Design: Katya Petrov & Stefan Witkowski katyapetrov@sympatico.ca

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Abbreviations

AED:	Assistant Executive Director
ASIST:	Applied Suicide Intervention Skills Training
CCAMU:	Comité consultatif des affaires médicales et universitaires
CDA:	Canadian Diabetes Association
CDIS:	Cree Diabetes Information System
CHB:	Cree Health Board
CHR:	Community health representative
CH&SS:	Community Health and Social Services
CIC:	Community Integrated Centre
CIM:	Conseil en Immobilisation et Management
CLSC:	Centre local de services communautaires/Local Community Service Center
CPDP:	Council of Physicians, Dentists and Pharmacists
CPNP:	Canada Prenatal Nutrition Program
CPS:	Cree Patient Services
CRRC:	Chisasibi Residential Resources Center
CSB:	Cree School Board
CSEM:	Canadian Society of Endocrinology and Metabolism
CSST:	Commission de la santé et de la sécurité du travail
CSSSPNQL:	Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador
DPS:	Direction of Professional Services
DRAMU:	Directeur régional des affaires médicales et universitaires/Regional Director of University and Medical Affairs
DSEIQ:	Dossier de santé électronique interopérable du Québec
ESPRI:	Effets secondaires possiblement reliés à l'immunisation
FAQNW:	Femmes Autochtones du Québec - Quebec Native Women
FAS:	Foetal Alcohol Syndrome
FASD:	Foetal Alcohol Syndrome Disorder
FIIQ:	Fédération des infirmières et infirmiers du Québec
FNIHB:	First Nations and Inuit Health Branch
FSSS-CSN:	Fédération de la santé et des services sociaux CSN
GCCEI/CRA:	Grand Council of the Cree of Eeyou Istchee/ Cree Regional Authority
HCCP:	Home and Community Care Program
H.E.A.L.:	Healthy Eating Active Living
HR:	Human Resources Department
HRD:	Human Resource Development
HRM:	Human Resources Management
H&SS:	Health and Social Services
IA:	Iiyiyiu Aschii
IAF:	Iiyiyiu Awash Foundation
ICS:	International Circumpolar Surveillance
IFG:	Impaired fasting glucose
IGT:	Impaired glucose tolerance
INSPQ:	Institut national de santé publique du Québec
IT:	Information Technology
JASP:	Journées Annuelles de Santé Publique
JBACE:	James Bay Advisory Committee on the Environment
JBNQA:	James Bay Northern Quebec Agreement
LEA:	Local Environmental Administrator
MADO:	Maladies à déclaration obligatoire
MCHP:	Mother and Child Health Program
MH:	Mental Health
MSDC:	Multi-Service Day Centre
MSSSQ:	Ministère de la Santé et des Services sociaux
NIHB:	Non-Insured Health Benefits
NNADAP:	National Native Alcohol and Drug Abuse Program
OT:	Occupational therapist
OTC:	Over-the-counter
PFT:	Programme fonctionnel et technique
PHD:	Public Health Department
PPED:	Planning, Programming, Evaluation and Development
QWHSC:	Quebec Workplace Health and Safety Commission
RAMQ:	Régie de l'assurance maladie du Québec
RIC:	Regional Implementation Committee
RIS:	Radiological Information System
R.M.:	Rehabilitation Monitor
RUIS:	Réseau universitaire intégré de service
RQDMA:	Regroupement Québecois des Diététistes travaillant en Milieu Autochtone RUIS: Réseau universitaire intégré de service/Regional University Integrated Services
SI-PQDCS:	Système d'information du Programme québécois de dépistage du cancer du sein
SRP:	Strategic Regional Plan
SSC:	Social Services Coimmittee
STI:	Sexually Transmitted Infections
SWOT:	Strengths, weaknesses, opportunities and threats
TAG:	Tobacco Action Group
TB:	Tuberculosis
TCNS:	Toronto Clinical Neuropathy Score
TNCSE:	Table Nationale de Concertation en Santé Environnementale
UBC:	University of British Columbia
YHS:	Youth Healing Services

1 Chairperson's Report 2005-2006

The implementation of the Strategic Regional Plan (SRP) for 2004-2005/2005-2006 was the bulk of the work activity from the first planning meeting held in April 2005. The preparations of the celebration ceremony for the signing of the Cree/Quebec Agreement on Health and Social Services (officially signed March 31, 2005) took place May 24, 2005.

Meetings thereafter throughout the summer and a good part of the fall got underway with a framework for budget and operational planning, and along with it, the grand task of gathering indicators and statistics of services. Planning also included minor and major capital projects, federal and provincial program funding, as well as development of new programs and services, etc.

The workload of every department and service had the task of reviewing existing services, and assessing how integration can be facilitated through painstaking collaboration of managers. Not an easy task to come to an agreement and consensus on many matters, but just the same, every effort was made to stay with the process of development and its required changes and challenges.

One of the greatest challenges is keeping tabs on the decisions made and the revision of plans and budgets. The tracking system through various templates and reporting mechanisms has facilitated delivery of documents required for meetings. Yet much is still required to coordinate the constant flow of information and documentation throughout the network of health and social services.

The dynamics of inter-relating all planning to coincide with recruitment, housing and office space availability, job descriptions, job roster, training needs, policy and legislative amendments, programs and services development has taken a tremendous amount of time on a regular basis. All of this is intricately tied to the human and financial resources required to implement the SRP.

The budget and operational planning process integrated a decentralized budget for each CIC including homecare and MSDC services. For regional services, planning set in place the Dental Plan, Pharmacy Plan, Pre-Hospital Services Plan, Public Health Regional Action Plan, Medical Manpower Plan, NIHB, Patient Services, Youth Healing, Youth Protection and Youth Offenders, Federal and Provincial Programs, Hospital Services, Research, Social Services, and the Human Resource Development Plan, and the Information Technology Plan, etc.

All of this is required to finalize a global budget with an operational plan. This process has been ever constantly moving, and evolving, in its path towards implementation and integration of services. If it was not for the leadership of all managers, local and regional staff of the Cree Health Board, and with support consultants and legal counsel, all of this would not have been possible. Certainly, it required a tremendous amount of patience by all with the ongoing process as it unfolded.

The Board of Directors of the CBHSSJB has various committees and councils to rely on for direction, and strategic planning for development and implementation of the SRP. The Council of Physicians, Dentists and Pharmacists oversee the development of respective plans of services provided, as well as being a liaison to RAMQ, and other federal or provincial bodies related to their professions, working conditions and remuneration. The same applies to the Council of Nurses set up this year with the approval of functions and bylaws.

The Social Services Committee, the Addictions and Solvent Abuse Committee, the Human Resources Committee, the Research Committee, the Audit Committee,

the Administrative and Executive Committees, General Management Group, and many other committees guide the process of planning with regular meetings of such groups. The Finance Committee is yet to be created and its functions drafted.

The Moses Petawabano Commission has the task of legislative review and amendments, organizational chart development, policy and bylaw review and revisions, as well as board and committee functions. All of this being an ongoing process coming into the third year of planning and development of services for the five year agreement, and the seven year agreement for capital projects.

The process of setting up the integration of Cree Helping Methods with the support of a senior management position created in January 2006, the Iiyiyiu Pitmatisiiun has now the task of assisting the creation of the Council of Elders to guide the vision process of integration of traditional knowledge into the health and social services. The use of traditional medicine and plants, as well as traditional helping methods will require much dialogue with the elders and the communities. It does have its own challenges, but it is hoped that through the experience of other aboriginal groups that the CHB can also have the capacity to come into the 21st century, and say, that it can be done.

External representation with the federal and provincial governments, the GCCEI/CRA, the CSB, other regional entities, the communities, regional hospitals, and other provincial and regional establishments, etc. also requires much attention as part of the networking and liaison with external partners.

Not enough can be said about communications, both external and internal, and their importance in a very rapid growing organization. The Cree Health Board has a website still in the midst of development, along with an internal newsletter that still has to be a regular fixture within the network system of the organization. The capacity for audio conferencing has greatly assisted in the demanding scheduling of meetings for planning and development, but videoconferencing has yet to be implemented.

The development of a Communications department is imminent with the personnel required to provide internal and external communications in the coming years. Regular communiqués on the latest developments of health and social services will only enhance the communication to the population.

The Regional Implementation Committee (RIC) has the task of overseeing the strategic planning of implementation and ensuring continuity and regular follow-up on action plans. Its monthly meetings assist in the process of ongoing dialogue and collaboration with ministerial officials, other partners, and the communities for the implementation process of the Strategic Regional Plan. The RIC also aids the process of reporting required to the Steering Committee set up to oversee the progress of the implementation of the Cree/Quebec Agreement on Health and Social Services. Coming into the third year, the need to evaluate what has been implemented is essential, in order to review the vision and direction taken thus far.

The tremendous amount of work required to put in the forefront the promotion of education in the health and social services field for youth of the Iiyiyiu Nation cannot be overemphasized. The ongoing training and developments need of the organization are astronomical. A reassessment of priorities in relation to regional training is essential, as well as finding ways to assist and cost share, or otherwise find the means to access additional resources for health and social services training. A percentage of funding from general operation funds cannot sustain a credible training and development for health and social services and its very specialized professions, to ensure quality of care for the future.

Numerous programs and services are still in the process of planning and development, such as the Mental Health Program, Healing Lodge, Social Policy, MSDC Services, Community and School Health, Youth bush programs, Youth outreach centers, elders' homes for long term and chronic care; the list is long. The sectoral section of the annual report provides the specifics of new services, programs, and additional personnel.

The capital projects in development are housing, renovation of existing lodging and facilities, and new clinics in Wemindji and Mistissini, soon Eastmain and Nemaska, and other minor capital investments. The Healing Lodge is not far behind with more refinement of the program plan to network with the communities. The New Year started with the official opening of three MSDCs in Mistissini, Chisasibi, and Waswanipi, and the rest are expected to open before the end of the year 2006.

The CHB is providing support to Washaw Sibi for a needs assessment of services, possible temporary facilities, and soon capital and functional plans for a clinic. In recognition as the tenth Cree community, the CHB extended an observer status representation to Washaw Sibi on the Board of Directors.

The closing of this fiscal year saw the departure of Ms. Joanne Bezzubetz as Executive Director, after being with us for almost two years. Her stamina and energy certainly sustains us within the foundation and framework she left behind to further expand and enhance the services. Her contribution of leadership is an example for all who wish to take a step forward and meet the challenges of being part of a team that can say: "I did it because I cared!"

To all the staff of the Cree Board of Health and Social Services of James Bay, thank you for caring, and helping each other through all the turbulent periods of intense schedules and high demands. No words can express the respect and admiration of you, and what we have accomplished together this year.

Dianne Reid

Dianne Ottereyes Reid
Chairperson CBHSSJB

2 Introduction

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

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

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

- Local Community Service Centre
- Hospital Centre
- Social Services Centre
- Reception Centre

The CBHSSJB administers seven public establishments and Community Clinics in each Cree community of Region 18.

Public Establishments

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

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

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

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

Coastal CLSC
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel.: (819) 855-2844

Inland CLSC
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel.: (819) 923-3376

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

Coastal Service Outlets

Whapmagoostui Clinic
Hudson Bay (Quebec)
J0Y 3C0
Tel.: (819) 929-3307

Wemindji Clinic
James Bay (Quebec)
J0M 1L0
Tel.: (819) 978-0225

Waskaganish Clinic
James Bay (Quebec)
J0M 1R0
Tel.: (819) 895-8833

Eastmain Clinic
Eastmain
James Bay (Quebec)
J0M 1W0
Tel.: (819) 977-0241

Inland Service Outlets

Waswanipi Clinic
(Quebec)
J0Y 3C0
Tel.: (819) 753-2531

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

Ouje-Bougoumou Healing Centre
68 Opatica Street P.O. Box 37
Ouje-Bougoumou
G0W1C0
Tel.: (418) 745-3901

Board of Directors

April 1, 2005 to March 31, 2006

There were three regular meetings and one conference call of the Board of Directors during the period covered by the present report.

Cree Representatives

Daniel Mark-Stewart (resigned in December 2006)
Replaced by Denise Brown
Eastmain representative

Charles Bobbish
Vice-Chairman
Replaced by James Bobbish in December 2005
Chisasibi representative

George Masty
Whapmagoostui representative

Angus Georgekish
Wemindji representative

Shirley Diamond
Waskaganish representative

Bella M. Petawabano
Mistissini representative

Lily Sutherland
Waswanipi representative

Suzanne Kitchen
Ouje-Bougoumou representative

Caroline Jolly
Nemaska representative

Cree Regional Authority Representative

Mrs. Dianne Reid
Chairperson

Clinical Staff Representatives

Vacant
Clinical staff (CPDP)

Vacant
Clinical staff (Nursing)

Mr. Bryan Bishop
Clinical staff (Social Services)

Non-Clinical Staff Representative

Ms. Alyne Blacksmith (until December 2006)

Director of the Public Health Department

Dr. Yv Bonnier-Viger

Executive Director

Joanne Bezzubetz

Administrative Committee

Dianne Reid	CRA representative - Chairperson
Joanne Bezzubetz	Executive Director
Bella M. Petawabano	Mistissini representative
Angus Georgekish	Wemindji representative
Bryan Bishop	Clinical staff representative
Charles Bobbish	Chisasibi representative - Vice Chairman

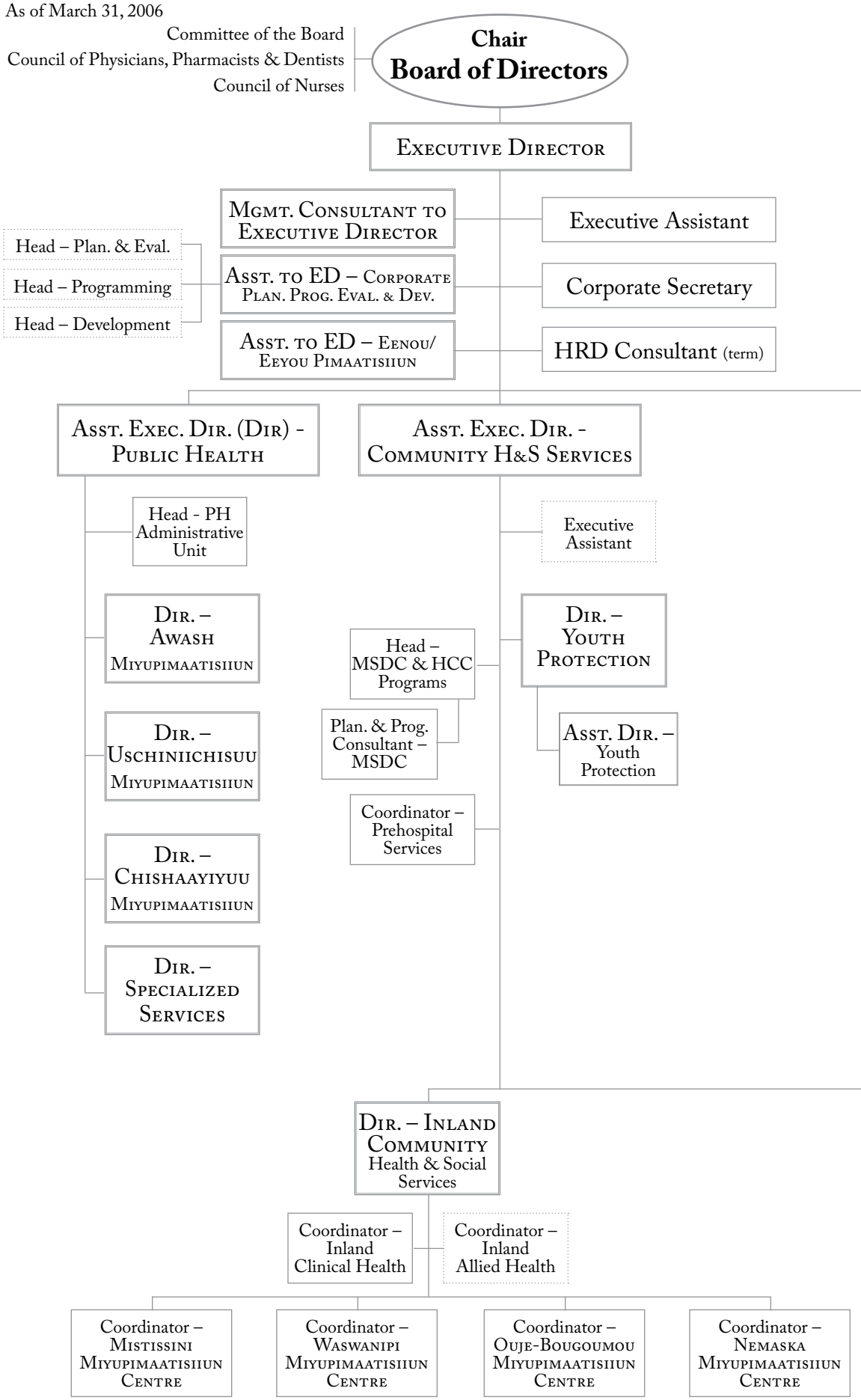
There were 11 meetings of the Administrative Committee during this period covered by this report.

Audit Committee

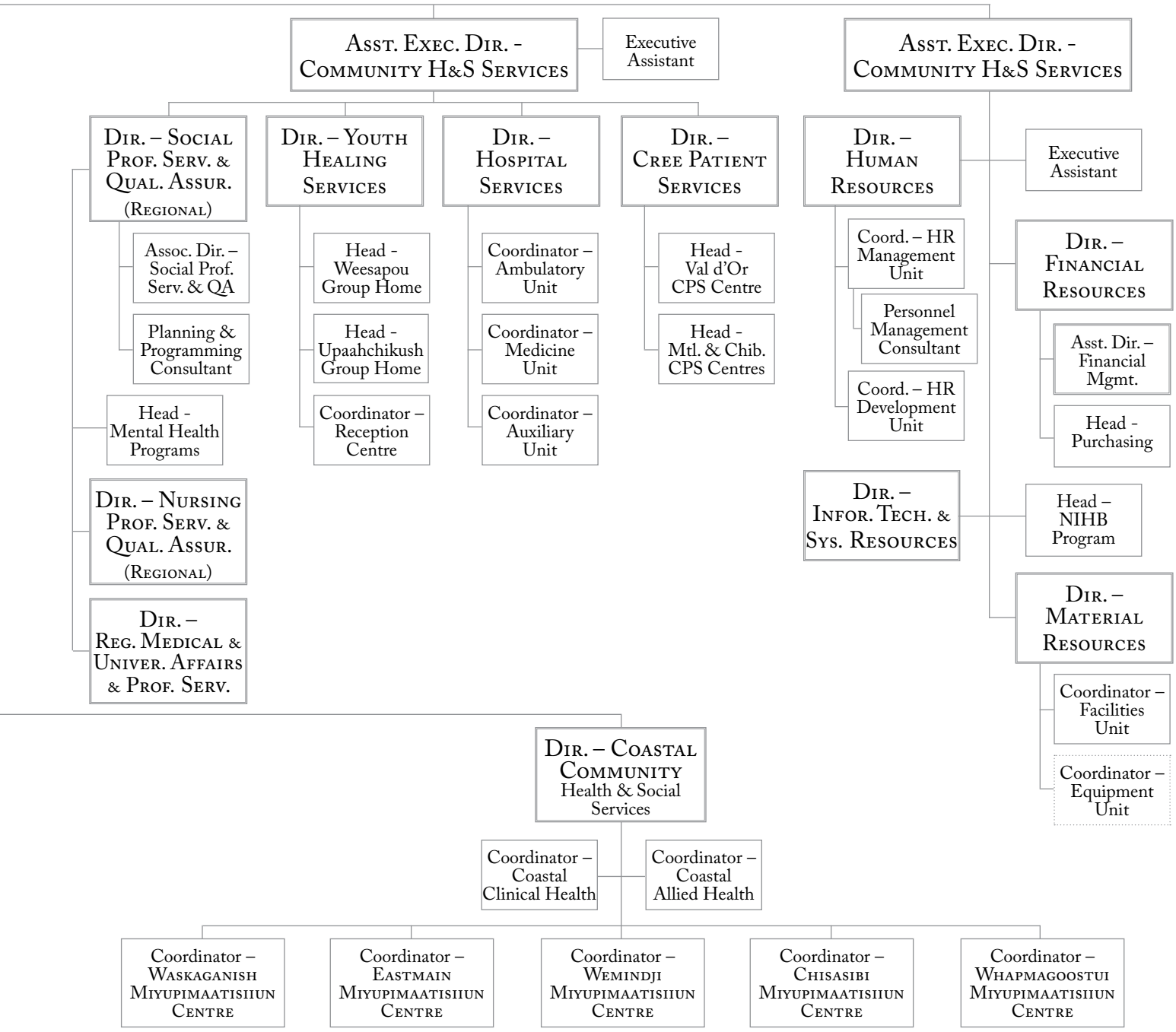
Lily Sutherland
George Masty
Angus Georgekish

Organization Chart

As of March 31, 2006



Dotted-line boxes denote vacant positions as of March 31, 2006


Asst. Exec. Dir. - Community H&S Services
Executive Assistant
Asst. Exec. Dir. - Community H&S Services
Dir. – Social Prof. Serv. & Qual. Assur. (Regional)
Assoc. Dir. – Social Prof. Serv. & QA
Planning & Programming Consultant
Head - Mental Health Programs
Dir. – Nursing Prof. Serv. & Qual. Assur. (Regional)
Dir. – Reg. Medical & Univer. Affairs & Prof. Serv.
Dir. – Youth Healing Services
Head - Weesapou Group Home
Head - Upaahchikush Group Home
Coordinator – Reception Centre
Dir. – Hospital Services
Coordinator – Ambulatory Unit
Coordinator – Medicine Unit
Coordinator – Auxiliary Unit
Dir. – Cree Patient Services
Head - Val d'Or CPS Centre
Head - Mtl. & Chib. CPS Centres
Dir. – Human Resources
Coord. – HR Management Unit
Personnel Management Consultant
Coord. – HR Development Unit
Dir. – Infor. Tech. & Sys. Resources
Executive Assistant
Dir. – Financial Resources
Asst. Dir. – Financial Mgmt.
Head - Purchasing
Head – NIHB Program
Dir. – Material Resources
Coordinator – Facilities Unit
Coordinator – Equipment Unit
Dir. – Coastal Community Health & Social Services
Coordinator – Coastal Clinical Health
Coordinator – Coastal Allied Health
Coordinator – Waskaganish Miyupimaatisiiun Centre
Coordinator – Eastmain Miyupimaatisiiun Centre
Coordinator – Wemindji Miyupimaatisiiun Centre
Coordinator – Chisasibi Miyupimaatisiiun Centre
Coordinator – Whapmagoostui Miyupimaatisiiun Centre

General Management

Joanne Bezzubetz	Executive Director
James Bobbish	Management Consultant (interim)
Dolores Audet-Washipabano	Executive Assistant
Laura Moses	Corporate Secretary
Richard St-Jean	Assistant to Executive Director – Corporate Planning, Programming, Evaluation and Development
Irene House	Assistant to Executive Director – Eenou/ Eeyou Pimaatissiiun
Peter Atkinson	HRD Consultant (interim)

Public Health

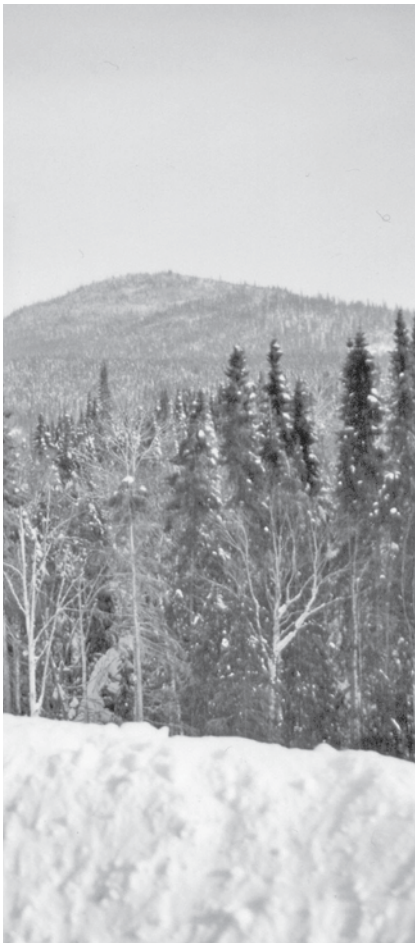
Dr. Yv Bonnier-Viger	Director of Public Health/Assistant Executive Director – Public Health
Bella Blacksmith	Head – PH Administrative Unit
Paul Linton	Director of Chishaayiyuu Miyupimaatisiiun Unit
Manon Dugas	Director of Uschiniichisuu Miyupimaatisiiun Unit
Bella Moses Petawabano	Director of Awash Miyupimaatisiiun Unit
Jill Torrie	Director of Specialized Services

Administrative Services

James Bobbish	Assistant Executive Director – Administrative Services (interim)
Janie Moar	Executive Assistant
Éliane Collin	Director of Human Resources
Annie Bobbish	Coordinator of Human Resources Management
Colette Fink	Personnel Management Consultant
Nancy Bobbish	Coordinator – Human Resources Development Unit
Patrick Côté	Director of Information Technologies and System Resources
Robert Larocque	Director of Financial Resources (interim)
Vacant	Asst. Director Financial Management
Gordon Matthew	Head of Purchasing
Betsy Scipio	Head of NIHB – Program (interim)
Hugo Georgekish	Director of Material Resources (interim)
Kevin O'Brien	Coordinator – Facilities Unit
Vacant	Coordinator – Equipment Unit

AED – Community Health and Social Services

Lisa Petagumskum	AED – Community Health and Social Services (as of January 2006)
Vacant	Executive Assistant
André St-Louis	Director of Coastal CLSC
Alan Moar	Director of Inland CLSC (interim)
Louise Carrier	Coordinator of Health – Coast
Pierre Larivière	Coordinator of Health – Inland
Abraham Bearskin	Coordinator of Community Allied Health Programs – Coastal
Vacant	Coordinator of Community Allied Health Program – Inland
André Tousignant	Coordinator of Prehospital Services
Janie Wapachee	Coordinator of MSDCs and HCC Programs
John George	Local Coordinator – Whapmaghoostui
Jules Quachegan	Local Coordinator – Chisasibi
Elmer Georgekish	Local Coordinator – Wemindji
Yionna Wesley	Local Coordinator – Eastmain
Bert Blackned	Local Coordinator – Waskaganish
Beatrice Trapper	Local Coordinator – Nemaska
Marlene Etapp Dixon	Local Coordinator – Waswanipi (interim)
Susan Mark	Local Coordinator – Ouje-Bougoumou
Annie Trapper	Local Coordinator – Mistissini
Bryan Bishop	Director of Youth Protection
Mary Bearskin	Assistant Director of Youth Protection



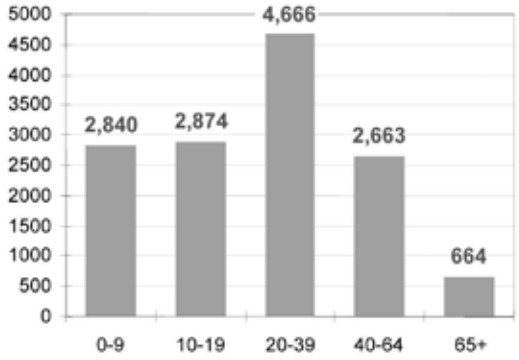
AED – Regional Health and Social Services

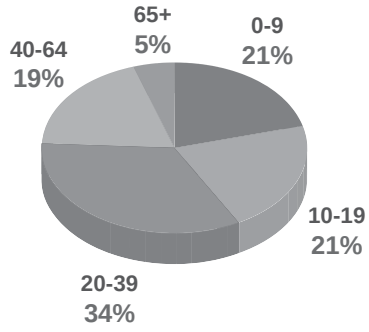
Suzanne Roy	AED – Regional Health and Social Services
Shelly Sam	Executive Assistant (interim)
Caroline Rosa	Director of Cree Patient Services
Jasmine St-Cyr	Head – Val d'Or CPS
Vacant	Head – Montreal CPS
Louise Gagnon	Director of Hospital Centre
Céline Laforest	Coordinator of Medicine and Support Unit
Claire Rousseau	Coordinator of Ambulatory Services Unit
Marco Bissaillon	Coordinator of Auxiliary Services Unit
Gordon Hudson	Director of Youth Healing Services
Jane Sam Cromarty	Head of Weesapou Group Home
Philip Shecapio	Head of Upaahchikush Group Home
Lisa Petagumskum	Director – Social Professional Services and Quality Assurance (Regional) (interim)
Laura Bearskin	Associate DPS-Social Professional Services and Quality Assurance (Regional) (Interim)
Jocelyne Gagné	Head of Mental Health Program
Daisy Ratt	Coordinator of Mental Health
Hélène Nadeau	Director-Nursing Professional Services and Quality Assurance (Regional)
Alain Gagnon	Director – Regional Medical and University Affairs and Professional Services

Age Groups (resident)

Numbers (July 1, 2005)

	0-9	10-19	20-39	40-64	65+	Total
Whapmagoostui	154	195	233	149	41	772
Chisasibi	791	1236	737	179	3721	3721
Wemindji	223	222	449	249	64	1207
Eastmain	109	140	202	112	41	604
Waskaganish	369	418	580	368	72	1807
Nemaska	131	116	229	119	24	619
Waswanipi	301	294	455	261	80	1,391
Ouje-Bougoumou	142	129	235	97	21	624
Mistissini	633	569	1,047	571	142	2,962
Region	2,840	2,874	4,666	2,663	664	13,707





Grand Total Crees

	Male	%	Female	%	Total	% POP
0-4	716	53.92%	612	46.08%	1328	8.25%
5-9	850	50.03%	849	49.97%	1699	10.56%
10-14	919	51.23%	875	48.77%	1794	11.15%
15-19	763	51.11%	730	48.89%	1493	9.28%
20-24	708	50.75%8	687	49.25%	1395	8.67%
25-29	690	48.49%	733	51.51%	1423	8.84%
30-34	769	50.29%	760	49.71%	1529	9.50%
35-39	657	52.18%	602	47.82%	1259	7.82%
40-44	510	48.85%	534	51.15%	1044	6.49%
45-49	389	48.02%	421	51.98%	810	5.03%
50-54	290	48.41%	309	51.59%	599	3.72%
55-59	240	48.48%	255	51.52%	495	3.08%
60-64	181	45.25%	219	54.75%	400	2.49%
65-69	142	48.46%	151	51.54%	293	1.82%
70-74	98	45.37%	118	54.63%	216	1.34%
75+	147	46.08%	172	53.92%	319	1.98%
Total	8,069	50.13%	8,027	49.87%	16,096	100.00%

Population (July 1/05)
Quebec 7,568,640
Canada 32,270,507

3 Planning, Programming, Evaluation and Development Services

For 2005-2006, no new human resources were added to the Planning, Programming, Evaluation and Development Services (PPED). Several functional and technical programs (PFTs) were completed, modified or updated.

Cree Integrated Health and Social Services Centre – Mistissini

Because of the new Strategic Regional Plan (SRP), the PFT was updated to take into account the extensive mission of the future facility as an integrated services unit. The MSSS proposed a new format for the PFT to organize all information needed; more particularly, one of the main chapters of the PFT is the Clinical Plan. We hope to finalize this in 2006-2007.

Cree Integrated Health and Social Services Centres – Eastmain and Nemaska

The PFTs for new health and social services centres in these communities were previously approved by the organization. Now these programs have to be revised to reflect the new SRP. This activity will take place next year.

Cree Integrated Health and Social Services Centre – Wemindji

The second version of the PFT of the future facility was approved by the Board of Directors in September 2002. New services and programs to be implemented require much more clinical and office space. With the new SRP, the functional and technical program had to take into account the extensive mission of the future facility as an integrated services unit. The PFT was approved in May 2005 by the Board of Directors and MSSS. The construction of the new facility is expected to start in the spring of 2006.

Collection of Statistics

Statistics are used by different interveners for planning activities of the Cree Health Board. Statistical data (indicators, population, expenses, etc) is a strategic information resource for the analysis of past and present factors useful for future orientations of planning activities, to improve the quality of services to the Cree population.

The statistics collection, updated twice a year, is an essential part of the ongoing activities of the Cree Health Board. This information resource is most useful for all parties interested in statistical data for health and social indicators. This tool was distributed to all senior managers in 2005-2006.

Operational Planning Training

During the last year, training sessions on operational process were provided to managers. To implement the Regional Strategic Plan within the organization, the managers were required to produce operational plans for 2005-2006, and the exercise was completed and approved by the Board of Directors. The same process was initiated for the operational plans of 2006-07. The proposed plans of the managerial staff will be approved in the same manner.

Healing Lodge

This file is ongoing since 1990. It is one of the major priorities approved by the Board of Directors. There is constant improvement of content as the statistics, costs related to construction and program activities are updated. Approval of the technical and functional program by the Board of Directors will be done in 2006-2007 and sent to the MSSSQ for final approval.

PFTs

The SRP promotes new orientations, approaches, services and programs. These activities require an organizational chart that reflects new ways of providing services to the Cree population. It also means that roles and responsibilities of the CBHSSJB managerial staff are adjusted and/or modified accordingly. In that sense, the content of the Planning, Programming, Evaluation and Development Services were developed at the level of roles and responsibilities, and are reflected in the technical and functional program for these services. The PFT was approved by the Board of Directors. Now the process continues in the development of job descriptions of managerial, professional and administrative staff for approval by the Board of Directors in the next year so that recruitment of personnel can proceed as planned.

Other PFTs for office space were developed for different services and approved by the Board of Directors: the Administrative Centre (Chisasibi), Cree Patient Services (CPS) Faubourg Sainte-Catherine (Montreal), CPS Val d'Or, and Public Health Montreal (Duke Street).

Indicators and Dashboards

The SRP mentions a series of indicators measuring the objectives in terms of results to be obtained after five years of implementation. A list of indicators has been identified for the purpose of building dashboards for the Board of Directors and MSSS. A proposed reference tool will be presented to the Board of Directors for approval next year.

Format of the Annual Activity Report

The first version of policies on the "Standard" and "Summarized" format of the Annual Activity Report was elaborated many years ago (1987-1988). Since that time, the services and programs have expanded tremendously, and the structure of the organization is more complex. The format takes into account the implementation of the SRP, the operational planning of services and programs, new facilities with the main focus on the communities, the policies now have to be revised and adapted to the actual context. A team of representatives from Corporate Affairs, and of Planning and Development started the process and will propose new policies to the Board of Directors in the coming year.

PPED participated in different committees and sub-committees, such as the Executive Committee, the Regional Implementation Committee for the Regional Strategic Plan, the MIS Committee, and other sub-committees as required.

Richard St-Jean

Director of Planning, Programming, Evaluation and Development Services (PPED)


Jasmine

4 Programs & Services: Health and Social Services

In 2005-2006, the health care and services programs team was subject to many organizational changes including the governance of the sector, two AEDs (regional and community) carried out promotion activities for the continuous improvement of practices in health and social services.

The AED Regional Services (interim) led to the formation of a new group, now including five (5) directors of Chisasibi Hospital, Cree Patient Services, Mental Health, Youth Healing Services and the Direction of Professional Services-Medical, including the new role of Regional Director of University and Medical Affairs (DRAMU).

During that period, a Director of Medical Administration was in place until December 2005. The position of Director of Professional Services-Health remained vacant after May 2005.

Since April 2005, the Health and Social Services sector, being a large sector providing services to all the Community residents, natives and non-natives, living in the nine communities of Iiyiyiu Aschii, was subjected to the escalating pressure for planning and programming, in order to implement the Strategic Regional Plan. Despite this, in 2005-2006, we reached a new record with:

- The ongoing provision of programs subsidized by the Federal Government for specific staff to maximize services, including the newly negotiated Maternal and Child Health Program.
- The improvement of first responder services in some communities and the efficient coordination of emergency measures during the forest fires of the summer of 2005 in three communities: Chisasibi, Wemindji, and Eastmain.
- The grand opening of two MSDCs in Mistissini (February 2006) and Chisasibi (March 2006).
- The hiring of a consultant to develop a conceptual model for the Healing Lodge.

The following specific reports describe some of the highlights of the five regional departments, Chisasibi Hospital, Cree Patient Services, Mental Health, Youth Healing Services and the Direction of Professional Services-Medical including Regional Director of University and Medical Affairs (DRAMU).

The members of the health and social services value holistic knowledge to promote the best approaches for professional, traditional and cultural practices in Iiyiyiu Aschii.

We would like to take this opportunity to acknowledge a number of people for their dedication to the services delivery sector. We especially wish to thank the staff, physicians and managers for their commitment to serving community members. Every day, they demonstrate that CICs and regional entities and programs are well established in fulfilling their mission within the communities.

Suzanne Roy
AED Regional Services (Interim)

Chisasibi Regional Hospital Centre

The Chisasibi Hospital administration coordination team has worked on several projects in cooperation with the involved departments.

Archives

All year the hospital was without a medical archivist. The position was posted, but no one was recruited. The hospital centre had to hire a consultant for one week to finalize all the data for RAMQ and the statistics for the hospital.

Radiology

A new agreement was reached with Val d'Or Hospital for radiography reading.

Hemodialysis

The Nephrocare system has been installed allowing a doctor in Montreal to see the patient, and get all the information on his health. The staff is in the process of experimenting with the Nephrocare equipment. to facilitate consultations with doctors in the south.

Medicine Department Statistics

A. Number of Admissions	2004-2005	2005-2006
Medicine	287	360
Obstetrics	5	7
Pediatrics	161	126
Newborns	3	1
Total	456	494
Chronic	3	3

We have an **increase** of **8.3%** in admissions.

Possible reasons:
- No more observations, the doctors admit all patients
- Increase in the population
- Increase in illness
- Younger "dépanneur" doctors who are less comfortable or insecure

B. Number of Hospitalization days	2004-2005	2005-2006
Medicine	1,763	1,807
Obstetrics	12	9
Pediatrics	664	427
Total	2,439	2,243
Newborns	6	2
Chronic	10,484	1,378

We have a **decrease** of **8.0%** due to the clients spending less time in the hospital.

Possible reason: No more observations.

C. Total number of inpatients per day	2004-2005		2005-2006	
	Total	Average/day	Total	Average/day
Medicine	1,766	4.84	2,117	5.42
Obstetrics	12	0.03	9	0.02
Pediatrics	655	1.79	407	1.12
Total	2,433	6.67	2,533	6.95
Newborns	6	0.02	2	0
Chronic	2,003	5.49	2,753	7.54

We receive an average of 7 acute patients/day and an average of 8 long-term patients/day.

The **occupation rate** is **56%** and almost the same since a few years.

Transfers to other Health Centres	2004-2005	2005-2006
Medicine	39	47
Obstetrics	0	0
Pediatrics	12	8
Total	51	55

The rate is the same as for the past few years.

Deaths	2004-2005	2005-2006
Medicine	12	10
Chronic	2	2
Total	14	12

The rate is the same as for the past few years.

Outpatient Clinic Statistics

A. Number of visits to the clinic	2004-2005	2005-2006
Total	18,645	18,245

We have a **decrease** of **2.1%**.

Possible reasons:
- Better information provided over the phone.
- Better prevention or information provided by the Community Health and/or Public Health

B. Number of specialists' visits	2004-2005	2005-2006
Total	1,412	1,632

We have an **increase** of **15.6%**.

Possible reasons:
- Increase in the population.
- Clients are encouraged to see the specialist here instead of outside. It will be interesting to see if patient services experience a decrease of visits.

There are 27 full-time nurse positions in the hospital.

Imagery Department Statistics

	2004-2005	2005-2006
	Total exams	Total exams
X-rays	2,856	3,032
EKGs	818	868
Ultrasounds	1,111	837
	Total clients	Total clients
	3,576	3,463

We have an **increase** of **6.1%** for X-rays exams; an increase of 6.1% for EKGs, and a **decrease** of **24.6%** for ultrasounds.

Possible reasons:
- Increase in the population
- Increase in illness
- Younger 'depanneur' doctors who are less comfortable or insecure
- The decrease in ultrasound tests is due to the technician being on sick leave for a few months.

Whapmagoostui and Radisson total number of referred clients	2004-2005	2005-2006
Whapmagoostui	189	120
Radisson	86	86

We have a decrease of 36.5% for services provided in Whapmagoostui.

Possible reason: During this year, the radiography space and equipment were rebuilt and the centres were a few months without services.

There are 3 full-time radiology technicians.

Laboratory Services Statistics

Comparison table of activities

	2004-2005	2005-2006
Tests done in the Chisasibi laboratory	149,573	179,586
Tests done outside (special tests)	52,513	70,651
Unit cost	$1.22	* expected $ 1.10

We have an **increase** of **20%** for the tests done in Chisasibi.

We have an **increase** of **34.5%** for the tests done outside.

Total increase in tests is **24%**.

Possible reasons:
- Increase in the population
- Increase of illness and/or younger doctors

* The official unit cost comes from the MSSSQ a few months later.

Radisson Health Centre Laboratory Sale Services	2004-2005	2005-2006
Total of tests	2,984	3,838
Total money perceived	$8,065.90	$10,281.40

There are four (4) full-time laboratory technicians.

Hemodialysis Services Statistics

Number of dialysis treatments	2004-2005	2005-2006
Number of dialysis treatments	1,720	1,503
Number of clients	Average of 13	Average of 11
Number of deceased	3	3
Kidney transplant	0	1
Pre-dialysis clinic	2004-2005	2005-2006
Number of clients	20	42
Number of visits	Average 300	Average 630

We had 29 videoconferences with the nephrologist Dr. Vasilevsky.

The clientele for the pre-dialysis clinic is growing very quickly at a rate of 52.3%.

Possible reasons:
- Increase in the population
- Increase in diabetes disease
- New services since two years. Previously, the clients did not know that they were sick before any dialysis treatment was started

There are three full-time nurse positions and one full-time beneficiary attendant position.

Auxiliary Services Statistics

Laundry

Total weight of linen washed (lbs)	2005-2006
Total	39,809

This is an average.
We did not get all the statistics.
This is a new indicator for the hospital.

Kitchen

Average number of meals served per month	2005-2006
Clients	1,344
Employees	1,058
Visitors	39

This is an average.
We did not get the entire statistics.
This is a new indicator for the hospital.

Orientations for Chisasibi Hospital

We are now in the process of determining the future vision for the hospital. A population consultation is presently ongoing to find a way to improve services. At the same time, we are working with the RUIS (Regional University Integrated Services) and the MSSSQ to implement all the "corridors of services" with McGill for the specialized services, including tele-health.

Louise Gagnon
Director Chisasibi Hospital

Mental Health Program

The assistant to the program, Daisy Ratt, has served as Head of the program for an interim period of several months from May 2004 to November 2005. She has done a very good job considering the volume and the variety of daily demands. Ms. Jocelyne Gagné was hired as Head of Mental Health in mid-November 2005.

Since then, operational planning of mental health for 2006-2007 was presented with the ambitious goal to set up a Mental Health Program adapted to Cree culture and needs giving the Cree population in the nine communities, access to services that are comparable to those offered in other regions of the province. This will be done collectively at different levels with the collaboration of representatives from the communities.

Services to the Nine Communities

Consultations

The Mental Health Program has six visiting psychologists, one counsellor, and one (male) psychologist for the assessment/evaluation of all nine Cree communities. Although we have improved the services by having a psychologist in the communities almost each month, the rotation of psychologists or counsellors in Waskaganish, Eastmain and Ouje-Bougoumou every second month is reported as a problem, in particular on gender issues.

A total of 2,344 consultations have taken place in the communities, either with a psychologist or a counsellor (1,629 requested by females, 705 by males).

Training

Different subjects were presented in workshops, such as "How to talk to children about suicide", "Crisis intervention", "Anger management" and "Suicide prevention". Another workshop was held by the counsellor at a Youth gathering. The expertise of the psychologist was required for training, in particular for foster families and emergency workers. Psychologists are also required for debriefing after a crisis, including suicide.

Recommendations

- An emphasis should be put on psychologists and others professionals of the Mental Health Program to providing the necessary training, support and coaching to permanent staff in each community (health, social, school) so that the clients have continuous and high quality services.
- A review of reasons to explain the high number of clients (414) not showing up for their appointments will be carried out.
- According to the Local coordinators' plans, the Mental Health program will support the hiring, training and coaching of a mental health worker in each community. This person will assume continuity of care for the clientele and develop necessary links with other resources, social workers, clinics, the Band, schools, daycares, police, elders, natural helpers and parents.

Outside Services

Outside services have increased due to the larger number of clients living outside the region. These persons leave the region for education, work or are in emergency situations outside of the territory. Mental Health had 114 outside consultations for 86 persons, 60 female, 26 male, 55 from Inland and 31 from Coastal communities. It has required the services of 24 professionals and therapists, including 16 psychologists (6 visiting psychologists or MH counsellors).

Recommendation

Provide access to a list of psychologists to the Cree School Board where they have a great number of students, and to the Cree Regional Authority in Montreal and Ottawa, or to other Cree entities where beneficiaries work and reside.

Psychological Assessment/Evaluation

The number of assessments/evaluations by Youth Protection has decreased due to the fact that there is no female psychologist available, but assessment/evaluation for adults or family has been requested. Most of the requests are prompted by a court order. There had been 9 requests for assessments, 8 for youth and 1 adult, 1 female and 8 male. Recommendation: Hire a female psychologist for assessment/evaluation.

Chisasibi Residential Resources Center (CRRC) Fourplex

The collaboration of the Head of Mental Health and other professionals (psycho educator, occupational therapist and nurse) was required for the evaluation of the clientele living in the CRRC. Most of the residents have a mental health condition (7 of 8 residents) and require adequate care and support. Recommendations have been addressed to the managers concerned. Some have been applied and others are planned for the future, in order to improve the quality of life of CRRC residents.

Traditional Healing

For many years now, there have been requests for funding in traditional healing without success until now. Mental Health is aware that there is now an officer in charge of Cree Helping Methods (Iiyiyiu Pimaatisiiun) in place within the Cree Board of Health and Social Services of James Bay.

The Mental Health Program to be elaborated next year will take into account:

- Proven traditional healing methods as alternatives to balance western approaches.
- Integration of natural helpers and Elders.
- Collaboration, as done in 2005-2006, to organize group therapy for Interveners.

Mental Health Promotion

Few structured actions have been taken in mental health promotion this year. A provincial campaign is planned for the current year. This could support regional and local actions to develop more awareness on mental health and mental illness. An emphasis should be placed on the qualities and capacities of persons suffering from mental illness and the possibilities of their integration within the community, as well as their contribution to society.

Recommendations

- Organize visits in all Cree communities.
- Adapt and distribute existing pamphlets on mental health.
- Create awareness of a culturally sensitive and integrated holistic approach to mental health and wellness.
- Promote mental health through local/regional media.

Projects for 2006-2007

In addition to the recommendations listed above on specific objects, the main project for Mental Health will focus on the elaboration of a regional Mental Health Program taking into account:

- History of mental health services in the James Bay area.
- Regional and local needs of the population.
- Actual organization of mental health services and gaps in the organization to meet the needs of the population.
- Necessary links and formal collaboration with other directorates, services, professionals, interveners, organizations at the provincial, regional and local levels.
- Necessary implication of more native workers in regional and local organizations for planning and implementing the Mental Health Program.
- Key role of local mental health workers.

To achieve this goal, it is necessary to create a Mental Health team at the regional and local levels, as well as a consultative and coordination committee that will ensure the continuity and the long-term survival of this essential program.

Jocelyne Gagné
Head of Mental Health

Daisy Ratt
Coordinator of Mental Health

Joyce Chagnon
Psychologist (statistics)

Mental Health Program: Client Statistics

Reason for Consultation 2005-2006

Reason for consultation	Whap	Chis	Wem	East	Wask	Nem	Was	O.-B.	Mist	Total
Obsessive compulsive						1				1
Agoraphobia			1							1
Bulimia		1								1
Difficulty reading					1					1
HIV					1					1
Helping tips		1								1
Racism					1					1
Intervention with professional/ professional support			5	2	1	7		2		17
Social skills			1							1
Paranoia			3							3
Residential school issues									2	2
Debriefing						1			1	2
Spirituality				1				1		2
Abandonment/ attachment issues	1								2	3
Sleeping problems			2			1				3
Boundaries/ limits/ saying no	2	1					1			4
Sexuality issues/ menopause	1	1					1		1	4
Mental health issues	5									5
Somatization			2	2	1					5
Gambling					2		1	2		5
Abortion	4								2	6
Dependency					3		2	1		6
Car accident			2		5					7
Emotional distress		1			1	2		3		7
Needs advice/ support			5	1	1					7
Psychosis						7				7
Rape/ sexual assault / sexual harassment	3	2			1	2				8
Casual visit				8				1		9
Emotional eating/ weight problems	3		4		1	1				9
Crisis		2	2		1		3	4		12
Personal issues			2	4	2		1	1	1	11
Personality disorder	3					3	6			12
Anger/ aggression to others/ violent behaviour		9					2	5		16

Reason for consultation	Whap	Chis	Wem	East	Wask	Nem	Was	O.-B.	Mist	Total
Childhood issues (from the past)	1	8	1		5	1		1	2	19
Bullying	5	2	4		1		2	1	4	19
Relationship issues	11	1	1				7			20
Court issues/ legal issues/ probation			2	2	9	2	6	2	1	24
Schizophrenia		3	2			14			5	24
Adjustment/ life changes/ phases of life/ insecurity / adaptability	4			3	3	2	4	3	3	22
Separation/ divorce/ relationship break-up	2	7		1	5		1	7		23
Anger management	2	10				3	8	1		24
Follow-up				18		1		6		25
Burnout/ fatigue	6	7	4	1		2		3	3	26
Physical issues/ health issues	1	5	12	3	1	1	1	6	1	31
Stress management/ stress issues/ self care	10	9	1		2		8	1		31
Work issues	4	4	4	4			11		5	32
Conjugal violence/ differences/ problems/ fears	6	6	8	6		6	2	3		37
Panic attacks	3	4	12	11	1	7	2	1	4	45
Stress (related to work)		6	3	7	2	12	4	3	4	41
Self-esteem / assertiveness	1	3	35	1			2	2		44
PTSD	11		8	7	6	13	2	4	2	53
Substance abuse (alcohol & drug)	1	14	2	2	1	10	11	1	24	66
Behaviour problem	11	22	8		3	5	17	3	21	90
Sexual abuse	3	28	1		5	12	6	2	42	99
Suicidal thoughts/ idealizations/ behaviour/ ideas/ attempts / feelings	14	27	13	18	9	7	8	11	6	113
Parenting skills	4	33	16	29		13	26	3	7	131
Depression/ postpartum depression	54	15	12	13	12	9	7	14	22	158
Anxiety	47	25	12	20	13	11	10	14	22	174
Grief/ multiple grief/ loss	38	38	11	9	14	6	18	24	30	188
Family issues/ problems/ diff./ counselling/ conflict	54	31	22	21	18	14	29	14	6	209
Marital counselling/ therapy/ problems/ diff./ issues/ couple	25	40	29	18	23	7	37	16	33	228
Case discussions	56	80	42	23	8	31	21	25	7	293
Total reasons for consultation										**2,469**

Mental Health Program: Client Consultation Statistics 2005-2006

Communities	Number of consultations	Number of females	Number of males	Did not show for appointment
Chisasibi -1	346	231	115	58
Mistissini -2	295	208	77	105
Waskaganish -3	261	154	107	56
Waswanapi -4	250	175	75	48
Wemendji -5	261	203	58	38
Whapmagoostui -6	353	255	98	45
Oujé-Bougoumou -7	204	138	66	14
Nemeska -8	182	129	53	Not known
Eastmain -9	192	136	56	50

Youth Healing Services (YHS)

Mission Statement

To contribute to the protection and well-being of youth through a program which is accountable for care providing safety, security, and most importantly, treatment. YHS is committed to providing a compassionate and effective family-oriented program for youth who are experiencing a wide range of difficulties.

Introduction

The history of residential care is a long legacy. This year marks the 21st year since the first group home was opened in 1985 within Iiyiyiu Aschii. This era began because of the desire to bring youth home from southern centers. Reflecting back on rehabilitation services, now known as Youth Healing Services, it has gone through many challenges and changes.

Back then, two group homes were established, one in Mistissini and one in Chisasibi. Both group homes were house-parent models. The concept of the reception centre led to a new direction of operation. House-parents were replaced by childcare workers who were trained to offer more complete services to youth in care. This is a challenge for all units within Youth Healing Services.

Youth Healing Services serves youth between the ages of 13 and 18 years of age who are experiencing a variety of difficulties at home or in the community. It serves youth who are under Youth Protection and Young Criminal Justice Act. These clients are usually individuals who are unable to manage their own behaviour in community settings and require direction and assistance.

Objectives

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

YHS is now in the process of developing a more community-based service that focuses on family preservation with a more holistic approach to care. As YHS continues the process of extending these services in youth programs, one of the important elements is to introduce a healthy lifestyle to youth and their families through the Healing Homes Program. This program will be introduced as pilot phases in two communities, one inland (Nemaska) and one coastal (Whapmagoostui) to begin operation in December 2006.

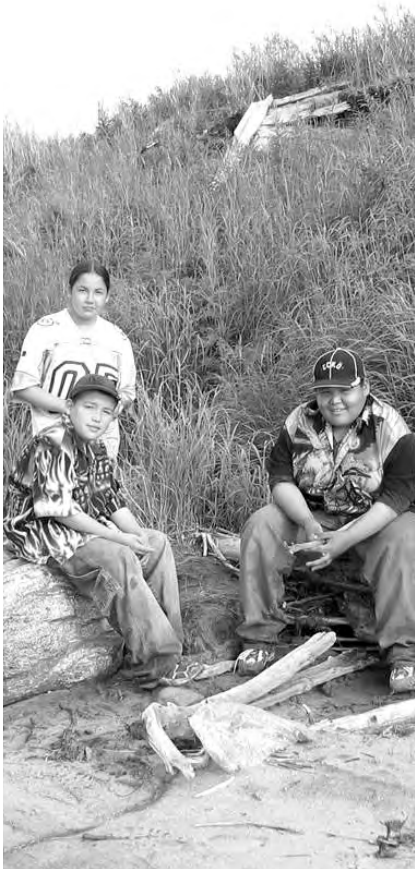
Another important component of YHS is the bush program with a holistic land-based concept now fully implemented on the Coast and Inland with staff assigned to develop and maintain a constant traditional way of life to engage the youth of Region 18. Elders in both settings have been contracted to ensure proper delivery of this program.

YHS Commitment to Care

Youth Healing Services is committed to providing proper care as part of the ongoing process of integration of youth services in the continuum of care. These services will focus on aspects of the client, family and community settings. YHS takes great pride in the de-institutionalization of all facilities to create a more comfortable environment to better suit the therapeutic value of interventions with youth.

Below are just a few examples of ongoing commitment.

- YHS Bush Program has been fully developed and implemented for both group homes and the reception center for youth of Region 18.
- To better serve youth in placement, YHS consults directly with youth in care to voice concerns and ideas on program development and positive consequence structures.
- To use traditional, cultural and elder teachings in providing services to the clientele and their families based on values, ideas and concepts.
- To effectively maintain support and guidance to the YHS team for training and development.
- To establish partnership links with agency services, local entities and the communities.
- To maintain YHS development plans to build professional skills, knowledge and experience in support of staff development.
- To promote YHS and Cree childcare through workshops and conferences.



Employee Growth

For staff development, Youth Healing Services continues to provide the staffing necessary to better serve youth in placement. Training is provided to assist the workers in different areas, such as security training, drugs and recognition/counselling, therapeutic crisis intervention certification, report writing/skill building/interview techniques, and policies and procedures for the operation of each facility based upon greater therapeutic value with each client.

As a result, the workers have a greater understanding of the organizational structure and employee code of ethics in dealing with their personal or professional lives. Guidelines and principles help guide Youth Healing Services staff in their tasks and responsibilities.

Administrative and Staffing Services

Youth Healing Services consist of the Director, Planning and Programming Officer, Intake Officer, Bush Program activity organizer, Bush Program Childcare Workers, Elders, Coordinators, Clinical Advisors, Group Leaders, Childcare Workers, Secretarial Services, Maintenance, Janitors, and Cooks.

Youth Healing Services is now in a better position to fulfill the necessary requirements to fulfill its mandate. Through the combination of a consistent, secure, and caring environment with a caring, supportive youth/staff relationship, youth in placement needs are being met.

YHS staff is available 24 hours per day, 7 days per week, 365 days a year for any and all situations that may arise in dealing with youth in crisis.

Clinical Services

Internally, the three Centers identified the important need of a "Coach" for development as a long-term process. The coach/trainer concept allows managers and clinical staff to work on in-depth issues and deal with difficult situations. This concept has created stability and direct support to the program. This area is a much-needed resource in developing on-site-training and debriefing to provide and improve quality of care and treatment. This is an ongoing process to develop this system.

Development Process

Youth Healing is involved in the Strategic Regional Plan team with the Social Services sector (YPS, DPS, MH, CLSC and Public Health) identifying and developing community-based services and programs for greater delivery of services.

Achievements

YHS have successfully re-introduced several youths to their home communities. YHS staff has received positive feedback from community members, parents, and clients. YHS and Youth Protection have developed a partnership that enables both sectors to work together in the therapeutic rehabilitation process.

All organized activities, cultural or non-cultural, were developed and implemented in partnership with staff, clients and administration, and fully supported by the Director. All were very successful, and could not have been accomplished without teamwork. Many therapeutic and self-esteem activities are planned for the upcoming summer (2006).

Program Activities

Football Camp A football camp was organized here in Mistissini, and all nine Cree communities were invited. There were approximately 400 participants.

Trip to Ottawa – Pow Wow	October 2005, Pao Pao's Pow-Pow had 250 participants.
Trip to Ottawa – NHL	On January 11-13, 2006, another activity was organized to watch the NHL in Ottawa, where staff and clients participated and met Jonathan Cheechoo, an NHL player and a Cree role model – there were 150 participants.
Trip to Toronto – NBA	On March 27-April 01, 2006, the YHS had an opportunity to attend a basketball game in Toronto for a Raptors game. Youth met the famous player, Shaquille O'Neal. They also had a chance to shoot baskets with other NBA players. 50 youths participated.
Trip to Montreal – Pow-Wow	On June 15-20, 2005, the YHS participated at the Shawbridge Cultural Exchange – Pow Wow.

Bush Program Activities

"Respect the ways of the Elders and continue to develop our knowledge through their teachings."

Moose Hunt	On two occasions, the bush program successfully achieved their moose hunting activity and donated the moose to the Mistissini Elders home.
Caribou Hunt	The Caribou hunt was also an accomplishment with bush program workers and client participation
Goose Hunt	All units went on a goose hunt, one of the major activities since the existence of YHS, which will most certainly be an on-going activity.
Fishing	Every summer, a fishing trip is organized for the youth in placement.

Statistical Summary	Weesapou Group Home 2005-06	Upaachikush Group Home 2005-06	Reception Center 2005-06
Operating permit	8	8	15
Total number of youths in placement	24	21	52
Youth Protection Act (Art. 47-38-79-54)	22	20	40
Boys & Girls (8-12 yrs)		2	
Boys & Girls (13-17 yrs)	24	19	52
Youth Criminal Justice Act Open Custody	2	1	12
Bush program activity days	184	146	173
Hospitalization	0	20	44
Absence without authorization (AWOL)	43 days	22 days	34 days
Backup to reception center or other centers	6 days	26 days	28 days
Home leaves	451 days	423 days	486 days
Total days present "jours de présence"	828 days	873 days	1,705 days
Number of youths discharged	19	33	12
Average number of youths in unit per day	4	5	8
Transfers to group homes or other rehabilitation centers	2	4	11
Transfer to foster home	1	0	0
Average length of placement (months)	9	4	6

Gordon Hudson
Director of Youth Healing Services

Cree Patient Services (CPS)

Outside the Cree region, infrastructures for CPS are in place for reception, lodging and interpretational services for Cree beneficiaries. Cree Patient Services offices exist to facilitate the provision of the Non-Insured Health Benefits to Cree beneficiaries who are referred outside the region to receive specialized medical services. The non-insured health benefits program provides transportation, lodging accommodations, and interpretation services.

Dr. Darlene Kitty, first Cree physician, was among the five new physicians hired in 2006 to work at the Chisasibi Hospital.

Cree Patient Services are located in four (4) strategic localities in Chisasibi, Chibougamau, Montreal and Val d'Or. The four centers have approximately 60 permanent and occasional employees. At the end of this year, the Board of Directors approved the change of status from occasional to permanent for nine (9) employees [Chisasibi – one (1), Chibougamau – one (1), Montreal – four (4), and Val d'Or – three (3)]. The Administrative Committee approved eight (8) new positions [Chisasibi – one (1), Chibougamau – one (1), Montreal – four (4), and Val d'Or – two (2)]. At the end of 2005-2006, two positions were filled. The remaining six (6) will be filled at the beginning of 2006-2007.

The setting-up of a patient quota system is still challenging because of the unpredictability of specialized medical needs required for the population. The health system is ever-constantly changing with fewer specialists in the region. CPS had to adapt to these changes as per policies, by processing the patient-medical request to the nearest facility where services are provided.

Congratulations go to all frontline employees who are in direct contact with clients to patiently explain the policies concerning transport and lodging.

CPS Chibougamau

The office is situated in the Chibougamau hospital where four (4) employees work full time: one (1) senior clerk, two (2) northern establishment attendants, and one (1) liaison nurse. Two new positions were approved at the end of the year, one full-time northern establishment attendant, and one part-time liaison nurse; however, they will be filled within the next year. The service received 46% of patients for CPS with 7,571 clients, with a decrease of 3% from last year. The visits to Chibougamau hospital are related to radiology (738), emergency room (603), obstetrics (554), haemodialysis (474), physiotherapy (453), and surgery (302).

CPS Chibougamau

Number of patient & escort arrivals per year

Year 00-01	Year 01-02	Year 02-03	Year 03-04	Year 04-05	Year 05-06
6,307	7,533	8,287	9,002	7,814	7,571
		% increase per year			
3.53	19.44	10.00	8.63	(-13.19)	(-3.11)

CPS Chisasibi

The office is situated in the Chisasibi hospital where four (4) employees work, two (2) full-time administrative technicians, and two (2) part-time drivers. This year, one driver status was changed from occasional to permanent part time. A new position for a liaison nurse was approved and will be filled in the next year. This service received 875 clients with a decrease of 0.5% from last year. This decrease could be explained by the few specialist visits at the hospital. The visits to Chisasibi hospital are related to haemodialysis (293), radiology (190), surgery /gastrology (46), dentistry (45) and orthopaedics (41).

CPS Chisasibi

Number of patient & escort arrivals per year

Year 00-01	Year 01-02	Year 02-03	Year 03-04	Year 04-05	Year 05-06
899	1,224	1,295	921	879	875
		% increase per year			
24.86	36.15	5.80	(-28.88)	(-4.56)	(-0.46)

In September 2005, after 16 years working at CPS Chisasibi, Mrs. Ann Martin chose to transfer to Youth Protection in Chisasibi. She had studied in this field and we wish her all the best.

CPS Montreal

The office is situated in the Faubourg Ste-Catherine (Montreal) close to several hospitals. The employees working from this office are one (1) director, three (3) liaison nurses, one (1) medical secretary, one (1) dispatch, one (1) receptionist, two (2) interpreters, four (4) full-time drivers and several occasional employees.

At the end of the year, four (4) positions were approved from occasional to permanent, one (1) liaison nurse, one (1) medical secretary, and two (2) drivers. Five (5) other new positions were approved and will be filled next year: one (1) social worker, two (2) drivers (weekends), one (1) administrative technician and one (1) unit manager.

This service received 2,594 clients with an increase of 11% from last year. The visits to Montreal are related to ophthalmology (599), radiology (343), nephrology (257), ENT (216), paediatrics (197), cardiology (192), neurology (187) and oncology (181).

CPS Montreal

Number of patient & escort arrivals per year

Year 00-01	Year 01-02	Year 02-03	Year 03-04	Year 04-05	Year 05-06
1,756	1,852	2,052	2,093	2,333	2,594
		% increase per year			
34.97	5.47	10.80	2.00	11.47	11.19

The Board of Directors approved an expansion of the office for the new positions, a conference room and two visitor offices. There is a plan to have a video link system for clients staying for long periods in Montreal and their families in the community.

CPS Val d'Or

The office situated in the Val d'Or hospital has one (1) unit manager, one (1) executive secretary, six (6) liaison nurses, one (1) social worker, three (3) medical secretaries, one (1) receptionist, two (2) interpreters, one (1) super user for the computer program, two (2) drivers full time, two (2) drivers part-time and several occasional employees.

This Service received 5,333 clients with an increase of 9.49% from last year. The visits are related to obstetrics (1563), radiology (937), emergency room (620), gynaecology (583), ENT (536), surgery (523), cardiology (386), physiology (340), pneumology (234), ophthalmology (220), gastrology (220), urology (183), nuclear medicine (166) and oncology (152). The availability of more specialists in the region, the respect of the medical corridors and available staff for the summer explains the increase.

CPS Val d'Or

Number of patient & escort arrivals per year

Year 00-01	Year 01-02	Year 02-03	Year 03-04	Year 04-05	Year 05-06
4,061	4,177	4,559	5,010	4,868	5,330
		% increase per year			
22.10	2.86	9.15	9.89	(-2.83)	9.49

The clients from the communities coming to Val d'Or for medical reasons are able to benefit from the services of a social worker. The social worker, Mrs. Caroline Oblin, did 829 interventions, 323 more than the previous year. The interventions are divided into in-office consultations, out-of-office consultations, telephone consultations, and court cases. There is an increase of 63% from last year due to the number of telephone consultations from the community social services. The social worker brings valuable assistance and support to youth protection, which helps decrease travel time of the community workers for court cases.

CPS Val d'Or Social Workers

Number of client consultations

	Year 2003-2004	Year 2004-2005	Year 2005-2006
In-office consultations	83	72	146
Telephone consultations	94	301	574
Out-of-office consultations	125	133	109
Total	294*	506	829

*for 10 periods only

The Board of Directors approved an expansion into two additional offices and a conference room where the prenatal classes can be dispensed. A new position of a community organizer was created for one year. Mrs. Marie Claude Lameboy, a nurse from Chisasibi took the challenge and started at the end of March 2006. The community organizer has the mandate to organize activities for pregnant Cree women in Val d'Or. Some of these activities are educational in nutrition, prenatal courses, cooking classes, and for leisure, yoga classes, bowling, walks, etc.

We want to acknowledge Mrs. Caroline Oblin, social worker, Mrs. Carole Audet, liaison nurse, and Mrs. Jasmine St-Cyr, Unit manager and other employees for their extraordinary work during the forest fires of May 2005.

All Cree Patient Services

The total arrival of patients and escorts to the four points of CPS was 16,370 with an increase of 2.76% from last year.

The availability of specialists in the regions, the respect of the medical corridors, and an acceptable number of employees working during the summer period all worked in favour of having clients seen for medical reasons.

All CPS

Number of patient & escort arrivals per year

Year 00-01	Year 01-02	Year 02-03	Year 03-04	Year 04-05	Year 05-06
12,708	14,786	16,193	17,026	15,930	16,370
		% increase per year			
11.09	16.35	9.52	5.14	(-6.44)	2.76

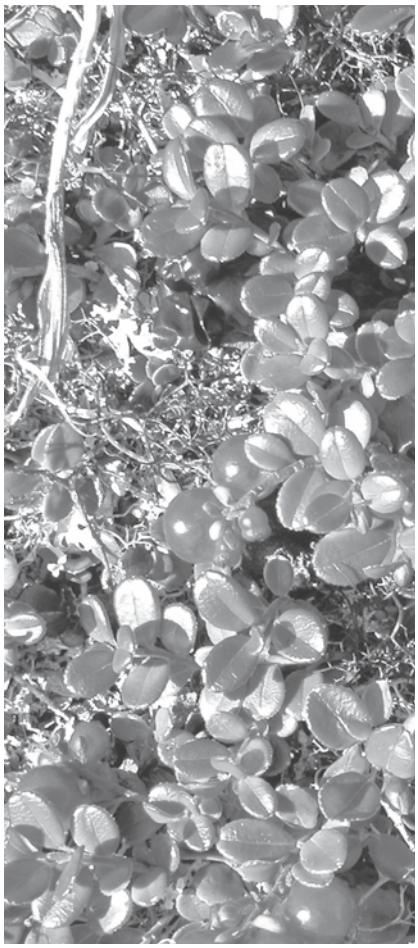
The philosophy of the CPS is based on respect and equity for everyone. We are promoting autonomy for all patients, and an important step towards that goal is to provide information to clients.

Congratulations are in order to the CPS employees for their professionalism and commitment.

Caroline Rosa

Director of Cree Patient Services

DPS – Medical



This is my first six months as DPS-Medical, after almost two years without a DPS-M. The prime target is to meet as many people as possible and understand the organization. We would like to take this opportunity to thank Mrs. Danielle Lebeau for all her efforts and hard work during the last two years. She has kept the boat afloat and is a constant source of critical information.

In the last few months, we have worked hard to create a professional team with a strong motivation. We hired four (4) key persons, Dr. Guy Bisson, as a permanent consultant in the role of DRAMU (Regional Director of Medical and University Affairs), Dr. Félix Girard, as Head of Dentistry, Mr. François Lavoie, as Head of Pharmacy, and Dr. Jimmy Deschesnes as Head of Medicine. They have already worked hard to improve health services for the Cree population.

One magic moment was the first CPDP meeting that was held since one year. There were more than 20 persons, a massive participation to form all the legal committees required. A review and refresher course on by-laws of the CPDP is underway and the department of Public Health has been added to the team.

One of the priorities is to increase the collaboration between clinical health and public health professionals, more particularly in the research field.

We began a visit to each of the nine communities. We also have had meetings with the DPS of Val d'Or and Chibougamou related to the great project of the new Mistissini Health Center. A close and mutual cooperation is essential for the purpose and success of this project.

Alain Gagnon, M.D.
DPS – Medical

Dental Department

In 2005-2006, the Dental blitz project was confirmed as an essential part of the Strategic Regional Plan with many new positions. Four dentists were recruited in the communities of Chisasibi, Eastmain, Nemaska and Oujé-Bougoumou. In addition, many dental assistants and receptionists were hired to support the new clinical activities provided by the four new dentists. Facilities and equipment were upgraded with the Dental blitz budget.

Ms. Malika Hallouche as Dental Health Program Officer has been working on the Dental Public Health program in close collaboration with the Dental department and its Dental hygienists to achieve better oral health in the population. She worked closely with Dr. Girard in the recruitment of Dental hygienists. Dr. Jacques Véronneau, Public Health Dentist, continues to work closely with the dental hygienists on the Fluoride Varnish Project. He is also working on the "Cree CC" project with Julianna Snowboy, Program Officer Dental Research.

Out of four approved dental hygienist positions, three were filled for 2005-2006 in Mistissini, Waswanipi and Waskaganish. The position in Chisasibi could not be filled due to lack of lodging and difficulties in the recruiting process. Many dental hygienists were hired on an occasional basis to deliver clinical services in Waskaganish, Waswanipi, Chisasibi and Mistissini. Although the dental hygienists' main duties are related to public health programs and clinical services, two hygienists have worked mostly on the Fluoride Varnish Project.

As of March 2006, CHB has 9 permanent dentists, and two other full-time positions were held by replacement dentists. Many dental residents from McGill University, Université de Montréal, and Université Laval came to Chisasibi, and contributed to the improvement of services to the population. Residents are graduated dentists doing advanced training.

Dr. Eduardo Kalaydjian, as Head of the Dental department resigned in August 2005. Dr. Félix Girard was appointed as the new Head of the Dental department and moved to Chisasibi in September 2005. Like his predecessor, Dr. Girard is committed to upholding the standard of quality care for patients in all nine communities, as well as the care for out of territory beneficiaries. Dr. Manon St-Pierre, a dentist in Mistissini, acts as the Assistant Head of the Dental department and coordinates the activities in the Inland communities.

A training session for dental assistants was held in Chisasibi during the summer of 2005. Mrs. Pat Keating from Pearson Adult Center supervised the training. Continuing education for dentists was developed as Dr. Félix Girard and Dr. Daniel Bergeron received the approval from the Order of Dentists of Québec for a new registered Study Club.

Specialists' visits to Chisasibi and Mistissini have been very cost effective. Unfortunately, it has been difficult to find an endodontist (root canal treatment specialist) for the inland communities. The recruitment process of a new candidate is ongoing. In the meantime, the inland patients will be referred out of territory.

New equipment was distributed to all nine communities in order to upgrade the quality of care for patients. A fourth treatment room was set up in Chisasibi with the collaboration of Mr. Richard Hamel from Material Resources. The office space was moved to another location.

The computerization of the dental clinics was implemented. Computers were configured by the IT department, and prepared for their future use in the dental clinics. At the end of March 2006, the software was still being developed by

Abelsoft Corporation according to specific needs, and the computers were sent to the communities.

The reported dental statistics for the year are detailed in the following graphs. Statistics show an increase in the number of patients seen compared to last year. This increase is due to the Dental blitz, i.e. the addition of four new dentists. Dental statistics reflect all clinical activities within the Dental department from dentists, dental hygienists and dental specialists.

Félix Girard, D.M.D.
Head of Dental Department

Dental Services Enhancement Indicators

2004-2005	2005-2006	Long term
Plan approved Implementation readiness: materials purchased, staff hired, reporting and other procedures prepared	Increase in the number of patients seen for the first time (estimate 50% increase over 2004/05) Increase in the number of patient visits (estimate 50% increase) % change in # of treatments as compared to 2004-2005 Decrease in wait times and wait lists for emergency treatment	Same as 2005-2006 plus: Patient wait times and wait lists comparable to southern Quebec norms Reduction in caries rates, dmft/dmfs (Public Health) Caries Status and Treatment Needs Index Decreased GA waiting lists and times relative to 2005-2006

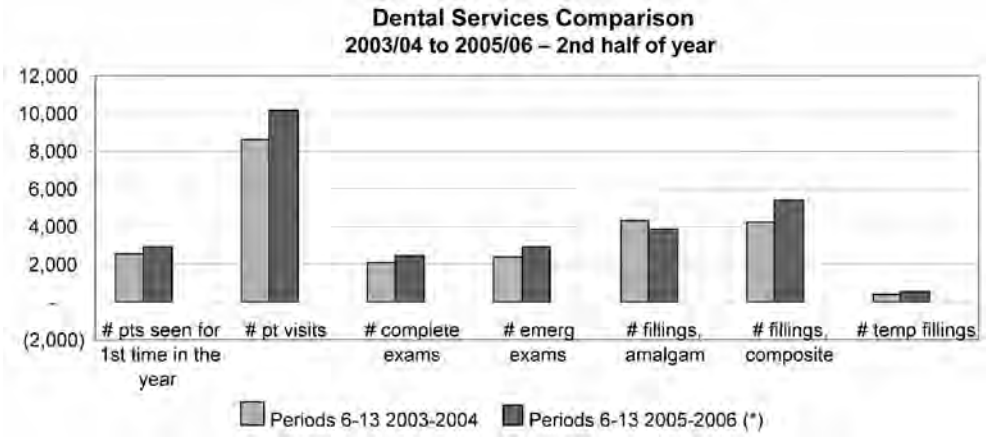
Preliminary Report – Dental Statistics 2005-2006

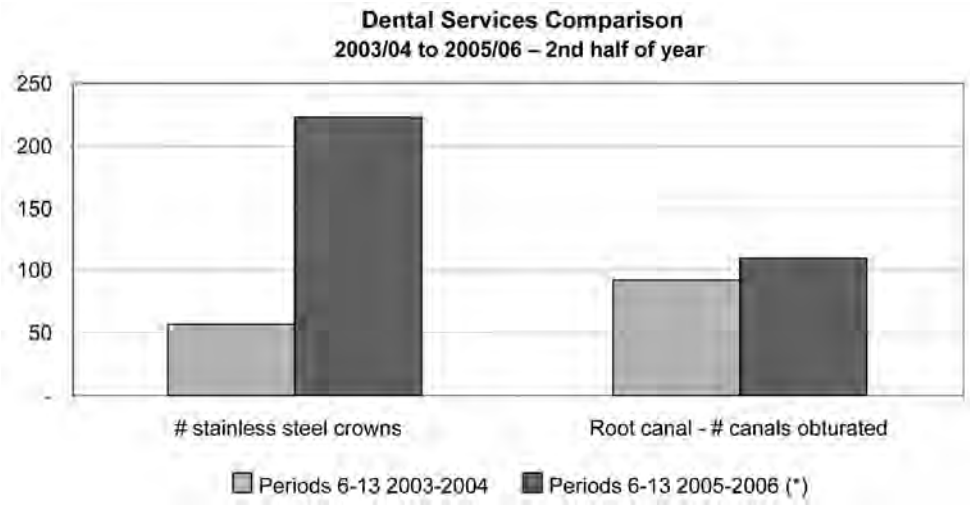
For Dental Blitz Implementation Team

Statistics	Periods 6-13 2003-2004	Periods 6-13 2005-2006(*)	Variation %	Estimated %
Number of patients seen for the first time	2,543	2,929	15%	50%
Number of patients seen (number of visits)	8,608	10,149	18%	50%
Number of complete exams	2,082	2,444	17%	
Number of emergency exams	2,388	2,901	21%	
Number of surfaces (fillings) amalgam	4,282	3,875	-10%	
Number of surfaces (fillings) composite	4,254	5,353	26%	
Number of temporary fillings placed	423	567	34%	
Number of surfaces (fillings) composite	57	223	291%	
Number of surfaces (fillings) amalgam	92	110	20%	

(*) Periods 6-13 is from 2005-08-21 to 2006-03-31

Dental Services Comparisons 2003/04 to 2005/06

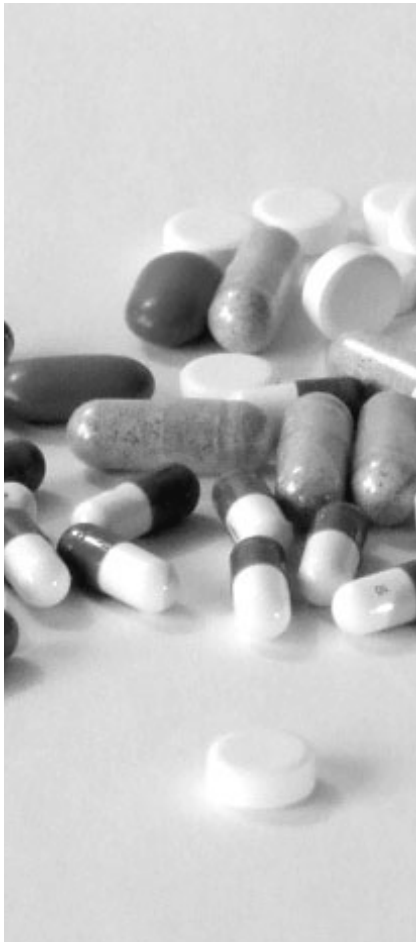




Statistics provided by the CBHSSJB Dental Department, April 2006

The above statistics capture the initial change in service levels as a result of SRP increased staffing. By Period 6 of 2005/06, the various new staff (dentists, dental hygienists, dental assistants and dental receptionists) was mostly in place. It is reasonable to assume that as facilities improve and as new staff settles into place, the number of services and interactions will continue to increase.

Pharmacy



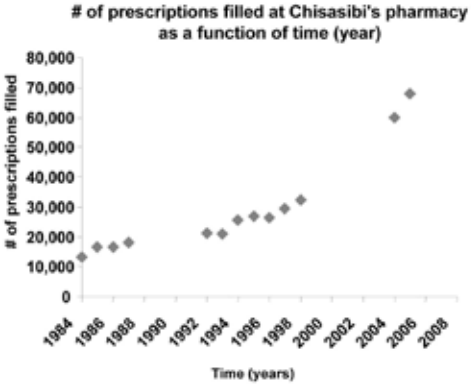
Human resources, tools, and a growing workload have been the major issues for the pharmacy department in 2005-2006.

The lack of pharmacists is a big issue, a phenomenon observed everywhere in Quebec. Pharmacists are essential to ensure proper and safe pharmaceutical services to the population.

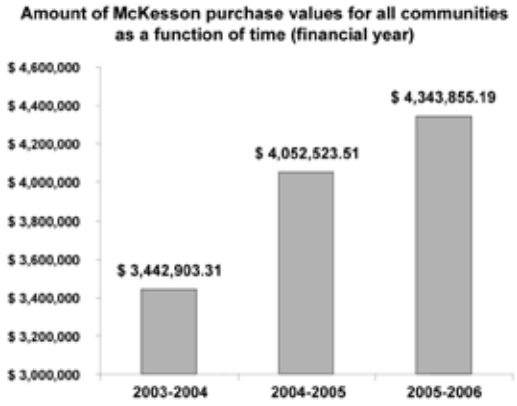
Recruiting efforts with new attractive conditions are starting to bring rewards. One full time pharmacist was recruited in Chisasibi, with a replacement for vacation, and one temporary pharmacist in Mistissini for a period of 2.5 months. For the computer system update project, a total of three pharmacists were present in Chisasibi for almost two months for the technology transfer and process adaptation.

A new computer system link has been established between the two CBHSSJB pharmacies. With this, Chisasibi and Mistissini patients have unique pharmacy files. The improvement of the system is useful with the growing number of prescriptions. Other small tools, such as reference books have been updated.

Statistics on pharmacy workload measurement is historically based on the number of prescriptions and total value of medication bought for a period of time. It is obvious that the number of prescriptions filled in Chisasibi and community medications purchase amount is in constant progress and still growing. The workload is expanding.



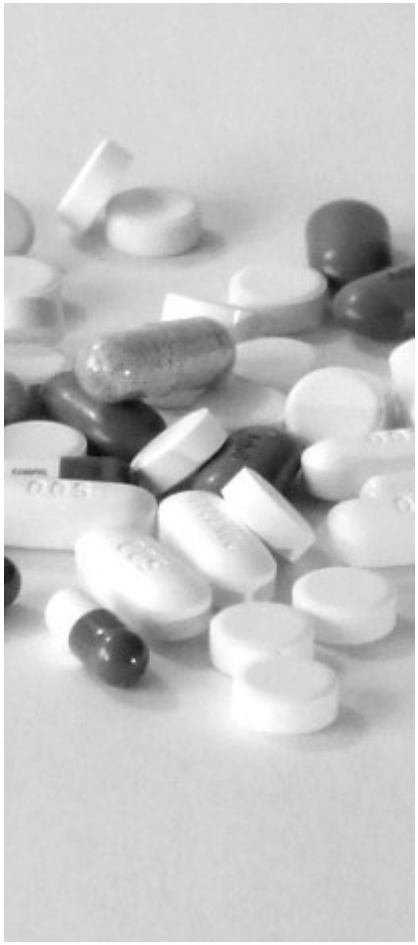
Graph 1: Number of prescriptions filled at Chisasibi pharmacy as a function of time. (2005 value is extrapolated)



Graph 2: Total amount of McKesson purchase values as a function of financial year (at least 95% of all medications are purchased via McKesson)

François Lavoie, Ph.D.
Head of Pharmacy

Department of Medicine



The Council of Physicians, Dentists and Pharmacists (CPDP) was re-established after a long period of inactivity. The Executive Committee was re-established with the election of the president and vice-president. The mandatory committees of Pharmacology Committee, Titles and Credentials Committee, Disciplinary Committee and Evaluation of the Act Committee were formed. There was significant interest among members to participate on these committees and all positions were easily filled.

In the last year, there was the departure of four physicians, Dr. Denise Chouinard, Dr. Stephanie Ferland, Dr. Magda Orszezyna from Chisasibi, and Dr. Marc Forget from Waswanipi. Fortunately, five new physicians were hired, Dr. Darlene Kitty (first Cree physician), Dr. Fabien Lavoie, and Dr. Steve Carriero for Chisasibi, and Dr. Bernadette Bradbury for Mistissini, and Dr. Julian Carrasco for Waswanipi. In addition, two more physicians will be hired, Dr. Barry Fine in June 2006, and Dr. Vanessa Cardy in August 2006 as permanent physicians for the Chisasibi Hospital. Dr. Fabien Lavoie who was hired as a half-time physician has resigned. As of August 2006, the Department of Medicine will have a projected eleven (11) permanent physicians. After a number of years without a Director of Professional Services-Medical, Dr. Alain Gagnon was finally hired.

Communities without permanent coverage are for the most part covered by replacement doctors who visit these villages on a regular basis, and therefore provide continuity of care. Medical coverage for Chisasibi and the communities by both permanent and replacement doctors has been quite good this past year. Unlike previous years, there has been a more than adequate number of replacing physicians to provide replacement needs. Increased coverage is likely a result of financial incentives implemented in the previous years for the north and also because of PREM restrictions, which encourage physicians to work in outlying regions. An important board decision for half-time physicians should also help in fulfilling future physician requirements.

Reaching on-call physicians has been problematic for community nurses for many years. This problem was resolved by providing on-call physicians with cellular phones so that nurses can reach them directly.

Two Diabetes training sessions took place in Mistissini and proved to be a tremendous success. The training was given to permanent physicians, nurses and paramedical staff by a dynamic group of diabetes nurses from Arizona. The diabetes training that took place at the Montreal General Hospital for permanent and replacement doctors, nurses and paramedical staff was also a success.

Chisasibi Hospital recently created a liaison nursing position, significantly improving the coordination of patient transfers and facilitating communication with southern referral centers.

The CPDP decided to proceed with the revision and updating of the "Therapeutic Guide", an indispensable clinical tool for nurses, and the approval of clinical protocols.

Jimmy Deschesnes
Head of Medicine

Regional Direction of Medical and University Affairs (DRAMU)

The Director of DRAMU representing the CBHSSJB attended all meetings of the RUIS and the tele-health committee of RUIS, and also the CCAMU meetings. This represents a minimum of three statutory meetings per month, plus emergency meetings (more than 40 meetings).

A review of statistics was done with numerous clinicians and clinical workers to establish needs and priorities. From this collaboration, the CBHSSJB is well positioned for all relevant projects in tele-psychiatry, tele-obstetrics, tele-cardiology, tele-oncology, and tele-training. There is an establishment of a hierarchy of services, and coordination of projects with the main corridors of services, Val d'Or and Chibougamou. More than 20 meetings were held with numerous reports of needs.

Thorough analysis of actual corridors of services with volume, quality of services, variety of services, and level of satisfaction was done. Following the analysis, visits with Val d'Or and Chibougamou hospital administration and medical staff were also done. An agreement on a set of discussions for the official corridor of services was initiated. Negotiations and organization for a corridor of services in radiology with Val d'Or was effective since January 2006 and the services have been evaluated as excellent and superior to previous ones.

The clinical and technical planning of Whapmagoostui radiology department is fully operational since the beginning of spring. With this installation, it saves more than 60 transfers per month and the specialist in orthopedics assumes consultations on site, saving again more transfers. The RIS was selected and in the process to acquire and install it. This software will save time by putting together the request and the report; a process that was previously done by hand will now be a lot more secure (fewer errors).

As clinical advisor for the Mistissini PFT, the clinical and care integration portion of the program was completed with the establishment of clinical priorities, after analysis of the statistics and consultation with local personnel. The PFT is in its final phase of approval. A set of principles has been established to help make choices. Consultations with the local doctors and nurses kept the latter informed of the development of services. As a member of the core permanent committee responsible for all future PFTs, the clinical advisor will prepare a pilot project for a transition plan.

Negotiations to have a network psychiatrist with the McGill RUIS is in its final phase of approval with the department of psychiatry in McGill, the RUIS table, the department of medical manpower at MSSSQ, and the Montreal agency responsible for the final presentation to the MSSSQ.

Following extensive analysis and consultations, it is clear and important that clinical services must be re-organized entirely.

The Director is also involved in IT projects for clinical aspects (electronic health records, provincial DSEIQ project, disease management, etc) and will now be a member of the IT committee.

Clinical research involvement entailed working with the research team to find a replacement for the actual research database, reviewing some research protocols, and working with the diabetes regional team.

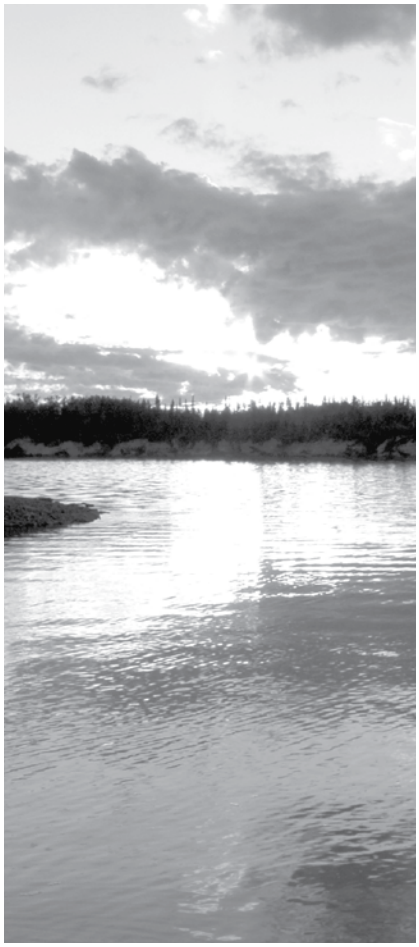
The organization of a corridor of services with McGill for Holter interpretation will save about 60 transfers per year, since the exams will be transmitted electronically to Montreal instead of the patient being referred down south.

Meetings with CPSs in Montreal, Chibougamou and Val d'Or provided support to resolve space allocation needs in Chibougamou, and relations with the liaison nurse and hospital administration at the Children's Hospital.

RUIS: Réseau universitaire intégré de service
CCAMU: Comité consultatif des affaires médicales et universitaires
PFT: Programme fonctionnel et technique
CPS: Cree Patient Services
CIC: Community Integrated Center
RIS: Radiological Information System
MSSSQ: Ministère de la Santé et des Services sociaux
IT: Information Technology
DSEIQ: Dossier de santé électronique interopérable du Québec

Dr Guy Bisson
DRAMU
Director of Medical and University Affairs

Direction of Professional Services – Social (DPS)



Mandate

The main mandate is to ensure quality of standards through the development and application of standards and intervention protocols for Social Work. DPS has the mandate to define Social Practises, as well as to ensure that Social Services needs of the population are properly identified. This process ensures the development of Social Programs and Services that are reflective of the identified needs.

DPS Staff

- Lisa Petagumskum, Director of Professional Services-Social (Interim)
- Laura Bearskin, Associate Dir. Of Professional Services Social (Interim)
- Sherry Crowe, Executive Secretary
- Abraham Bearskin, Information Officer
- Pauline Bobbish, Planning and Programming Officer
- Vacant, Planning and Programming Consultant (HCCP)

Since 2002, Director of Professional Services – Social (interim) was assumed by Lisa Petagumskum. She was hired as Assistant Executive Director – Community Health and Social Services January 2006, leaving two positions vacant, Associate DPS – Social and DPS – Social (interim).

Social Services Committee

There were some changes to the membership of the Committee.

- Kelley Pepabano – Activity Team Leader for MSDC Chisasibi
- Laura Bearskin – Access Liaison Officer
- Sally Mianscum – HRO for Mistissini since January
- Taria Coon – Head of Adult, Elderly and Disabled for Mistissini CIC.

Alcohol and Drug Addiction Services

Laura Bearskin, as Interim Associate DPS – Social participated in NNADAP meetings and continued to collaborate with the efforts of this program.

Home and Community Care Program (HCCP)

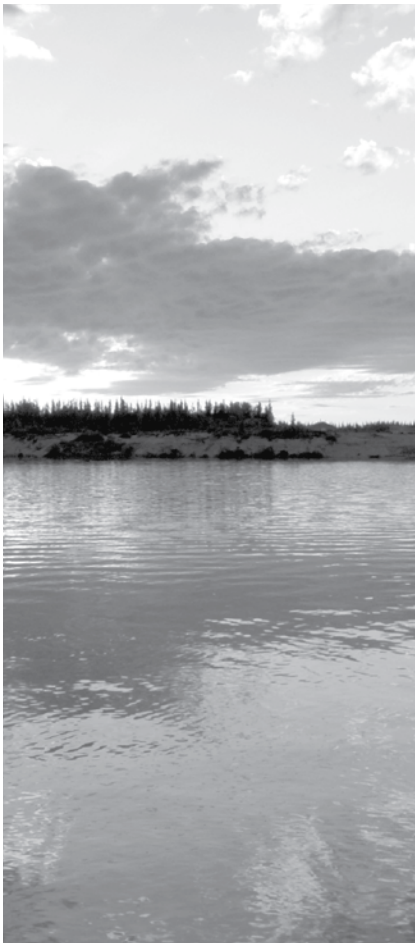
DPS supports the implementation of the HCCP program in eight communities. Ms. Janie Wapachee was hired as the Manager to oversee the implementation of the MSDCs, combined with the HCCP. Due to her maternity leave and the increased need to focus more time on the MSDC implementation, the HCCP did not receive the attention it deserved. Again, this is one program, which has been identified as a priority to support.

Multi-Service Day Centres

The file of MSDCs was transferred to Suzanne Roy, Interim - AED Regional Services where the work continues to implement the operations of these long awaited Centres. After years of planning and unending round of consultations, the first Centre was finally opened January 2006 in Mistissini, and Chisasibi in March 2006.

Training for Social Services

Working closely with Human Resource development, Laurent Brunet, HRD - Social, the Training Plan for Social Services was completed in the following areas:



Care for the Caregivers Retreat

March 2005, workers from each community attended a retreat in Ouje-Bougoumou. This retreat has been greatly anticipated for numerous years. The organizational planning of the retreat was a collaborative effort of Human Resource development, Youth Healing Services, Direction of Youth Protection, and the Direction of Professional Services-Social. Laurent Brunet from HRD was a remarkable contributor, who kept the focus on the need to finalize the training proposal and then to ensure its implementation. Pauline Bobbish, Planning and Programming Officer acted as the key participant from DPS-Social. It was deemed a success by all who attended.

ASIST (Applied Suicide Intervention Skills Training)

Another highlight of the year was the ASIST training program attended by 14 participants. The training is an accredited training that provides the participants with the skills to be trainers. Most of the communities participated in this training.

Youth Healing Services and Youth Protection

In the spirit of collaboration and improvement of services to youth, discussions between Youth Healing Services and the Direction of Youth Protection led to a draft process that would ensure harmonization of services to youth. DPS supported the process to ensure quality of services to youth was significantly improved.

Access Liaison Officer

Laura Bearskin was hired as the Access Liaison Officer to provide specific professional and case management services. Through the collaborative efforts of YHS and DYP, the improvement of support and advice to Youth protection workers and Youth Healing/Readaptation services has been achieved.

Cree Service Delivery Model

A process to develop a Cree Service Delivery Model was established and adopted. The objective of the first phase of this model is to identify the foundation from which a Service Delivery Model can be established. A timeframe has already been established. As a future challenge for the new DPS-Social and SSC, this one will, without a doubt, prove to be well worth the effort.

Case Management System

The visit to Ottawa facilities highlighted the need for a Case Management System. This system would ensure proper case management for Youth Protection and Youth Healing Services, and eventually for all Social Service Cases.

Foster Home Program (policies and procedures) and Assessment Tool

Through the efforts of Bryan Bishop, DYP, and Pauline Bobbish, PPO for DPS-Social, the Foster Home Program was adopted in principle by the Board of Directors. Its final implementation is subject to Executive Committee and Administrative Committee acceptance. The Policies, Procedures, and Protocols for this process are the priority for this year. The training for this program is the next challenge.

Holistic Land-Based Program

In collaboration with Youth Healing Services, Public Health, Direction of Youth Protection, CLSC Administration, and Direction of Professional Services-Social, a draft Program was drafted. It is the beginning of a holistic concept of providing services to youth in Care, high-risk youth and also youth in general. The first phase was focused on youth in Care and the second on high-risk youth. The third phase will be for youth in general.

Youth Healing Path Plan

The Youth Healing Path plan process was adopted by the Board of Directors in December 2005. It has proven to be a great asset in the process of improving quality of services for youth in Care.

Protocols

A draft Working Protocol of Cree Social Services and Police departments within Iiyiyiu Aschii has been developed and it is still an ongoing process. This has already been established as a priority with the DYP and the new Director of Professional Services-Social. The general objective is to provide a clearer understanding of roles and mandates of police and Health and Social Service personnel, in order to maximize the effectiveness of the services provided to the families of Iiyiyiu Aschii.

Conclusion

As the Associate Director since December 2000 when Christiane Guay, DPS – Social went on maternity leave, I was entrusted to take on the role as Interim DPS Social. I feel that I have truly been blessed with one of the greatest opportunities to develop as a manager and as a human being through the friendships and mentorship established on this journey. I now have an appreciation for those who have laboured relentlessly in the effort to provide services at the local level, and have only increased my true admiration for them. The Human Relations Officers in each community provide such an insight to each area of development and ensured that we never forgot grass root issues. I would like to thank all the people who have provided me with this opportunity. As I move on to another mandate with the organization, I still need your support and collaboration.

Lisa Petagumskum

Director of Professional Services-Social (Interim)

5 Community Health and Social Services (CH&SS)

As the newly hired Assistant Executive Director – Community Health and Social Services, it has been a pretty good experience so far. The support I have received from numerous people, especially the Executive Committee members has been very much appreciated. I genuinely appreciate the support from both CLSC Directors and the Local Coordinators.

The challenges for next year involve the full support of implementing the Strategic Regional Plan and managing the changes within the Centres at the local level. This will focus on certain areas:

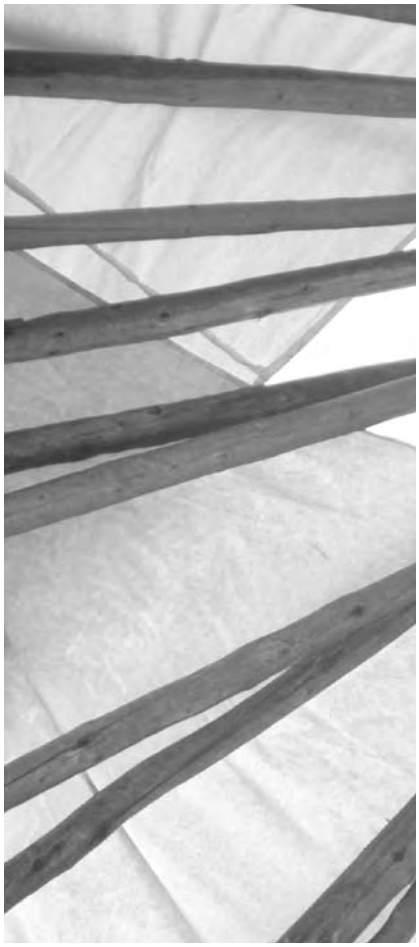
- Housing and Office Space
- CIC committee composed of Local Coordinators, Health and Social Coordinators, Finance, Facilities Operations and Maintenance, and Public Health
- Integration of Programs in the Community Integrated Centres
- Support of Budget and Operation Planning process
- Effective Communication Plan at the local level
- Improve participatory consultation
- Support the improvement of Services at all levels

Finally, I would like to thank the Board of Directors for their support and belief that I can take on this mandate. I look forward to providing service to the Board. I would also like to thank my family for their continued support and sacrifice of family time, so I can leave for yet another meeting.

Lisa Petagumskum
Assistant Executive Director Community Health and Social Services

Management Team for Community Health and Social Services

- Lisa Petagumskum, Assistant Executive Director Community Health and Social Services
- André St-Louis, Director Coastal CLSCs
- Alan Moar, Director Inland CLSCs (interim)
- Louise Carrier, Coordinator of Health Coastal
- Pierre Larivière, Coordinator of Health Inland
- Abraham Bearskin, Coordinator Community Allied Health Programs Coastal
- John George, Local Coordinator Whapmagoostui
- Jules Quachegan, Local Coordinator Chisasibi
- Elmer Georgekish, Local Coordinator Wemindji
- Yionna Wesley, Local Coordinator Eastmain
- Bert Blackned, Local Coordinator Waskaganish
- Beatrice Trapper, Local Coordinator Nemaska
- Marlene Dixon, Local Coordinator Waswanipi (interim)
- Susan Mark, Local Coordinator Ouje-Bougoumou
- Annie Trapper, Local Coordinator Mistissini



One of the managers tried to explain what the CHBSSBJ was and what it resembled. In the past year, it certainly resembled a river, always moving and changing but heading to its goal. We continue to have many changes in staffing of personnel. Some of the Cree staff is opting to return to school to get credentials to improve their individual capacities and professional expertise.

According to statistics, the Cree Nation is growing rapidly, and it is more felt at the frontlines of service. There is an urgent need to encourage all future parents to be healthy, and in turn, to have healthy children. Diabetes, the silent disease, continues to grow in the communities. With various local efforts of personnel assigned to curb this disease, headway is being made at least to inform the public of being proactive and to adopt healthy lifestyles. In the social milieu, we face many challenges. This past year, we have been in the planning stage. Seeds have been planted in the past, and we are now seeing the fruits of this planning process at the local level.

The second year of implementation of the Strategic Regional Plan (SRP) is complete. The process of developing operational plans is now set for the Local Coordinators. Two budgets years were completed in the past year, which was very unique and time consuming internally.

The biggest impact of the implementation of the SRP is at the local level, especially in the increase of personnel. Challenges are being faced in the recruitment of professionals at the local level. Statistics in this report reflect the number of beneficiaries that frequent the local programs and services. Standardized computerized templates for statistics will provide the CHB with a more detailed periodic picture of activities.

Another major development of the Multi-Service Day Centers' program included the final construction of facilities, the recruitment of staff, training, and housing construction. Two major functional and technical plans (PFTs) for new clinics have been energized for Wemindji and Mistissini.

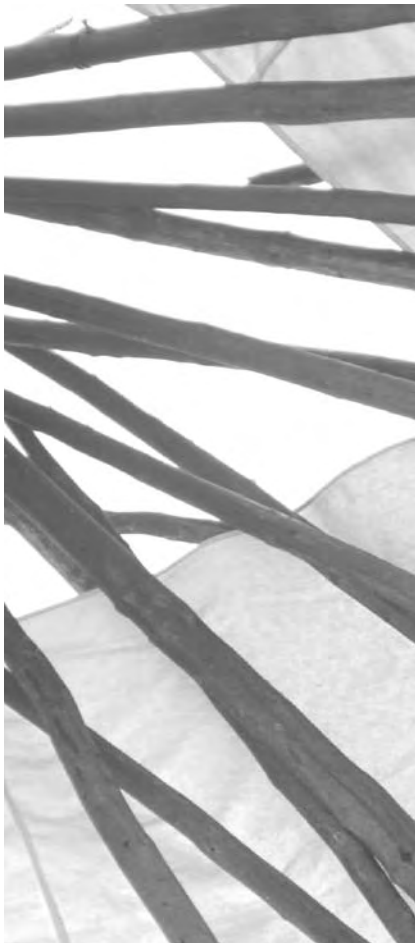
A new management structure was implemented under the AED Community Health and Social Services. The Cree Health Board abolished the two Director positions of the Inland and Coastal CLSCs. With the hiring of the AED Community H&SS in December 2005, this process has been implemented, and the transitional process is in effect to transfer the management of the two CLSCs under the AED Community H&SS. At the same time, many management tasks and responsibilities are decentralized to the Local Coordinators. The organizational chart reflects additional resources at the local level.

Objectives 2005-2006

- Support to CICs for operations and development
- Implementation of the SRP
- Implementation of the MSDC program
- Integration of services and programs at the local level
- Support local health and social committees
- Establish good relationships and working corridors with local entities for programs and services
- Support Local Coordinators for professional development
- Process the complaints policy
- Recruitment of professionals to provide stability in the programs.

Implementation of the Strategic Regional Plan (SRP)

The goal is to promote and set in place good structure and processes for the Cree Integrated Centers (CICs) for sustainable services to the communities. This is supported through the Direction of CLSC Coastal, the Coordinator of Allied services, the Coordinator of Health services and Rehabilitation services.



Clinic Services – Community Health – Coastal CLSC

Visits to Specialists

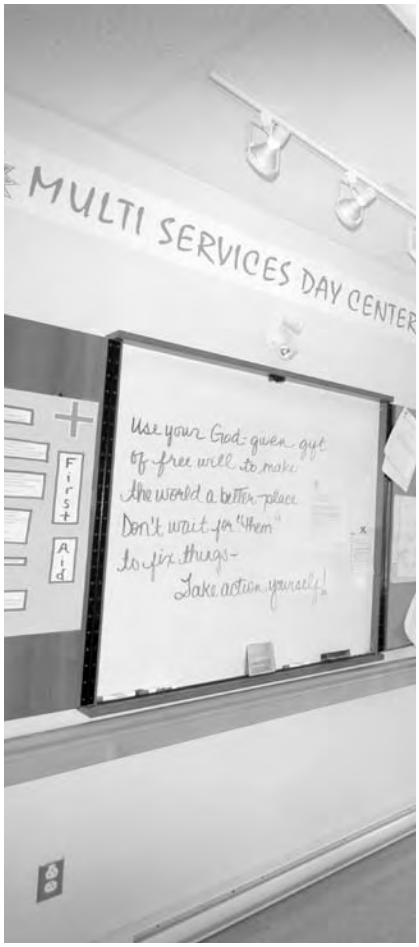
	Number of clients						
	ENT	Psychiatric	Paediatrics	Ophthalmic	Dental	X-Ray	Orthopaedics
Chisasibi	N/A	N/A	N/A	N/A	N/A	N/A	
Whapmagoostui	80	-	53	128	N/A		35
Wemindji	58	-	48	314	N/A	N/A	
Eastmain	-		48	104	665	N/A	
Waskaganish	123	21	94	333	1,821	N/A	

Transport

	Number of clients	
	Elective	Urgent
Chisasibi	N/A	N/A (transfers not available)
Whapmagoostui	259	29
Wemindji	464	9
Eastmain	302	33
Waskaganish	938	36

Inland Health Activities								
		Clinic	School	Home	First	F/up	Curative	Program
Nurse	Mistissini	11,869		39	9,505	2,403	11,688	220
	Waswanipi	9,066		7	6,843	2,230	7,692	1,381
	Nemaska	4,348	37	62	2,890	1,557	2,975	1,472
Community Health	Mistissini	3,119	85	4	256	2,952	249	2,952
Lab	Mistissini	2,378			250	2,128	1,545	833
	Waswanipi	1,441			60	1,381	1,441	0
	Nemaska	733				733	625	108
MD (doctor)	Mistissini	569			436	133	419	150
	Waswanipi	1,479			263	1,216	559	920
	Nemaska	812		3	454	361	473	342
Refill	Waswanipi	4,289				4,289	(4,289	for 16,620 kinds)
	Nemaska	2,092				2,092	2,092	
Fluviral	Mistissini	551		1	27	525	0	552
	Waswanipi	196			196			196
	Nemaska	123			123			123
Psychiatrist	Mistissini	27			14	13	13	14
	Waswanipi	4	1			5	5	
	Nemaska	13				13	13	
Psychologist	Mistissini	265	1		104	162	111	155
Dentist	Nemaska	757						
Pediatrician	Mistissini	85			39	46	39	46
	Nemaska	73			34	39	73	
Ophtalmol.	Mistissini	121			93	28	93	28
	Nemaska	123			123		123	
CHR	Nemaska	563			753	121		874
CHR #1 BP	Mistissini	72			22	50	0	72
External R.V.	Mistissini	2,370			25	2,345	2,332	38
Consultation verbal with doctor	Nemaska	13						
	Waswanipi	247						
	Mistissini	2,015						
Observation	Waswanipi	217.5 hours						
	Nemaska	50.80 hours						
	Mistissini	254.50 hours						
Transport by Ambulance	Mistissini:	Chibougamou Hospital: 232						
		Local: 65						

Inland Health Activities (cont'd)										
	Transport		Births		Bottlefed		Breastfed		Deaths	
	Urgent	Elective	Girl	Boy	Girl	Boy	Girl	Boy	Women	Men
Mistissini	110	2,370	41	51	20	23	21	28	4	8
Waswanipi	102	1,792	22	26	19	17	3	9	1	3
Nemaska	35	468	8	6	3	3	4	3	2	1



Multi-Service Day Centers (MSDCs)

The grand opening of two MSDCs were realized, Mistissini MSDC on February 14, 2006, and Chisasibi MSDC on March 20, 2006. The implementation of the MDSCs began with the hiring of Ms. Janie Wapachee, Coordinator of MSDCs, Team Leaders, Rehabilitation Monitors, and other staff who are now giving partial services in Chisasibi and Mistissini. The other centers will be opened in the fall of 2006 when the training of personnel is finished in the summer of 2006.

Local Integrated Services and Local Committees

All the nine communities are making sincere efforts to have all front line resources to work together. In the Inland, the local health committees are active and working with local entities to collaborate on projects and programs. For the Coastal, the committees are presently inactive. Local resources must work together to pool all efforts and energy to ensure the maximum of services and programs for the communities. The local committees will play a greater role in the development of services in the future. This will be a key and important process.

Professionals

Throughout remote Canada the situation is similar, where there is great difficulty in recruiting and retaining professionals. It has been difficult to recruit professionals for the Inland for the various programs in nutrition, rehabilitation, nursing and social services. In some communities, the issues are housing, office space, and lack of local services, isolation and lack of social support systems for people from the south. The situation for the coast is not as critical. The lack of experienced professionals from the south and the depletion of these professions is the issue.

Regional CLSC Offices

CLSC Inland Staff Mistissini

Alan Moar, Inland CLSC Director (interim January 2005)
Pierre Larivière, Inland Health Coordinator (nurses and CHRs)
Inland Social Coordinator filled temporarily
Florence Mark Swallow, Executive Secretary
Elizabeth Blacksmith, Administrative Technician (interim)
Harouna Zampelgre, Computer Support Professional Inland
Edith Gull, Human Relations Officer for NNADAP working from Waswanipi

Inland Local Coordinators

Annie Trapper, Mistissini
Beatrice Trapper, Nemaska
Susan Mark, Ouje-Bougoumou
Marlene Etapp Dixon, Waswanipi (interim)

Paul Iserhoff, Head of Administration Mistissini
Jimmy Moore, Head of Administration Waswanipi (interim)
Joshua Iserhoff, Administrative Technician Nemaska (interim)
Johanne Toupin, Nurse Trainer Mistissini (regional service)

CLSC Coastal Staff Chisasibi

Andre St.Louis, CLSC Director
Abraham Bearskin, Allied Coordinator
Louise Carrier, Health Coordinator
Sarah Rupert, Executive Secretary

Coastal Local Coordinators

John George, Whapmagoostui
Jules Quachegan, Chisasibi
Elmer Georgekish, Wemindji
Yionna Wesley, Eastmain
Bert Blackned, Waskaganish

The Coastal CLSC is committed to giving the best possible quality health and social services care programs for more healthy individuals and healthy communities.

CLSC Coastal Waskaganish

The Diabetes Program

The work of a CHR within the Diabetes Program is divided roughly into fifty percent clinical and fifty percent prevention.

Mother and Child Program

One of the roles of the CHR within the Mother and Child Program is to educate mothers on foetal development during pregnancy, healthy weight gain, physical activity, proper nutrition, harmful effects to the growing foetus, bottle/breastfeeding, etc.

Visits

- First trimester from 0 to 12 weeks
- Second trimester from 13 to 26 weeks
- Third trimester from 26 to birth

Postpartum visits

One week after baby's birth, a home visit is scheduled. This visit is to see how the family is coping with the new baby and teaching the mother infant care, child safety and offering breastfeeding support. The home environment of the child is observed. The mother is informed of future well-baby visits that are offered at the clinic.

Bush Kit Program

Each year in the month of April, bush kits for the spring hunt are prepared. The review of the bush kits contents includes removing expired medication and replacing it with up-to-date medication.

Radio Program

The Health Program at the local radio station provides information to the public on various health matters and upcoming events organized by the local clinic.

Information Booth

In the month of August, a CHB booth was set up during the Local General Assembly, which is held annually. This gives an opportunity to interact with community members providing information on services being offered by the Cree Health Board.

800-Mile Challenge

This Challenge was organized by the Public Health department. The main goal was to get people active by walking every day throughout the year. The mission is to challenge individuals to walk 3.5 miles per day until they reach 800 miles. A total of eighty (80) people registered to join this challenge.

Diabetes Prevention Month

Throughout the month of November, various activities were organized for diabetes awareness and prevention with the community. Some of the activities required prizes that were donated by local businesses and entities. The Northern Store was the major sponsor of the month. The main activities of the month were the 100-Mile Challenge, Diabetes screening, Social Health Night, Scavenger Walk, Grocery Tour and a Radio show.

Dental Program

During the Dental month in March, school visits teach students from Pre-Kindergarten to Grade six levels about dental health, dental care, how to brush properly and to brush daily to prevent cavities.

Nutrition Month

The month of March is Nutrition month. With the financial contribution of the Elder's Council, planned activities were held throughout the month. The Weight Loss Challenge was the highlight, a total of 88 individuals signed up. A team of four (4) people works to encourage and motivate one another for weight loss. Four information sessions with invited motivational speakers were held to share their experiences on weight loss. The winners ranked in three categories were announced at the local radio station. Other activities such as a school visit provided students information on nutrition and healthy eating by introducing them to the place mat with the plate method to give them a more visual understanding of how to balance meals. A healthy snack of fruit and vegetables to taste was also offered. An activity is planned with the students sometime this summer with the funds left over.

Career Enrichment Program

In the month of September 2005, the Youth Council department requested the placement of youth in the clinic for the Career enrichment program. Youth experience different types of jobs within the professional fields of local organizations. Two youth came for six-month placements from September to March 31, 2006. The two youth were able to be punctual and worked well. One was placed in Social Services, as a receptionist/secretary, and the other, as Northern beneficiary attendant-archives section.

Cree Human Resources Development

The I.A. job creation program created a position with a job description to help the Northern beneficiary attendant in collaboration with the Head Nurse. Immediate benefits and the instantaneous development of youth were evident. On occasion,

youth replaced workers on holidays and handled this efficiently, and was highly recommended to replace any of the workers to perform the duties required.

Complaints Process

The complaints are forwarded to the office of the Executive Director. However, most of the complaints come directly to the Director or Manager responsible. These complaints are processed for investigation at required dates to complete. The investigated reports are sent to the office of the Executive Director, and the Director or Manager responsible to ensure the CBHSSJB has processed the complaint in a professional manner. The investigative reports include recommendations to resolve the complaint. The Local Coordinators act upon complaint matters using the report as a tool to make concrete and good judgments.

Research Projects

Kimaa Myiwaapitet Nitawaashii is an ongoing project that initially had the two CHRs involved. For the first couple of months, the numbers needed were too low and it was difficult to fully grasp the evaluation of the project. The CHs were overwhelmed with the work. In the end, a worker was hired to concentrate on the project.

Research on the Physical Activity of the young was done and completed this spring. The principle researcher, Dr. Noreen Willows will provide a copy of the final research report and give a presentation to local staff.

Challenges

The Strategic Regional Plan is being implemented in the communities to address the overall resource needs. Some barriers need to be worked on. The five-year-old clinic is now full capacity with the new positions filled. Storage space is problematic with no more available space anywhere. To fully implement the SRP, a PFT needs to be developed for the extension of the clinic. Housing also is an issue for professional services needs. The delay of the construction of housing prevents the implementation of positions planned. Electricity is another issue, presently provided by diesel generator stations. DIAND has not or will not expand the services, but will wait for Hydro Quebec electrical lines which will only be in operation in the late fall or early winter. The present MSDC centre will be impacted and may not be able to open until early 2007 for operation.

Recommendations and Concerns of Employees

- Lack of foster homes
- Shelter for men (male foster home)
- Home environment for mental health clients
- Additional personnel for the CLSC
- Sharing of information on the new changes of the CHB
- Give workers more opportunities to attend workshops to upgrade skills and knowledge
- Computer in YP office
- Social Emergency Worker to ensure complete and professional reports
- Teamwork and collaboration
- Motivation for employees
- Pray at the start and end of meetings
- One week traditional leave or cultural leave in spring

- More computerized forms (YP registration, YP signalment, progressive notes, etc)
- Two directors for YP (inland and coastal)
- Resource and reference books
- YP jackets to identify workers when on a call or during emergency situations
- Training on "teamwork" with CHB organization
- Reinforce legal regulations in the field of social work, i.e. confidentiality, code of ethics, release of information, etc
- More training for CLSC workers & replacement workers on intervention for sexual abuse, family violence, elder abuse, and effects of cocaine use
- YP Act
- Youth Criminal Justice Act

Waskaganish Healing Center

Permanent Nutritionist/Dietician, Dominique Boucher, Dt.P.R.D., covers all the needs and programs in nutrition, CPNP Prenatal Program, Diabetes Initiative Program, the HCCP Program, and Public Health nutrition programs, as well as participating in local activities, training and community events.

Statistics for the CPNP Prenatal Program

Pregnant or breastfeeding patients seen at the clinic for an initial assessment	31
Infants and children under five years of age seen for an initial assessment	15
Total	**46**

All the CPNP patients were followed as needed.

Statistics for the Diabetic Initiative Program

This program includes all patients with a diagnosis of diabetes, IGT, IFG or at risk for diabetes.

New patients seen at the clinic for an initial assessment	84
Patients already on active list and follow-ups	67
Total	**151**

Statistics for the HCCP Program

Currently, 19 clients are being followed by the nutritionist. The service is based on the needs and demands of the HCCP team. Usually one day per week is dedicated to the Home Care Program. There is close collaboration with the home care nurse and home care workers to ensure the adequate nutritional support to the HCCP clients.

New patients seen at home for an initial assessment	9
Patients already on active list and follow-ups	10
Total	**19**
Total of patients seen for all programs	***216***

Activities

June 2005	Baby-food making workshop
July 2005	Provided training to the CHRs in Chisasibi on the new MCHP program
Sept 2005	Day Care project with chef Hop Lam Dao
Oct 2005	Second part of the Day Care Project
Nov 2005	Diabetes Month One baby food workshop Guilt-free desserts workshop Healthy fast-food workshop One radio show
Feb 2006	Participation in the Career fair
Mar 2006	Training in the CHRs in Mistissini for MCHP program
Mar 2006	Nutrition Month Weight loss challenge One radio show Visit to schools

Training on nutrition provided on demand to the medical staff, CHRs and HCCP workers.

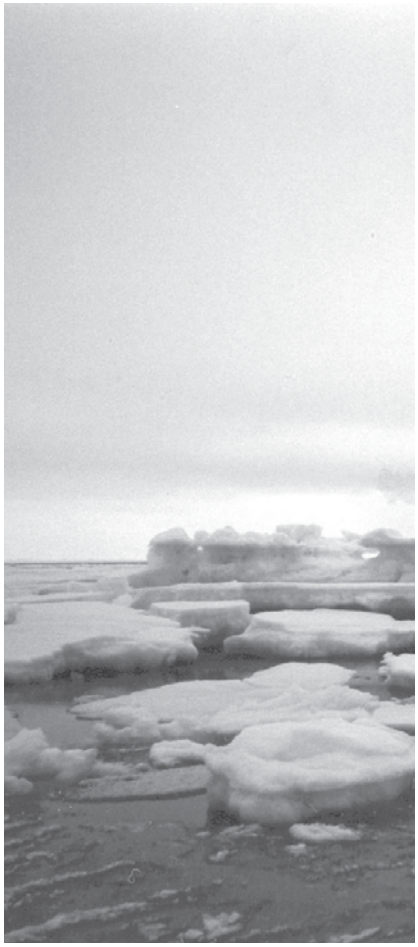
Cree Public Health Files

- Spring/summer 2005 Active kids project with Dr. Noreen Willows in Waskaganish
- Since July 2005 nutrition training for the new MCHP program in Iiyiyiu Aschii
- Active in the Nutrition Working Group
- Review of programs and documents

Dominique Boucher Dt.P. R.D.

Permanent Nutritionist/Dietitian available.

CLSC Coastal Whapmagoostui



Community Health Representative

The CHR is a health educator for individuals or groups of various ages. The CHR participates in programs in schools and provides information through the radio station and distributes pamphlets. The CHR is also involved in clinics and community health programs, such as diabetes, dental health, nutrition, the bush kit program, and AIDS prevention. The main objective is to encourage the population to live healthier lifestyles for better health.

Programs

Diabetes	40 clients	3-5 hrs/wk
Prenatal	10 clients	2-4 hrs/wk
Nutrition	20 clients	1-3 hrs/wk
Bush kits	55 kits	10-15 hrs/wk
Vaccinations	40 patients	20 hrs/wk
Lice treatment	20 clients	6-8 hrs/wk
Dental research program	22 clients	3-6 hrs/wk

School Programs

Nutrition	140 students	1 hr/class	120/yr
Smoking	140 students	1 hr/class	120/yr
Dental	140 students	1 hr/class	120/yr
Prenatal Support	10 clients	10 hrs/2 wks	
Home Visits	10 clients	2 hrs/wk	

Youth Protection Department

Activities

Youth protection applies and enforces the Youth Protection Act. Referrals received are evaluated and assessments are performed to determine if the security and development of children are compromised. Measures are then applied and a treatment plan is considered for each client. A child's best interest is always the prime consideration. In most cases of youth protection and the criminal justice act, alternative measures become applicable and court actions/decisions cases are referred to the provincial director. There are few adoption files and the majority are in the final stages of being finalized.

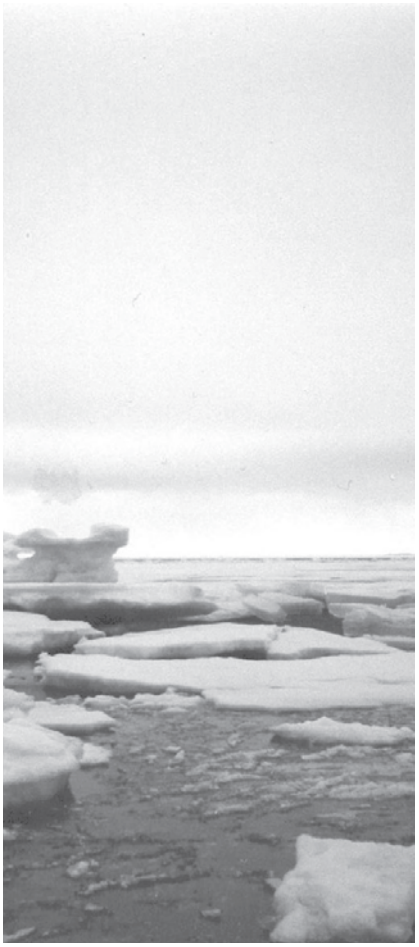
Foster Homes

For several years this has become one of the backbones of frustration. It became overwhelming when several individuals contacted declined or refused to remain foster parents for various reasons. Clients at youth protection or social services have reached the point of being placed outside the community. Other statistics not available: number of signalments received, retained, or not retained, length of placements, number of foster homes, etc. The collecting of statistics is an issue that needs to be resolved.

Social Emergency Workers

In 2000, the Social Emergency worker service was implemented. There were five (5) recruits who received training. It seems to work well and has decreased the workload of the regular employees. Constant resignation of personnel is like a revolving door and it requires regular recruitment, training, and the process continues. Solutions

to this vicious circle need to be addressed. Perhaps more workers with permanent status in this line of work would slow this ongoing process. Eight or twelve hour shifts would most likely be better. 24-hr availability is found to be too exhausting by many workers.



Local Community Service Center (CLSC)

Activities

Once referrals are received and evaluated, a treatment plan is determined. Few cases are further referred to external resources. Follow ups are closely monitored. Services include S-5 placements and external placements.

NNADAP

The worker works with clients who require assistance for alcohol and drug problems, and identifies resources available within or outside the community. Counselling and prevention with follow-ups are done with groups, individuals and other workers for various age groups.

Five (5) clients out of 13 completed treatment programs

Two (2) applications rejected

Six (6) cancelled

Housing

- Ten (10) newly constructed units in 2004-05, not yet occupied, renovations not done since vandalism
- Four (4) units allocated to 3 nurses, 1 YP worker
- Four (4) trailers, 3 occupied by nurses
- One (1) transit – 3 bedrooms
- One (1) trailer – Inuit
- One (1) trailer – CHBSSJB Staff
- Two (2) trailers – converted to offices

Highlights of Each Community

Mistissini: New housing, the PFT planning, opening of the MSDC, support to the Elders' home, adapted vehicle purchase

Ouje-Bougoumou: Local Coordinator selected

Waswanipi: New housing

Nemaska: New housing

Eastmain: Major Event in the community, Eastmain evacuation on June 5, 6, 2005. Many thanks to everyone that helped out, including the staff of Eastmain and Chisasibi. This emergency was helped by being better prepared.

Community Health and Social Services 2005-2006

Local Coordinators

The preliminary orientation has been completed using CHBSSBJ resources for new managers. On March 29 and 30, 2006, the first seminar on leadership and management skills training was held with Local Coordinators and others managers. The seminar was co-chaired by Mr. Ovide Mercredi, a Cree lawyer and Chief of Grand Rapids, Manitoba and Mr. Roderick Pachano, Cree negotiator and Band Councillor in Chisasibi.

The seminar was based on the SRP and the challenges faced by all employees of services provided to the nine communities. The four challenges are to elevate Cree representation in the CBHSSJB; to obtain and retain qualified and competent personnel; to reposition and enrich the role, status, and responsibilities of managerial personnel; and to provide fair and attractive working conditions and personnel support.

Budget and Operational Planning

The Directors of the CLSCs and the Local coordinators prepared operational plans for two years with the Director of Planning and Development, Mr. Richard St. Jean. Two training sessions were prepared and given to the managers. This was the first time that Local Coordinators participated in this exercise, and training was provided by the Finance department. Budgets for two years were prepared, and this exercise was exceptional. The budget framework is now there for the Local Coordinators' use. Additional training and capital plans were prepared as part of this process. This proved to be a very important time-consuming and demanding exercise, yet additional services in the communities is the prime result.

Health Services

Health Services in the Inland is provided by various doctors, nurses, community health representatives and support staff to help process the medical needs of beneficiaries. With the new clinic in Waswanipi, staff is more at ease to deliver services and the public is more satisfied. On the contrary, in Mistissini, the clinic is very congested and there is a lack of space. Fortunately, plans are underway for the new clinic.

Pharmacy Inland

The service provided to the communities in Nemaska, Waswanipi, Mistissini and Ouje-Bougoumou are supported by CLSC nursing staff. There is one pharmacy technician in Waswanipi. Mistissini, being a large community, is supported by nurses and technicians, and sporadically, a pharmacist.

The Board of Directors has approved to accommodate the implementation of programs by using mobile trailers as offices and using temporary office space in the MDSCs. Accessibility to buildings is improving with respect to norms and standards of special needs.

Social Services

There are plans to provide more support to this group. In Waswanipi, there is a lack of resources for the front-line work. Plans identify the need to provide for additional staff and annual training for this group.

Human Resources

- Priorities for the various positions approved
- Assure good development of job descriptions
- Hire personnel for homecare, health services, social services and youth protection
- Additional support staff for the front-line work
- Difficult recruitment and retaining of staff
- High turnover
- Issue of housing and office space
- Orientation required for new staff

Training Programs

Nurses: A successful annual training was completed in January-February 2006. The nurses' trainer and the training facility were established in Mistissini.

CHRs: Annual training

Bush Kit: Annual training

Youth Protection: various training with YP Director

Foster Homes: Annual training

Social Emergency Workers: training

Retreats: support to social services staff

First psycho-sanitary training for intervention in disasters was done for Social Services.

Lodging

New housing in all the Inland communities has helped to recruit and retain professional staff. More housing is planned to meet the needs of the SRP.

Relationship with Cree Patient Services and Non-Insured Health Benefits (NIHB)

The local CICs continue to respect the policies and procedures. More education to the public required. The main traffic for referrals is to Chibougamau, Val d'Or, Amos, and Montreal.

Regional Programs: Federal Programs

Miiniwaachiwaaun Program – National Native Alcohol and Drug Abuse Program

This regional program remains active with limited resources. Although new staff has been hired, there is a significant staff rotation. Staffing is not always permanent, and yet is encouraged to participate actively in teamwork with other front-line workers.

Homecare Program

In the Inland, there is an ongoing evaluation of this program. Professional services are difficult to retain. In the planning phase, it is strongly suggested to increase the professional staff in Waswanipi and Mistissini.

Coastal CLSC Physiotherapy

Mission

Dedicated to the physical capacities of the human body and to human function in its environment, the mission of the physiotherapy services is to provide the most comprehensive care possible to inhabitants of the coastal communities. It provides consultation, evaluation, treatment, education, and recommendations within the scope of physiotherapy. The service aims to reflect and adapt to each individual as needed to the individual's family and the community. Physiotherapy Services function under the mission and vision of the Cree Board of Health and Social Services.

Current Key Factors for Physiotherapy in Iiyiyiu Aschii

High prevalence of obesity, sedentary lifestyle, trauma, diabetes, needs for specialized care in paediatrics, the elderly and persons with disabilities (physical, mental, intellectual). There are currently three areas of care for physiotherapy:

- Out-patient clinics
- Care for hospitalized patients
- Home and community care clients

Staffing Resources

Physiotherapy staffing includes physiotherapy professionals and non-professional rehabilitation monitors. Physiotherapy services were provided to the five coastal communities through two (2) staff positions.

- Physiotherapy: two (2) positions filled
- Rehabilitation monitors: one (1) position per community except Eastmain (filled in Chisasibi, Waskaganish, Wemindji (interim), and Whapmagoostui (part-time)

Delivery of Service

- Physiotherapy in Chisasibi: the demands have increased in rehabilitation (number of requests) from Val d'Or and Amos, they want to send patients back to the territory as soon as possible, but there is no full-time physiotherapist within the hospital, and he/she is not systematically replaced during vacations.
- Physiotherapy in Waskaganish: one (1) physiotherapy student from Laval University worked five (5) weeks in Waskaganish, one (1) week in Eastmain, and two (2) weeks in Wemindji under the supervision of a physiotherapist. This was made possible through the "Stage professionel international et interculturel".

Community	Frequency of care	Out-patient	Home and community care	Hospital
Whapmagoostui	4 yearly visits: 5 days per visit	X	X	
Chisasibi	Regular presence	X	X	X
Wemindji	4 yearly visits: 12 days per visit	X	X	
Eastmain	3 yearly visits: 6 days per visit	X	X	
Waskaganish	Regular presence	X	X	

Non-Client-Related Activities 2005-2006

Internal Team Activities

- Integration of Home and Community Care Rehabilitation monitors
- Conference call team meetings
- Staff development – continuing education for physiotherapist and rehabilitation monitors
- New employee recruitment/orientation

With Other Clinicians and Communities

- Education sessions for nursing and medical staff were held in the communities. Mark McFadden, consultant physiotherapist, provided theory and practice of muscular-skeletal clinical evaluation of the knee, at the annual nursing training in February 2006
- Orientation sessions to rehabilitation monitors/education monitors working in MSDCs
- Education sessions to auxiliary nurse students (Collège St-Félicien, Chibougamau)
- Participation in various community events, such as women's groups.

Physiotherapy – Direct Client-Care Statistics 2005-2006

	Chisasibi	Whapmagoostui	Waskaganish	Wemindji	Eastmain
Population	3,850	815	2,008	1,277	620
Programs involved	HCCP/ Hospital Out-patient clinic	HCCP/ Out-patient clinic	HCCP/ Out-patient clinic	HCCP/ Out-patient clinic	HCCP/ Out-patient clinic
PT staffing	1 temporary full-time		1 temporary full-time		

Lise Dion, M.Sc. Pht.
Mylene Hache, Pht.

Home-Care Program

	Total clients	Chisasibi	Whap.	Wask.	Wemindji	Eastmain**
New	153	60	32	36	24	1
Discharges	63	24	14	15	10	0
Clinic visits	63	30	2	28	2	1
Hospital visits	-	-	-	-	-	-
Home visits	330	153	13	105	56	3
Day care/school	100	44	0	22	34	0
Did not attend	18	13	0	1	4	0
Cancelled	26	11	3	5	7	0
Direct Care time (minutes)	48,420	13,930	705	19,625	13,850	310
Non-Direct Care Time (minutes)	37,585	19,970	2,685	9,720	5,210	0`

** Eastmain does not yet have the official HCCP program / No statistics are provided to Health Canada about rehabilitation services that should be provided under the HCCP thus, many clients included under clinic statistics.

Out-Patient Clinic Chisasibi Hospital

	Total clients	Chisasibi	Whap.	Wask.	Wemindji	Eastmain**
New	537	186	106	82	72	91
Discharges	305	105	48	50	37	65
Clinic visits	847	384	73	188	91	111
Hospital visits	113	113	-	-	-	-
Home visits	12	8	0	1	1	2
Day care/school	55	37	8	5	4	1
Did not attend	146	62	29	20	8	27
Cancelled	55	24	6	15	2	8
Direct Care time (minutes)	58,695	27,695	4,815	11,960	5,755	8,470
Non-Direct Care Time (minutes)	37,690	11,360	4,980	13,530	3,090	4,730

N.B. Missed appointments (did not attend) and cancelled appointments are not included in the number of clinic, hospital or home visits.

Rehabilitation Development

Service Areas: Addition of Multi-service Day Centre program to existing areas of out-patient, home and community care, and hospital-based services

Chisasibi Rehabilitation Support

Mission

Support the rehabilitation professional by doing non-professional tasks (translation, delivery of equipment, scheduling); the rehabilitation monitor follows a suggested therapeutic program given by the therapist. The Rehabilitation Monitor (R.M.) helps the professional to provide the most comprehensive care possible to the clientele in the communities. There are currently two areas of care handled by the rehabilitation monitor: home and community care clients, and hospitalized patients.

Current Key Factors for Rehabilitation Monitors in Iiyiyiu Aschii

- Alleviate language barrier with home-care clientele
- Need for regular follow-up, guidance and supervision for the elderly and persons with disabilities (physical, mental, intellectual) with the home program provided by the rehabilitation professionals.

Staffing Resources

There is presently one rehabilitation monitor in Chisasibi working with one (1) physiotherapist and two (2) occupational therapists within the Home & Community Care Program. Recently, two (2) new rehabilitation monitor positions were created in Chisasibi for the MSDC. The Rehabilitation Monitor assists the Physiotherapist and the Occupational Therapist with the majority of home visits. Once a home program is prescribed for a patient, the role of the R.M is to ensure regular follow-up. The frequency of visits is determined by the rehabilitation professional. Supervision and guidance will be offered to the patient on a regular basis. The R.M will also be involved in regular sessions with patients in the hospital for various reasons: lodging, respite, post-op, etc.

	Number of visits	Number of clients	Direct care time (min.)	Non-client care time (min.)	DNA/ cancellations
April	24	16	1,380	5,130	6
May	35	17	1,710	5,820	5
June	70	20	2,910	4,410	0
July	23	7	1,170	6,720	0
August	80	30	3,870	3,930	0
September	59	59	3,060	2,310	0
October	0	0	0	0	0
November	35	13	1,800	4,800	5
December	38	15	2,220	3,450	0
January	62	16	3,300	4,110	1
February	47	18	2,670	3,510	0
March	33	11	1,800	3,360	0
TOTAL	506	181	25,890	47,550	17

Non Client-Related Activities 2005-2006

- Inventory/washing equipment
- Meetings: Home care team/professionals
- Training session for 12 weeks in Mistissini
- Delivery of equipment
- Scheduling of R.M. patients, PT patients and OT patients
- Monthly statistics reports for 2 weeks in March to enter the home care workers statistics for Statistics Canada program.

Rehabilitation Development

Service Areas: Addition of Multi-service Day Centre program to outpatients, Home and community care, and hospital based services (two (2) rehabilitation monitors are assigned to the MSDC).

Mylene Hache, Pht.
Greta Louttit, RM

Coastal CLSC Occupational Therapy

Mission

Dedicated to the functional capacities of the occupational being and daily living activities in its environment, the mission of the occupational therapy services is to provide a comprehensive care to inhabitants of the coastal communities. They provide consultation, evaluation, treatment, education, and recommendations within the scope of occupational therapy. The service aims to reflect and adapt to each individual, and as needed, to the individual's family and community. Occupational Therapy Services function under the mission and vision of the Cree Board of Health and Social Services.

Current Key Factors for Occupational Therapy in Iiyiyiu Aschii

High prevalence of obesity, sedentary lifestyle, trauma, diabetes, AFS and aging elders require specialized care for paediatrics, the elderly and persons with disabilities (physical, mental, intellectual). There are currently three areas of care requiring occupational therapy:

- Out-patient clinics on occasion will be developed during the coming year
- Care for hospitalized patients will be developed
- Home and community care clients for all age groups
- Paediatric outpatient services will be developed in lieu of HCCP coverage.

Staffing Resources

Occupational Therapy staffing for the Coastal CLSC includes Occupational Therapist and non-professional rehabilitation monitors.

- Occupational Therapist: one (1) position filled (CLSC), 1 position filled (HCCP) since October
- Rehabilitation Monitors: one (1) position per community filled in Chisasibi, Waskaganish, Wemindji, and Whapmagoostui except for Eastmain

Delivery of Service

- OT attempts to visit each community of the Coastal CLSCs for one week quarterly. Chisasibi receives nearly full time coverage. This exercise necessitates a lot of coordination between the OT and the five communities. Services have greatly improved since the new OT hiring in October 2005.

Occupational Therapy services were provided to the five coastal communities through one (1) staff position until October. Then, another OT was hired permitting a distribution of the communities as follows: one OT for Whapmagoostui and Wemindji, one OT for Waskaganish and Eastmain. Chisasibi is shared between the two OTs providing more regular service in Chisasibi. The other communities are still receiving approximately the same number of visits, but more time can be allocated for follow-ups and discussions with the rehabilitation monitors.

Community	Frequency of care	Out-patient	Home and community care	Hospital
Whapmagoostui	4 yearly visits: 5 days per visit. Started April 2005	X	Mostly	
Chisasibi	Approximately one month quarterly	X	Mostly	X
Wemindji	3 yearly visits: 5 days per visit, one cancelled by clinic.	X	Mostly	
Eastmain	3 yearly visits: 5 days per visit, one cancelled by clinic.	X	X	
Waskaganish	3 yearly: 5 days per visit, one cancelled.	X	X	

Non Client-Related Activities 2005-2006

Internal Team Activities

- Integration of Home and Community Care Rehabilitation monitors
- Conference call team meetings
- Staff development / continuing education for Occupational Therapist and Rehabilitation monitors
- Training of the Rehabilitation Monitors for the MSDCs (9 weeks in Mistissini)
- Involvement of the OT with the CRRC (Fourplex) clients
- One (1) OT trained as a PDSB Instructor

With Other Clinicians and Communities

- Education sessions for nursing and medical staff
- Participation in training for the auxiliary nurses (rehabilitation section)
- Participation in various community events

Occupational Therapy – Direct Client-Care Statistics 2005-2006

	Chisasibi	Whapmagoostui	Waskaganish	Wemindji	Eastmain
Population (to be confirmed)	3,733	796	1,995	1,251	602
Programs involved	HCCP/ Hospital Out-patient clinic	HCCP/ Out-patient clinic	HCCP/ Out-patient clinic	HCCP	HCCP/ Out-patient clinic
OT staffing	1 permanent full-time, 1 temporary full-time				

Home Care

	Total clients	Chisasibi	Whap.	Wask.	Wemindji	Eastmain
New	87	23	12	28	5	19
Discharges	23	12	3	4	3	1
Clinic visits	44	37	2	3	2	0
Hospital visits	-	-	-	-	-	-
Home visits	311	188	33	49	25	16
Day care/school	111	73	9	7	19	3
Did not attend	25	16	4	1	4	0
Cancelled	12	5	5	1	2	0
Direct Care time (minutes)	41,315	24,715	4,800	5,340	3,750	2,710
Active clients	120	43	22	23	18	14

Out-Patient Clinic Chisasibi Hospital

	Total clients	Chisasibi	Whap.	Wask.	Wemindji	Eastmain
New	70	48	5	12	2	3
Discharges	53	41	5	3	0	4
Clinic visits	107	88	6	3	2	8
Hospital visits	54	54	-	-	-	-
Home visits	22	11	0	5	0	6
Day care/school	12	9	3	0	0	0
Did not attend	11	9	1	0	1	0
Cancelled	1	1	0	0	0	0
Direct Care time (minutes)	14,610	11,720	1,020	435	765	670
Active clients	12	8	0	1	1	2

N.B. Missed appointments (did not attend) and cancelled appointments were not included in the number of clinic, hospital or home visits.

Children referred by doctors for consultation and assessment were mostly seen at the school or at the daycare due to the availability of materials and space. In this respect, they were counted as home care because the therapists saw the children in their environment. If an appropriate space was available to treat this clientele, statistics would have been included in the out-patient clinic statistics.

Rehabilitation Development

Service Areas: Development of out-patient services within the MSDC for ambulatory clients with post-acute conditions (hand trauma, repetitive strain injuries), development of a better structured paediatric service in a child-friendly clinic environment.

Services structure: OT services remain to be developed and offered to the Inland population.

Diégo Tremblay, erg.
Adelina Feo, erg.

Special Projects

Chisasibi Residential Resource Center (CRRC)

The CCRC, also called the "Fourplex", was transferred to the present location in 2003. Projects were presented under Mental Health to improve and better adapt services and the needs of clientele who have mental challenges. A Task Force was formed on November 21, 2005 to continue the work partially done by the Local Coordinator and the Allied Coordinator of Coastal Services. Two reports were submitted, one from the task force and one from Nicole Despres, the psycho-educator consultant on the evaluation identifying the rehabilitation needs of CRRC residents. The work included the profile of clients and individual needs. Local medical professionals continue to support the clientele. New furniture and linen were ordered for the residence to improve the living atmosphere, and to make the place more like home.

Mistissini Elders Home

The Cree Health Board provides operation funding to the Elders Home and responds well to the special needs of the elders. The Local Coordinator ensures quality and continuity in this new center.

Adapted Vehicle for Mistissini

A special adapted vehicle has been ordered with good seating capacity and can accommodate five wheel chairs.

Atlantis in Mistissini

The Public Health department initiated this project and this group of portable clinics and laboratories was installed in the summer of 2005. This group provided health services to the public and did many health tests on site. A plan is to continue this year in another community. Staff and resources come from a number of respected universities. This mobile laboratory is dedicated to environmental health research, monitoring and educational outreach and technology transfer.

Hydro Quebec Contract in Nemaska

Hydro Quebec is very satisfied with the results of the Nemaska clinic providing excellent health services for their personnel from construction camps.

La Sarre Field Trip

Local coordinators took a field trip to visit various institutions in the region and to meet health and social services staff. The benefits of good proactive programming and services in other centers were clearly visible. The benefits for future mothers and pregnant women coming to the health centers for support and counselling was witnessed, as well as the benefits of having health and social service professionals going into the community and schools to work in primary prevention. Offering of milk, oranges and eggs to future mothers helped professionals to follow-up on mothers and babies, children and adolescents up to 18 years old. A similar program in the CICs would be beneficial for better health.

Forest Fire Evacuations

This past year, forest fires saw the evacuation of five communities. The cities of Val d'Or and Rouyn provided excellent support and follow-up with the beneficiaries evacuated there. There are cultural and language barriers, but despite that, they are overcome in these crisis situations.

Prehospital Emergency Services and Emergency Measures

First Responders

The Pre-hospital Emergency Services continue the consolidation of the first responder services in the communities. Training was organized in all the communities and the creation of a quality assurance program is still pending.

Ambulance Services

Discussions with the Chibougamau CEGEP were carried out to organize the training of ambulance technicians in accordance with the law and regulations for Pre-hospital Emergency Services.

According to the organizational plan of the Pre-hospital Emergency Services adopted by the Board of Directors in March 1997, and tabled at the Québec Ministry of Health and Social Services (MSSSQ), it is planned to organize ambulance services in accordance with the standards of the MSSSQ in the Cree communities. Important budgets still need to be made available for the organization of services and training.

Emergency Measures (Civil Safety)

The security audit for all institutions was carried out, and now the next step is to prepare the emergency plans in accordance with emergency plans of the communities. A committee will be set up in each community to ensure that institutions conform to safety standards, and that emergency plans are up-to-date.

In developing the Regional Plan, the CBHSSJB needs to make sure that there is a senior manager on the planning committee so that all aspects of the health mission are covered in the Emergency Regional Plan. A strategic committee on crisis must be implemented to meet the needs created by the exceptional character of any disaster or emergency.

Communications

All Inland communities and Chisasibi are now cell-phone friendly. This technology has improved communications especially for social services and health emergency sectors.

Computerization for Front-Line Work

Both CLSCs have combined efforts to ensure computerization for front-line work.

Objectives for 2006-2007

- Complete the management transfer of CLSCs to the AED Community H&SS
- Provide certified training for Local Coordinators
- Ensure full operation of all MSDCs
- Complete an annual training program for Social Services
- Evaluate all federal programs
- Fill existing approved positions
- Complete computerization of all points of service
- Implement new programs and projects of Public Health initiatives
- Continue ongoing work on the Policies and Procedures
- Participate actively in emergency evacuation plans for the CHB
- Develop more institutional resources in other regions (Roberval patients)
- Introduce the dashboard tool for data collection to the front-line work

Other Resources Outside of Region 18

A patient from Ouje-Bougoumou hospitalized in Roberval, Quebec for long - term care is placed in a transition home for a period of eight (8) months as a gradual integration into the community. The professional services received at this Transition Home are: Psychiatry Services, Doctor, Social Worker, Psycho-Educator, Occupational Therapy, and Alcohol/Drug Prevention. This service is provided with a contract between the Inland CLSC and the Centre de Santé et Services Sociaux, Domaine-du-Roy in Roberval, Qc.

Conclusion

2006-2007 has been a very important year in planning and implementing management structures to accommodate future services. In the past year, much has been achieved in completing the Multi-Service Day Centers, the construction of housing, and staff hired for these centers. The decentralization process has begun to respond better to the needs of each community. Working groups on the PFTs for Wemindji and Mistissini are in place. The process has also begun for the creation of support positions for the Local Coordinators, and support managers called Heads of Services. Close collaboration with the Head of Dentistry ensured the implementation of the dental blitz in the communities.

The Board planned a development distribution ratio of 30% for the head office and 70% for local services. The plans are respecting this ratio in this decentralization process.

Lisa Petagumskum
AED Community Health and Social Services

6 Public Health Department

In 2002, the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the Government of Quebec officially recognized the Public Health Department (PHD) as a Department of the CBHSSJB. Bill 108 (2002, chapter 38) "An Act to amend the Act respecting health services and social services for Cree Native persons and various legislative provisions" was passed on June 14, 2002. "This bill amends the Act respecting health services and social services for Cree Native persons to allow the creation of a public health department in the territory of Region 10B covered by the James Bay and Northern Québec Agreement."

Main Mandate

In the region, the public health director will be responsible for:

- Informing the population about: its general state of health, the major health problems, the groups most at risk, the principal risk factors, the interventions considered most effective; along with, monitoring the evolution of these factors and conducting studies required for that purpose;
- Identifying situations which could pose a threat to the population's health and seeing to it that the measures necessary for the protection of the population are taken;
- Ensuring expertise in preventive health and health promotion, as well as advising the Regional Board on preventive services which lead to reducing mortality and avoidable morbidity;
- Identifying situations where inter-sectoral action is necessary to prevent diseases, trauma or social problems which have an impact on the health of the population; and, where considered appropriate by the Public Health Director, taking the measures considered necessary to foster such actions.

(Chapter S-4.2, An Act respecting health services and social services, art. 373)

Organization

Holistic and ecological, Iiyiyiuch see the essential interrelatedness and interdependence of all phenomena as a living system within the universe. To work to develop the public health mandate within this concept, five teams support the public health director: Awash (children 0-9 years old), Uschiniichisuu (youth 10-29 years old) and Chishaayiyuu (adults 30 years and over) supported by the Secretariat and Specialized Services.

The program teams intervene within the fields of infectious diseases, environmental health, health in the workplace, non-intentional trauma, community development, life habits and chronic diseases and development, and adaptation and social integration. Within these fields, the main strategies used are: support for vulnerable groups, strengthening of the individual's potential, support for community development, participation in inter-sectoral activities, and encouraging the use of efficient clinical preventive measures.

All interventions happen within a framework based on public health functions: surveillance of health and wellness, promotion and protection of health and wellness, prevention of diseases and psychosocial problems, regulation, research and ongoing training.

The teams are not yet completely organised. Some fields, like health and wellness in the workplace, are only in the planning stage. Once all the negotiations for the resources to support the strategic plan have been completed, the remaining Program Officers will be hired.

Members of the Public Health Department

Yv Bonnier-Viger	Iyiyuuschii Public Health Director and Assistant Executive Director, Chisasibi
Elizabeth Robinson	Community medicine consultant (part time), Montreal

Administrative Unit

Bella Blacksmith	Manager of Administrative Unit, Chisasibi
Rachel J Martin	Administrative Technician, Montreal
Jacqueline Voyageur	Administrative Technician (Acting), Mistissini
Frances Couchees	Secretary, Montreal
Maryann Pachano	Secretary, Chisasibi
Mary Petawabano	Secretary (Acting), Mistissini

Awash Miyupimaatisiiun Unit

Bella Moses Petawabano	Director of Awash Miyupimaatisiiun Unit, Mistissini
Robert Carlin	Medical Advisor (part-time) – Infectious Diseases, Montreal
Isabelle Duguay	Program Officer – Children and their Parents, Montreal
Katiana Rivette	Program Officer – Nosocomial Infections, Chisasibi
Malika Hallouche	Program Officer – Dental Health, Montreal
Louise Pedneault	Program Officer – Immunization and Genetic Counselling, Mistissini
Julianna Snowboy	Program Officer – Dental Research, Chisasibi
(To be filled)	Midwifery Advisor

Uschiniichisuu Miyupimaatisiiun Unit

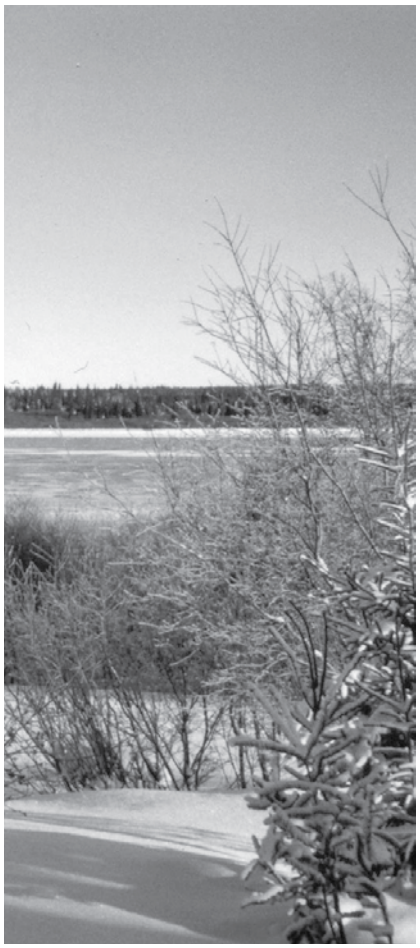
Manon Dugas	Director of Uschiniichisuu Miyupimaatisiiun Unit, Chisasibi
Ron Shisheesh	Program Officer – Nutrition, Tobacco and Gambling, Montreal
George Diamond	Program Officer – Healthy Communities program and non-intentional traumas, Chisasibi
Wally Rabbitskin	Program Officer – Physical Activity, Alcohol and Drugs, Mistissini
Martine Drolet	Program Officer – Mental Health and Healthy Sexuality, Waswanipi
Catherine Godin	Nutritionist (contract), Montreal
Hop Lam Dao	Chef (contract), Montreal
Merryl Hammond	Consultant – Smoking Cessation, Montreal
Ellen Bobet	Consultant – Prevention, Montreal
Marlene Beaulieu	Program Officer – Healthy Schools
(To be filled)	Medical Advisor – Sexually and Blood Transmitted Infections

Chishaayiyuu Miyupimaatisiiun Unit

Paul Linton	Director of Chishaayiyuu Miyupimaatisiiun Unit, Mistissini
Mathieu Trépanier	Program Officer – Environmental Health, Montreal
Reggie Tomatuk	Program Officer – Environmental Health, Chisasibi
David Dannenbaum	Medical Advisor (part time) – Diabetes Program, Waskaganish and Montreal
Monique Laliberté	Program Officer – Diabetes Training (interim), Mistissini
Veronique Gaudin Laberge	Public Health Nutritionist, Chisasibi
Michelle Gray	Program Officer – Breast Cancer Screening Program, Oka

Specialized Services Unit

Jill Torrie	Director of Specialized Services Unit, Montreal
Faisca Richer	Medical Advisor – Training in Community Health
Jacques Véronneau	Dental Research Advisor, Montreal
Elena Kuzmina	Program Officer – Research, Montreal
Pierre Lejeune	Program Officer – Research, Montreal
Iain Cook	Program Officer – Communication, Montreal
Tracy Wysote	Administrative Technician – Research (occasional), Montreal
To be filled	Medical Advisor – Clinical preventive practices



Collaborating Researchers

Kathryn Campbell	Chisasibi Family Violence, Ottawa
Mark Daniel	Health Promotion, Montreal
Jeffrey Derevensky	Addictions, McGill
Eric Dewailly	Mine Contaminants, Environmental Health, INSPQ-Laval
Grace Egeland	Environmental Health, Food and Fat, CINE-McGill
Kathryn Gill	Addictions, McGill
Gaston Godin	Chiiyikiyaa, Laval
Rosamund Harrison	Mothers and Infants Dental Evaluation, UBC
Sameena Iqbal	Kidney Disease, McGill
Marie-Anne Kimpton	Cree Health Survey, INSPQ
Gilles Legaré	Cree Health Survey, INSPQ
Lily Lessard	Collaboration in services, Laval
Joseph Levy	Chiiyikiyaa, UQAM
Evert Neiboer McMaster	Mine Contaminants, Environmental Health,
Joanne Otis	Chiiyikiyaa, UQAM
Bernard Roy	Food Basket, Laval
Noreen Willows	Children's Obesity, Alberta
and teams from INSPQ and other regions	Analysis – 2003 Cree Health Survey.

Summary of Activities

The activity reports below describe the types of actions applied in the field of Public Health this year. In future years when the Public Health Department has become fully operational with well-developed programs, the Department will report more on the targeted strategies for the long-term improvement of health status and prevention of illness in Iiyiyiuch.

Infectious Diseases

Since the 1980s, the region has benefited from effective infectious disease programs as a result of competent professionals closely following files and making continuous program improvements. This year two new major initiatives were added in the ongoing work of infectious diseases: pandemic-related planning and new resources focused on nosocomial infections, which result from interaction within the health care system.

Pandemic-Related Planning and Activities

Influenza pandemic-related planning involved communications on avian influenza and extensive work on regional pandemic and emergency planning. After researching crisis communications strategies, the work on avian influenza included:

- Producing popular language materials in Cree and English;
- Informing and/or meeting with health-care workers, local and regional entities and regional media;
- Giving presentations to the general public at community events;
- Participating in trainings and conferences on influenza pandemic planning;

- Preparing drafts of regional pandemic plan and emergency plans after an extensive review of materials and tools from the major national and international public health organisations;
- Representing the region in meetings and trainings with the Ministry about pandemic planning, including the Pandemic Communications Planning Committee;
- Participating in developing an ethical reflection on the national pandemic plan;
- Linking to other remote regions engaged in the same planning process;
- Meetings with the Band Councils on the plans were held as well as working sessions with physical health professionals.

Declarable and Infectious Diseases

We continued the important work in protecting the population from declarable (e.g. MADO) and other infectious diseases by maintaining the regional registry and assuring its quality control; producing a report on reportable diseases (up to 2004); reviewing Hepatitis C information in preparation of a report; restarting the surveillance programme for C. difficile and reviewing the state of the situation in the region for this organism; monitoring influenza syndrome in three communities (pilot project); and establishing relations with the laboratory in Chisasibi Hospital for mutual collaboration. We are involved in the organisation of a pilot harm-reduction committee and a project around injection drug use in one community after consultations with Elders and community members.

We maintained the regional call system for health workers and continued to respond promptly to cases of declared disease or ad hoc questions related to other infectious diseases including: chlamydia and gonorrhoea treatment and follow-up; tuberculin screening; TB and respiratory precautions; bite exposures; rabies in animals; accidental blood exposures; vaccination related questions; precautions for the transfer of patients with an infectious disease; management of biomedical waste; infectious gastroenteritis within a health-care institution; invasive group A streptococcus, invasive N. meningitis and invasive pneumococcal disease. Active in the regional nosocomial infections committee, to orient the Infection Prevention and Control Officer, consulted and worked with hospital nurses, the haemodialysis team and Chisasibi Hospital janitors for prevention of infections.

Materials produced included work on a protocol on biomedical waste management with a working group to improve the storage and transport of biomedical waste in the region; preparation and circulation to doctors and nurses of updates concerning rabies, influenza, and STI contact follow-up and a protocol for infections that are resistant to antibiotics; and production of promotional videos for the Maternal and Infant Health Program that promote hygienic measures to prevent infections.

Immunization

To increase regional attention on regular influenza and influenza vaccination – an important public health prevention activity which is now an aspect of pandemic preparedness – we carried out a promotional campaign with local and regional media; planned the delivery of influenza vaccinations in public locations outside of clinics in Chisasibi and Mistissini; increased the target groups recommended for vaccination to include most of the population by adding children aged 6-18 months, as well as people in contact with people in the target groups; and continued to develop a regional surveillance system of vaccination against influenza.

For other types of vaccinations, we continued the regional monitoring of vaccination against Hepatitis B in grade 4 children.

For all types of vaccinations, we continued to support the clinics through follow-up on the regular program of immunization and maintained the link between the clinics and the Ministry; responded to ad hoc questions related to vaccination; gave a presentation to the Inland Local Coordinators on the immunization program and promoted school nurses among local and regional coordinators; maintained the registry of adverse reactions following vaccination (ESPRI) and followed up cases with clinics; began active planning to implement an electronic vaccination registry in the region; and participated actively in the work of the International Circumpolar Surveillance (ICS) group. We also promoted vaccination against whooping cough in schools.

Environmental Health

As part of the overall work on environmental contaminants, a great deal of time was taken up on the Nituuchischaayihtitaau Aschii environment and health longitudinal study, the pilot project that took place in partnership with one Cree Nation, Laval, McGill and McMaster Universities and the CBHSSJB. This logistically complex study involved extensive planning and detailed on-the-spot management, assuring the data entry and its validation, preparing and carrying out communications strategies at each phase, working out the complex issues around the reporting of results back to the community and the participants, and managing the complex financing of the project. In early 2006, we did a presentation to the Council of the community proposed for the next study planned for 2007.

We organised a five-year maternal surveillance plan for contaminants as part of the Maternal and Infant Health Program and began to prepare the documentation for seeking ethical approval of the plan.

In terms of ongoing work, we continue to collaborate and follow up with the Local environmental administrators (LEA) and the Cree Regional Authority on adequate monitoring of water quality, the proposed drinking water by-law, intervention in a possible case of carbon monoxide intoxication, and on the development of the integrated risk assessment of the mining activities in the Ouje-Bougoumou area.

We represented the region at the "Table Nationale de Concertation en Santé Environnementale" (TNCSE), and on the James Bay Advisory Committee on the Environment (JBACE) with the focus on EM-1 and Rupert River Diversion project, and supported the emergency working group for forest fires.

We attended training on air quality and moulds given by INSPQ_, implemented recycling at the Montreal office, received training from Health Canada on risk communication and risk assessment, were taught by the Ministry about a new system for tracking cases of declarable chemical intoxications, and participated in the International Conference of the Association of French Language Epidemiologists on environment and health.

Health in the Workplace

The activities in this field consist of developing a proposal for funding a future program. Funding of prevention programs for workplace injuries and illnesses are within public health departments in Quebec coming from the Quebec Workplace Health and Safety Commission. A working group was set up to develop a funding proposal, and met with the QWHSC (CSST) in September 2005. The CSST approved the activities but asked that the budget be reduced. A revised proposal was sent. We insisted that the budget for our region not be taken from that of the other regions. Negotiations are presently underway.

An Excel file of enterprises and workplaces in the region was developed using a list from the Quebec Workplace Health and Safety commission, the regional telephone book, and information from the CRA economic development department.

Even without a formal budget, staff became involved in several situations related to workplace health. We participated in a visit by the CSST inspector to the schools in Mistissini following a complaint about indoor air quality. We were consulted about several cases of lung problems where there was a possibility of the symptoms being related to indoor air quality at work.

Non-Intentional Traumas

The work in this area targeted a few activities promoting awareness of non-intentional trauma, networking along with a focus on highway safety, which is a big concern in the region, and the medical bush kit program for prevention of injuries.

The injury report completed a few years ago was updated this year and will be published in 2006-2007. Within this publication, the new rules on protecting confidentiality were applied when reporting small numbers.

We participated at local and regional gatherings with information displays on driving and road safety, especially "Don't Drink and Drive" messages. We worked closely with regional and local media especially on Driving and Road Safety. We collaborated with the Police department to ensure the Federal and Provincial Highway Safety Code is both respected and enforced in the region. We also did general injury prevention promotion during the regional police meeting and awareness campaigns on targeted injury prevention on the regional radio. Many communities organised the Boat and Water Safety Campaign, and Waskaganish also offered a Boating Safety Course. We promoted firearms safety in comic book format in the Nation just before Goose Break.

For the medical bush kit program, injury prevention is extremely important. We revised the kit and plan a booklet on prevention and promotion of healthier lifestyle to accompany the contents. The kit was promoted with the CHRs as part of their training.

Community Development

Healthy Communities

The Healthy and Safe Communities regional working group was organised to support and enhance local initiatives, activities, programs and projects within the communities. A needs assessment for the work of the working group was carried out. The consultation on the concepts and principals of the healthy and safe communities approach took place in Wemindji, Eastmain and Waskaganish with follow-up support. Local training on community development was planned using the SWOT process looking at strengths, weaknesses, opportunities and threats and Community Action Resources.

We also developed a partnership with the Cree Regional Youth Council for planning, development and implementation of land-based programs for Cree youth that will include a focus on Cree knowledge and traditional survival skills in combination with the Life Skills development programs.

Physical Activity

Inadequate physical activity among children is emerging as a matter of concern through the preliminary results from the Emiyuu Ayayaachiit Awaash Project.

The needs assessment concerning children's overweight and obesity involved the University of Alberta, two Cree Nations and the CBHSSJB. Some results were returned to one community and plans made to visit the other. These initial findings strongly support the public health work on promoting active lifestyles as an extremely important specific focus within the overall healthy community initiative.

Using community contacts from the diabetes-networking group, a number of activities organized and promoted more physical activity, walking, fitness and healthy living on Physical Activity Day on October 7. Schools were encouraged to organize walking and healthy living campaigns. Eastmain and Ouje-Bougoumou organized a walk-to-school day, inviting parents and staff to participate. Five schools took part in the Active School project in which they developed and implemented activities around increasing physical activity and promoting better nutrition. The 365-day, 800-mile challenge was launched in July encouraging community members to walk for health. Fun in winter activities were organised by all communities in November, January and February. As well, activity awareness was promoted in the regional media.

Life Habits and Chronic Diseases

The activities for life habits and chronic diseases were targeted around nutrition, diabetes, including the Cree Diabetes Information System, cancer, dental health and genetic diseases.

Nutrition

The Nutrition Working Group coordinates nutrition activities for public health. The staff supported the weekly nutrition workshops carried out by the CHR-Nutritionist teams in some communities. These are based on the H.E.A.L. approach for healthy cooking, including baby food preparation.

This also linked to the work on the development and evaluation of the Childcare Nutrition Program. For Nutrition Month, we designed, developed and distributed placemats and a pamphlet on the "Plate method" for healthy eating, along with an article in the Nation and a nutrition poster. Public health collaborated with the CBHSSJB nutritionist team to develop clinical nutrition tools and handouts.

At public events, we were involved with the Wellness Week in Mistissini and gave presentations in Mistissini and Waswanipi on Elder's nutrition and diabetes. We organised and participated in the monthly nutritionist get-together; organised and participated in the annual nutritionists' meeting; were involved in recruiting nutritionists and their orientation; and represented the region at RQDMA ("Regroupement Québecois des Diététistes travaillant en Milieu Autochtone").

We were involved with the Food and Fat Project, a research project involving McGill University, one Cree First Nation and the CBHSSJB. This project studied the quantity and types of fats in prepared fish, chicken and eggs from various households and public food services. We were involved in the Nituuchischaayihitaau Aschii research project (environment and health project) related to the consumption of traditional food. We also facilitated the Food Basket Project with one Cree First Nation and the University of Laval to assess how typical Cree women choose the families' food.

Diabetes

A qualified diabetes educator began work to provide a continuous follow-up with health workers following the regional training sessions in diabetes care and

management. The "Clinical Diabetes Support and Empowerment Tour" is for nurses, doctors, nutritionists and CHRs.

Support to the clinics has been made available through the Diabetes Hotline providing a way for health care providers to ask questions about diabetes management by phone or e-mail. Questions are also circulated through the Diabetes Hotline Newsletter, which is sent by e-mail to all health care providers.

Support for diabetes management is happening through several activities: the participatory evaluation of the Regional Diabetes Initiative in collaboration with two communities, clinical guidelines for type II diabetes in children and adolescents were developed, as well as an audit of medical charts carried out in the summer within the framework of the Continuous Quality Assurance Program of the Regional Diabetes Initiative. The audit report, an internal document of the CBHSSJB, verifies the extent to which diabetes management in the clinics follows the Canadian Diabetes Association clinical management guidelines.

In terms of diabetes reports and research, we prepared and distributed the 2005 version of the Annual Diabetes Update in a popular pamphlet and poster version and a more technical report. The annual review of the Regional Diabetes Initiative was also prepared. The diabetes research team worked with the McGill University researchers on the Kidney Disease and Diabetes Research Project and produced a report on nephro-pathologies related to diabetes.

A proposal was prepared for a new phase of research to identify people who have kidney disease, which develops rapidly. The new phase of research on kidney disease is being planned with two communities next year.

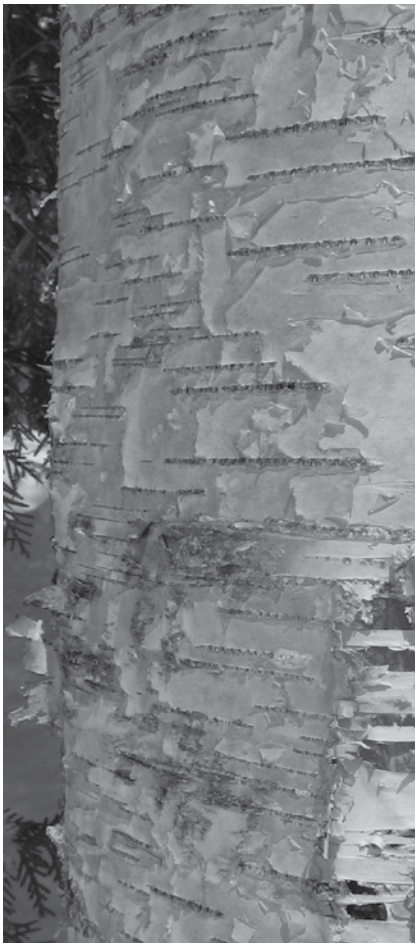
We are also very involved in the Anti-diabetic plant project looking at the properties of traditional plant medicines and planning to incorporate traditional practices within the diabetes program in one community. This is a project involving two Cree Nations, the CBHSSJB, and the Universities of Montreal, McGill and Ottawa.

Posters were presented at the Canadian Diabetes Association (CDA) and at the Canadian Society of Endocrinology and Metabolism (CSEM) in Edmonton on "Cree Diabetes Information System (CDIS): merging diabetes management and surveillance in Eeyou Istchee" and "Cree Diabetes Information System – 2004 Annual Update". An oral presentation on the annual update was given at the Canadian Rural Health Research Society and Canadian Society for Circumpolar Health meeting. We participated in the annual scientific conference of Diabète Québec in the workshop discussing the socio-economic aspects of diabetes.

We continued to register new cases of diabetes in the Cree Diabetes Information System (CDIS) and to verify missing or incomplete information. Efforts were made to implement the CDIS in the clinics. Training was given to medical personnel on using the system with the new manual and this was reinforced with a booth at the annual nurses training. The CDIS system was improved with the development of an error tracking system, evaluation tool and a technical manual.

Cancer

We developed a report on the state of the situation of cancers in Iiyiyiu Aschii for the Quebec Cancer control program and continued active participation in the management of the Programme québécois de la lutte contre le cancer. As a region, we participated in the journey Alerte au Cancer and continued to coordinate the regional cancer screening program.



The extent of activity in breast cancer screening was evident when the provincial statistics were produced and our region had the greatest participation of all regions in Québec. Some of the work associated with this involved: development of a DVD for promoting breast cancer screening prepared with the help of a Cree woman; regular update of the computerized system called SI-PQDCS (Breast Cancer Screening) that insures the surveillance of all the eligible women 50 to 69 years old in the regional screening program; training in this program; planning for a pilot social breast cancer support group in one community; and continued screening of eligible women.

At the Québec level, we were active as a partner on the reading committee with the Programme de dépistage du cancer du sein for promotion materials, and part of this involved collaborating with the Native Women's Association (FAQNW) to develop appropriate materials for Aboriginal women; and participated in the management of the Programme québécois dépistage du cancer du sein (PQDCS) and in the quality assurance committee for the Program.

It was also a busy year on the tobacco front. We ran the Québec Quit to Win Challenge for the second year with Whapmagoostui winning at the community level and produced a report on the challenge; produced a video on smoking entitled "That's It - I Quit"; set up a display booth on tobacco, safe sex and physical activity at the regional Val d'Or tournament. We held a Community Empowerment Workshop and set up Tobacco Action Groups (TAG) in communities as part of the training for community Smoking Cessation Counsellors. We also began planning regional activities needed to implement the new tobacco law, including revising the therapeutic guide for nurses for smoking cessation.

Dental Health

We have put significant resources into public health dental work in order to try to arrest the regional dental epidemic in children and this is very obvious from the extensive activities taking place in this area. The work is focused on the development of a comprehensive prevention program for the region. The Creec Project, a major research project with the University of British Columbia is evaluating the effectiveness of a dental health promotion component of the Maternal and Child program; and the Varnish Project is assessing whether early application of dental varnish can help prevent the development of dental caries in very young children.

Participation at the dental research conferences in Canada and the USA gives an opportunity for extensive networking and to inform people of CHB research. We attended the "Colloque de Santé Dentaire Publique", the Annual Convention of Dentists of Quebec, participated in meetings of the "Table de Concertation des Hygiénistes Dentaires de Santé Publique de Montréal". We also completed a background scientific review of water fluoridation.

For the regional dental prevention program, we prepared a reference document used for dental training for the Mother and Child Health Program (MCHP) and completely revised the CHR guide book for the dental program. The educational materials were developed for the CHRs including puppets, games, interactive books, six posters (recto-verso) to support the educational activities, six leaflets to accompany the Guide, and an educational video on tooth brushing. The plan is to offer the use of these materials to other Aboriginal nations and Health Canada.

Dental Health Month activities were carried out in April 2005 and 2006 including a comic strip on diabetes and oral health. For the community activities, we continue to work with the "Diabetes Primary Prevention Program Interveners", who are better known as CHRs.

We made presentations to different classes of graduating students for recruiting dental hygienists to Iiyiyiu Aschii and the Regional Action Plan to the Board.

The Creec Project has "test" and "control" communities with CHRs in charge of recruiting the participants and delivering the educational activities as part of the Maternal and Infant Health Program visits. We improved recruitment in some communities by hiring more people for the project. We continued the training in Motivational Interviewing to project staff in the "test" communities. This approach, which will be an asset in all CHR work in the clinics, teaches how to actively listen to and work effectively with patients.

We also developed manuals, flipcharts, posters and pamphlets specific to the "test" or "control" communities. With the project staff, we provided telephone and on-site support, as well as on-site training for all the new staff hired in three communities. To keep the project's momentum, we put out a newsletter on the project, and for the mothers recruited to the project we sent out appreciation cards and a project bookmark. For the "test" communities only, we introduced "privilege cards" for faster-than-usual access to dental appointments. We prepared three regional and two local Cree radio shows on the project, stressing the importance of young children's teeth.

We signed a Research Agreement between the CBHSSJB and UBC for the project, prepared statements of account for finance, and budgets for the training sessions. We held many project conference calls and planning sessions in terms of preparing schedules, training proposals and keeping track of progress on recruitment, as well as continuing to enter all data.

The Varnish Project had been planned as if the region had its full complement of six full-time dental hygienists, when in fact it has had between two and three. As a result, project has a constant shortage of staff, even after recruiting several part-time hygienists to work specifically on the project.

The project has produced a number of side benefits, which will be of long-term use. As a consequence of training staff, we also collected clinical data on caries prevalence in daycare children (2-4-yr-olds). We carried out training on detecting early childhood caries using the modern (and unique in Canada) dental caries index. This has put Iiyiyiu Aschii ahead of other regions in Canada in this regard and gives us cutting-edge formal surveillance indicators that will become part of the program and regional surveillance plan. As varnish application is a choice in the Creec Project, we have trained the Creec Project staff, mainly CHRs, in the technique of applying varnish.

We reviewed the situation in other jurisdictions on having non-dental personnel apply varnish on children's teeth and found that this is done throughout northern Canada, except in Québec. As a result, we adopted the Federal model and presented this to the CBHSSJB.

Genetic Diseases

After reviewing programs from elsewhere, the Genetic Counselling Program was organised in collaboration with the Chisasibi Hospital Administration and the final proposed program accepted by the Board of the CBHSSJB in July 2005. Having the Genetic Counsellor in place is anticipated for September 2006. In collaboration with the Iiyiyiu Awash Foundation, a pamphlet was prepared describing services available in Chisasibi. As well, we trained IAF volunteers in managing the website we helped to develop. One person attended a symposium on ethical issues on genetic counselling.

Development, Adaptation and Social Integration

This year saw major new activity in two fundamental files, the maternal health file with the major revision of the Maternal and Infant Health Program, and extensive consultations on midwifery; and the Healthy Schools file which involved general planning of the long-term program and creating regional partnerships. There was also significant work to introduce the healthy sexuality program in schools and the planning for school nurses.

We continued to represent the region at the Québec concertation table for preventive practices; planned the development of a surveillance system for mental health issues and made arrangements to hire a summer student under the supervision of the Mental Health Program to organize existing data; prepared a report on suicides in Iiyiyiu Aschii and media advice on how to manage reporting in these circumstances; planned two trainings sessions – suicidal crisis screening and conjugal violence screening – for the annual nursing training; worked in collaboration with the National Public Health Institute of Québec to develop a special training for nurses on individual counselling on sexuality and STIs/HIV screening; participated in the youth sexuality training given by the First Nations of Québec and Labrador Commission on Health and Social Services; prepared a report on the known health status of the elderly along with their needs for services; worked to improve CBHSSJB obligations to assist with the Chisasibi Family Violence Research Project; and participated at a conference on "Maltraitance".

Maternal Health

We undertook major new initiatives in this area with the development of a pilot program for Cree pregnant women in Val d'Or, planning for a midwifery program, implementation of the revised Maternal and Infant Health Program. The Val d'Or program for pregnant women was developed through a working group including Public Health, Cree Patient Services and medical personnel from Val d'Or. The program was approved by the Board in July 2005 and a Community Organiser was hired in March 2006.

The implementation working group revised the Maternal and Infant Health Program adding new "revisions" on vaccinations regarding rubella and FAS mother screening, and completed the very large task of updating support materials. Nutrition training was provided in Chisasibi and Mistissini clinics. A pilot implementation project was carried out in Chisasibi in the summer of 2005. A trainer was recruited and began training in Mistissini in February, and held training for CHRs on the nutrition component. Training in the other clinics will continue next year.

For midwifery, consultations were held on Midwifery and the Amuskuupimatiseat Awasch Program in Nemaska and Mistissini, and two consultations on midwifery in Waskaganish in April and June 2005. We published a long article in the Nation on the Waskaganish consultations and produced a 35-minute film on midwifery entitled "Waapimasuawin". As well, we participated at the Canadian Association of Midwives Conference in Halifax and the Inuit Midwives Gathering in Salluit, the "Baby Friendly Initiative" meeting in St. Jerome, and the Breastfeeding Conference in Montreal. We also represented the region at the Table of regional representatives for the NEGS/PSJP programs – programs focused on support for at-risk pregnancies, young families, etc.

Healthy Schools

In terms of the development of a long-term Healthy Schools approach in the region, we are involved in implementing the National Healthy School Approach of Québec and participated in the National Healthy School Committee training and information sessions.

Extensive planning for the overall implementation included the development and adaptation of tools, as well as extensive networking with other departments of the CBHSSJB, the Cree School Board, and the Cree Regional Authority to develop a Regional Committee responsible for determining priorities, mandates, agendas and protocols for the school-aged population. Nine local committees will eventually be developed as the program develops in the communities.

The implementation of the Chî Kayeh or Sexual Health Education curriculum in two pilot communities is a major public health initiative to promote healthy sexuality and reduce the incidence of sexually transmitted infections. Following extensive consultations with teachers, students from secondary 3 and 4, and the community advisory committee, the curriculum was culturally adapted for the region from a program developed in Québec. It is designed to offer general education on Sexual Health including prevention of sexually transmitted infections, healthy pregnancies free from alcohol and drugs, dating violence, and unplanned pregnancies.

Teaching material was designed for 60 classes of 50 minutes each. It is planned as a compulsory two-credit course for secondary 3 and 4 students. The prototype of the new Chî Kayeh curriculum was presented to the Parents Committees, concerned principals, teachers, school commissioners as well as to the clinic staff in Waskaganish. Planning took place to develop training and appropriate tools for teachers who are expected to begin using the material in class in the fall of 2006. The implementation of this curriculum in the pilot communities will be evaluated in partnership with the First Nations, the Université de Québec à Montréal and the CBHSSJB. This evaluation research is financed through a grant from the Canadian Institute of Health Research.

The department organised the development of job descriptions and logistics for the hiring of school health nurses for the 2006-2007 school year. A successful visit to Region 08 to help understand the organisation of prevention-promotion programs was organised for people from the department along with people involved in delivering and supervising local services.

Another visit was organized to Senneterre with persons involved in the planning of the new Mistissini Community Integrated Centre (CIC) to see the physical organisation of preventive services. These visits, along with consultations with local service partners, helped to clarify the important role of school health nurses and their place within the planned CIC structure. Following this educational work within the CBHSSJB, we worked on the development of the job descriptions in each community for these new positions.

Addictions

Specific activities in relation to addictions prevention involved contributing to the content delivered during Addictions Awareness Week; developing a needs assessment of addictions, continuing to represent the region at the Circle of Hope meetings, and organising an addictions and mental health research project to begin in 2006-2007 in partnership with the communities, McGill University and the CBHSSJB. Department and community delegates attended the national Foetal Alcohol Syndrome Disorder (FASD) Conference in Edmonton in January, and

the regional FASD forum in Quebec City in February. The Cree delegation made a presentation on the various activities related to addictions.

In the communities, FASD support groups were set up and an active regional network was organised. As well, awareness campaigns and various workshops were conducted within the communities during awareness week in November.

Communications

With new resources dedicated to communications, we saw a great deal of new systematic activities in this area to support all of the files in the department. Each department activity, from working groups to research projects, involved the public in some capacity and followed a communications plan.

The most visible long-term achievement was the creation of the departmental web site and intranet (www.creepublichealth.org) on an open source platform that is managed entirely within the Department. We also participated actively in the planning of the main website for the CBHSSJB. These online resources, such as the shared travel calendar, the online image library with consent process, the online data access points for research results analysis, greatly facilitate work. We also formalised partnerships with the various regional and local media and developed more popular approaches for communicating with the public.

Planning took place for a pilot Cree Language Camp to give non-Cree personnel the opportunity to learn some basic Cree while also gaining more insight and knowledge of Cree culture and the traditions of the people. Giving the CBHSSJB a more Cree approach is one of the foundations of the new Strategic Regional Plan and we are pleased that the Department has taken this important and timely initiative. Since all employees are hired with at least two languages and must agree to learn the third as soon as possible, four Cree employees attended intensive French immersion training for two weeks in Jonquière.

Other Research, Evaluation and Public Health Surveillance

The analysis of the Cree Health Survey 2003 was organised by the INSPQ and the highlights report was received in draft this year. Each of the thematic reports will be printed in 2006-2007 in a technical English-French version with a Cree-English plain language popular version. A study on how CBHSSJB services collaborate within clinics was completed by a master's level student from the University of Laval. Presentations on the findings were made to the Senior and Intermediate Management Committee.

We began the research on how to make best use of research results in a service organisation like the CBHSSJB and will continue this as a priority in the coming years. Reports completed this year included an update of the injuries report, a report on the birth registry and a two-volume sectoral report carried out for Hydro Québec which compiled all the existing health data on the Cree in a health determinants framework and included a history of the CBHSSJB. For the public health surveillance, regional indicators were identified and justified for the regional surveillance plan. The work will be completed in the next year and submitted for ethical review.

We also began work on predicting population growth with a specialist from Australia. An important report on the valid types of statistical analyses to use on studies involving small populations, along with a document setting out how to manage the reporting of small numbers was completed as a draft and will be finished early 2006-2007.

To help the Washaw Sibi community, the department was asked to assist in developing and carrying out a health status report along with a needs assessment for health services. A plan and questionnaire was developed and the community is expected to carry out the fieldwork in 2006-2007 with the department continuing to provide technical support for analysis and reporting of the data.

Networking and Training

Representing the region on Ministry committees is given importance in order to keep up-to-date and to improve networking with the Ministry, the National Institute of Public Health and with other regions.

The department places an emphasis on permanent training and professional development. Many staff members, including those with professional accreditation, have no formal background in public health. As a result, we finalized the curriculum of a comprehensive staff-training plan in public health. The first three of these mandatory three-day sessions were held this year. The managers also received training in operational planning, and later worked hard to support other departments in the complex planning of new budgets for the rapidly expanding CBHSSJB.

Most of the department staff attended the important annual public health training, workshops put on by the Ministry and the Journées Annuelles de Santé Publique (JASP). We also participated in a number of workshops and conferences on evaluation – a growth area for department and the entire CBHSSJB; statistical training put on by Statistics Canada; the International Statistical Institute Conference in Sydney, Australia; the Canadian Public Health Association Conference; the Canadian Bioethics Society Conference; the Workshop-meeting of the National Council on Ethics in Human Research; and the National Aboriginal Health Association's conference.

We attended meetings of the TCNS (2), CSSSPNQL, Aboriginal Children's Survey with Statistics Canada, and the Public Health and Specialized Services teams.

Administrative Unit

The Administrative Unit continued to carry out many tasks related to the office systems in the department. The work of this Unit is greatly complicated by the fact that the team operates from three small offices separated by a great distance from the Department of Finance in Chisasibi.

Along with all the data entry, minutes for ever-increasing numbers of working groups, and production and dissemination of materials being produced through the various programs and activities, the Unit also manages the purchasing and distribution of materials for the Regional Diabetes Initiative. This includes the glucometers and strips that the CBHSSJB provides to all patients with diabetes, a responsibility not managed by Administrative Units in other public health departments.

This year, a needs assessment of the Unit developed the basis for a targeted training plan for continuous training of all employees. The Unit also began work with a consultant on the organization of the filing system and documentation centre including records management. The financial documents at the Montreal office were computerized as well.

Yv Bonnier-Viger
Director Public Health

7 Administration and Finance

Human Resources

The year was marked by great challenges at the Human Resources Department (HR). The most significant one, without a doubt, is the fusion of two sectors: Human Resource Management and Human Resource Development. A new Director was hired in January 2006.

During this time, Laurent Brunet and Louella Meilleur worked to provide human resources without the proper tools and training.

The certification of nurses is the key to a good operation. This certification program was put in place 12 years ago by Louise Carrier, Health coordinator of CLSC Coastal. It allowed the nurses of nine communities, as well as the nurses for Cree Patient Services, to update their skills and knowledge.

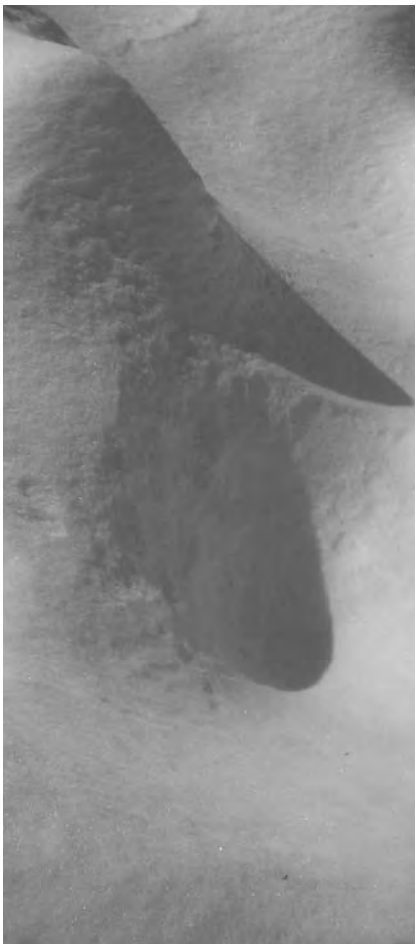
The five-day annual training for nurses gives them their annual certification, and also allows the newly trained nurses, according to the McGill model, to join a multiplicator agents service to exchange working tools. The McGill model training is a four-year program, and since Public Health has joined the program, more topics have been added to the training, such as Fetal Alcohol Syndrome and wound healing. Over 106 people have joined the two sessions of the program.

Human Resources Management

Under the responsibility of Annie Bobbish and interim HRM Helen Atkinson, Human Resources Management (HRM) has been very active in the recruitment of personnel. The lack of office space and housing are presently the most difficult issues to deal with since most of the communities have a deficit in this area. There are not enough units built yet for the resources desperately needed and those who do have space are often crowded and forced to work at a distance from their homes until a house is available. This results in the biggest problem that we are presently facing: inability to hire the professionals needed due to lack of office space and housing.

The majority of the 881 personnel requisitions received, analyzed and treated this year were for replacements of position holders who had to be away from their jobs for various reasons, such as vacation, sick leave or appointment to another position. This resulted in over 98 postings and close to 100 new recruitments.

Throughout Canada, presently, there is a shortage of professionals, which makes recruiting people a lot harder. The decision to move recruitment of professionals to Montreal is the best way to recruit the help needed at the moment. The proximity of Montreal to universities and professional associations makes recruiting much easier. More than a dozen promotions were done outside the region by the Montreal staff, Aissatou Bah and Stéphanie Tétreault, supported by new promotional material. Their intervention contributed in the hiring of over 40 professional resources.



Colette Fink leads this sector. The last year was a very busy one because of the impacts created by new legislation. Bill 30, an Act respecting bargaining units in the social affairs sector and amending the Act respecting the process of negotiation of the collective agreements in the public and para-public network, has modified the framework for negotiations by decentralizing negotiations to the local level on 26 matters.

Since September 12, 2005, the CBHSSJB has begun the preliminary phase of the bargaining process to reach an agreement on the 26 local matters within the renewal of the collective agreements. Employer and union representatives according to the needs of local users, as well as of the needs of personnel, will negotiate locally the 26 matters concerning the day-to-day organization of work. The objective is to regain some control over the immediate working environment. The deadline is September 12, 2007 to reach an agreement on the local matters. If we fail to reach an agreement (on any or all matters) within that date, a mediator-arbitrator will be appointed.

At the same time, we are in the process of implementing the Strategic Regional Plan that requires major changes in the organization of work and in the workforce. Good results in the local negotiations will help us achieve with success the implementation of the SRP with employees as partners. We have two bargaining units in the Cree Board of Health and Social Services of James Bay: the FIIQ, and the CSN-FSSS.

In 2005, the Government was able to reach agreements on various matters with all the unions except the CSN-FSSS. No agreement was reached between the unions and the government of Quebec on salaries, so that Law 142 decreed, on December 15 2005, the working conditions of all personnel across the public network in Quebec.

Consequently, we have new national collective agreements with FIIQ and FSSS-CSN from May 14, 2006 to March 31, 2010 with many modifications that create a lot of work to apply properly.

We also have to familiarize HR personnel with the new updated chart of job titles, job summary, rates and salary scales. As many as 82 job titles have been eliminated. Some job titles have been created and the one for the outpost nurse, dated November 21, 2006, had a negative impact on delivery of services, considering that the new definition excluded the premiums for the expanded duties of nurse when a permanent doctor is present on the premises.

We had to build a case and meet with MSSS representatives to outline that these new measures did not meet the objectives of attraction, retention, accessibility, quality and continuity of health services near home. This situation demonstrated how it could be a catalyst for negative and regressive impacts to the CHB and residents in the Cree Territory by:

- decreasing our capacity to recruit and retain nursing personnel
- requiring additional physicians, thus additional costs
- eroding the Primary Health Care Model in which we had invested time, training and money
- requiring extra travel costs for additional Medivacs
- decreasing quality of care and quality of life

We are confident that the MSSS will react positively to the CHB intervention.

Despite all of these new challenges, we were able to obtain from the unions withdrawals or settlement of grievances. We have supported managers in labour relations cases, and conducted investigations concerning complaints of harassment at work. We have worked on the following tasks:

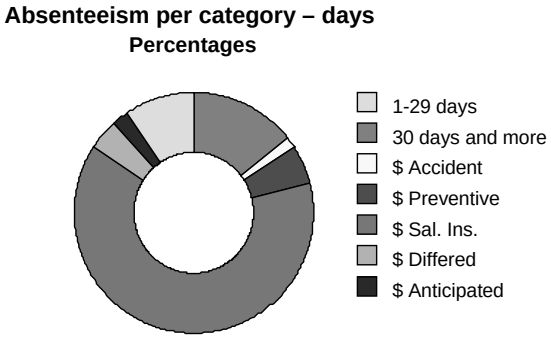
- Implemented the application of the collective agreements;
- Trained the managers and employees to the new rules;
- Managed conflicts between employees and managers;
- Analyzed and found solutions to contentious situations;
- Reviewed recruitment, reclassification, and agreement contracts deriving from the application of stability measures to insure that they are in accordance with the laws, standards and policies in effect and to make sure that all the steps are taken in a proper manner.

Concerning Occupational Health and Safety, follow-up done by Bruno Ouellet decreased the files with the Commission de la Santé et de la Sécurité au Travail. This huge gap will minimize the annual fees given to the Commission.

Absenteeism

]In the Labour relations sector, the local negotiations are crucial, and will determine numerous conditions related to work organization. In fact, contrary to the national bargaining agreement active until 2010, the local matters to be negotiated before September 12, 2007 will not be limited in time. The matters that have not been agreed to prior to that date will be determined by an arbitrator. This is why it is so important to carefully negotiate in order to insure that the structure and specificities of the organization are kept.

The new job nomenclature is a hard thing to do and it is due for next November. In matters of prevention and promotion of health and security in the workplace, there is still a lot left to do. The constant movement of employees will have to be analyzed and new measures will have to be taken to help attract and keep employees in place within the organization. As well, the equity of employees and genders will also be thoroughly analyzed.



The new construction at hand should have a very positive effect on recruitment, but the old ways will have to change in order to minimize the current long delays for recruitment.

For the development of new professional aptitudes, new resources will be joining the HR team to allow the Human Resources department to achieve full capacity and to offer the population better quality of service.

Éliane Collin
Director Human Resources Department

Information Technology

This report is from January to March 2006. The management of IT has undergone several changes in the last two years. The responsibilities of the director were carried out for more than one year by the analyst, since the director was on sick leave. The position was filled at the end of January 2006 by a permanent employee.

Completed Projects

- Replaced Desktop Authority software that was obsolete with a new tracking system
- Removed obsolete equipment from the department and communities
- Reorganization of the IT department's mandate, mission, goals, responsibilities, objectives and targets, structure, job descriptions of employees
- Signed contract with three outsourcers (Telebec, CIA and Soleica)
- Outsourcing for Helpdesk and the preparation of structure for the Helpdesk
- Review of network and proposal of a new structure for the future
- Fiber-optic project
- Nomination of IT Director as a member of the Cree/Iiyiyiu Network Committee
- Upgrading Lotus Notes to the latest version and server upgrade
- Preparation for the migration of servers from Windows NT to 2003
- For the MSDCs, delivered services for Chisasibi, Waswanipi and Mistissini. Computers for these communities and others are starting to be delivered
- Dental department's new application, Abeldent, is being installed
- Initiated IT Requisition, a project for an electronic version of the standard requisition
- Hired Network Administrator
- Tracking the work of CIM for the contract of the management information system in order to get the final report

Patrick Côté, P. Eng. / ing.
Director of Information Technology

Non-Insured Health Benefits Program (NIHB)

Introduction

The objective of the NIHB program is to provide benefits and services to all eligible Cree beneficiaries that are registered on the official James Bay Northern Quebec Agreement (JBNQA) beneficiary list, and listed as residing in one of the Cree communities. The NIHB program covers the following benefits and services:

- Prescription drugs
- Over-the-counter (OTC) drugs and proprietary medicines
- Medical supplies
- Transportation for patients, escorts or interpreters, and lodging
- Vision Care, including eyeglasses and contact lenses, where medically necessary
- Dental care
- Hearing aids
- Mental health services (short-term emergency mental health services)
- Reimbursement of dispensing fees

Other Aboriginal people living in the Cree communities who are not eligible under the NIHB program must register with Health Canada, First Nations and Inuit Health Branch (FNIHB), which provides for non-insured health services.

Activities

To help improve the program and assist the employees, the following forms and policies were revised:

- New Authorization for Travel forms for patients and escorts (implemented)
- Policy for Non-beneficiaries of NIHB programs (non-residents) (yet to be approved)
- Policy for Patient Transportation (implemented)
- NIHB Committee (reinstated)
- Drafting of Policy Bulletins (to be finalized)

One of the main challenges for this program is to sustain the expenditures of the NIHB costs, which keep increasing every year, mainly in the area of patient transportation and the costs of prescription drugs.

This program requires a software system to significantly improve services for its clientele. Having a computerized system within the Department will provide better services and handle tasks more efficiently for the various aspects of the program, such as the eligibility of clients, entitlements, and most importantly, the frequency limitation of services.

Future Objectives

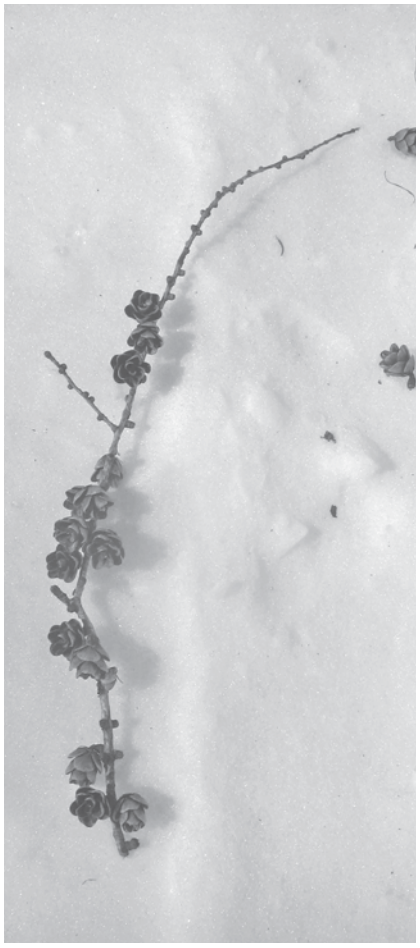
Future objectives of the NIHB department are:

- Another community tour to update and keep the front-line staff informed on any new developments of the program;
- Provide information to beneficiaries of the NIHB program through each Local Coordinator;
- Another audit of the NIHB program is scheduled for 2006-07.

The NIHB program manager has taken a leave to pursue studies. Special recognition goes out to the NIHB staff and all other CBHSSJB employees who provide assistance in the daily operation of the NIHB program. We extend the most sincere appreciation for their continuous hard work this past year. I would also like to mention that the opportunity of being the NIHB program manager (interim) has been a highly rewarding experience.

Betsy Scipio
NIHB Program Manager (Interim)

Financial Resources



2005-06 was very productive year for the Financial Resources department. We changed the accounting structure in order to better meet the organization's needs. In addition, we incorporated the organization budget to the financial information we circulate and relocated Purchasing Services. All these changes have contributed to the improvement of services we offer to the internal and external clientele.

We benefited from a slight increase of a recurring budget to fill the position of Assistant Director of Financial Resources. We carried out interviews for the position, and someone will be hired very shortly. For the last two years, there was no Assistant Director of Financial Resources, and although the department operated well, the arrival of this person will bring improvements to current operations.

Last year we increased the staffing of the Financial Resources department. In fact, with the financing agreement between the Cree Board of Health and Social Services of James Bay and the Ministry of Health and Social Services of Québec, we have benefited from an investment in the department-recurrent budget. Therefore, we have created four new positions to support current operations.

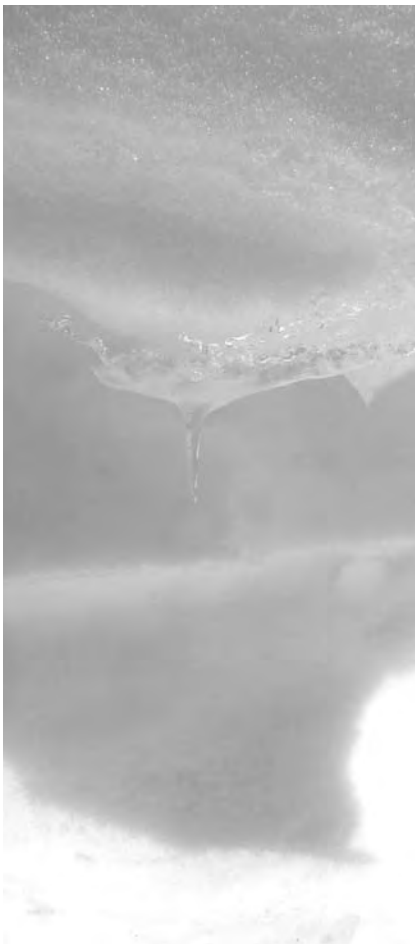
A senior accounting clerk position was assigned to payroll services to complete the team of the paymaster and two senior accounting clerks. The clerk will provide support in data entry for the production of pay for more than 1,000 employees.

The three other positions are assigned to Purchasing Services. These are two purchaser positions and one store clerk. These additions bring the purchasing services team to six employees, i.e., one department head, two purchasers, one storekeeper, and two store clerks. With this team we are able to support organization growth for the next 2 to 3 years.

The Financial Resources department has deployed a great deal of effort to change the accounting structure of the organization following the new financing methods prescribed by the agreement with the Ministry of Health and Social Services of Québec. This agreement recommends cost centres. For example, the Community Integrated Centres or the Hospital Services. From now on the internal and external financial statements reflect this structure. We believe that this new way of producing financial information will facilitate the task of the Board of Directors to produce a parallel process for the regional strategic plan and its level of development and implementation. However, it is important to mention that we have kept a set of the financial statements with the structure based on the organization's management levels so we can maintain a superior management quality.

The financial statements include the budgets approved by the Board of Directors. In addition, the information regarding budgets is also available in the periodical financial statements used internally. This new information, previously unavailable, will also contribute to a more effective and efficient management of the organization at the Board of Directors level, as well as internally within the organization.

Because of the close relationship between Purchasing Services and Accounts Payable, we have relocated the Purchasing team to the Chisasibi administrative centre. Before the arrival of this team in the administrative centre, they operated from offices located in the Chisasibi HC. Because there was no virtual link between these two services, operating at a distance created several accounting logistical problems. Now, with both services operating on the same premises we have succeeded in eliminating several problems in addition to creating a certain synergy between the two services.



For the Financial Resources department, it was another year filled with great challenges. The addition of staff, the changes in the accounting structures, the adoption of a budget, as well as the relocation of the Purchasing Services have contributed enormously to the improvement of operations within the department, as well as a better management of the organization in general. We believe that with this new team, once again we will see the services offered improving in the years to come.

Robert Larocque, CGA
Acting Director Financial Resources

Purchasing

The Purchasing Department had a very busy year. The department relocated the office to the Administration building from the hospital. However, the storeroom personnel are still located at the Chisasibi hospital.

Since the implementation of the SRP, many capital purchases have been made. More specifically, four pickups for the Coastal CLSCs and for the maintenance crew in Chisasibi. Three more vehicles were purchased for Youth Healing Services in Mistissini. Seven vans were purchased for client transportation in Montreal, Val d'Or, Mistissini, Chisasibi and Waswanipi. A specially adapted vehicle was acquired for clients with special needs going to and from Mistissini and Chibougamau Hospital. A new ambulance for Mistissini was also purchased.

Many medical devices were acquired to help ease the backlog of demands for new medical equipment. In addition, the purchase of more equipment is planned for the future. Many computers were obtained as the lifespan of a computer is very short.

New houses were built or are in the process of being built, with the purchase of furniture and appliances to furnish them.

Gordon Matthew
Head of Purchasing

Material Resources

The transition period of Material Resources is in its second year. In September, we added a second Administrative Technician to the team, and then, in January, we hired the first Building Technician. These additions have helped to alleviate the workload of the department. Many other positions are delayed due to lack of housing and office space.

The project of Multi-Service Day Centres (MSDC) is ongoing. While the MSDCs in Mistissini and Chisasibi had grand openings, the rest remained to be opened before the end of 2006. The construction of the ninth MSDC in Waskaganish is underway.

Since the funding agreement with the Québec Government, many projects have been started. The design of the new CIC in Wemindji has been completed. Construction was scheduled to start during the fall, but soil contamination delayed this. A new site was chosen and foundations had to be redesigned. The construction will start in the summer of 2006. The functional and technical plan is being developed for the Mistissini CIC.

Many other projects were executed this year. The Chisasibi Hospital roof was replaced. In Wemindji and Mistissini, new temporary premises were installed to replace the condemned facilities. A new state-of-the-art radiology system was installed in the Whapmagoostui Clinic. The Cree Patient Services office in Val d'Or was expanded. The Public Health office in Montreal was renovated. Minor functional renovations on residential units were carried out.

Various other projects are at the design stage including youth healing facilities in Mistissini, sprinkler and alarm systems for the Chisasibi Hospital, major renovations in the Waswanipi apartment building, expansion of Cree Patient Services in Montreal, and the Chisasibi Administration Centre.

Leases for the first round of 50 houses were signed with seven of the Cree First Nations. The houses were completed. Furniture was ordered and delivered. Round 2 of housing has started. It is at different levels in each community. Some communities were able to proceed with Round 3 housing. We expect up to 175 additional housing units in the communities.

A lot of new equipment was purchased this year. We replaced vehicles and the two aging voicemail systems in Chisasibi and Mistissini. Many communities now have cellular services, and have replaced the radio phones for front-line workers.

Richard Hamel, ing.
Hugo Georgekish
Director of Material Resources

Cree Board of Health and Social Services of James Bay
Notes to Financial Statements
March 31, 2006

1. Nature of Activities

The Cree Board of Health and Social Services of James Bay was incorporated on April 20, 1978 and operates, as authorized by a permit issued by the "ministère de la Santé et des Services Sociaux" , a multidisciplinary health facility consisting of a regional board, a hospital, a long term care facility, health dispensaries, a readaptation center and a childhood and youth protection center.

2. Significant Accounting Policies

The present financial statements are prepared in conformity with Canadian generally accepted accounting principles and with the special guidelines of the Ministère de la Santé et des Services Sociaux, as outlined in the "Manuel de Gestion Financière".

Accrual Accounting

Accrual accounting is used for both financial (monetary) and statistical (quantittive and operational) information. However, the following are exceptions to this policy:

- liabilities for annual vacations, legal holidays and sick days not recorded as at March 31.

Fund Accounting

The Cree Board of Health and Social Services of James Bay adheres to the principles of fund accounting. The following funds appear on the financial statements and are therefore especially important.

Operating Fund

Includes all current operating transactions.

Long-Term Assets Fund

Includes transactions with respects to capital assets, current and long-term debt, grants and all other types of funding relating to such assets.

Assigned Fund

Includes all grants and subsidies received by the Cree Board of Health for the purpose of carrying out specific programs and for the delivery of special services.

2. Significant Accounting Policies (Cont'd)

Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. Actual results could differ from those estimates.

Measuring Units

A measuring unit is a quantitative element and not a financial one, which is compiled specifically for an activity center or sub-center in order to give an indication of its activity level.

Inventory

Inventory is valued at the lower of cost and replacement cost. Cost is determined using the first in, first out method.

Capital Assets

Capital assets are recorded at cost in the Long-Term Assets Fund and are not amortized.

Moreover, when the financing for the cost of capital assets, capital and interest included, is made from the Operating Fund, this amount is charged to the beneficiary activity center as a transfer to the Long-Term Assets Fund when paid.

Upon disposal of capital assets, the amount of gain or loss representing the difference between the cost of capital assets and the proceeds of disposition is charged to the Long-Term Assets Fund balance.

Self-Financial Capital Projects

Cost of goods acquired in accordance with self-financial capital projects have been capitalized in Long-Term Assets Fund. Annual amounts related to savings on current operating expenses are accounted for as an expense in Operating Fund and transferred to Long-Term Assets Fund based on the term of the project.

3. Development Expenses

The eligibility and completeness of the development expenses could not be tested. Contrary to the requirements of the funding agreement, the development expenses were not isolated or accounted for separately. These expenses, if any, are part of the 2005-2006 general base - operating expenses of the Board. Management is in the process of identifying the development expenses incurred by the Board, however this exercise was not completed and the information was not available in time to be audited and disclosed in the present financial statements.

4. Funding Allocations

Based on the conditions of the funding agreement (chapter 2), certain accounts receivable, related to NIHB and the specific allocations for the financial year ended March 31, 2006, have been recorded in the present financial statements without the appropriate confirmations from M.S.S.S. The details of these, are as follows:

	$
Non-Insured Health Benefits	2,385,738
User fees and local or municipal taxes	1,850,418
Employee outings set out in working conditions	721,063
Interest on short-term loans	499,281
New residential facilities	-
Leases previous to April 1, 2004	1,367,056
	6,823,556

For the financial year ended March 31, 2005 the total of unconfirmed receivables related to NIHB and other specific allocations can be estimated at $ 7,582,715. To date, since the submission of the 2004-2005 financial report, Management did not receive any confirmation from MSSS as to the reimbursement of this amount.

Should future discussions with the MSSS result in the non reimbursement of the above amounts, the fund balance will be adjusted accordingly.

5. Accounts Receivable

	2006 $	2005 $
Operating Fund		
M.S.S.S. - SBFR	868,924	13,640,326
M.S.S.S. - Previous years analysis	1,404,479	2,093,738
M.S.S.S. - 2005-2006 funding not cashed yet (note 4)	6,823,556	-
M.S.S.S. - 2004-2005 funding not cashed yet (note 4)	7,582,715	-
Health Canada	641,515	1,007,302
Deferred leave - employees	325,639	391,953
Employee advances	94,034	84,004
Insurance claim	85,045	238,849
Federal goods and services tax	224,075	250,588
Provincial sales tax	167,931	161,606
Guarantee deposit	90,950	97,678
Others	297,472	1,278,228
	18,606,335	19,244,272
Provision for doubtful accounts	(153,446)	(1,937,907)
	18,452,889	17,306,365

6. Prepaid Expenditure

	2006 $	2005 $
Research project	265,046	290,488
Deposits on housing units	438,441	278,092
Anticipated sick days	10,882	40,598
Service contracts on equipment and leases	175,739	215,978
	890,108	825,156
Provision for doubtful accounts	-	(35,658)
	890,108	789,498

7. Inventories

	2006 $	2005 $
Medications	185,896	187,329
Medical supplies	197,783	153,395
Maintenance and office equipment	122,045	99,252
	505,724	439,976

8. Interfund Accounts

The Cree Board of Health and social Services operates one bank account that is used for the Operating Fund, the Capital Assets Fund and the Assigned Fund. At year-end, inter-funds transactions are accounted for and presented as "Due to" and "Due from" one fund to the others.

9. Bank Overdraft, Bankers Acceptances and Temporary Bank Loan

The Cree Board of Health and Social Services of James Bay has an authorized credit margin of $12,000,000, bearing interest at bankers acceptance rate plus 0,30%.

10. Deferred Revenues

The deferred revenues are detailed as follows:

	2006 $	2005 $
Operations		
M.S.S.S. - Special allocation - Tabacco	76,000	-
M.S.S.S. - Special allocation - Public Health - Study and evaluation	7,187	-
M.S.S.S. - Kino-Québec project	15,592	-
M.S.S.S. - Manager bonus	-	104,325
M.S.S.S. - Housing units	2,259,009	3,000,000
M.S.S.S. - Development expenses (note 3)	-	4,372,066
Hydro-Quebec subsidy - Research program	242,546	267,988
Education, Loisir et Sport	11,882	-
	2,612,216	7,744,379

11. Previous Years' Analysis

The MSSS analysis of the 2003-2004 and 2004-2005 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analysis will be reflected in the 2006-2007 financial statements.

12. Bonds Payable

The details of the bonds payable are as follows:

	2006 $	2005 $
Bonds, issued December 19, 2000, for the financing of the long-term assets, bearing interest at 6.476% and maturing on January 16, 2023. The related interest is payable on a semi annual basis;	8,697,680	9,132,564
Bonds, issued April 1, 2000, for the financing of the long-term assets, bearing interest at variable rate and maturing on March 31, 2023. The related interest is payable on a semi annual basis;	2,124,231	2,923,400
Bonds, issued July 17, 2003, for the financing of the long-term assets, bearing interest at 4.888% and maturing on October 25, 2012. The related interest is payable on a semi annual basis;	1,067,095	1,130,083
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.993% and maturing on July 16, 2029. The related interest is payable on a semi annual basis;	12,424,866	12,942,569
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.66% and maturing on July 16, 2018. The related interest is payable on a semi annual basis;	780,000	840,000
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.147% and maturing on July 15, 2011. The related interest is payable on a semi annual basis;	2,209,202	2,577,402
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.702% and maturing on July 16, 2019. The related interest is payable on a semi-annual basis.	1,769,872	1,879,748
	29,072,946	31,425,766
Less: current portion	1,632,815	2,352,819
	27,440,131	29,072,947

13. Commitments

The following commitments are not recorded as of March 31, 2006:

	2006	2005
	$	$
Annual vacations	953,378	860,184
Sick days	104,571	100,899

In addition, the aggregate payments to be made under operating agreements signed by the Board over the next five (5) years are as follows:

	$
2007	2,966,412
2008	1,423,430
2009	1,210,233
2010	1,129,600
2011	16,978,268

14. Financial Statements

The present financial statements were prepared upon the request of the Management, for internal use only. The official financial report of the Cree Board of Health and Social Services is the AS-471 in conformity with the requirements of the Department of Health and Social Services.

15. Comparative Figures

Certain figures for 2005 have been reclassified to make their presentation identical to that adopted in 2006.