Act	74
	Youth Criminal Justice Act	7
	Number of 'Jours de présences'	905
	Number of discharges	23
	Bush Program Days	166
	Home Leaves	299
	AWOLS	19
Upaachikush Group Home	Total in placement	87
	Youth Protection Act	87
	Youth Criminal Justice Act	0
	Number of 'Jours de présences'	996
	Number of discharges	21
	Bush Program Days	147
	Home Leaves	290
	AWOLS	8
Reception Centre	Total in placement	163
	Youth Protection Act	144
	Youth Criminal Justice Act	6
	Number of 'Jours de présences'	1694
	Number of discharges	47
	Bush Program Days	231
	Home Leaves	484
	AWOLS	22
TOTAL FOR 3 UNITS	Total # of Placements	341
	Youth Protection Act	305
	Youth Criminal Justice Act	13
	Number of 'Jours de présences'	3595
	Number of discharges	91
	Bush Program Days	544
	Home Leaves	1073
	AWOLS	49

Gordon Hudson
Director
Youth Healing Services

Youth Protection Department

Program Overview

We gratefully acknowledge and congratulate Mr. Bryan Bishop for his dedication and good work as Director of Youth Protection for the last six years.

Full credit, as usual, must go to the front-line Youth Protection Workers whose function serves to ensure that all children in Eeyou Istchee can grow up to be safe and healthy. It is a job that is necessary but not always appreciated. Credit must also go to the foster families who take in children that are not biologically their own and are continuing the Cree tradition of stepping in when parents are not able to care for their own children.

It is good to report that in 2008-2009 and over the last few years, there has been a slight decrease in the number of *signalements* received and retained by the department. Although it is only a small decrease, it is encouraging and the hope is that it is a trend that will continue as the CBHSSJB continues to implement preventative and curative programs as part of the *Strategic Regional Plan*.

Years	*2003-04*	*2004-05*	*2005-06*	*2006-07*	*2007-08*	*2008-09*
Signaled	*1079*	*1141*	*1169*	*1121*	*965*	*951*
Retained	*952*	*933*	*1026*	*918*	*842*	*711*

An analysis of the numbers show that of the 711 cases retained were related to negligence due to lifestyle factors such as drinking, drugging and partying. Of the active youth protection cases, the largest numbers were in Mistissini (158) followed by Waskaganish (135) and then Chisasibi (121), and Waswanipi has shown an increase in the number of cases (74).

The number of times that children were placed in foster care during the year 2008-09 is 3,263 compared to 3,076 in the previous year, although there was an increase in the number of days that children spent in foster care, i.e. 73,005 in 2008-09 compared with 70,160 in 2007-08. As in previous years, the major number of the children placed under foster care (3,263) is in the age range of 0-11.

A total of 59 children from various communities were placed in the Group Homes and outside the Foster Homes, mostly for protective and custody reasons.

The number of adoptions regionally during 2008-09 is 29 (compared with 24 the previous year) with the highest number (12) being in Whapmagoostui.

For young offenders the regional total was 274 cases, which is escalating compared with 210 the previous year, with the highest number being in Mistissini (76) followed by Waswanipi (50) and then Waskaganish (43) followed by Whapmagoostui (38). The number of cases has also increased in the communities of Chisasibi (31) and Ouje-Bougoumou (12). The communities of Nemaska, Eastmain and Wemindji are at the average number of 10.

Operational Planning

The regional average for the CBHSSJB was 22.7 cases per worker in 2008-09 compared with 21 cases per worker in the rest of the province. With the addition of 11 new front-line positions (from new MSSSQ funding) the regional average was 24.8 cases per worker based on the number of active cases within the last 2 years. This improvement is now apparent in all the communities due to recruiting of trained and competent staff, despite the delays caused by overwhelming demands placed on the Human Resources

Department with regards to overall hiring of new staff in all departments. The community of Nemaska was one of those presenting a greater number of challenges in recruiting and retaining staff in Youth Protection. It ended up hiring a worker from outside the community when housing was made available.

Congratulations to the Youth Protection Team Leaders in the communities for their efforts to ensure better supervision and support of front-line staff and ensuring community members receive the services they are entitled to. There is continued planning and updating of services every 3 months for Team Leaders and a presentation from Youth Healing Services.

Young Offender Program

Much work has been accomplished on the development of the Young Offender document which has gone to the Social Services Committee. Revisions were made from the recommendations. It is expected that the program document along with the policy and procedures will be completed, approved and implemented this year.

The client numbers remain consistent throughout the communities. The number of violence-related charges is increasing and involves more serious crimes. A number of these cases are alcohol and drug related. The Young Offender Workers in each community continue to provide support and one-on-one contact with the clients. The Young Offender Workers are active within their respective communities and available to work in partnership with the school and school committee on addressing behavioral issues. The Workers also work in partnership with local agencies/departments to ensure they are addressing the needs of the Youth. Local resources such as Elders are being used to talk with the at risk youth who are involved with the law and who are at risk as well as the parents.

Areas in need of strengthening with regard to Young Offender issues have been identified through research and discussion in Team Leader meetings and with the PPRO-YO. The DYP-Interim has been coordinating training for Young Offender Workers that will best address these concerns. Batshaw correctional facility has been in contact to provide group training and to familiarize Workers with their programming. This will give the Workers an opportunity to ask questions and share their intervention techniques. The PPRO-YO continues to provide support to the YO workers and the program.

One of focuses for this coming year will be on Youth and Parental involvement and Promotion of the Young Offender program, named “Uschiniischiuu Cheishnaagachihtaat Uupimaatiisin – Youth Leading a Balanced Life”. The PPRO-Young Offender and PPRO-Foster Homes will be working together on developing funding proposals that will benefit both programs.

As a complement the Young Offenders Program, the unique program is available to youth to provide the best possible resources to address their needs and recognize their accomplishments.

Foster Home Program

The PPRO/Foster Homes has completed the foster parents pamphlet and a poster to recruit new foster parents. Community visits were done in Chisasibi, Waskaganish, Nemaska, Mistissinni, Ouje-Bougoumou and Waswanipi. Still to visit are Whapmagoostui, Wemindji and Eastmain. The plan is to complete the community tour before the end of 2009. Assessment tools, guidelines, protocols for child abuse, questionnaires, forms, and resource material for foster care were developed. An awareness campaign for foster care and child abuse prevention were prepared. Consultations and support with workers were done in the Cree Territory on an on-going basis as well as participation in Team Leaders Management meetings and a Regional Advisory for Special Needs Children Committee.

In progress is a draft Foster Parent Manual, Workshop Manual for Foster Home Workers, Foster Parent Orientation Handbook, Orientation package, and job description for Foster Home Workers.

The Policies and Procedures for Foster care will be finalized upon completion of the community tour. These will be presented to the Executive and the Board of Directors after completion of revisions.

Future projects include workshops with Foster Home Workers (train the trainer approach) and a training program and support for special needs children and families. The long-term plan is to have a certification training program for foster parents and a training program for foster home workers.

Other Activities

Another important part of the operational goals for the Youth Protection Department in 2009-10 was to begin the process of implementing a new system for the Social Services programming. This will give more accurate statistical and consistent information on the caseload. With the assistance of a consultant, we will need to identify and assess the information requirements and training needs for the Workers. The consultant will also coordinate the implementation process.

Future Challenges

Most of the hiring is now quite complete, except for the community of Chisasibi which is still a challenge due to office space. Before he left the Health Board, Mr. Bishop had already started meeting the inland employees individually to assess their understanding their functions and performance issues. Training for new workers in both Young Offenders and Youth Protection has to be planned and continued. This is to be continued as soon as a full-time DYP is hired. It is also consistent with the Cree Nation Vision Statement established in Ouje-Bougoumou in 1999 which expresses the need for greater accountability.

Meanwhile, it is quite a challenge to accomplish these tasks in the absence of a full-time DYP since last year. It is quite a challenging experience for the Assistant DYP/DYP to fully carry such an enormous duty with the ultimate goal of ensuring the highest level of youth protection services to children and families in Eeyou Istchee.

Mary Bearskin, BSW
Director of Youth Protection, interim

Cree Patient Services

Mostly outside the Cree region, infrastructures are in place for reception, lodging and interpretation services for the Cree beneficiaries requiring specialized health care not provided locally. Those infrastructures are Cree Patient Services offices, which exist to facilitate the provision of a number of the Non-Insured Health Benefits to the Cree community beneficiaries. The non-insured health benefits provided are: transportation, lodging, accommodations, and interpretation services.

Cree Patient Services are located in 3 strategic localities: Chibougamau, Montreal and Val d'Or. Those 3 offices employ 64 employees: 45 positions permanent full-time, 6 positions permanent part-time, and 13 occasional employees.

Following the September 2007 computer program crash, the firm Sogescom was hired as of August 2008 to build new computer software. This software will improve the scheduling of the beneficiaries medical appointments, transport and lodging and also include many statistics not possible with the old software.

Again this year, we can see the change in the health system and therefore fewer specialists are practising in the regions. CPS had to adapt to those changes as per policies by processing patient medical requests to the nearest facility where the services are provided or where the medical corridors are organized.

CPS Chibougamau

This office is situated in the Chibougamau Hospital where 6 full-time staff are employed; 1 administrative agent, 3 northern establishment attendants, and 2 liaison nurses. The positions are all filled. The Head CPS Montreal - Chibougamau covers this unit at a distance. This year, they received 46 % of all CPS arrivals; they received 8240 clients, an increase of 9% from last year.

CPS Chibougamau

NUMBER OF ARRIVAL PATIENTS & ESCORTS PER YEAR

YEAR 00-01	**YEAR 01-02**	**YEAR 02-03**	**YEAR 03-04**	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08	YEAR 08-09
6 307	7 533	8 287	9 002	7814	7571	7586	7119	8240
				% INCREASE PER YEAR				
3.53	19.44	10.00	8.63	(-13.19)	(-3.11)	0.20	(-6.16)	9.00

The digital system for medical files was not established because of a lack of available personnel, and we are waiting for the Patient Master Index to be put in place. However the sorting of files was started in late fall 2008.

The relocation of the CPS office to the Chibougamau Hospital did not happen; discussions will hopefully be ongoing in the next year with the hospital direction.

Liaison Chisasibi (Under Hospital Administration)

From the statistics, this unit received 276 clients; a decrease of 15% from last year. This decrease could be explained by the few specialists' visits at the hospital.

CPS Chisasibi

NUMBER OF ARRIVAL PATIENTS & ESCORTS PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08	YEAR 08-09
899	1224	1295	921	879	875	813	324	276
% INCREASE PER YEAR								
24.86	36.15	5.80	(-28.88)	(-4.56)	(-0.46)	(-7.09)	(-60.15)	(-15.00)

CPS Montreal

This office is situated at the Faubourg Ste-Catherine in downtown Montreal, close to several hospitals of the region. The employees working from this office are: 1 Director, 1 Head, 1 Administrative Technician, 4 Liaison Nurses, 1 Social Worker, 2 Medical Secretaries, 1 Receptionist, 2 Northern Establishment Attendants, 2 Administrative ''Dispatch" Agents, 3 full-time Drivers, 3 part-time Drivers plus a few occasional.

The provincial difficulty of recruiting nurses was resolved by hiring an agency nurse for 12 weeks from April to September 2008, the return of a nurse at the end of her leave in June, and the recruitment of a new nurse in July. In September 2008, a fourth position Liaison Nurse and a second position Medical Secretary were approved.

February 2009: because of an existing nephrology corridor in Montreal, especially for haemodialysis, all our patients are now referred there.

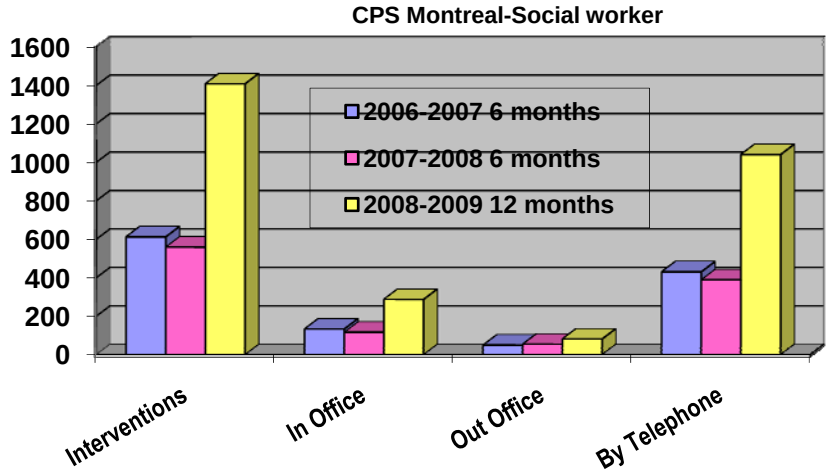
This unit received 18% of the CPS arrivals, 3218 clients; an increase of 24% from last year. The increase can be explained by specialties not being available closer to the region and new medical corridors. Other statistic showed that an average of 45 patients every day were in Montreal; this is not including the familial escorts. Last year there was an average of 31 patients per day.

CPS Montreal

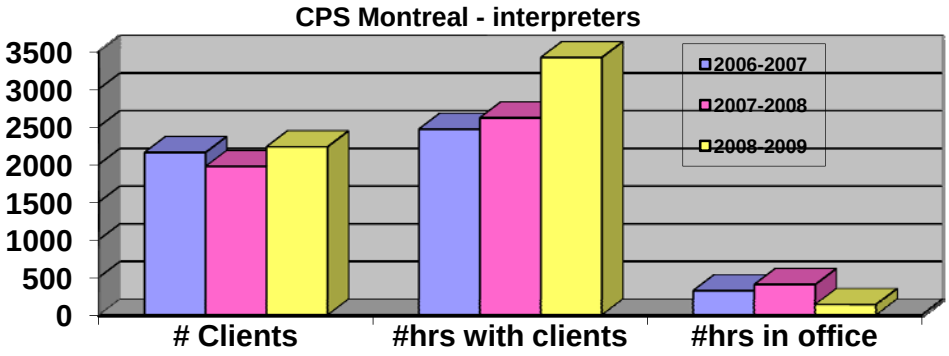
NUMBER OF ARRIVAL PATIENTS & ESCORTS PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08	YEAR 08-09
1 756	1 852	2 052	2 093	2333	2594	2760	2591	3218
% INCREASE PER YEAR								
34.97	5.47	10.80	2.00	11.47	11.19	6.40	(-6.12)	24.00

The Social Worker was in place for the whole year and was involved in 1408 interventions this year. It is approximately a 25% increase and it follows the number of clients' arrivals. The presence of a Social Worker is a valuable assistance and support to the Youth Protection Workers, which helps decrease travel time from the communities.



The two northern establishment attendants went in 10 different hospitals of the region. They interpreted and visited 2231 clients for the clinic appointments and or hospitalization compare to 1972 last year, an increase of 13%. With the increase of patients, they spent more hours with them: 3417 hours compare to 2616 hours last year, an increase of 31%. Because of replacement employees, they were less required to help in the office: 140 hours compare to 404 hours last year, a decrease of 65%.



Until January 2009, we provided an office space for a Human Resource employee. She was transferred to the office on Duke St.

The conference room was occupied 42% of the time. An increase of 60% was noted in the last 5 periods. It is explained by the videoconference setup November 2008 and by the transfer of Public Health department to Mistissini September 2008.

Two new boarding homes were opened;

- April 2008: Mr. José Reyes
- August 2008: Mr. Richard Langlois

CPS Val d'Or

The office is situated in the hospital Val d'Or where we have as employees; 1 head, 1 executive secretary, 1 administration technician, 7 liaison nurses, 1 social worker, 3 medical secretaries, 1 receptionist, 3 northern establishment attendants, 1 administrative agent for the computer software, 1 part-time secretary, 2 drivers full-time, 2 drivers part-time and some occasional employees. The new position of administrative technician was approved and filled by January 2009.

Also in Val d'Or the problem of nurse recruitment was felt. It was solved by hiring an agency nurse for 10 weeks. There was a total of 4-5 liaison nurses for the summer instead of the 6 liaison nurses required.

Since July 2008 the orthopaedic department in Amos does not accept elective lumbar and cervical spine referrals, these referrals are transferred to Montreal. February 2009, all nephrology referrals are sent to Montreal to be seen within the RUIS McGill corridor where we already have an agreement for haemodialysis.

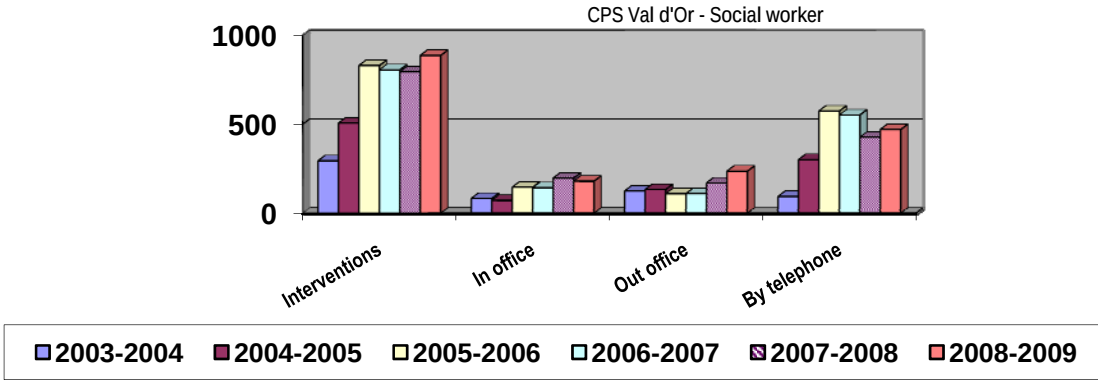
This unit received 33% of all arrivals, a total of 5847 clients and an increase of 7% from last year.

CPS Val d'Or

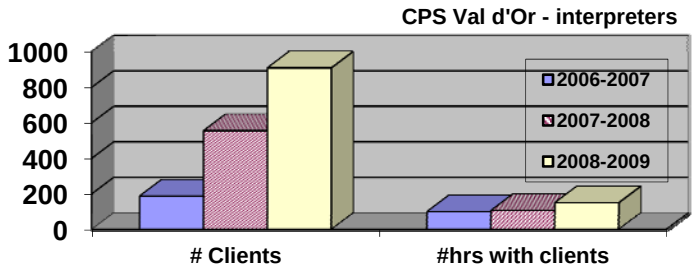
NUMBER OF ARRIVAL PATIENTS & ESCORTS PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08	YEAR 08-09
4 061	4 177	4 559	5 010	4868	5330	5314	5462	5847
% INCREASE PER YEAR								
22.10	2.86	9.15	9.89	(-2.83)	9.49	(-0.30)	2.79	7.00

The clients from Cree communities coming to Val d'Or for medical reasons are able to benefit from the service of a Social Worker. The Social Worker was involved in 886 interventions. The interventions are divided into: in-office consultation, out-of-office consultation, and telephone consultation. The Social Worker brings valuable assistance and support to the Youth Protection Workers, which helps decrease travel time for the Community Workers.



The Northern Establishment Attendants (3), who also do secretarial tasks, interpret and visit the patients mainly at the Val d'Or hospital. They interpreted for 909 patients hospitalized or during their medical appointments, an increase of 63% from last year.



The boarding home of Mrs Denise Gervais was closed August 2008 and we were not able to replace it.

All Cree Patient Services

The total arrivals of patients and familial escorts to the 3 points of CPS and Liaison department in Chisasibi was 17 581, an increase of 13% from last year.

All CPS

NUMBER OF ARRIVAL PATIENTS & ESCORTS PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08	YEAR 08-09
12 708	14 786	16 193	17 026	15 930	16 370	16 473	15 496	17 581
% INCREASE PER YEAR								
11.09	16.35	9.52	5.14	(-6.44)	2.76	0.63	(-5.93)	13.00

This year the Montreal and Val d'Or CPS sent a total of 178 Cancellation Of Appointment letters for non-valid reasons compared to 213 last year. The main non valid reason is – no show at transport. From these letters, 233 medical appointments had to be cancelled and most of these were not replaced because of the short notice from the clients. These cancellations extend the waiting period for our clients in the same specialty.

The request form, "Other Circumstances,'' is filled out when a client medically requires a familial escort and does not conform to the approved circumstances of the NIHB transport policy. Last year 136 requests were sent to CPS. Out of these, 102 were approved and 34 were refused.

In collaboration with the I.T. department the CPS software is under construction and should be delivered by October 2009.

The CPS philosophy is based on respect and equity for everyone. We are promoting autonomy for all patients, and we know that an important step towards that goal is to provide information to the clients.

Caroline Rosa
Director
Cree Patient Services

DPS-M _RMUA Office

In 2008-2009 the DSP-M_RMUA position remained vacant. Progress to officialise, in writing, on-going services or to develop new services with partner establishments located in Abitibi/Témiscamingue, Chibougamau and Montreal regions proceeded at a slower pace than expected. In order to more rapidly reach expected results in 2009-10, the CBHSSJB retained the services of Dr. Guy Bisson as Medical Advisor. With his knowledge and understanding of the CBHSSJB organizational culture and challenges as well as with his expertise in the functioning of the provincial health network, Dr. Bisson will certainly contribute in creating the momentum necessary to advance the formalizing or development of our "corridors of services" with aforementioned regions.

This being said, the DSP-M_RMUA office was nevertheless involved in several active files, such as:

- April 2008- Drafting and submission of financial report to MSSSQ regarding the FMR program related to the funding framework guidelines setting out monetary and training incentives to recruit or retain doctors in isolated regions;
- April 2008 review of agreement related to in the field training of Dental Hygienist students from the CEGEP of Saint-Hyacinthe in Region 18;
- May 2008 review and drafting of SRP DPS-M/DRAMU completion rate;
- May 2008 draft of a Pharmacist consultation services contract in relation to the review of the therapeutic medical guidelines used in the community clinics.
- June 2008 review and drafting of a four year agreement for Orthodontics services in Region 18;
- August 2008 review of board documentation for appointment of Head of Dentistry for Region 18
- August 2008 agreement with Ville Marie Radiology Centre to carry out bone density exams in Montreal for beneficiaries of Region 18.
- September 2008 review and submission of financial report to MSSSQ regarding the PFMD program related to medical resident training program in Region 18;
- October 2008 review and drafting of a four year agreement for Dental Oral and Maxillo -Facial surgery services in Region 18;
- November 2008 review and drafting of a three year agreement for Denturology services in Region 18;
- January 2009 review of Laboratory Services contract with the Centre de Santé et Services Sociaux de la Vallée-de- l'Or
- February 2009 review of Physiotherapist field placement agreement;
- February 2009 review and drafting of a yearly service contract to ensure Optician services in Region 18
- March 2009 review of proposed services agreement with Constance-Lethbridge Rehabilitation Centre. Final approval expected in May 2009.
- March 2009 review and drafting of a one year agreement ensuring the preventive maintenance of dental equipment in Region 18. Option to extend contract for an additional year available ;
- March 2009 drafting of a services contract to ensure Medical Advisory Services related but not limited to: tele-medicine applications, inter establishments services contract, review of Specialized Services in Region 18.
- March 2009 meeting with representatives of Region 10 to determined calendar and review subjects to complete proposed agreement in principal tabled in 2008.

- March 2009 meeting with main actors in the delivery of the Nephrology Services in Chisasibi. Recommendations to maintain and/or upgrade services forthcoming in 2009-10 with implementation components if required.

As mentioned in last year annual report, telehealth will play an important and increasing role in isolated regions such as ours in relation to offering remote health consultations in different medical specialties thus reducing the time for diagnosis, treatment and follow up of patients as well as the number of beneficiaries required to receive such services outside our region. Mrs. Céline Laforest continued in 2008-09 to represent the Cree Health Board on the RUIS-McGill telehealth coordinating committee. Discussions with concerned health professionals on new specific tele-medicine health applications continued during last year and hopefully, development and implementation of related applications will materialize in 2009-10.

As in 2007-08, the DPS-Medical Office was fortunate in 2008-09, to rely again on the continuing presence and experience of Mr. François Lavoie, as Head of Pharmacy Department and Dr. Jimmy Deschesnes as Head of the Medicine Department, to oversee the planning and delivery of care and services in each of their particular fields of responsibilities. In addition, Dr. Lucie Papineau was appointed Head of the Dentistry Department in replacement of Dr. Felix Girard who took a leave of absence to pursue his studies in Public Health. Dr. Papineau has been working in the dental field for the Cree Health Board since 1991 and brings with her a very good understanding of dental issues and challenges in our Region, with a drive and dedication to reach tangible results as can be witnessed in the Dentistry Department annual report.

In addition, I must once again underline the continuous hard work, commitment and dedication of our support staff: Mrs. Danielle Lebeau, Jacinthe Tondreau and Catherine Sam, in addressing the multiple administrative needs and requirements generated by our part-time and full-time health professionals (doctors, specialists, dentists, pharmacists, medical residents, summer medical students, etc.) as well as by concerned governmental agencies (RAMQ, MSSQ, etc.) and associated health establishments. A review of administrative support activities and capacities was carried out in 2008-09 and will result in requesting additional personnel on a full-time and part-time basis for the incoming years.

Unfortunately, the Cree Health Board had no success in 2008-09 in hiring full-time Pharmacists in Region 18. Fortunately the Head of Pharmacy Department has been able to sustain services with part-time Pharmacists. On the other hand, as mentioned in last year report, unless concerned department and personnel can initiate and reach an agreement with concerned parties (MSSSQ, OPQ, APES) on long-term competitive incentives and benefits to attract Pharmacists, only basic services will continue to be delivered with a continuous high exposure to breach of services at some point in time in the near future. As for general practitioners, one additional GP was recruited in 2008-09 and will join our medical team in September 2009.

Michel Plouffe
Administrative Director of Professional Services -Medical

Miyupimaatisiiun Group: Community Miyupimaatisiiun Centres (CMC)

Ouje-Bougoumou Community Miyupimaatisiiun Centre

In the past the Cree Board of Health & Social Services had limited services. At the 1999 Special Assembly held in Ouje-Bougoumou, the principles and goals of a Cree service were articulated – eventually becoming the framework for the Strategic Regional Plan. The needs of the people were heard and the services we have provided this past fiscal year has improved. Since 1994, the staff at Ouje-Bougoumou has expanded dramatically. While many of the new positions have yet to be staffed, many are already hired and serving the community. Below is a comparison of what was there in 1994 and what is approved for today.

***Ouje-Bougoumou staff in* 1994**

1 Local Director
2 Nurses (full-time)
1 Beneficiary Attendant
1 Community Health Representative
1 Occupational Therapist (shared w/ Nemaska)
1 Patient Van Driver
1 Human Relations Officer (shared w/Nemaska)
1 CLSC Community Worker
1 NNADAP Worker
1 Youth Protection Worker

Ouje-Bougoumou CMC staff as of March 31, 2009

LOCAL DIRECTOR

CURRENT SERVICES/CHISHAAYIYUU

1 Coordinator of Current Services/Chishaayiyuu
2.5 Nurses (full-time)
2 Nurses (replacements)
1 Nutritionist
1 Attendant in a Northern Institution
1 Community Health Representative
1 Occupational Therapist (shared w/ Nemaska)
1 Physiotherapist
1 Dietician/Nutritionist
1 Human Relations Officer (.5)
1 Community Worker
1 Doctor (.5)
1 Dentist
1 Dental Hygienist
1 Dental Assistant

Cree Home & Community Care Program:

1 Homecare Nurse (federal - HCCP)
1 Community Worker (federal - HCCP)
Rehabilitation Monitor (federal - HCCP)
2 Homecare Workers

Multi-Service Day Center:

1 Activity Team Leader
1 HRO
1 Psycho-Educator
1 Social Assistant Technician
1 Educator Instructor
1 Rehabilitation Assistant

AWASH/USCHINIICHISUU

1 Coordinator, Awash/Uschiniichisuu	2 Social Workers
1 (Clinical) School Nurse	1 Community Worker
1.5 Health Centre Nurses	3 CHRs
1 Community Organizer	1 NNADAP Worker (federal)

YOUTH PROTECTION:

1 Team Leader (.5)	1 Youth Protection Admin Officer (class 2)
1 Youth Protection Worker	Emergency Worker (1 EFT, occasional
1 Foster Home/Young Offender Worker	status)

ADMINISTRATIVE RESOURCES

1 Coordinator of Administrative Resources	1 Cook
1 Administrative Technician	1 Assistant Cook (.45)
1.75 Administrative Officers (class 4)	2 Maintenance Workers
3 Administrative Officers (class 2)	1 Driver
2 Housekeepers (Heavy)	
2 Housekeepers (Light)	

INTEGRATED SERVICES

In early 2009, Ouje-Bougoumou was identified as a community with sufficient conditions of readiness to begin the process of integrating programs and services. This approach is at the heart of the Board's strategy for supporting improved health and well-being of the Crees. Orientation and training of staff began in 2008-2009 and is continuing into 2009-2010.

CURRENT SERVICES and CHISHAAYIYUU PROGRAMS AND SERVICES

The first Coordinator of Current Services and Chishaayiyuu for Ouje-Bougoumou was hired on August 18th, 2008. Pierre Lariviere, a long-standing employee of the Board also acted as Local Director when he first came. The Current Services/Chishaayiyuu Team currently has two full-time and one half-time nurse positions plus two full time replacements positions. As of April, most of the nursing team was in place. In addition, the home care team is working well within the Chishaayiyuu team – with a nurse, CHR and community worker in place. A Rehabilitation Assistant position remained vacant.

Office space remains a problem that the Board is planning to address with an expanded or new community Miyupimaatisiiun centre.

In addition to the staff present in the community, the Coordinator also directs and facilitates the services of visiting professionals, including medical specialists, and a Speech Therapist and Respiratory Therapist, both of whom are based in Mistissini.

Total patient/physician visits	710
Total curative nursing visits	7,495
Nutritionist	
• CPNP clients	37
• Diabetes program clients	57
• Homecare clientele	1
Total clientele	95

Multi-Service Day Center (MSDC) - opened 2007

The MSDC statistics reflect the developing stage of the service, as in most of the Cree communities. The purchase of adapted transportation vehicles in 2009-2010 is expected to have a positive impact on access to these remarkable services.

- New referrals 5
- Referral follow-ups 3
- Initial contacts completed 17
- Participants 34
- Care plans completed 9
- Care plans revised 8

Cree Home and Community Care

This service is increasingly integrated with the MSDC program due to the overlap of clientele in the two services. Home care services have been present in Ouje-Bougoumou since the early 2000s, and the service is led by one of the longest-standing homecare nurses on the Territory, Madeline Madaire.

- Home visits 470
- Clients 15
- Hours of direct service 667

Dental Services

An improvement in dental services was identified as an early priority of the Strategic Regional Plan. There were 1,045 visits in Ouje-Bougoumou in 2008-2009, where services are led by Dr. Lucie Papineau, who in 2008-2009 was also designated as the Board's lead for dental services.

Medical Services

Normally the visiting physician comes to our clinic once every four to five weeks. Dr. Duery had 710 visits with the clients this past fiscal year 2008-2009. With the normal existing Nursing staff we had 7,495 patients to be seen during this past fiscal year 2008-2009.

There was a relatively high turnover of nurses in Ouje-Bougoumou this past year - three Nurses resigned and one returned after a six month leave.

In all the Coordinator will have twenty-five personnel to implement and enhance the existing and developing integrated approaches to the delivery of programs for the community of Ouje-Bougoumou.

AWASH & USCHINIICHISUU

The first Coordinator of Awash & Uschiniichisuu, Janie Wapachee, started on January 19th, 2009. She is working hard to recruit workers in this department and introduce the integrated services approach to services. Once again, the lack of office space is a challenge to overcome. A Nurse already with the team went to Mistissini in February, 2009 to train with their team in the integrated approach. The approach to integrated services is most developed in Awash, where the overall service – the blend of care providers and services for any individual or family - is called Amaskuupimatiseat Awash. The development of programs in Uschiniichisuu is largely a work-in-progress, so at this point staff are working according to their respective disciplines but learning to adopt the principles of integration.

In total the Head of Awash & Uschiniichisuu will have ten personnel and work to enhance the programs and services. It will be a challenge to integrate the services and learning to work as a team.

ADMINISTRATIVE RESOURCES

The Coordinator of Administrative Resources was not yet hired vacant on March 31st but the team was already starting to be assembled. This group will support the administrative needs and physical up-keep of CHB programs and buildings. A key aspect of the new organizational design is the decentralization of certain administrative decision-making and functions, to improve the ability of local staff to act in a timely and appropriate way.

The Coordinator will have fifteen personnel, and many of these positions will be new. The coming year will hopefully see substantial development of this team.

CONCLUSION

When the Strategic Regional Plan is fully implemented, Ouje-Bougoumou will have fifty staff, compared to the eleven in 1994 and the thirty-five staff present on March 31, 2008.

Aside from numbers, the quality and range of services available, and the ability to network with other community service providers and groups will be dramatically improved. Along this line, a five day Community Action Plan workshop was held in Ouje-Bougoumou on June 13th-17th 2008. In these workshops all entities such as the Cree School Board, the Police Department, the C.H.B, the Board of Compensation, the Fire Department, etc. had their own booths for the services they provide to the community members. This gave a good overview of what is there now, and it also gave the population a chance to speak of what is lacking in each sector, and what is needed to enhance the services given.

Susan Mark
Local Director
Ouje-Bougoumou Miyupimaatisiiun Centre

Waswanipi Community Miyupimaatisiiun Centre

Introduction

There were a number of internal and external complaints in the first part of the year, especially with regard to confidentiality and security, but efforts were made to address these complaints.

One of the main objectives for this past year was to hire the three Heads as soon as possible. We now have a Head of Awash and Uschiniichisuu. We still need to proceed with the Human Resources Department to interview and hire the Head of Current and Chishaayiyuu, and the Head of Administration. There has been a significant changeover of staff, particularly in nursing. Other key personnel who have left for various reasons have been very difficult to replace, i.e. the School Nurse. Throughout the year, a lot of energy was invested in adapting to change and integration. In the late fall, the regional integration team came to Waswanipi and held discussions on the steps to be taken toward integration of our services. Unfortunately, there were changes within the regional support team and there was no follow-up. This does not stop us from planning facilities for new staff to be hired to assist the Heads. We are actively involved with office management planning. The Material Resources Department must be involved with local management in this process.

Our first initiative is the Awash program, therefore we are planning orientation meetings with regional staff for the implementation of its programs.

For the local Centre, operational plans and budgets were planned again this past year. This continues to be an important local responsibility and a task which requires much planning time.

- We now have 20 new apartments on Tamarack Street, of which 6 are new one-bedroom transits. This gives a total of 41 apartments.
- A Cree Nurse, our first, arrived at our clinic in the winter.
- The support staff project was finally accepted, and we began the process with the Human Resources Department to fill these positions. These include Receptionists, Secretaries, a Medical Secretary, an Executive Secretary, an Archives support, and additional permanent Homecare Workers.
- Two of our staff, a CHR and a Rehabilitation Assistant, are successfully completing their first year training in Chibougamau to become Nurses.

Integration Process

Most professional staff has begun multi-disciplinary meetings on various issues. The HCCP is a good example. The health staff and Social Services have also begun to work more closely together. The professional staff is making sincere efforts to meet and discuss case management, support, and holding of regular meetings. The other community Cree entities are also involved. These include other professionals working at schools and band offices. There are informal meetings to support one another in the realization of various local programs and projects. The staff is supporting future multi-disciplinary meetings relating to programs and projects.

The regional staff came to Waswanipi in November 2008 for their first official meeting on integrated services. This meeting went well and plans were made for follow-up activities and meetings, but staff changes hindered further progress. The Head of Awash and Uschiniichisuu made plans to meet the regional support Awash consultants concerning implementation of the Awash program in Waswanipi.

Relationship with the Community

Our staff participated in the NAASHABETAU and CHIIWETAAU cultural and youth activities by providing support and workshop type activities on a rotation basis. The community was all but in agreement to have cultural activities at Old Waswanipi Post but due to the Chapais residue mine leak into the Waswanipi river system, the activities were divided between the Old Post and the community itself.

Even with lack of Health staff, there was a successful vaccination program given at the schools in the fall. Assistance was given to the Vocational School kitchen services to provide meals for MSDC participants.

The Elders Home was built on the first floor of the MSDC. Our staff participated as consultants and committee members with the staff from the Waswanipi First Nation in planning for this Centre. A major construction of this size comes with inconveniences of noise, dust and smell. This caused some frustration with the staff at the MSDC throughout the year.

Programs and Services

Health

In the fall of 2008, difficulty in acquiring nurses was noted and there is still a lot of movement within the nursing staff. Three nurses are leaving and plans have been made to replace them. There has also been no school nurse in place for a year-and-a-half. A replacement would undoubtedly have helped in the delivery of various health programs at the school. In spite of this situation, the Acting Head Nurse has done good work in providing support for our users. Three nurses participated in a two half-day blitz at the school to give two types of vaccinations. The foot-care nurse has been very beneficial for the community and has been well appreciated. She always has a full schedule at the MSDC nursing office, and a request has been made to have a permanent ventilated examination room for this professional. More public relations and workshops regarding foot care are needed, especially for the youth.

The *carte soleil* issue continues to be a problem. Many of our users still do not have a valid health insurance card. We anticipate a regional project to assist in solving this critical issue. Cree entities should be actively involved in promoting public education and individual responsibility to solve this issue.

We have had significant periods without a doctor in the community. With the *depanneur* doctors we have had throughout the year, we noticed a lack of statistics. However, statistics were collected by the permanent doctor last spring before he left for Mistissini as follows:

- The nurses saw a total of 10,958 patients.
- The resident doctor saw 860.
- The pharmacy did 4590 refills.
- There were 92 urgent transfers by ambulance to the Chibougamau hospital.
- There were 1603 patients that used our clinic van to get to the Chibougamau hospital.
- These statistics were forwarded to the regional Health Coordinator.

Both of the Community Health Representatives have been busy with their various programs. They are an important link with the community concerning health issues. One CHR works mostly on diabetes-related issues, and the other CHR works on the various health programs for the public. . The diabetes clinic saw 535 people throughout the year, 497 of them at the clinic. 237 persons were met on first visits, and 260 on follow-ups. The CHRs participated in various workshops in the community. One CHR started in the middle of the year, received on-the-job training from the more experienced CHR, and met 212 persons since period 9.

Social Services

The team is composed of 2 HROs, 1 Community Worker- CLSC, 1 Homecare Program Community Worker and 1 Social Worker at the school, interim. One HRO is with MSDC. This team works with the health team and Youth Protection staff. It is significant to mention the work done by the School Social Worker. This person has permitted to assist the whole Social Services team. The Social Worker works with the School Board Psycho-educator and they make a great team at the schools.

A time-consuming review of the file system started last year and is soon to be finished by the HRO. The DSP Social is aware of the developments in this project. The number of interventions by the Community Worker CLSC at period 13 is 198, and the number of beneficiaries accumulated is 289.

Homecare and Community Care Program

A local review was made in the fall 2008 and homecare hours were cut by the review team. Our full team included the services of a Physiotherapist and an Occupational Therapist. The new Homecare Nurse started at the end of August 2008. The HCCP Community Worker began work in June 2008 and was on sick leave for about six months. However, the Homecare Worker successfully kept up with the reports and statistics.

Regular meetings have been held with the whole team and with the Homecare Workers. The Homecare Services in the community must be reviewed again because there are more and more people who require this service.

All statistics and reports are up to date with the HCCP.

Physiotherapy

The Physiotherapist, Elise Rajotte, has been proactive throughout the year in covering all the programs in Waswanipi. She regularly visits the young people at the Daycare Centres and kindergartens.

	HCCP	Outpatient
# new	15	38
# discharges	3	24
# clinic visits	8	334
# hospital visits	0	0
# home visits	59	0
# daycare/school visits	45	0
# did not attend visits	14	70
# cancelled visits	5	29
direct care time (minutes)	5810 (96.8hrs)	17,380 (289.6hrs)
non-direct care time (min.)	3250 (54.2hrs.)	28,940 (482.3hrs)

This service is provided for the clinic, MSDC, and Home and Community Care programs. The Physiotherapist is actively involved with the community projects, committees and community activities. There is a waiting list for 60 referrals and this professional needs proactive support from our rehabilitation monitors.

The regional Occupational Therapist left at the end of the year. This is a key position that requires posting as soon as possible to provide rehabilitation services support in Waswanipi.

Youth Protection

The team is stable and has worked well throughout the year. Social services support is needed for parents. There has been a rotation of staff but there is a good core of dedicated staff working toward the protection of youth in the community. The Team Leader has proposed a new “Crash Centre” project for the community that will be presented in the near future.

Multi-Service Day Centre

The Activity Team Leader left last spring and since then there have been postings and selections of no fewer than six interim ATLs, therefore it is difficult to get the team motivated and active. It has been good at times and less productive at other times. The staff has had regular team meetings. Part of the team had the

opportunity of visiting Wemindij this winter and came back motivated to do the same in Waswanipi.

Through the local General assemblies, the MSDC has repeated their message of giving information on their goals and objectives. The MSDC has been involved with the Special Needs file and with clients less than 18 years of age.

Reports and statistics are up to date and have been forwarded to Chisasibi. In summary, there were 30 contacts and 8 participants were followed. Mondays and Fridays are planning days. Tuesday to Thursday, the participants come for various activities. The meals are ordered from the kitchen at the local Vocational Centre.

The Occupational Therapist left at the end of the year for other employment in the south. The Psycho-educator left on maternity leave in the fall 2008.

At the end of the year, we were awaiting the end of the process of selecting the ATL. An orientation will be needed and, together with other new staff, they will go to the MSDC in Wemindij for a week.

Offices

Throughout the year, we planned for extra office space for the new staff to be hired. There are different scenarios and possibilities for extra office space which could be temporary until the extension of the main building is done. We are still using two offices at the MSDC for the Administration. In Dentistry, the office space used is very limited because no office space was planned for the Dental Hygienist and there is also a lack of storage space. The reception area in Dentistry was redone to accommodate the Dental Hygienist behind the Receptionist.

Personnel

The number of staff remains the same as last year, around 58. Recently with the Human Resources Department, efforts were undertaken to hire support staff for Health and Social Services.

Efforts were made to put on-call lists up to date.

Staff all needs computer training at different levels. Front-line workers, including Nurses, need crisis management training. An important issue for all personnel is producing and maintaining individual work plans. The staff needs this important training. Tied closely to this issue is time management training. New staff needs training and proper orientation.

Administration

There is presently an interim Head of Administration but the Human Resources process of selection will soon be done.

Plans and Development

The temporary office space plan must be completed and accepted by the staff. There are four different scenarios for using the space now at our disposal. The space areas are 9 Cedar, where there are six living units, the large empty area attached to the MSDC's second floor, the Social services sector of the clinic and the Homecare sector of the clinic. All these possibilities include buying appropriate office furniture, telephone lines and computer connections. Target dates for this project are September and October 2009. This plan is directly related to the integration process.

Conclusion

This has been another year of planning human resources to meet SRP Waswanipi targets. Concurrently, options to provide office space to accommodate new staff are being examined. Lodging is another issue that must be

planned very closely. This work continues and becomes more important for 2009-2010.

More collaborative efforts with the Human Resources Department are required in the overall process of recruiting new staff.

Alan Moar
Local Director
Waswanipi Miyupimaatisiiun Centre

Mistissini Community Miyupimaatisiiun Centre

Introduction

In 2008-2009, progress was made in the implementation of human and material resources to provide integrated services to the clientele. Much work is still required to fully implement adequate and quality services according the vision and mission of the Cree Board of Health and Social Services of James Bay.

The year 2008-2009 also is the beginning of a transition phase. The new organizational chart of the Cree Board of Health and Social Services has been presented to some sectors such as Social Services, the Home and Community Care Program and MSDC. These departments now know that they will have to work as team members for each of the age groups. Furthermore, the Mistissini CMC Administration is working on a presentation that will reflect the integrated services in the age groups that will be presented to the whole staff.

Mistissini CMC Administration

The following personnel are in place, but another Administrative Technician must be hired to complete the team of the Mistissini Community Miyupimaatisiiun Centre Administration.

- Local Director
- Administrative Technician
- Executive Secretary
- Head of Administrative Unit
- Head of Awash Miyupimaatisiiun
- Head of Uschiniichisuu Miyupimaatisiiun
- Head of Chishaayiyuu Miyupimaatisiiun
- Head of Current Services

The Heads of Programs continue to work with the Public Health Department of the Cree Board of Health and Social Services of James Bay in setting up their programs within the age group for which they are responsible. Meetings have taken place between the Mistissini CMC and the Public Health department of the CBHSSJB.

Furthermore, partnerships have been established with different sectors in the community, such as the Mamouwiichiidoodow Committee of Mistissini, consisting of members from various service providers in the community including the Local Director, Head of Uschiniichisuu Miyupimaatisiiun, Head of Chishaayiyuu Miyupimaatisiiun, a Community Health Representative and one doctor from the Current Services from the Mistissini CMC. This committee is very active in dealing with issues that affect the community as a whole.

Awash Miyupimaatisiiun

Personnel

1 Social Worker “Community Organizer”
3 Nurses
4 CHRs
1 Attendant in a Northern Establishment

The mission of Amaskuupimatiseat Awash, the overall approach to programs under Awash Miyupimaatisiiun, is to improve the quality of life of children and young families through individual, group, and community efforts addressing medical, social, environmental and cultural issues that affect their well-being. The program is progressing at a good pace. The long-term goal is to promote intergenerational transmission of healthy life habits and family values to prevent health and psychosocial problems.

In 2008-2009, **2,311** interventions were done, including **200** home visits by either the Community Health Representatives or the Nurses.

A great deal of energy was invested in reinforcing team work and developing working tools to meet the needs of families as to their living environment and community.

Uschiniichisuu Miyupimaatisiiun

Personnel
School Nurse
Community Worker (NNADAP)

The Head of Uschiniichisuu Miyupimaatisiiun has made a lot of progress in establishing partnerships within the community, especially with the schools. The Mamouweechiidoodow Committee understood the need of creating a sub-committee to work on youth issues, therefore created the "Uschiniichisuu Committee" which the Head of Uschiniichisuu is a member of and its role is to provide support to the service providers for the youth, when they need it, e.g. the Youth Centre.

The School Nurse was absent for a good part of the year but returned to work in January 2009. From January 2009 to March 31, 2009, she made **377** individual consultations and **9** group interventions.

She also played a major role in the following accomplishments:

- Planning and Programming of a "teen clinic at the school"; consultations within the community were done to implement the teen clinic which is in place
- Peer Educators (students selected from the school) were given a 3-day training session on HIV prevention
- CLE/CE campaign: screening for potential carriers of CLE/CE
- Chi'keyah Program
- School Nurse promotion: presentations were done at various events in the community on the role of the school nurse
- Last but not least, the School Health Program is on-going.

The hiring of a Social Worker for the schools is still in progress.

NNADAP

One Community Worker working under the NNADAP program provides counseling to a clientele with drug and alcohol abuse problems and makes referrals for treatments for their addictions. For the 2008-2009, due to the workload on one worker, awareness in the community was impossible to do.

The need for prevention in the community has increased a lot in the past year as statistics indicate. The number of interventions done was **1,171** and the number of beneficiaries/consultations was **345**. For clientele requesting to go to treatment for alcohol and drug abuse, there is an increase of **12.6% for interventions** and **105% for consultations** from last year.

This year's National Addiction Awareness Week was done in March 2009. A local planning committee was created to plan, organize and coordinate the activities. Yet again, the community was very supportive by providing financial and human resources support to make this event a success.

Chishaayiyuu Miyupimaatisiiun

The set-up of the program for this age group is slowly becoming a reality. The Head of Chishaayiyuu Miyupimaatisiiun has been in place since October 2007 as interim and was recently hired on a permanent basis.

She is presently responsible for the Social Services sector, the MSDC, and the Home and Community Care Program until such time as the services for this age group are properly set up.

Social Services Sector

3 Community Workers are in place to provide support to individuals and/or family that are in need of counseling.

Number of interventions	**767 (487)**
Number of beneficiaries	**480 (277)**

Home and Community Care Program (Federal)

1 Homecare Nurse
1 Community Worker
1 Rehabilitation Monitor
1 Occupational Therapist/Inland (was based in Mistissini but moved to Ouje-Bougoumou)

Homecare services (Provincial)

1 Nurse
7.5 Homecare Workers

The Home and Community Care Program continues to provide adequate and continuous care to the clientele that require homecare services.

Total of hours for homecare	***32,667***
Number of clients receiving homecare	**119**

Multi-Services Day Centre

1 Activity Team Leader
2 Education Monitors
1 Psycho-educator
1 Physiotherapist
2 Rehabilitation Monitors
1 Secretary
1 Cook
1 Assistant Cook
1 Food service Attendant

The main objectives of the MSDC were partially attained.

The staff is more creative in the development of new activities. Emphasis was put on setting up a better communication system, such as more announcements on the local radio or presentations at local gatherings, to provide information and update the community on the services that are offered at the MSDC.

Awareness on mental illness was done, and tele-workshops were presented throughout the year to the community. Information and pamphlets on mental illness were distributed during the Community Wellness Week.

A workshop on special needs was also presented at the MSDC. A total of 30 participants were present.

The services of the physiotherapist, occupational therapist and psycho-educator are maintained and the majority of their clientele are out-patients (clinic/hospital).

Furthermore, the hiring of the kitchen staff permitted the provision of well-balanced meals to participants. The number of participants varies from **7 to 9** on daily activities.

To improve the quality of services the following training/workshops were provided to the staff:

- Non-violent Crisis Intervention
- Nutrition and Wellness
- National Training Program

Current Services

For the year 2008-2009 we have seen an increase in traumas due to alcohol and drug abuse.

Three (3) permanent doctors are in place with a "depanneur" that comes in to replace for holidays. These doctors see clients on an appointment basis and they also do a rotation in the Community Health department.

Number of consultations: 975

Number of consultations with the doctors for clients that come in for curative services: 3040 (within the number of 22,060).

Curative services are provided by the following personnel

7 nurses
1 Liaison nurse
3 Community Health Representatives (1 from the Diabetes Program/included)
3 Attendants in a Northern Establishment
1 Secretary

Community Health

2 Nurses
(2 nurses - on a rotation basis from the current services)
(1 Community Health Representative on a rotation basis from the current services & Diabetes Program)
1 Attendant in a Northern Establishment

1 Liaison Nurse with the help of an "Attendant in a Northern Establishment" from the current services is providing services to clients that need to leave the community for outside consultations and ensure follow-ups when they return to the community.

Statistics for Health Services

1st visit	***12,179***
Follow-ups	***9,881***
Curative	***16,795***
Program	**5,265**

Number of observation hours	***302.25 hrs.***
Number of Elective transport	***2,361***
Births	***56 (28 females & 28 males)***
Deaths	***12 (7 males & 5 females)***

Pre-hospital Services	***200 transfers' inter-hospital***
Number of clients seen by nursing personnel	***22,060***
Number of clients seen by medical personnel	***975***
Number of clients seen by CHRs	***992***
Consultations with specialists	
Pediatrician 247 (183)	
Ophthalmologist	***133 (316)***
Psychologist	***40***
Psychiatrist	***16***
CLARA (mammograms)	
Total Number of Clients	**24,511**

Transportation

1.5 Vehicle Drivers

Transportation is provided to clientele that have to leave the community to receive services in Chibougamau and/or to take a connection to go further down south, Val d'Or, Montreal, etc.

Due to the increasing number of clientele that require dialysis treatment at the Chibougamau Hospital, we have been operating the service with 2 full-time drivers; therefore, a request was made to increase to 2 full-time drivers.

Future Mistissini CMC

The PFT *(Plan Fonctionnel Technique*) for the construction of the new CMC (Cree Miyupimaatisiiun Centre) in Mistissini is finished and approval has been given for the construction. The work that needed to be done, such as preliminary and detailed plans, has been finished and construction is set to begin.

Conclusion

The objectives of the Strategic Regional Plan will continue to be implemented with the facilities that are in place, keeping in mind that its purpose is to provide integrated services to our clientele.

The construction of the new Mistissini CMC is scheduled for July 2009 and until it is ready for operations, work must continue toward integrated services by age group.

Thank you to all personnel of the Mistissini CLSC and others who have assisted in any way, whose dedication and hard work have made the realization of a new CMC a near reality. Keep up the good work.

Annie Trapper
Local Director
Mistissini CMC

Nemaska Community Miyupimaatisiiun Centre

Administrative Team

The current staff of the Administrative Team consists of the following:

- Local Director, Permanent Full-time
- Administrative Officer, Permanent Full-time

The following positions will be posted and hopefully filled by midsummer 2009:

- Administrative Technician
- Head of Current Services/Chishaayiyuu
- Head of Awash/Uschiniichisuu
- Head of Administration Unit

Health Services

Health Services are functioning well despite the lack of office space. The space occupied by medical files/archives needs to be expanded.

The current health staff consists of the following:

- Head Nurse, permanent full-time
- Two Nurses, permanent full-time
- Replacement Nurse
- Beneficiary Attendant in a Northern Establishment, permanent full-time
- Driver, permanent part-time
- General Aid, permanent part-time
- Housekeeping, permanent full-time
- Beneficiary Attendant in a Northern Establishment, permanent part-time
- Secretary, permanent full-time
- Doctor, permanent part-time

Vacant positions

- School Nurse, permanent full-time
- Nutritionist, permanent full-time

Additional staff to be hired

- Nurse
- Maintenance
- Physiotherapist
- CHR

Community Health Representative (CHR)

The CHR continues to work in collaboration with the Nurses and MSDC team in the area of prevention and health promotion activities. Two additional CHRs are definitely required. Total group and individual visits are 829; 670 sessions with clients. 513 participants in school programs/workshops were seen, 56 individual school cases, class visits, 103 home visits and follow-ups, 721 first visits and 108 follow-ups.

Activities:

- Prenatal – mother and child health
- Diabetes

- Dental health
- Nutrition
- Bush Kits
- Regular school visits
- Daycare visits
- Individual counseling
- Radio shows

Dental Services

The dental team consists of the following staff:

- Dentist, permanent part-time
- Dental Technician Assistant, permanent part- time
- Receptionist, permanent part-time

Additional staff to be hired:

- Dental Hygienist, permanent full-time

The Dental Hygienist and the Dentist visit the community on a regular basis. Priority for treatment is given to children and teenagers. Children who require dental treatment under general anesthesia are sent to Montreal.

Social Services

The social services team has been very active in the community. CLSC Community Workers have seen 31 adult clients and 21 youth/children, parenting advice is being provided, referrals are made, domestic related interventions were being provided, various workshops were held, and support was provided to the clinical staff members that have to deal with difficult cases.

The social service team consists of the following staff:

- HRO/Team Leader, temporary full-time
- Community Worker, permanent full-time
- Community Worker, temporary full-time
- NNADAP Worker, temporary full-time
- Young Offender/Foster Home Worker, permanent full-time
- Youth Protection, permanent full-time

Vacant positions

- Emergency Workers

Additional staff to be hired

- 3 Community Workers
- Secretary
- School Social Worker

It is difficult to retain an Emergency Worker. There is a very high turnover, therefore Social Services staff members are currently filling in on rotation.

Youth Protection

The Youth Protection Staff consists of the following staff:

- Community Worker, permanent full-time
- Team Leader, permanent part-time

- Young Offender/Foster Home Worker, permanent full-time
- Community Worker, temporary full-time

The Community Worker left in August 2008. A permanent full-time Worker was finally hired in January 2009. The Young Offender/Foster Home Worker also went on maternity leave in July 2008 but has now resumed work.

Finding foster homes for children has been very challenging. The number of cases for such a small community has increased such that an additional Youth Protection Worker is required.

National Native Alcohol and Drug Abuse Program (NNADAP)

The NNADAP Worker has been working extremely hard. He had 681 sessions with clients, with 8 referrals for treatment. Twenty-three sweatlodges were held, and various workshops on bullying and suicide awareness, 6 field trips to traditional activities, and 3 traditional cleansing and releasing methods.

NNADAP team is as follows

- Social Worker Addictions, temporary full-time (federal)

The following additional staff is recommended:

- Aftercare Addictions Worker
- Awareness and Prevention Worker
- Outreach Worker

A more suitable office space is required for consultations with clients.

Home and Community Care Program (HCCP)

This year, the Worker had 15 clients receiving homecare services on a regular basis. The team has met on a regular basis with respect to case discussions. The Worker has been conducting regular visits with the Doctor and Nurse when required.

The HCCP staff consists of the following:

- Community Worker, temporary full-time (federal)
- Rehabilitation Monitor, presently vacant
- Homecare Worker, permanent full-time
- Homecare Worker, permanent full-time
- Homecare Nurse, permanent full-time (federal)

It is hard to find reliable replacement staff.

Multi-Service Day Centre (MSDC)

Therapeutic services are provided for adults, the elderly, and the disabled.

The MSDC staff consists of the following staff:

- Activity Team Leader, permanent full-time
- Education Monitor, permanent, full-time
- Rehabilitation Monitor, permanent full-time
- Secretary, permanent full-time
- House Keeping (light), permanent part-time
- House Keeping (heavy), permanent part-time
- Maintenance, permanent full-time

Vacant positions

- Occupational Therapist, vacant
- Physical Rehabilitation Therapist

Additional staff to be hired

- Cook
- Assistant Cook
- HRO

The elders in Nemaska still enjoy going to the bush and this explains the low participation in programs. Scheduling activities for mentally challenged clients is also very difficult.

Hopefully, the meal program at the MSDC will be implemented soon.

Conclusion

We are doing everything to have a recall list in place. Training is required for replacements to provide adequate and efficient services.

Nemaska has limited access to immediate help and without qualified replacements or potential candidates it is very hard to maintain continuity of services.

The different departments are working together and making efforts to ensure services are being delivered to the community.

Beatrice Trapper
Local Director
Nemaska CMC

Waskaganish Community Miyupimaatisiiun Centre

Efforts were made to implement the Strategic Regional Plan as it brings new resources that will improve the needs of the community.

With new positions that have been created to meet local needs, our facility has attained its full capacity. We are seeking additional office space with Natamuh Board who may provide us with the vacant Band Office that will provide eleven additional offices.

Storage space is also problematic, requiring use of the basements of apartment transits and vacant units for this purpose.

We do have sufficient housing to accommodate the personnel plan; hiring and housing allocation must be well synchronized.

In 2008-09, Waskaganish had the following specialists visiting the Community Miyupimaatisiiun Centre at various times during the year:

Pediatrics
Dr. Chip Phi visits the community three times per year each April, July, and December. Patients are also referred from Nemaska. He wishes to develop a close collaboration with the Youth Protection and Social Services team with respect to their referrals.

ENT

Dr. Sweet visits twice a year, each February and July. He also sees patients from Nemaska.

Ophthalmologist
Dr. Cheema and Dr. Lindley now make up the main eye specialist team for the community with visits twice a year, each February and July. They also see clients from Nemaska.

Optician/Optometrist
The regular visiting Optician, Marie Trudel, has started to bring along her own Optometrist, Denise Beaudry. Although they were behind on their visits, they manage to come twice this year. The interim Medical Secretary is coordinating the appointments for the ophthalmologist and optician. The Optometrist and Optician as a Non Insured Health Benefits (NIHB) are being applied. Waskaganish is the first community to apply the program since April 2009. It was a big challenge to get started, but Waskaganish is honored to contribute to the new system.

Psychiatry
Dr. G. Morgenstein visits three times a year; in March, July, and September.

Psychology
Psychotherapist Joseph Jolly visits the community on a regular basis. Psychologists Louise Dessertine and Luc Beaudoin also visit regularly. The need for a full-time psychologist is still great. Each psychologist provides consultations 4 days per visit.

Footcare Nurse
Nicole Coquette, the regular visiting Footcare Nurse, visits the community three times a year and with a tremendously busy schedule has often had to extend her visit to meet the needs of the clientele.

The following health care professionals also provide services at the Waskaganish CMC:

Physiotherapy
At the end of January 2008, full-time Physiotherapist Mylène Haché joined the team. It has been very helpful for the clinical team to have a Physiotherapist conveniently available during clinic hours and able to book two appointments for a patient during one visit to the clinic.

Occupational therapist
Luc Joanisse has been a great asset since joining the team in January 2008. Although, he works mainly with the MSDC and Home Care Services, his immediate availability, assistance, and the advice he provides for the clinical staff is very much appreciated, especially by the physicians.

Regular doctors
Dr. Charles Khazzam and Dr. Marie-Carmen Berlie alternate with Dr. David Dannenbaum. Dr. Ingrid Kovitch, Dr. Bertha Fuschman, Dr. Isabelle Deslandes, Dr. Zachary Levine, and Dr. Henri Deguire cover when the regular physicians are not available. This year, Christine and Helen Smeja were also part of the team replacements for a short period of time. On numerous weekends and for approximately a total of five weeks, Chisasibi physicians cover Waskaganish when we are unable to find replacements.

Nursing Team
There are 7 full-time nurses including 1 Homecare Nurse, 1 time-sharing (alternating 2-month period) and the Team Leader/Nurse in Charge. The School Nurse left in the summer. A replacement has yet to be found. The school program is being integrated within regular programs and has been updated by a regular returning Nurse.

There have been a lot of replacements by agency nurses, especially in the summer months, with occasional regular replacements.

The Team Leader/Nurse in Charge position is now covered by 3 Nurses who alternate. The alternation of the Team Leader/Nurse in Charge is intended to prevent burn-out.

Number of consultations		
	Nurses	**Doctors**
Curative visits total	11,957	873
Program total	1,497	1,243

Community Health Representative

There was only one CHR at the beginning of the year, but the hiring a second one on an interim basis for the diabetes program has eased the workload. They work in close collaboration with the Health, Social and Medical teams.

The CHRs have at times worked together on projects or on various activities with other organizations in the community.

CHR Visits	
Clinic visits	324
Home visits	93
School individual cases	15
Group sessions	14

Dental Department

There is now one full-time Dentist for Waskaganish, one visiting Dental Hygienist, one Dental Assistant and one Receptionist.

The dentist is able to see more clients now that he is no longer required traveling to another community to provide dental services. There were a total of 1542 dental visits.

Physicians and Specialists

In Waskaganish, there are scheduled visits of two physicians rotating for two or three weeks and each physician is well received by the clients. Among our team of 7-8 permanent physicians, we have two couples.

Doctors	
Curative Total	1,264
Program Total	1,364

Specialists also visit once or twice a year. These are the Throat, Nose and Ear Specialist, Psychiatrist, Optometrist, Pediatrician, and Foot Care Specialist.

Specialists	**Number of patients**
Eye Specialists	319
Psychiatrist	9
ENT Specialist (Ear/Nose/Throat	93
Pediatrician	80
Foot care	222

Breast cancer screening

Clara is a mobile unit that travels to remote communities, 87 women were seen under the breast cancer screening program.

Patient Transportation

Client transportation is arranged by the Northern Beneficiary Attendant for clients who require medical appointments in a southern hospital.

Patient transportation	
Urgent	62
Elective	1156

Home and Community Care Program

The Cree Board if Health and Social Services of James Bay (CBHSSJB), in its Home and Community Care Program (HCCP), improves and sustains the quality of life and personal dignity of its community members throughout all stages of the life cycle, by using traditional, modern and alternative approaches to healing and health.

The Home and Community Care Program (HCCP) is one of the primary visible programs in Waskaganish, and the team work approach seems to be working out very well. Most of the program's team members are in place.

Statistics throughout the fiscal year 2008-09

As of February 2009, the Homecare Program had 52 clients, including the rehabilitation clientele, throughout the months of April 2008 to February 2009.

The Homecare Nurse provided 1,134.50 hours of direct care services. In addition, there were 119.25 hours consulting the physician, and 431.75 hours on administrative charting of the clients' medical files. In total, the Homecare Nurse provided **1, 585.50** hours from April 2008 to February 2009.

The professionals contributed to the HCCP as follows: the Occupational Therapist provided 398.00 hours of direct services, while the Physiotherapist did 99.75 hours, and the Rehabilitation Monitor did 154.20 hours of direct services.

The Homecare Workers provided **2,634.25** hours toward **assisted living,** and an additional **1,417.50** hours toward **personal care** direct services. In total, the Homecare Workers provided **4,051.75** hours from April 2008 to February 2009.

The HCCP is very fortunate to have a core group in Waskaganish, which makes it easier to review the cases together to ensure quality services and care for the clients. Our acknowledgements go the team members for their commitment.

Rehabilitation Services

Rehabilitation services function under the mission and vision of the Cree Board of Health and Social Services with the purpose of providing the most comprehensive care possible to community members in relation to the physical capacities of the human body and human function in its environment. This includes consultation, evaluation, treatment, education, and recommendations for physiotherapy and occupational therapy. The service aims to adapt to individuals within their family and community environment.

Current Key Factors for Rehabilitation in James Bay

There is a high prevalence of obesity, sedentary lifestyle, trauma, diabetes, and high blood pressure, and a need for specialized care for special needs kids, elderly persons, and those with physical, mental or intellectual disabilities.

Areas of Care

There are currently 3 areas of care in which rehabilitation professionals are involved in Waskaganish:
1) Out-patient clinic
2) Home and community care clients (including schools & daycares)
3) Multi Services Day Centre
** *PT services only offered to HCCP clients attending MSDC at this time, regular OT visits.*

Frequency of care

Rehab Team Members	Frequency of Care	Out-Patient	HCCP	MSDC
1 Physiotherapist	Full-time Community	X	X	
1 Occupational Therapist	Coverage (Except during vacation	X	X	X
1 Rehabilitation Monitor			X	

Non-Client Related Activities 2008-2009

Internal team activities

- HCCP meeting bi-monthly

With other clinicians

- Multi-disciplinary weekly meeting
- Educational sessions with nursing staff on musculoskeletal conditions

With communities

- Misgoobimatsee Challenge (May 25-June 21, 2008): 1 month of supervised exercise classes, healthy eating habit tips, injury prevention

REHABILITATION TEAM DIRECT CLIENT CARE STATISTICS 2008-09 PER PROGRAM

	OUT-PATIENT		MSDC		
	PT	OT	PT	OT	R.M
New	109	38	18	32	5
Discharges	77	35	3	4	0
Clinic Visits	461	27	3	5	--
Home Visits	0	0	63	252	169
Daycare/School MSDC	2	3	36	162	--
Did not attend	91	3	0	0	0
Cancelled	23	5	7	2	0
Direct Care Time	26610	3600	7820	37260	10110
Non-Direct time	39325	2700	6435	31200	2160

Human Relations Officer Report

The HRO provides continuous clinical support, directions and guidance to the Cree Social Services departments of the National Native Alcohol and Drug Abuse (NNADAP), Community Local Services Centre (CLSC), and the Home and Community Care Program (HCCP). The overall goal is to ensure quality social services to community members. Support from the HRO and Administrative Technician were required by the new Head of Administration from April to October 2008.

The majority of clinical support pertains to one-on-one reviews with CLSC Community Workers, including the NNADAP Community Worker. There are tools missing for the CLSC/ NANDAP Workers when it comes to care plans, re-evaluation, when to close a file and what is considered a short or long-term client. There is still a lot of work needed for two services: CLSC and NNADAP. Values within families have changed, resulting in lack of family involvement. Therefore, more elders are being neglected or abandoned and there are more homelessness cases.

NNADAP Program

The primary goal is to help individuals deal with the many social issues that have impact on their personal lives.

The NNADAP program organized different activities and participated in others for the promotion of Substance Abuse Awareness and prevention. A presentation on Drugs and Alcohol was done during the NAAW week, from November 16-22, 2008. The theme for the week was “Living the Good Life.” Most of the events took place during the evening with a good turnout for a number of them.

The Youth Outreach Worker Program was again run in the summer. 6 youths were hired and they were very busy with various different activities such as the summer hockey program and workshops on substance abuse.

SUMMARY OF CONSULTATIONS AND REFERRALS		
24 Females 26 Males 50 total of individuals	8 Youth 42 Adults	Onen'Totkon TC-OKA Sagashtawo Healing Lodge Biidaaban Healing Lodge Kapown Centre for Couples
		12 completed 1 withdrew

Grand Opening of MSDC

The Grand Opening of the MSDC was held on July 30, 2008. Contributions were received from Waskaganish Eeyou First Nation ($2,000), Waskaganish Elders Council ($500.00), Waskaganish First Nation Youth Council ($500.00), and Waskaganish Wellness Society ($500.00), Waskaganish Sibi Ayimuweyabi CJRH 92.5 ($369.41 credit at Northern Stores). The Grand Opening Ceremony was followed by a tour of the facility, a community feast and entertainment. We were honoured to have the presence of Dianne Reid – Chairperson, Mabel Herodier – Executive Director, and Lisa Petagumskum- Assistant to the Executive Director –Miyupimaatisiiun.

The interior decoration of the facility was possible thanks to local artists who provided art, sculptures, pictures, and traditional arts and crafts. We are still waiting for more art to complete the decoration.

MSDC Participants

		Avg.	*Increase from*
			(2007-2008)
Number of Participants (AM):	*1068*	*4.11*	*+1.73*
Number of Participants (PM):	*1083*	*4.17*	*+1.30*
Total	*2151*	*8.28*	*+3.03*

The number of participants increased from 5.25/day to 8.27/day since April 1, 2008, with more participants in summer than in winter. This may be because of bad weather and lack of transportation. We hope to see more participants when transportation becomes available.

Youth Protection

The Youth Protection team consists of 6 Workers, 1 Team Leader, 3 Youth Protection Community Workers (1 interim), 1 Foster Home Worker, and 1 Young Offender Worker. More office space is needed.

The statistics for Youth Protection cases are found under the report of the Director of Youth Protection.

Summer Student Program and Career Enrichment Program

We participate in various programs with the Waskaganish Youth Development Summer Youth Employment Program: 9 students were placed at the CMC for six weeks, 5 secondary Students for six weeks and 4 post-secondary students for 12 weeks.

In September 2008, the Youth Development Department again asked for our participation in the Career Enrichment Program. This is an opportunity for young people to have firsthand experience in different professional fields for a period of six months.

Learning opportunities for Nurses and the entire team

A CBHSSJB trainer visits the Nursing team to give annual recertification for CPR. Almost every 3 months there is refresher training for Combitube-Defibrillation, often called SADM-C (semi-automatic defibrillator monitor and Combitube). Occasionally on Friday afternoons, certain Doctors and Psychologists have given the Nurses a refresher course on certain subjects and reviewed medical cases.

As in past year, the entire team went to Val d'Or for training in November 2008 for alternating sessions of 2 weeks.

Conclusion

In the past, services were provided as efficiently as possible with the available existing resources, particularly in the area of crisis intervention; we were also unable to carry out all the prevention programs due to limited time, lack of human resources and financial constraints. Now, the new Health Agreement brings us new opportunities to improve services at the local level.

The continuous support from the local management and administration team is greatly appreciated.

Bert Blackned
Local Director
Waskaganish CMC

Eastmain Community Miyupimaatisiiun Centre

Eastmain CMC Administration

The interim Local Director and one Administrative Technician are in place but the following Heads of programs are required to complete the team: Head of Awash/Uschiniichisuu Miyupimaatisiiun, Head of Current Services/Chishaayiyuu Miyupimaatisiiun and one Head of Administrative Unit. The recruitment process has been initiated.

We anticipate the arrival of the Heads of Programs and new personnel in order for us to start implementing integrated services under the three age groups: Awash Miyupimaatisiiun, Uschiniichisuu Miyupimaatisiiun and the Chishaayiyuu Miyupimaatisiiun.

Due to lack of office space at the Clinic, we are presently operating from the Eastmain MSDC.

Nursing

Three full-time nurses and one replacement nurse continue to provide services to the community. These nurses take turns to be on on-call after regular hours. With no permanent Head Nurse, there is a rotation among senior Nurses.

Nurses	
Curative Visits	***8119***
Program Total	***892***

Community Health Representative

We have one replacement CHR since the end of February 2009. The regular CHR is following the CHR course at the CEGEP de l'Abitibi-Téminscamingue for 18 months. Among other activities, she was involved with the diabetes program, particularly with prenatal clients including those with gestational diabetes. The CHR is also involved with school and bush kit programs; she has also applied the program on *Drop the Pop*. She has developed partnerships with various organizations in the community on various issues. The CHR works very closely with Nurses, Doctors, and other professional Workers. She also works in close collaboration with the NNADAP Worker in implementing programs for the community.

CHR	
Clinic visits	537
Home visits	117
School visits	55
Group sessions	152

Dental Department

With no full-time Dentist in the community, a replacement Dentist visits at least once month. Other staff in the Dental Department consists of a Receptionist (Status 5), a Dental Assistant, and a visiting Denturologist and Dental Hygienist who visit twice a year.

Dental Services	
Dental	632
Denturologist	25

Doctor and Specialist

In Eastmain, there are two doctors that come in every two or three weeks and are received very well by the clients. An Optometrist and a Pediatrician provide services to the community. A Foot Care Nurse comes in three times a year for diabetic clientele and others.

Doctors	
Curative	503
Programs	471

Consultation with Specialists	
Optometrist	46
Pediatrician	49
Foot Care	126

Patient Transportation

Transportation and accommodation arrangements are made through the Northern Beneficiary Attendant for those who require medical appointments in southern hospitals.

Transportation	
Urgent	23
Elective	447

Home Care Program

The CLSC worker is responsible for the program with two Home Care Workers (Status 1) and one additional Home Care Worker when required. Throughout the year, services were provided for the elders that needed them, including those experiencing a loss of autonomy and referred by the medical staff.

A total of 15 persons are receiving Home Care Services for a total of 106 hours per week. During 2008-09, emergency and temporary services were provided to four additional clients.

NNADAP Program

The NNADAP Worker continues to provide counseling, prevention, interventions, aftercare, and setting up prevention activities on alcohol, drugs and solvent abuse. The NNADAP Worker works in collaboration with the CHR in implementing prevention activities.

Consultations	
Number of Clients	75
Number of Interventions	135

Staffing for CSS/CLSC

The Youth Protection Department consists of two community workers, a part-time Secretary and a half-time Team Leader and four Social Emergency Workers that take turns and two replacements.

MSDC

1 Activity Team Leader
1 Rehabilitation Monitors
1 Education Monitors
1 Cook
1 Assistant Cook
1 Housekeeping light and heavy (status 3)
1 Maintenance Worker

The MSDC had its Grand Opening on July 29, 2008. It is geared to enhancing the quality of life of the elderly and adults with special needs through therapeutic programs and services. Participants include those that are intellectually, mentally, and physically challenged and those that are socially isolated or experiencing a loss of autonomy. Interventions were provided 4 days/week for 15 clients. Transportation should be available soon for the clientele.

Participants in various activities and Interventions	
Number of participants	1211
Group Intervention	204

Psychologist

Throughout the year the services of a Psychologist were provided. There was 1 Psychologist and 1 Counselor (1 female and 1 male) that came in every month to provide services.

Psychiatrist

A Psychiatrist also visits the community to continue ongoing follow-ups with the clientele.

Conclusion

Although there were numerous obstacles and challenges the team continues to do a tremendous job with the resources available. We look forward to have the whole team in place for us to implement and continue towards integrated services by age group.

Rita Gilpin
Local Director-Interim
Eastmain Miyupimaatisiiun Centre

Wemindji Community Miyupimaatisiiun Centre

Introduction

The construction of the Wemindji Community Miyupimaatisiiun Centre was completed in December 2008 and we officially moved in on March 09, 2009. The Wemindji CMC is the first facility to be built within the SRP. Previously, the staff worked in four separate buildings, the move to the new CMC will certainly contribute to improving health and social services for the community.

Therefore, the year 2008-09 is a transitional phase for the new Wemindji CMC in providing integrated services to its clientele. It requires numerous meetings, training for staff, information sessions and public awareness. Communication is of utmost importance in making this transition a success.

The Heads of programs have been hired: Head of Current Services/Chishaayiyuu Miyupimaatisiiun, Head of Awash/Uschiniichisuu including other staff. The hiring of Head of Administrative Services Unit is in progress and will complete the team of the Wemindji CMC Administration.

Not having a permanent Local Director in place is creating a setback in implementing the new programs. The Head of Awash/Uschiniichisuu is currently assuming the role of Local Director on an interim basis. Within the coming months, a full-time Head of Awash/Uschiniichisuu will need to be in place for the implementation of programs for these two age groups. The hiring of the Head of Awash/Uschiniichisuu, on an interim basis, would be an immediate solution until the Local Director situation is resolved.

The team is committed to delivering quality services to the residents of Wemindji.

Administrative Services Unit

The Head of the Administrative Services Unit manages all support staff, i.e., administrative personnel, maintenance, housekeeping, and kitchen staff, and oversees all CBHSSJB buildings in Wemindji.

In the coming months, most of the administrative personnel will be in place. The Head of the Administrative Services Unit will have the responsibility to provide orientation and training to the newly hired personnel and to organize the department to be fully functional.

Current Services/Chishaayiyuu Miyupimaatisiiun

The Head of Current Services/Chishaayiyuu was hired on November 3, 2008, and oversees operations of Current Services which consists of Health Services (Nursing), Nutrition, Rehabilitation Services, and Dental Services. Under the Chishaayiyuu Miyupimaatisiiun are the Home and Community Care Program, Multi-Service Day Centre and the Psycho-Social Services, formerly CLSC Community Services and Mental Health Program (Psychologist & Therapist).

Physiotherapy/Rehabilitation Services

In keeping with the CBHSSJB mission and vision statements, Physiotherapy Services aims to provide the most comprehensive care possible with regard to the physical capacities of the human body and human functions within the environment. The service aims to respond to the needs of each individual within the family and community context by means of consultation, evaluation, treatment, education, and recommendations.

The current key factor for Physiotherapy is a high prevalence of obesity, sedentary lifestyle, trauma, and diabetes. There is a need for specialized care for special needs children, the elderly, and persons with disabilities (physical, mental, and intellectual).

There are currently 3 areas of care provided by Physiotherapy and Rehabilitation Services in Wemindji: Outpatient Clinic, Home and Community Care, and Multi-Service Day Centre clients (Nov. 2008).

Physiotherapy staffing includes a Physiotherapist, a Rehabilitation Assistant (Status 5) and the Occupational Therapist position (vacant). Previously, the Physiotherapist covered two communities: Wemindji and Eastmain. As of November 2008, Wemindji has one full-time Physiotherapist.

Physiotherapy Direct Client Care Statistics 2008-09 Per Program

	HCCP		Out-Patient Clinic/MSDC
New	**24**	**New**	**85**
Discharges	**8**	**Discharges**	**47**
Clinic visits	**17**	**Clinic visits**	**209**
Home visits	**91**	**Home visits**	**0**
Day care/school MSDC; Group Sessions	**34 11 12**	**Daycare/school**	**25**
Did not attend	**5**	**Did not attend**	**9**
Cancelled	**20**	**Cancelled**	**18**
Direct Care time (minutes)	**HCCP: 19345 MSDC: 2910**	**Direct Care time (minutes)**	**17835**
Non-Direct Care Time (minutes)	**9850**	**Non-Direct Care Time (minutes)**	**10685**

NB. Missed appointments (Did not attend) and cancelled appointments were <u>not included in the number of clinic or home visits</u>. Data are separated in order to be specific and facilitate analysis.

Waiting List On April 1, 2009

- Wemindji: 103 requests (96 adults and 7 children).

Non-Client Related Activities

- HCCP meeting (1 to 2 per month).
- Interdisciplinary Team Meeting (1 to 2 per month).
- Nurses Meeting upon request (case discussion, providing information).
- Attended the ‘‘NAANITIWAAYIHTIHTAUU WIICHIHIIWAAWIN’’ ‘The Journey’ (2nd Cree Special Needs Conference).

Nutrition Program

In all, around 190 patients were seen in Nutrition as private consultations at the clinic (not including the follow-ups). The most common reasons for consultation are the following:

- Type 2 Diabetes and Impaired Glucose Tolerance
- Gestational Diabetes
- High Blood Pressure
- Dislipidemia
- Teenage pregnancy
- Anaemia
- Weight loss, Obesity

The Nutritionist also sees patients under the Home and Community Care Program and had ten referrals this year.

The Nutritionist works in collaboration with various teams in the community such the Youth Centre, the Cree Nation of Wemindji, Wellness Centre, and MSDC team, and supervises field work students.

Clientele targeted by prevention activities include:

- Youth (pregnancies, overweight, diabetes, solid foods introduction)
- Elders (MSDC participants)
- Pregnant and breastfeeding women (Young mother's group at the Wellness Centre)
- Diabetics
- Overweight youth, adults and elders

Community Health Representative – Current Services

The CHR organized various activities throughout the year.

April 2008

- 7 clients for the Diabetes program, 3 of those were for insulin teaching
- Aerobics class for Miyupimaatisiitaau Challenge
- Maternal Health Training (Val d'Or April 21-25th, 2008)
- Drop the Pop
- Maternal and Child Health Program

May 2008

- 9 clients for the Maternal and Child Health Program
- 1 Grocery Tour
- 2 information sessions for Miyupimaatisiitaau
- 7 Postpartum/ Home visits
- 1 Community Walk for Diabetes Program
- Chronic Exposure Protocol – Environmental study
- Diabetes Program

June 2008

- 11 clients for Diabetes Program
- 7 clients for Maternal and Child Health Program
- 4 clients for Chronic Exposure Protocol- Environmental Study
- 1 Community Walk – Walk for Health
- 1 Healthy Food Testing – Community Store

- 1 cooking Workshop-Miyupmaatisiitaau Challenge
- 1 Prenatal Breastfeeding Class – MSDC
- 2 Postpartum/ home visits

July 2008

- 6 clients for Diabetes Program 2 of those clients were for insulin teaching
- 7 clients Maternal and Child Health Program
- 3 clients Home visits
- 1 client for Chronic Exposure protocol

August 2008

- 7 clients for Diabetes Program
- 16 clients for Maternal and Child Health Program
- 1 Baby Food Making Workshop
- 2 organized walk for Walking for Health Challenge
- 1 Health Cooking Workshop
- 1 Healthy Eating during Pregnancy Workshop

September 2008

- 5 clients for Maternal and Child Health Program
- 3 clients for Diabetes Program
- 3 visits to the Maquatua Eeyou School for HPV Vaccination Program. 36 students total
- 1 Breastfeeding Workshop
- 1 Promotion on Wasayabin Challenge at Maquatua Eeyou School
- 3 Home visits for postpartum

October 2008

- 6 clients for Diabetes Program 2 of those were for insulin teaching
- 9 clients for Maternal and Child Health Program
- 1 Blood Pressure Workshop for clients at the MSDC
- 3 Postpartum/Home visits
- 2 Bush kit Program

November 2008

- 5 clients for the Diabetes Program, 2 clients for insulin teaching
- 12 client Maternal and Child Health Program
- 1 postpartum/ Home visit
- 3 clients for Pre-Diabetes

December 2008

- 4 clients for Diabetes Program
- 6 clients for Maternal and Child Health Program
- 36 clients for breast cancer screening program

A replacement CHR is in place since December and was given orientation on the Diabetes Program, Maternal and Child Health Program, the Bush Kit Program, Dental Program and being present for home visits.

Chishaayiyuu Department

Under the Chishaayiyuu Department, the programs and services provided to the population of Wemindji are as follows: Multi-Service Day Centre, Home and Community Care Program, NNADAP and Social Services (CLSC).

Multi-Service Day Centre Program

The Multi-Service Day Centre is dedicated to enhancing the quality of life of the elderly and adults with special needs through the delivery of therapeutic programs and services.

Staff members work together to ensure quality of care and services are provided to all participants and/or caregivers. The Staff members within Nanaahkuu Wiichihiiweukamikw are as follows:

- Activity Team Leader
- Secretary
- 2 Rehabilitation Assistants
- 2 Education Instructors
- Psycho-educator
- Maintenance Worker
- Light/Heavy Housekeeper
- Cook, Cook's Helper and Food Service Attendant

Other professional members that work with the programming include:

- Nutritionist
- Physiotherapist
- Home Care Nurse
- Community Health Representative

The MSDC offers services to the participants 4 days a week. All activities conducted are goal orientated according to the needs of the participant. The goals can range from maintaining and/or increasing their physical strength to restoring balance for their emotional well-being.

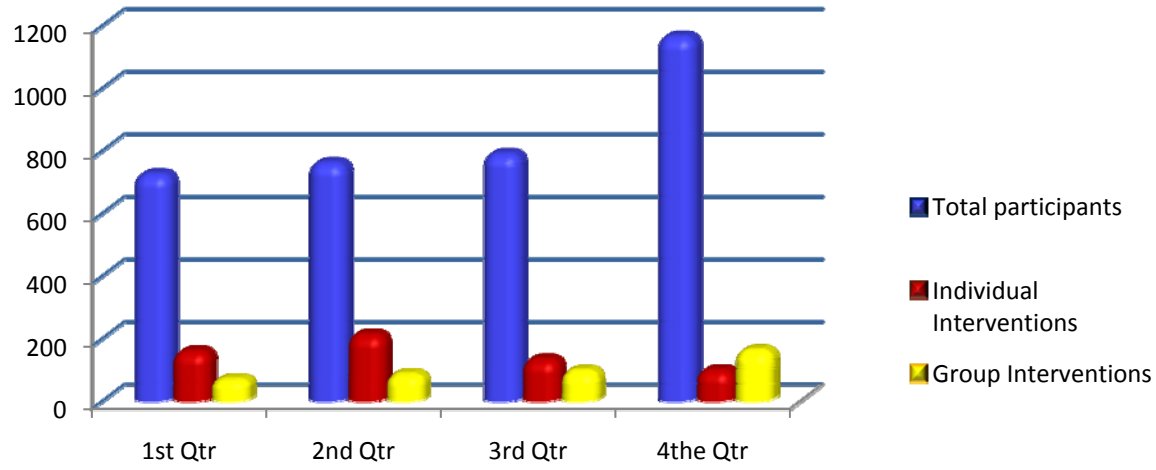
There are currently 32 active participants attending the MSDC. One-on-one interventions are also available and conducted as required by the individuals. Meals are provided to the participants. Menus are developed by the kitchen staff with the collaboration of the nutritionist and posted in advance.

Networking with other services enhances ability to meet the needs of participants. The annual Work Plan includes the following activities:

- Nutritionist conducts a nutritional cooking workshop once a month.
- Community Health Representative conducts a workshop on diabetes, hypertension, etc., once every three months.
- At the request of participants the local reverend hosts a service once a month.

The MSDC team also conducts Multi-disciplinary Team Meetings with participation of the Home Care Nurse, Home and Community Care Program Coordinator, Human Relations Officer, Nutritionist, CLSC Worker, Physiotherapist, and Head Nurse and/or Head of Current Services. This approach has enabled proper case management within the MSDC service delivery. All measures of Quality Assurance are considered prior to any case discussions.

Interventions and Sessions Conducted at MSDC



	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	**Total**
Total participants (*am/pm sessions are separated)*	724	760	789	1164	**3437**
Individual Interventions	158	212	132	98	**600**
Group Interventions	69	85	96	161	**411**

The Wemindji MSDC Team would like to thank everyone that assisted in the implementation and development of its program.

Home and Community Care Program

The following services are provided: Personal Care and Hygiene; Domestic Services, and Psycho-Social Help

January to December 2008

CHILDREN WITH SPECIAL NEEDS (AGES 11 & UNDER)	CLIENTS UNDER 20 YEARS OF AGE	ADULTS WITH SPECIAL NEEDS AGES 40 & UNDER	ADULTS 50 YEARS OLD & OVER	ELDERS 65+	TOTAL
4 males	0 male	2 males	2 males	3 males	11 males
3 females	1 female	1 female	1 female	7 females	13 females
7 clients	**1 client**	**3 clients**	**3 clients**	**10 clients**	**24**

January-April 1st, 2009

CHILDREN WITH SPECIAL NEEDS AGES 12 & UNDER	**ADULTS WITH SPECIAL NEEDS AGES 40 & UNDER**	**ADULTS 50 YEARS OLD & OVER**	**ELDERS 65 +**	**TOTAL**
4 males	2 males	2 males	4 males	12 males
2 females	1 female	0 females	7 females	10 females
6 clients	**3 clients**	**2 clients**	**11 clients**	**22 Clients**

National Native Alcohol and Drug Addictions Program (NNADAP)

Many activities were organized at the school regarding the effects of alcohol. Gambling and grieving workshops were also provided to the community. The annual National Addictions Awareness Week took place in

November 10–16, 2008. Radio talk shows are held in close collaboration with the CLSC Worker, the Youth Protection Department, and various committees in the community.

Total Clients	26	
• Active		9
• Closed		17
Open (Potential) Files	6	
Referrals to CLSC	0	
Referrals to Youth Protection	0	
Completed Alcohol & Drug Treatment	2	
Last minute cancellations	2	
People on waiting list	4	

Human Relations Officer

The HRO started on an interim basis in October 2008. Support was provided to the NNADAP Worker, Community Worker, and the Home and Community Care Program.

Awash/Uschiniichisuu Miyupimaatisiiun

The programs under Awash and Uschiniichisuu Miyupimaatisiiun have not yet been implemented although some of the personnel have been hired. The Head of Awash/Uschiniichisuu was hired on February 16, 2009 and the School Nurse has been in place since 2007. Interviews were done for the Nurse under the Awash Team in March 2009; the person will be in place within the next fiscal year. Other personnel under Awash are being recruited to begin the implementation of the Amaskuupimatiseat Awash Program this summer in Wemindji.

Conclusion

In the coming months, the local administration of Health and Social Services will face new challenges and changes in the way health and social services are delivered, with the implementation of the age group programs at the Wemindji CMC. There will be many awareness sessions with the community and meetings with the intersectorial groups in order to start implementing the age group programs.

The move to the new Community Miyupimaatisiiun Centre was well received by staff and community members but there is still much work to do in adjusting to the new work environment. Thanks are in order for the Health and Social Services staff for their patience and willingness to put in extra hours to make the move to the CMC a great success.

Josephine Sheshamush
Local Director, Interim
Wemindji CMC

Chisasibi Community Miyupimaatisiiun Centre

The Chisasibi Community Miyupimaatisiiun Centre's mission is to ensure that all community members within the three age groups have access to proper care and services.

Chisasibi CMC Leadership
1 Local Director
1 Coordinator of Awash Miyupimaatisiiun
1 Coordinator of Uschiniichisuu Miyupimaatisiiun
1 Coordinator of Chishaayiyuu Miyupimaatisiiun
1 Coordinator of Administrative Unit

Coordinator of Administrative Resources – Vacant
2 Maintenance workers
3 Housekeeping personnel (light and heavy)
2 Administrative technicians
1 Executive Secretary
2 Secretaries
1 Secretary shared 50/50 with Youth Protection
1 Medical Secretary
1 Cook
1 Assistant Cook

Coordinator of Awash Miyupimaatisiiun – Jeannie Pelletier

Social Worker - Healthy Babies (2)	Not hired
CHRs (6)	Hired (3)
Nutritionist (Prenatal)	Hired
Nurse - Immunization. & Infectious Disease	Not hired
Community Worker	Not hired
Nurses (4)	Not hired
Attendant in a Northern Institution	Hired
Community Organizer	Not hired

The Head of Awash Miyupimaatisiiun has just recently been hired. This program will provide services to children, from pre-natal to 9 years of age; it is aimed to improve the quality of life of children and young families with the implementation of the Amaskuupimatiseat Awash approach to programs under Awash Miyupimaatisiiun such as, Maternal and Child Health Program; Immunization; Genetic Counselling; Dental Health etc. The programs will be carried out through individual, group and community efforts addressing all issues that affect children's well being.

Programs and activities are in the early stages of implementation; the CHR and Nutritionist continue to carry out preventive activities particularly those relating to the prenatal period.

Coordinator of Uschiniichisuu Miyupimaatisiiun– Jane Sam Cromarty

Social Worker - Healthy School Program	Hired
Community Workers (3)	Hired (1)
Nurses (2)	Not hired
CHR3 (3)	Hired (1)

NNADAP Community Worker (federally funded)	Hired
Attendant in a Northern Institution	Hired
Dietitian-Nutritionist	Not hired

This set of programs provides services to youth 10-29 years of age.

The Coordinator of Uschiniichisuu Miyupimaatisiiun was hired in February 2009. An overall orientation to the Uschiniichisuu programs and the integrated approach to Uschiniichisuu Miyupimaatisiiun is planned to be held in Mistissini next year, bringing together community service leaders from all communities including Chisasibi.

The following activities took place in 2008-2009:

- Integrated Services with NNDAP Orientation
- Chî Kayeh Program Workshop
- Establishing community ties with Youth Centre, Cree Nation of Chisasibi, James Bay Eeyou School

Hiring of a School Nurse, a CHR and School Social Worker are the current priorities.

NNADAP

There was no NNADAP worker for part of the 2008-2009 year. Consequently, statistics do not cover the full year.

Number of individuals served:	116
Number of interventions:	245
Number of other program activities:	321

Coordinator of Chishaayiyuu Miyupimaatisiiun – Adelina Feo

MSDC - Activity Team Leader	Hired
Rehabilitation Assistant (2)	Hired
Rehabilitation Assistant (federally funded)	Hired
Education Monitor (2)	Hired
Psycho Educator	Hired
Nutritionist - Chronic Diseases	Not hired
Nurse - Chronic Diseases	Not hired
Nurse Home Care	Hired
Nurse Home Care (federally funded)	Hired
Community Worker, Home Care (federally funded)	Hired
Nurse (2)	Not hired
HRO (2)	Hired (1)
Physiotherapist	Hired
Physiotherapist (Federal)	Hired
Occupational Therapist (2)	Hired (1)
Respiratory Therapist	In progress
Speech Therapist	Not hired
Attendant in a Northern Establishment	Not hired
Community Worker (3)	Hired (2)
CHRs (6)	Not hired
Home Care Workers (8)	Hired (7)

The Head of Chishaayiyuu Miyupimaatisiiun is in the process of developing the local adaptation of programs and services for this age group (adults and elders) following the consultation process that was carried out in 2007-2008; much works remains to be done.

Social Services

2 Community Workers

Community worker #1

New / potential cases: 122 - 24 are out of town and 1 non-native client

Number of court cases: 8

Active caseload is: 90; 13 are out of town clients and 2 non-native lient

Number court cases (both detention and court processes): 25 with 1 non-native

Community worker #2

180 new intervention cases ranging from youth, adult cases, family interventions, self-referrals, med-referrals and community clinic referrals.

MSDC activities and statistics

The MSDC team reviewed the activity schedule every four months, seeking to enhance the benefit to participants. The team had a total of 23 team meetings for administrative and clinical duties; 11 referrals, made 6 initial contacts and received 5 clients from other communities. All care plans of active participants were reassessed.

The Activity Team Leader and the Psycho Educator made a presentation to the Local Association for Children with Special Needs. The MSDC team also attends Home and Community Care team meetings, multidisciplinary department meetings and interdisciplinary meetings.

To attract more participants, two social tea activities were held. Four more participants are now coming on regular basis, for a total of 16 regular participants. Therapeutic programs and services are provided through prevention and promotion activities, activities of daily living, productive activities, recreation and leisure activities and healthy eating activities. We are in developing a set of community integration activities.

Among the participants, the MSDC welcomes elders from the community who need to socialize, elders from the hospital who need to maintain their abilities, people with mental health problem for a day program and people with intellectual disabilities who need to maintain and develop their abilities. All participants are over 18 years of age. Professional services (delivered and guided by an occupational therapist, physiotherapist and psycho educator) are provided to clients when needed and to the team for consultation and recommendations.

A two-day workshop and healing circle was held to deal with pending staff issues in order to rebuild, team spirit, develop mutual objectives and goals and to increase personal and team motivation.

We do now afford transportation to people who live in the community and who are able to sit in a non-adapted vehicle. Transportation is provided by Martinhunter taxi.

From September 2008 to June 2009, we did supported and trained 4 Katimavik participants in 3 groups. The experience was a successful for MSDC staff and participants as well as for the Katimavik group. Participants were implicates in different project such developing an estimate for a snozeland stimulation room and communication tools with pictures.

Training was given to the team on PDSB, Blood Sugar, Blood Pressure, Insulin, FASD and on Nonviolent Crisis Intervention.

The MSDC was closed from January 28 to March 16, 2009 due to repair works.

The team provided personal care assistance to 37 clients for total of 501.5 hours

Community Health Representatives

The CMC is in the process of transitioning to integrated services, based on teams who serve certain age groups.

The two CHRs who were in place on April 1, 2008 spanned several age groups and are shown with the Chishaayiyuu statistics for convenience purposes. The following statistics reflect their work in the 2008-2009 fiscal year:

Community activities	groups	participants
Dental workshop prenatal	2	7
Baby food making	2	11
Breastfeeding week	1	18
Breast cancer screening		218
Radio health shows		9
Drop the pop challenge	4	120
Smoking presentation	2	18
Health snacks presentation booth		300
Wasaybin challenge CF30-30		30
Diabetes screening	1	13
Foot care		72
Summer camp activities	2	46
Day care dental care	3	52
Cooking workshops		
Walks		
Big loser challenge		

Chisasibi CHRs: Statistical Activities report 2008-2009

Number of clients seen at the clinic: 2245; at the school: 40; at home:216

Number of individual interventions: 2214

Number of Group interventions: 525

Numbers of hours 545.5

Type of visits: First visit 103

Follow-up 1530

Curative: 240

Program 2093

Chisasibi Residential Resource Centre (CRRC)

The CRRC is a Cree Health Board residential resource The CRRC is a residential program for Chisasibi clients who are clinically diagnosed as intellectually challenged persons. Dedicated facility staff consists of eight security

workers; however clients are supported by a range of staff from the CMC and hospital. The facility has a limit of 8 beds. Presently, 3 clients are staying at the CRRC: two men and one woman. The clients are from Chisasibi and are usually referred by the hospital. Their medical situation is followed and stabilized.

The services actually provided by the CRRC to these clients are:

- Providing meals
- Medication monitoring (4 times a day)
- Blood sugar monitoring
- Home care nurse visit
- Planned activity (hunting, fitness activity, etc.)
- Money management
- Transport and escort to medical appointments
- Transport around the community
- Support for different home tasks (e.g. laundry)
- 24 hours supervision, 7 days a week

There are 2 Security Workers, 1 male and 1 female, always present with the residents. The day is divided into 3 shifts

In conclusion, it will take more time to complete the CMC organization for the community of Chisasibi. Because of lack of infrastructure for office space, plus lodging for new personnel, full implementation of services is inevitably delayed. Eventually community members of Chisasibi and visiting Beneficiaries will have access to complete health and social services.

Jules Quachegan
Local Director
Chisasibi CMC

Whapmagoostui Community Miyupimaatisiiun Centre

Whapmagoostui CMC Administration

1 Local Director	Hired
1 Head of Administration unit	Vacant
1 Head of Uschiniichisuu/Awash	Vacant
1 Head of Current/Chishaayiyuu	Vacant
.5 Administrative Technician-Human Resources	Vacant
.5 Administrative Technician-Finances	Vacant
1 Receptionist	Vacant

None of the Heads of Programs have been hired and therefore, Whapmagoostui CMC has not able to implement integrated services per age group.

Community Health Services

Community Health Services assumes responsibility for nursing care, according to the needs of Cree beneficiaries and non-resident individuals. The medical and nursing staff carried out and evaluates medical care, and cooperates in the administration of preventive, diagnostic and therapeutic care.

There have been cases where further medical evaluations are required in specialized southern establishments.

Health Staff consists of the following:

1 School Nurse (vacant)
1 Head Nurse
3 Nurses
2 Medical Doctors sharing a full-time position
1 General Practitioner
2 Beneficiary Attendants in a Northern Establishment plus .05 positions, part-time.
1 Community Health Representative (CHR)

Consultations

clinic	school	home	1st visit	f/u	curative	Pro.	MD	Spec.	transfer
13887	192	8	5134	7656	11338	2573	871	309	190

The Community Health Representative (CHR) is a health educator for individuals or various age groups. The CHR participates in school and other programs, provides information through the radio station, and distributes pamphlets containing essential information such as on diabetes, dental health, nutrition, the Bush kit program, and Aids/HIV prevention. The main objective is to allow everyone to be in best of health.

The CHR is involved in the following activities:

Bush kit program
Diabetes program
Distribution of diabetes supplies
Healthy living
Workshops: Pre-natal, Post-partum, child and mother care
Sex education-school
Radio talk show
Nutrition

Tobacco
Nutrition, healthy eating
Physical exercise
Suicide prevention

CHRS visits

clinic	school	home	1st visit	f/u	curative	Pro.	MD	Specialist	transfer
730	0	0	88	273	38	529	93	214	0

The CHR attended various training activities such as diabetes prevention in April 2008 and Nutrition 101 in October 2008.

NNADAP

The NNADAP Worker interacts with clients of various ages who require assistance, whether it be alcohol, drug or other types of substance abuse. The NNADAP worker identifies available resources within or outside the community. He/she may be required to do group or individual counseling. The Worker may apply preventive measures and interventions with persons in crisis.

Activities

FASD training	September 2008	NTP	September 2008
Maternal& Child Conference	September 2008	NTP	November 2008
Special Needs Conference	November 2008	Suicide Conference	December 2008
Justice Symposium	January 2009		

Statistics April 2008- March 2009

NNADAP CONSULTATIONS-INTERVENTIONS

Clients	Adults	Youth	Counseling	Treatment	Follow up
110	83	27	61	6	79

Youth Protection and Social Emergency Services

These two departments have been officially transferred to the Director of Youth Protection.

Home and Community Care Program

Services are meant to promote, restore and attempt to maximize independence, and support and improve care provided by family members. They are not meant to replace it.

HCCP Staff

1 Homecare Nurse (replacement)
1 Rehabilitation Monitor
1 Community Worker
2 Homecare Worker
6 half-time Homecare Workers

HCCP Statistics

Number of clients	Monitoring of medication	Personal care	Home management	Preparation of meals	Moral support
250	340hrs.	461hrs.	3,457hrs.	818hrs.	722hrs.

Multi-Day Service Centre (Nanaahkuu Wiichiiweukamikw)

The MSDC has adopted an integrated approach to support and maintain people in their respected communities. It is aimed to assist individuals to remain in their communities as long as possible without resorting to external resources. This way the participants can maintain a connection to cultural activities related to their Cree way of life. The physically and mentally challenged are also welcome to participate in scheduled activities.

The Multi-Day Service Centre is dedicated to ensuring the quality of life of adults with special needs and the elderly through the delivery of therapeutic programs and services.

The staff of the MSDC consists of the following:

1 Activity Team leader
1 Rehabilitation Monitor
1 Education Monitor
1 Administrative Officer
1 Maintenance Worker
1 .5 housekeeping Attendant (light)
1.5 Housekeeping (heavy)
1 Community Worker (interim)

The following positions remain vacant:

1 Social Assistance Technician
1 Psycho-educator
1 Physiotherapist
1 Inhalo-therapist
1 Speech therapist
1 Occupational Therapist
Nutritionist

The following activities were provided to the staff during the year: Rehabilitation Assistance and Sign language workshop.

MSDC number of participants			
April	***198***	***October***	***33***
May	***144***	***November***	***88***
June	***154***	***December***	***84***
July	***176***	***January***	***149***
August	***56***	***February***	***174***
September	***148***	***March***	***46***

Social Services

The Community Worker offers individual, family and /or marital counseling to those requiring supportive assistance in order to maintain a healthy relationship and to improve quality of their lifes and acts as a resource person to identify specialized resources outside the community. She works in collaboration with the medical staff where illness has disrupted a client's life. If need be, she will process intake assessments, evaluate and determine the service care plans and make further referrals if necessary.

Staff 1 Community Worker
1 Community Worker (interim)
1 Secretary

1 School Community Worker (interim)

Social Services consultations/interventions

Clients/interventions	adults	youth	Placements internal/external	
2033	1352	681	224	

Dental services

Dental services are provided by one dentist, one dental hygienist and two dental assistants: Cree and Inuit.

Dental consultations

Exams	preventions	fillings	Root canals	surgery	prescriptions
1464	567	934	56	173	301

Conclusion

We continue to face a shortage of office space and it hinders the recruitment of staff; discussions are underway to have the Old Daycare Centre renovated and converted into office space.

John George
Local Director
Whapmagoostui CMC

Pimuhteheu Group

The Public Health department of the Cree Territory of James Bay was created in 2002 as a legal entity within the CBHSSJB to serve Region 18 of the Ministère de la Santé et des Services Sociaux du Québec (MSSSQ).

A major reorganization was initiated in 2007, leading to significant changes in the structure and operations of the Cree Board of Health and Social Services of James Bay (CBHSSJB) in the past year. The new organizational structure was approved by the CBHSSJB Board of Directors in July 2008. As a result Pimuhteheu combines all Public Health functions with regional level planning and support activities for the population of Eeyou Istchee. The Assistant Executive Director - Pimuhteheu oversees three major program areas within Pimuhteheu: Public Health, Quality Assurance and General Programming (or services planning). General Programming includes Current and Ambulatory Services, Pre-Hospital and Emergency Measures, Mental Health and other programs to meet current and on-going needs of the population. The Quality Assurance, Mental Health, Current and Ambulatory Services programs are housed in Chisasibi, while Mistissini accommodates the Public Health, Administrative, and Pre-Hospital and Emergency Measures programs. The Montreal office is still in use by our medical advisors.

In terms of accountability and quality in programming within Pimuhteheu, programs and services are based on the following seven program areas outlined by the Ministry of Health & Social Services of Quebec**:** loss of autonomy related to aging, physical deficiencies, intellectual disabilities, youth in difficulty, dependencies, mental health, and physical health. Another defined program area is Pre-Hospital & Emergency Measures, which is designed in accordance with the An Act Respecting Pre-Hospital Emergency Services and The Civil Protection Act. Mandates of Public Health programming are outlined within the following pages of this report.

Currently, the following Pimuhteheu management positions have yet to be posted: Director of Professional Services and Quality Assurance – Allied Health; Coordinator of Awaminiwachuwanouch (Mental Health and Dependencies); Coordinator of Pre-Hospital and Emergency Measure and Assistant Director of Public Health for Uschiniichisuu (on an interim basis).

Overall, these adjustments including the relocation of the Public Health offices to the territory have been adopted to better reflect a traditional Cree approach in program development, delivery and service. All Pimuhteheu health professionals, managers and staff have made significant contributions to improving the health and well-being of the people of Eeyou Istchee.

Paula Rickard
Assistant Executive Director
Pimuhteheu Group

Public Health

The Public Health Department's mission is to carry out public health functions and to implement the National Public Health Program in the region. Its main duties are surveillance, promotion, prevention, protection, regulation, research and communications relating to the health and well-being of the population in the territory defined through the James Bay and Northern Quebec Agreement. Its main objective is to develop and implement a culturally sensitive Regional Public Health Program in Eeyou Istchee, in conformity with Quebec's National Public Health Program 2003-2012. Responsibilities group under: infectious diseases, immunization, environmental health, health in the workplace, non-intentional trauma, community development, school health, community development, maternal and child health, life habits, chronic diseases prevention and management, and development, adaptation and social integration of vulnerable groups; along with the functions of surveillance, research, evaluation, clinical preventive practices and communications which support these files.

The Public Health Department was without a director throughout 2007. An Acting Director was named on a one-day a week basis in July 2008. In November 2008, the new Public Health offices in Mistissini were opened, and some of the personnel in Montreal moved. Three of the four assistant directors of Public Health were on leave at times during the year and the Public Health Department was operating with reduced staff levels. Following the relocation of the Public Health department to Mistissini in November 2008, the department has strived with reduced personnel to meet the professional and personnel challenges of the teams. Replacing the persons who have left and completing the teams is a priority in order to ensure program continuity and services to the local communities.

The Cree Board of Health and Social Services Strategic Plan calls for establishing in each of the nine community health and wellness centres, an Awash, an Uschiniichisuu and a Chishaayiyuu program of services, each specific and targeted activities. Public Health, in collaboration with Health Services, is supporting the implementation of the Public Health Services Program of the Strategic Plan, in each of the nine communities. The hiring of the necessary personnel at the regional and local levels is an essential ingredient to the full and successful realization of the plan. At the same time, regional Public Health is developing and implementing prevention and health promotion as well as health protection activities for the population at large with all communities.

Within our public health files, the main strategies used are: support to vulnerable groups, strengthening the potential of individuals, support for community development, participation in inter-sectoral activities to create a facilitating environment to support a healthy and satisfying lifestyle, and encouraging the use of efficient clinical preventive measures.

The Public Health programs at the Cree Health Board are defined according to natural life cycles: Awash (0-9 years), Uschiniichisuu (10-29 years), Chishaayiyuu (30 years +), with support from Specialized Services and are being adapted to reflect Cree culture, values, traditions and teachings, where possible.

Members of the clinical department work within their respective teams and a member of the clinical department should usually be involved in any public health intervention considered to involve a medical, dental, or pharmaceutical act.

Members

Direction of the Public Health Department

Dr. Richard Lessard	Part-time Acting Director (from July 2008) (Dr. Yv Bonnier Viger was on educational leave April and May and resigned in July; in April and May, Dr. Elizabeth Robinson assumed the Public Health Director functions and Ms. Michelle Gray the administrative functions)
Dr. Elizabeth Robinson	Public Health Medical Advisor
Linda Jones	Assistant to the Director of Public Health, on a contractual basis (from October 2008)

Clinical Department of Public Health

Dr. Richard Lessard	part-time Acting Public Health Director based in Montreal; Director of Montreal Public Health
Dr Anne Andermann	part-time community health specialist; community medicine advisor in Specialized Services unit based in Montreal; specialist PREM in Region 18 (CBHSSJB) (on maternity leave starting March 2009)
Dr. Thérèse Bouchez	community health specialist in Specialized Services unit (April-October) and Uschiniichisuu unit (from October) based in Montreal; specialist PREM in Region 18 (CBHSSJB)
Dr. Elizabeth Robinson	part-time community health specialist; Public Health Medical Advisor and community medicine advisor in Chishaayiyuu unit based in Montreal; specialist PREM in Region 6 (Montreal)
Dr. Robert Carlin	part-time infectious disease medical advisor in Awash unit based in Montreal; PREM in region 6 (Montreal)
Dr. David Dannenbaum	part-time chronic diseases and diabetes medical advisor in Chishaayiyuu unit based in Montreal; PREM in Region 6 (Montreal)
Dr. Carole Laforest	clinical prevention medical advisor in Specialized Services unit based in Montreal and Great Whale; PREM in Region 18 (CBHSSJB)
Dr. France Morin	part-time STI medical advisor in Awash unit based in Bedford; PREM in region 5 (Estrie) (on temporary leave at end of year)
Dr. Jacques Vérronneau	public health dental research advisor in Specialized Services unit based in Mistissini
(to be filled)	community health specialist in workplace health-CSST in the Chishaayiyuu unit

Awash Miyupimaatisiiun

Bella Moses Petawabano	Assistant Director of Public Health - Awash Miyupimaatisiiun, Mistissini (leave from January 2008 to January 2009 with progressive return)
Christine Roy	Assistant Director of Awash Miyupimaatisiiun, replacing Bella Moses Petawabano; and PPRO - Midwifery
Anny Tremblay	Planning, Programming Research Officer (PPRO) – Amaskuupimatiseat Awasch
Robert Carlin	Medical Advisor for Infectious Diseases (part–time)
France Morin	Medical Advisor for Sexually Transmitted Infectious Diseases (part–time)
Martine Drolet	PPRO - Promotion of Healthy Sexuality after (moved from Uschiniichisuu

	Miyupimaatisiiun Unit in February 2008)
(To be filled)	PPRO – Maternal and Child Health Program
Malika Hallouche	PPRO - Dental Health, Montreal (leave until March 2009)
Louise Pedneault	PPRO - Immunization and Genetic Counselling
Marie-Hélène Gilbert	PPRO – Canada Prenatal Nutrition Program
Dany Gauthier	Certified Lactation Consultant
Hélène Denoncourt	Clinical Genetic Nurse – Educational and carrier screening program for Cree leukoencephalopathy (CLE) and Cree encephalitis (CE)
(To be filled)	Midwifery Advisor
(To be filled)	PPRO – Prevention and control of infections (Nosocomial)

Uschiniichisuu Miyupimaatisiiun

Thérèse Bouchez	Acting Assistant Director of Public Health for Uschiniichisuu Miyupimaatisiiun (from October 2008. Previously, the community medicine specialist in the Specialized Services Team) (Manon Dugas was on leave during April 2008 and began a two-year secondment with another organization from October, 2008)
Isabelle Duguay	PPRO – Healthy Schools (temporary, part-time)
Françoise Caron	PPRO – Chî Kayeh (temporary, part-time)
(To be filled)	PPRO –School Social Work Program
(To be filled)	PPRO - General Programming
(To be filled)	Care Counsellor Nurse

note: The PPRO-Mental Health and Dependencies and PPRO Social Services positions were transferred to Uschiniichisuu in spring 2008 and later moved to Mental Health.

Chishaayiyuu Miyupimaatisiiun

Paul Linton	Assistant Director of Public Health - Chishaayiyuu Miyupimaatisiiun (leave October to December 2008)
Véronique Laberge Gaudin	Acting Assistant Director Chishaayiyuu Miyupimaatisiiun; and Planning Programming and Research Officer (PPRO) - Nutrition
Solomon Awashish	PPRO – Chronic Disease Diabetes
David Dannenbaum	Medical Advisor (part-time) for chronic diseases
George Diamond	PPRO - Healthy Communities program and non-intentional traumas, Chisasibi
Monique Laliberté	Nurse – Diabetes Educator
Lilian Kandiliotis	Nutritionist - Institutional Nutrition and Food Services
Katherine Morrow	Aboriginal Diabetes Initiative (ADI) Coordinator, temporary
Hélène Porada	Nutritionist – Diabetes Educator
Wally Rabbitskin	PPRO – Physical Activity, Mistissini
Elizabeth Robinson	Medical Advisor – Chishaayiyuu team
Ron Shisheesh	PPRO – Gambling (until February) and Tobacco, Chisasibi
Reggie Tomatuk	PPRO – Environmental Health, Chisasibi
(To be filled)	PPRO – Environmental Health
(To be filled)	PPRO – Environmental Health
(on leave)	PPRO - Diabetes Training, Mistissini
(2 positions to be filled)	Nurses - Diabetes Educator
(To be filled)	Nurse - Occupational Health Coordinator/Nurse (occupied by Claude Cornellier April to October)

(To be filled)	Medical Advisor Miyupimaatisiiun Work Place - CSST
(To be filled)	Nurse – Chronic Diseases

Specialized Services

Jill Torrie	Assistant-Director of Public Health
Anne Andermann	Acting Medical Advisor (part-time) – Training in Community Health (returned from educational leave in October and left in March on maternity leave)
Iain Cook	PPRO – Communications
Marcellin Gangbè	PPRO – Surveillance and Research
Elena Kuzmina	PPRO – Evaluation and Research
Carole La Forest	Medical Advisor (part-time), Clinical Preventive Practices, Montreal and Whapmagoostui
Jacques Véronneau	Public Health Dental Advisor
Tracy Wysote	Research Administrator
(To be filled)	PPRO – Epidemiology
(To be filled)	Medical Advisor – Training in Community Health (Faisca Richer's pregnancy leave continued from April to January and she resigned in January; Thérèse Bouchez assumed the interim from April to July 2008.)
Franck Giverne	Research Dental Hygienist (temporary occasional status from April to October)
Karoline Gaudot	PPRO - Training (temporary status from April to January)
Josée Laliberté	Research Clerk (temporary, occasional status from April to October)
Ménaïque Légaré-Dionne	PPRO - Research (temporary status from April to October)
Manon Sabourin	Research Dental Hygienist (temporary status April to October)
Joy Schinazi	PPRO - Research (temporary, occasional status April to October)
Stephanie Stringer	Research Assistant (temporary, occasional status from April to October)

Activities

Awash Miyupimaatisiiun

Awash programs are for children between the ages of 0 and 9 and their families

The priority is to ensure that “babies are born healthy, grow up and remain healthy” throughout their first years of life. The Amaskuupimatiseat Awasch services are being progressively implemented in Mistissini and will gradually be implemented in the other communities according to their preparedness. The regional Public Health team is actively working on the Midwifery program, in an effort to eventually bring birth back to the communities and to offer a more sustainable follow-up to pregnant mothers and their babies. Maintaining adequate vaccination coverage, the prevention and control of infectious disease and the implementation of the dental health program are also part of this program, and contribute to ensuring that babies grow up and remain healthy.

Awash Miyupimaatisiiun

The Assistant Director of Public Health for Awash was on leave from January 2008 until December 2008 and has been replaced in the interim by the Program Officer for Midwifery. The team’s work has involved providing support in the planning, development, organization and coordination of Amaskuupimatiseat Awasch, Midwifery, Prenatal Nutrition, Breastfeeding, Dental Oral Health, Infectious Diseases, Prevention and Control of Infections, Healthy Sexuality, Immunization and Genetic Counselling.

Amaskuupimatiseat Awasch

A partnering facilitator and coordinates the work of various teams developing the Amaskuupimatiseat Awasch framework and services. The services are being piloted in Mistissini, and during the year, Wemindji came on board as the second community host to the project. Later, the services were also introduced to Waswanipi and Oujé-Bougoumou. However, this year’s activities were concentrated on the piloting of the services in Mistissini. Most of the local team members for Awash services were hired, an orientation was provided to them and the ongoing training program was initiated. This has involved extensive work with the local groups, providing a great deal of on-the job training in all aspects of Amaskuupimatiseat Awasch. Services to families are gradually evolving while the integrated services approach is being developed by the interdisciplinary and intersectoral teams.

Considerable time was spent during the year in preparing and beginning to deliver training modules on the following: Amaskuupimatiseat Awasch framework, home visiting, attachment, introduction to case management, child development and integrated services models and processes. As well as the numerous trainings given to the team in Mistissini, presentations on the services in other communities and with regional teams, such as the Community Miyupimaatisiiun Group were done. At the same time, considerable time was spent on planning how to integrate Midwifery services and other related programs to Amaskuupimatiseat Awasch, while also developing intervention tools for local teams.

In October, with the support of the federally-funded Maternal and Child Health Program, a regional conference was organized in Montreal to introduce the Amaskuupimatiseat Awasch Services to the nine communities' partners involved in the services for young families.

Working with help from the Specialized Services team, the Amaskuupimatiseat Awash Partnering Facilitator developed proposals for the federal integration and adaptation funds, and represented the CBHSSJB at meetings for the Aboriginal Health Transition Fund in Quebec. The Amaskuupimatiseat Awasch integration fund was permitted to go ahead and will be managed through the Cree Regional Authority-Child and Family Services Department.

The objectives for 2009-2010 will be to complete the implementation of the pilot Amaskuupimatiseat Awasch in Mistissini, initiate the process evaluation of the pilot, plan the deployment of the services in the whole region and initiate their implementation in three other communities.

Midwifery

The midwifery position is under review and was unfilled this year, as the individual dedicated to this file replaced the Assistant Director of Public Health for Awash. Yet some development continued. Activities concentrated on the preparation of documents for agreements, protocols of practice, the interdisciplinary approach, the expanded scope of practice and medication list in remote regions. The Waapimausuwin working group held an effective planning retreat in Mistissini. The DVD "Waapimausuwin: Giving Birth in Eeyou Istchee" was launched at the Mamowedow Minstik on Fort George Island in August 2008. The positive comments about this initiative continue to be expressed as there is a growing interest in the region in returning birthing to the communities. Team members participated as usual in the Annual General meeting of the Canadian Association of Midwives; at meetings of the Mistissini Perinatal Committee; at Waapimaausiwin working group meetings in Mistissini; at the Ordre des Sages-Femmes du Québec; at the *Regroupement Les Sages-Femmes du Québec* meetings; and at a Quality Assurance meeting with the CBHSSJB. A presentation on midwifery was made to the Cree Women of Eeyou Istchee (CWEI) Conference held in Val d'Or in September 2008.

The objectives for 2009-2010 will be to get a clear mandate from the CHB regarding the direction of midwifery services and proceed accordingly.

Prenatal Nutrition

The Prenatal Nutrition Program Officer was hired in September 2008 to coordinate the Canada Prenatal Nutrition Program which is funded through Health Canada. These funds provide support to local health care workers on prenatal nutrition by providing information, tools, financial resources for workshops and local training. Other activities included managing the distribution of the Tiny-Tot-to-Toddler guide around the Cree territory; working in collaboration on different breastfeeding files like the Breastfeeding Flipchart, Breastfeeding Index Card and the Breastfeeding support group; organizing regional training. Region 18 is represented on the Table nationale des répondantes en allaitement maternel.

The general objective for 2009-2010 is to improve the health of mothers and infants.

Breastfeeding

A program officer hired at the end of the previous fiscal year provides the expertise for this topic which is promoted throughout all the maternal nutrition programs. The focus on training continued throughout this year so that many health care workers in Region 18 would be trained under the provincial 18-hour training. For group trainings, CHRs received two training sessions of three days each; nurses received a one-day training session; and nutritionists a two-day training session. Approximately ten clinical training sessions were given in Mistissini.

To support the training, this year, a policy to promote breastfeeding was written and sent for consultation, and continuing education documents were written. As well, a Flipchart for group animation was created, along with breastfeeding kits for new mothers. As usual, many activities were organized in the nine communities during Breastfeeding Week.

Also this year, the interpretation of the results of the study examining the extent to which the Baby Friendly Initiative had been implemented in health services used by Cree mothers and babies was done, and some power point presentations were created to allow transfer of the knowledge from the study to health care workers. Further analysis will be needed to better comprehend the results of the Baby Friendly Initiative

provincial study but mainly, they show a need for extensive breastfeeding training for health care workers within the region.

Several program officers received the Provincial Breastfeeding Training, the Maternal Child Health consultation, and the La Leche League Symposium training. Breastfeeding was the topic of a lunchtime presentation for Public Health staff and to Pimuhteheu Management in order to bring colleagues and management up-to-date with this relatively new file within the region. The main objective for the upcoming year will be to implement the Seven Steps of the Baby-Friendly Initiative in each of the nine communities.

Dental-Oral Health

Activities in the file were curtailed this year as the Program Officer only returned to work in January 2009. Activities since, included participating in recruiting Dental Hygienist from different CEGEPS and work on specific promotional and communication activities around the Dental Health Month in 2009, including the Drop the Pop Challenge.

This year's objectives include: to promote good oral health care, good nutrition, good oral hygiene and a healthy life style through a concerted and a multidisciplinary approach in daycares and schools (through pilot projects); and continue to support activities to help the implementation of the dental-oral health action plan.

Infectious Diseases

Two part-time physicians and two full-time public health nurses lead the work to manage infectious disease programs which are grouped under: infectious diseases, immunization and healthy sexuality. This year, the infectious disease surveillance system was maintained and all declarations of reportable conditions and outbreaks received prompt response and follow-up. This included but was not limited to tuberculosis cases, invasive bacterial infections, certain sexually transmitted infections, and gastro-enteric outbreaks. It also involved organizing a call-system so that public health physicians are able to respond to urgent requests outside of regular working hours and a system to respond to ad-hoc requests from professionals in the clinics. Clinical supervision was given for sexually-transmitted and blood-borne infections, cases were investigated and contacts managed, and epidemiologic investigations were carried out for gonorrhea cases and particular chlamydia cases.

Four community pandemic tours were completed in order to sensitize people working in health services and local government about the principles of intervention in the event of an influenza pandemic. The content of the current regional pandemic guide was revised.

Memory aids were developed for clinical staff regarding the management of post-exposure prophylaxis following work accidents, along with post-exposure prophylaxis against rabies in the event of animal-bite exposures. Several students were supervised, one of whom produced draft report on the nosocomial infections, methicillin-resistant Staphylococcus aureus.

The team participated in about ten regional visits to work with local teams and communities on matters related to infectious diseases.

Region 18 was represented at meetings and other activities of the *Table de concertation national en maladies infectieuses*, at annual meetings on infectious diseases organized by the Ministry and the *Institut national de santé publique du Québec* (INSPQ), and at the annual International Circumpolar Surveillance working group meetings on invasive bacterial infections.

In the coming year, priority will be given to maintaining existing infectious disease related programs and reinforcing pandemic readiness and intervention including a population vaccine campaign against influenza H1N1 in addition to the regular autumn influenza vaccine campaign.

Promotion of healthy sexuality

The work on this file is carried primarily by a public health nurse in close collaboration with the public health nurse responsible for immunization, the Medical Advisor for Sexually Transmitted and Blood- borne Infections and the Medical Advisor for Infectious diseases. The main activities in 2008-2009 involved the creation, promotion and distribution of culturally sensitive material on Sexually-transmitted and blood-borne infections (STBBI) prevention aimed at 15-19 yr olds, while also providing support on the implementation of youth clinical services and STBBI screening by school nurses and Community Health Representatives (CHRs). As well, in collaboration with the INSPQ the regional Implementation of the Provincial Collective Agreement on Hormonal Contraception was developed and adapted for the region. This involved multiple consultations with the CMDP and the pharmacology committee of the CBHSSJB. Clinical supervision was given for STBBIs, cases were investigated and contacts managed, and epidemiologic investigations carried out for gonorrhea cases and special Chlamydia cases. As well, the new HIV campaign on prevention and stigmatisation was organized. A community tour to update the nurses, regarding screening interventions and training on sexually-transmitted infections and HIV was carried out.

Training was given on STBBI and Contraception to the four new Awash CHRs and the sixteen regular CHRs. As usual, articles in the Nation and the *Circle of Hope* magazine promoted the new campaign on condom use.

The Program Officer actively represented the CBHSSJB on the permanent committee of the First Nations and Inuit of Quebec HIV and AIDS strategy and she maintained close collaboration with them throughout the year. She is also the regional representative for STBI**.** The CBHSSJB was represented at the Canadian annual conference on HIV/AIDS research in April 2008 where the Chî' Kayeh Program had a booth on the School Sexual Health Program. Training in Hormonal Contraception was organized and delivered to 54 nurses at the annual training in November.

In the coming year, the activities around this program area will continue to promote healthy sexuality, prevent and raise awareness regarding the transmission and consequences of STBBIs, as well as work to prevent unplanned pregnancies. The clinical supervision of STBBIs and epidemiologic investigations for gonorrhea cases and particular chlamydia cases will continue.

Immunization

Continuous support was provided to Health Service Providers working in the clinics and doing vaccinations, including ensuring that they received timely information in all areas related to the different vaccinations. Promotional tools were developed to help to increase compliance with the schedule for vaccinations and to ensure that the Hepatitis A&B and Human Papillomavirus (HPV) vaccination programs for the school age population were implemented and monitored. As well, the campaign of vaccination against Influenza was monitored. Training in immunization and HIV-prevention was given to Cree nursing students in particular and to other new nurses in the region. Region 18 was represented at meetings of the Ministry concerning immunization and management of immunization products, and at the provincial level for nurses-vaccinators for implementing the Panorama, surveillance program for vaccination.

In the coming year the new Immunization Protocol will be implemented throughout the region and the regular community tours will continue to up-date the nurses on the immunization files, while also doing ad-hoc interventions with them to support their work as local vaccinators. As in the past the annual vaccination campaign for Influenza and the school vaccination programs will be monitored. Region 18 will continue to be represented on the provincial committee for implementation of Panorama for vaccination programs.

Educational and Carrier Screening Program for CLE and CE

Cree Leukoencephalopathy (CLE) and Cree Encephalitis (CE) are rare but serious genetic diseases that are

present the Cree population. The Eeyou Awaash Foundation and the Cree Health Board identified a need to educate young people about these inherited diseases, so that they can make informed decisions about their health and reproduction later on in life. There are two main elements of this program: to educate young people about CLE and CE and about genetics in general; and to provide anonymous and voluntary genetic testing for young people.

The Program, which is carried out by one full-time nurse to deliver the services into the nine communities and one quarter-time nurse as a program officer, was very active this year. Many community presentations were delivered in the nine communities to introduce the "Educational and Carrier Screening Program for CLE and CE'' to combinations of people working in schools, clinics, band offices, and Day Care Centres.

A School-Based Program has now been implemented in the nine communities and is addressed to students over 14 years old (Sec. 3-4-5). This year, 297 students participated in the educational sessions. Of these, 169 (or 63%) requested the screening test. This work in the schools involved 17 separate trips to communities schools to deliver the educational component to classrooms, to run the voluntary screening clinics, and then later to return the results.

This year three nurses from Mistissini and Waskaganish were trained to perform genetic counselling and a school nurse was updated. The new CHRs and nurses were introduced to the program. As well, during each visit about the program in a community, the opportunity was also used to continue to update clinical staff on the Program and to be available for consultations as required by the clinic. The Program was presented to the Local Directors. As in the past, extensive planning continued in collaboration with other teams within the CBHSSJB and with specialists and teams at the Sainte-Justine Hospital for CLE and CE and at the Montreal Children Hospital for MCAD and any other request concerning genetics.

A French-language interview with Annie Bearskin, the President of the Eeyou Awash Foundation, and Hélène Denoncourt, the Nurse Counsellor, was published in the journal CREMIS.

For the coming year, one goal will be to integrate students doing Continuing Education, Vocational Training Center and attending Chibougamau's high schools into the program. The plan is to train one or two nurses to perform genetic counselling. In the new year, a surveillance project for a genetic metabolic disease, MCAD, may be initiated in collaboration with the Montreal Children's Hospital.

Uschiniichisuu Miyupimaatisiiun

Uschiniichisuu Miyupimaatisiiun programs are for youth between 10 and 29 years of age.

The priority for the next two years will be on schoolchildren so that they are "healthy, do well in school and grow up to be healthy and balanced adults." The only program partly operating in this age group is the Chî Kayeh program, a culturally adapted and unique healthy sexuality program. It is implemented in the school curriculum of seven of the nine communities and the implementation in the two remaining communities is planned for 2009-2010. Continuous support is needed for the next years to assure the continuation of this program and the attainment of its goals.

The Uschiniichisuu Program, despite the importance of the problems in this age group, is without an assistant director since the fall of 2008 and although work is being done by the Planning, Programming Research Officers (PPROs) in other programs (Awash and Chishaayiyuu), rebuilding this program sector, by hiring the necessary personnel to meet our social challenges, health promotion and disease prevention goals for this age group is a priority.

Although healthy lifestyle promotion (nutrition, food safety, physical activity and non smoking) activities were held in the schools and daycare centres during the year (see activities Chishaayiyuu Team), and immunization and healthy sexuality activities took place in the schools (see activities Awash team), the only program partly operating within the Uschiniichisuu team was the Chî Kayeh program.

The Chî Kayeh program was implemented in seven of the nine communities, with the two remaining communities committed to implementing the program in 2009-2010. Personnel for supporting this work were seriously reduced this year, and by the end of March, there were only two people working one day a week each, along with a consultant who was developing the materials and meeting with the schools.

Nonetheless, the enthusiastic group working on the project – some of whom are community volunteers - ended the year with significant achievements. The sub-committee of the project met regularly and involved the research team, the implementation team, and the community and CBHSSJB volunteers.

During the year, training was offered to schools in Eastmain, Oujé-Bougoumou, Mistissini, Wemindji and Waswanipi. In December, the acting director responsible for the Uschiniichisuu Team did a presentation in Gatineau to the managers of services for the CBHSSJB on the topic: "School Health in Eeyou Istchee: Need Assessment & Perspectives". Information meetings for the Chî Kayeh program were organized for the local Directors of Mistissini, Oujé-Bougoumou and Whapmagoostui; with clinical staff in Mistissini; and with school principals in Nemaska and Chisasibi. Later, a successful presentation and kiosk was organized during the Mistissini Wellness Week.

The Evaluation Research Group from Université du Québec à Montréal (UQAM) continued to support the implementation. *The Process Involved to Elaborate a Culturally Relevant Sexual Health Education Program for Grade 10 Students of Eeyou Istchee* was presented in March at the American Academy of Pediatrics 3rd International Conference on Aboriginal Children Health.

Based on the "*Special Assembly on Education*" held in Chisasibi in early November and on a field assessment, an action plan was developed and presented in December at a regional meeting of the Miyupimaatisiiun Services Managers. In spite of an excellent collaboration from the school directors contacted, the lack of health resources in schools prevented any program development and implementation (8 out of 9 schools were without a nurse, and none of the social workers had been hired, as yet).

On March 1, 2009 an assessment of the needs and current services regarding addictions and dependencies in the youth population (10-29 years of age) was started by a consultant in order to define a prevention program

addressing these issues.

The reconstruction of the Uschiniichisuu team is a priority in order to respond to our Public Health responsibilities towards the youth of Eeyou Istchee, especially those vulnerable because of health and social problems related to issues such as teenage pregnancies, dependencies and addictions of all sorts, sexually-transmitted and blood-borne infections, mental health and suicide. It is important to continue to support the Chî Kayeh program in each of the nine communities, as well as the local heads of Uschiniichisuu and their programs, school health nurses and social workers.

Chishaayiyuu Miyupimaatisiiun

Chishaayiyuu Miyupimaatisiiun programs are for adults, 30 years and over.

A priority for this age group is the prevention and control of chronic diseases as well as the promotion of healthy lifestyles. This is an essential element in the Public Health operational plan for all age groups, as preventing chronic diseases at an early age is especially important in Cree territory. The team will build on existing cooperation with the communities and clinics in order to encourage health-promoting activities, to create supportive environments, to build healthy policies and to create awareness for healthy lifestyles (nutrition, non-smoking, physical activity) in the communities, and also to provide support for the clinics to achieve better results for patient monitoring and management of chronic diseases.

The project to support the use of traditional medicines for diabetes care is an effort to integrate aboriginal approaches into the clinical environment. The public is already mobilized around the issue of diabetes. The challenge now is to achieve the same success with hypertension, in conjunction with developing a program to promote a more active lifestyle.

Chishaayiyuu also works for the promotion of a safe and healthy community and the prevention of health hazards due to infectious agents as well as physical and chemical hazards in the home, school, workplace and community environment.

Finally the Chishaayiyuu team works on minimizing the health impact of environmental contaminants as well as development projects.

Chishaayiyuu Miyupimaatisiiun Integrated Care Program

The Strategic Regional Plan of the CBHSSJB set out an orientation to develop and implement a model for the integrated delivery of health and social services in the Cree communities. The team has been tasked to develop a “Chishaayiyuu Miyupimaatisiiun Integrated Care Program (CMICP)” in Eeyou Istchee targeting the population age 30 and over and following a chronic care services model. This will integrate all health and social service programs available from the CBHSSJB in each community under one umbrella of coordinated services, including the Home and Community Care Program and the Naanahkuu Wiichihiiweukamikw Masinahiikan. Chisasibi will pilot this project. The goal is to decrease the mortality and morbidity related to chronic diseases, foster holistic health and to help improve the living conditions of at-risk families by empowering them and supporting the creation of enabling environments.

Smoking Cessation

Three functions of public health continue to be conducted in the area of smoking cessation. The first involved educating smokers and people living with smokers of the dangers of second-hand smoke and the harmful effects of smoking. This was carried out through a media campaign and through display booths in communities during local addiction awareness week. Secondly, promoting healthy choices with regard to smoking were conducted through smoking cessation workshops in December, National Smoke Free Week in January and revising the Healing from Smoking Guide which is a step-by-step guide aimed at individuals wanting to quit smoking. Finally, in the area of regulations, the smoking by-laws within the Cree Board of Health and Social Services were revised.

Wasayabin Challenge CF 3-0-30

The team developed and delivered a six-week challenge which was focused on the promotion of physical activity, tobacco cessation and the consumption of Cree traditional foods. The title CF 3-0-30 is an abbreviation for the following:

CF 3: eat Cree Foods at least 3 times a week for 6 weeks
0: 0 tobacco- abstain from smoking and tobacco products for a period of 6 weeks
30: engage in 30 minutes or more of physical activity daily for 6 weeks

The CF-3-0-30 challenge was launched in Eeyou Istchee, from October 6 to November 17, 2008. Over 200 people registered for the challenge within the different Cree communities.

Awareness/Promotion Campaign

Other Promotion and Awareness campaigns took place in the region during the past year including: the Canada Day Walk, the 100 mile challenge, the Walk to Work and Walk to School Day, the Physical Activity Day, the November "Diabetes Awareness Month", and the March, "Nutrition Month".

Drop the Pop Campaign

The Drop-the-Pop Challenge encouraged students to make healthy drink choices. As in the past, this activity was carried out in all Cree schools. This year, the documentation was made more user-friendly with a more concise text and more interesting educational activities. This year, 1200 students out of 3865 (or 33%) of students in Eeyou Istchee participated in the-Drop-the Pop Challenge.

Safe Food Handling Practices Workshop

One Food Safety Training was organized in partnership with the Ministry of Agriculture, Pêcheries et Alimentation of Quebec (MAPAQ) and our Cree Elders in Chisasibi in October 2008. This training responded to the needs for furthering education on food safety, food Recalls, traditional food safety techniques for food manipulation. It was well attended and most appreciated by the many participants.

Serving Traditional Food at Chisasibi Hospital Project

Although, under Quebec regulations, all meat served in provincial hospitals must be inspected by a Canadian or Quebec government veterinarian, the hospital was granted an exemption to be able to serve caribou, on the condition of following a strict protocol with respect to safe procedures for hunting, transporting and cooking wild game meat.

In 2008-2009, there were four caribou harvested. This year, the Public Health, in partnership with MAPAQ and the Chisasibi Hospital, has developed two protocols, to serve fur-bearing animals and birds at the hospital. The hospital is awaiting final written approval from MAPAQ.

Childcare Centres

Work with the childcare centres focused on improving nutrition awareness of the cooks, managers and educators for developing healthy menus. In terms of the educational focus, the work involves many varied topics: supporting the Childcare centers on assessing menus and food ingredients; work place layout; safety; equipment; sanitation aspects; procedures for production, distribution and purchasing; creating a pleasurable and positive ambience for meal times; developing a healthy policy and screening process for awareness of food allergies and choking hazards; and making the kitchens of our childcare centres healthier and safer work environments.

All sixteen centers were visited in 2008-2009 for initial visits, needs assessments and healthy nutrition promotion activities. Our priorities for the coming year are as follows:

- Food allergy management: identification and on-going establishment of protocols and follow-up systems, as well as staff training.

- Menu Management: follow-up on recommendations as well as new menu creation. The goal is to improve and update on a seasonal basis individual menus of daycares.
- Healthy Food Listing: a healthy food listing has been developed to simplify ordering and ensure that food items adhere to specifications of budget-conscious healthier choices.

Promotion and support of clinical preventive practices in nutrition

This year, bi-monthly "Rendez-Vous Nutrition" sessions were supported by Public Health and in January "Nutrition training" was organized. Support was offered to the Human Resources Department to help recruit and orient new nutritionists.

Healthy Blood Pressures Healthy Kidneys Project

The purpose of this project is to implement a treatment protocol for blood pressure control in people with diabetes who have high blood pressure. The project planning was interrupted yet it is expected to resume next year.

Development of a regional food security plan

A food security plan aims to promote accessibility and availability of healthy and nourishing food for all of Eeyou Istchee's population. This will require the creation of an intersectoral food security committee which will be responsible for elaborating and implementing food security action plan in the region. This year, a needs assessment has been started through the research project "Factors associated with traditional food consumption in Cree communities of Northern Quebec". This project proposes to explore factors that contribute to increased or decreased consumption of traditional food.

Advisory Role on Cree Wilderness Training Centres

The upstart of this project was very interesting and our role from Public Health was to ensure that the different aspects of healthy living including proper nutrition and prevention of diseases would be part of the program that would be developed for these training centres. At the moment the plan is to have one regional centre with the possibility of other local centres to be developed in the future.

Planning of the "First Cree School Track and Field Meet"

The goal is to organize and carry out what will become an annual Cree Schools Regional Track and Field Meet in Eeyou Istchee. The program officers are working closely with all the school principals and recreation directors to discuss and plan the activity.

Active School Project

The Active School Project aims to promote physical activity and healthy eating for all school age children. This year the schools participated: Waannutao Eeyou School, Eastmain, Wiinibekuu School, Waskaganish and Luke Mettaweskkum School, Nemaska.

Winter Active 2009

Winter Active is a campaign to encourage individuals, families and community leaders to be active during the winter. This year the Winter Active campaign took place from January 17 to March 28, 2009. The communities of Chisasibi, Eastmain and Mistissini organized various winter activities for all community members.

Diabetes Control and Management Video – Live Well with Diabetes

This year the diabetes team worked on the production of the DVD: "Live Well with Diabetes" along with six

educational clips about diabetes and the “What is Diabetes?” educational pamphlet.

Community tours – Supporting Diabetes Management in the Clinics

Communities were visited to give support to the Health Care Providers (HCP) to improve diabetes management. In each community, support was provided to HCP including nurses, CHRs, nutritionists, and doctors involved with diabetic patients. Patients were seen by a HCP and a diabetes educator. According to the need, additional training or refresher sessions on diabetes was given to CHR, nurses and doctors. Following the tours, continuing support for specific patients was provided via fax, internet and a help line.

Diabetes Group training

A five-day diabetes training session was held in Montreal for all CHRs in April 2008, with 26 people in total. The level of knowledge and understanding of diabetes was evaluated with “pre” and “post” knowledge tests.

Training was given in Mistissini, during the summer of 2008, to new CHRs hired for the Awash Program. Training was focused on Gestational Diabetes and the use of the GDM protocol (Gestational Diabetes Mellitus). A half-day presentation on the 2008 Canadian Diabetes Association Guidelines was given to 120 nurses at the Annual Nurses Training in Val d’Or in November. A total of 14 new nurses were trained in Mistissini for the “expanded role” for nurses working in clinics in the region. Each group was presented with one day of theoretical training and three days of training with patients at the Mistissini Community Health Clinic with a diabetes educator.

At the fifth National Conference on Diabetes and Aboriginal People in Ottawa in March 2009, a presentation on the Self Management Approach used by the CBHSSJB was given entitled: “Implementation of the Self-management Education approach for chronic disease by health care providers in EI”.

Quebec Breast Cancer Screening Program

The goal of the Quebec breast cancer screening program is to reduce mortality due to breast cancer by at least 25% among women aged 50 to 69 over a ten-year period. Many studies show that operating a screening program for a number of years can lower the mortality rate from breast cancer by a quarter. The encouraging results since the program began are an incentive to continue.

During the year 2008-2009, the Public Health Department of CBHSSJB provided the three types of services offered by the breast screening provincial program. First of all, 524 personalized invitation letters were mailed to women in the age group targeted by the program. In early 2009, the two radiology mobile units visited six villages offering a mammogram to women aged 50 to 60 and to some with high risk of breast cancers. The participation was very good: 487 women came to be screened for breast cancer. The third service offered was to ensure additional examinations and follow-up by specialists to those who needed more investigation following the screening result. The Health Centers referred 19 women to the Cedar Breast Clinic of Royal Victoria in Montréal.

Environmental Health

Chishaayiyuu Environment Division comprises different working groups: the Niipii Working Group, the Environment and Contaminant Working Group, the Health and Natural Resources Working Group, and the Occupational Health Working Group.

Monitoring Exposure to Contaminants

The Nituuchischaayihtitaau Aschii Environment and Health Study interviewed and tested 250 persons of all ages in Waskaganish and 300 in Chisasibi in the summer of 2008. Changes to the environment can affect the physical health of people in the community. The CBHSSJB started Nituuchischaayihtitaau Aschii in order to learn how development projects are affecting people’s health and to determine whether environmental contaminants are

a concern in Iiyiyiu Aschii. In order to get a more complete picture of the overall health and well-being of the Eeyou Istchee people and a portrait of the health of each community, the project also gathers information about nutrition, physical activity, lifestyle, and the benefits of traditional food. In collaboration with the Specialized Services Team, individual results were returned to participants from these two communities in early 2009. Community results of the 2007 study were presented at the Local Annual General Assemblies in Wemindji and Eastmain.

Testing pregnant women for lead and mercury was begun in April 2006 as part of the Public Health Department's activities related to assessment, management and communication of risks due to environmental contaminants; it is integrated into the routine prenatal visits to the clinic. Of 244 women tested, none had elevated blood lead levels content, and 3% had slightly elevated mercury levels. This testing is done through an agreement with the Quebec toxicology lab. A literature review of the health effects of mercury was also completed.

Assessing Health Impacts of Development Projects

Public health departments, and in particular their environmental health teams, have a mandate in this area. In August 2008, through the efforts of the then Chairperson of the CBH a Joint CHB-Hydro Quebec-*Société d'Énergie de la Baie James* (SEBJ) Committee on Cree health was set up to follow the implementation of conditions related to health in the Quebec Environment Ministry's certificate of authorization for the Rupert River diversion project. Two members of this committee are from the Public Health Department; two meetings have taken place so far.

The Environmental Health team worked with the CRA to assess possible public health impacts of a mine tailings pond spill into a river upstream from Waswanipi, and to inform the population. Related activities included: meeting with communities of Waswanipi, visiting the site with the Ministry of Natural Resources (MRN), participating in joint meetings (involving the CRA, *Ministère de développement durable, environnement et parcs* (MDDEP), MRN and Waswanipi First Nation), follow-up with MDDEP and publishing public health notices/recommendations in *The Nation* magazine. The team also participated on the Steering Committee for the Environmental Risk Assessment of the Oujé-Bougoumou area.

Emergency Preparedness – Environmental Emergencies

The team is involved with the planning committee for the upcoming 3rd Civil Security Conference which will be hosted by the Cree Nation of Wemindji in August 2009. In August 2008, the Civil Security Conference gave staff a clearer understanding about how the First Nation Councils work in this area. The CBHSSJB is presently collaborating with the Councils on Emergency preparedness.

Drinking Water Safety in Eeyou Istchee

The Niipii Working Group monitors the drinking water safety in the communities. The Group is in the process of enhancing communication and collaboration with the First Nation Councils regarding drinking water in Eeyou Istchee since Public Health receives notices directly from the laboratory. A summer project in Chisasibi to promote use of local tap water set up public taste tests of tap and bottled waters. The Group also developed a draft protocol for situations when the water supply is interrupted to the clinics and Chisasibi Hospital.

Radon Survey/ Investigation

Measurements of radon gas were taken from more than 60 houses and public buildings in Mistissini and Wemindji.

Indoor Air Quality

The team continued to carry out investigations of indoor air quality (principally moulds) in houses and public building in the communities.

Firearms Safety Awareness

In 2008, a poster was developed and distributed to all the Cree communities concerning firearms safety awareness. Each of the communities designated Elders to speak about firearms safety. Elders also addressed safety concerns around ice, creek and river conditions, especially in the spring. In 2009, the Cree Trappers Association's Executive was approached to plan, develop and implement this year's Firearms Safety Awareness campaign. The CTA Executive approved and supported the Firearms Safety Awareness plan.

Safe Kids Week

The National Awareness Safe Kids Week to place just prior to the school children's summer holidays. The elementary schools and daycare centres were encouraged to participate and teach their students and clients about pedestrian safety. Posters were developed, sent and displayed throughout all the Cree communities. Some communities sponsored a Safety Walk.

Don't Drink and Drive Campaign

The team produced a "Don't Drink and Drive" ad that was featured in *the Nation* magazine along with posters displayed in the communities.

Occupational Health and Safety Program

Two nurse consultants with many years of experience in occupational health made good progress in getting activities off the ground – they visited and met with band council and business representatives in Chisasibi and Mistissini, and developed material for training local agents. However, they both left in October 2008. Replacements will be recruited in the next fiscal year.

Specialized Services

The supportive functions of this team are focused on surveillance and reporting on the health of the population; quality assurance of clinical management of chronic diseases, especially diabetes; clinical preventive programming; program planning assistance, community health program evaluation, maintaining Public Health competencies; and Public Health communications to the population of Eeyou Istchee.

Following the new reorganization of the CBHSSJB in the summer of 2008-9, Specialized Services no longer carried the mandate for regional professional training related to services. As a result, the Team completed three projects which had been started under that new mandate in 2007-2008, and then returned to a focus on public health competencies only. Although it was reported in 2007-2008 that ten comprehensive proposals for special federal funds to integrate federal and provincial programs operating in the same thematic areas in First Nations had been completed, only one was permitted to go forward, but this was not the one developed within the mandate for the Specialized Services Team.

Collaboration with national and federal public health agencies and ministries

Public health professionals and physicians collaborate throughout the year with federal, provincial agencies and ministries such as the Institut National de Santé Publique du Québec, the Ministère de la Santé et des Services Sociaux du Québec, Health Canada, the Public Health Agency of Canada, and Statistics Canada and the Bureau des statistiques du Québec on permanent committees, thematic tables and ad hoc working groups and so forth. The team also collaborates with other Aboriginal health organisations on a recurrent or ad hoc basis. Throughout the year, scientific presentations are made about aspects of our work at local, regional, provincial, national and, occasionally, international forums. Most of these presentations are posted on the website at www.creepublichealth.org. This year a listing of a number of these activities is presented as an appendix to this report.

Clinical Department of Public Health

Members of the clinical department are governed by “les règles du département clinique de la santé publique” that were first adopted on December 14, 2007 and they are part of the Council of Physicians, Dentists and Pharmacists of the Cree Board of Health and Social Services of James Bay. The Head of Clinical Department is responsible for elaborating the rules of the department including call lists for members of the department. He or she is nominated by the CBHSSJB after consultation with the CMDP. He or she is also consulted in determining the number and distribution of doctors, dentists and pharmacists within the department when developing any organizational plans.

Public Health On-Call System

Members of the clinical department are also responsible for providing emergency coverage for issues requiring a public health physician outside of regular working hours. This second line on-call system assures 24-hour support to first line workers working in clinics. Its aim is to provide timely consultation on topics which may threaten the health of the population, either infectious (such as bite exposures, post exposure prophylaxis, outbreaks) or environmental in nature (water contamination, indoor air quality and so on) outside of regular working hours.

Requests to contact the doctor on call for public health come from doctors working in the clinics in the region or in some cases from nurses in the communities or community workers, if necessary. The system works through the public health offices during regular working hours and through an emergency cell phone during holiday periods and outside of usual working hours.

This system operates 365 days per year, 24 hours per day, and the physicians in Public Health manage it by rotating through an on-call system to respond to urgent public health situations. As well, the environmental health officer in the Chishaayiyuu team, the communications officer in Specialized Services and the program officer responsible for pre-hospital services, Pimuhteheu are also on-call for specific types of emergency responses.

Health Promotion and Chronic Disease Prevention Strategy

In collaboration with colleagues from the Chishaayiyuu Team, members of the team organized and chaired a highly rated panel at the Canadian Diabetes Association Conference in Montreal in October, 2008 on successful diabetes management practices in Aboriginal communities across Canada. From November to February, the community medicine specialist on the team coordinated the development of and wrote a draft health promotion and chronic disease prevention strategy for the work of all the teams. From October, the team ensured that Region 18 was actively represented at the *Table de concertation national en prevention and promotion*.

Cree Diabetes Information System (CDIS)

Although an expansion of the work of the CDIS to other chronic diseases had been planned this year, in the end the focus remained on improving the CDIS. As a clinical, educational and quality assurance tool, the CDIS facilitates the clinical management of diabetes through the use of standardized flow sheets in medical charts. The CDIS is also an excellent management tool that can be used by local clinical management to obtain statistics on their clientele. As in the past, the technical work on the CDIS involves collaboration between the Specialized Services and Chishaayiyuu teams. 2008 saw the following activities:

1) The CDIS data quality assurance project **-** Activity in this area involved the regular update of the information on new cases, change in diagnosis and deaths, training and supervision of the data-entry person, quality assurance audits and permanent contact with the clinics in order to complete or clarify the information. A proposal to the Executive for the CDIS data validation project was made in order to ensure the validity of the CDIS data.

2) Automated data-merge system project - This project involved performing regular updates of the CDIS clinical data from the Omnitech lab system of the Chisasibi hospital (Coastal communities) and the inter-lab automated data-merge from Chibougamau hospital lab system (where all clinical lab data on the Inland communities is located) to Chisasibi hospital.

3) Graphical user interface (GUI) project- This year new functions were added in order to transform the CDIS application into an interactive and user-friendly clinical management tool for use in the clinics, providing graphs and feedback for the health care workers to facilitate patient education visits.

4) Activities planned for 2009-2010 - In 2009-2010, plans are to continue to improve the CDIS as an electronic patient file system. As usual, this will involve supervising the continuous data-entry process in Montreal and making periodic quality assurance audits. The Graphical user interface (GUI) and the automated data-merge system projects will be completed. The validity of the CDIS will continue to be assured by: conducting a data-entry pilot project in Wemindji, providing training for diabetes educators on how to use the upgraded system, providing support to the clinics and updating the CDIS data collection tool - *Diabetes Flow Sheet*. The CDIS data validation project will continue to identify errors and missing cases in deceased patients. The CDIS Working Group will maintain and reinforce collaboration and communication with the local clinical management; and support the implementation of the CDIS as a new management tool in the clinics, including training and support for the diabetes educators and the clinics.

Clinical Preventive Practices Program

Preventive health care in clinical practice (CPP) constitutes an integral part of the *Quebec Public Health Program 2003-2012*. As reported last year, after five years of searching for a candidate, Dr. Carole Laforest took on this important half-time position just at the end of the last fiscal year.

This year, a plan for introducing CPP as a public health program into the clinical activities of the CBHSSJB was developed; an awareness campaign about CPP within public health and other partners within the CBHSSJB; and a survey on prevention with members of the CMDP and nursing staff done. The program logo and explanatory tools were developed, and, a current portrait of the state of the situation in the clinics continued to be developed through clinic site visits.

Motivational Interviewing (MI) was introduced as a clinical technique for promoting CPP with patients. (MI had been previously introduced to the region as the basis for the CREEC dental caries education research project with mothers.) To expand MI as a generalized technique within clinical services, the CPP doctor was trained as a trainer for 'Motivating your patient in 3 minutes' and this was delivered at the annual nurses training (where it received strong evaluations) and to other meetings of professionals within the CBHSSJB, including to some physicians. A proposal for developing this training as a basis for work in all the clinics within the 2009-2010 budget year was developed. Region 18 is represented on the national committee for clinical preventive practices.

Competency Development

As reported in 2007-2008, the Specialized Services Team's training mandate for public health was expanded to include responsibility for all professional training in the CBHSSJB related to services. With the reorganisation in the summer of 2008-2009, our training mandate returned to a focus on public health competency development.

However, three projects begun under the expanded mandate before the latest reorganisation were seen to completion this year. All of the logistics, including many of the trainers, were organized for the Annual Nurses' Training in November and the final report prepared. A comprehensive report was prepared on the state of the situation with regards to professional training involving services within the CBHSSJB. A background report on the training required for reliable medical interpreter services was also completed.

For department level continuous professional training in public health competencies, a successful three day Seminar on Project Management was given to sixteen people by Université de Québec à Montréal in May.

The Public Health lunch time presentations were planned structured educational meetings organized at lunch time for and by the members of the Department about the content of their programs. After an initial survey, a mission statement was developed and a program followed. In total, nine lunch-time presentations were organized with an average attendance of 11 health professionals. The evaluations were very positive.

Tools were developed to assess the training needs in Public Health of staff who do not have a professional background or post-graduate education in the areas of Public Health. An extensive review was performed on the topic and it does not seem that such tools exist yet in Canada, although several organizations in the USA are looking at this presently. Before more work could be done on the file, the Public Health physician in charge was asked to take responsibility for other files.
During the year, individual coaching was provided for two members of the public health staff.

Oral Health

The public health dental consultant organized the annual day of continuing education (with professional credits) for dentists and dental hygienists working in Iiyiyiu Aschii. This event is organized immediately before Quebec's annual dental conference. Ongoing support was also provided to the regional dentists and dental hygienists in evidence-based practices and research methods.

In partnership with the laboratory at the Montreal General Hospital, the analysis of specimens of saliva continued in order to analyse the type and extent of bacteria which cause tooth decay in the population. Due to personnel reasons, the assessment of outcomes for the two large dental health randomised control trials is delayed. Hopefully, in 2009-2010 a way will be found to continue to assess the results of these two projects so they can be returned to the participating parents and communities, our dental health program, as well as the larger research community.

Public Health Surveillance

Each region in Quebec must either adopt the national surveillance plan in total or prepare a justification for the parts that will comprise a regional plan. The draft plan was completed and in the coming year, it should be submitted f**or community consultation and then ethical review possibly in 2010-2011.**

The region is the only First Nations area to have participated in the 2003 Canadian Community Health Survey. As reported last year, the attractive popular reports for the CCHS were distributed to every household in eight of the nine communities. This year, the last of the technical reports were distributed on the websites of the Cree Public Health Department and the INSPQ.

As well, the region is the only First Nations area to have participated in the Statistics Canada Aboriginal Children's Health Survey (2006). Statistics Canada will release the Highlights report from the ACS in the spring of 2009 in collaboration with the CBHSSJB and the GCC/CRA. The more technical reports are being prepared by the CBHSSJB with support from Statistics Canada and should be ready for late 2009. At that time, decisions about participating in future surveys will be made.

Team members actively represent Region 18 at the *Table de concertation nationale en surveillance* and on sub-groups of the TCNS; at Statistics Canada Aboriginal Children's Survey Technical Advisory Group; up to the summer of 2008 with the Aboriginal Diabetes Working Group of the National Diabetes Surveillance System of the Public Health Agency of Canada; and through an appointment as the representative for public health surveillance on the *Comité d'éthique de santé publique du Québec.*

The surveillance team is actively involved in some regional committees (CBHSSJB - Hydro Quebec/*Societe d'Energie de la Baie James* (SEBJ) joint health committee and the committee planning electronic information systems within the CBHSSJB). For the coming years, it will support the Chishaayiyuu pilot program implementation in Chisasibi, by developing indicators for different regional and local programs and services, and will provide training to build local health surveillance capacities.

In 2008-2009, the surveillance team continued to respond to many ad hoc requests from within the Department of Public Health, other Departments of the Cree Health Board and from other Cree entities, such as: developing a Research Projects Database; updating population, birth and mortality databases with MSSS information and responding to many specific requests for information; preparing an updated infant mortality report; collaborating with the communities concerning their profiles of Health and Well-being; continuing work on the annual update and other requests from the declarable diseases database (MADO); carrying out special analysis to identify diabetic nephropathies and rapid decliners from the CDIS database; analyzing and reporting on the Quit to Win Challenge results and the Drop the Pop campaign results.

Planning with the Dental Health Department of the CBHSSJB for a comprehensive dental epidemiological survey of all age groups – the first time the dental health of all ages have been assessed – continued, albeit at a slower pace than anticipated in the previous annual report.

And lastly, the work of the team continued to play the central role in ensuring that the data from the *Nituuchischaayihtitaau Aschii Multi-community Environment-and-health Longitudinal Study in Iiyiyiu Aschii* is maintained within the CBHSSJB where it is becoming part of our long-term surveillance strategy.

Development Projects' Health Impacts

Public health departments, and in particular their environmental health teams, have a mandate in this area. From the point of view of the Specialized Services team's mandate, this file is approached through our overall perspective on health determinants. To this end, a literature and program review on health determinants to serve as our background document was completed.

In August 2008, through the efforts of the then Chairperson of the CBHSSJB, a Joint CBHSSJB-Hydro Quebec-(SEBJ) Committee on Cree Health was set up to follow the implementation of conditions related to health in the Quebec Environment Ministry's Certificate of Authorization for the Rupert River Diversion Project from November 2006. Two members of this committee are from the Public Health department.

Evaluation

The year the analysis was completed and the report produced for the *Evaluation of the regional diabetes surveillance and clinical management on the Cree territory of Eeyou Istchee* project conducted in 2007 within the framework of the continuous quality improvement program of the Regional Diabetes Initiative. This project was done to help the clinics and management have a better understanding of the state of diabetes care in the clinics. The results of this project were presented at the 2008 Canadian Diabetes Association Annual Conference (Montreal, October 2008). Community reports cards were sent to each clinic to help improve diabetes care.

The Evaluation Working Group (EWG) provided support for the evaluation of *the 2008 Drop-the-Pop* project. Plans for the Evaluation Working Group and a draft Public Health Department Evaluation Policy were written. An evaluation procedure document was prepared to help program officers understand evaluation and how to incorporate evaluation into their work plan.

In the coming year, support will continue to be provided for the evaluation of the Drop-the-Pop Project; the PHD evaluation policy and 2009 -2010 action plan will be finalized, approved and implemented; the implementation of the Chishaayiyuu (chronic diseases) services and programs in Chisasibi (pilot project) will be supported by developing a performance measurement system and an evaluation plan.

As well, the implementation of the PHD Chronic Disease Prevention Strategy will continue to be facilitated by supporting the development of the strategic evaluation plan and evaluation plans for the regional and local action plans.

The EWG will continue to increase the regional and local evaluation capacity, support evidence-based decision-making and make program evaluation integral part of the organizational culture by providing support to the all PHD teams and managers in conducting internal evaluations, commissioning external evaluations, and in developing program evaluation plans.

Research Committee

One of the goals this year was to enlarge the committee's membership to include representatives from each community. Once the new community Miyupimaatisiiun Committees to manage health and social services are set up, it is expected that the representative to the Research Committee will be appointed from that body.

The Committee meets monthly via a one-hour teleconference, except during the summer, to review research processes and research projects within the Cree Health Board. Nine meetings were held in 2008-2009.

The Research Database was completed this year and will be tested and finalized in the next fiscal year. Late in 2008-2009, the Committee developed a plan for reviewing all of the Committee's tools, including the Terms of Reference and this will go along with community consultations planned for the next fiscal year to discuss past and present projects with the communities and to hear their views on processes and projects. The long-awaited Research Agreement for the Anti-Diabetic Plant project was finalized this year in collaboration with the Grand

Council and the Cree Nation of Mistissini. The Agreement was put in place to build in protection for traditional knowledge and intellectual property and to ensure Cree interests are represented in the event of any commercial outcome from research. The draft intellectual property policy for research was also submitted this year, once approved it should be finalized in the next fiscal year.

The CBHSSJB is represented on the Canadian Association of Research Ethics Boards administrators and at the National Network of Aboriginal Mental Health Research. A panel presentation on the Anti-Diabetic Plant project was organized and delivered at the First Nations and Inuit Health Branch Research Conference in Montreal.

Research File

The CBHSSJB is a partner with three Canadian research networks financed by the Canadian Institutes of Health Research: McGill University: Network of research in Aboriginal mental health; University of Alberta: Access to health research participation and empowerment of Aboriginal people in research to improve their health and well-being. CIET and University of Ottawa: Anishnawbe Kekendazone: focus on primary prevention. The CBHSSJB representative also sits on the Technical Advisory Group for the Aboriginal Children's Health Survey of Statistics Canada.

Additional information on research projects (those managed this year; listing of additional health related research projects; and publications approved this year) are available from Specialized Services upon request.

Communications

The public health website (www.creepublichealth.org) continued to act as an information portal for the general public (Cree-language podcasts), the media, and health professionals.

This year, a needs analysis for the public health website was completed and a proposal developed for funding in the next fiscal year - which would revamp the in-house website and make it better serve the needs of the CBHSSJB and the communities. A new Department Intranet (creehealth.ning.com) was initiated to improve internal communications.

Close collaboration with partners in the regional media continued. Monthly health promotion ads on various themes using story telling continue to run in *The Nation*. *The Nation* continues to publish phone-in numbers for various crisis lines, in its classified ads section. JBCSS again broadcast many public service announcements produced by the Department on themes such as the annual influenza inoculation program, sexual health, diabetes, the Wasayabin Challenge and the Drop the Pop campaign. Regional media outlets (JBCCS, CBC North, the Nation) continued to use our Public Health Department website as a primary source for story ideas and contacts.

The media research on how youth receive information was successful and reported late in 2008. Hopefully, this will be followed-up in the next fiscal year through more focus-groups with youth to consult on how they are receiving our health promotion materials.

While the Department's partnerships with the regional media was unified last year, this coming the Communications Working Group plans to use an integrated approach for the communications aspect of health promotion. The plan involves the preparation of an animated 'story' on various health topics and themes, which is then put on websites seen by most Iiyiyiu youth as well as the Public Health Website. It could also serve in print as ad in the Nation magazine, or on promotional items such as placemats and fridge magnets. The first phase of the new software that would incorporate an animated approach for health promotion work was developed. Plans were made to move to phase-two in the next fiscal year. Additionally , a Google Ad campaign was implemented as part of these monthly communications campaigns; and a Cree producer contracted for a monthly health radio show which is planned to become weekly in the next fiscal year.

Extensive work went into the coordination of various aspects of promoting and communicating about several large research projects, especially the 2008 Nituuchischaayihtitaau Aschii project and preparation for the Nituuchischaayihtitaau Aschii 2009 project. In 2009-2010, there will be extensive work in developing the communications plan for returning the results of the Aboriginal Children's Survey and the addictions and mental health research to the communities.

The Chronic Disease Prevention Steering Committee's work was developed around a communications policy which was put into operation through the development of communications protocol documents and an overall communications plan.

The programs and projects continued to exchange and communicate messages despite not having a full Communications team in place.

Quality Assurance

Director of Professional Services and Quality Assurance – Nursing (DPSQA- Nursing)

Annual Nurses Training

All the Nurses participated in training sessions that took place on November 16-28, 2008 on the following topics: C-MDSA; Code of Ethics for nurses and complaints management; traumatology; diabetes; breastfeeding; motivational approach; grief; therapeutic nursing plans; ECG; and hormonal contraception.

Cree Nurses Training

In the spring of 2007, a decision was taken by the Administrative Committee of the Board of Directors of the CBHSSJB that:

> *"No experience will be required for all candidates who are permanent residents of the territory. In this case, the mentoring will be increased to one (1) year whereby part will be provided in the hospital and part will be provided by community health. This year of training/mentoring will be organized in the communities where the resources are available and will take into account the candidate's choice of location."*

The development and implementation of this project, initiated at the Chisasibi Hospital Center, remains a priority. In March 2009, two nurses participated in a ten-week training mentoring with the MUHC (McGill University Health Center). The MUHC represents teaching hospitals affiliated with the Faculty of Medicine of McGill University, including: Montreal Children's, Montreal General, Royal Victoria, and Montreal Neurological hospitals; Montreal Chest Institute; Lachine Hospital and Camille-Lefebvre Pavillion.

The key objective of the ten-week MUHC training and mentoring initiative is to develop and integrate "clinical judgment" with nursing work functions. The training sessions include: TNCC (Trauma Nursing Core Course); ENPC (Emergency Nursing Paediatric Course); Practice in the McGill Simulation Centre and Family medicine clinic; MCH surgery clinic; short stay unit; antenatal care (high risk pregnancy and delivery); and case room.

Training for Enlarged Role by Training agent

In 2008, twenty nurses received training on the enlarged role of nurses; these were given over four five-week sessions. Other sessions will be organized to suit the needs and the availability of staff. This process will be assessed to determine appropriate delivery timeframes.

The McGill Integrated University Health Network (IUHN)

In the fall of 2008, an action plan was initiated with the IUHN* in order to establish a partnership to meet the various needs for clinical support for nursing, continuing education, and research. Several meetings took place to determine the support and service they will be able to offer.

The current support and training needs include haemodialysis and nursing therapeutic plans (NTP). Two video conferences were also organized. The subject of the first video conference concerned emergency preparedness measures in a rural area. The subject of the second video conference was the obligation of disclosure of adverse events and how to talk about it with patients. Some staff also participated in interdisciplinary team sessions at the Jewish General Hospital in order to gain knowledge and the required experience to implement these important activities in the Cree communities.

Competence Evaluation

The arrival and departure of staff complicates the quality and the integration of efforts to improve standard

practices. An evaluation on the tools and processes to ensure standard practices will be carried.

The Executive Committee of the Council of Nurses (ECCN)

This committee met six times this year. The composition of the committee includes Guillaume Richer (President), Sarah Cowboy (Vice-President) and Geneviève Dubé (Communication Officer). There is an on-going recruitment effort to fill the position of Secretary. Geneviève Dubé, Clinical Nurse in Chisasibi, establishes contact with the new nurses upon their arrival in order to help them adapt to their new role and to facilitate their integration in the community.

Computerized Nursing Methods (CNM)

The Association québécoise des établissements de la santé et des services sociaux (AQESSS) created a web site. It is proving to be a useful tool for CBHSSJB nursing staff.

The McGill Conceptual Method

In order to promote a more adaptive and cooperative approach to nursing in the Cree Nation, the application of models developed by McGill University is being used and is meant to assist all nursing staff to improve in responding to the needs of patients.

Work Organization

Several meetings took place in Chisasibi, discussions focused on how to improve the effectiveness of our work. A consultant from the AQESSS is preparing a summary of these discussions for review.

Complaints Management

Policies and procedures have been established to clarify the role of each person order to increase our efficiency in this field. Measures will be taken to foster greater knowledge and skills of staff members in responding to complaints.

Communications

The development and implementation of a communication system is a priority in the next few years to ensure a proper follow-up on patient care, follow-up on the prevention of incidents/ accidents, as well as education to promote maximum well-being and health conditions for our clientele.

Quality Assurance Secretariat

Currently, the vacant positions related to DPSQA for medical and allied health have an effect on the operation of a committee related to quality assurance. However, efforts are being made to ensure the quality of services. A presentation of the new incident/accident report (Forms AH 223) took place on March 5, 2009. The Local Directors, Assistant Executive Director - Miyupimaatisiiun and team members were present. This form can now be implemented at each clinic including the hospital. The next step would be to set up a risk management committee to review incident reports and make appropriate recommendations to ensure quality of care and services.

** The provincial government's new Réseau Universitaire Intégré de Santé (RUIS) plan divides the province of Quebec into four geographic regions (corridors of services) to be served by McGill and the Universities of Montreal, Sherbrooke and Laval – with tertiary services, education and research coordinated by each university's faculty of medicine and its associated teaching hospitals.*

Helene Nadeau
Director of Professional Services & Quality Assurance – Nursing

Professional Services and Quality Assurance- Social (DPSQA- Social)

The program area responsible for Professional Services and Quality Assurance for Social Work Practice is in the process of changing its orientation and making some minor changes in the mandate. The previous mandate was to ensure quality of standards through the development and application of standards and intervention protocols for Social Work, including the mandate to define the Social Practice. The mandate also ensured that the Social Services needs of the population are properly identified. This process was to ensure development of Social Programs and Services are reflective of the identified needs.

The new proposed mandate is to contribute to the improvement of the health and well-being of individuals, families, and different populations of the communities. This reflects the mission, goals and prescribed programs of Akusen Ananakeecheedakanooch (the Cree Board of Health and Social Services of James Bay). This responsibility supports the principles of miyupimaatisiiun, community-centeredness, interdisciplinary approach, and program design for a seamless and integrated circle of care, based on (Awash, Uschiniichisuu and Chishaayiyuu) population age groups.

The other mandate is to ensure that the quality of services provided by the social service staff is reflective of the scope of the organization's programs and services. This is carried out through integrated co-management relationships with the line and other staff/functional managements in the Community and Regional Miyupimaatisiiun Groups, and the Public Health Group.

In brief, while the previous mandate involved developing programs and services, this is no longer the primary responsibility. The new proposed mandate will focus on evaluating programs and services and thus, facilitating quality management.

Social Emergency Worker Manual

The main purpose of the Social Emergency Worker Manual is to revise the manual of Support for Emergency Workers and to create an electronic version, so it would be easily modified when necessary. This is an essential tool when providing orientation and training for the Social Emergency Workers. The revision has been completed but still needs to be tested and evaluated with the Social Emergency Workers. Once testing and evaluation has been completed, it will then be presented to Social Service Committee and the Executive Committee for review and recommendation for approval. The final Draft will be presented to the Board of Directors for approval and adoption tentatively for the Board meeting on December 2009. Seventy-five percent of the project was completed.

Revision of Social Policies and Procedures

The specific objective of the Revision of Social Policies and Procedures project is to revise, modify the existing Social Services policies, procedures and protocols. New policies, procedures and protocols also need to be developed, such as the suicide intervention, sexual abuse intervention, etc. Providing an update will give clear direction and guidance for the staff implicated thus enhancing the quality of services we delivered. Twenty-five percent of the project was completed. This is also an outstanding project for many years. This will be carried over to the new fiscal year of 2009-2010.

Filing System

The specific objective of the Filing System project is to improve the overall case management within the Social Services by developing a tool to support the staff. The secondary objective is to establish a mechanism in conducting regular file reviews, case revisions and yearly audits. This is to ensure accountability amongst the staff and continuity of care for our users. A first draft was completed but still requires further revision. Twenty-

five percent of the project was completed and will continue in the next fiscal year.

Social Service Committee

The mandate of the Social Service Committee is to provide an organized mechanism for the development of the regional orientation related to social, mental health and re-adaptation services. Work is underway to change this committee into a Social Service Council, which will fall directly under the Board of Directors.

Suicide Intervention Manual

The main objective of the Suicide Intervention Manual project is to establish a Suicide Crisis Intervention and post-intervention framework for all front-line staff within the medical and social service and to determine and clearly define the roles and responsibilities of each staff member. A first draft was completed which requires revision. The contexts of the first draft focused on prevention. However, informal consultations with members of the Social Services Committee and requests from some Local Directors indicated that what is clearly and urgently needed is a Suicide Intervention Protocol. The first draft will be revised to reflect this request. This process will be continued to next fiscal year.

Joint Operational Plans with Quality Assurance Secretariat

The main objective of the Accreditation project is to ensure the development, implementation and follow up of a Continuous Quality Improvement and Quality Assurance Program for all services provided by CBHSSJB. This project has been on hold for the following reasons: the absence of one of the Directors involved, the need to consult other Directors; and ultimately approval from the Executive Director on the final version of the plan.

Evaluation and Annual Performance Review

The main objective of the Evaluation and Annual Performance Review project is to ensure the design and evaluation of mechanisms for the professional supervision of the social well-being staffs' professional practice and performance. This project has been inactive due to competing work priorities and the absence of Directors.

Other Activities

Meetings were conducted with the Mental Health Team to support and assist them with projects such as the Healing Lodge and Suicide Prevention; and support was provided to the Commissioner of Complaints in the process of investigating complaints, revision of Social Services Policies & Procedures.

New files include: Social Service Resource Library; Social Service Case Management Tools; Evaluation and Annual Performance Appraisal; Incident/Accident Reporting; and Orientation on Cultural Approach.

The previous mandate was focused on developing, planning of programs and services. In order to achieve the goals and objectives, the previous mandate required the support of a team. The new changes mean reorganizing the positions of the department. The orientation of the new mandate will focus more on improving the programs and services. The establishment of rigorous evaluations will ensure adequate and quality services that are responsive and reflective of needs of the clientele. This is a positive and crucial step that strives towards a more responsive and accountable organization.

Laura Bearskin
Director of Professional Services & Quality Assurance – Social

General Programming

Current and Ambulatory Programming

Louise Carrier	**Coordinator of Current & Ambulatory Services**
Vacant	**PPRO**

Current and ambulatory services involve medical care delivered on an outpatient basis. Overall, this role included the following files: annual nurses training session; review and feasibility of various nursing protocol projects; review of the therapeutic guidebook started last March with a committee made up of four nurses from different communities; and the organization and planning of the vaccination program with the nurses working in the outposts (Gardasil, booster shots, influenza vaccine). The Heads of Current Services that were hired in Mistissini, Ouje-Bougoumou, and Wemindji were oriented on: administrative measures; organizational policies/procedures; and health care protocols.

Due to vacancies in some positions of local Coordinator of Current Services, on-going support was required for the following communities: Whapmagoostui, Chisasibi Community Health (8 months), Wemindji (10 months), Eastmain, Waskaganish, Nemaska, and Waswanipi. This work incorporated management of: nursing staff (leaves, recruitment, etc.); personnel evaluation; solutions for problems related to nursing procedures and programs; and the procurement of medical supplies and equipment.

Pre-Hospital & Emergency Measures

Emergency Measures On-Call

Emergency measures on-call continues to be provided on a 24-hour basis, seven days a week, 365 days a year. The on-call service ensures the civil security of the territory. Calls include but are not limited to notices of road closures, forest fires, insufficient beds in a southern hospital, to ambulance breakdown. Information is shared with the communities affected or direct assistance is provided when the situation warrants.

Service Agreements for First Responders

The Service Agreements for First Responders were completed for all nine communities. The contracts were for the fiscal year 2008-2009 and are renewable for two additional terms of one-year. For various reasons, the Service Agreements have not been finalized, however this task is expected to be completed in the next year.

Medical Equipment

Automated External Defibrillator (AED) with voice recorders were purchased for the communities. The AED is a portable electronic device that automatically diagnoses the potentially life-threatening cardiac arrhythmia (abnormal heart beat) in a person that may lead to cardiac arrest (heart attacks). If needed the AED delivers a shock to the heart to re-establish a normal heart rhythm. Once training has been provided, three defibrillators will be placed in each community**.** One will be placed in the ambulance, the second in the Multi-Service Day Centre (MSDC) and the third within another vital service in the community.

Oximeters were also purchased for the communities. An oximeter is a device that measures oxygen saturation in the blood. Once training has been provided, each community ambulance will be outfitted with an oximeter.

Jason Coonishish
Coordinator
Pre-Hospital and Emergency Services

Awamiinwachuwanouch (Regional Mental Health) Program

Daisy Ratt	Coordinator of Mental Health (interim)
Keith Best	PPRO
Pauline Bobbish	PPRO
Mary Ortepi	Social Worker
Tina Iserhoff	Administrative Officer Class 2
Mary-Louise Snowboy	Clinical Nurse
Daisy Ratt	Human Relations Officer

note: The PPRO positions were under Uschiniichisuu until the fall of 2008

Preventative Mental Health

CBHSSJB continues to develop a Preventative Mental Health program. Most mental health activities took place in research projects to better understand the issues linked to mental health, addictions and the organization of such services.

The main activities of the Mental Health unit in 2008-2009 include: information gathering sessions at the Wabano Centre for Aboriginal Health in Ottawa and Anishnawbe Health Toronto for insight into providing traditional methods of improving mental health; provide on-going access to psychological services for those living outside the Cree territory i.e. post-secondary students; provide case consults with those providing services to community members with mental health issues including the medical staff, front line staff and families; and provide crisis support to the communities upon request.

Psychological Services

All requests for psychological services are coordinated by the Mental Health Program. There are seven visiting psychologists, one counsellor and one therapist that service the nine communities. There is also one psychologist that conducts assessment/ evaluations. In total, we have ten professionals working in the Cree communities. Of the ten, three are of First Nations descent.

Consultations

Consultations with the psychologists, counsellor and therapist are significant. Mental Health workers continue to be overbooked in some communities. A total of 2135 consultations, excluding case discussions were held. There were 63 cases of psychological, emergency or specialty services provided outside of Cree territory. Finally, there were 10 psychological assessment/evaluations completed this year.

The top 10 reasons for counselling services include but are not limited to: Family Issues (258); Conjugal Difficulties (180); Coaching/supportive counselling (135); Traumatic grieving (98); Parent-Child relational issues (79); Separation (74); Death and dying issues (69); Anxiety (69); Alcoholism (62); and Parenting Skills (66).

Suicide Prevention, Intervention and Postvention

Suicide Prevention, Intervention and Postvention have been identified as one of the key priorities by the Mental Health team. The Applied Suicide Intervention Skills Training (ASIST) program has been supported by the Mental Health program. Appropriate staff members have attended the Dialogue-for-life conference hosted by the First Nations & Inuit Suicide Prevention Association of Quebec & Labrador and the Canadian Association of Suicide Prevention conference to increase their awareness, skill sets and knowledge.

Service Agreement with the Douglas Mental Health University Institute

A service agreement between the Douglas Mental Health University Institute and the CBHSSJB began in August, 2008. This service agreement is intended to support the offer of ongoing psychiatric services in Region 18. Orientation to the communities was completed by the fall of last year. Since December 2008, there are now regularly scheduled psychiatrist visits to all nine Cree communities.

A team consisting of: Psychiatrist, Dr. Janique Harvey, Charles-Edouard Carrier B.Sc. (N), D.E.S.S – Department Head of Technical Platforms and Specialized Diagnosis, Social Worker, Mary Ortepi and Clinical Nurse, Mary-Louise Snowboy are presently doing patient and service needs assessments in addition to identifying service gaps and training needs of the communities. The team supports the front-line services workers in regard to the mental health sector both in the evaluation/quality of treatment and prevention aspects.

Since December 2008, the Douglas Institute in Montreal has provided a 24-hour psychiatric support service to all front-line and medical teams in the Cree region for case discussions, follow-up, medication adjustment, admissions and transfers outside of the community.

In January 2008, the Regional Mental Health unit visited the Chisasibi Independent Living Facility with the Douglas psychiatrist, Dr. Janique Harvy and the Local Director. Dr. Harvy conducted psychiatric assessments. The visit allowed for case discussions with the staff and was an opportunity to assess the clinical support and identify the staff's training needs.

A working group was created to support access to and availability of appropriate foster homes for psychiatric clients on and off Cree territory.

Healing Lodge

The working group met for approximately 18 days in total during 2008-2009. The team visited a First Nations facility in Ontario to commence preparations for establishing a Cree Healing Lodge. Initial specifications include: facility be located within or a short distance from the Chisasibi hospital, that it be a 16-bed facility, and that the physical design and program space match the Cree way of life and belief system. The working group will continue to collaborate with the Waskaganish Mobile Treatment program in the Healing Lodge project.

Pauline Bobbish, Planning & Program Research Officer
Mary Ortepi, Social Worker

Administrative Services Group

Assistant Executive Director, Administrative Services

The year 2008-09 marks the fifth year of the implementation of Strategic Regional Plan (SRP) and the five departments under Administrative Services: Material, Financial, Human and Information Resources; and the Non-insured Health Benefits have again achieved most of the objectives mandated by the organization. It is with our sincerest expectations that these accomplishments will contribute enormously to the overall improvement of health and social services.

The major achievement last year was the completion of the construction of the Wemindji Miyupimaatisiiun Center in December 2008. In addition to the construction of the new residential housing units, the construction plans for the Mistissini Community Miyupimaatisiiun Center were also completed. Construction will begin shortly.

The objectives established for the next fiscal year are as follows:

- The construction of approximately 36 transits and 25 additional housing units for non-resident employees in compliance with the funding framework of the SRP;
- Begin the construction of the Mistissini Miyupimaatisiiun Centre;
- Plan the construction or extensions of other Miyupimaatisiiun Centres;
- Revise and begin the implementation of the informational resources Master Plan;
- Revise and finalize the maintenance of assets framework;
- Create a Property Master Plan;
- Improve the effectiveness and efficiency of the operations in each department.

In compliance with the mission of the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the SRP, we have established a new set of objectives for the coming year. We trust that as professionals and dedicated employees we will continue to meet the many challenges that lie ahead. Additional human resources will be required by the departments to fully carry out our obligations and responsibilities. We continue to dedicate our efforts toward healthier communities and improving the delivery of services in Eeyou Istchee.

Robert Larocque
Assistant Executive Director, Administrative Services

Financial Resources

The Finance department is responsible for maintaining the financial records of the Cree Board of Health and Social Services of James Bay (CBHSSJB), assuring that all debts are promptly settled, safeguarding assets and generally providing financial information and support to management and to the Board of Directors. To fulfill these responsibilities the department is in charge of establishing and maintaining an internal control structure designed to ensure that the assets of the CBHSSJB are protected from loss, theft or misuse, and to ensure that adequate accounting data are compiled to allow for the preparation of financial statements which are audited by an independent firm of Chartered Accountants. The budget established by management is the control tool employed and referenced throughout the year by the CBHSSJB. The services, programs, revenues and expenses contained in the budget reflect the methods and use of resources, by which staff intend to accomplish the goals and objectives of General Management and the Board of Directors in compliance with the conditions of the Strategic Regional Plan (SRP).

The department is still without an assistant to the Finance Director. The funding agreement with the MSSSQ was due to be renegotiated in March 2009 but an agreement was reached with the MSSSQ to extend it for two more years. The biggest challenge was to isolate the development of services and cost since the beginning of the funding agreement in April 2004. Changes within the organizational structure and the way the budgets are now allocated have an impact on the accounting structure. Even under these difficult circumstances, the finance department was able to accomplish the following:

1. As always, there was collective and great effort made by all management staff to finalize the annual budget. Although not completed, the Board of Directors did approve the budget parameters.
2. The department has clarified issues regarding taxation. The CBHSSJB has claimed more than $800,000 of GST & QST from previous years. Claims were done and payments received in by the end of the year. Furthermore, GST & QST is still claimed at 100% on certain type of expenses;
3. The finance department is questioning the contribution to the Québec Health Services Fund. A letter was sent to the Ministry of Finance. If the CBHSSBJ is recognized as a Band Empowered entity offering services intended for the greater welfare of the Crees, then it will be exempted from this contribution. This represents a saving of more than $3 million per year. The intention is to invest in the capital envelope.
4. Almost half of the CHB staff is still part-time or occasional and this creates additional work for the payroll department. Software allowing the processing of an electronic time-sheet was found and will eventually be integrated. The software will allow time for the payroll staff to work on other important files.
5. The payroll department was also awarded extra funding over a 3-year period to complete the reorganization of the payroll department. The payroll specialist is now in place. Not only is she responsible for the reorganization of the department but also for the training and transfer of knowledge to the staff in place. In a continuum of activities, a temporary resource will be hired to follow through this payroll process at the human resources department to the extent of activities that impact payroll services.

6. The new accounting software was implemented at the end of 2008-2009. There is a still much work to be done to complete the implementation. The software will increase the reporting capabilities to management and allow the nine (9) communities, the 3 Cree Patient Services Centers, the Public Health department and Montreal Human Resources recruiting office to process requisitions for goods and services directly from their site. It will also increase internal control capabilities and offer a standardized

budgeting tool for managers. Other features will allow direct payment to suppliers, employees' travel claims and will be compliant with the new compensation procedures of Revenue Québec.

As reported in the financial statements that follow, the CBHSSJB has generated an accumulated surplus of 11,035,286 million as of the end of March 2009. The total funding for the current year is 140,802,185 million. The finance department is responsible for securing the surpluses for the development of projects, and to maintain the capital envelope for the construction of projects as negotiated in the SRP agreement.

To conclude, the finance department continues to dedicate its support to all CBHSSJB managers and employees and to the acquisition and development of new working tools to raise this support to a higher level.

Martin Meilleur, CGA
Director of Financial Resources

Material Resources

Material Resources manages material stock in Chisasibi and provides technical support for the other eight Cree communities. It is also responsible for the provision of general services and allocation of dwellings (transits) on a temporary basis to non-resident employees in Chisasibi. The department ensures budgetary control for the activities of the buildings in Chisasibi recommends and supports the communities for Capital Projects under the Maintenance of Assets and Minor Functional renovations.

The year 2008 saw many changes at the department of Materiel Resources, indeed in November 2008, marked the arrival of a new interim director as well as a coordinator. A reorganization of the department was presented to the AED – Administrative Services for approval.

The Material Resources department has 1 Director, 1 Interim Coordinator, 3 Establishment Advisors, 1 building Technician, 6 Maintenance Workers, 2 light Housekeep attendants and 2 Administrative Technicians.

Statistics

1) **A total of 1,300 registered work orders were received and completed by our Maintenance Department.**

Support to Departments	Number of Orders	%
Housing Units	975	75
Group Home	130	10
Furniture Pickup	130	10
Admin Building	26	2
Hospital	26	2
Home Care	13	1
Total of Work Orders	**1300**	**100%**

2) A total of 150 emergencies (outside regular working hours) calls were received.

Emergency Cases	Number of Calls	%
Lost or misplaced Keys	120	80%
General Repairs	7	5%
Urgent Repairs	16	10%
Hospital/Group Home	7	5%
Total Work Orders	**150**	**100%**

Major Projects Achieved:

- **Chisasibi**
  - Additional Office spaces at the Administration building
  - Group Home renovation
  - Administration server room
  - Electrical study at the hospital
  - CLSC Renovation
  - F2-1 and E1-3 Reconstruction feasibility study for 7 new transits and 2 news units
  - Preliminary feasibility study for Maintenance /Archive facility
  - Replacement of C6-4 C6-5 C6-6 windows
- **Whapmagoostui**
  - Preparation of estimates for temporary office space (Old Day Care)
- **Wemindji**
  - Construction of the new Wemindji CMC
- **Nemaska**
  - Housing repairs
- **Waswanipi**
  - Replacement of ambulance
  - Clinic Renovations
- **Mistissini**
  - Relocation of Public Health Department from Montreal
  - Secured lease for a temporary office facility for PH department
- **Ouje-Bougoumou**
  - Housing repairs (204-206)

General Objectives for the coming year

- To carry out 20% of the work recommended in the CHQ audit
- To secure an adequate workshop for the maintenance workers
- To proceed with the implementation of a software for preventive maintenance in Chisasibi
- To oversee the Installation of sheds for the houses on Salt Road
- To ensure the safety of the work place by controlling access within the Administration Building
- To manage the transits in Chisasibi and improve services by
  - Replacing all key locks in Transits by a numeric key lock
  - Produce a Welcome handbook for new arrivals
  - Review the policy on the allocation of transits
  - Visual Recognition of staff employees and purchase of appropriate uniforms
  - Regular inspection of housekeeping attendants' performance
- Renovation of 3 existing transits at C6-4

- To oversee the construction of housing units and transits in Chisasibi (12 units), Whapmagoostui (3 units and 6 transits), Eastmain (4 transits), Waskaganish (8 tansits), Nemaska (6 tansits), Mistissini (6 transits), and Ouje-Bougoumou (6 transits)
- Improvement of the administration process for maintenance of assets and minor renovations

Conclusion

Continued efforts are required for the next fiscal in the following areas:

- Improving services time response
- Revising the policy on the allocation of transits
- Establishing a Preventive maintenance plan
- Promote team work among Materiel Resources employees

The 2008-09 has been quite challenging with the changes in management. Material Resources will continue to improve its services and give support to all communities and employees.

Jacques Martin
Material Resources Director-interim

Human Resources

Human Resources (HR) plays an important role in helping the CBHSSJB to attain its objective of *"Building a Strong and Healthy Cree Nation"* through the implementation of the *Strategic Regional Plan*.

As stated in the *Strategic Regional Plan*, to reach our objectives we are driven by the following two guidelines:

- Guide and support the First Nations in respect of their own professional growth, skills, and dreams (Orientation 9).
- Attract and retain the required personnel by having a work environment that supports their well-being (Orientation 10).

In providing quality service, the following is a portrait of the Human Resources team:

- Coordinator of Staffing
- Coordinator of Employee and Labour Relations
- Coordinator of Human Resources Development
- Personnel Officer (Health and Safety)
- Nine (9) Administrative Technicians
- Three (3) Personnel Officers (Recruitment)
- Two (2) Administrative Officers Class 2

Administrative Officer Class

The role of this service is to serve the CBHSSJB by developing and implementing policies, services and programs which:

- attract and retain employees
- promote effective management practices
- promote fair and equitable treatment of employees
- train and develop personnel, and comply with all collective agreements and applicable legislation

R**ecruitment**

We are always looking for quality candidates on a permanent, interim, contract or temporary basis. The organization is growing and so are our recruitment needs.

To reach our objective, we are continuously focusing on the following activities:

- communication to youth and adults to pursue health & social services careers by building awareness tools and attending education and career fairs;
- basic training for those hired without academic qualifications;
- management training program; and
- fostering vertical mobility of those with potential through succession planning.

Our recruitment initiative includes promoting the CBHSSJB within our communities and outside of Eeyou Istchee. The recruitment process is carried out by attending education and career fairs in our communities, post-secondary institutions, and events specifically for professional orders. In total, we participated in 20 education and career fairs in the Quebec region.

2008 - 2009 Statistics April 1, 2008 - February 28, 2009	
Native and Non-Native, Male and Female Personnel and by Status	
All Employees	**Number**
Total number of employees	2049
Total number of Females	1417
Total number of Males	632

Native	**Number**
Total number of Native Employees	1663
Total number of Native Females	1135
Total number of Native Males	528

Non-Native	**Number**
Total Number of Non-Native Employees	386
Total Number of Non-Native Females	282
Total Number of Non-Native Males	104

All Employees	**Number**
Status 1 - Permanent Full-Time	539
Status 2 - Temporary Full-Time	203
Status 3 - Permanent Part-Time	52
Status 4 - Temporary Part-Time	10
Status 5 - Occasional	1245

Native	**Number**
Status 1 - Permanent Full-Time	392
Status 2 - Temporary Full-Time	125
Status 3 - Permanent Part-Time	47
Status 4 - Temporary Part-Time	7
Status 5 - Occasional	1092

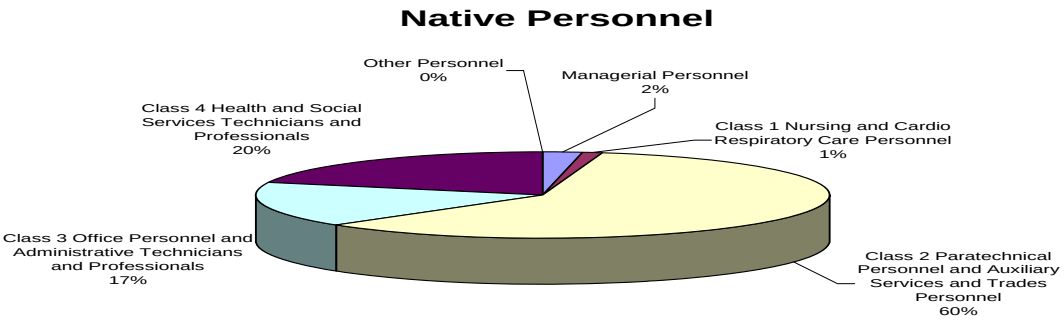
Non-Native	**Number**
Status 1 - Permanent Full-Time	147
Status 2 - Temporary Full-Time	78
Status 3 - Permanent Part-Time	5
Status 4 - Temporary Part-Time	3
Status 5 - Occasional	153

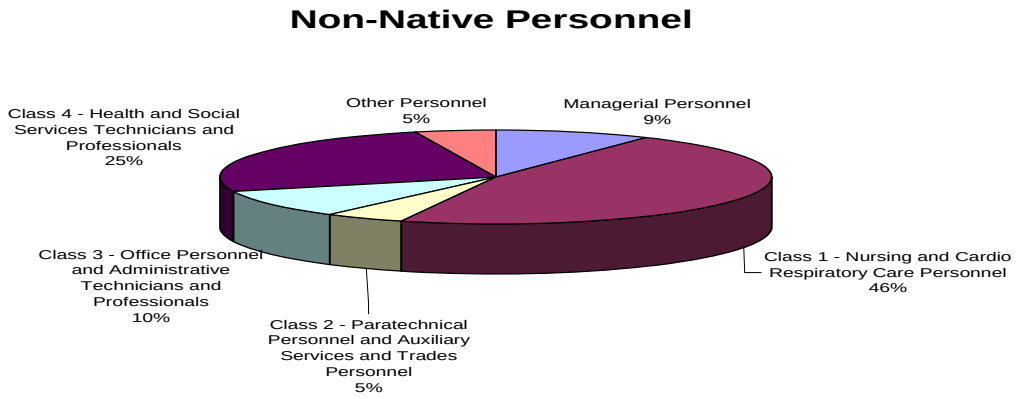
DATA FOR CHARTS

	Native Personnel
Managerial Personnel	**39**
Class 1 – Nursing and Cardio Respiratory Care Personnel	**16**
Class 2 – Para-technical Personnel and Auxiliary Services and Trades Personnel	**994**
Class 3 – Office Personnel and Administrative Technicians and Professionals	**281**
Class 4 – Health and Social Services Technicians and Professionals	**333**
Other Personnel	**0**
TOTALS	**1663**

	Non-Native Personnel
Managerial Personnel	**35**
Class 1 – Nursing and Cardio Respiratory Care Personnel	**179**
Class 2 – Para-technical Personnel and Auxiliary Services and Trades Personnel	**19**
Class 3 – Office Personnel and Administrative Technicians and Professionals	**37**
Class 4 – Health and Social Services Technicians and Professionals	**98**
Other Personnel	**18**
TOTALS	**386**

	Employees
Managerial Personnel	**74**
Class 1 – Nursing and Cardio Respiratory Care Personnel	**195**
Class 2 – Para-technical Personnel and Auxiliary Services and Trades Personnel	**1013**
Class 3 – Office Personnel and Administrative Technicians and Professionals	**318**
Class 4 – Health and Social Services Technicians and Professionals	**431**
Other Personnel	**18**
TOTALS	**2049**





Labour relations and Health & Safety

In **labour relations**, HR was involved in a variety of activities: assuring labour relations with both Unions (FIQ and CSN) and grievance settlements; in addition to giving advice to managers and employees on the application of internal and external rules, regulations and legislation.

Update on **health & safety** files for 2008 - 2009:

Work Absence Rates	2007 - 2008	2008 - 2009
Injury on Duty	8 open files	10 open files
Preventive withdrawal from work	15 open files	23 open files
Wage loss insurance plans	182 open files	232 open files
Deferred leave	6 open files	9 open files
Anticipated leave	7 open files	11 open files
Maternity leave	33 open files	45 open files
Paternity leave	1 open file	8 open files

Employee Assistance Program (EAP)

Healthy human resources management not only ensures a motivating working environment but also mobilizes personnel to attain organizational objectives. Our EAP is a confidential counseling service administered by the Human Resources that will be accessed by all staff at any time (24/7). The program will be in full operation in 2009.

Human Resources Development

In providing quality service, the following are two temporary positions that were creating to support the Community Health Representative program and the National Training Program geared towards youth protection and youth healing services:

- Nurse Counselor – Community Health Representatives Training Program
- Administrative Processes Specialist – National Training Program

We continue to provide a variety of programs to help staff develop and enhance their knowledge and skills. Here's a summary of some of the main training activities that took place this fiscal year:

- Nurses' Annual Training
- National Training Program (managerial, professional and support staff)
- CHR in various community health programs
- Computer training
- Varied training sessions were organized to meet specific employee or departmental needs

Community Health Representatives (MW/CHR) Program

At least 60 new CHR positions will be created in the next 3 years. HR began its search in finding a post-secondary institution who would be interested in developing a CHR program that would fit our needs. With much commitment, the CBHSSJB and the CEGEP de l'Abitibi-Temiscamingue (Val D'Or campus) has since developed the CHR program framework. The program was first approved by the CEGEP's Board of Trustees on June 17, 2008 and then presented to the Ministry of Education, Leisure and Sports of Quebec. The CHR program is now recognized as an Attestation of Collegial Studies (ASC). The length of the program is 18 months or 1725 hours (includes 4 breaks). The CHR program officially recognized by the Ministry of Education, Leisure and Sports of Quebec is the first of its kind in the province of Quebec. The recruitment process for the first group started in October 2008. The CHR program was promoted in all 9 communities (via radio, magazine, posters and brochures).

We plan to train 60 students (separated into 3 groups of 20 students). Here is the proposed schedule:

- 1st group of 20 students started in March 2009 – is currently ongoing;
- 2nd group of 20 students will start in September 2009;
- 3rd group of 20 students – start date to be determined.

Once again, we would like to thank the Cree Human Resources Development for their continued support with the Community Health Representative Program.

Conclusion

We have made progress in a number of areas through collaboration and commitment to the implementation of the Strategic Regional Plan and our internal reorganization. Our successes include improving our recruitment activities and clarifying roles and accountabilities for people management.

Nancy Bobbish
Director of Human Resources

Cree Non-Insured Health Benefits (NIHB)

Overview

Within the CBHSSJB, the Cree Non-Insured Health Benefits Program is responsible for the management of non-insured health benefits for beneficiaries of the JBNQA ordinarily residing in one of the nine Cree communities. It is responsible for delivering non-insured services which are medically necessary and prescribed by a medical practitioner.

Different sectors within the CBHSSJB continue to handle the day-to-day administration of non-insured health benefits such as the pharmacy, dental clinics, Cree Miyupimaatisiiun Centers and the Cree Patient Services. This means that all nine Cree communities, including Cree Patient Services, play a huge part in the authorizing, determining of entitlements and eligibility of beneficiaries. If questions arise, our department is available to help determine whether it is a benefit under the Cree NIHB or by another source.

Non-insured health benefits managed by the CBHSSJB include:

- Prescription drugs
- Over-the-counter drugs and proprietary medicines
- Medical supplies and equipment
- Transportation for health reason (including authorized escorts, interpretation services, meals and lodging)
- Vision care services, including eyeglasses and contact lenses where medically necessary
- Dental care and orthodontics
- Hearing aids
- Emergency mental health services (short-term basis only)
- Reimbursement of dispensing fees
- Repatriation of the deceased

There are some ineligible costs which are not covered under the Cree NIHB program. These are:

- Private or semi-private room requested by the patient
- Surgery and other care for purely aesthetic reasons (cosmetic surgeries)
- Pharmaceutical, dietetic or cosmetic products not insured within Quebec's health insurance regime (RAMQ) OR which are not on Health Canada's NIHB program list of recognized benefits
- Treatment received outside of Canada if it has not been pre-approved by the *Régie de l'assurance maladie du Québec* (RAMQ)
- Artificial insemination and *in vitro* insemination
- Services provided by a private clinic
- Benefits not prescribed by a CBHSSJB physician or health professional

Within Region 18, there are residents living in the territory who are not covered by the Cree NIHB program for their non-insured benefits. These residents are covered by their private insurance or by First Nation and Inuit Health Branch under Health Canada for those with a registry number (band number).

Regional Head Office

The Cree NIHB department is located at the Administrative Building in Chisasibi, Quebec. Our department consists of the NIHB Coordinator, Administrative Technician, Senior Clerk in Accounting, and Intermediate Clerk. Our department handles the checking and processing of all non-insured health benefits payments made to suppliers and to beneficiaries for reimbursements for those who have paid from their out-of-pockets. The total NIHB expenditures are displayed in the financial statements section.

For more information on non-insured health benefits and services, the complete address is listed below:

NIHB Department
P.O. Box 250
Chisasibi, Quebec
J0M 1E0
Tel.: 819.855.9041
Fax: 819.855.2098
Email: cree.nihn.reg.18@ssss.gouv.qc.ca

Activities and Highlights

Many discussions and meetings were held with managers within the CBHSSJB in relation in the NIHB policies and procedures. Our department was available to make presentations of the program to Social Services Committee and Mental Health Team.

The NIHB committee met and reviewed some NIHB policies. The committee consists of the Director of Cree Patient Services, two Local Directors representing the coastal and inland sectors, the Coordinator of Hospital Services, and the NIHB Coordinator. The objectives of the committee are to review and amend NIHB policies and procedures according to the Cree population's medical needs. These policies were established in March 2001 when the agreement was reached between the CHBSSJB and the MSSSQ. At this particular meeting a decisions was made to amend policies, subject to approval by the Executive Committee.

The NIHB software was completed and launched on March 9, 2009 in all nine Cree communities. This computerized system will assist in the management of non-insured services provided to Cree beneficiaries in each community and Cree Patient Services. This tool will identify costs related to NIHB, frequency limitations, statistics required by the Ministry, eligibility, and entitlements for each beneficiary. Furthermore, training has been provided to front-line workers from each community as well as Cree Patient Services workers who will have the responsibility of entering required information into the software.

Our department answers calls when beneficiaries need non-insured services outside their place of residence by making arrangements directly with the service suppliers or by informing the beneficiary of his or her entitlements on how to access non-insured services.

A new service agreement was established with our visiting optician, Marie Trudel, who took over when her father, Mr. Robert Trudel, passed on in October of 2006. Mr. Trudel along with his daughter served the Cree people for many years as the visiting opticians. Marie Trudel continues to visit the communities along with Dr. Denise Beaudry, our visiting optometrist.

Future Direction

The implementation of the new NIHB software will continue next fiscal year as the launching was done only in March 2009. The manual authorizations that were usually done will eventually be phased out in the coming year. An electronic authorization format will be utilized. In addition, another project with Sogescom is in discussions for additional software features and possibly a NIHB website.

Information brochures on all Cree NIHB service categories will be produced and distributed in all Community Miyupimaatisiiun Centers and Cree Patients Services.

Our department will continue to work with various departments as well as with external suppliers to ensure that JBNQA beneficiaries receive non-insured services when they are temporarily outside the Cree communities for reasons of education, training, medical, and working for a Cree entity.

Conclusion

In closing, our department is committed to ensure accessibility of non-insured services to our eligible beneficiaries residing within and outside the Cree territory. A special note of appreciation goes out to all Local Directors and the Director of Cree Patient Services in contributing to the training of their front-line workers. It shows that a link between the regional office and the communities is essential. Furthermore, the team from Sogescom deserves a mention for their exceptional work in the planning, development, training and deployment of the NIHB software. Last but not least, a special thank you to all staff members who provide excellent quality care to our clientele.

Nora Bobbish
Coordinator NIHB

Information Resources

This report covers the period between April 2008 and March 2009.

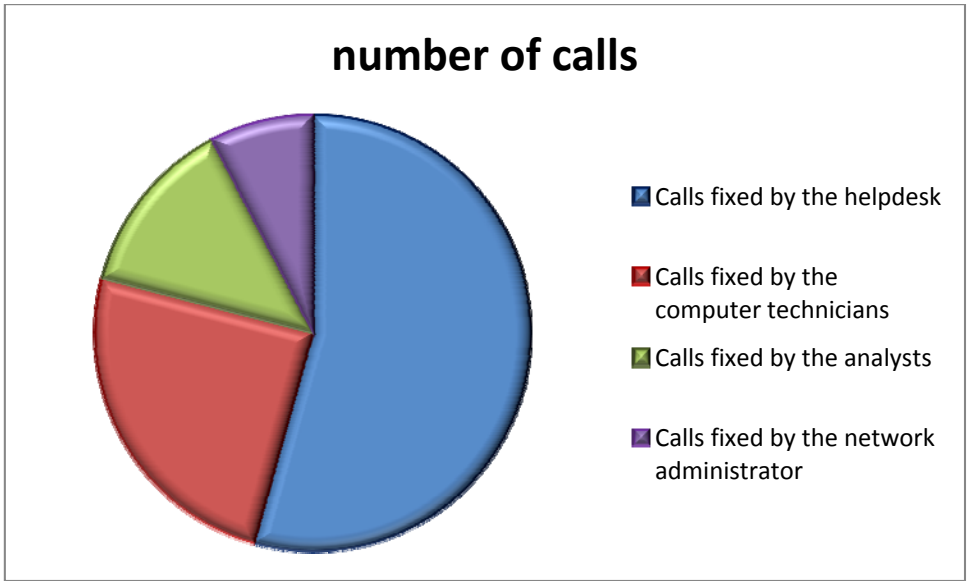
The Informational Resource department has 1 Director, 1 Coordinator, 4 Computer Technicians, 2 Administrative Technicians, and 6 Computer Analysts for a total of 14 employees.

Statistics

1) Number of calls received at the IT department.

The helpdesk has successfully attained its first goal, which was to answer and fix more than 54% of all calls received. This is an increase of 8% compared to last year. The total volume has increased by more than 4 %.

calls assigned to	Number of calls	%
Calls fixed by the helpdesk	2094	54%
Calls fixed by the computer technicians	951	25%
Calls fixed by the analysts	512	13%
Calls fixed by the network administrator	295	8%
Calls received total	**3852**	**100%**



2) Inventory of the IT department

Number of computers total: 745
Number of new desktops: 36
Number of new laptops: 21
Number of new printer-scanners: 4

3) Licenses

Number of Microsoft office licenses installed: 664
Number of Microsoft Project installed: 134
Number of Visio installed: 59
Number of Microsoft Window installed: 677
Number of Microsoft servers installed: 68
Number of Lotus Notes: 738

4) IT requisitions

More than 150 IT requisitions have been answered.

5) Cell phones

Regular cell phones: 183
Blackberrys: 26
Internet cards: 42
Total: 251

Projects achieved

Network projects

- Installation of Microsoft, Trendmicro, Sphinx and Divar server
- Chisasibi:
    - installation of Network Antenna (Group Home)
    - renovation of server room at the admin is being done
    - Installation of the C-Class at the admin, in test period
    - Starting update of the hospital server room
- Wemindji:
    - New network at the CMC
- Waskaganish, Nemaska, Eastmain, Ouje-Bougoumou:
    - upgrade of the network at 512 kbps
- Val d'or, Chibougamau:
    - Now on our own domain with a 10 Mbps and 5 Mbps respectively
- Waswanipi:
    - Upgrade of the network + the MSDC is now connected with an Antenna without Telebec
- Mistissini:
    - New Public Health building + antenna
    - New antenna on the Reception center
    - Readaptation center on the antenna (cancellation of Telebec)
    - Old PH on Antenna
    - Admin CLSC on Antenna

Applications

Finance: Implementation of Virtuo application

NIHB: Implementation of application

C2: Implementation of the helpdesk application (tracking software for calls)

Hospital:

- Implementation of Medipatient application is being done
- Upgrade of the SIIATH application (Blood bank)

Visio : installation of visio facility at the CPS Montreal

Dentistry: implementation of Sidexis dentistry numeric program in Wemindji

Security:

- Security tags installed on all IT asset for tracking
- Security camera installed at the CMC Wemindji, the IT department in Administration, and the server room at the hospital
- Security card system installed at the CMC Wemindji and the IT department in Administration and the server room at the hospital

Telephony:

- New telephony system installed in Wemindji and Waskaganish
- Upgrade of the telephony system at the Nemaska clinic and PH in Mistissini

Photocopier: optimization of all photocopiers, printers, scanners and faxes

CMC Wemindji:

- Installation of the data and telephony cabling and plug
- Planning of the new data and telephone network
- Planning of the IT move to the new clinic

Future Plans

- Telephony; negotiations to revamp the whole network
- Implementation of the prioritized applications as determined by the RLISWT over the next 3 years
- Preparation of the IT Security Director Plan and its implementation
- Preparation of a DRP and its implementation
- Sharepoint application
- Private network for visio web casting and others
- Completion of the virtualization of servers
- Virtualization of the entire server in order to reduce space and accelerate the resolution of problems
- Maintenance of asset workframe for the IT asset
- FTP server: The FTP Server will give us the opportunity to make massive file transfers. This will lower the traffic of Lotus Notes and give us more efficiency. It will also be faster and easier to make remote backups using that server.
- Secondary server for Lotus Notes
- Visio conferencing and training
- Other related projects to improve the network (ECN, RETEM).

Annex A: CBHSSJB Financial Statements

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

FINANCIAL STATEMENTS

MARCH 31, 2009

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
FINANCIAL STATEMENTS
MARCH 31, 2009

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CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
BALANCE SHEET
MARCH 31, 2009

	2009	2008
	$	$
ASSETS		
CURRENT ASSETS		
Accounts receivable (note 5)	**55,409,350**	46,517,312
Prepaid expenditure (note 6)	**667,858**	428,656
Inventories (note 7)	**671,299**	613,329
Due from Assigned Fund (note 8)	**1,318,629**	-
Due from Long-Term Assets Fund (note 8)	**7,271,165**	6,240,947
	65,338,301	53,800,244
LIABILITIES		
CURRENT LIABILITIES		
Bank overdraft (note 9)	**2,229,112**	17,284,648
Accounts payable and accrued charges	**6,272,267**	9,043,655
Wages and fringe benefits payable	**3,098,886**	2,642,348
Due to Assigned Fund (note 8)	**-**	2,059,906
Deferred revenues (note 10)	**4,585,158**	3,300,028
	16,185,423	34,330,585
FUND BALANCE		
SURPLUS	**49,152,878**	19,469,659
	49,152,878	19,469,659
	65,338,301	53,800,244

ON BEHALF OF THE BOARD:

_____, Board Member

_____, Board Member

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2009

	2009	2008
	$	$
BALANCE - BEGINNING OF YEAR	**19,469,659**	5,496,794
Partial payment by M.S.S.S. of the Accumulated deficit as of March 31, 2004	**16,677,592**	-
Transfer to Assigned Funds - Expenses prior to March 31, 2004 not recognized by M.S.S.S.	**1,970,341**	-
Excess of revenue over expenditure	**11,035,286**	13,972,865
BALANCE - END OF YEAR	**49,152,878**	19,469,659

The fund balance can be detailed as follows:

As of March 31, 2004		
Adjusted balance, after M.S.S.S. analysis, prior to the application of the new funding agreement	-	(18,647,933)
Subsequent years		
Excess (deficiency) of revenue over expenditure 2004-2005	**(4,717,687)**	(4,717,687)
Excess (deficiency) of revenue over expenditure 2005-2006	**21,042,033**	21,042,033
Excess (deficiency) of revenue over expenditure 2006-2007	**7,820,381**	7,820,381
Excess (deficiency) of revenue over expenditure 2007-2008	**13,972,865**	13,972,865
Excess (deficiency) of revenue over expenditure 2008-2009	**11,035,286**	-
Accumulated unconfirmed surplus as of March 31, 2009	**49,152,878**	19,469,659
	49,152,878	19,469,659

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2009

	Budget 2009 $ (note 15)	**Actual 2009 $**	Actual 2008 $
REVENUE			
M.S.S.S. - General Base - Operations	90,540,000	**90,714,079**	81,739,937
M.S.S.S. - Development	7,850,000	**7,850,000**	7,850,000
M.S.S.S. - Specific allocations	-	**33,837,377**	29,378,129
M.S.S.S. - Special allocations	-	**654,474**	664,083
M.S.S.S. - Additional surface	-	**-**	2,851,272
M.S.S.S. - Retro salary equity pay	-	**-**	651,577
Family allowances (Federal Government)	-	**415,414**	354,041
Inuulitsivik Health Centre	-	**115,251**	51,188
Hydro-Quebec	-	**50,000**	50,000
Education, Loisirs et Sports	-	**35,600**	35,600
Others	-	**213,778**	230,479
	98,390,000	**133,885,973**	123,856,306
EXPENDITURE			
General Base - Operations	98,390,000	**82,383,663**	74,582,111
Specific allocations	-	**33,837,377**	29,378,129
Special allocations	-	**654,474**	664,083
Uses of surplus (note 11)	-	**5,975,173**	5,259,118
	98,390,000	**122,850,687**	109,883,441
EXCESS OF REVENUE OVER EXPENDITURE	-	**11,035,286**	13,972,865

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
BALANCE SHEET
MARCH 31, 2009

	2009	2008
	$	$
ASSETS		
CURRENT ASSETS		
Grants receivable - M.S.S.S. (note 4)	**39,254,174**	41,835,871
Other receivables	**1,121,044**	87,436
	40,375,218	41,923,307
CAPITAL ASSETS	**99,129,836**	87,884,508
LONG-TERM PORTION OF GRANTS RECEIVABLE - M.S.S.S.	**22,215,595**	23,870,663
	161,720,649	153,678,478
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued charges	**29,878**	28,642
Temporary financing - CHQ	**37,599,106**	35,382,347
Due to Operating Fund (note 8)	**7,271,165**	6,240,947
Current portion of bonds payable (note 12)	**1,655,068**	1,622,240
	46,555,217	43,274,176
BONDS PAYABLE (note 12)	**22,215,595**	23,870,663
	68,770,812	67,144,839
FUND BALANCE		
SURPLUS	**92,949,837**	86,533,639
	92,949,837	86,533,639
	161,720,649	153,678,478

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2009

Long-Term Assets - Acquisition

	2009	2008
	$	$
REVENUE		
Corporation d'hébergement du Québec - Claims	**7,366,072**	4,432,966
Corporation d'hébergement du Québec - Interest	**1,648,444**	1,832,504
Contribution from Operating Fund - General Administration	**12,315**	-
Contribution from Operating Fund - CIC Mistissini	**278,543**	-
Contribution from Operating Fund - Use of surplus	**3,588,395**	3,705,152
	12,893,769	9,970,622
EXPENDITURE		
Interest charges	**1,648,444**	1,832,504
Building	**9,483,989**	6,773,671
Computer and softwares	**709,664**	659,402
Furniture and equipment	**602,914**	448,384
Medical equipment and furniture	**448,758**	336,801
Capitalized interest	**-**	(80,140)
	12,893,769	9,970,622
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	-

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
BALANCE SHEET
MARCH 31, 2009

	2009	2008
	$	$
ASSETS		
CURRENT ASSETS		
Due from Operation Fund (note 8)	**-**	2,059,906
	-	2,059,906
LIABILITIES		
CURRENT LIABILITIES		
Due to Operating Fund (note 8)	**1,318,629**	-
	1,318,629	-
FUND BALANCE		
SURPLUS (DEFICIT)	**(1,318,629)**	2,059,906
	(1,318,629)	2,059,906
	-	2,059,906

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
STATEMENT OF REVENUE AND EXPENDITURE AND OF FUND BALANCE
YEAR ENDED MARCH 31, 2009

	Fund Balance - Beginning of year $	Revenue $	Expenditure $	Recuperation MSSS (note 17) $	**Fund Balance End of year $**
PROVINCIAL FUNDING					
Strategic Regional Plan - Paix des Braves	78,215	-	-	(78,215)	-
Doctors in Remote Areas	(34,026)	-	-	34,026	-
Summer Training and Residents	(3,272)	-	-	3,272	-
Installation Premium	790,083	-	-	(790,083)	-
Kino-Quebec	162,076	-	-	(162,076)	-
Smoking Action Plan	156,132	-	-	(156,132)	-
Community Health	26,091	-	-	(26,091)	-
Nobody's Perfect	4,928	-	-	(4,928)	-
Hepatitis C Vaccination	3,029	-	-	(3,029)	-
Prenatal Services	4,056	-	-	(4,056)	-
Public Health Project	20,294	-	-	(20,294)	-
SICHELD	168	-	-	(168)	-
Training kit - Abuse Victim	28,713	-	-	(28,713)	-
Meningo Vaccination	1,228	-	-	(1,228)	-
Health Network Services Training	5,175	-	-	(5,175)	-
Research Ethics	29,030	-	-	(29,030)	-
Specialized Equipment	547	-	-	(547)	-
Technical Help	20,397	-	-	(20,397)	-
First Responders	214,264	-	-	(214,264)	-
Alcoholism and Drug Addition	46,462	-	-	(46,462)	-
Implementation Technology System	9,082	-	-	(9,082)	-
Training on Aids	6,238	-	-	(6,238)	-
Physical Deficiency	120,023	-	-	(120,023)	-
Intellectual deficiency - Organization	132,201	-	-	(132,201)	-
Intellectual deficiency - Development	37,108	-	-	(37,108)	-
Transfer to donations	-	(48,696)	-	48,696	-
	1,858,242	(48,696)	-	(1,809,546)	-
FEDERAL FUNDING					
National Native Alcohol and Drug Abuse Program	13,916	680,119	(720,349)	-	**(26,314)**
Building Healthy Community - Solvent Abuse Program	(54,106)	102,510	(109,187)	-	**(60,783)**
Canada Prenatal Nutrition Program	(11,730)	260,152	(264,611)	-	**(16,189)**
Aboriginal Diabetes Initiative	70,333	408,348	(436,418)	-	**42,263**
First Nations and Inuit Home and Community Care - Phase 3	(309,274)	2,054,985	(2,206,763)	-	**(461,052)**
First Nations and Inuit Home and Community Care - Capital	(616,820)	-	-	-	**(616,820)**
Aboriginal Health Human Resources Initiatives	-	125,529	(125,742)	-	**(213)**
Fetal Alcohol Spectrum Disorder	-	235,150	(248,050)	-	**(12,900)**
Leader	-	37,222	(38,799)	-	**(1,577)**
Tobacco	(32,744)	-	-	-	**(32,744)**
Aboriginal Health Transition Fund	-	48,000	(48,474)	-	**(474)**
	(940,425)	3,952,015	(4,198,393)	-	**(1,186,803)**

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
STATEMENT OF REVENUE AND EXPENDITURE AND OF FUND BALANCE (CONT'D)
YEAR ENDED MARCH 31, 2009

	Fund Balance Beginning of year $	Revenue $	Expenditure $	Recuperation MSSS (note 17) $	**Fund Balance End of year $**
OTHER FUNDING					
Donations	22,807	100,196	(6,000)	-	**117,003**
Breast Cancer	4,458	-	-	-	**4,458**
Mercury Exposure - Literature	-	-	-	-	**-**
Mercury Exposure - Environmental Feasibility Project	-	-	-	-	**-**
Fish Consumption	-	-	-	-	**-**
Quit to Win Challenge	5,541	-	(1,705)	-	**3,836**
Environmental Health Contaminants	442,442	1,468,444	(1,482,653)	-	**428,233**
Dental Evaluation Project	135,099	-	(35,712)	-	**99,387**
CRA - Training for Accounting and Administration	-	-	-	-	**-**
Haemodialysis Education Fund	11,584	-	(1,981)	-	**9,603**
Chiiyikiyaa Evaluation Study	40,766	100,000	(106,934)	-	**33,832**
State of Emergency - Fire	-	-	-	-	**-**
Gambling Studies	(154,047)	152,564	-	-	**(1,483)**
McGill - English Courses for Nurses	-	11,900	(19,170)	-	**(7,270)**
CSST - Health Program	250,726	15,780	(165,725)	-	**100,781**
Chiiyikiyaa - Program	39,234	-	(21,581)	-	**17,653**
Nutrition Security Program	7,151	-	(2,125)	-	**5,026**
Circle Project	-	35,088	(41,393)	-	**(6,305)**
Dossier Sante Quebec (DSQ)	-	-	(25,699)	-	**(25,699)**
McGill Teaching Equipment	-	3,922	(3,922)	-	**-**
CRA - Maternity and Child Health Program	-	72,560	(272,312)	-	**(199,752)**
McGill - Medical Orderly Training	-	10,089	-	-	**10,089**
Recuperation of previous years sales taxes	-	912,795	-	-	**912,795**
Expenses prior to March 31, 2004 not recognized by MSSS	-	-	(1,970,341)	-	**(1,970,341)**
Doctors Recruitment	(35,150)	-	-	-	**(35,150)**
Salt Fluoridation Study	29,772	-	-	-	**29,772**
Influenza Vaccine Program	111,986	-	-	-	**111,986**
Mercury Exposure - Coordinator	19,904	-	-	-	**19,904**
Health and Services Statistics	34,424	-	-	-	**34,424**
Map/Geographic data base	26,100	-	-	-	**26,100**
CLMB Training - French Immersion	5,583	-	-	-	**5,583**
Foster Family Week	1,849	-	-	-	**1,849**
Youth Street Project	4,800	-	-	-	**4,800**
CRA - Home Care Worker Training	75,345	-	-	-	**75,345**
CRA - Dental Assistance Program	61,715	-	-	-	**61,715**
	1,142,089	2,883,338	(4,157,253)	-	**(131,826)**
	2,059,906	6,786,657	(8,355,646)	(1,809,546)	**(1,318,629)**

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2009

1. NATURE OF ACTIVITIES

The Cree Board of Health and Social Services of James Bay was incorporated on April 20, 1978 and operates, as authorized by a permit issued by the "ministère de la Santé et des Services Sociaux", a multidisciplinary health facility consisting of a regional board, a hospital, a long term care facility, health dispensaries, a readaptation center and a childhood and youth protection center.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

These financial statements materially differ from Canadian generally accepted accounting principles. The main differences are the following:

Accrual accounting

Liabilities for annual vacations, legal holidays and sick days are not recorded at year-end.

Capital assets

Capital assets are recorded at cost in the Long-Term Assets Fund and are not amortized.

Fund accounting

The Cree Board of Health and Social Services of James Bay adheres to the principles of fund accounting. The following funds appear on the financial statements and are therefore especially important.

Operating Fund

Includes all current operating transactions.

Long-Term Assets Fund

Includes transactions with respects to capital assets, current and long-term debt, grants and all other types of funding relating to such assets.

Assigned Fund

Includes all grants and subsidies received by the Cree Board of Health for the purpose of carrying out specific programs and for the delivery of special services.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. Actual results could differ from those estimates.

Measuring units

A measuring unit is a quantitative element and not a financial one, which is compiled specifically for an activity center or sub-center in order to give and indication of its activity level.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2009

2. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Inventory

Inventory is valued at the lower of cost and replacement cost. Cost is determined using the first in, first out method.

3. DEVELOPMENT EXPENSES

As it was the case in previous years, the eligibility and completeness of the development expenses could not be tested. Contrary to the requirements of the funding agreement, the development expenses were not isolated or accounted for separately. These expenses, if any, are part of the 2008-2009 general base - operating expenses of the Board. Management is still in the process of identifying the development expenses incurred by the Board, however this exercise was not completed and the information was not available in time to be audited and disclosed in the present financial statements.

4. FUNDING ALLOCATIONS

General base and specific allocations

Based on the conditions of the funding agreement (chapter 2), certain accounts receivable, related to NIHB and the other specific allocations for the financial year ended March 31, 2009, have been recorded in the present financial statements without the appropriate confirmations form M.S.S.S. The details of these, are as follows:

	2009 $	2008 $	2007 $	2006 $	2005 $	**Total** **$**
Non Insured Health Benefits	8,022,507	-	-	-	1,122,810	**9,145,317**
User fees and local or municipal taxes	2,207,360	-	-	-	-	**2,207,360**
Employee outings set out in working conditions	883,071	-	-	-	-	**883,071**
Interest on short-term loans	112,679	-	-	-	-	**112,679**
Leases previous to April 1, 2004	1,240,723	-	-	-	-	**1,240,723**
Target deficit	-	3,608,592	3,608,592	3,608,592	5,919,809	**16,745,585**
	12,466,340	3,608,592	3,608,592	3,608,592	7,042,619	**30,334,735**

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4. FUNDING ALLOCATIONS (CONT'D)

During the year, the M.S.S.S. reimbursed a portion of the amounts receivable for previous years, not including the budgetary target deficit. As per related correspondence, the Cree Board of Health is presently awaiting for responses to various questions resulting from the analysis of the 2004-2005 and the reason for the non-payment of the target deficit.

Should future discussion with the M.S.S.S. result in the non-reimbursement of the above amounts, the fund balance will be adjusted accordingly.

5. ACCOUNTS RECEIVABLE

	2009	2008
Operating Fund	**$**	$
Unconfirmed		
M.S.S.S. - 2008-2009 funding not cashed yet (note 4)	**12,466,340**	-
M.S.S.S. - 2007-2008 funding not cashed yet (note 4)	**3,608,592**	9,595,087
M.S.S.S. - 2006-2007 funding not cashed yet (note 4)	**3,608,592**	8,268,081
M.S.S.S. - 2005-2006 funding not cashed yet (note 4)	**3,608,592**	3,608,592
M.S.S.S. - 2004-2005 funding not cashed yet (note 4)	**7,042,619**	7,582,715
M.S.S.S. - Previous years analysis	**-**	1,404,479
	30,334,735	30,458,954
Confirmed		
M.S.S.S. - SBFR	**-**	32,750
M.S.S.S. - Additional surface	**-**	2,851,272
M.S.S.S. - 2007-2008 development funding not cashed yet	**-**	7,850,000
M.S.S.S. - Retro pay - salary equity	**495,848**	495,848
M.S.S.S. - Accumulated deficit as of March 31, 2004	**18,082,071**	-
Health Canada	**5,474,977**	3,466,632
Deferred leave - employees	**183,779**	91,029
Employee advances	**258,266**	201,203
Insurance claim	**29,250**	55,988
Federal goods and services tax	**267,606**	655,400
Provincial sales tax	**346,466**	566,036
Others	**371,731**	289,201
	25,509,994	16,555,359
	55,844,729	47,014,313
Provision for doubtful accounts	**(435,379)**	(497,001)
	55,409,350	46,517,312

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6. PREPAID EXPENDITURE

	2009	2008
	$	$
Research project	**152,564**	144,119
Anticipated sick days	**27,304**	9,760
Service contracts on equipment and housing and office rent leases	**487,990**	274,777
	667,858	428,656

7. INVENTORIES

	2009	2008
	$	$
Medications	**277,788**	262,108
Medical supplies	**285,430**	252,374
Maintenance and office equipment	**108,081**	98,847
	671,299	613,329

8. INTERFUND ACCOUNTS

The Cree Board of Health and Social Services of James Bay operates one bank account that is used for the Operating Fund, the Capital Assets Fund and the Assigned Fund. At year-end, inter-funds transactions are accounted for and presented as "Due to" and "Due from" one fund to the others.

9. BANK OVERDRAFT

The Cree Board of Health and Social Services of James Bay has an authorized credit margin of $16,500,000 bearing interest at bankers prime rate minus 1%.

10. DEFERRED REVENUES

The deferred revenues are detailed as follows:	**2009**	2008
	$	$
Operations		
M.S.S.S. - Special allocation - Tobacco	**-**	55,000
M.S.S.S. - Special allocation - Public Health - Study and evaluation	**139,590**	139,590
M.S.S.S. - Special allocation - Public Health - Communication	**17,500**	17,500
M.S.S.S. - Special allocation - Public Health - Traditional food	**32,750**	32,750
M.S.S.S. - New residential facilities	**4,395,318**	2,911,069
Hydro-Quebec subsidy - Research Program	**-**	144,119
	4,585,158	3,300,028

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11. PREVIOUS YEARS' ANALYSIS

The M.S.S.S. analysis of the 2004-2005, 2005-2006, 2006-2007 and 2007-2008 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analysis will be reflected in the 2009-2010 financial statements.

Since the application of the new funding agreement as of April 1, 2004, an accumulated surplus was generated and amounted to $49,152,878 as of March 31, 2009. Despite the absence of the appropriate M.S.S.S. confirmations, as described in note 4, a portion of that surplus, amounting to $5,975,173 ($5,259,118 in 2008) was used during the year.

12. BONDS PAYABLE

The details of the bonds payable are as follows:	**2009** **$**	2008 $
Bonds, issued December 19, 2000, for the financing of the long-term assets, bearing interest at 6.476% and maturing on January 16, 2023. The related interest is payable on a semi annual basis	**7,393,028**	7,827,912
Bonds, issued April 1, 2000, for the financing of the long-term assets, bearing interest at variable rate and maturing on March 31, 2023. The related interest is payable on a semi annual basis	**1,582,900**	1,651,490
Bonds, issued July 17, 2003, for the financing of the long-term assets, bearing interest at 4.888% and maturing on October 25, 2012. The related interest is payable on a semi annual basis	**878,130**	941,118
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.993% and maturing on July 16, 2029. The related interest is payable on a semi annual basis	**10,871,758**	11,389,461
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.660% and maturing on July 16, 2018. The related interest is payable on a semi annual basis	**600,000**	660,000
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.147% and maturing on July 15, 2011. The related interest is payable on a semi annual basis	**1,104,601**	1,472,801
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.702% and maturing on July 16, 2019. The related interest is payable on a semi annual basis	**1,440,246**	1,550,121
	23,870,663	25,492,903
Current portion	**(1,655,068)**	(1,622,240)
	22,215,595	23,870,663

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13. COMMITMENTS

The aggregate payments to be made under operating agreements signed by the Board over the next five (5) years are as follows:

		$
2010		3,896,206
2011		2,535,067
2012		2,476,107
2013		2,417,479
2014	and following	39,768,229

14. FINANCIAL STATEMENTS

The present financial statements were prepared upon the request of the Management, for internal use only. The official financial report of the Cree Board of Health and Social Services of James Bay is the AS-471 in conformity with the requirements of the Department of Health and Social Services.

15. BUDGET

For the financial year 2008-2009, the Board of Directors approved, non-detailed, expenditures limits for the base operating expenses.

16. USER FEES

The Board is disputing the User Fees charged on Board's properties and rental units in all nine Cree Communities. In fact, for the years 2004-2005 to 2008-2009, the Board is not in agreement with the amounts charged by the Band Councils with regards to the rates as well as the square footage used to calculate the charges. The amount recorded in the present financial statements ($2,715,934) is the total of various down payments issued by the Board with regards to the User Fees. It does not represent the actual cost of User Fees for the financial year 2008-2009.

As a consequence, since 2004-2005, the cost related to the new residential housing units does not include the totality of the user fees related to these units.

The board of Directors will attempt to communicate with the Band Councils in order to resolve this issue during the financial year 2009-2010.

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17. BALANCES OF PROJECTS - ASSIGNED FUNDS

The balances of the provincially funded Assigned Funds project were recuperated by M.S.S.S. after the final analysis as at March 31, 2004.

18. CONTINGENCIES

As of March 31, 2009 the Board is the object of claims from certain employees and ex-employees. As of the date of issuance of the present financial statement, the outcome of these claims is uncertain. Any settlement resulting from the resolution of these contingencies will be reflected in the financial statements of the financial year in which it will occur.

19. COMPARATIVE AMOUNTS

Certain comparative amounts were reclassified in order to better reflect changes in the current year's presentation.