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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

2017
2018
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**ANNUAL
REPORT**

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 Layout & design — Alison Scott Design

Annual Report of the Cree Board of Health and Social Services of James Bay, 2017-2018
 © 2018 CBHSSJB
 Box 250, Chisasibi, QC J0M 1E0

ISSN 11929-6983 (Print)
 ISSN 1929-6991 (Online)
 Legal deposit — 3rd trimester 2018
 National Library of Canada
 Bibliothèque et Archives nationales du Québec, 2018



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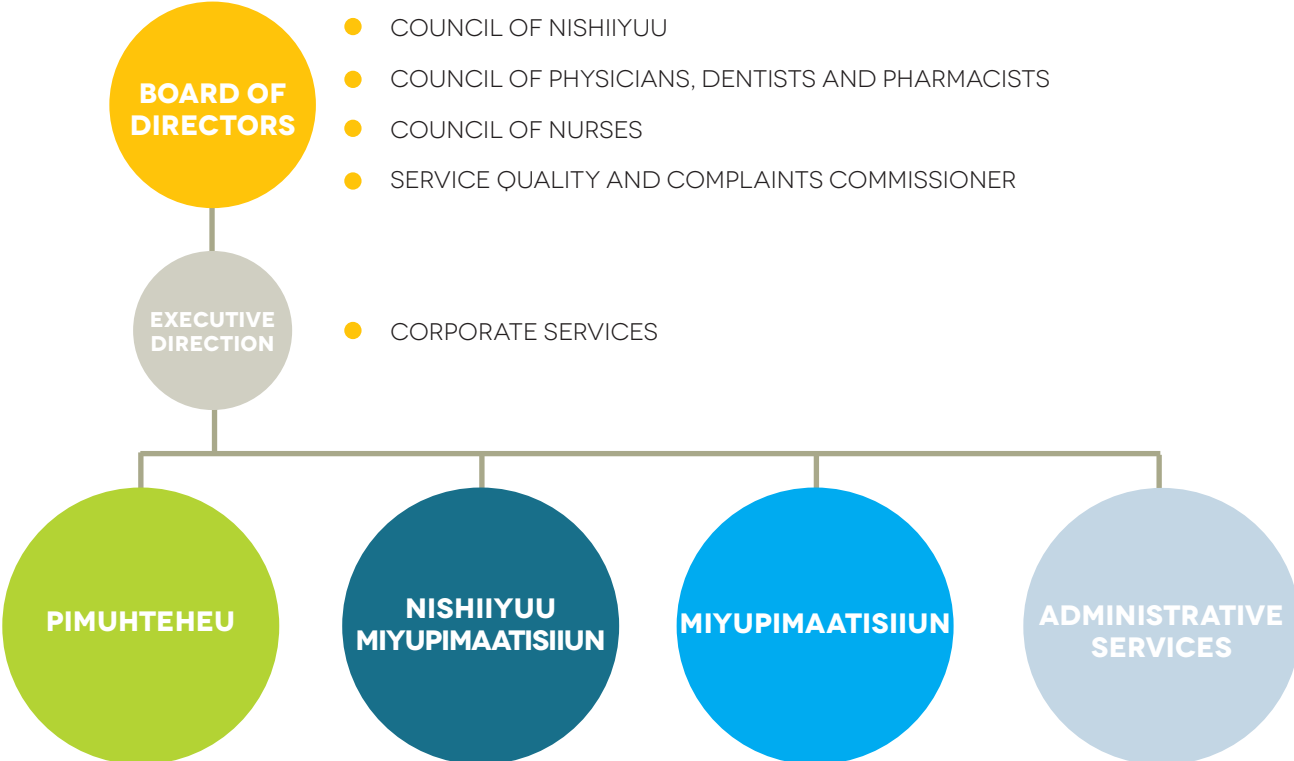
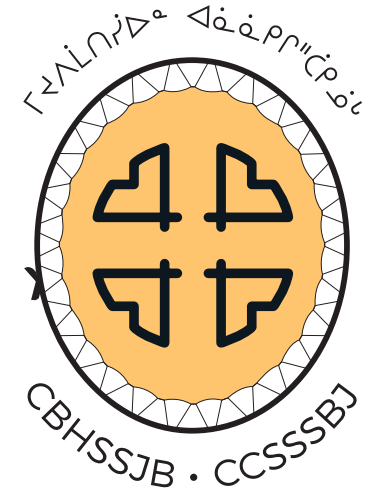
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 - YOUTH HEALING SERVICES
 - YOUTH PROTECTION
 - PROGRAM DEVELOPMENT AND SUPPORT
 - DISABILITY SERVICES (SPECIAL NEEDS)
 - MAANUUHIKKUU (MENTAL HEALTH)
 - PUBLIC HEALTH
 - AWASH (0-9 YRS)
 - USCHINIICHISUU (10-29 YRS)
 - CHISHAAYIYUU (30+ YRS)
 - SERC (SURVEILLANCE, EVALUATION, RESEARCH, COMMUNICATIONS)

- COMMUNITY DEVELOPMENT
- COMPLEMENTARY SERVICES AND PROGRAMS
- ORGANIZATIONAL QUALITY AND CULTURAL SAFETY
 - EVALUATION AND ACCREDITATION
 - CLIENT EXPERIENCE AND ORGANIZATIONAL PERFORMANCE

- MEDICAL AFFAIRS AND SERVICES
 - MEDICINE
 - DENTISTRY
 - PHARMACY
- NURSING
- ALLIED HEALTH
- MIDWIFERY
- PSYCHOSOCIAL

CHISASIBI HOSPITAL

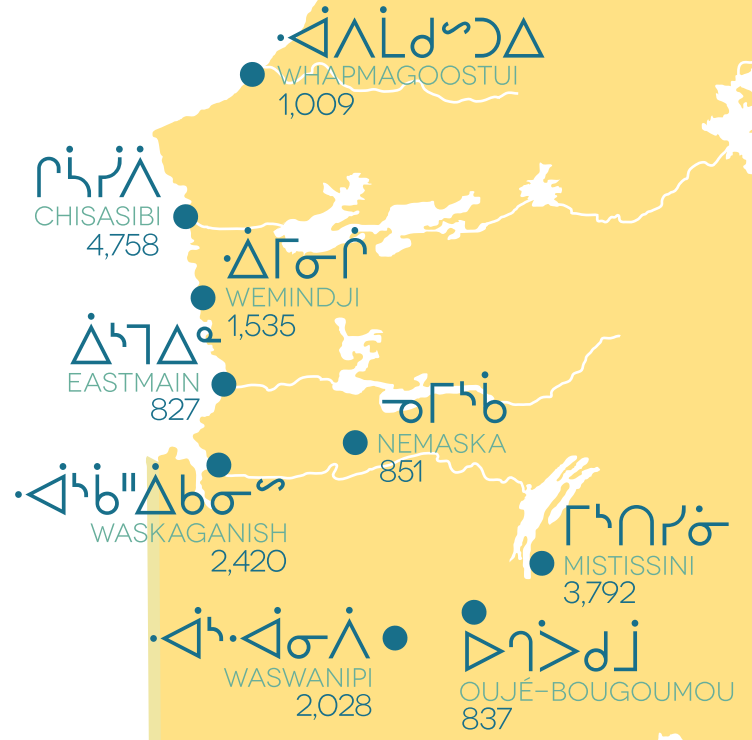
- CHISASIBI HOSPITAL
- HOSPITAL UNITS
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COMMUNITY MIYUPIMAATISIUN CENTRES

- CHISASIBI EASTMAIN
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 - CHISASIBI
 - MONTREAL
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EYYOU ISTCHEE POPULATION
JULY 2017
18,057



There is approximately an additional 5% non-permanent residents who also receive services from the CBHSSJB.

The 0 to 4 year-old age group size has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and the MSSS 2012-2015 deaths numbers.

Sources: MSSS, JBNQA Cree beneficiary list, 2017; MSSS Births databases 2012-2015; MSSS Mortality databases 2012-2015; Statistics Canada 2016 Census.



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BOARD AND EXECUTIVE

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This chapter presents an overview of the CBHSSJB organizational structure, the health of the population and the activities of the Board of Directors and Executive.



EXECUTIVE AND SENIOR MANAGEMENT

Office of the Chair

Bella M. Petawabano, Chairperson
Sarah Cowboy, Service Quality and Complaints Commissioner

Senior Management

GENERAL MANAGEMENT

Daniel St-Amour, Executive Director
Paula Rickard, Assistant to the Executive Director
Laura Moses, Director of Corporate Services

PIMUHTEHEU GROUP

Taria Matoush, Assistant Executive Director (AED)
Robert Auclair, Director of Youth Protection (DYP)
Marlene Kapashesit¹, Assistant DYP – Youth Criminal Justice Act and Foster Homes
Maria MacLeod, Director of Youth Healing Services
Anne Foro, Director of Program Development and Support

Public Health Department

Dr. Robert Carlin, Director of Public Health
Dany Gauthier, Assistant Director (AD) of Public Health – Awash and Uschiniichisuu
Paul Linton, AD of Public Health – Chishaayiyuu
Jill Torrie, AD of Public Health – Surveillance, Evaluation, Research and Communications (SERC)

NISHIYUU MIYUPIMAATISIUN GROUP

Laura Bearskin, AED
Vacant, Director – Organizational Quality and Cultural Safety

MIYUPIMAATISIUN GROUP

Michelle Gray, AED (Interim)²
Dr. François Charette, Director of Medical Affairs and Services (DMAS)
Mario Barrette, Assistant DMAS
Philippe Lubino, Director of Chisasibi Regional Hospital
Michelle Gray, Director of Professional Services and Quality Assurance (DPSQA) - Health
Karine Jones, Assistant DPSQA - Health
Leah Dolgoy, DPSQA Allied Health (Interim)³
Simon-Pierre Breton, DPSQA Psychosocial
Jessyka Boulanger⁴, DPSQA Midwifery
Clarence Snowboy⁵, Assistant to the AED – Operations

Local Directors

Community Miyupimaatisiun Centres (CMCs)

Jeannie Pelletier, Chisasibi
Rita Gilpin, Eastmain
Paul Iserhoff, Mistissini (Interim)
Beatrice Trapper, Nemaska (Interim)
Louise Wapachee, Oujé-Bougoumou
Bert Blackned, Waskaganish
Alan Moar, Waswanipi
Mary Shashaweskum, Wemindji (Interim)
John Mamianskum, Whapmagoostui

ADMINISTRATIVE SERVICES GROUP

Liliane Groleau, AED
Denis Tremblay, Director of Financial Resources
Jean-François Champigny, AD of Finance – Financial Management Units
Marie Blais, Director of Human Resources
François Bérubé, Director of Information Technology (Interim)
Luc Laforest, Director of Material Resources
Helen B. Shecapio-Blacksmith, Director of Wiichihituwini (Interim)

1. Marlene Kapashesit was nominated as Assistant DYP in March 2018 and official start date was to be determined once the recruitment process for her current position of Assistant Director of Youth Protection for Foster Homes and Youth Criminal Justice Act is complete.

2. Greta Visitor on leave.

3. Adelina Feo on leave.

4. Jessyka Boulanger, as Head Midwife, also covers Quality Assurance.

5. Clarence Snowboy resigned in April 2018.



CORPORATE SERVICES

Corporate Services, under the leadership of Laura Moses, continues to provide support to the Board of Directors and associated CBHSSJB governance functions, and also oversees corporate communications and translation services. This was a difficult year for some members of the team, as some of us dealt with losses and health issues. Nevertheless, we managed to pull through and continue to carry out our activities and functions.

Jamie Moses from Eastmain, Tyler Shanush from Wemindji and Edna Neeposh from Nemaska were elected to the Board of Directors. Susan Esau, Christine Petawabano, L. George Pachanos and Jonathan Sutherland were re-elected for another term by their respective communities. In order to avoid a turnover of members at any given year in the future, the terms of office were reviewed for certain communities. Three-day Board meetings were reduced to two-day meetings, the third day being reserved for orientation and training activities with a focus on the Strategic Regional Plan.

The organization has developed over the years and a review of the election process is called for. A framework will be developed for the elections of Clinical and Non-Clinical staff representatives to the Board of Directors. The framework will be in place for the elections for these positions in the summer of 2019.

The Internal Knowledge Access (IKA) project, a collaboration with IT Resources, completed a call for tender for the new Electronic Document Management and Intranet system. The platform selected is Alfresco, which offers document management as well as team collaboration features.

- Facebook: up 33% to 3,817 followers
- Twitter: up 7% to 1,995 followers
- Instagram: up 29% to 665 followers
- Creehealth.org: up 14% to 50,105 users
Total page views: 373,399 (43% mobile)
Most popular page: /career/job-posting

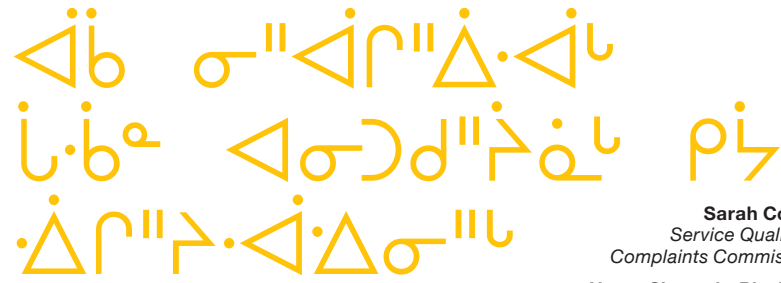
Communications

The unit's main activities include managing the website, social media, photography, media relations, brand management, corporate publications (like this report), strategic communications (speech writing and policy-level presentations), management of outsourced services, Cree translation, and supporting departments with communications challenges. There is an increasing focus on internal knowledge management issues and applying policies and standards.

Highlights of 2017-2018

- Hiring of Mary Monger as Communications Technician and part-time Cree translator, Mary Shem.
- The new corporate brand guideline was completed, consisting primarily of two formats of a new logo, colours and fonts. A gradual roll-out is seeing the new look applied to business cards, stationery, forms and templates, signage and display, and digital platforms.
- The Communications team provided a Project Manager and editorial services to assist the editorial team responsible for the Therapeutic Guide. Thanks to a more structured approach, many chapters were completed.
- The Communications Unit provided major planning support to the *Eeyou-Eenou Second Regional Assembly on Health and Social Services* in Waswanipi in April 2018, which helped to kick off the 40th Anniversary celebrations.

Next year's focus will include the 40th Anniversary, brand implementation, and Alfresco deployment, as well as a thorough website content review. A Communications retreat is planned to reflect on communication needs as a whole and to identify longer term priorities within the context of the Strategic Regional Plan.



Sarah Cowboy
Service Quality and
Complaints Commissioner

Nancy Shecapio-Blacksmith
Assistant Service Quality and
Complaints Commissioner
(hired May 2018)



SERVICE QUALITY AND COMPLAINTS

Following the departure of Louise Valiquette I assumed the role of Commissioner, leaving vacant the position of Assistant Commissioner.

One of the past year's highlights has been working with Wiichihituuwin (Cree Patient Services) to ensure as smooth an experience as possible when clients have to leave home to receive services not available in their community. Given the nonstop client movement between the communities and Chisasibi, Val-d'Or, Chibougamau and Montreal, the department has made major improvements through a client-focused approach. Services are more accessible, dramatically improving north-south transportation, communication and cultural safety and food service. There has been work with Public Health to oversee food safety at Hotel Espresso in Montreal, where clients have the facilities and are encouraged to cook traditional food. To address ongoing issues, Wiichihituuwin set up the Quality Care Working Group to work with the local CMCs, and the Wiichihituuwin Client Support Group at Hotel Espresso. These multidisciplinary groups help to implement change.

FILES OPENED

	2015 -2016	2016 -2017	2017 -2018
Complaints	55	103	83
Requests for assistance	26	60	37
Consultation	5	11	18
Intervention	1	0	12
Referred to HR	9	19	15
Referred to Medical Examiner	2	3	7
Total - Files opened	87	174	177

The CBHSSJB has been an active participant in the Public Inquiry Commission on Relations between Indigenous Peoples and certain public services in Québec (known as CERP). As a member of the CERP Working Group for Eeyou Istchee, I encourage people who are filing complaints to share their experiences with the Commission. We have been working with CERP to review all files dating back to 2002 that identified discrimination, forwarding the information to the Commission. Collaboration took place with CBHSSJB departments, who were asked to answer questions and provide statistics on specific files.

Again this year, there was an increase in the number of files opened, making it a challenge to respond to files in a timely manner. The CBHSSJB has addressed this by making the role of Commissioner full-time and adding the position of Assistant Commissioner. I am confident that the upcoming year will see improvement and transformation.

The Vigilance Committee of the Board deserves recognition for their role in overseeing, and providing advice and guidance. I wish to thank the Board of Directors, the Executive Director and senior management for their compassion for the clients. I especially wish to acknowledge the clients who have taken the time to report unsatisfactory situations to the Office of the Commissioner, as well as the interveners working with the CBHSSJB. All opinions are valuable in our ongoing efforts to improve the overall quality of services.

Sarah Cowboy
Service Quality and Complaints Commissioner

MEDICAL EXAMINER

The role of the Medical Examiner is to analyze complaints that involve a member of the Council of Physicians, Dentists and Pharmacists (CPDP). Each complaint must be reviewed within a precise timeframe and a written report delivered to the complainer. The CBHSSJB Medical Examiner is also the Director of Medical Affairs and Services. This dual role is acceptable considering the relatively low expected number of cases. In the instance of a possible or apparent conflict of interest, the Medical Examiner would request support from another medical examiner from a neighbouring region. This has not been necessary to date.

There were more complaints referred to the Medical Examiner this year. These complaints were at times quite complex, necessitating the review of files covering several years of treatments, which did not always allow the medical examiner to respond by the target date. During investigations, the Examiner must reach out to the person(s) filing a complaint as well as the professional being complained about, which can be difficult. Members of the CPDP are not always on the territory, and sometimes the complainant can also be difficult to reach.

Dr. François Charette
Medical Examiner and Director of
Medical Affairs and Services (DMAS)



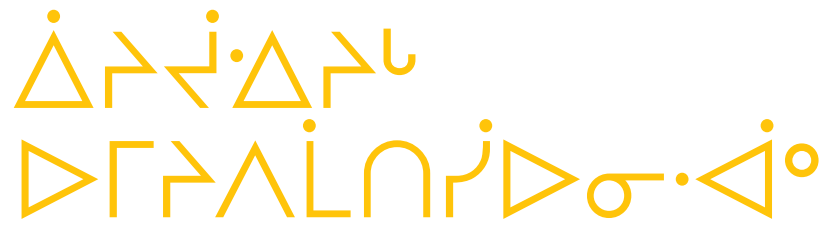
One complaint against a professional led the Medical Examiner to travel and interview essentially all employees of a sector., the result of which was a satisfactory conclusion. Some complaints concern delays for consultations and treatments. One must be careful not to unduly advantage a patient because (s)he complains, allowing priority over others. At times, there will be delays because of limited resources on our territory or in another region. Verifications were performed to assure no unreasonable delay was the issue in the cases presented. Other complaints have been received because expectations of a complete cure did not materialize. It is then the duty of the Medical Examiner to explain that, unfortunately, there is only so much that medical or dental science can do, and to reassure the patient that we remain available for him or her and will continue to offer the best possible care.

As in past years, official complaints are often avoided. A misunderstanding or misinterpretation is explained rapidly and there is no need to go through the rigorous formal complaints process. Complaints help us to recognize issues. With each complaint, we not only manage a specific case, but are given the opportunity to reassess or reorganize practices when needed to avoid further difficulties or complaints.

COMPLAINTS

1-866-923-2624
r18.complaints@ssss.gouv.qc.ca
creehealth.org/about-us/users-rights

The confidential toll-free number for complaints 1-866-923-2624 is connected to voicemail, so it is essential that the caller state their name, phone number, and community so that the Commissioner can call back.



POPULATION HEALTH PROFILE

Some researchers believe that to develop optimal care strategies with patients¹, health care workers first need to better understand what makes some groups more at risk for long-term health problems².

Health portraits in previous annual reports have shown that, as a group, Eeouch suffer from ill health and injuries more than would be expected. This year, we want to ask if we have evidence that the patterns of illness show evidence of underlying vulnerabilities, and then consider what might predispose Eeouch as a group to those vulnerabilities.

The researchers have identified vulnerabilities of health care users on three levels²: first, the well known harmful health-related behaviours such as smoking, poor nutrition, misuse of alcohol and drugs and lack of physical activity³; second, barriers to human potential such as poverty, low levels of education, and unemployment combined with issues of social connectedness such as belonging to a minority²; and third, what they call the social processes which make people feel excluded, discriminated against and powerless when they receive health care. Research has associated exposure to these kinds of vulnerabilities with earlier onset of chronic diseases and greater risk of injuries⁴.

We know that residents of Eeyou Istchee are diagnosed with some common chronic diseases much earlier than most others in Quebec. In 2013-14, it was estimated that 1.8% of the population of Quebec aged 25 to 44 had been diagnosed with diabetes. Among Eeouch up to the end of 2017, diabetes onset affected younger population groups: 1% of the population aged 10-19; 4% aged 20 to 29; and 40.3% of those aged 30 to 39.

The picture is similar with circulatory diseases, primarily heart disease. In the mid 1990s, residents of Eeyou Istchee were hospitalized for the first time about the same age as others in Quebec. But in the 2013-14 to 2015-16 period, they were, on average, only 58.5 years old the first time they were hospitalized, whereas others in Quebec had an average age of 70.2. Eeyou Istchee has the lowest rate of deaths from circulatory diseases in Quebec; however, those who die have been much younger than others in the rest of Quebec—respectively 69.6 years old versus 79.5 years during the 2008 to 2012 period.

From this we see that residents of Eeyou Istchee show patterns of ill health which have been associated with a predisposition due to underlying factors. Do we also have evidence for these factors which researchers have identified?

We can show that Eeouch engage in some lifestyle patterns which lead to poor health. In the last health survey, 30% of persons said they consumed sugary drinks every day and almost 30% of men and 40% of women reported they were not physically active. Not surprisingly, 60% of men and 70% of women reported they were obese. 40% of persons smoked cigarettes, and only 50% reported drinking. However, half of those reported bingeing—a risky drinking pattern.

The question is then: why do residents of Eeyou Istchee report more behaviours related to risky lifestyles?

1. McKinlay et al. J Cormorbidity 2017, 7: 64.
2. Grabovschi et al. BMC Health Services Research 2013, 13:94.
3. Fortin et al. BMC Health Services Research 2014, 14:686.

The healthcare system itself is one of the underlying determinants of the health of a population. [It needs to be] sensitive to the unique historical background, and responsive to the cultural characteristics of the population.

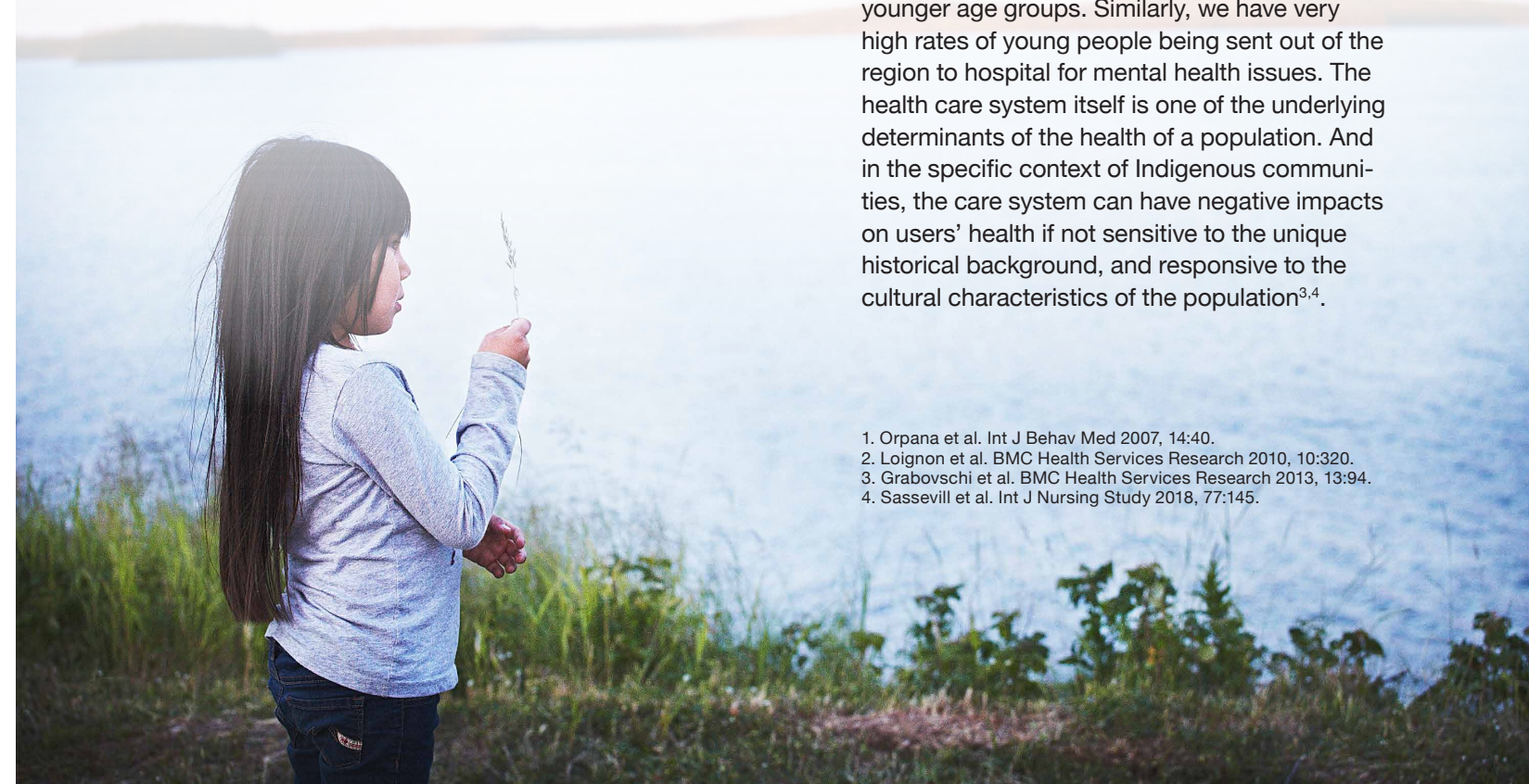
Researchers have associated these patterns with underlying patterns acting as barriers to human potential². In terms of poverty, for example, the profile of incomes in Eeyou Istchee shows greater inequality between rich and poor than in other regions of Quebec. Indeed, the 20% worst-off families have access to only 10% of the total regional income as compared to 21% for the province of Quebec. Poverty has been associated with increased stressors, and some researchers suggest this helps explain why people experiencing poverty have greater ill health¹.

Do we have evidence that people in Eeyou Istchee live with more stress than others? In the region, 20% of people reported not being in good health, double what is reported in the rest of Quebec. And almost half of women reported living with a high level of psychological distress.

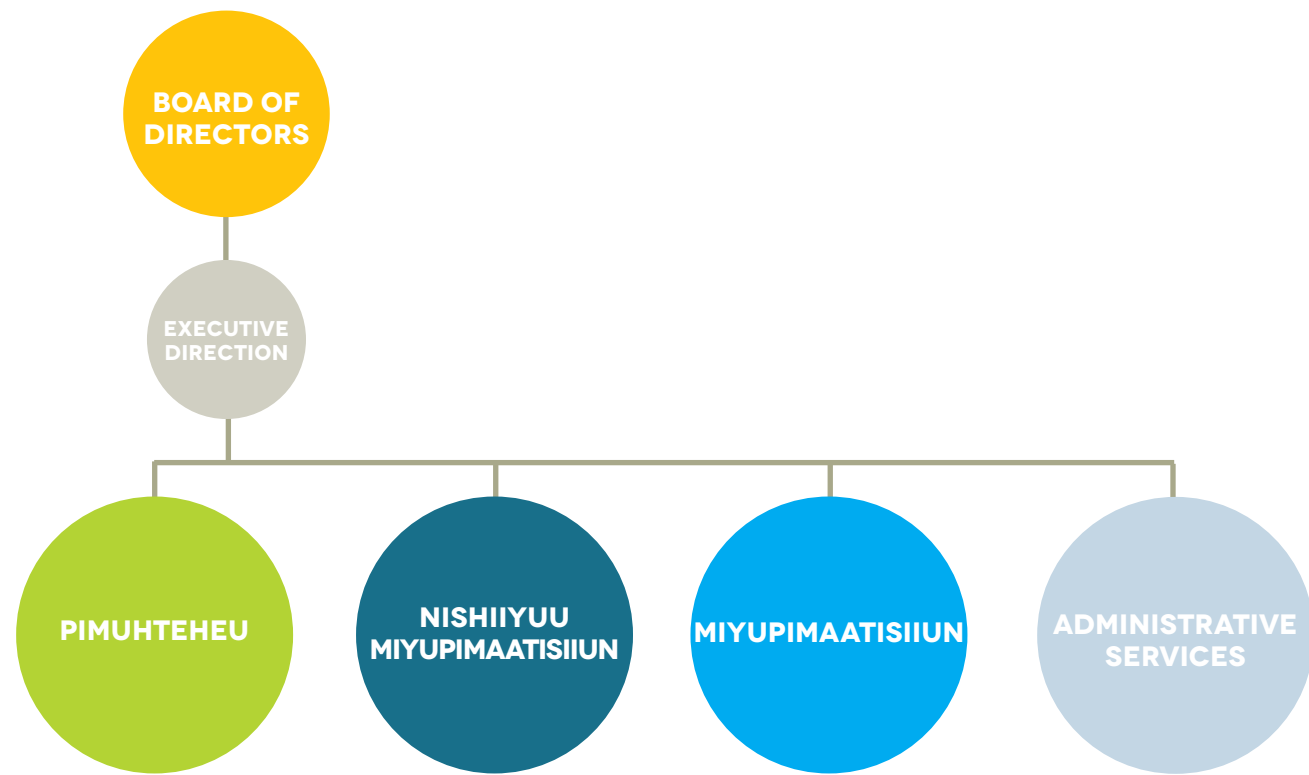
An earlier study identified 65% of women had suffered from depression in their lifetime, and 55% from anxiety. Half of Eeouch women reported having experienced physical abuse while 35% reported sexual abuse. For men, the numbers were 44% and 23% respectively. These rates are all much higher than reported for the Quebec population.

Researchers then argued that other factors might be more important to explain the persistence of these patterns. They call these social processes which make people feel excluded, discriminated against and powerless when they receive health care, in other words the social relations within our health care institutions². Are these working as they should? Considering diabetes, a prevalent chronic disease in Eeyou Istchee, only about a third of all patients manage to control their disease, even fewer in the younger age groups. Similarly, we have very high rates of young people being sent out of the region to hospital for mental health issues. The health care system itself is one of the underlying determinants of the health of a population. And in the specific context of Indigenous communities, the care system can have negative impacts on users' health if not sensitive to the unique historical background, and responsive to the cultural characteristics of the population^{3,4}.

1. Orpana et al. Int J Behav Med 2007, 14:40.
2. Loignon et al. BMC Health Services Research 2010, 10:320.
3. Grabovschi et al. BMC Health Services Research 2013, 13:94.
4. Sassevill et al. Int J Nursing Study 2018, 77:145.



CBHSSJB ORGANIGRAM ᐱᓂᐸᐸᓂᓂᓂ ᐱᓂᐸᐸᓂᓂᓂ



- PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES
- YOUTH HEALING SERVICES
- YOUTH PROTECTION
- PROGRAM DEVELOPMENT AND SUPPORT
 - DISABILITY SERVICES (SPECIAL NEEDS)
 - MAANUHIKUU (MENTAL HEALTH)
- PUBLIC HEALTH
 - AWASH (0-9 YRS)
 - USCHINIICHISUU (10-29 YRS)
 - CHISHAAYIYUU (30+ YRS)
 - SERC (SURVEILLANCE, EVALUATION, RESEARCH, COMMUNICATIONS)

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MESSAGE FROM THE AED PIMUHTEHEU

At the close of 2017-2018, the Pimuhteheu Department smoothly transitioned to a new Assistant Executive Director (AED), Taria Matoush, taking over from Interim AED Adelina Feo, who successfully maintained the pace of development of this diverse planning-oriented department.

A lot of the work done in Pimuhteheu over the last year concerned laying the groundwork for improving the well-being of families in Eeyou Istchee. Departments under Pimuhteheu have begun discussions toward a comprehensive understanding of what is needed to improve support to families and ensure the welfare of children.

The Regional Department of Public Health's efforts toward building healthy communities have been furthered through various activities. Teams continue to support prevention and promotion activities at the CMC level, while building partnerships with communities and entities for addressing nutrition issues, advising on environmental impact of mining projects, promoting healthy schools, engaging in reflection on cannabis legalization, and carrying out other prevention strategies.

The Pre-Hospital Services and Emergency Measures unit has grown, hiring new professionals. Recent collaborations helped deliver First Responders training, services quality assurance, protocols for emergency preparedness, and enhanced communications. Partnerships with communities are being developed as part of a renewed vision.

The Pimuhteheu Department has collaborated with Nishiiyuu and Miyupimaatisiun to lay the foundations for the return of births in Eeyou Ist-



Taria Matoush
Assistant Executive Director

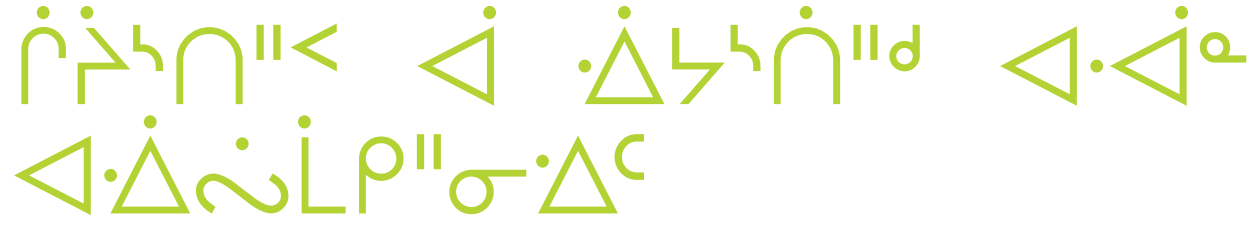
chee, supported by midwifery services. A team of midwives arrived in Chisasibi to implement services, and a clinical plan for birthing homes has been elaborated. The return of births is a key step in strengthening family bonding and the celebration of life, as well as the improvement of perinatal health and support at a critical time in a family's life.

In addition to developing plans to improve access to care in the region, the Program Development and Support department has been advocating for better support for people living with addictions—crucial for improving the safety of family environments. Maanuhiikuu, the Mental Health Department, has worked relentlessly to increase access to both on-territory and telehealth psychotherapy. Disability Programs and Services (formerly Special Needs) increased staff and is strengthening the services offered to families who have a loved one living with a disability.

Youth Protection Services and Youth Healing Services have started discussions with front-line services to ensure a clear protocol for collaboration, providing further initial support and leaving Youth Protection interventions as a true last resort.

These distinct initiatives have come together to open a discussion on how we can combine our efforts with those of other departments to decrease the number of children in care and improve the support we provide young families. The future looks promising: together, we will achieve the vision of strong families and youth.

Taria Matoush
Assistant Executive Director



PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES

PRE-HOSPITAL SERVICES

The Quebec MSSS requires the **certification of First Responders**. Service Agreements for First Responders are presently in negotiations with the Ministry. Upon successful completion of 72 hours of MSSS training, First Responders are certified for three years.

Dr. Isis Migneault, Director of Medical Pre-Hospital and Emergency, oversees Pre-Hospital Services and the **quality of First Responders training**. A review of AS-805 forms is expected to provide a better picture of the activities of First Responders at the operational and clinical levels, which then determine the implementation of the skills maintenance training program, the organization of the response system, etc. Claude Dubreuil, First Responder Trainer and Quality Assurance, has been hired recently to help implement these improvements.

The **Bush Kit Program**, one of the oldest components of CBHSSJB services, aims to provide families who are hunting in remote areas with first aid capacity and remote medical support. This year the program completed the policy for maintaining the bush kit and its training course and obtained two proposals for land-based user and staff training. The Cree Trappers Association expressed a desire to have bush kits available to hunters and trappers who are out on the land.

Emergency Measures refers to the prompt coordination of actions, persons or property in order to protect the health, safety or welfare of people, or to limit damage to property or to the environment in the event of a present or imminent incident. The Emergency Measures coordinator assists departments in coordinating responses to civil emergencies such as forest fires and floods. Some incidents involving emergency measures this past year include:

- Two violent incidents in Wemindji requiring a debriefing with doctor, nurses and other front-line workers
- A cluster of severe intoxications in one weekend in Eastmain, as well as power and communication outages
- The search and recovery of the remains of four hunters lost in Rupert's Bay
- A water blockage at the Chisasibi hospital that required the evacuation of dialysis patients, and another evacuation of the hospital for several hours when work crews accidentally tapped into a nearby subterranean gas pocket
- A communication crash and power outage in Nemaska
- Three major fatal highway accidents near Oujé-Bougoumou
- A fatal house fire and fatal highway accidents at Mistissini
- A dump fire in Whapmagoostui that burned for two weeks, affecting patients with respiratory issues, and cases of dog rabies
- An ambulance breakdown in Waswanipi, interrupting service for three weeks during the winter of 2018

NUMBER OF CERTIFIED FIRST RESPONDERS PER COMMUNITY

Chisasibi	15
Eastmain	6
Mistissini	13
Nemaska	13
Oujé-Bougoumou	11
Waskaganish	17
Waswanipi	8
Wemindji	13
Whapmagoostui	21
Total	117

Upon successful completion of 72 hours MSSS training, First Responders are certified for three years.

The 24/7 on-call Emergency Measures team of Reggie Tomatuk, Jason Coonishish and Thomas Chakapash is planning emergency colour codes documentation in support of the emergency readiness of the CMCs and Hospital.

Other highlights of the past year include (among others) the updating of Emergency Management plans for Mistissini, Waswanipi, Whapmagoostui and Wemindji, significant progress toward the completion of Emergency Management Plans with the Cree School Board, the launch of defibrillator training for Eeyou Police, and the completion of first responder draft agreements with the Cree Nation Government.



Jason Coonishish
Coordinator of Pre-Hospital Services and Emergency Measures

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YOUTH HEALING SERVICES

The mission of Youth Healing Services (YHS) is to contribute to the protection, rehabilitation and all aspects of the well-being of the youth in our care, through the implementation of programs that provide treatment in a safe and secure environment. The Department provides a compassionate and family-oriented program that reflects traditional values, Cree cultural teachings and language, to provide a sense of acceptance and belonging for youth experiencing many difficulties.

The majority of the youth are placed under the Youth Protection Act (ordered or voluntary measures) and a few under the Youth Criminal Justice Act (open custody).

The Department, led by Director Maria MacLeod, has 71 staff including two coordinators, an intake advisor, two clinical advisors, a psychologist (position currently vacant), a psycho-educator, 40 childcare workers and 14 residence guards/security guards. There are also 20 people on the recall list for occasional work.

YHS operates three residential facilities: Upaachikush Group Home in Mistissini, with 7 treatment beds, the Reception Centre in Mistissini, with 12 treatment beds and 3 emergency beds, and Weesapou Group Home in Chisasibi, with 9 treatment beds. The Department is working with Cree Justice on a project to build another Reception Centre in Mistissini in 2019 with 24 treatment beds (10 girls and 10 boys), two intensive supervision beds and four closed custody beds.

CASE MANAGEMENT

For every youth referred, there is an admission meeting between Youth Protection Worker and YHS Intake Worker. Shortly after, a case conference is scheduled, and healing path plan developed that involves youth and parents' participation to set goals and objectives. Weekly clinical meetings update files and discuss approaches and strategies. All reports—whether for court, incidents, observations or discharge—are shared with Youth Protection. Senior staff meet once a month.

EDUCATION

The Cree School Board provides a teacher for the Reception Centre in Mistissini. Although the program is not complete and does not pass the youth to the next grade level, it does give them a greater chance of success once they return to school. Group Home clients attend the public school. The Cree School Board and YHS have open discussions and are working on a partnership agreement in order to improve the services.

BUSH PROGRAM

The Bush Program offers a holistic land-based program with camps for both inland and coastal communities where youth learn cultural and traditional Cree life skills. Cree Elders are invited to participate in guiding the program's development and delivering traditional knowledge.

EMPLOYEE TRAINING

Employees received the following trainings: Safe Food Handling, ASIST, Hear/Listen/Understand by Cree Nation of Mistissini and Cree Justice, Basic Trauma Approaches, Restraint by Lee Paquet, Communications, Respecting Boundaries, Dialogue for Life, Boscoville Training (ongoing for three years), Mental Health First Aid, Suicide Prevention, Intervention, Postvention.

ACTIVITIES:

- Aboriginal Day, Mistissini
- Children are Important Week
- Mamoweedow Traditional Gathering, Chisasibi
- Sunrise Teen Camp, Mistissini
- Boating and Canoeing, Mistissini and Chisasibi
- Bear Hunt, LG3 (Chisasibi)
- Moose Hunt, LG3 (Mistissini group)
- Bear Hunt, LG2 (Chisasibi group)
- Caribou Hunt, LG2 (Chisasibi group)
- Moose Hunt, *Route du Nord* km 80 (Mistissini group)
- WE Day, Montreal, invitation by Cree Justice
- M45 Moose Hunt and ice fishing

“I am honoured to have such a wonderful and very hard working team; without them I could not have made it through this past year. Meegwetch!!”

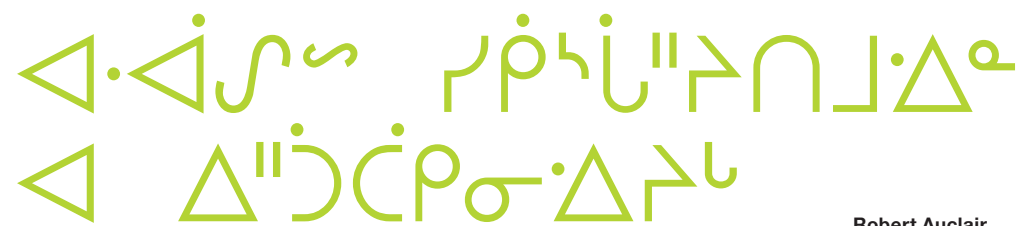
— Maria MacLeod, Director of YHS

YHS have been through a lot of shuffles and exciting challenges this past year, and other significant changes are yet to come in order to maintain best practices and ensure quality services. All the efforts to strengthen YHS services are defined in the Youth Healing Services Action Plan.

YHS had projected to build a new facility in Chisasibi; however, since there is a large number of staff already in Mistissini, it became apparent that this would create a great impact in terms of rebuilding the team, especially given the years of training already built within the employees, and this not only for the childcare workers, but for all the staff.

YOUTH HEALING SERVICES STATISTICS

	Reception Centre	Upaachikush Group Home	Weesapou Group Home	Total
Total number of youth in placement	188	98	94	380
Youth Protection Act	177	98	94	369
Boys and girls 8-12 yrs	0	2	2	4
Boys and girls 13-17 yrs	187	95	92	374
Youth Criminal Justice Act - open custody	9	0	0	9
Bush Program Activity (days)	181	39	173	393
Hospitalization	3	0	11	14
Outing with unit	31	27	18	76
Absence without authorization (AWOL)	130	47	19	196
Back-up Reception Centre/other centres	30	30	0	60
Home Leaves	880	506	400	1,786
Total days presence	2,524	1,390	1,489	5,403
Number of youth discharged	32	10	23	65
Average number of youth in unit per day	132	71	71	274
Transfer to foster home/other centre	16	13	9	38
Average length of placement (months)	7.5	7.5	7.5	



Robert Auclair
Director of Youth Protection



YOUTH PROTECTION

Under the Youth Protection Act every decision made must aim at keeping the child in the family environment¹. The Youth Protection Act emphasizes the protection of children as a collective responsibility. The recent amendments of the YPA also recognizes the rights of children to their language and culture as a fundamental right.

The Director of Youth Protection (DYP) intervenes **only** when children are in danger and when their safety and development is compromised. Youth Protection intervention is guided by a legally specific clinical process of compromising situations of children by a law that protects the basic needs and fundamental rights of children. The criteria for involvement is a systematically detailed mechanism not to breach the fundamental human rights of children and their parents. The situations are characterized by the severity and complexity of the problems as well as the degree of child vulnerability due to significant limitations of parents or caregivers in exercising their parental role by not addressing nor recognizing their difficulties to mobilize towards positive change.

YPA AMENDMENTS (PL-99)

These amendments are in the implementation stage provincially and will preserve the links to family, community and Nation for Cree children. They will also provide a greater emphasis on culture and tradition in the approach to life plans. Other regions now have made more efforts to call the Cree DYP and transfer files back to the Cree Nation once they are aware they are intervening with Cree children and families.

1. Youth Protection Act, s.4

COLLABORATION WITH CMC FRONT-LINE SERVICES

A draft policy and protocol with training components was developed to improve communications and interventions with our respective departments. It sets out the clarification of roles and responsibilities to better serve children and families in need of services.

COLLABORATION WITH YOUTH HEALING SERVICES

A protocol was developed to improve communication with our partners at Youth Healing Services. The protocol further clarifies roles and responsibilities for both departments to better serve youth and families while they are in care in the Group Home or Reception Centre setting.

TRADITIONAL ADOPTION

The amendments to the Adoption Act and Civil Code of Quebec legally recognizes Cree traditional adoption. A Cree traditional adoption working group was formed to look at all aspects towards an implementation date in Eeyou Istchee for July of 2018. The consultation process had started and regular working group meetings were held. In the Youth Protection context, traditional adoption becomes an additional option for adoption when it is clinically deemed ideal.

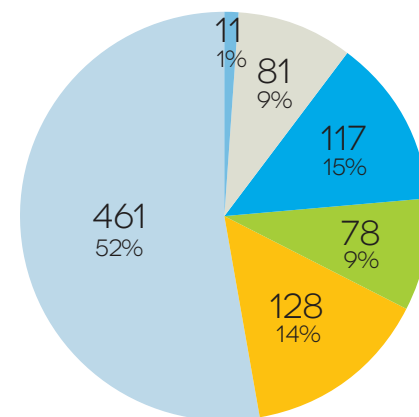
FOSTER HOME PROGRAM

This year, based on the annual number of days of placement, the annual average of children placed in the Foster Home Care Program is equivalent to **237** if they were in placement for the whole year. The average length placement of children under youth protection is **4.5** months.

Close to half (**47%**) of the children who were placed live(d) with their extended family member(s). As it always has been in Eeyou Istchee, almost all of the foster families are Cree people who live in Eeyou Istchee.

YOUTH PROTECTION STATISTICS

This year, **3,608** calls were received at the RTS Intake Services 800-409-6884 number. Of those calls **2,733** treated as reports. Of those reports **876** situations reported were retained and **1,902** reports were transferred into existing files called a re-signalement. In addition, **593** files were not retained (closed due to facts not founded or a person was protecting a child and a situation was resolved. Other closed files were referred to front-line social services for follow-up).



REASONS FOR 'SIGNALEMENTS'

- Abandonment
- Sexual abuse or risk of sexual abuse
- Psychological ill-treatment
- Physical abuse or risk of physical abuse
- Serious behavioural disturbance
- Neglect or risk of neglect

The main factor for the majority of the situations reported that required intervention were related to excessive alcohol and drug abuse of the parents and/or youth (teenagers).

ACTIVE FILES BY COMMUNITY

Community	Placement	0-17 pop	% 0-17
Chisasibi	208	1,728	12
Eastmain	14	306	4
Mistissini	212	1,347	15
Nemaska	62	298	20
Oujé-Bougoumou	57	327	17
Waskaganish	124	902	13
Waswanipi	112	776	14
Wemindji	43	504	8
Whapmagoostui	44	372	11
Total	876	6,532	13

Of the **834** active cases, **479** situations were subject to court proceedings. Other situations were under the evaluation/orientation process and/or under provisional measures (30 days) or voluntary measures (12 months or less). **42** of those files were inter CJ files or files transferred from another region outside Eeyou Istchee involving Cree children. A child cannot have more than one file nor files in multiple regions (one file one child rule).

87 motions to the youth tribunal through visio/video conference hearings that were emergency situations. These short hearings in the communities prevented unnecessary travel of children and families to the south (Amos or Val-d'Or).

ACQUIRED RIGHTS FOR YP WORKERS UNDER LAW 21 OF QUEBEC

A provincial working group has been formed and is working on recognized continuous training and the development of a specific certificate/ diploma program offered by a college or university for working in First Nation and Inuit environments, as well as for First Nation and Inuit employees, respecting cultural safety. These efforts will provide recognition of workers to the Order of Social Workers of Quebec (OTSTCQ).

Workers will enter positions with recognition of their skills through complementary training, support and annual evaluation by Preceptors (evaluators) towards the full recognition of their skills in evaluating situations of children and families with cultural adaptations. These measures will ensure that services offered to at-risk children and families are professional and respectful.

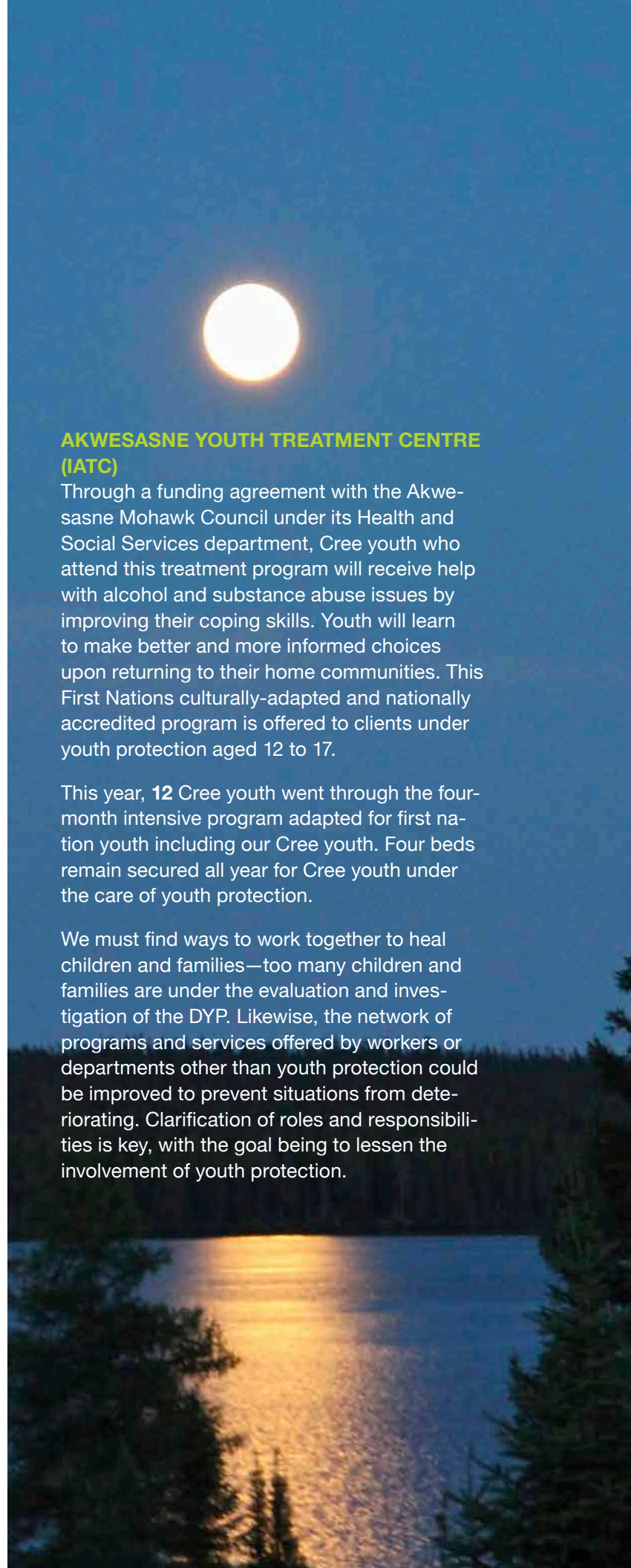
The provincial funding for this initiative covers five years from 2016-2020.

AKWESASNE YOUTH TREATMENT CENTRE (IATC)

Through a funding agreement with the Akwesasne Mohawk Council under its Health and Social Services department, Cree youth who attend this treatment program will receive help with alcohol and substance abuse issues by improving their coping skills. Youth will learn to make better and more informed choices upon returning to their home communities. This First Nations culturally-adapted and nationally accredited program is offered to clients under youth protection aged 12 to 17.

This year, 12 Cree youth went through the four-month intensive program adapted for first nation youth including our Cree youth. Four beds remain secured all year for Cree youth under the care of youth protection.

We must find ways to work together to heal children and families—too many children and families are under the evaluation and investigation of the DYP. Likewise, the network of programs and services offered by workers or departments other than youth protection could be improved to prevent situations from deteriorating. Clarification of roles and responsibilities is key, with the goal being to lessen the involvement of youth protection.



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PROGRAM DEVELOPMENT AND SUPPORT

In the new organizational structure put in place in 2016, the Program Development and Support Department oversees several other departments, and it also comprises its own small team which focuses on planning and programming.

During the previous year, the planning and programming team contributed to the development of the 2016-2021 Strategic Plan. It collaborated on the development of functional and technical plans for the construction of new Miyupimaatsiun Community Centres (CMCs) in Whapmagoostui, Waskaganish and Oujé-Bougoumou, as well as the Eeyou Istchee Regional Hospital and the Chisasibi CMC.

A clinical plan for the project to build three birthing centres has been submitted to the MSSS. The clinical plan for a regional centre for the treatment and support of people suffering from dependency, adopted by the CBHSSJB Board of Directors, will also be submitted to the MSSS.

Dr Anne Foro
Director of Program
Development and Support



Other projects being worked on:

- Implementation of a pilot project for the deployment of the Awemiiniwaachihisuunaanouch program for support of people with addictions
- Development of the chronic disease management program by an interdepartmental team
- Support for the implementation of recommendations resulting from the review of the home care program carried out by the department (in collaboration with DPSQA – Health)
- Evaluation of the Bush Kit / Wilderness Rescue Kit Program and support for the implementation of the recommendations
- Customer Satisfaction Assessment Project, in collaboration with the Miyupimaatsiun Group
- Development of youth and family services, in collaboration with the departments of Public Health, Youth Protection and Youth Healing Services
- Updating the resource directory (*répertoire des ressources*) in the provincial system as required by the Ministry of Health

The department also prepares activity reports for First Responders and contributes to the accountability of the CSST.

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Dr Robert Carlin
Director of Public Health

Public policies are developed at the institutional, community, regional, national, and international levels. They influence the systems within which we live, work, and play. They have an impact on our overall health even when they are not formal health policies. So, what is the role of public health in policy development?

Regional public health departments have a responsibility “to identify situations where inter-sectorial action is necessary to prevent diseases, trauma or social problems which have an impact on the health of the population, and, where the public health director considers it appropriate, taking the measures considered necessary to foster such action.” Our involvement in public policy development is one example of how we can foster such action in the promotion of Miyupimaatsiium.

Although influencing public policy is one way to act on the social determinants of health, it is important to keep in mind a few key factors associated with this approach.

1. There is a complex relationship between health outcomes and social determinants.
2. Policies are embedded in our contexts. This means that relatively straightforward policies may have different effects in different environments or the same environment over time.
3. Policies that influence social determinants are multisectorial in nature. Although we may examine policies with a health lens, we need to keep in mind that other sectors have different values and perspectives.¹

Public health systems have resources and tools to allow systematic analysis of key public policies in order to influence those responsible for their adoption. These analyses are best crafted with the involvement of those impacted by the policy. Over the past year, our regional public health department has been involved in reviewing several public policies:

- Provided commentary as part of Quebec consultations on the regulation of cannabis in the province as a result of federal legalization;
- Provided recommendations taking into account our regional context in the development of Canada’s Food Policy;
- Drafted policy and other responses that might take place at the local and regional levels in response to cannabis legalization;
- Advocated for restrictions in the availability of lead shot used by hunters in an effort to encourage less toxic alternatives.

Over the coming years, we will continue to work in this area while taking into account community issues and priorities brought up through General Assemblies and other forms of consultation within Eeyou Istchee.

Dr. Robert Carlin
Director of Public Health

1. Gouvernement du Québec, 2010, *National Collaborating Centre for Healthy Public Policy*
http://www.nccchpp.ca/202/Learn_about_public_policies_and_their_effects_on_health.cnpps.

A selection of promotional materials created by Public Health. In addition to posters and pamphlets, Public Health uses social media, web and community radio to promote Miyupimaatsiium.



AWASH 0-9

Promoting and improving the well-being of pregnant women, babies, children aged 0 to 9 and their families through a culturally-safe and integrated services approach with added psychosocial and community development components

The **Â Mashkûpimâtsît Awash (AMA)** umbrella program offers an ongoing and intensive psychosocial follow-up tailored to the needs of families. AMA continued to be implemented in three communities (Mistissini, Oujé-Bougoumou, Waskaganish) and was considerably strengthened in Chisasibi. AMA tools were updated and the seven booklets of the AMA Guidelines were finalized. Continuous collaboration with many other CBHSSJB departments was initiated. Community development was maintained through joint activities such as the **Nurturing Program** in Waskaganish, Waswanipi, Oujé-Bougoumou, Mistissini and Chisasibi and **Come-Unity** in Waswanipi. Regional partnerships were pursued with four meetings of the Maamuu Uhpichinaausutaau committee.

The **Maternal and Child Health Program (MCHP)** supports local Awash teams to improve their counseling and teaching skills and increase home visits. This year, the MCHP concentrated efforts in the development of the program's check lists, a tool that allows the front-line worker to ensure all users receive education on promoting Miyupimaatsiun and preventing illness and unhealthy choices. Parents' booklets were also developed in collaboration with the Nishiiyuu department.



Mothers preparing fish broth during the 2017 Breastfeeding Week in Waswanipi



This year, Breastfeeding Week in Waswanipi was held November 20-23 in the local MSDC. Many mothers participated in the daily activities such as preparing fish broth, making baby purée, practicing baby wrap techniques, sewing a baby blanket, a discussion on breastfeeding and light exercises. An elder was also invited to share her knowledge with young mothers. Regional Public Health supports local initiatives with program support and funding.

The goal of the **Awash Nutrition Program** is to improve birth outcomes by improving maternal and child overall health through proper nutrition. As in previous years, the program provided training, continuing education and support to local Awash teams. Food insecurity was addressed with seven requests for financial support to help pregnant women in need. Furthermore, this past year saw the first *OLO* type pilot project in the community of Mistissini. *OLO—Oeufs, lait et oranges* or eggs, milk and oranges—is a province-wide program developed to provide essential nutrients to pregnant women.

The **Breastfeeding Program's** goal is to support breastfeeding, including the implementation of the Baby Friendly Hospital Initiative (BFHI), in all communities of Eeyou Istchee. This past year, several training activities have been carried out with staff from local Awash teams. Twelve nurses and seven CHRs were trained during annual training activities. Five of the nine Eeyou Istchee communities requested funds to organize activities to celebrate the Breastfeeding Week activities. A review of the literature on breastfeeding determinants was done in view of developing a survey to obtain an overview of women's needs with regards to services.

CLE-CE REGIONAL SCREENING PROGRAM

A	B	C	D	E	F	G
Registered students**	Students at presentation from A	Students counseled from B	Students screened from C	Students previously tested of A	Students that reviewed results from E	Students refused
	32%	83%	54%	16%	28%	34%
595*	191	159	86	94	26	55

* Students not registered: +/- 8
 ** From all Secondary 3, 4 and 5 and Work-Oriented Program
 The proportions presented are based on the column denominator as indicated in title

The **Cree Leukoencephalopathy and Cree Encephalitis Program (CLE-CE)** aims to improve awareness about CLE/CE through a program of education and carrier screening. This past year, eight of the nine Cree communities were visited (the ninth will be visited in early April 2018). Registered secondary 3, 4 and 5 students (excluding sec 3 from Mistissini) attended an information session on CLE-CE and the results are summarized in the accompanying table.

The **Immunization Program** aims to reduce the transmission of infectious diseases preventable by vaccination through effective vaccination services in all nine communities. The past year was busy in terms of support and coaching, as efforts were deployed to ensure adequate record keeping and reporting of all administered vaccines in the communities. A new agreement was negotiated for the storage, handling and delivery of vaccines for our region. Both vaccine components of the *Système d'Information en Protection et Maladie Infectieuses SI-PMI*, the vaccination registry and management of immunization products, are fully functional in Eeyou Istchee.

EYYOU ISTCHEE IMMUNIZATION PROGRAM

Goal	2017-2018
90% of school-aged children that received ALL vaccines at the exact periods recommended by the calendar of the <i>Programme québécois d'immunisation</i> .	70.5%
95% of school age children (all grades) considered protected from measles.	91.7%*
80% of EI residents of all ages that received the influenza vaccine.	34.4%**
95% of children that received their first dose of DCaT-HB-VPI-Hib in a delay of 75 days or less (2 months, 14 days).	66.7%*
95% of children that received their first dose of Men-C-C in a delay of 379 days or less (1 year, 14 days).	44.4%*
95% of children that received their dose of RRO-Var planned at 18 months in a delay of 562 days or less (18 months, 14 days).	60%*

* INSPQ. *Portail de l'infocentre*
 ** *Rapport couverture vaccinale, 2016-2017 and 2017-2018*
 Vaccination coverage presented is the proportion of vaccinations received at the exact periods recommended by the provincial vaccination calendar; the actual coverage of vaccinated children is much higher as children get vaccinated outside the cut-off periods.

The **Dental Health Program** aims to improve oral hygiene habits in the region and to reduce the prevalence of tooth decay and oral health problems. It carries out this preventative effort through public education and prevention activities carried out by dental hygienists, CHRs and other Awash professionals. The position of PPRO Dental Health has been vacant since March 2016.

During past year, a CBHSSJB public health physician was trained by the *Direction de santé publique de la Capitale-Nationale* in order to act as a regional respondent for the evaluation of working environments of pregnant workers who wish to benefit from the **Pour une Maternité Sans Danger (PMSD) program**. There were 129 requests processed from April 1st 2017 to March 31st, 2018, and 134 (5 received before April 2017) were analyzed and compared to standard provincial working environments and provincial *Guides de pratique*.





USCHINIICHISUU 10–29

Improving the health of youth through planning and implementation of appropriate health services in communities, clinics and schools and by addressing developmental needs in the transition to adulthood

The **Healthy Eeyou Youth Project (HEY)** aims to facilitate access to psychosocial and clinical services in order to improve youth health and well-being in Eeyou Istchee and reach youth through innovative outreach methods. This past year, a collaboration was established with the Department of Program Support and Planning. This working group developed a questionnaire to conduct a state of situation in all CMCs and other implicated departments. Subsequently, an outreach approach to be applied in collaboration with the addictions program was developed.

44

In October 2017, following a needs assessment on children and youth injury prevention and safety (ages 0 to 29), the joint Awash and Uschiniichisuu **Injury Prevention and Safety Program** determined that promoting the use of helmets by children and youth should be a priority. The campaign *Be careful! Your head! Ayâkwâmi! Chishtikwân!* uses older role models in the hopes of positively influencing the younger crowd. In collaboration with the Cree Nation Government's Department of Child and Family Services and the Cree Nation Youth Council, Public Health also developed a second campaign geared towards babies and toddlers with the distribution of household safety items.

This past year involved reflection on the different components covered in the **Healthy Schools Approach** and an assessment of Miyupimaatisiun-related activities already happening within the schools of Eeyou Istchee. A tight link with the new pilot project *Empowering Youth and their Families* will be of essence.

In terms of **Sexual Health**, the rate of Chlamydia trachomatis and Neisseria gonorrhoea are both elevated in the region for the 10-29 age group. These infections are treatable and preventable.

The Uschiniichisuu remain the most vulnerable population segment, as youths account for 87% of all Chlamydia trachomatis cases and 80% of all gonorrhoea cases in Eeyou Istchee.

CHLAMYDIA AND GONORRHEA AMONG USCHINIICHISUU AGE GROUP

Chlamydia trachomatis	Neisseria gonorrhoea
334 cases	20 cases
Rate: 5086.8 per 100,000 hab.	Rate: 304.6 per 100,000 hab.

The **Infectious Diseases Surveillance and Protection Program** aims to improve population health by reducing the incidence of infectious diseases in the region. Priorities are to support surveillance, prevention, control and evidence-based management of infectious diseases. During this year, two dogs were diagnosed with rabies in one of the communities. The Public Health Department worked closely with the actors in the local community, as well as the *Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec*, in active surveillance and control of rabies among local dogs. Other infectious disease prevention and control activities included, but were not limited to, responding to two tuberculosis cases (one from a neighboring region with contacts in Eeyou Istchee), following up several patients and their contacts with invasive group A streptococcus infection, following up cases of Hepatitis C infection and ensuring that patients have access to treatment options, and following up patients with latent TB infection.



Condom distribution, Maanuuhiikuu Youth Symposium, Chisasibi, August 2017

The **School Health Program** aims to improve the effectiveness of health promotion and prevention interventions in the schools. As of March 31, 2018, school nurses were present in all nine communities, and the program provided support to all local coordinators and school nurses. The channels of communication between the Cree School Board and Public Health were maintained with five meetings last year, with collaboration and engagement in common projects related to health. An online training tool of the Chii Kayeh Iyaakwaamiih *You Too Be Careful* school-based module on healthy relationships and sexual health was created to help new teachers and local file holders familiarize themselves with the module and their respective roles in implementing it.

The objectives for the **Dependencies and Addictions Program** include strengthening knowledge and awareness in Eeyou Istchee on various substances and dependencies. This past year, focus has been placed on the upcoming legalization of cannabis; this includes participating in working groups and sharing information with communities—including their governing bodies and the community members. The Public Health Department also presented a statement as part of provincial consultations regarding this policy development.

45



CHISHAAYIYUU 30+

Promoting healthy lifestyles and preventing chronic diseases for adults and Elders

The team promotes the adoption of healthy lifestyles in the media through our Facebook pages or the radio, and also supports community activities by providing professional support, training, tools and funding.

This year, over forty community projects to promote physical activity and healthy eating habits were supported with *Healthy Environment Active Living* funding. This program favours health education and/or skill development activities, such as Winter & Summer Active, Healthy Cooking workshops, Nutrition & Diabetes months and gardening projects.

The team also developed resources to help health care providers in their daily practice, and a number of health promotion and information tools for community members. These resources include the Carb Counting toolkit, pamphlets on diabetes and its complications, and health promotion labels for stores.

The *No Butts To It!* tobacco reduction project was implemented in Wemindji, Oujé-Bougoumou, and Waswanipi. A total of 1,205 participants and 21 health workers were trained. The project included public awareness (in schools, clinics, community organizations, radio and social media) and a smoke-free challenge, followed by calls to smokers, individual counselling, and continuing tobacco education for the community.

Solomon Awashish walks from Oujé-Bougoumou to Mistissini to raise \$9000 towards finding a cure for cancer, August 2017. Solomon retired after a long and meaningful career as a champion for diabetes prevention.



The Chishaayiyuu team also participated in committees and working groups addressing chronic diseases and advancing healthy lifestyles in Eeyou Istchee. For example, this year the team worked with the CNG-CBHSSJB Joint Committee on Access to Nutritious Food, the MSSS Committee on Decline of Caribou, the Regional Miyupimaatisiun Committee, the Chronic Diseases Working Group, and the Violence Prevention Working Group.

The team completed the report on *Access to Nutritious Food in the Stores of Eeyou Istchee*, and made presentations to different communities and Cree entities. Working with partners on the Committee on Access to Nutritious Foods, we developed a framework for action, drafted a by-law regarding food retail businesses and a regional action plan, and requested the inclusion of the communities in the Quebec law governing milk prices.

To facilitate collaboration, partnership and networking, we organized regular meetings with different internal groups and external entities (Chishaayiyuu Managers, the Nutrition Team, the Miyupimaatisiun Meeyoochimoon Network).

The diabetes educators visited the communities several times to train local health care workers. The increased number of diabetes educators and additional Helpline numbers allowed us to answer local needs for training and provide more daily support in diabetes management. Our team also organized or contributed to several trainings, such as daycare cooks' nutrition training, annual nurses training, CHRs and nutritionists trainings, Food Safety and Hygiene, and the CBHSSJB Traditional Food Program.

The Patient Partnership Approach to Chronic Care in Eeyou Istchee Project saw the completion of data collection from health care workers and CMC managers. Preliminary results were presented to nurses and nutritionists during their annual trainings.

At the beginning of 2018, all communities were visited by the Clara bus or Sophie Air to offer mammograms to women fifty and older, or those at risk of breast cancer. Preliminary needs assessment was conducted prior to the tour. Training and support were provided to local healthcare teams.

Paul Linton, Assistant Director of Public Health, Chishaayiyuu, giving out copies of *The Sweet Bloods of Eeyou Istchee*



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SERC, CLINICAL PREVENTIVE PRACTICES AND PUBLIC HEALTH COMPETENCY DEVELOPMENT

The primary function of the Surveillance, Evaluation, Research and Communications (SERC) Team is surveillance, or the ongoing systematic reporting on population health and its underlying determinants. Surveillance underlies Orientation 1 of the **CBHSSJB Strategic Regional Plan (SRP)**. Evaluation, research and public health communications are the other supports provided to public health teams and other departments. Members of the team provide expertise in areas such as methods of research and evaluation, planning indicators, developing systems to gather data, managing data, data analysis, reporting and communications planning. This supports decision making (e.g. provide evidence for CBHSSJB arguments with the Ministry); supports better understanding of emerging issues (e.g. the work on opioids); develops new areas for services (e.g. the cancer project and the language smartphone app); supports programs and services (e.g. various small data gathering systems for services); and assists with planning (e.g. electronic medical records and the intranet).

As described last year, the team's work follows objectives from the SRP and those of the surveillance theme within Québec's Public Health Plan. A complete report on the 2017-2018 activities of the Team is on the website. The new Research Committee met twice.

Reporting on health status is complicated by the need for community-level data and the ethical issues raised by the small size of the population. Core reports are prepared for use internally within the CBHSSJB or just within the region. The continuing challenge of providing access to these reports will be greatly facilitated with the anticipated intranet. *Our Global Health Report for Eeyou Istchee*, an internal report with ten thematic chapters, was updated for Demographics, Maternal and Infant Health, Employment and Economy and Physical Health and Services. New reports on cancer, the 2016 census and on the Québec Population Health Survey were produced while the 2017 diabetes report was in draft at the end of the year. As usual, small reports to support public health programs were produced.

Four discrete but linked actions to investigate opioid management, use and abuse and overdose readiness planning continued at the end of the year, supported with an internal report on mortality and morbidity linked to intoxications, an analysis of the pharmacy databases and a draft chart review tool for next year.

Three articles used data from the Environment and Health Study database to report on mercury and women of childbearing age, lead and traditional food use and nutrition. Investigation of pulmonary fibrosis continued with implementing new service pathways and research planning. We produced one-time reports for the Cree Nation response to questions from the Senate prior to the approval of the Cree Constitution bill and for the CBHSSJB response for the Northern Program for Integrated Specialist Services.

The team continued to develop data capturing systems and provide ongoing support for the CE-CLE program, Allied Health and the Mistis-sini CMC Current Services. A chart review tool was developed to capture youth mental health services data.

The Team contributed to improving access to services (responding to Orientation 2 of the Strategic Regional Plan), with the work of the Public Health Language Working Group to finalise the lexicon around cancer and to develop and release the smartphone language app (see *East Cree Medical in the app store*); with the research project on evaluating the integration of dental care within primary care; with the ongoing evaluation of the CE-CLE genetic disease screening program; and with training support for community organizers.

Work on Orientation 3 to promote chronic disease screening and follow-up continued to improve the Cree Diabetes Information System and work on a project adapting depression screening for pregnant women.

The Team's work promoted mental health services under Orientation 4 through continued support of the initiatives being piloted in Mistis-sini to improve youth mental health under the umbrella of Aaschihkuwaatauch.

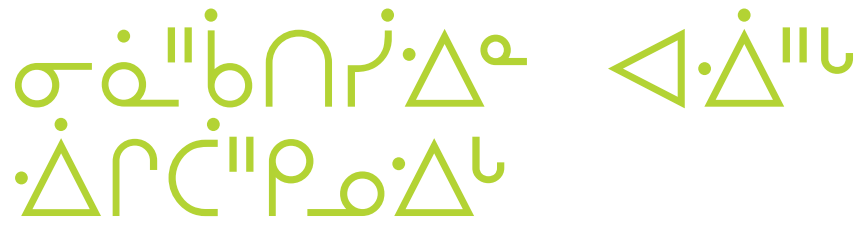
Grand Chief Abel Bosum and Chairperson Bella Petawabano looking over the Cree Medical app launched April 20, 2018



Communications goal is for public health activities to be supported with robust plans and messages and for recurrent activities to develop 'evergreen' tools and products which can be reused in the future (www.creehealth.org/public-health/communications). This year the agenda of monthly health promotion themes continued with coordinated messages on various media: the weekly Cree language regional health show on radio; the website (www.creehealth.org); social media; and print ads and materials.

Key campaigns supported the Clara bus breast cancer screening, continuing helmet awareness, continuing non-lead ammunition, continuing violence prevention and the 'new' evergreen influenza vaccination so anyone, regardless of previous experience on the file, is able to carry out the campaign. Along with ongoing planning with the Maamuu Uhpichinaausuutaau Regional Committee, the new Public Health Incident Action Plan produced communications plans where the CBHSSJB has a primary role in crisis management and where it does not. As well, Emergency Planning now has communications plans adapted to the nature and severity of the emergency.

The book *Sweet Bloods of Eeyou Istchee* was widely promoted in a continuing campaign (see www.sweetbloods.org) as was a project on the role of Indigenous Elders with community well-being (see *the toolkit at: boaa-iet.org*).



DISABILITY SERVICES (SPECIAL NEEDS)



In 2017, following the *Ministère de la Santé et des Services sociaux* framework for the organization of services pertaining to physical disabilities, intellectual disabilities and autism spectrum disorder, the CBHSSJB focused on restructuring how services to clients with disabilities will be offered through specific community-based services and specialized regional services. In the fall of 2017, a PPRO was hired and is working with a committee to oversee the drafting of the Disability Programs framework.

The **Specific Disability Service** consists of community-based services offered by the multi-disciplinary teams in each CMC under the Awash, Uschiniichisuu and Chishaayiyuu programs. The service is composed of professionals including community workers (often acting as case managers), social workers, physiotherapists, human relations officers, occupational therapists, speech-language pathologists, psycho-educators, psychologists, nurses, etc., who collaborate closely to best meet the clients' needs. The case manager, who is the primary contact for the family, participates in the coordination of the services around the client and communicates with other involved agencies to help ensure a smooth service dispensation for the client and his family. Intervention activities aim to maintain the client at home, improve quality of life and autonomy, and increase participation in the community. For many individuals living with disabilities, the specific services available in their CMC will be sufficient for supporting them to live full, well-balanced lives.

For clients with complex disabilities and/or complex behavioural profiles, more intensive services and additional support may require the involvement of **Regional Specialized Disability Services**, which is composed of specialized multi-disciplinary professionals (occupational therapists, social workers, neuropsychologists, speech-language pathologists, etc.) who work closely with community-based professionals to offer remote support in combination with visits to the communities. This involves assessments, diagnoses, co-intervention, case discussions, knowledge-transfer activities and training activities. This year, Regional Specialized Disability Services:

- Created full-time permanent positions and stabilized its team
- Responded to community requests for support/clinical advising through visits and phone calls
- Provided autism and behaviour trainings in Waskaganish (38 participants), Mistissini (100+ participants), Eastmain (45 participants), and Montreal (4 participants)
- Presented Case Management Trainings in Chisasibi, Eastmain, Mistissini, and Wemindji, reaching close to 140 participants in total
- Presented Sensory Training in Mistissini (10 participants)
- Mentored community-based professionals (occupational therapists, speech-language pathologists, physiotherapists, psycho-educators, social workers)
- Initiated the creation of community-based Early Stimulation Groups and provided support to the rehabilitation staff in order to provide optimal therapy services

- Developed special needs educator positions in communities
- Provided five FASD training sessions
- Advocated the development of community-based resources, increased inclusion of special needs clients in day programming, and community-based long- and short-term respite
- Developed collaborative partnerships with on-territory resources (school, daycare, Head Start, Youth Protection, Mental Health), as well as with resources outside communities
- Guided and helped facilitate Waskaganish's first support group for families with children with special needs, and established connections in other communities to create more support groups
- Supported the development of audiology services and the improvement of pediatric services in Eeyou Istchee
- Supported the improvement of the corridor of service with Montreal Children's Hospital

In 2017-2018, **specialized foster homes** opened in Waskaganish and Chisasibi, enabling one client to return home and preventing another from being placed off-territory. Training is being offered to specialized foster homes as part of an initiative to establish more community-based homes accessible to clients with special needs for respite and long-term care.

In 2017-2018, our **FASD Diagnostic and Intervention Clinic** enlarged its mission by offering assessment, diagnostic, and intervention services to a broader range of neurodevelopmental disabilities, in addition to Fetal Alcohol Spectrum Disorder. The main goal of this **Cree Regional Neurodevelopmental Clinic** is to improve accessibility to professional assessments in Eeyou Istchee, without having to send clients out of their communities for assessments. It also supports intervention strategies directly in communities, partners with the visiting pedo-psychiatrist and pediatricians, and exchanges information with Wiichihitwin and Montreal Children's Hospital. The biggest current challenge is recruiting additional professionals to respond to the rapidly growing list of referrals. In 2017-18 the clinic completed 29 referrals, and eleven assessments are currently ongoing. Presently, 56 clients are ready to be assessed, and an additional 70 referrals have been received but not yet processed.

For many individuals living with disabilities, the specific services available in their CMC will be sufficient for supporting them to live full, well-balanced lives.

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MAANUUHIKUU (MENTAL HEALTH)



This past year we continued to bring our Cree Mental Health and Wellness Strategy to life, working to improve the delivery of mental health services to better meet the needs of people in the Cree Territory. Our mission is to promote positive mental health through prevention, intervention, treatment and ongoing holistic care so that everyone in Eeyou Istchee can live full and balanced lives.

Highlights of this past year include the addition of five staff psychologists/psychotherapists, working in Mistissini, Oujé-Bougoumou, Waskaganish, Chisasibi and Whapmagoostui, bringing the total of staff therapists for the territory to nine. A new mental health nurse was hired for Eastmain.

In addition to providing regular services, Maanuuhiikuu offered training to the communities to increase our work force's capacity to address the mental health needs of our people: we offered Mental Health First Aid for First Nations Training in Chisasibi and Waswanipi, supported the Applied Suicide Intervention Skills Training in Whapmagoostui and Chisasibi, and provided training on how to respond to adults' disclosures of sexual assault to front-line workers in all communities. Sessions on Cultural and Ethical Considerations for Working in Cree Territory were given to social workers and to newly hired nurses with enlarged roles.

We have partnered with other departments on various initiatives to improve services, such as working with Nishiiyuu to support the development of traditional approaches to positive mental health. Together we developed a pilot land-based retreat for CBHSSJB employees, adding cultural context to the Employee and Family Assistance Program. In partnership with the Social Department, we are developing Ishkotem—a multidisciplinary pathway to client care that aims to better address clients' needs by improving communication between professionals and acknowledging Cree traditional approaches to well-being. Collaborating with Miyupimaatisiun and the DPSQA – Psychosocial, we are developing a standardized suicide intervention protocol for all CMCs. Plans for the upcoming year include continuing work with these partners and increasing and improving collaborations with others.

The **Child Psychiatry Program** is in its second year, with two psychiatrists supported by the regional clinical nurse and mental health nurses. The team collaborates closely with Disability Services, daycares and schools. Dr. Janique Harvey and Dr. Melissa Pickles continued to provide psychiatric care in Eeyou Istchee, supported by one mental health liaison nurse and two local mental health nurses (in Nemaska and Eastmain). In addition, a liaison nurse from the Douglas Mental Health Institute provides support to Cree clients and their families. Use of video-conferencing has expanded into new communities and is being used for case discussions and follow-up with clients.



Psychology Services have been expanding: there are now five full-time psychologists and four half-time psychologists/psychotherapists. The enlarged team has stabilized services, providing more consistent and frequent support to clients and local teams. Further support is offered via telepsychology in Mistissini, Chisasibi and Nemaska, improving continuity of care and decreasing the need to send people south for care.

The **Suicide Working Group** continued to develop strategies for addressing suicide in our communities, networking with Youth programs and collaborating with other Cree entities, including the Iiyuu Ahtawin Miyupimaatisiun Process. The team collaborated with MikwChiyam to launch a regional suicide awareness poster and video campaign, and is also collaborating with the *Association Québécoise de Prévention du Suicide* to develop a suicide prevention pilot project in two communities.

The **Sexual Abuse Working Group** delivered a training program for front-line workers in all nine communities on using the Sexual Assault Response Protocol and its accompanying manual; a total of 59 front-line workers have completed all three phases of the program, so are trained and ready to respond to adult disclosures of sexual assault. Additional training sessions are planned for next year.

The **Indian Residential School Program** continues to provide support services to Residential School survivors with the help of Resolution Health Support Workers (RHSWs) and Cultural Support Providers (CSPs). This past year, RHSWs saw a total of 818 clients (369 former students, 449 family members), while CSPs saw 731 (376 former students, 355 family members). Clients are becoming more open and beginning to understand the impacts of residential school and, importantly, there is increasing acceptance of traditional teachings and practices.

PSYCHIATRY

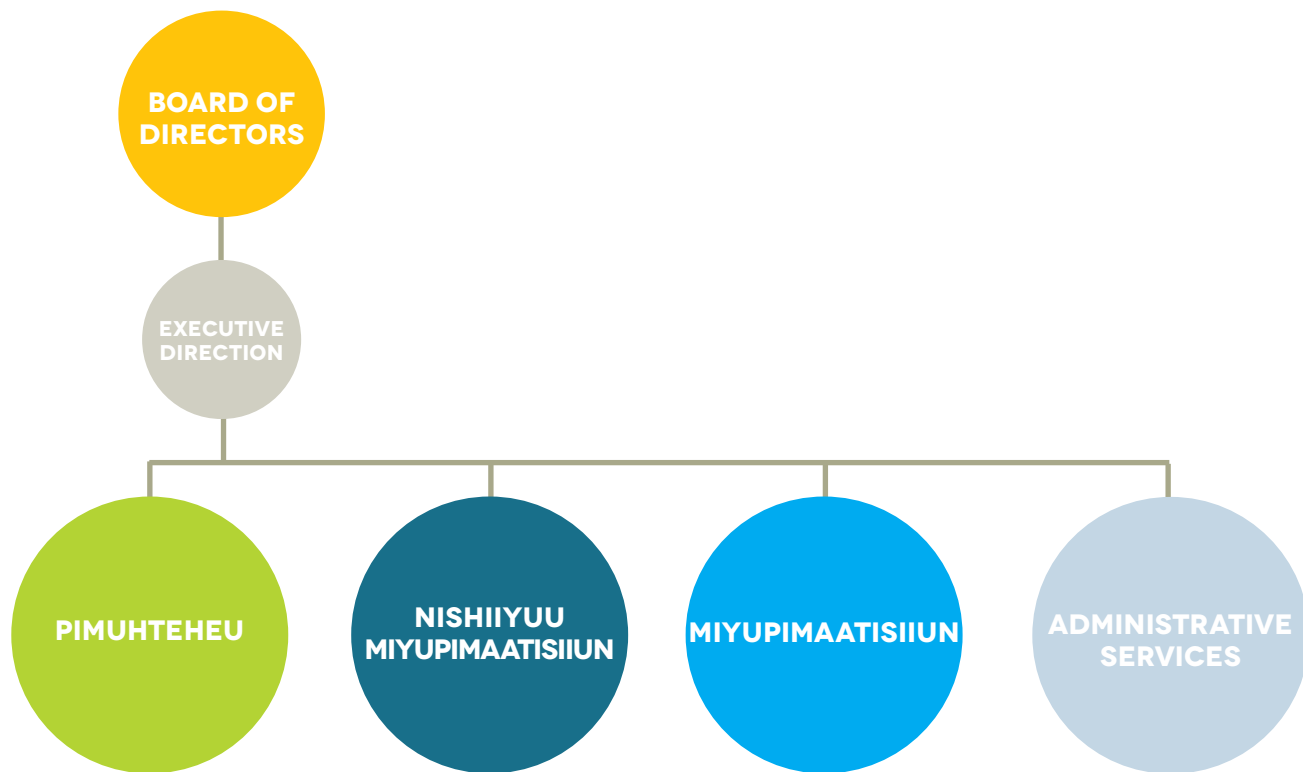
	In-person consult	Telehealth consult	In-person follow-up	Telehealth follow-up	TOTAL
Psychiatry	48	34	340	145	567
Child psychiatry	8	6	11	3	28
TOTAL	56	40	391	148	645

No emergency cases. Wiichihiituwin Montreal responsible for handling 411 (64%) of cases

PSYCHOLOGY/ PSYCHOTHERAPY

Autism Clinic	13
Consult	67
Follow-up	618
IRS Program	16
Psychotherapy	27
Emergency	1,117
TOTAL	1,858

Wiichihiituwin Montreal was responsible for handling 1,848 (99%) of these cases



- COMMUNITY DEVELOPMENT
 - COMPLEMENTARY SERVICES AND PROGRAMS
- ORGANIZATIONAL QUALITY AND CULTURAL SAFETY
 - EVALUATION AND ACCREDITATION
 - CLIENT EXPERIENCE AND ORGANIZATIONAL PERFORMANCE

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Laura Bearskin
Assistant Executive Director (AED)
Nishiyuu Miyupimaatisiun



MESSAGE FROM THE AED
NISHIYUU MIYUPIMAATISIUN

The Nishiyuu Miyupimaatisiun Department is committed to promoting health and miyu-pimaatisiun by drawing on traditional Cree knowledge and practices to address the many different factors that influence wellness. Nishiyuu plays an enhanced role in the new Strategic Regional Plan, which emphasizes traditional knowledge and healing practices as well as cultural safety in all programs and services of the CBHSSJB.

This past year has seen Nishiyuu Miyupimaatisiun achieve some important milestones. The Waapimaausun project on traditional birthing—which, with the midwifery program, aims to bring birth back to Eeyou Istchee—is now being launched in several communities. This is an important accomplishment not just for Nishiyuu but for the entire CBHSSJB, our partners and, indeed, the Cree nation. We also have continued our efforts in other programs, including the Land-Based Healing Program and our initiative to preserve and even cultivate traditional medicine and healing as well as other forms of traditional knowledge.

Our responsibilities have expanded to include the Iiyuu Ahtaawin Miyupimaatisiun Planning (IAMP) initiative, which aims to promote healthy communities, and we also play an important role in the Clinical Coordination and Integration Committees, which just finished the first year as a pilot project. We look forward to the coming year, as we continue to grow and to support traditional Cree knowledge and cultural safety in the programs and services of the CBHSSJB.

Laura Bearskin
AED, Nishiyuu Miyupimaatisiun

The Waapimaausun project on traditional birthing—which, with the midwifery program, aims to bring birth back to Eeyou Istchee—is now being launched in several communities.



NISHIIYUU MIYUPIMAATISIUN

Nishiiyuu Miyupimaatisiun draws on traditional Cree knowledge to support health and miyupimaatisiun in Eeyou Istchee. This approach is carried out in a number of projects this past year, including those in traditional birthing knowledge, land-based healing, traditional medicine and, most broadly, traditional knowledge in general. The department has begun supporting the liyuu Ahtaawin Miyupimaatisiun Planning project, which sees local committees working to bring miyupimaatisiun to their communities—an effort which demands engagement with Cree traditional knowledge and culture. We are also involved in ensuring cultural safety in the CBHSSJB’s programs and services through a wide range of activities, including our involvement in the Clinical Coordination and Integration Committees.

The **Waapimaausun–Traditional Birthing Knowledge Project**, led by Cree women elders, aims to document and research Cree women elder’s personal stories, gather traditional knowledge on traditional birthing and child rearing, document men’s knowledge on birthing practices, and produce videos, publications and other tools for education and awareness.

This year the project reached a major milestone, with the Waapimaausun guide being approved by the Board of Directors. The guide, which also presents Cree Natural/Spiritual Law, has been translated into inland dialect, although this draft still needs to be finalized; it will also be translated into coastal dialect. The guide ensures the passing on of traditional knowledge from generation to generation, including knowledge on pre-pregnancy, pregnancy, birth and newborns, and on rites of passage that connect Cree infants, children and families to Eeyou Istchee and the history and culture of the Cree peoples. It also explores the best approaches and practices to sharing this traditional knowledge.

Nishiiyuu is now in the process of launching Waapimaausun in Whapmagoostui, Chisasibi, Waskaganish, Waswanipi and Mistissini; staff is still being recruited for the other communities and, once appropriate staffing is in place, Waapimaausun will be offered in these communities as well. The guide is a green document, so as the program is implemented, the guide will continue to be developed. Nishiiyuu is also working with midwives to determine how best to integrate midwifery services with Waapimaausun.



The **Nitahuu Aschii Ihtuun (Land-Based Healing) Program** continues and, among its activities this past year, it supported five sundance ceremonies and a gathering for residential school survivors, and delivered two week-long employee retreats (October 2017 at Fort George and March 2018 near Mistissini) as part of the cultural component of the Employee and Family Assistance Program. The Nishiiyuu team is in the process of editing guides for this program, and simultaneously preparing an extensive program review.

The **Traditional Healing and Medicine** initiative has seen the drafting of a protocol with elders and traditional healers; the Nishiiyuu team will be meeting with elders and traditional healers in the coming year to refine and formalize this protocol.

Nishiiyuu continues its **Gathering Traditional Knowledge** initiative. Currently a great deal of information has been collected but much remains to be done to organize this material and make it accessible. As this effort is carried out, the team will also be able to identify areas where further information needs to be gathered. This project is closely integrated with Nishiiyuu’s other projects, as much traditional knowledge being collected concerns traditional medicine, land-based healing and traditional birthing. The long-term objective is to build a comprehensive and accessible resource library of traditional knowledge.

Responsibility for the **liyuu Ahtaawin Miyupimaatisiun Planning (IAMP)** healthy communities initiative is being transferred to Nishiiyuu, and the Department is looking to hire a community development officer to work with local directors on this file. There are now Miyupimaatisiun committees for all ten communities. Priorities and strategies identified at the 2018 Waswanipi Assembly will provide the foundation for any IAMP action priorities, with support from local CMCs and communities. As this transition occurs, it is critical that IAMP partners—Nishiiyuu, CMCs and communities—all have clearly defined roles.

Nishiiyuu is also a partner in managing the **Clinical Coordination and Integration Committees (CCIC)**, a one-year pilot program where clinical and administrative leadership meet regularly to discuss challenges and define strategies for improving the delivery of health and social services. Following the CCIC’s first year, Nishiiyuu led a feedback survey that proposed an extension of the program, the identification of specific priorities, and enhanced meeting formats and communication pathways.

Challenges currently include recruiting personnel across different areas: translators, PPROs and HROs. As the Department is growing, and many priorities from the 2018 Waswanipi assembly will be assigned to PPROs, the Department will need to adopt tools and implement structures for tracking the progress and management of its different projects.

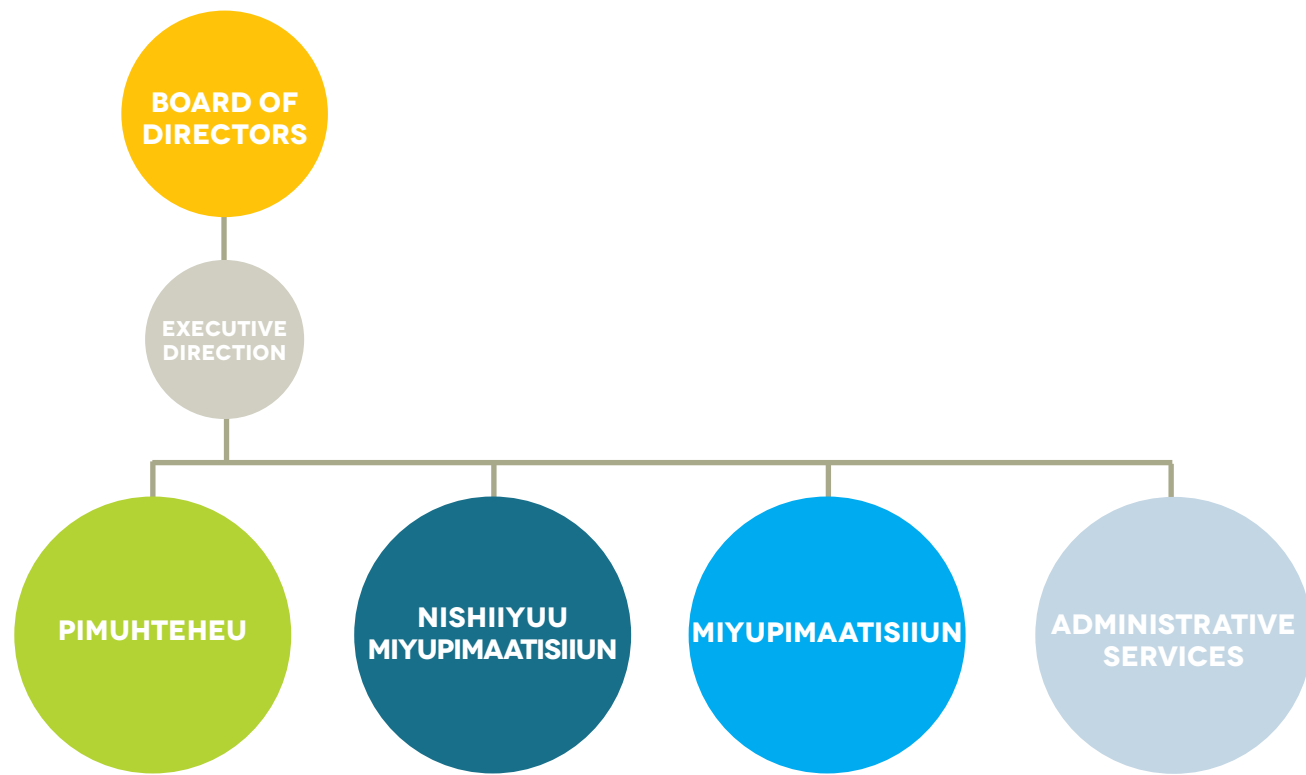


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The Miyupimaatisiun Group is the department that delivers most of the health and social services to our clients.



- MEDICAL AFFAIRS AND SERVICES
 - MEDICINE
 - DENTISTRY
 - PHARMACY
- NURSING
- ALLIED HEALTH
- MIDWIFERY
- PSYCHOSOCIAL



- CHISASIBI HOSPITAL
- HOSPITAL UNITS
 - CLINICAL SERVICES
 - NURSING
 - SPECIALIZED SERVICES
 - ADMINISTRATION



- CHISASIBI EASTMAIN
- CHISASIBI MISTISSINI
- CHISASIBI NEMASKA
- CHISASIBI OIJÉ-BOUGOUMOU
- CHISASIBI WASKAGANISH
- CHISASIBI WASWANAPI
- CHISASIBI WEMINDJI
- CHISASIBI WHAPMAGOOSTUI



MESSAGE FROM THE AED MIYUPIMAATISIUN

As part of our commitment to achieving the objectives outlined within the Strategic Regional Plan, the Miyupimaatsiun Department has focused on strengthening our relationships within local and regional teams across the organization. This encompasses improving the capacity and responsiveness of our regional office and cultivating pivotal partnerships outside the CBHSSJB.

At a local level, all Community Miyupimaatsiun Centres (CMCs) have established and begun holding regular Clinical Coordination and Integration Committee (CCIC) meetings. This local CCIC forum brings together key administrative and clinical leadership to discuss the quality and delivery of services to the community it serves. These discussions enhance the working relationships between departmental teams by fostering a collaborative approach to solution-based decision making. For Chisasibi, the facilitated discussions for CCIC include the regional hospital. This initiative starts the preparatory stages of planning the distribution of services with the eventual construction of the new regional hospital.

The Miyupimaatsiun Regional Office assessed its mandate and structure to identify strategies for improving the support we provide to the CMCs and regional hospital. The assessment identified areas where we are meeting our mandate, as well as where improvements can be made. The next step will be to implement the recommendations in order to enhance the support provided to local teams.

Michelle Gray
AED (Interim) Miyupimaatsiun



Another project initiated is our client satisfaction survey. The primary focus is to solicit client feedback on our programs and services. This process will provide the necessary direction for our leadership to improve and optimize service delivery while meeting the needs and expectations of the population.

Achieving miyupimaatsiun in Eeyou Istchee demands that we establish strong relationships with partners locally and regionally. Therefore, we are diligently working towards reaching out and strengthening our connections with stakeholders outside the organization, as health and wellness cannot be delivered by the CBHSSJB alone.

Our partnerships are directly reflective of accomplishments we are able to achieve. This year, these accomplishments include Robin's Nest, Minnie's Hope and Awemiiniwaachihisuu-nanouch. The Robin's Nest women's shelter is now operational in Waswanipi and construction is completed for the shelter Waskaganish. We recently entered into an agreement with Minnie's Hope, a social pediatric service in Whapmagoostui, to support youth and families, and we have launched the Awemiiniwaachihisuu-nanouch (Desire to Heal Oneself) addiction and mental health project in Waswanipi. These facilities, programs and services are the result of close collaboration with the Cree Nation Government and the local communities.

Megwetch.

Michelle Gray
AED (Interim)

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MEDICAL AFFAIRS AND SERVICES

DEPARTMENT OF MEDICINE

The Department of General and Specialized Medicine is responsible for providing consistent medical service and coverage. It includes all family physicians and specialists working for the CBHSSJB. DGMS team members work together to ensure seamlessly integrated medical services that are culturally safe, effective, and accessible to all.

The Department Chief Dr. Carole Laforest is supported by nine Assistant Chiefs coordinating the medical services of the CMCs, and six medical Chiefs of the following specialized services: general internal medicine, nephrology, pediatrics, psychiatry, gynecology and obstetrics. The department is made up of 58 active family physicians, about 50 medical-care physicians, six active medical specialists and 22 associate medical specialists.

HIGHLIGHTS OF 2017-2018

In the past year, the department adopted new regulations that will have the effect of increasing the overall average number of days worked per doctor in the territory and that will foster retention of physicians in the long term.

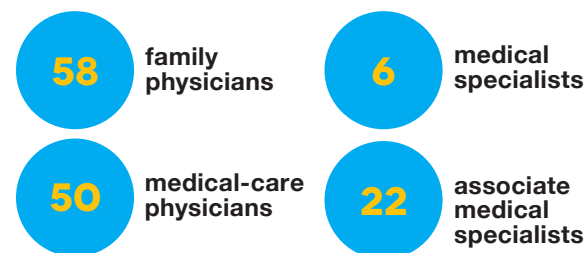
Ongoing recruitment and retention efforts resulted in the recruitment of five new physicians and the additional services of an internist, a gynecologist-obstetrician and a child psychiatrist. Medical coverage has been increased in small and medium-sized communities. 20% of permanent physicians are providing services to more than one community.

A regional emergency medicine unit has been established in order to better coordinate and standardize emergency care. Their first success was the deployment of ventilators in the nine communities, thus allowing better management of patients requiring intubation. A new medical biology unit has also been established, which will coordinate biochemistry, hematology, microbiology and pathology services.

The department continues to work with other departments on strategic projects, including the development of the Therapeutic Guide and Collective Prescriptions, the integration of midwives using a collaborative approach to maternal and child health care, nurses' training, palliative and end-of-life care, and the development of mental health protocols. Computerization of clinical systems is advancing and remains a priority.

PRIORITIES FOR 2018-2019

- Maintain and continue the development of medical services
- Acquire and implement an electronic medical record (EMR) system
- Support major projects such as the relocation of the Chisasibi CMC, implementation of midwifery, and emergency measures planning
- Continue negotiations to increase the number of permanent doctors and overall medical coverage
- Formalize and structure the evaluation of the quality of the act



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In December 2017, Piipiichaa Uchishtuun-Robin's Nest in Waswanipi opened its doors and began its mission to deliver and provide health and well-being based on Cree traditions and values, while respecting individual beliefs, for women and their children who are experiencing domestic violence. The shelter offers options for reconciliation, rehabilitation, and reintegration with the support, knowledge and wisdom of the communities of Eeyou Istchee, and provides hope and safety for women and children fleeing from domestic violence and abuse.

Robin's Nest has faced challenges as well as growth opportunities, and its team has continued to address their mission with energy and optimism, with collaborations and partnerships developed to guide women and provide community outreach support. A 24-hour Crisis Line provides crisis support for women in urgent need, as well as information for agencies and community members. The team is hopeful that giving people the opportunity to become familiar with Robin's Nest will encourage them to support the movement to end domestic violence.

With the continued generosity of funding agencies, partners and supporters, the Robin's Nest team can address its participants' needs and other emerging issues. The Robin's Nest team, CBHSSJB and its departments, community partners and participants have all contributed to build the strong foundation that is Piipiichaa Uchishtuun-Robin's Nest today. Robin's Nest and its team will continue to strive for violence-free communities, through prevention strategies, support for women, and dedicated care of our own.



ROBIN'S NEST STATISTICS

	Women	Children	Total
Admissions	17	28	45
No-shows	3	0	3
Referrals	20	28	48
Total days	116		
Average stay	5.8		



Abel Bosum, Linda Shecapio and Daniel St-Amour present a laced banner at the inauguration of the Piipiichaa Uchishtuun Robin's Nest Opening Ceremony, Waswanipi, September 25, 2017



DEPARTMENT OF DENTISTRY

The Department of Dentistry is mandated to provide quality general and specialized dental care throughout Eeyou Istchee.

This past year, the department succeeded in hiring a Regional Dental Assistant Coordinator, integrating the department in Care 4-CNIHB/CPS management, adding an endodontist to the specialized dental team, and opening a new general anaesthesia corridor of services in Val-d'Or.

The department staff treated 5,732 different patients, with a total of 11,975 patient visits. Of these, 2,268 were children nine years old and under. For general anesthesia, a total of 287 children were referred outside the territory.

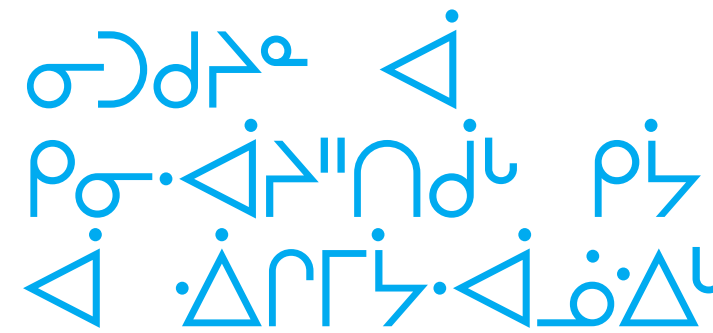
DENTAL CONSULTATIONS IN THE COMMUNITIES

Community	2016-2017	2017-2018
Chisasibi	3,013	2,625
Eastmain	1,026	587
Mistissini	3,726	3,488
Nemaska	529	502
Oujé-Bougoumou	665	555
Waskaganish	1,383	1,266
Waswanipi	1,371	1,378
Wemindji	1,264	1,012
Whapmagoostui	797	562
Eeyou Istchee	13,774	11,975
Children 0-9	2,833	2,268

The department continues to face a number of challenges. Dentist recruitment remains difficult, and the department had an estimated 3,200 hours (91 weeks) of unreplaced dentist time this past year. In addition, the Chisasibi dental clinic remains in a critical state in terms of access, organization, and equipment and, until adequate renovations are carried out, delivering optimal dental services is impossible. Furthermore, frequent absenteeism and lateness at work, as well as lack of training of support staff, affects the department's ability to deliver services efficiently.

Objectives for the coming year include continuing to improve access to dental services, renovating the Chisasibi dental clinic, continuing to support the dental assistant training program, and finishing the dental purchasing templates for Virtuo.

An endodontist was added to the specialized dental team, and a new general anaesthesia corridor of services opened in Val-d'Or.



DEPARTMENT OF PHARMACY

The Pharmacy department met its aim of recruiting Cree pharmacy technical assistants and decreasing reliance on agencies in Chisasibi and Mistissini. New Cree staff were also hired in Waskaganish and Nemaska in 2018, and recruitment continues for staff in Wemindji, Eastmain and Oujé-Bougoumou. Each new technician followed an in-house training program of four to six months. Contracts with agencies have been regulated in order to support this training, to control the quality and stability of the resources sent to the CBHSSJB, and to control agency costs. A partnership with the Cree School Board led to a two-year Vocational Program in Pharmacy Technical Assistant being offered in Chisasibi for local pharmacy employees; the program's anticipated launch is fall 2018. Pharmacy employees from other communities will be able to enroll in similar programs in the coming years.

Pharmacies in Chisasibi and Mistissini extended their service hours as of June 2017 to better meet their community's needs.



Anh Nguyen, Chief of Pharmacy

Pharmacies in Chisasibi and Mistissini extended their service hours as of June 2017 to better meet their community's needs. A reorganization of services is in progress, and the department is acquiring a new pharmacy software that would answer the needs of both hospital and community contexts. As the software will be a core tool for safer and more efficient pharmacy services, its thorough conception, configuration and implementation is a high priority for the department this year. Once implemented in Chisasibi and Mistissini, the software will also be made available for use by pharmacy staff in other communities, so prescriptions could be entered in the software and validated by pharmacists. Within the next two years, the department aims to expand its services to all the other communities by using the automated pill organizer 'Dispill' system.

Furthermore, in partnership with NIHB and Wiichihitwin (CPS), pharmacy services received by patients outside Eeyou Istchee will be overseen in order to ensure clear communication between the external pharmacies and CBHSSJB staff, thus increasing safety while reducing costs. Controlling access to medications in CMCs with no pharmacy staff will be a main priority in the coming year, and several measures will be explored to heighten safety and control this access.



MIDWIFERY

This year marked the kick-off of the long awaited Midwifery Services, developed in response to the desire of the Cree communities to bring back childbirth to the territory. Midwives are front-line professionals who perform comprehensive maternity (pregnancy, childbirth, post-natal) follow-ups in healthy women with normal pregnancies.

This historically significant project is working closely with Nishiiyuu to ensure that Midwifery develops culturally appropriate services. According to the Strategic Regional Plan, Midwifery should be implemented in coordination with the **Nishiiyuu Group Waapimaasuwin Program** (see Chapter 3), which is documenting and transmitting Cree birthing knowledge to women and families. Midwifery should also proceed in collaboration with existing services and the community, and by developing the necessary agreements with the partners.

MILESTONES AND ACCOMPLISHMENTS

- Hiring of Jessyka Boulanger as Director of Professional Services and Quality Assurance – Midwifery, as well as two other midwives; in January, the three midwives moved to Chisasibi
- Adoption by the Board of Directors of the Clinical Plan for three birthing centres in Eeyou Istchee: Chisasibi, Mistissini and Waskaganish
- Participation by the Midwifery team in the Annual General Meeting of the Council of Physicians, Dentists and Pharmacists (CPDP), marking the beginning of a collaboration with the medical team
- From November to March, a series of meetings with physicians linked to the project, including doctors at the Chisasibi Regional Hospital, the new obstetrician for the CBHSSJB, Dr. Karine Wou, pediatricians at the Montreal Children’s Hospital and the CISSS medical team in Abitibi-Témiscamingue. The purpose of these meetings was to determine the terms and conditions of collaborative agreements for consultation and transfer of mothers and newborn babies
- In December, dialogue began between the Midwifery, Nishiiyuu and the Awash team in Chisasibi
- A service offer was presented to the Perinatal Working Committee in February; With members of Nishiiyuu, there was a visit to a birthing centre in Montreal



Midwives Jessyka Boulanger, Jacqueline Raymond, Catherine Gerbelli

- In December, the CBHSSJB Executive Committee adopted a resolution that supports the Midwifery Action Plan and allocated budget for the deployment of the program in the three communities: Chisasibi, Mistissini and Waskaganish
- Establishment of the Midwifery and Waapimaasuwin Implementation Advisory Committee in March 2018
- Presentation to the Chisasibi Cree Nation to establish a partnership
- The Perinatal Working Group developed the Partnership Procedure for the Practice of Midwifery in a Hospital Centre, established between Chisasibi Hospital and midwifery services
- Work is continuing on a medical collaboration agreement with the CISSS of Abitibi-Témiscamingue
- Midwives had the unexpected privilege of assisting in a delivery that took place under medical responsibility at the Chisasibi Regional Hospital

TRAINING

Part of the Midwifery Program is to develop training of Cree midwives. With this in mind, contacts were established with relevant groups. A telephone meeting with Inuit and Ontario Aboriginal midwives took place in December. In February, CBHSSJB midwives visited two birthing centres that provide services to Indigenous families in a culturally safe space: Toronto Birth Centre and Six Nations Birthing Centre (In Mohawk *TSI NO: WE-IONNAKERATSTHA* and in Cayuga *ONA: GRAHSTA*). In February, the midwives participated in three days of Nishiiyuu cultural safety training. They also took part in an Ampro OB program training with the team of nurses at the Chisasibi Regional Hospital.



ᐅᑦᑦᑦᑦᑦᑦ PSYCHOSOCIAL

With a mandate similar to Medical, Health and Allied Health, the Psychosocial Department focuses on front-line social services provided by community workers, human relations officers and social workers, ensuring that quality services are accessible and meet the population’s needs.

In October, the department—which has been without a stable director for six years—received a new DPSQA, Simon-Pierre Breton. In his first year, the director assessed services in Eeyou Istchee by learning from CMC workers and managers about the strengths and challenges of delivering quality and culturally safe psychosocial services based on best practices. This has been an important step in identifying local and regional priorities.

The assessment process revealed that Eeyou Istchee’s nine communities deal with a number of psychosocial issues, including drug and alcohol abuse, mental health issues (including suicidal ideation and attempts), physical and sexual abuse (including domestic violence), poor parenting skills, severe distress of children, children and teenagers with severe behavior problems and/or anxiety problems, vandalism by children and teenagers, violence and bullying at school, high rates of single parenting (putting parents and children at risk), housing problems (leading to overcrowded houses and homelessness), problematic use of social media, and elder abuse.

Simon-Pierre Breton
DPSQA Psychosocial



As physical and mental health issues are often intertwined with social issues, it is important to assess the social context of clients and provide support to them and their families. Priorities include access to appropriate psychosocial evaluation within the framework of the “person of full age protection plan”, with some temporary solutions occurring locally.

In light of this assessment, the Director was given the mandate to put in place the appropriate psychosocial services. In the coming year, steps will be taken towards innovative and culturally safe solutions to provide better services to youth and their families; this process will include foster home placements, after-hours emergency social services, and the client pathway.

To ensure quality service, all psychosocial front-line staff has completed the six modules of Psychosocial Child and Family Intervention Training, as well as the **Charlie Training Program**.

Moreover, because record keeping has been identified as a top priority in ensuring appropriate quality, continuity of services and respect of users’ rights, and in light of new record-keeping standards of practice, all psychosocial teams have received extra training on confidentiality and record-keeping.

The Psychosocial team also consulted with the Youth Protection Department and other stakeholders on youth protection and “S-5” placement policy, to ensure these exceptional measures form one of the social interventions that empower users and families.

Continuity remains important for ensuring that psychosocial services are effectively integrated within each local interdisciplinary team, that front-line services are connected to Youth Protection, and that users sent to outside communities receive appropriate and culturally safe care upon returning home. Policies and protocols have been developed, especially regarding referrals between Youth Protection and front-line services.

Finally, this year saw a first regional meeting with all human relations officers and social workers in Val-d’Or; the meeting focused on cultural approaches to care and residential schools.

Next year will be a pivotal year, and will see the implementation of a pilot project in Mistissini that features a collaboration between Youth Protection and front-line services to foster the empowerment of youth and their families.

As physical and mental health issues are often intertwined with social issues, it is important to assess the social context of clients and provide support to them and their families.





CHISASIBI REGIONAL HOSPITAL

If one word could represent the past year at Chisasibi Hospital, it would be *preparedness*. The Chisasibi Regional Hospital continues its steady pace of changes as it improves quality of care and prepares for accreditation.

Launched officially in December 2016, the **Clinical Coordination and Integration Committee (CCIC)** continued with a total of ten meetings organized in 2017-2018. A very positive impact has been observed, with fruitful discussions, exchanges and results focusing on topics ranging from preparation for the influenza season to case management of long-term clients.

Last year—and for the coming years—the Chisasibi Regional Hospital had to juggle the present with the future. While the team dedicated a good part of its energy to planning hospital renovation projects (in relation to the upcoming move of the Chisasibi CMC at the CBHSSJB headquarters), the team also collaborated with the Chisasibi CMC team on the Technical and Functional Plan for the new Regional Chisasibi Health Centre.

In accordance with the Strategic Regional Plan, the Midwifery Project has also engaged the attention of the entire team, and preparations have been undertaken (specifically for the birthing room at the hospital) to welcome the first deliveries under this project in 2018.

EMERGENCY MEASURES

Following the simulations from the previous year, the hospital continued to develop its level of preparedness by working to finalize its code orange procedure (Disaster or Mass Casualties) and to develop a code white procedure (violent client).



Fire response exercise at Chisasibi Hospital

In November 2017, drilling performed close to the hospital hit a gas pocket. This situation triggered a code green (complete evacuation). In thirty minutes and through the snow, the whole hospital was evacuated to the nearby commercial centre, and a temporary emergency room was set up there. Upon guarantees of the safety of the situation, all clients were reinstated safe and sound in their rooms, and all services resumed to normal. The excellent collaboration between different departments within the CBHSSJB and with external local partners was unanimously commended. This event not only tested but proved the preparedness of the staff for dealing with crises and emergencies, and also demonstrated their high level of professionalism and commitment.

NURSING

The stabilization of the nursing workforce helped reduce the use of agency nurses, which led to a better continuum of care. A new nursing structure has been implemented with the addition of two assistant head nurses (day and evening shifts) and another to support the coordinator of nursing. During the hospital nursing staff's annual training week, 28 nurses were trained in different emergency measures. Cultural safety, Managing Obstetrical Risk Efficiently (More OB), and Omega training were also part of this year's training program. The management of long-term clients has begun to improve with the nomination of a case manager for this particular caseload. Initiatives to clarify and improve transparency of the admission criteria for long-term clients are being conducted and will be pursued in the coming year. In terms of medical evacuations (medevacs), the hospital managed 26% of all medevac departures (300 from Chisasibi) and 15% of all arrivals (174 in Chisasibi).

CHISASIBI REGIONAL HOSPITAL

Activities	2016-2017	2017-2018	Variation
Admissions	790	758	-4.1%
Hospitalization days	6,568	7,236	10.2%
Transfers to other health centres	123	79	-35.8%
Deaths	7	10	42.9%
Average stay in acute care (days)	6	17	171.1%
Bed occupation rate	64.3%	68.4%	6.4%
Clinic consultations	16,274	20,465	25.8%
Specialist consultations	2,506	2,919	16.5%
Observation hours	6,113	5,641	-7.7%
Radiology technical units	162,093	171,872	6.0%
Laboratory tests	249,648	315,834	26.5%
Dialysis treatments	2,443	2,541	4.0%
Pre-dialysis	210	N/A	N/A

HEMODIALYSIS

The Hemodialysis department has maintained full capacity throughout the year despite two clients receiving transplants. There is now a schedule for all visits and video conferences with nephrologists. An innovative technology for home-dialysis has been presented to Cree Renal Health Committee members. Under DMAS leadership, a home-dialysis pilot project is being developed.

LABORATORY

As per its regional mandate, laboratory services assessed point-of-care testing across the territory as one stage in developing and defining procedures and protocols for the entire region. A main objective is to implement all recommendations mandatory for the accreditation of laboratory services. As for the MSSS's *Optilab* project (Québec's provincial Laboratory Information System), the Coordinator of Clinical Services has worked to ensure recognition of our region's unique situation. The number of laboratory tests increased in both Mistissini and Chisasibi compared to the last year.

RADIOLOGY

One of the medical imaging technologists obtained certification in Autonomous Obstetrical Ultrasound Practice in August, allowing for obstetrical ultrasounds three days a week—a service offered to all coastal communities. Patients and their families appreciated the addition of a large TV screen in the ultrasound room, allowing a better view of the baby during examination. Since 2014, the radiology department has increased the number of technical units by 52%.

ARCHIVES

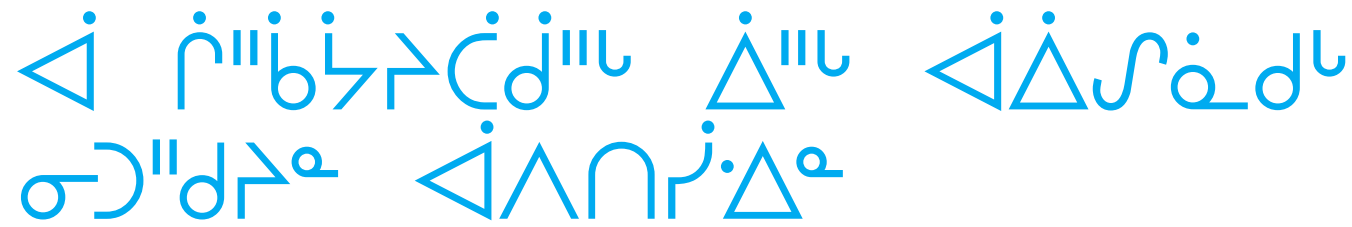
With the coming move of the Chisasibi CMC to the CBHSSJB headquarters, the archivists team worked on the definition and design of the new CMC chart that would better organize users' files. The team also began preparation of Chisasibi CMC users' charts separately from those of Chisasibi Hospital users. Extended hours and weekend coverage has translated into an increase in the archives' statistics services. Finally, in addition to local responsibilities, the archivists have been involved with numerous and various regional projects and committees.

AUXILIARY SERVICES

With the opening of the Wiichihiituuwin lounge at Chisasibi's Robert Kanatewat Airport, the kitchen team ensured the preparation and delivery of meals and water at the lounge for charter passengers. To ensure user and staff safety, the CBHSSJB has been implementing a surveillance project for all installations. Preparations have begun at the hospital for the installation of the surveillance centre to monitor all CBHSSJB's buildings.

WIICHIHIITUWIN CHISASIBI

The year has been difficult for the Wiichihiituuwin Chisasibi team, whose instability and lack of space required the commitment and generosity of all. As anticipated, the number of client arrivals increased again last year by 19%—in line with the increase in specialist visits in Chisasibi.



SPECIALIZED SERVICES

SPECIALISTS

Following intensive advocacy of the MSSS for the recognition of Eeyou Istchee's particular needs, the Director of Medical Affairs and Services (DMAS) and the Chief of General and Specialized Medicine obtained sixteen new specialist positions for the region. Furthermore, the DMAS and his team worked closely with partners throughout the *Réseau Universitaire Intégré de Santé (RUIS)* McGill to develop agreements not directly with specialists but with the specialty's department, in order to ensure continuity of services and shared responsibility for the region within the department. Those agreements have been defined around six axes:

1. Leadership in the specialty, along with medical and administrative co-management
2. Visits to Eeyou Istchee
3. Telehealth consultations
4. Specialized services according to the corridor of services
5. Support to the family doctors (through email and/or phone)
6. Leadership in continuous education

The recruitment of specialists began in internal medicine, pedo-psychiatry, pediatrics, psychiatry and obstetrics/gynecology. Next year, steps will be undertaken to continue the recruitment of specialists.

NORDIC PROGRAM OF INTEGRATED SPECIALIZED SERVICES (PNSSI)

In the light of the needs of regions 17 (Nunavik) and 18 (Eeyou Istchee), Dr. Michel A. Bureau, Deputy Minister for the MSSS, held a meeting with members of both regions and the RUIS McGill to discuss the organization of the specialized services. In order to improve access, continuity, quality and cultural safety of services to the inhabitants of our regions, a working group was established to provide recommendations. It became clear that the development and harmonization of specialized services in regions 17 and 18 would be facilitated by the creation of a Nordic Program of Integrated Specialized Services (PNSSI), whose mandate will be to coordinate all actors involved as well as the steps needed to improve specialized services. The specialized services coordinator, the DMAS and the Chief of General and Specialized Medicine have been highly involved in the work and discussions with all partners to develop and implement the PNSSI. It is a very long road that lies in front of us, but the potential results for our region are very promising.

TELEHEALTH

The IT department has worked hard in the past few years to provide connectivity to all communities, a prerequisite for the use of video-conferencing. Fortunately, the three remaining communities (Eastmain, Waskaganish and Whapmagoostui) that did not previously have access to the high-speed internet now have sufficient connectivity to use video conferencing services.

The administrative support staff hired and trained for telehealth in the communities have had their roles expanded, and they now also play an active part in the provision of specialized services for both in-person and remote consultations.

Although a majority of tele-consultations are still based in Chisasibi, the presence of administrative support in the communities has allowed an expansion of telehealth service provision. The impact of the administrative support staff has started to show some results, and the overall number of telehealth sessions has increased. This was most significant in the communities other than Chisasibi and in particular in Wemindji and Mistissini, where this acceleration was remarkable. Specialties like telepsychiatry have more than doubled their number of sessions compared to the previous year; tele-internal medicine, which started in 2016, has almost doubled its number of sessions. Telehealth services are being integrated more and more throughout the territory: for instance, teleconsultations have also begun in neuro-pediatrics, which allows clientele facing challenging conditions to obtain services in their own community. Telepsychology services began in Nemaska in March 2018 and will be offered to other communities in the following months; this program allows psychologists to offer follow-up consultations in between visits in the community, directly from their professional laptop through secure software. This new service will offer flexibility in service delivery as well as increased access and continuity of care.

Overall there is now a better access to specialized care throughout Eeyou Istchee. Patients travel less outside the territory, the specialists coming instead to them through increased visits and telehealth. It is much preferable to be served close to your home than to travel to a city with a different culture, often with an escort, disrupting one's normal life. We are committed to increasing our ability to provide care as close as possible to our clients' homes.

Retinopathy screening using telehealth technology, Mistissini





CHISASIBI
4,758

AWASH 0-9 ¹	970	▼	2.5%
USCHINIICHISUU 10-29	1,723	▲	1.6%
CHISHAAYYUU 30+	2,065	▲	3.1%
TOTAL²	4,758	▲	1.4%

MEDICAL EVACUATIONS³

EMERGENCY	N/A
SCHEDULED	N/A

CURRENT SERVICES³

DOCTORS (PGM & CLINIC)	4,566
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AWASH³

NURSE (PGM, INCL. VACC.)	2,918
CHR (INDIVIDUAL)	243
CHR (GROUPS)	209
COMMUNITY WORKER	285
SCHOOL NURSE (INCL. VACC.)	N/A

USCHINIICHISUU³

NURSE (PGM & CURATIVE)	1,116
CHR (INDIVIDUAL)	358
CHR (GROUPS)	N/A
COMMUNITY WORKER	438
SOCIAL WORKER	59
SCHOOL SOCIAL WORKER (IND.)	N/A
NNADAP WORKER	244

CHISHAAYYUU³

NURSE (PGM)	5,690
FOOTCARE NURSE	248
CHR (INDIVIDUAL)	454
CHR (GROUPS)	N/A
COMMUNITY WORKER	2,297
SOCIAL WORKER	N/A
HEMOCARE (NO. OF CLIENTS)	769
MSDC (ATTENDANCE)	423
MSDC (MEALS SERVED)	2,781

Miyupimaatisiun is based on a strong cultural holistic vision of health and should be the foundation on which our services are based.

At the start of the year, the **Awash** coordinator became the CMC's new local director, and an interim coordinator appointed. Chisasibi welcomed 90 new births this year, including one recently delivered with a midwife; midwives have recently been hired and will be integrated with Awash services under the guidance of Nishiyyuu. The implementation of the Â Mash-kûpimâtsît Awash Integrated Program and the Well-Baby clinic continued, as did collaborations with Head Start and Childcare Services. Awash CHRs, nurses and community workers supported the eight-week Nurturing College, launched in January 2018 in collaboration with daycare centres and the community. Team building will be the theme for Awash in the coming year.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.
 2. Does not include 347 Inuit, Métis and/or non-aboriginals.
 3. In Chisasibi, many clinical services are offered at the hospital. See page 74.

“The nurse practitioner has been focusing on STI prevention, and they have managed to decrease rates from previous years. Also, when the clinic did a trial extension of opening hours to 9 pm, we saw that youth clientele responded with more walk-ins,” says Jeannie Pelletier, local director of Chisasibi’s CMC. “And this coming year we’re looking forward to moving to the new building and working in an environment that doesn’t promote silos but helps us work collaboratively.”



Jeannie Pelletier
Local Director
Chisasibi CMC

The **Uschiniichisuu** team shared its manager with other services, but was able to extend hours of services to accommodate more walk-ins. A nurse and a nurse practitioner were hired to support the clinic, as growing case loads were overwhelming for the one clinic nurse. The unit also hired a new nutritionist and community worker. The NNDAP worker continues to provide important services to the community members; we hope to use new federal funds to hire an additional community addictions worker to manage outreach and awareness campaigns, especially with new legislation and legalization regarding cannabis use. The team met regularly with Youth Protection to ensure cases do not fall through the cracks, and provided support to the newly hired elementary school nurse.

The **Chishaayiyuu** unit hired more nurses, including an assistant head nurse to stabilize the workforce, ensuring increased services for the clientele followed for chronic diseases as well as for HCCP clients. The nutritionist, psychoeducator, physiotherapist, CHRs, nurses and occupational therapist continue to coordinate many activities during the year, including diabetes month, a walking club, cooking classes and after school workshops to youth with disabilities. Increased psychosocial services is one of our priorities, and we are in the process of hiring additional social workers to assist community workers in managing cases. Another priority is improving the clinic’s laboratory works. The unit’s coordinator left at the start of March 2018, so an interim coordinator has been in place since March 12.

The **Administration** unit will finally move to the new location in the near future, and the remaining CMC staff will follow when renovations to the site are complete. Hopefully, all of CMC Chisasibi will move during the coming fiscal year, benefitting staff and community members both. A new Administrative Technician was hired to replace the previous technician, who resigned last fall. We still need to hire a new coordinator of Awash, and must also post the position for coordinator of Chishaayiyuu. Full-time positions for MSDC kitchen staff have finally been approved. The community needs more adaptive vehicles to support clients with mobility constraints; this is a need that could be met through collaboration with the community.



EASTMAIN 827

AWASH 0-9 ¹	186	▼	4.6%
USCHINIICHISUU 10-29	282	▲	7.6%
CHISHAAYIYUU 30+	359	▲	3.8%
TOTAL²	827	▲	3.0%

MEDICAL EVACUATIONS

EMERGENCY	62
SCHEDULED	790

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,577
VISITING SPECIALISTS	133
OTHER	0
NURSE (WALK-IN CLINIC)	9,988
NURSE (REFILLS)	3,420
NURSE (CLINICAL LAB TESTS)	N/A

AWASH

NURSE (PGM, INCL. VACC.)	756
CHR (INDIVIDUAL)	327
CHR (GROUPS)	0
COMMUNITY WORKER	19
SOCIAL WORKER	N/A

USCHINIICHISUU

NURSE (PGM)	653
CHR (INDIVIDUAL)	205
CHR (GROUPS)	0
COMMUNITY WORKER	100
SOCIAL WORKER	61
NNADAP WORKER	N/A

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	N/A
FOOTCARE NURSE	134
CHR (INDIVIDUAL)	578
CHR (GROUPS)	0
COMMUNITY WORKER	98
SOCIAL WORKER	114
HEMOCARE (NO. OF CLIENTS)	2,392
MSDC (ATTENDANCE)	882
MSDC (MEALS SERVED)	878

This year the **Awash/Uschiniichisuu** unit welcomed 22 new babies to Eastmain, and its CHRs and nurses continue to provide support to the new mothers, their infants, and their families, including new prenatal classes on healthy pregnancies and deliveries implemented by Awash nurses. The team also focused on addressing some of the community's pressing health and social issues, such as anxiety and depression, strained family dynamics, suicide ideations and drug issues. The second round of the Photovoice program was very successful; this program, facilitated with an external partner, enabled youth to use photographs to present their perspectives of the community to leaders of local entities. The Awash/Uschiniichisuu team continues to work in close collaboration with local partners and regional resources, and this coming year will retain its focus on providing the best services and programs for families.

“Last year we saw an improvement in medical services, with 90% coverage by doctors,” says Rita Gilpin, local director of the Eastmain CMC. “We’ve also hired a head nurse, and are in the process of hiring a Chishaayiyuu social worker. These are new development positions, and they will make a big difference to our services.”



Rita Gilpin
Local Director
Eastmain CMC

The medical services offered through **Current Services/Chishaayiyuu** have improved as the CMC doctor coverage increased substantially. The nursing staff includes one assistant head nurse and three permanent full-time nurse positions; early this year two nurses resigned. A new diabetes clinical nurse started her position in March, and a new development position for a social worker has been posted. Teleophthalmology screening continues, with twenty-six patients being seen this year, but training is needed for new staff. One nurse is trained to support this project, but further training is needed for the other permanent nurses due to a large turnover in staff.

Dental services still relies upon replacement dentists, and clients with dental emergencies are screened by nurses in Current Services and sent to neighbouring communities. Dental technical assistant training started in the second last week of January, with three trainees to be certified.

The HCCP team includes a home care nurse, community worker, rehabilitation monitor and three permanent full-time health & social aides, and serves 17 home care clients with personal hygiene, domestic chores and moral support. The MSDC has 16 clients. The physiotherapist and occupational therapist are actively engaged with the programs, which has had a positive impact on clients with disabilities. Our nutritionist and physiotherapist promote healthy lifestyles by offering ongoing cooking workshops and physical activity programs, which have had an extremely positive impact on our services.

The **Administration** unit has been without a coordinator for three years, with the position's responsibilities being shared by the other two units' coordinators in collaboration with the local director. Over the summer a university student was hired for ten weeks to perform administrative duties, which helped significantly. The CMC experienced a major problem as the main sewage line collapsed during the summer; with the assistance with the Material Resources Department in Chisasibi, the problem was fixed during the winter. The administration unit is now running with full capacity, as all staff were hired this year. However, the community still lacks sufficient housing units.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.

2. Does not include 25 Inuit, Métis and/or non-aboriginals.



MISTISSINI
3,792

AWASH 0-9 ¹	645	▼	9.0%
USCHINIICHISUU 10-29	1,416	▲	4.5%
CHISHAAYYUU 30+	1,731	▲	1.9%
TOTAL²	3,792	▲	0.8%

MEDICAL EVACUATIONS

EMERGENCY	495
SCHEDULED	N/A

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	5,230
SPECIALISTS	762
FOOT SPECIALIST	185
NURSE (WALK-IN CLINIC)	15,108
NURSE (REFILLS)	N/A
HEMODIALYSIS	2,624

AWASH

NURSE (PGM, INCL. VACC.)	2,813
CHR (INDIVIDUAL)	927
CHR (GROUPS)	168
COMMUNITY WORKER	359
SOCIAL WORKER	1,067

USCHINIICHISUU

NURSE (PGM)	3,156
CHR (INDIVIDUAL)	1,949
CHR (GROUPS)	28
COMMUNITY WORKER	1,461
SOCIAL WORKER	240
NNADAP WORKER	360
MENTAL HEALTH NURSE	124
MENTAL HEALTH COMM. WORKER	380
CONS. WITH SCHOOL NURSE	1,039
CONS. WITH SCHOOL CHR	1,260

CHISHAAYYUU

NURSE (PGM & CURATIVE)	9,762
FOOTCARE NURSE	709
CHR (INDIVIDUAL)	3,566
CHR (GROUPS)	N/A
COMMUNITY WORKER	284
SOCIAL WORKER	N/A
HEMOCARE (NO. OF CLIENTS)	786
MSDC (ATTENDANCE)	969
MSDC (MEALS SERVED)	1,903

During the last year **Current Services'** walk-in clinic welcomed 15,108 clients, with a significant proportion being clients 60 and over; as a result, the clinic is working with Chishaayyuu to increase prevention strategies and follow-ups with these clients. The walk-in clinic is extending opening hours to meet demand. The hemodialysis department increased its treatments and now supports 20 clients.

This year, Mistissini's **Awash** team welcomed 74 newborns. Awash continues to improve the quality of care with the multi-disciplinary Maternal and Child Health Program and the Â Mashkûpimâtist Awash integrated approach. The team struggled with medical leaves and lack of nurses, but was able to deliver quality services. The team carried out a number of collaborative projects with partners, such as Head Start (Baby College), Day Care, School, Women Association and Maamuu (*Avenir d'enfants*).

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.
2. Does not include 160 Inuit, Métis and/or non-aboriginals.

“The delivery of new housing has been a major event: 15 new houses have been delivered, and 18 more will be delivered in June,” says Paul Iserhoff, who was named interim local director in November 2017. “Renovations to upgrade our 10-unit transit have been completed, so we can accommodate more visiting professionals, which will have a very good impact on the community.”



Paul Iserhoff
Interim Local Director
Mistissini CMC

The **Uschiniichisuu** unit was without a coordinator until July 2017, but programs continued thanks to the team's concerted efforts. The CHRs and community workers collaborated with the local school, HUB, and Access Program. The school nurse and the school social worker delivered presentations on mental health to high school students. The NNADAP worker and other team members collaborated with the HOPE committee and Youth Council in arranging activities and events for Mistissini Addiction Awareness Week, holding presentations and workshops at the high school and youth centre, and participating in radio talk shows. The school nurse and a Uschiniichisuu nurse provided vaccinations at the elementary and high schools.

Quebec Health Minister Dr. Gaétan Barrette and MNA Jean Boucher visit with staff of Mistissini CMC, December 2017



The **Chishayyuu** unit faced many challenges as it assumed new responsibilities; specialists' visits are now carried out through this unit, and it is also now responsible of the pre-dialysis clinic, which demands significant responsibilities and reorganization. Staff turnover and lack of resources—notably, the lack of physiotherapy services—remain an on-going issue that have a significant impact on our patients. However, the team ensured quality integrated care and services and continued to improve efficiency between social services, community health, medical and nursing staff, the HCCP, allied services, and the Multi Service Day Centre, as well as with other entities. Multidisciplinary meetings, staff and clinical meetings, and ongoing training activities facilitate and improve the provision and promotion of the health and wellbeing of our community.

The **Administration** unit secured five maintenance workers, one light housekeeping worker, and new nursing positions thanks to new development funds. The CMC received 15 new units in January 2018 from the 33 to be constructed in Mistissini. The second phase of renovations to transits at 392 Mistissini Blvd was completed at the end of January. The Administration unit will continue to support the CMC's integrated services and will focus on continually improving the quality of care and services for all users.



NEMASKA
851

AWASH 0-9 ¹	182	▲	19.0%
USCHINIICHISUU 10-29	280	▲	1.1%
CHISHAAYIYUU 30+	389	▲	4.9%
TOTAL²	851	▲	6.2%

MEDICAL EVACUATIONS

EMERGENCY	106
SCHEDULED	621

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	N/A
VISITING SPECIALISTS	2,067
OTHER	194
NURSE (WALK-IN CLINIC)	8,853
NURSE (REFILLS)	2,788

AWASH

NURSE (PGM, INCL. VACC.)	576
CHR (INDIVIDUAL)	353
CHR (GROUPS)	N/A
COMMUNITY WORKER	161
SOCIAL WORKER	N/A

USCHINIICHISUU

NURSE (PGM, INCL. VACC.)	344
CHR (INDIVIDUAL)	321
CHR (GROUPS)	N/A
COMMUNITY WORKER	70
SOCIAL WORKER	N/A
NNADAP WORKER	N/A

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	243
FOOTCARE NURSE	139
CHR (INDIVIDUAL)	1,320
CHR (GROUPS)	N/A
COMMUNITY WORKER	498
SOCIAL WORKER	N/A
HEMOCARE (NO. OF CLIENTS)	110
MSDC (ATTENDANCE)	282
MSDC (MEALS SERVED)	1,267

A new coordinator was hired for **Chishaayiyuu/Current Services** last summer, but it remains challenging to stabilize medical services due to changes in medical staff. Fortunately, the addition of a part-time and “depanneur” doctors has increased the number of consultations this past year by 43%, and the new Assistant to the Immediate Supervisor Clinical Nurse position is now filled, which will help stabilize service delivery. Telehealth consultations, mainly with the pediatrician and psychiatrist, have saved significant amounts of time and money by reducing patient travel. Nemaska’s specialized services include one occupational therapist (shared with Oujé-Bougoumou), a mental health nurse, and a psychologist. There is a CMDSA-CPR monitor nurse on staff, who provides other nurses with frequent training and practice workshops to maintain their resuscitation skills. The CHR has received training and support from the nurses and nutritionist, and had 813 client meetings this past year. Physiotherapist and social worker positions are vacant, mainly because of lack of local housing.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.
2. Does not include 15 Inuit, Métis and/or non-aboriginals.

“We are really working collaboratively in partnerships with other services to serve our population,” says Beatrice Trapper, local director for the Nemaska CMC. “For instance, our Maamuu Uhpichinaausuutaau committee in Awash brings together representatives from the daycares, Wellness Centre, Cree Nation Government and the CBHSSJB to share ideas for supporting young mothers.”

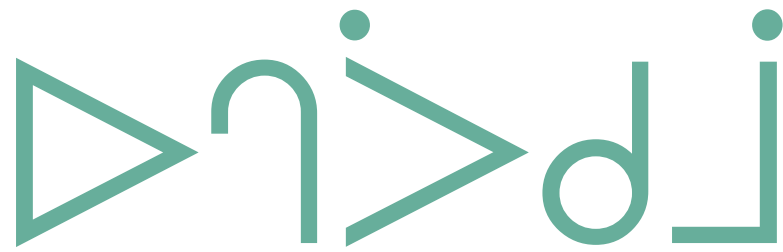


Beatrice Trapper
Local Director
Nemaska CMC

The MSDC suffered significant water damage, which necessitated the complete relocation of clients and activities to another site. The HCCP has a home care nurse, a community home care worker, and two home care workers. The team offers regular foot care to diabetic clients, as well as home management, social services and home visits.

The coordinator position for the **Awash/Uschiniichisuu** unit is vacant, but the team continued to work closely and saw 920 clients over the year. Staff turnover remains a challenge. The unit has three nurse positions (two for Awash, one for Uschiniichisuu), but resignations and relocations have reduced this number at points. The unit continues to build partnerships with local entities to offer adapted integrated services to community members. This past year saw visits from the Cree Neurodevelopmental Diagnostic Clinic and the CE-CLE program teams.

The **Administration** unit hired three new administration officers and a driver. All positions are filled except for an assistant cook for the MSDC and a temporary full-time General Aid in Northern Institutions; the unit would like to hire a building maintenance technician. Shortage of housing remains a major issue, and has restricted the CMC’s capacity to fill all professional positions, meaning that many clients must be sent out of the community to receive the necessary care. There were training sessions on environmental hygiene for house-keeping staff, and the telehealth administrative officer and the Uschiniichisuu CHR received training on the Care4 system. In March, CMC staff met with school committee members to discuss overlapping issues in education and health and social services.



OUJÉ-BOUGOUMOU 837

AWASH 0-9 ¹	181	▼	3.7%
USCHINIICHISUU 10-29	322	▲	1.9%
CHISHAAYYUU 30+	334	▼	2.1%
TOTAL²	837	▼	0.9%

MEDICAL EVACUATIONS

EMERGENCY	173
SCHEDULED	N/A

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,334
VISITING SPECIALISTS	69
OTHER	N/A
NURSE (WALK-IN CLINIC)	9,858
NURSE (REFILLS)	2,831

AWASH

NURSE (PGM, INCL. VACC.)	841
CHR (INDIVIDUAL)	151
CHR (GROUPS)	12
COMMUNITY WORKER	82
SOCIAL WORKER	193

USCHINIICHISUU

NURSE (PGM, INCL. VACC.)	395
CHR (INDIVIDUAL)	20
CHR (GROUPS)	16
COMMUNITY WORKER	N/A
SOCIAL WORKER	N/A
NNADAP WORKER	41

CHISHAAYYUU

NURSE (PGM & CURATIVE)	442
FOOTCARE NURSE	34
CHR (INDIVIDUAL)	44
CHR (GROUPS)	N/A
COMMUNITY WORKER	174
SOCIAL WORKER	N/A
HEMOCARE (NO. OF CLIENTS)	
MSDC (ATTENDANCE)	344
MSDC (MEALS SERVED)	621

Oujé-Bougoumou's client visits to the walk-in clinic have increased by 2,611 this past year, and to better address our client needs, **Current Services** hired a permanent third nurse in August. The pharmacy also experienced a notable increase in services. Our medical coverage has been increased over the year to 30 weeks (Increase of 147 visits). In June 2017 the coordinator of Current Services assumed responsibility for the First Responders service.

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“It has been an exciting year: new facilities were leased and installed, positions were filled, staff was relocated and given new responsibilities, and throughout everyone has shown great patience, resilience and teamwork. We were also involved in the planning for our new CMC,” says Louise Wapachee, local director of the Oujé-Bougoumou CMC. “And we have worked with our partners in the community, who share our mission to have healthy and vibrant community. Partnerships have been key to our successful programs, projects and services.”

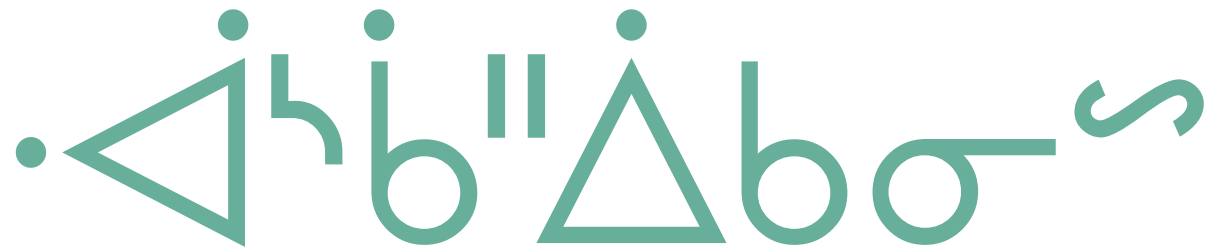


Louise Wapachee
Local Director
Oujé-Bougoumou CMC

The **Awash/Uschiniichisuu** unit saw new modular units installed to accommodate the growing team who were displaced and scattered between the CMC and MSDC for seven months. The team delivered two sessions of prenatal classes in the spring and fall, and supported the Eenou Awash Piimaatsiwin College, a program that enhances parenting skills. A new special needs summer camp was offered, with summer students being hired to coordinate and facilitate the camp according to each child's needs. The team also supported two youth to attend the Fourth Annual First Nations Leadership Camp, and organized a Tree Planting Project. These projects encourage positive social behavior and focus on the strength of each participant. Many of the team's projects involved community partnerships, including partnerships with Oujé-Bougoumou Cree Nation, Waspshooyan Childcare Centre, Headstart & Waapihtiwewan School.

Since June 2017, the Chishaayyuu unit has had in place a full-time nurse addressing community health services, working closely with the CHR and other professionals. Many activities over the year engaged all professionals (nurses, dental hygienist, nutritionist, physiotherapist, psycho-educator, community health representative and occupational therapist). The HCCP and MSDC staffs are in place and programs are meeting client needs.

In spring 2017 the **Administration** unit signed a contract for the two-year rental of the seniors home in Oujé-Bougoumou, which has been converted into a seven-bedroom, fully furnished transit. Before the lease expires, we hope to own a 10-bedroom transit to accommodate visiting professionals. In October 2017, CHB trailers arrived from Mistissini and major work began on new Awash buildings; the trailers were connected to our present clinic, while the old Awash trailer was converted to the Youth Protection Department. Two triplexes were built last year and will soon be delivered, but even with this new units, we still lack sufficient housing.



WASKAGANISH 2,420

AWASH 0-9 ¹	524	▼	1.7%
USCHINIICHISUU 10-29	889	▲	1.7%
CHISHAAYIYUU 30+	1,007	▲	1.6%
TOTAL²	2,420	▲	0.9%

MEDICAL EVACUATIONS

EMERGENCY	123
SCHEDULED	2,120

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	3,497
VISITING SPECIALISTS	0
OTHER	0
NURSE (WALK-IN CLINIC)	15,783
NURSE (REFILLS)	4,796
NURSE (CLINICAL LAB TESTS)	1,513

AWASH

NURSE (PGM & CURATIVE)	3,872
CHR (INDIVIDUAL)	1,444
CHR (GROUPS)	221
COMMUNITY WORKER	835
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (PGM)	2,748
CHR (INDIVIDUAL)	459
CHR (GROUPS)	0
COMMUNITY WORKER	0
SOCIAL WORKER	0
NNADAP WORKER	318

CHISHAAYIYUU

NURSE (CURATIVE)	0
FOOTCARE NURSE	613
CHR (INDIVIDUAL)	1,374
CHR (GROUPS)	0
COMMUNITY WORKER	403
SOCIAL WORKER	0
HEMECARE (NO. OF CLIENTS)	3,316
MSDC (ATTENDANCE)	2,293
MSDC (MEALS SERVED)	2,284

This past year the **Awash/Uschiniichisuu** team welcomed 43 new born babies. Due to the increase in births each year, there had been delays in the community's vaccination program and in screening for developmental delays among the four- and five-year-old children, so this past year the team worked to bring over a hundred young children and all 6-14 year olds up to date on vaccinations. The community organizer has established her team of partners and is actively involved in helping our young families to live a healthy lifestyle. The community workers, along with the NNADAP department, has seen an increase in patients coming for services and seeking aid for addictions, grieving and social assistance applications. The unit is looking forward to hiring another Awash nurse and a head Awash Nurse.

In **Current Services/Chishaayiyuu**, the nursing team is stabilizing after experiencing larger-than-normal staff turnovers, with maternity and sick leaves. Two new positions have been important assets for the team: the Liaison Nurse and the Assistant to the Immediate Supervisor Nurse. Other development positions will be introduced during the coming fiscal year. The physician services schedule was full for this year and, with the integration of a third physician on a part-time basis, the team continues to provide excellent service to the population.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.
2. Does not include 85 Inuit, Métis and/or non-aboriginals.

“We were really happy to receive 12 new housing units this year. Not only can we give some of our professionals proper housing, but it opens our transits as well, as they were being used for these employees,” says Bert Blackned, local director of the Waskaganish CMC. “We also received two trailers, which helps our workspace environments. We are assigning these to Youth Protection, administration and other development positions.”

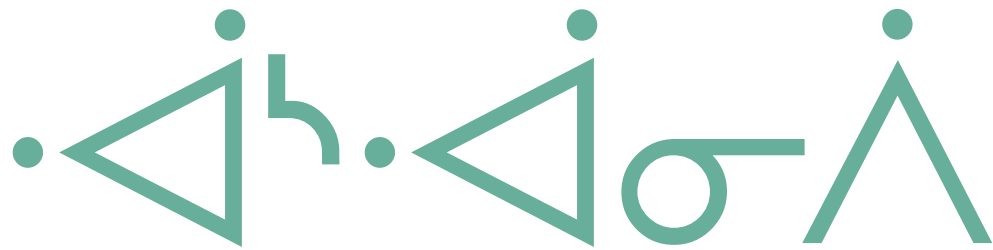


Bert Blackned
Local Director
Waskaganish CMC

The nutritionist presented programs in the schools and daycares, and with high-risk clientele, including people with diabetes, gestational diabetes, hypertension, elevated cholesterol levels, anemia and obesity; she also hosted healthy cooking and healthy snacks workshops with her clientele and the staff of the CMC. The psychoeducator is on maternity leave and will return in the new fiscal year. The rehabilitation team (physiotherapist, occupational therapist, and rehabilitation monitor) was extremely busy, addressing key issues including trauma, diabetes and high blood pressure due to the prevalence of obesity and sedentary lifestyles; the team is also concerned about the elderly, both in Multi-Service Day Centre programs and the Home and Community Care Program, due to a slight increase in the incidents of cognitive instability and of loss of strength due to aging. We are presently recruiting a physiotherapist.

The HCCP team is stabilizing care delivery thanks to having a second nurse on the team. The MSDC team continues to provide services to 20 to 24 clients, recruits new clients, and also offers services to the community-at-large. The program will be reviewed and new recruiting strategies developed in the coming year.

The **Administrative** unit is currently in transition, moving employees to two trailers to make office space available at the clinic for upcoming positions through new development funds. This year a number of housekeeping employees took Hygiene & Safety training given by the Material Resources Department. The support staff received Virtuo Training, as well as a minute-taking workshop and business writing workshop. Other activities included managing housing for new permanent and temporary employees, and this year Waskaganish received four new triplexes for professionals, which will be a great asset as we continue to develop our services.



WASWANUPI 2,028

AWASH 0-9 ¹	433	▲	2.6%
USCHINIICHISUU 10-29	761	▲	1.1%
CHISHAAYYUU 30+	834	▲	3.9%
TOTAL²	2,028	▲	2.5%

MEDICAL EVACUATIONS

EMERGENCY	135
SCHEDULED	1

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,406
VISITING SPECIALISTS	212
OTHER (FOOTCARE)	134
NURSE (WALK-IN CLINIC)	7,842
NURSE (REFILLS)	5,902
NURSE (CLINICAL LAB TESTS)	1,616

AWASH

NURSE (PGM & CURATIVE)	807
CHR (INDIVIDUAL)	2,335
CHR (GROUPS)	N/A
COMMUNITY WORKER	427
SOCIAL WORKER	N/A
SCHOOL NURSE (INCL.VACCINATIONS)	677
HR OFFICER	185

USCHINIICHISUU

NURSE (CURATIVE)	512
CHR (INDIVIDUAL)	N/A
CHR (GROUPS)	N/A
COMMUNITY WORKER	255
SCHOOL SOCIAL WORKER	N/A
NNADAP WORKER	N/A
COMMUNITY WORKER (ADDICTIONS)	231

CHISHAAYYUU

NURSE (PGM & CURATIVE)	293
FOOTCARE NURSE	N/A
CHR (INDIVIDUAL)	1,282
CHR (GROUPS)	N/A
COMMUNITY WORKER	488
SOCIAL WORKER	N/A
HEMOCARE (NO. OF CLIENTS)	599
MSDC (ATTENDANCE)	1,297
MSDC (MEALS SERVED)	5,782

This past year has seen much progress, and all last year's priorities were met. However, the high changeover of nursing staff creates difficulties in maintaining the stability in our nursing programs and services, and as a result we continue to rely upon agency nurses. Chronic diseases and especially diabetes remain priorities and challenges for the coming years, and we hope to implement more prevention programs.

The Coordinator of **Current Services/ Chishaayyuu** was on leave for over six months, but the team responded well. There is rarely waiting time to see a nurse or CHR for services. We have a permanent doctor and a number of regular depanneur doctors providing services for the community. Two new nurses were hired through new development funds, one in the Chishaayyuu program and one liaison nurse. Foot care clinics are provided by our Chishaayyuu nurse or homecare nurse. All professionals in this department were active providing services to the community, and the Multi-Service Day Centre has been busy throughout the year.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.

2. Does not include 20 Inuit, Métis and/or non-aboriginals.

“We’re running programs at the Multi-Service Day Centre for kids who are having trouble at school, and for kids with special needs,” says Alan Moar, local director of the Waswanipi CMC. “All types of activities have been set up, some after hours, so kids are coming in after school. We’ve seen that girls in small groups can really open up and say things they might be scared to say in high school.”



Alan Moar
Local Director
Waswanipi CMC

The **Awash/Uschiniichisuu** unit welcomed 37 newborns to Waswanipi this year, and we have provided them, and their mothers, good support through our CHRs and nurses. The team continues to improve its important relationship with Youth Protection. The front line psychosocial group is now beginning to play an important role and is making progress in addressing problems confronting youth and families. The school nurse has completed all the vaccinations at the schools, with help from the CHRs. This nurse provides much medical and social support for students and parents.

The **Administration** unit's coordinator has experience in human resources management, so this area has improved notably. Numerous training sessions were provided for front line staff. The air shuttle service, the application of lodging policy, maintenance, housekeeping and medical bio-waste disposal are some of the files that have improved this past year. In addition, a second driver was hired for the shuttle service. This past year we received six new two-bedroom units, which are critical for enabling us to meet our development needs. We are still in need of five two-bedroom units and five transits.

We now have four Cree nurses working in Waswanipi, two of whom work on regional files. We also have a regional mental health nurse and the Nishiyuu program now bases two employees in Waswanipi, forming an integral part of all our programs and services. All have temporary offices in our CMC.

Priorities for 2018/2019 include: continuing to request more living units and transits; continuing our engagement with partners; continuing to address chronic diseases and disability; pursuing efforts to develop and promote a unique appointment system; supporting the Robin's Nest women's shelter; implementing extended hours for services and programs; supporting the implementation of the Intermediate Resource Centre on the first floor of the MSDC; and continuing our engagement with the Clinical Coordination and Integration Committee (CCIC).



WEMINDJI

1,535

AWASH 0-9 ¹	283	▼	6.9%
USCHINIICHISUU 10-29	501	▲	0.2%
CHISHAAYIYUU 30+	751	▲	2.2%
TOTAL²	1,535	▼	0.3%

“This year we finally were able to get an optometrist and optician to come to the community for a week,” says Mary Shashaweskum, local director of the Wemindji CMC. “There was a big need, as we hadn’t had one for the past two years, so they were kept busy! There was still a big waiting list at the end of their visit, so we’re looking forward to them coming back in the summer.”

— Mary Shashaweskum, Interim Local Director, Wemindji CMC

MEDICAL EVACUATIONS

EMERGENCY	115
SCHEDULED	1,522

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	2,348
VISITING SPECIALISTS	650
OTHER	0
NURSE (WALK-IN CLINIC)	5,974
NURSE (REFILLS)	3,782

AWASH

NURSE (PGM & CURATIVE)	1,547
CHR (INDIVIDUAL)	726
CHR (GROUPS)	N/A
COMMUNITY WORKER	86
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (CURATIVE & PGM)	1,034
CHR (INDIVIDUAL)	2,269
CHR (GROUPS)	0
COMMUNITY WORKER	115
SOCIAL WORKER	0
NNADAP WORKER	208

CHISHAAYIYUU

NURSE (PGM & CURATIVE)	1,844
FOOTCARE NURSE	38
CHR (INDIVIDUAL)	351
CHR (GROUPS)	2
COMMUNITY WORKER	681
SOCIAL WORKER	0
HEMOCARE (NO. OF CLIENTS)	1,735
MSDC (ATTENDANCE)	13,762
MSDC (MEALS SERVED)	10,762

The **Current Services/Chishaayiyuu** unit hired a new Assistant to Immediate Supervisor and Liaison Nurse. Four new nurses received MDSA training, and the community received a five-day visit from an optometrist and optician; the occupational therapist is on leave. The registered nurse with the HCCP was replaced by agency nurses for a total of 95 days; the program was also supported by the mobile nurse and a nurse from Current Services. The team also received critical mental health support from Chisasibi in response to a crisis for in July, and had ongoing post-crisis assistance from the regional mental health team, including visits from a psychologist, psychotherapist and psychoeducator. Some vacancies remain to be filled, including the MSDC education monitor, nutritionist, psychoeducator, and Current Services registered nurse.

The **Awash** team welcomed 30 new infants to Wemindji this year. Awash faced several challenges, mainly due to many team members being on sick leave. For this reason, Awash was unable to pursue its Fly Families Program and focused instead on developing new curricula for workshops, which we hope to resume in fall 2018. In light of the increased involvement of fathers at Well Baby Clinics, the team worked with partners to host a Paternity Week, which saw a total of 339 individuals participate in activities that included a father and child luncheon, a radio panel discussion, a walk, free family swim and youth basketball, as well as storybook readings at the childcare centres. Awash also held a Special Needs Camp in July 2017 for children with disabilities. This year saw a productive partnership with Disability Service’s regional team, which provided case management training and support as well as ongoing aid to establish a support group in Wemindji for parents of children with disabilities.

The **Uschiniichisuu** unit established youth-friendly health services in the form of a walk-in Youth Clinic staffed by CHRs, the school nurse, the community worker and the NNADAP worker, as well as a doctor; Youth Clinic is held every Tuesday evening from 6-9 pm, offering STI screening, pregnancy testing and counselling on health and social issues. We also collaborated with the Minor Sports Association’s ActivNation Sports Program to provide physical examinations for all of the youth entered in the program. Further plans include an outreach program as well as land-based and traditional teaching activities with Elders.

An interim coordinator for **Administration** was hired in January 2018 to help the management team. We experienced a shortage in recall staff, especially in dental services, so we continue working with HR to refill the recall list with new replacements. We are also working on training existing employees interested in key areas such as dental, archives and administrative officer/technician.

Our housing shortage affects staffing, so many key positions cannot be posted; the regional office is working on addressing these housing needs. The unit on Riverside was renovated, but the absence of this four-bed transit for much of the year meant we had to use some of our units as transits. Local CCIC meetings began in August but we have had difficulty maintaining scheduled meetings due to holidays and other leaves of team members.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.
2. Does not include 75 Inuit, Métis and/or non-aboriginals.



WHAPMAGOOSTUI 1,009

AWASH 0-9 ¹	211	▲	11.1%
USCHINIICHISUU 10-29	392	▼	0.5%
CHISHAAYYUU 30+	406		0%
TOTAL²	1,009	▲	1.9%

MEDICAL EVACUATIONS

EMERGENCY	35
SCHEDULED	2,070

CURRENT SERVICES

DOCTORS (PGM & CLINIC)	1,180
VISITING SPECIALISTS	445
OTHER	28
NURSE (WALK-IN CLINIC)	1,390
NURSE (REFILLS)	1,794
NURSE (VACCINATIONS)	257

AWASH

NURSE (PGM & CURATIVE)	777
CHR (INDIVIDUAL)	113
CHR (GROUPS)	263
COMMUNITY WORKER	89
SOCIAL WORKER	0

USCHINIICHISUU

NURSE (CURATIVE & PGM)	691
CHR (INDIVIDUAL)	N/A
CHR (GROUPS)	N/A
COMMUNITY WORKER	N/A
SOCIAL WORKER	93
NNADAP WORKER	N/A
COMMUNITY WORKER (ADDICTIONS)	N/A

CHISHAAYYUU

NURSE (PGM & CURATIVE)	1,469
FOOTCARE NURSE	N/A
CHR (INDIVIDUAL)	331
CHR (GROUPS)	55
COMMUNITY WORKER	19
SOCIAL WORKER	93
HEMOCARE (NO. OF CLIENTS)	N/A
MSDC (ATTENDANCE)	1,286
MSDC (MEALS SERVED)	1,752

The **Current Services/Chishaayyuu** unit consists of physicians, nurses, physiotherapists, occupational therapists, CHRs, community workers and social workers. The medical staff provides medical care and collaborates in administering preventive, diagnostic and therapeutic care. The community and social workers offer individual, family and or marital counseling where supportive assistance is required to maintain healthy relationships and to improve the quality of life for families. The CHRs offer additional support to patients, especially those with diabetes.

“This year we had four triplexes completed, which means we now have 12 apartments for professionals. This should make a big difference to staffing,” says John Mamianskum, the new local director of the Whapmagoostui CMC. “Also, this summer we are scheduled to implement our agreement with Minnie’s Hope to provide services for youth and families in need. Our goal is to raise the bar of the standard of services in our community.”

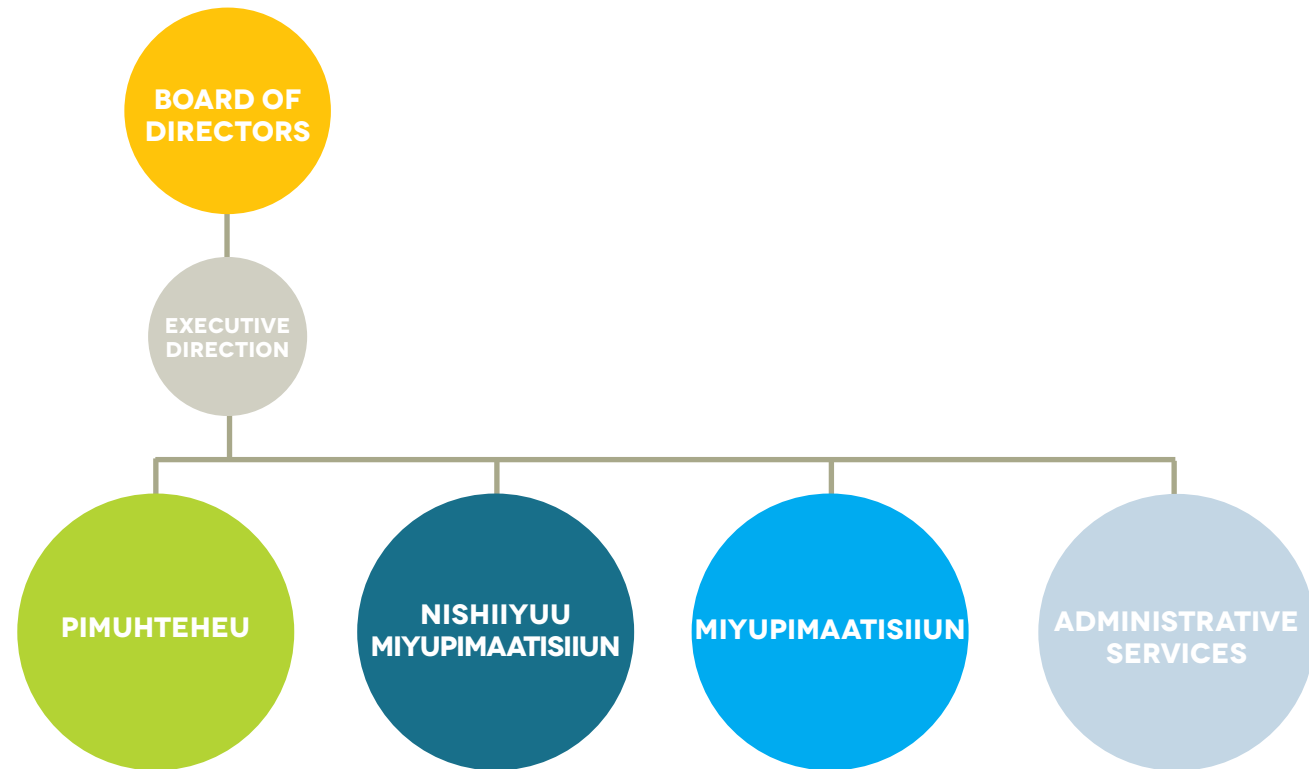


John Mamianskum
Local Director
Whapmagoostui CMC

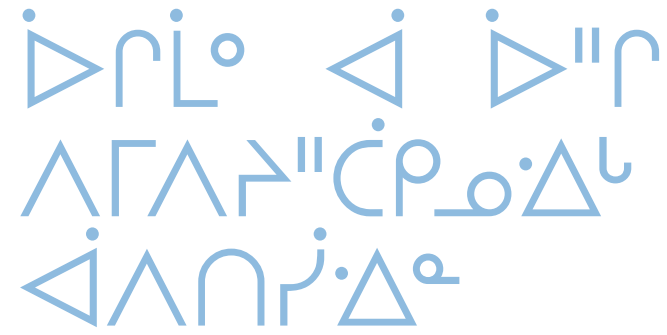
The **Awash/Uschiniichisuu** team consists of community workers, nurses, a social worker, an NNADAP worker, a human resources officer, and a community organizer, in addition to visiting general and specialist physicians and other professionals. The team established a formal agreement with Minnie’s Hope, a social pediatric service, to support the community’s youth and families, and collaborative projects with Minnie’s Hope will begin this year. The community workers evaluate the cases of physical, emotional and mental abuses, provide counselling services, and if necessary recommend further psychological or psychiatric services. The NNADAP educates the public on substance abuse and its dangers, and is involved in the care and support for those seeking assistance for their addictions.

The **Administration** unit saw the addition of four triplexes, providing twelve new units for professionals, which helps address housing and staffing shortages. In addition, four trailer units were converted into additional office space: three for CMC support staff and one for administration. CCIC meetings have begun.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2012-2015 births (+ 2016 estimates) and 2012-2015 MSSS deaths numbers.
2. Does not include 90 Inuit, Métis and/or non-aboriginals.



- HUMAN RESOURCES
- FINANCIAL RESOURCES
- INFORMATION TECHNOLOGY RESOURCES
- MATERIAL RESOURCES
- WIIIIHITUWIN (FORMERLY CREE PATIENT SERVICES)
 - CHIBOUGAMAU
 - CHISASIBI
 - MONTREAL
 - VAL-D'OR



Liliane Groleau
Assistant Executive Director



MESSAGE FROM THE AED ADMINISTRATIVE SERVICES

The **Administrative Services group** has a mandate to support all sectors of the organization. The professionalism and the dedication of all employees of this group are crucial for our ability to provide the best services to clients. In 2017-2018, many projects were successfully realized and I am proud to present you the following report.

Liliane Groleau
Assistant Executive Director
Administrative Services



STAFFING

The creation of a strong and stable workforce plays an important strategic role in the development of the CBHSSJB and its capacity to offer quality care. The Staffing Unit continued its efforts to meet the CBHSSJB's ongoing needs and demands. Of the current 2,176 employees, 296 new people were recruited from outside the organization this year.

The **Staffing Unit** supports the goal of workforce stabilization. This year, close to 150 temporary positions were made permanent, and over 80 of these positions were filled with Cree employees. This process has had a very positive effect on employee recruitment and retention, and will help teams to improve the quality, continuity and accessibility of services.

New development funds from the MSSS helped the organization improve services. In 2017-2018, over 120 positions were created. Furthermore, as this year was the last year of the current Development Funds agreement, the unit reviewed all development funds requests to ensure all positions requested were created and could be developed shortly. As of March 31, close to 105 of all the development positions created in 2017-2018 have been filled, and we are working hard to ensure all are filled.

The past year also marked a turning point for the unit in our collaborative approach with the Finance team and the managers. We worked together closely to review all the positions included in our inventory of positions to optimize its accuracy and ensure it reflects CBHSSJB needs.

There are still close to 370 vacant positions; however, given the many new positions created in the last year, we have succeeded in maintaining a stable number of vacant positions. In addition, when seeking to fill a vacant position we must also consider the availability of office space and housing, areas where the Material Resources team has been a great help.

The Virtuo GPRH Project Phase 2, currently in progress, consists mainly of fine tuning HR processes and deploying the application to the managers.

STATUS OF HUMAN RESOURCES

	2015-2016	2016-2017	2017-2018	% variation
Full-time managers (including interim)	77	83	99	16.2%
Full-time regular employees	979	954	1,150	17%
Part-time regular employees	66	72	59	-22%



Cree Succession Plan Focus Group
Chisasibi, November 2017

OCCUPATIONAL HEALTH AND SAFETY

The **Occupational Health and Safety Unit** promotes a safe workplace environment and supports managers in such issues as workplace attendance. The unit managed 45 maternity and parental leaves and a total of 185 medical files. A training was organized for all managers to explain their responsibilities regarding maintaining a healthy and safe workplace, ensuring workplace attendance, and protecting the well-being of all persons in the workplace.

HUMAN RESOURCES DEVELOPMENT

The HRD team supported over 250 training activities for a total cost of \$2.7 million. A new development is the **Annual Community Health Representatives Training**, a one-week training in Val-d'Or with 45 CHR's in attendance. The **Dental Assistant Training Program** started in January 2017 in partnership with the Lester B. Pearson School Board, and fifty employees are being trained in all nine communities.

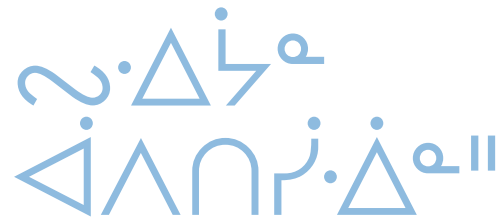
The HRD team began working on organizational development issues, including designing programs to improve certain aspects of the organization. The team has also begun offering role-consulting services to various managers in the organization, with the aim of providing them with tools to manage a range of issues facing their teams. For example, the HRD conducted needs analyses and organizational diagnoses, proposed personalized action plans, and supported managers in solving human relations problems. We are also developing a program to facilitate the integration of new managers; this program, to be launched in 2018, aims to enhance support for managers in their first year of service, whether they are newly hired, promoted, interim or changing departments.

CREE SUCCESSION PLAN

The CBHSSJB is helping employees reach personal goals while developing the next generation of leaders through the Cree Succession Plan, approved and put in place in fall 2015. The plan enables JBNQA Beneficiary and Indigenous employees who show management potential to bridge educational and skills gaps in order to qualify for management positions. Three cohorts from a partnership with McGill University will graduate in the Fall of 2019: 32 employees are pursuing an undergraduate certificate and 18 employees are studying for a graduate diploma, for a total of 50 employees. More employees will be invited to apply to the program in the fall of 2018.

COMPENSATION AND BENEFITS AND LABOUR RELATIONS

The **Labour Relations Unit** advises managers and employees on collective agreements and meets regularly with both the nurses' union (FIQ) and the union to which the majority of non-management employees belong (the CSN). The local negotiations begin in the coming months. For grievances filed with the CSN, 91 were settled and/or withdrawn in the last year, and 269 remain active. For those with the FIQ, 73 grievances were settled and/or withdrawn, and 109 remain active.



FINANCIAL RESOURCES

The Financial Resources team led by Denis Tremblay has maintained efforts to improve the quality and efficiency of services. The recruitment of experienced staff has helped address significant needs in the budget process, statistics, the creation of management reports and financial analysis.

In keeping with its objective of reducing the use of printed checks, the **Accounts Payable Unit** increased the proportion of payments made by electronic transfer by 7%, for a new total of 45% of payments made electronically.

The **Purchasing Unit** is finalizing the installation of an electronic ordering system that facilitates and ensures the availability of products and equipment in customer service centers.

In order to reduce the cost of purchasing products, equipment and services, we have continued to participate in the Eastern Quebec Supply Group (GACEQ). This exercise is done in partnership with our colleagues and clients for these purchases.

The Cree Non-Insured Health Benefits (CNIHB) Program has implemented new versions of the two financial systems used in to manage the program. These changes are intended to facilitate the administration of benefits to Cree Beneficiaries under the JBNQA. Both of the systems are web-based and can be accessed in all the communities.



INFORMATION TECHNOLOGY RESOURCES

During 2017-2018, the IT Department pursued its mandate of providing quality services to users by setting up—at the operational and strategic levels—effective technology and system solutions that meet the needs of the organization.

TEAM

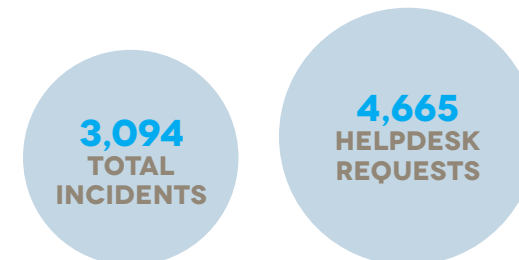
François Bérubé stepped in as Interim Director following the departure of Thomas Ro early in 2018. Several new members joined this year, enabling strengthened service delivery.

FUNDING AGREEMENT

The MSSS and CBHSSJB funding agreement is ready for final signature by the Cree Nation Government, CBHSSJB and the MSSS, with the Executive responsible for the implementation. The department strives to use resources wisely and make good use of public funds.

The IT Department has implemented new approaches to give users more control of routine functions such as password reset. This reduces the number of calls to the IT Helpdesk. Other solutions will be added to improve the use of information technologies in the organization.

INCIDENTS AND HELPDESK



ACCOMPLISHMENTS

- Replacement of 300 Desktop and 80 laptops under Maintenance of Asset (MOA) in all communities
- Call for tender process for a new intranet and electronic document management system and new pharmacy information system
- Bell Megalink services between Chisasibi and Whapmagoostui
- Waswanipi Robin's Nest Women's Shelter infrastructure installation
- Eastmain fibre-optic connection
- Waskaganish fibre-optic connection

CHALLENGES FOR THE COMING YEAR

- The replacement of server infrastructure to meet increasing demands for processing capacity and storage.
- The deployment of new province-wide and organization-level systems such as:
 - Intranet and Electronic Document Management (EDM) system
 - Electronic Medical Record (EMR) system
 - MSSS Unified integrated system
 - Hospital Crystal-Net

These are just some examples of what will be achieved in the next year. The challenges are not only technological; they also consist in delivering a service that is targeted to meet the evolving needs of our organization. The IT Department will continue to improve the quality of service by streamlining and standardizing processes, and it will continue to support all departments' efforts to improve the quality of services and to meet their Strategic Regional Plan objectives.

MATERIAL RESOURCES

The Material Resources Department (MRD) is mandated to create the best possible lodging and working environments for clinical, administrative, and other personnel of the CBHSSJB. The MRD maintains 572 lodging units and 49 clinical and administrative buildings, including the new housing development built through Capital Projects. In 2018, a youth rehabilitation facility will be added to the list of buildings.

The department has acquired sufficient experience to expand into a Project Management Office (PMO), with the objective of spearheading future CBHSSJB capital projects and monitoring the mandates of the professional firms to ensure that the organization's needs are respected. The PMO team has three professionals—an architect, an engineer and an accountant—and was involved in developing the Functional and Technical Plans for new CMCs in Oujé-Bougoumou, Waskaganish and Whapmagoostui and for the new regional hospital in Chisasibi. The PMO has also been involved with the construction of 129 housing units and is now working on phase 2 of the housing program.

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New employee housing in Chisasibi

CONSTRUCTION PROJECTS

The MRD's project management division conducted audits of all nine communities, identifying a building deficit that resulted in supplementary funding of \$5.2 million from the Ministry. The projects carried out on existing buildings in 2017-18 amounted to almost \$1.85 million in construction costs, and included repairs to the healing centre roof in Oujé-Bougoumou and to the HVAC system at Whapmagoostui's CMC and MSDC, the construction of the Nishiiyu office in Chisasibi, and treatment for radon in housing and the MSDC in Wemindji.

MEDICAL AND NON-MEDICAL PURCHASES

In the non-medical funding framework, the MRD replaced almost \$500,000 worth of equipment, including nine vehicles. The Biomedical Department spent close to \$721,000 purchasing new medical equipment, replacing existing medical equipment, and purchasing service contracts and extended warranties to protect specialized medical equipment. This includes (among other things) emergency transport ventilators for all nine communities, a patient monitoring system for Chisasibi Hospital's Emergency Room, infusion pumps for the Hospital's Hemodialysis Clinic, and a multipurpose ultrasound scanning system capable of sharing images during teleconsultations for the Mistissini CMC.

OTHER PROJECTS AND ACTIVITIES

This year, the MRD increased administrative spaces in Whapmagoostui, Waskaganish, and Oujé-Bougoumou so that CMC clinical services could operate more efficiently; some installations in Eastmain were also improved. In Chisasibi, 12 Maamuu (the old arena) was purchased by the CBHSSJB and will be renovated in 2019 to accommodate the CMC, Youth Protection, Mental Health, and various administration services, including general administration, IT, purchasing, and MRD maintenance services. Once the new hospital is built, clinical services will be relocated to the new building and 12 Maamuu will become the CBHSSJB administrative building. The purchase of this building permits the expansion of services at Chisasibi's existing regional hospital. The MRD also supports the CBHSSJB in an advisory role with certain files or projects that directly impact the services delivered in any given community; these range from equipment upgrades and major maintenance to floor renewals and the cleaning of ventilation systems.

Numerous other activities were carried out by the MRD. Among them: leases for Wiichihitwin were renewed at the Val-d'Or Hospital and extra office space was negotiated in a separate location; the Elders' home on Opemiska Street in Oujé-Bougoumou was leased and used as transit units; and environmental disinfection trainings consistent with Quebec Ministry standards for the CMCs and MSDCs were provided in six communities, which now places the cleaning staff on the same level as the clinical staff in terms of providing Quality Care to users and co-workers. In addition, a construction coordinator position was added to project management operations to ensure proper supervision, quality control and standardization of methodology for all construction projects, and an IT management office and construction division was created.

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Signing of agreement between CBHSSJB and Cree Nation of Chisasibi for 12 Maamuu and 48 housing units, March 2018



Client kitchen
Espresso Hotel, Montreal



WIICHIITUWIN

Wiichihiituwinn is a very active department with the responsibility of coordinating travel, lodging, meals, local transportation and medical appointments for all clients who are required to travel outside the Territory for medical and social services that are not available in their home community. A total of 31,609 patients and escorts (more than 85 people per day) arrived in one of the four points of service: Chisasibi, Val-d'Or, Chibougamau, and Montreal.

The development and stabilization of human resources have allowed Wiichihiituwinn (formerly Cree Patient Services) to review and rethink several aspects of the services offered, all with the objective of improving service, accessibility and cultural safety. In terms of logistics and transport, a change in the job title of drivers formalizes their medical transport responsibility. Drivers in Montreal received training in customer service and techniques to assist clients with mobility issues, and new vans were delivered in Montreal.

- Office hours were increased in order to provide better support to patients and communities
- New policy on financial aid for long-term patients ensures viability of this financial support
- Passengers on the CBHSSJB Air Charter flights now have tastier and healthier meals. The improved menu was a joint effort initiated by the NOC and Wiichihiituwinn Department, along with the Public Health nutritionist, Air Creebec and the catering staff. The meal boxes abide by Canada Food Guide recommendations
- Cree parents and children staying at the Montreal Children's Hospital and at Espresso Hotel will be able to read books in Cree thanks to a book donation by Child and Family Services of the Cree Nation Government
- A volunteer committee of long-term Wiichihiituwinn clients staying at Espresso Hotel or living in Montreal meets once a month. At the meeting, clients can express themselves on their experiences and needs, and recommendations follow. Two main recommendations are that social activities be planned and that an additional kitchen be built. Sarah Cowboy sits on this committee and Community Worker Jennifer Russel plans and submits reports to Helen Shecapio-Blacksmith, interim Director of Wiichihiituwinn

APPOINTMENTS SERVED BY WIICHIITUWIN

	2017-2018	% variation
Chibougamau	7,590	8.43%
Chisasibi	2,586	19.25%
Montreal	15,033	13.31%
Val-d'Or	13,259	4.78%
Total	38,468	

NORTHERN OPERATION CENTRE

- Expanded air charter services: More daily flights between Val-d'Or and Chisasibi, and more flights with stretchers on board.
- Numbers of passengers on CBHSSJB Air Charters continues to increase.

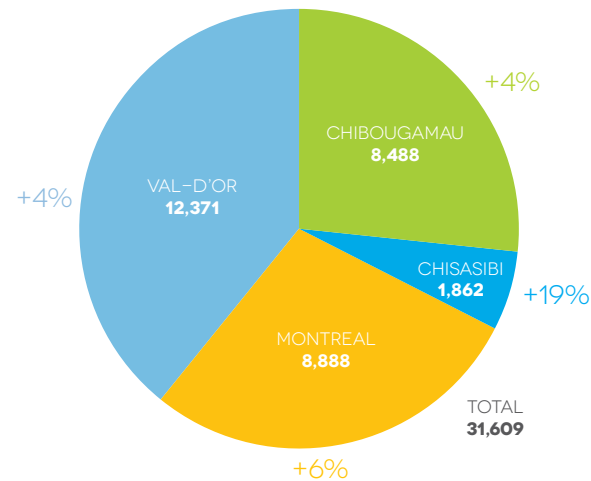
CHARTER PASSENGERS

2016-2017	2017-2018	% variation
1,620	2,277	40%

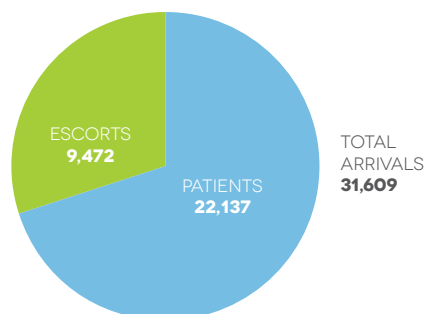
Official launch of the Wiichihiituwinn Client Lounge at the Robert Kanatawat Airport in Chisasibi, and announcement of improved charter flight schedules May 2017



WIICHIITUWIN ARRIVALS FOR MEDICAL APPOINTMENTS



WIICHIITUWIN PATIENTS & ESCORTS



FURTHER IMPROVEMENTS IN 2017-2018

- Three new management positions were created, including a management assistant and two coordinators
- A CBHSSJB nurse is now present on all medical charter flights operated by Air Creebec and the Northern Operation Centre (NOC), the internal unit which coordinates client transportation
- A nurse is also available to patients lodged at the CBHSSJB facilities at Espresso Hotel in Montreal
- The Wiichihiituwinn Department in Val-d'Or, in collaboration with *Hôpital de Val-d'Or*, offered English and Cree information sessions on baby care and childbirth for pregnant women and their family escorts who are in waiting to give birth in Val-d'Or
- For the last two years, Alcoholics Anonymous meetings have been held at Espresso. This centre has now become an official AA site, which increases clients' access to this resource
- A newly-hired Wiichihiituwinn Community Worker provides information about Cree culture to the centres serving our clientele



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FINANCIAL STATEMENTS

Note: In addition to the information presented in this section, detailed annual financial statements of the Cree Board of Health and Social Services of James Bay (Region 18) are available online through the Ministry of Health and Social Services of Quebec. Download AS-471 for Region 18: <http://publications.msss.gouv.qc.ca/msss/document-002116/>.

BREAKDOWN OF GROSS EXPENSES BY PROGRAM

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	\$2,167,016	0.93%	\$2,548,366	1.16%
General Services - Clinical and Assistance Activities	13,539,127	5.79%	12,856,892	5.86%
Support for Autonomy of the Elderly	4,038,665	1.73%	3,832,500	1.75%
Physical Disability	7,086,340	3.03%	7,191,126	3.28%
Intellectual Disability and Autism Spectrum Disorders (ASD)	44,511	0.02%	56,500	0.03%
Youth in Difficulty	18,749,442	8.01%	18,698,370	8.52%
Dependencies	409,491	0.17%	355,306	0.16%
Mental Health	3,342,493	1.43%	2,907,395	1.32%
Physical Health	119,882,160	51.25%	111,511,966	50.81%
Support Programs				
Administration	30,838,742	13.18%	25,988,798	11.84%
Support to Services	10,098,888	4.32%	10,257,524	4.67%
Management of Buildings and Equipment	23,719,288	10.14%	23,265,883	10.60%
TOTAL	\$233,916,163	100.00%	\$219,470,626	100.00%

BUDGETARY BALANCE

The Cree Board of Health and Social Services of James Bay (CBHSSJB) shows an operating funds deficit (\$540,973), therefore contravening Sections 3 and 4 of the Act to provide for balanced budgets in the public health and social services network (CQLR, Chapter E-12.0001). However, the CBHSSJB will use surpluses accumulated in previous years against this deficit.

Capital funds show a deficit (\$1,452,993) due to depreciation on self-financed projects and funds transferred from operating to capital funds to finance medical and non-medical equipment purchases as well as construction projects. Considering the government's Financial Administration Manual requires capital subsidy to be accounted for in the year the asset is acquired and depreciation to be accounted for in subsequent years, it is not possible to maintain a surplus in capital funds.

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2018

	Budget	Operations Cur. Yr.	Capital Assets Current Yr.	Current Year Total C2 + C3	Prior Yr. Total	
	1	2	3	4	5	
REVENUS						
MSSS Grants	1	233 074 095	231 122 463	8 944 005	240 066 468	229 653 383
Government of Canada	2	6 175 447	6 702 624		6 702 624	6 468 624
User contributions	3	703 741	788 074	XXXX	788 074	697 771
Sale of services and recoveries	4	215 324	1 201 184	XXXX	1 201 184	410 854
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					23 033
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	299 553	390 219		390 219	655 056
TOTAL (L.01 to L.11)	12	240 468 160	240 204 564	8 944 005	249 148 569	237 908 721

EXPENDITURES						
Salaries, benefits and payroll taxes	13	112 468 647	125 122 714	XXXX	125 122 714	116 118 841
Medications	14	10 350 524	12 174 619	XXXX	12 174 619	10 204 598
Blood products	15	75 000		XXXX		71 963
Medical and surgical supplies	16	4 935 308	4 271 492	XXXX	4 271 492	4 288 053
Food products	17	753 879	782 975	XXXX	782 975	691 726
Honoraria paid to non-institutional resources	18			XXXX		
Financial charges	19	5 261 181	1 399 661	4 093 679	5 493 340	5 063 418
Maintenance and repairs	20	2 515 355	2 858 679		2 858 679	2 808 432
Bad debt	21			XXXX		
Rent	22	7 957 029	7 101 515	XXXX	7 101 515	6 690 494
Capital asset depreciation	23	5 570 650	XXXX	6 303 319	6 303 319	6 269 307
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures	27	90 580 587	87 033 882		87 033 882	84 575 778
TOTAL (L.13 to L.27)	28	240 468 160	240 745 537	10 396 998	251 142 535	236 782 610
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)	29	0	(540 973)	(1 452 993)	(1 993 966)	1 126 111

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2018

FOR OPERATING FUND

	Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year
	1	2	3	4	5
REVENUS					
MSSS Grants	1	223 242 264	231 122 463	231 122 463	219 905 641
Government of Canada	2	6 175 447		6 702 624	6 468 624
User contributions	3	703 741	788 074	XXXX	788 074
Sale of services and recoveries	4	215 324	1 201 184	XXXX	1 201 184
Donations	5				
Investment revenue	6				
Business revenue	7				
Gain on disposal	8				
	9	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX
Other revenue	11	299 553	263 469	126 750	390 219
TOTAL (L.01 to L.11)	12	230 636 329	233 375 190	6 829 374	240 204 564

EXPENDITURES						
Salaries, benefits and payroll taxes	13	112 468 647	120 088 895	5 033 819	125 122 714	116 118 841
Medications	14	10 350 524	12 174 619	XXXX	12 174 619	10 204 598
Blood products	15	75 000		XXXX		71 963
Medical and surgical supplies	16	4 935 308	4 271 492	XXXX	4 271 492	4 288 053
Food products	17	753 879	782 975	XXXX	782 975	691 726
Honoraria paid to non-institutional resources	18			XXXX		
Financial charges	19	1 000 000	1 399 661	XXXX	1 399 661	811 996
Maintenance and repairs, including non-capital costs related to capital assets	20	2 515 355	2 858 639	40	2 858 679	2 808 432
Bad debt	21					
Rent	22	7 957 029	7 082 868	18 647	7 101 515	6 690 494
Transfer expenses	23					
Other expenditures	24	90 580 587	85 257 014	1 776 868	87 033 882	84 575 778
TOTAL (L.13 to L.24)	25	230 636 329	233 916 163	6 829 374	240 745 537	226 261 881
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)	26	0	(540 973)	0	(540 973)	1 876 065

CBHSSJB
STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) | 31 MARCH 2018

	Operating fund Current year 1	Capital assets Fund Current year 2	Current Year Total (C1+C2) 3	Prior Yr. Total 4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	38 024 080	6 884 894	44 908 974	43 782 863
Accounting changes with prior year restatement (specify)				
Accounting changes without prior year restatement (specify)				XXXX
ACCUMULATED SURPLUS (DEFICIT) BEGINNING ADJUSTED (L.01 to L.03)	38 024 080	6 884 894	44 908 974	43 782 863
SURPLUS (DEFICIT) FOR THE YEAR	(540 973)	(1 452 993)	(1 993 966)	1 126 111
Other changes: Inter-institution transfers (specify)				
Interfund transfers (specify)	(19 973 151)	19 973 151	0	
Other items applicable to private establishments under agreement (specify)		XXXX		
	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	(19 973 151)	19 973 151		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	17 509 956	25 405 052	42 915 008	44 908 974
Consisting of the following: External restrictions	XXXX	XXXX		
Internal restrictions	XXXX	XXXX	5 485 995	4 927 151
Unrestricted balance (L.11 - L.12 - L.13)	XXXX	XXXX	37 429 013	39 981 823
TOTAL (L.12 to L.14)	XXXX	XXXX	42 915 008	44 908 974

CBHSSJB
STATEMENT OF FINANCIAL POSITION | 31 MARCH 2018

	FUND	General 1	Capital assets 2	Current Year Total (C1+C2) 3	Prior Yr. Total 4
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	10 856 671		10 856 671	3 282 730
Short-term investments	2				
Receivables - MSSS	3	178 216 271	1 129 624	179 345 895	132 994 526
Other receivables	4	3 412 584		3 412 584	4 594 883
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	6 865 140	(6 865 140)	0	
Grant receivable (deferred grants) - accounting reform	7	5 620 243	(20 396 858)	(14 776 615)	(13 908 769)
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX			
	10	XXXX	XXXX	XXXX	XXXX
Assets held for sale	11	XXXX			
Other items	12	2 241 978	1 497 542	3 739 520	4 203 879
TOTAL FINANCIAL ASSETS (L1 to L12)	13	207 212 887	(24 634 832)	182 578 055	131 167 249
LIABILITIES					
Short-term debt	14	145 307 969	33 091 585	178 399 554	86 655 609
Accounts payable - MSSS	15				
Other accounts payable and accruals	16	29 871 285		29 871 285	20 119 251
Cash advances - decentralized envelopes	17	XXXX			
Accrued interest payable	18	194 109	1 129 624	1 323 733	1 259 094
Deferred revenue	19	8 182 280		8 182 280	8 126 930
	20	XXXX	XXXX	XXXX	XXXX
Long-term debts	21	XXXX	99 418 369	99 418 369	103 823 790
Liability for contaminated sites	22	XXXX			
Liability for employee future benefits	23	8 892 839	XXXX	8 892 839	7 725 764
	24	XXXX	XXXX	XXXX	XXXX
Other items	25	667 801	1 497 542	2 165 343	2 546 722
TOTAL LIABILITIES (L.14 to L.25)	26	193 116 283	135 137 120	328 253 403	230 257 160
NET FINANCIAL ASSETS (NET DEBT) (L.13 - L.26)	27	14 096 604	(159 771 952)	(145 675 348)	(99 089 911)
NON FINANCIAL ASSETS					
Capital assets	28	XXXX	185 177 004	185 177 004	141 275 141
Supply inventory	29	1 686 076	XXXX	1 686 076	1 431 429
Prepaid expenses	30	1 727 276		1 727 276	1 292 315
TOTAL NON FINANCIAL ASSETS (L.28 to L.30)	31	3 413 352	185 177 004	188 590 356	143 998 885
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT)	33	17 509 956	25 405 052	42 915 008	44 908 974

	Budget	General Fund	Capital Assets Fund	Total Current Yr. (C2+C3)	Total Prior Yr.
	1	2	3	4	5
NET FINANCIAL ASSETS (NET DEBT) BEGINNING ALREADY ESTABLISHED	1	35 300 336	(134 390 247)	(99 089 911)	(99 642 647)
Accounting changes with prior year restatement	2				
Accounting changes without prior year restatement	3				XXXX
NET FINANCIAL ASSETS (NET DEBT) BEGINNING ADJUSTED (L.01 to L.03)	4	35 300 336	(134 390 247)	(99 089 911)	(99 642 647)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5	(540 973)	(1 452 993)	(1 993 966)	1 126 111
VARIANCE DUE TO CAPITAL ASSETS: Acquisitions	6	XXXX	(50 205 182)	(50 205 182)	(6 184 411)
Annual depreciation	7	XXXX	6 303 319	6 303 319	6 269 307
Gain/loss on disposal of assets	8	XXXX			(23 033)
Proceeds of disposition	9	XXXX			50 000
Bad debts	10	XXXX			
Capital asset adjustments	11	XXXX			
	12	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14	XXXX	(43 901 863)	(43 901 863)	111 863
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES:	15	(9 761 807)	XXXX	(9 761 807)	(8 792 701)
Acquisition of supply inventory	16	(1 752 443)		(1 752 443)	(1 304 515)
Use of supply inventory	17	9 507 160	XXXX	9 507 160	8 632 386
Use of prepaid expenses	18	1 317 382		1 317 382	779 592
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	19	(689 608)		(689 608)	(685 238)
Other variance in accumulated surplus (deficit)	20	(19 973 151)	19 973 151	0	
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21	(21 203 732)	(25 381 705)	(46 585 437)	552 736
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)	22	14 096 604	(159 771 952)	(145 675 348)	(99 089 911)

	FUND	General	Capital assets	Current Year Total (C1+C2)	Prior Yr. Total
		1	2	3	4
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	10 856 671		10 856 671	3 282 730
Short-term investments	2				
Receivables - MSSS	3	178 216 271	1 129 624	179 345 895	132 994 526
Other receivables	4	3 412 584		3 412 584	4 594 883
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	6 865 140	(6 865 140)	0	
Grant receivable (deferred grants) - accounting reform	7	5 620 243	(20 396 858)	(14 776 615)	(13 908 769)
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX			
	10	XXXX	XXXX	XXXX	XXXX
Assets held for sale	11	XXXX			
Other items	12	2 241 978	1 497 542	3 739 520	4 203 879
TOTAL FINANCIAL ASSETS (L1 to L12)	13	207 212 887	(24 634 832)	182 578 055	131 167 249
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Cash advances - decentralized envelopes	17	XXXX			
Accrued interest payable	18	194 109	1 129 624	1 323 733	1 259 094
Deferred revenue	19	8 182 280		8 182 280	8 126 930
	20	XXXX	XXXX	XXXX	XXXX
Long-term debts	21	XXXX	99 418 369	99 418 369	103 823 790
Liability for contaminated sites	22	XXXX			
Liability for employee future benefits	23	8 892 839	XXXX	8 892 839	7 725 764
	24	XXXX	XXXX	XXXX	XXXX
Other items	25	667 801	1 497 542	2 165 343	2 546 722
TOTAL LIABILITIES (L.14 to L.25)	26	193 116 283	135 137 120	328 253 403	230 257 160
NET FINANCIAL ASSETS (NET DEBT) (L.13 - L.26)	27	14 096 604	(159 771 952)	(145 675 348)	(99 089 911)
NON FINANCIAL ASSETS					
Capital assets	28	XXXX	185 177 004	185 177 004	141 275 141
Supply inventory	29	1 686 076	XXXX	1 686 076	1 431 429
Prepaid expenses	30	1 727 276		1 727 276	1 292 315
TOTAL NON FINANCIAL ASSETS (L.28 to L.30)	31	3 413 352	185 177 004	188 590 356	143 998 885
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT)	33	17 509 956	25 405 052	42 915 008	44 908 974

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CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2018

	Current Year 1	Prior Year 2
FINANCING ACTIVITIES		
Long-term debts - Debts incurred	1	
Long-term debts - Debts repaid	2	
Capitalization of discounts and premium on debt instruments	3	
Variance of short-term debts - generated fund	4	62 300 000
Short-term debts incurred - capital asset fund	5	30 606 174
Short-term debts repaid - capital asset fund	6	3 674 960
Variance from government sinking fund	7	
Other (specify P297)	8	
CASH FLOW RELATED TO FINANCING ACTIVITIES (L.01 to L.08)	9	92 906 174
		19 682 929
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS (P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)	10	7 573 941
		(4 576 474)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	11	3 282 730
		7 859 204
CASH AND CASH EQUIVALENTS, END OF YEAR (L.10 + L.11)	12	10 856 671
		3 282 730
CASH AND CASH EQUIVALENTS, END OF YEAR INCLUDING:		
Cash on hand	13	10 856 671
Short-term investments with a maturity not exceeding three months	14	3 282 730
TOTAL (L.13 + L.14)	15	10 856 671
		3 282 730

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CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2018

	Current Year 1	Prior Year 2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:		
Receivables - MSSS	1	(46 351 369)
Other receivables	2	1 182 299
Cash advances to public institutions	3	
Grant receivable - accounting reform - employee future benefits	4	150 522
Deferred debt issuance costs	5	
Other assets	6	464 359
Accounts payable - MSSS	7	
Other accounts payable and accruals	8	6 808 079
Cash advances - decentralized envelopes	9	
Accrued interest payable	10	64 639
Deferred revenue	11	55 350
Liability for contaminated sites	12	(536 596)
Liability for employee future benefits	13	1 167 075
Other liability items	14	(381 379)
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.14)	15	(36 840 425)
		(19 262 050)
OTHER INFORMATION:		
Capital asset acquisitions included in accounts payable as at March 31	16	3 854 883
Proceeds of disposition of capital assets included in receivables as at March 31	17	910 928
Other items not affecting cash and cash equivalents (specify P297)	18	(3 688 097)
		(5 496 320)
INTEREST:		
Creditor interest (revenue)	19	
Interest received (revenue)	20	
Interest received (expenses)	21	5 493 340
Interest spent (expenses)	22	1 870 857
		772 762



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IN MEMORIAM

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Abel Kitchen

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Greta Lameboy

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Simone Bernard-Lameboy



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Abel S. Kitchen of Waswanipi was a member of the Nishiiyuu Council of Elders.



DIRECTORY

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Regional Administration

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T 819-855-2744 | F 819-855-2098
Complaints 1-866-923-2624

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Chisasibi, QC J0M 1E0
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Public Health Department

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Montreal 514-861-2352

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Youth Healing Services

Reception Centre

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418-923-3600

Youth Protection Hotline

1-800-409-6884

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

Cree Board of Health and Social Services of James Bay
Box 250, Chisasibi, QC J0M 1E0

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