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ANNUAL REPORT



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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

2019-20



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



2019-20
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ANNUAL REPORT

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Founded in 1978, the Cree Board of Health and Social Services of James Bay (CBHSSJB) is responsible for the administration of health and social services for all persons residing permanently or temporarily in Region 18, the administrative region of the Ministry of Health and Social Services of Quebec corresponding to the Cree territory of James Bay. Our mandate is defined in Chapter S-5—*An Act respecting health services and social services for Cree Native persons*.

In each of the nine communities of Eeyou Istchee, the CBHSSJB operates a Community Miypimaatisiin Centre (CMC), which is similar to an Integrated health and social services centre (CISSS) elsewhere in Quebec. CMCs offer services in general medicine, home care, dentistry, social services and allied health, among others.

In addition to CMCs, the CBHSSJB operates the 29-bed Chisasibi Regional Hospital, three group homes for youth at risk, a Regional Public Health Department and program planning unit, Wiichihiituwin (formerly Cree Patient Services) liaison offices in Chibougamau, Val-d'Or and Montreal, and a recruitment office in Montreal. The Head Office is in Chisasibi.

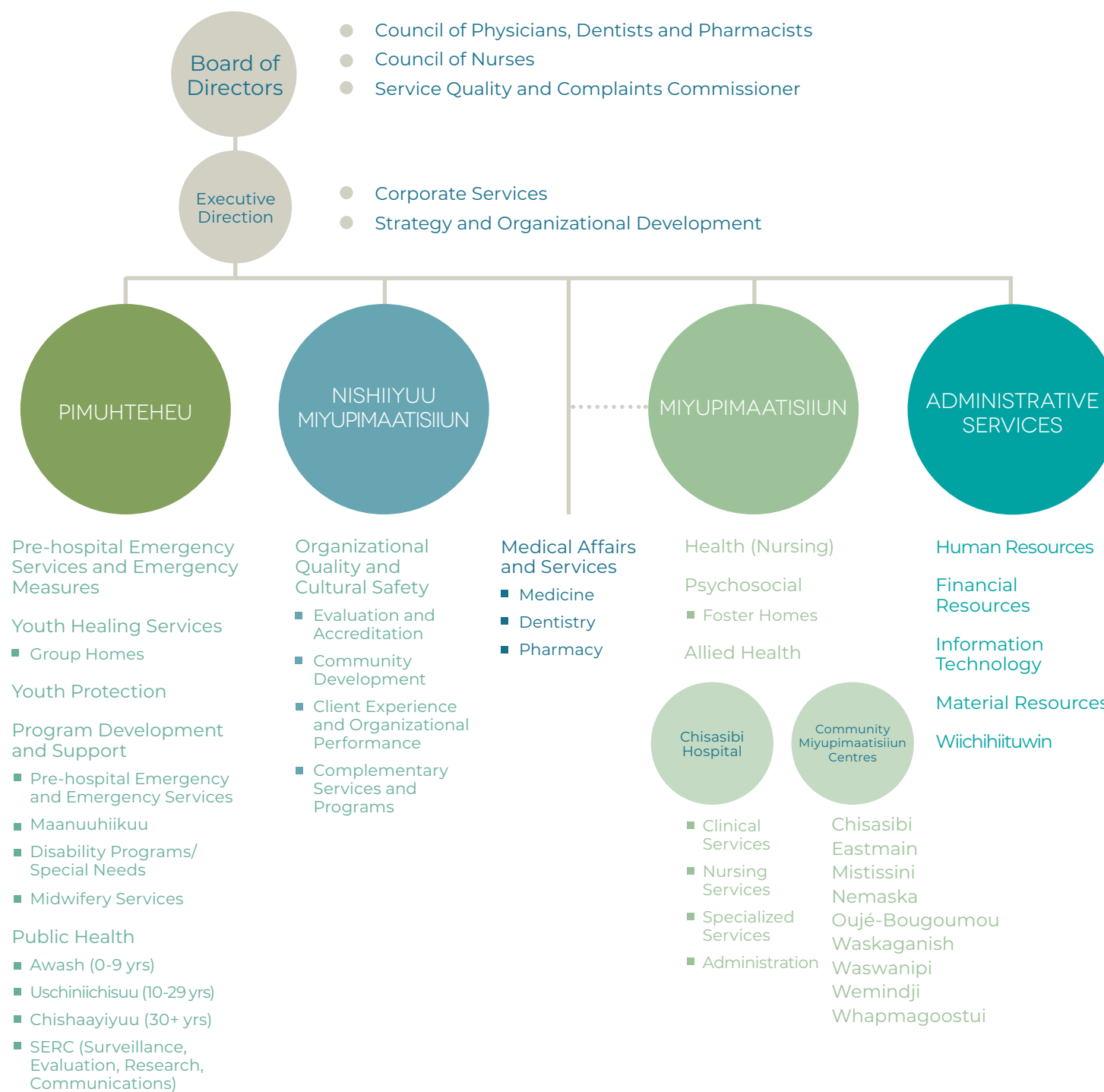
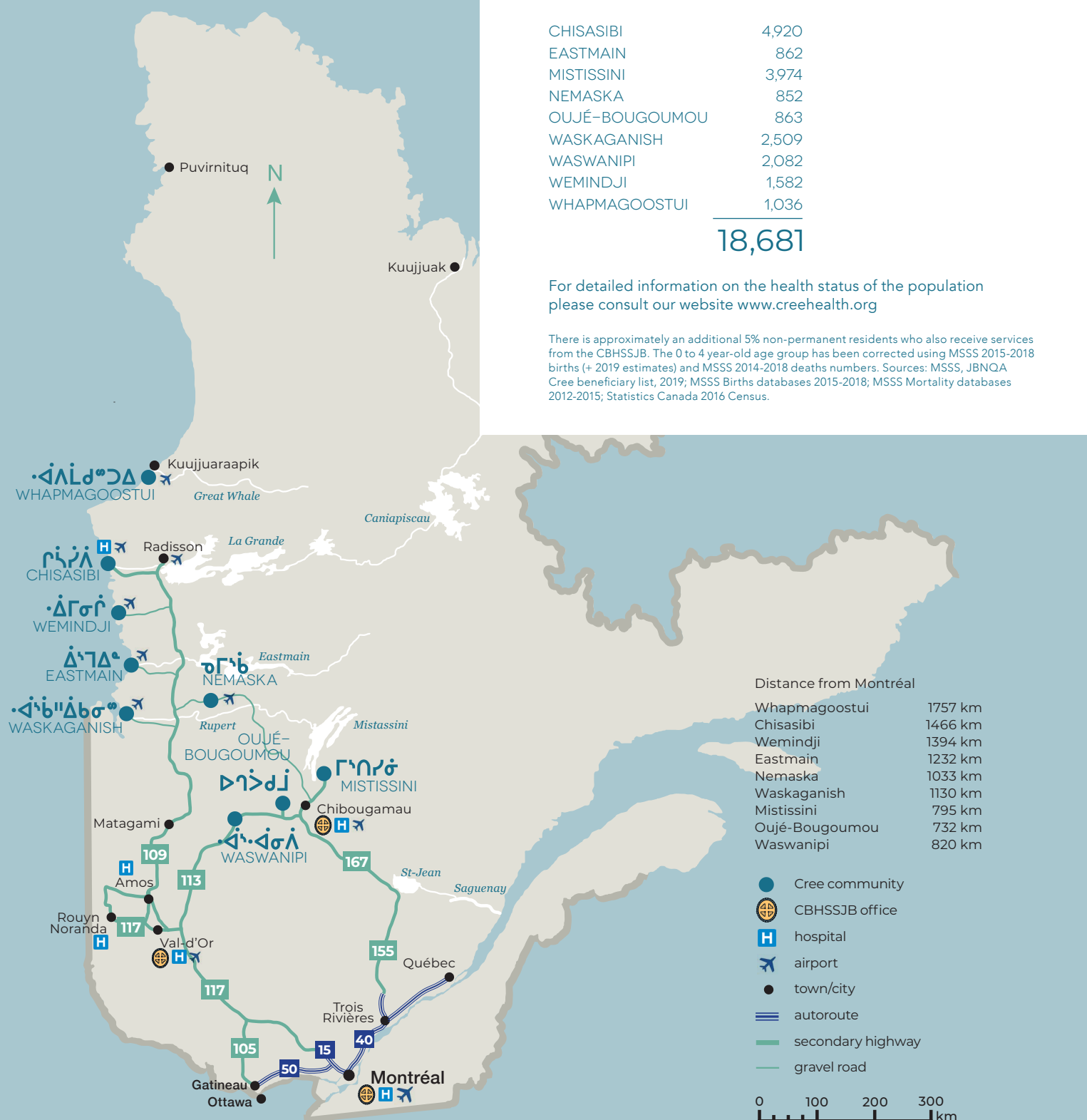
The CBHSSJB is governed by an elected Board of Directors whose Chairperson is Bella M. Petawabano. Advisory Committees and Councils report directly to the Office of the Chair, as do the Service Quality and Complaints Commissioner and the Medical Examiner. The Executive Director is Mr. Daniel St-Amour.





18,681

There is approximately an additional 5% non-permanent residents who also receive services from the CBHSSJB. The 0 to 4 year-old age group has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and MSSS 2014-2018 deaths numbers. Sources: MSSS, JBNQA Cree beneficiary list, 2019; MSSS Births databases 2015-2018; MSSS Mortality databases 2012-2015; Statistics Canada 2016 Census.



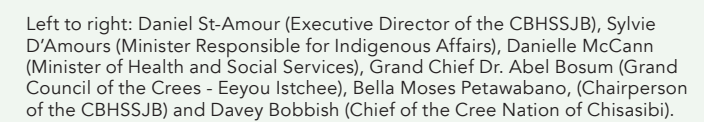


kaa pimipiyihtaat

OFFICE OF THE
CHAIR AND GENERAL
MANAGEMENT

uu piskitisinihiikinach akuuht
maasinaataahch taan aasinaahkuyich kiyaa
taan aa chiskaatuuyich miyupimaatisiun
kiyaa nituhkuyin aapitisiwiin aawihch
kiniwaapitaakuuuch aapitisiishaawiiyich
aasinaakuuyich uut apitisiwiiniwaau
iiyiyiwiiyich aahaapitisiistuakaanuuwiiyich.

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



A new five-year health agreement with the Cree Nation Government and Government of Quebec was signed on October 7th, 2019, to establish a funding framework and funding rules for the Cree Board of Health and Social Services of James Bay for 2019-2024.

This new agreement allows for further development of the services offered to the Cree communities of Eeyou Istchee, including specialist services, to construct new facilities and to invest in information technology and human resources.



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anaanaakichihtaakinuuch uutiylimuuwin

MESSAGE FROM THE CHAIR

12

For the Cree Board of Health and Social Services of James Bay, 2019-2020 was a defining year. At the time of writing this introduction, four months after the declaration of a global pandemic by the World Health Organization, Eeyou Istchee has no cases within our territory. The 10 cases we experienced in our communities to date have fully recovered.

This is not to say that we have not suffered losses. Because of the lack of long-term care in our communities, many Eeyou and Eenu elders who have experienced a loss of autonomy reside in facilities outside Eeyou Istchee, many of them in the Montreal area. As the disease swept through long-term care institutions during the spring of 2020, three beloved elders passed away of COVID-19. These losses confirm the vital importance of building Elders' Homes in our communities.

In the summer and fall of 2019, before the emergence of this new disease, our major priority as an organization was the completion of financial negotiations to enable us to fulfill an ambitious, yet greatly needed, Strategic Regional Plan. On October 7, 2019, we welcomed Grand Chief Dr. Abel Bosum and Ministers McCann and D'Amours to Chisasibi for the signing of the Agreement and Funding Framework for 2019-2024.

A central goal of the now fully funded Strategic Regional Plan is to bring services closer to home and thus reduce the need for medical travel outside our region. Our experience of the first months of the pandemic has confirmed that we are on the right path with our strategy to strengthen infrastructure and services within our region and to use technology to bridge the distance between our clients and expert care and diagnostics. Among the new services we are building are Birthing Homes and Elders' homes, so that during these important phases of life, our people can receive care in a culturally safe environment, surrounded by loved ones.

I am proud of all that we have accomplished this year, both before and after the start of the pandemic. I would like to pay a special tribute to Dr. Faisca Richer and the Department of Public Health, which has led the pandemic response in our organization. We would not be where we are today without our trusted partners at all levels of government and our excellent Board of Directors, management and workforce. All have worked tirelessly to protect Eeyou Istchee and provide culturally safe care to our people, now and for years to come.

Bella M. Petawabano
Bella M. Petawabano
CBHSSJB Chair



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MESSAGE FROM THE EXECUTIVE DIRECTOR

13

This has been another exciting year of growth and accomplishments for our organization, highlighted by the signing in October of a new five-year health agreement with the Cree Nation Government and Government of Quebec. The new agreement allows us to further develop the services offered to the Cree communities of Eeyou Istchee, including specialist services, to construct new facilities, and to invest in information technology and human resources. These important investments further reduce the need for our clients to travel out of the region to receive care, and allow us to advance our work to incorporate traditional Cree healing practices and provide culturally safe settings for our clients.

The year will undoubtedly be remembered for the COVID-19 pandemic and the way we all came together to respond to this historic challenge. When the pandemic arrived in Canada and Quebec, we mobilized to ensure the safety of the population and our workers. Under the leadership of our Public Health department, we quickly developed and implemented the necessary systems, guidelines and protocols to respond to every potential scenario. We worked in close collaboration with the Cree Nation Government and our other regional partners to help Cree leaders create informed, measured and unified strategies to ensure the safety of all the communities of Eeyou Istchee.

I am extremely proud of how everyone in our organization responded to the crisis. The professionalism and commitment we demonstrated and continue to demonstrate is the reason why the virus has had such a minimal impact in our region.

The challenges presented by the past year brought into focus our organization's strengths and urgent priorities. There is a clear need to accelerate the building of the three new Elder's Homes, which will ensure our most vulnerable clients can remain on-territory, and we can repatriate clients currently residing in similar facilities outside of our region. Restructuring around 3 regional poles will improve our responsiveness to local needs and facilitate coordination of services. The current crisis reveals the vital importance of telehealth to provide services remotely to our clients and virtual meeting applications to keep our teams connected.

As we adapt to a new reality of providing services in the context of an ongoing pandemic, we will need in the coming year to foster an organizational culture based on safety and risk reduction. The integrated risk management system recently approved by the Board of Directors will allow us to more clearly identify and reduce risks of all kinds. It will allow us to discuss more openly the opportunities to improve, to prioritize actions accordingly, and ensure the necessary follow-ups.

To say it has been a challenging year is an understatement. However, the knowledge we have gained and foundations we have laid over the past 12 months have prepared us well for the upcoming year, and will allow us to continue providing the highest level of care possible and keep the people of Eeyou Istchee safe.

Daniel St-Amour
Daniel St-Amour
CBHSSJB Executive Director

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aa wich wiyipiyihtaakinuwiiyich aapitisiwinh
misiinihiichaakamikw

CORPORATE SERVICES

Corporate Services provides support to the Board of Directors and associated governance functions of the CBHSSJB, and oversees corporate communications and translation services.

The Department coordinates orientation and training for Board members as part of regular Board meetings. In 2019-20, the Board of Directors received the following training sessions:

- *Kiniwaapimiisuutaau* “Let’s reflect on ourselves” training on healthy workplace behavior;
- Strategic overview of JBNQA and governance, community consultation, strategy and performance and government relations;
- Youth Protection Act including PL-99, role of the CDPDJ (Human Rights –Youth Division), CBHSSJB recommendations for the Viens Commission, National Enquiry on Missing and Murdered Indigenous Women and Girls, and Laurent Commission;
- Building the Nishiiyuu Miyupimaatisiun Framework on Traditional Healing.

Under a by-law approved in February, elections were held October 25 for the positions of Clinical and Non-Clinical Staff representatives on the Board of Directors. Nicholas Ortepi was elected non-clinical staff representative, and Dr. Robert Tremblay clinical staff representative, both 3-year terms. Corporate Services implemented electronic voting for these positions, a challenging exercise, and the returning officers and IT prepared recommendations to improve the process. Meegwetich to the people from the CMCs who were involved at different times throughout the election.

Alfresco document management solution implementation continues, proving to be an essential tool for the management of clinical guidelines and other documentation associated with the COVID-19 pandemic response. An Administrative Process Specialist (APS) was hired November 2019 to oversee the management of and training on Alfresco. A second APS position remains vacant. A supplier was chosen for the renewal of the creehealth.org website, a project due to be completed in 2020, slightly delayed by COVID-19.

On March 11, 2020, when the World Health Organization declared the COVID-19 global outbreak a pandemic, the team moved quickly to support CBHSSJB's rapid response. Secure videoconferencing was implemented for the Board of Directors and committees, and large quantities of clinical guidelines were translated from French into English. The Director took over end-of-year administration from the Coordinator of Communications, Katherine Morrow, so the communications team could focus on informing the population. The team set up a dedicated website and implementing rapid production and dissemination of culturally safe guidelines, educational materials, radio spots, posters and videos. Communications effort were tightly coordinated with Public Health, MSSS and the Cree Nation Government.

Meegwetch to the team for the dedication, commitment and endless hours of hard work in support of the response to COVID-19.

@creehealth
FOLLOWERS

  27.3% to 5

@creehealth
FOLLOWERS

	▲27.3% to 5,767
	▲8.1% to 2,169
	▲35.7% to 983
	▲87.1% to 737

ORGANIZATIONAL QUALITY AND STRATEGY

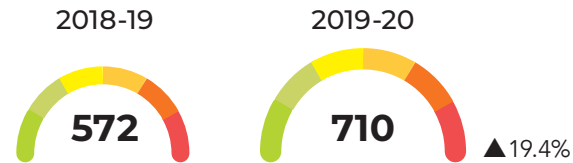
RISK MANAGEMENT

In January 2020, risk management moved under the newly formed Strategy and Organizational Development Department and the team grew to two full-time employees.

The team’s mandate is to promote and support the development of a safety and risk culture at all levels of the organization. To achieve this, over the past year the risk management team has developed different evaluation and reporting tools, offered personalized support to managers, employees and professionals, and provided individual and group trainings to 300 employees across all the communities. These activities have helped further develop the organization’s ability to identify, measure, analyze, improve and control clinical and non-clinical risks.

In March 2020, the Board of Directors adopted the Risk Management Committee by-law, demonstrating their commitment to applying an integrated risk management approach as part of their governance role. The Risk Management Committee, which will include two independent Eeyou/Eenou client representatives (one inland and one coastal), will be responsible for reviewing the organization’s clinical and non-clinical risks on a regular basis, providing guidance on possible mitigation strategies and ensuring accountability for those strategies.

NUMBER OF DECLARED EVENTS



2019-20 REPORTED EVENTS

A	Fall	17	2.4%
A	Near fall	2	0.3%
B	Drug	319	44.9%
B	Treatment	75	10.6%
B	Diet	4	0.6%
C	Laboratory	130	18.3%
C	Imaging	7	1.0%
D	MDR*	0	0.0%
E	Material	10	1.4%
E	Equipment	6	0.8%
E	Building	5	0.7%
E	Personal Effect	1	0.1%
F	Assault	6	0.8%
G	Other	128	18.0%
Total		572	100.0%

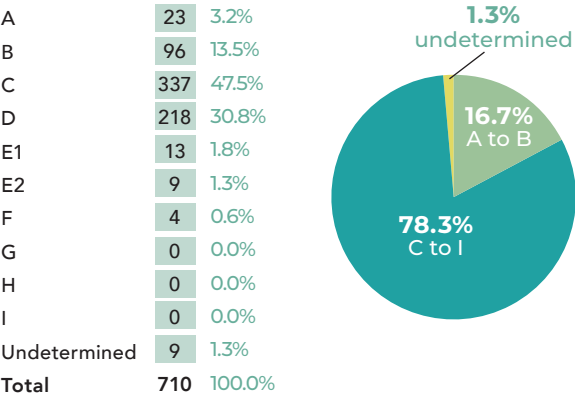
*Medical Device Reprocessing



Increase in declared drug and laboratory errors is related to increased vigilance and reporting by the departments most directly involved.

The Risk Management team reviews each event with local teams to identify root causes and recommend improvements. New protocols and updated work processes are being developed to address medication and laboratory declarations.

2019-20 REPORTED EVENTS BY SEVERITY LEVEL



No event caused permanent consequences to a client. Increases from 2018-19 relate to recent changes in definitions used for different levels and a detailed revision of all 710 declarations to ensure proper classification.

NEXT STEPS

For 2020-21, the main objective is to continue the development and implementation of integrated risk management throughout the organization. An important step towards this goal is to launch the Risk Management Committee, which will assess and mitigate the organization’s risks. The committee will adopt a new risk management framework and associated policies and procedures, and the Risk Management team will provide the training to support the adoption of these measures by managers, professionals and employees.

Finally, a working group composed of the Nishiiyuu Quality and Cultural Safety team and the Risk Management team will begin providing tools, training and support to help local teams test and make the changes they feel are necessary to improve the delivery of our services.



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kaa niikaanipishtuuwiich nituhkuyin, naataapitaasu kiyaa naachihnitikuyiinaasu
COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

The Executive Committee and members of the Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18 continue to work diligently in their clinical and administrative roles. As per CPDP by-laws, the CPDP advises the Board of Directors and General Management of the Cree Board of Health and Social Services of James Bay (CBHSSJB) on matters related to the provision of high quality medical, dental and pharmaceutical services.

The CPDP monitors the competence of its members, as well as the clinical, technical and scientific aspects of the organization. Collaborating well with other health professionals and managers, the collective goal remains to improve the health and social well-being of patients, their families and the communities of Eeyou Istchee.

The CPDP monitors strategic priorities, ongoing and new initiatives, and supports its members and committees in their collaboration and contribution to enhance the quality of care and provision of services. Recent work includes:

- **Low-risk Birthing and Midwifery:** Low-risk deliveries by midwives began in April 2019, as did prenatal and postpartum care of Cree women and babies, ensuring safe pregnancies and low-risk deliveries.
- **Mental Health:** The needs of patients, families and communities are complex and resources limited, but mental health remains a priority. Staff recruitment, building capacity and increasing services are ongoing.
- **Primary Care Reform:** Our members are contributing to the review, organization and provision of CMC clinics, which are being adapted to improve logistics, care and access using the Nuka model of Integrated Care Teams.

CPDP trip to Fort George during the Annual meeting and training, September 21, 2019



Dr. Darlene Kitty
CPDP President

The obligatory and mandated committees of the CPDP are well-engaged to advance these priorities and other projects. As an example, the Cultural Safety Committee meets regularly to support reconciliation, with all CPDP members learning about Cree culture and history as important adjuncts to culturally safe care.

Clinical departments remain diligent in offering and improving services and resources to the Cree population. The Department of Medicine remains active in the recruitment and retention of permanent family physicians and specialists. The Department of Pharmacy is working to improve services on various aspects of medication distribution and related priorities, and the Department of Dentistry continues to support dentists and other team members to provide quality dental care.

The CPDP and its committees will continue to support these clinical departments by addressing challenges and advocating for improvements in the quality and capacity of these services. Collaboration with the Director of Medical Affairs and Services (DMAS), the CBHSSJB Board of Directors and Management is needed to collectively optimize medical, dental and pharmaceutical services.

Chinskumituiin,

Dr. Darlene Kitty
President

The Council of Nurses is made up of all the nurses who work for the CBHSSJB, including those who hold managerial positions related to nursing services. The Council plays an advisory role to the Board of Directors. The aims of the Council of Nurses are to promote understanding of the contribution of nurses in improving the health status of clients and the performance of the health system in general.

In 2019-20, the Executive Committee of the Council of Nurses continued its involvement in the policy circles that guide nursing practice in Québec. The Council sent a representative to every regularly scheduled meeting of the Board of Directors and the Executive attended the annual OIIQ General Assembly and the annual General Assembly of the *Association des CII du Québec* (association of Councils of Nurses of Québec). The Council's aim next year is to join the delegation representing the *Ordre régional du Saguenay-Lac-St-Jean/Nord du Québec* at the annual OIIQ General Assembly.

EXECUTIVE COMMITTEE MEMBERSHIP

President
Representative of Chisasibi Hospital
Vice-President
Representative of Coastal Communities
Secretary
Representative of Regional Services
Communication Agent and Treasurer
Cree Representative
Representative of Inland Communities

Alexandre Bui Giroux

Edith Bobbish (*elected by acclamation November 2019*)

Angélique Laberge

Rachel Danyluk (elected by acclamation November 2019)

Vacant

Contact the Council of Nurses: 18tcr.cii@ssss.gouv.qc.ca

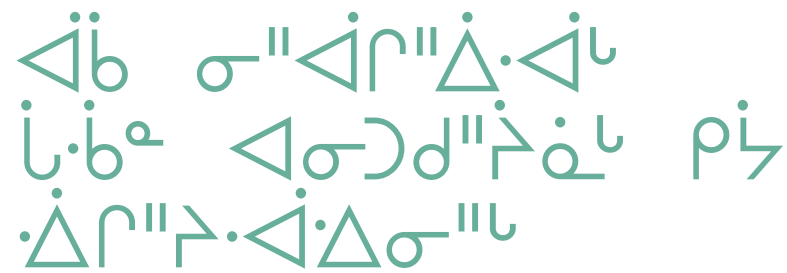
EXECUTIVE
MEETINGS
2

WORKING
GROUP
MEETINGS
8



The nurses annual training brings all nurses employed by the CBHSSJB together for continuing skills development and team building. It is the only time the nurses meet in such a large group. To keep services operating while the nurses are learning, the group is divided in two cohorts.





anitukuhyiinaach kiyaa wiichihiwaawinihch SERVICE QUALITY AND COMPLAINTS

The Service Quality and Complaints Commissioner (SQCC) office consists of Sarah Cowboy, Complaints Commissioner, Nancy Shecapio-Blacksmith, Assistant Complaints Commissioner, and Kristen Iserhoff, Administrative Processing Specialist, welcomed January 2020.

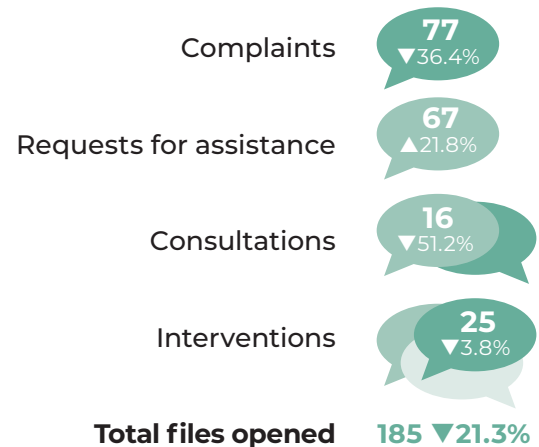
SQCC handles complaints, assistance, interventions and consultations. 2019-20 saw a decline in the number of files opened compared to 2018-2019, given the collaborative effort between the office and the local management of CMCs, Wiichihiituwin and Youth Protection. SQCC will continue this collaboration, bringing necessary recommendations to improve the services provided by the CBHSSJB.

Complaint forms will be distributed shortly to all CBHSSJB establishments, including the creehealth.org website for clients wishing to file a complaint online. Great effort was made to have them available in Cree (Inland and Coastal) English and French.

In addition, the department developed the Elders Abuse Policy with Brenda House, PPRO for Elders Abuse, and the CNG CAVAC and Justice departments. We are proud to announce that the work was completed and will come into force very soon. The next phase will be to develop awareness campaigns and promote teachings on elders abuse awareness.

The revision of the Code of Ethics (2016) has begun and completion is expected in the coming months. Once approved by the Board, it will be available to staff and the public.

FILES OPENED 2019-20



Thank you to the Vigilance Committee for their support and direction, and to the clients, family members and employees who take the courage and time to report situations. Their efforts help improve the overall quality of care provided.



From left to right: Sarah Cowboy, Service Quality and Complaints Commissioner (SQCC); Nancy Shecapio-Blacksmith Assistant SQCC and Kristen Iserhoff, Administrative Processing Specialist.



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

MEDICAL EXAMINER

The role of the Medical Examiner is to analyze complaints that involve a member of the Council of Physicians, Dentists and Pharmacists (CPDP). Each complaint must be reviewed within a precise timeframe and leads to a written report to the complainant. At times, miscommunication is the basis of a misunderstanding between professional and patient, which can be remedied through short explanations and awareness of perceptions from both sides. In other circumstances, a significant issue necessitates review of files and interviews with different people (other healthcare workers, patient's family, other patients) to understand the situation and make adequate recommendations to avoid a similar issue in the future. Quite often the client or their representative simply wants to officially point out a problem, hoping the situation will not continue or repeat. The Medical Examiner is grateful for the unique opportunity to hear directly from clients on the issues that confront them, and to be able to address them.

The Medical Examiner is also the Director of Medical Affairs and Services—a dual role acceptable considering the low expected number of cases. As of 2020, an approved substitute medical examiner has been recruited to substitute in cases where the Medical Examiner is either not able to accomplish a complaint analysis within the prescribed timeline or faces a conflict of interest.

The number of complaints referred to the Medical Examiner was relatively stable this year, with several interventions made with the Service Quality and Complaints Commissioner (SQCC), avoiding a formal complaint. The Medical Examiner collaborates closely with the SQCC office, now reorganised with more personnel—necessary considering the difficulty reaching out to complainants in different communities.

Responding to all complaints within the expected timeframe was challenging, given the movement of both clients and professionals. Of the two disciplinary committees, one was terminated given the non-renewal of the professional's privileges, and the other continues to examine a complex issue. The Board has final say on disciplinary sanction following recommendation from the CPDP Executive. Constituting disciplinary committees is a serious matter, involving a quasi-judiciary group of the professional's peers who review the complaint, hear both complainant and professional and report back. Complaints are taken seriously and behaviours significantly out of line will not be tolerated.

In the end, the goal is to help improve healthcare services. The opportunity to be in direct contact with clients allows for a better understanding of the realities and occasional shortcomings of CBHSSJB services.

Complaints

1-866-923-2624

r18.complaints@ssss.gouv.qc.ca

creehealth.org/about-us/users-rights

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



iyyuuwiyich umiyupimaatisiuniwaau

POPULATION HEALTH PROFILE

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Each year we report on the health status of the population, providing general evidence to support the first strategic orientation of the Board: to catch up with the key indicators of health and social well-being observed for the general population of Quebec.

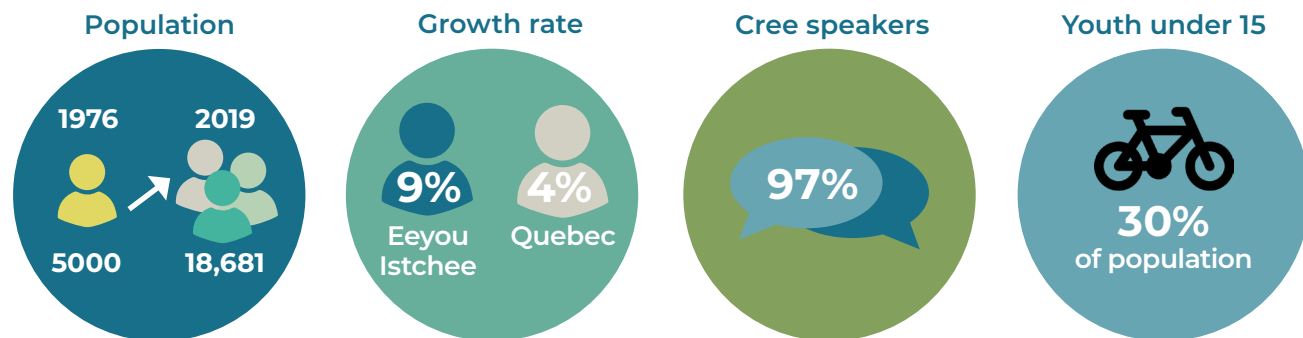
The size of the population has more than tripled in 30 years¹, from 5,000 in 1976 to 18,681² in 2019. Between 2014 and 2019, the Eeyou population has grown at a rate that is more than twice that of the Quebec population (9% compared to 4%). This rapid growth is reflected in the fact that 30% of the population are under 15 compared to 16% for the rest of Quebec³. According to the 2016 census, 97% of the Eeyou/Eenou population speak Cree, with English as the most common second language.

One in four (25%) families is considered low-income compared to one in 10 (10%) of families in Quebec⁴, and this proportion increases to almost half (48%) of single-parent families (compared to 27% of single-parent families in Quebec). As per the latest data available⁵, the graduation rate for Eeyou Istchee students is 32% on average, compared to 82% in Quebec.

Important gaps in the socio-economic situation between our population and that of the rest of Quebec continue to influence health outcomes. Although life expectancy has increased by about 5 years over the last two decades, it remains lower than that of the rest of Quebec, at 74 years old for men and 80 for women, compared to a Quebec average of 80 and 84, respectively.

Family life and children are central to Cree society, and families tend to be larger than in Quebec, although family size is decreasing over time. The fertility rate per woman dropped from 2.3 to 1.5 times that of the rest of Quebec in the last 30 years⁶. Cree women often start their families early, as there were on average one in five births annually to women aged 20 or younger⁷.

In Eeyou Istchee, about 18% of the population lives in multi-family households, compared to 1% of Quebec. One young child in three was being raised in a single-parent family in 2016, but these children were also likely to be living in three-generation households. Due to a housing shortage, approximately 18% of dwellings in the region have more than one person per room, compared to 1% of dwellings in Quebec.



1. Using the James Bay and Northern Québec Agreement's Eeyou beneficiary list
4. Data from 2016

2. Data adjusted for undercounting
7. Data from 2014-18

3. Data from 2014

27

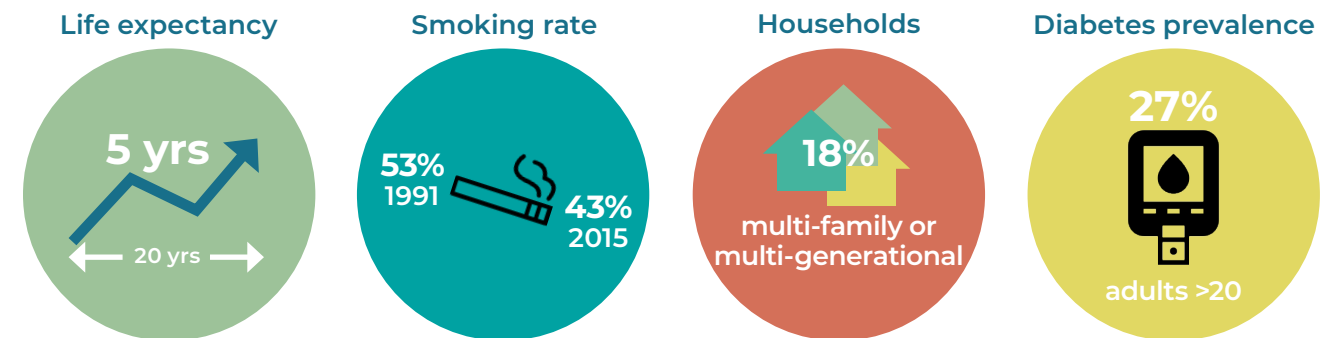
Almost 4 in 10 (38%) people report having a high level of psychological distress (compared to 28% of the rest of Quebec). More than 60% of 15-24 year-olds experience high psychological distress compared to 36% in the rest of Quebec.

Psychological and emotional stress is known to influence people's propensity to smoke or use psychoactive substances as coping mechanisms. Although the rate of smoking in Eeyou Istchee remains about twice that of Quebec, it has dropped from 53% in 1991 to 43% in 2015⁸. Fewer people report drinking alcohol (54%) than in Quebec (82%)⁹ and regular consumption (29%) is nearly half of Quebec's rate (55%). Yet, excessive drinking is three times higher than in the rest of the province (57% vs. 19%). In the past year, 10% of people reported using cocaine and over 25% of people declared cannabis consumption, rates also higher than the rest of the province.

Cancer diagnoses and deaths remain lower than or roughly the same as the Quebec average. Kidney cancer, relatively rare elsewhere, is the most common cancer diagnosed in the region, followed by lung and colorectal cancers. Eeyouch/Eenouch are being diagnosed with cancer at a younger age than elsewhere in Quebec (60 vs 68 years).

Diabetes and its consequences are the most frequent and rapidly growing chronic disease issues in the region. Diabetes prevalence in the population over 20 increased from 2% in 1983 to 27% by the end of 2017, for a total of almost 3,000 people. The good news is that the number of new cases diagnosed each year has remained relatively stable over the last 15 years. In addition, out of the 656 Eeyouch/Eenouch diagnosed with prediabetes in 2017, 45% continue living diabetes-free, probably because they successfully made small but consistent life changes to remain healthy. Diabetes in youth is a growing concern. Almost one person in five with diabetes (560 people) is under 40, including 28 youth under 20, most of whom have difficulty managing their disease. This group requires dedicated, specialized attention from health and community services to help them learn to live well with their diabetes.

The information presented here shows the importance of mobilizing communities towards health promotion and prevention strategies. To address these challenges, the CBHSSJB is working hand in hand with the leadership and community members to foster the development of a healthy and strong Cree Nation that is reflective of Miyupimaatisiun.



8. Data from the Quebec Population Health Survey (EQSP 2014-15)

9. Please note that QC data is 12+ while Eeyou Istchee data is 15+; the large gap between the 2 statistics, however, is unlikely to be explained by this age difference alone.



The end of the fiscal year saw a focus on protecting Eeyou Istchee during the COVID-19 pandemic. Partnerships to address the crisis were quickly established with the Cree Nation Government, Cree Nation Councils, the Cree School Board, EEPF and other Cree entities, as part of the successful effort, thus far, to contain this virus in Cree communities.

The Pimuhteheu Group helps make our services stronger through good planning, and works on creating healthy communities through partnerships.

PRE-HOSPITAL EMERGENCY AND EMERGENCY SERVICES

The department further developed the implementation of the **colour code** system for emergency measures. A live simulation Code Orange—a mass casualty event—was conducted in Chisasibi, and a table-top simulation was held in Waskaganish. All CMCs now have protocols. The exercises enabled airports in these communities to renew their permits with Transport Canada Aviation. The department is now developing Code Pink (pediatric cardiac arrest) and Code Green (evacuation to mobile hospital) protocols. Protocols for code silver—threatening use of a weapon—are mostly in place, and simulations are planned for the future.



Code orange crash
simulation exercise
Chisasibi
September 4, 2019

First Responders, Mississauga (to be identified)
August 2019

uschipimaatisiwinh aa miininwaachihtaakinuwihch



Number of activities hosted by the Bush Program



YOUTH HEALING SERVICES

This year saw the culmination of a three-year Youth Healing Action Plan that included training staff and educators and efforts to improve the quality of services. With the inauguration of the new Reception Centre in Mistissini in March 2019, the department is better prepared to support its youth clientele on their healing journey. Youth Healing Services (YHS) now runs three residential facilities.

The Cree School Board provides a teacher for youth living at the Reception Centre in Mistissini to support school re-integration—a program started in November 2019. Youth attend public school in the community. When youth cannot attend school, they work with educators at the Centre. While youth are unable to complete the educational program and move up to the next grade level, the program does give them a better chance to succeed once they return to school. The Cree School Board and YHS are working together to improve services.

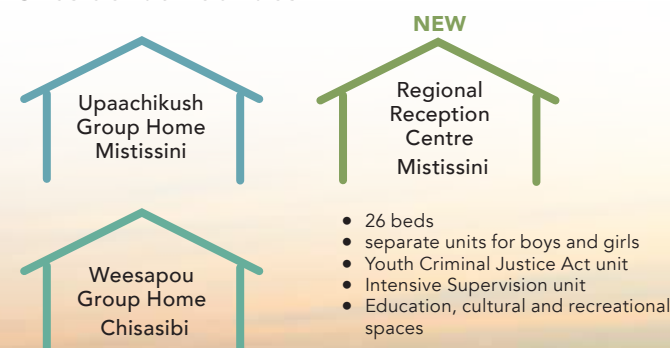
The Bush Program, which offers youth a holistic land-based experience with camps for both inland and coastal communities, hosted activities, including hunting and fishing trips. These multi-day expeditions are an opportunity for youth to learn life-skills rooted in Eeyou/Eenou culture and traditions. Elders help guide the program and share traditional knowledge.

YHS staff benefit from regular training throughout the year. This year, employees participated in intensive Boscoville training, a program of culturally relevant training and support for care workers. Other trainings included a simulation of an intensive supervision unit at *Cité des Prairies*, Omega Training and training in Joint Clinical Process, among others.



New Youth Healing Services building, Mistissini, August 2019

3 residential facilities



March 6, 2020 the CBHSSJB and Cree Nation Government inaugurated the new YHS Centre for Eeyou Istchee in Mistissini, a residential facility for youth who require intensive healing outside their family setting for addictions, trauma and other serious issues.

Accommodating up to 20 youth (12-17) referred under the Youth Protection Act, the Centre will replace the Reception Centre and increase treatment capacity by eight places. It is also being adapted for youth in closed custody under the Youth Criminal Justice Act to allow for participation in rehabilitation programs within the Cree community.

awaashish sikiischaahyitimuwin a ihtuutaakiniwiyich

YOUTH PROTECTION

The Department of Youth Protection (DYP) is concerned with the safety and security of all children under the age of 18 in Eeyou Istchee and works to reunite them quickly and efficiently with their biological parents or guardians.

The department provides legal, administrative and liaison support to youth placed in Youth Healing Services (YHS) and other services under the Youth Criminal Justice Act. The regional team includes four special investigators designated to evaluate reports of suspected abuse, or severe neglect.

The Reception and Treatment of Signalements (RTS) service includes Cree speaking staff who respond to reports by community members of situations of child endangerment or neglect. The service intervenes when the security and well-being of a Cree child are compromised. This year, additional staff joined the RTS team to extend the service to 24 hours.

In November, the CBHSSJB was invited to testify before the Special Commission on the Rights of the Child and Youth Protection (the Laurent Commission). The hearing gave the Youth Protection team an opportunity to help policymakers understand on the way Cree culture shapes our interventions under the Youth Protection Act (YPA). The next year promises to be very exciting as the department looks to implement more inclusive and empowering approaches to child welfare in the Cree Nation.

On other fronts, Youth Protection made strides towards its goals of consolidating services and engaging in new collaborations with Cree entities.

The department worked with the Human Resources to put in place new recruitment and retention strategies to address high turnover. In March 2020, Marlene Kapashesit was nominated Director of Youth Protection.

The department also continued to expand the *Projet intégration jeunesse* (PIJ) data collection system which began last year. Once the migration of data from the previous system is complete, the PIJ platform will provide a secure environment for the storage and management of clients' files, and the generation of statistics.

The department also strengthened its training and collaborations with CMCs and other departments that support children and families, such as Awash, Nishiiyuu, and the Robin's Nest Women's Shelters. Regular meetings with Disability Programs, Foster Care, the Quality of Services and Complaints Commissioner and the Cree School Board are helping to improve case coordination and continuity.

Like many other essential services, Youth Protection had to adapt to the impact of COVID-19 on its clients. During the confinement period, the number of reports declined as children were no longer in contact with their school or daycare—often the sources of reports. YP workers were unable to follow up with clients and the visits between children and youth in placement and their families were curtailed due to the ban on non-essential inter-community travel. However, workers used other means of communication, such as videoconference, to maintain contacts, and court hearings stayed on schedule.

apitisiwiinh chaa chi miyuupiitaahkinuuwich kiya aaihiikiskiihkinuuwich
PROGRAM DEVELOPMENT AND SUPPORT

A regional addictions pilot in Waswanipi delivered promising results, despite initial difficulties. The project benefited from a joint effort between the Maanuhiikuuu team in Waswanipi and Public Health. Underway is an evaluation allowing the team to make adjustments before rolling out the pilot in other communities. For 2020-21, Maanuhiikuuu aims to stabilize its resources, develop telepsychology and telepsychiatry, and strengthen traditional counseling, in collaboration with Nishiiyuu.

With the return of Midwifery services to our territory in 2019, starting with Chisasibi, the department can now extend its coverage of perinatal services to other communities.

Disability Programs, which runs services and programs for clients with physical and intellectual disabilities, began several joint projects—Land-based Healing Program with Nishiiyuu; the Jiiwaahtauuu project to support the return of community members placed in long-term care outside the territory; and a project to develop a resource for disability needs in Eastmain. The unit is also responsible for the implementation of the Jordan's Principle program to ensure access to government services for children up to age 18 and their families. The team carried out individual and group applications for the Access to Services Support Fund, which help with a range of health, social and educa-

tional needs not covered by the CBHSSJB. The team will continue to develop the program and to implement new projects to promote awareness and deliver services to disabled children.

- Clinical plans for three seniors' homes and the Weesapou Group Home
- Functional and Technical Plans for capital projects
- Implementation of recommendations to improve home care
- Client satisfaction evaluation report
- Collected data for a status report on chronic disease management
- Status report on CMC capacity to provide integrated approach to front-line services
- Support of Robin's Nest women's shelter team transition
- Collaboration on joint Optilab project for Regions 18 and 17 (Eeyou Istchee and Nunavik)
- Methodology for compiling and analyzing data on First Responder services and updated resource directory for the region
- Contribution to *HEY-USCHINIICHISUU* (Healthy Eeyou Youth!) project

The COVID-19 pandemic brought about some rapid but significant changes. In particular, the Department of Pre-Hospital Emergency and Emergency Services mobilized quickly to ensure the readiness of communities and health-care workers in the face of this novel virus.

maanuhiikuu
MENTAL HEALTH

Maanuuhikiuu supports communities in promoting positive mental health through prevention, intervention, treatment and holistic care in Eeyou Istchee. The team works with partners on and off the territory, including local CMCs and the Douglas Mental Health Institute, to ensure access to a wide range of culturally safe services—psychology, psychiatry, addiction help and support for Indian Residential survivors and their families.

In 2019-20, the department expanded community services by recruiting new staff, developing new programs and collaborations, and developing the capacity of local care workers to respond to mental health emergencies. Pauline Bobbish was named Coordinator of Maanuuhikuu in January. A permanent psychologist was recruited for Wemindji, and a Human Relations Officer and Administrative Process Specialist were hired. Expanding the team stabilizes services and support to clients and local teams.

With COVID-19, therapists quickly adjusted service delivery, relying on telephone sessions and eventually video conferencing. Secure video-conferencing, expanded in recent years, became a necessary part of care during the COVID-19 pandemic, allowing for case discussions and client follow-up. More support is being offered via telepsychology in Mistissini, Chisasibi and Nemaska, improving the continuity of care and decreasing the need to send people south for care.

Suicide prevention is one of the top priorities for the CBHSSJB. The Suicide Working Group continues to implement a suicide prevention strategy in all communities. A project with the Association Québécoise de Prévention du Suicide (AQPS) is supporting the implementation of Good Practices in Suicide Prevention.



The Resolution Health Support Workers (RHSW) provided emotional support to:

- 187** former IRS students
- 260** family members

Cultural support workers provided spiritual and traditional counselling to:

- 356** former IRS students
- 656** family members

RHSW and Missing and Murdered Indigenous Women (MMIW) workers supported:

- 247** family members

CSP and MMIW workers supported:

- 47** family members

The RHSW program is also supporting youth in understanding the intergenerational impact of the Indian Residential Schools system.

With the conclusion of the Indian Residential School Court Hearings in our region, claimants have begun to receive compensation under the Federal Indian Day School Settlement Agreement. Sixties Scoop claimants are still awaiting compensation.

The Aboriginal Focusing Therapy training program is working online with 22 participants to complete the final module.

DISABILITY PROGRAMS AND SPECIALIZED SERVICES

MAANUUHIIKUU COLLABORATIONS:

- ACCESS pilot project for community-based mental health services to youth
- Nishiiyuu to link clients with traditional healers and cultural support
- Psychosocial, Disability Programs and Youth Protection and Youth Healing to identify the different types of assessment needs
- CMC staff and other service providers (e.g. Robin's Nest) to provide psychotherapy, psychoeducation and art therapy
- Partners in mental health services for Cree Nation beneficiaries outside of the region

Services outside of the community

Intensive therapy 764

Emergency mental health 955

MAANUUHIIKUU SERVICES PROVIDED 2019-20

								
	# visits	# clients seen	# no shows	# appointments	# telehealth sessions	% no-shows	population	rate/ 1000 people
Chisasibi	187	739	378	1575	67	33.8	4920	150.2
Eastmain	8	96	45	141		31.9	862	111.4
Mistissini	11	191	77			28.7	3974	48.1
Nemaska	7	156	31	187		16.6	852	183.0
Oujé-Bougoumou	5	201	117	310	18	36.8	863	232.8
Waskaganish	12	131	97	N/A	9	42.5	2509	52.2
Waswanipi	17	328	81	383	12	19.8	2082	157.6
Wemindji	2	247	95	344	4	27.8	1582	156.1
Whapmagoostui	32	187	78	265		29.4	1036	180.5
Total	281	2276	999	3205	110	30.5	18,681	121.8
Montreal		50	33	90		39.8		
Visio + phone consults		68	15	83		18.1		
Intensive therapy/ Wiichihiiuwin clients		48	13	78		21.3		

Note: Consultations could be occurring in more than one, or different, communities.

The Disability Programs and Specialized Services (DPSS) department provides culturally relevant services to support clients in Eeyou Istchee living with physical and intellectual disabilities and autism spectrum disorder.

Access to culturally safe disability services within Eeyou Istchee is a priority. In 2019-20, the team focused on improving its capacity to provide a full spectrum of services as close as possible to home. DPSS worked with other CBHSSJB departments—Nishiiyuu and local entities—to expand and enhance the quality of services and support to clients in their communities. Initial phases of two new projects were completed: one to bring home clients who reside off the territory due to complex needs, and another to enable clients to connect with land-based experiences.

Prior to the COVID-19 pandemic, Clinical Advisors travelled to communities to work with local case managers, occupational therapists and speech language pathologists, supporting follow-up appointments with 195 clients with disabilities. The pandemic meant that the department's intervention team was unable to travel around the region after March 2020. To stay connected to clients and staff in communities, the team developed downloadable resources and started a weekly online sharing circle to help break the isolation often felt by caregivers and families of clients with disabilities.

The Jordan's Principle Program, which offers additional funding for products, services and support so Cree children may access public services, held presentations for more than 200 individuals.



As of March 2020, 18 clients with complex needs were living in residences outside Eeyou Istchee. DPSS works with case managers on the territory to ensure these clients continue to receive high quality, culturally adapted services. Ideally, all clients with disability needs should receive care at home. *Jiiwaahtauu* is a three-phased project to identify resources needed on the territory to bring home clients living outside Eeyou Istchee. As of 2019-20, the first phase of the project—a gap analysis—was complete.

DPSS provided two successful trainings on behavior, autism and other disabilities in Chisasibi and Mistissini to all community members and one training on FASD to CHRs. DPSS and Nishiyuu are working together to make land-based activities accessible to people with disabilities. In September 2019, Allied Health, the Cree School Board and the Cree Nation of Whapmagoostui formed a pilot project to enable participants with disabilities to experience the routine and activities of a land-based camp.

The Cree Neurodevelopmental Diagnostic Clinic, which implemented the Fetal Alcohol Syndrome Disorder (FASD) assessments last year, paused for evaluation in the spring of 2019. The clinic is set to resume in fall 2020.

DPSS will continue to expand its services and promote interdisciplinary collaboration to ensure integrated, high quality services are available within all communities and that Nishiiyuu values remain at the core of Disability Programs.

93 applications
approved for a total
of \$1,165,353

2019-20 marked the return of midwife-assisted birthing in Eeyou Istchee for the first time since the legalization of midwifery in Quebec—a victory for Eeyou/Eenou women reclaiming the right to give birth on the land. By offering culturally safe and dignified care, that respects the Cree ways of life during childbirth, Midwifery Services earned a pan-Canadian award for patient safety from Salus Global.

Training has been critical in integrating midwifery into the CBHSSJB. The department worked with the Montreal Children's Hospital to train the medical team on the procedure for stabilizing a vulnerable newborn. A midwife and family physician became instructors in the Neonatal Resuscitation Program and organized certification courses for nurses, physicians and midwives. Midwives trained first responders on precipitated birth, with the support of the *Regroupement Les Sages-femmes du Québec*.

MoreOB (Managing Obstetrical Risk Efficiently) completed its first year. It supports the provision of culturally safe and dignified care—respecting the Cree way of life, by building confidence in normal births, empowered by informed choice. Participants in birthing workshops exchanged views on birth and woman-centered care. Through birth stories, Elders spoke of the sacredness of the first to touch new life, pregnancy as part of life, and learning through observation.

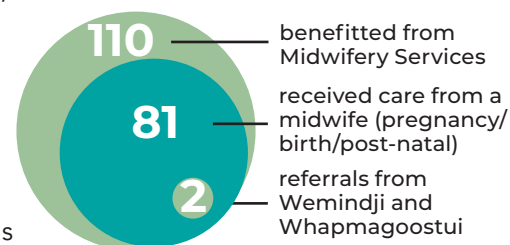
To strengthen the safety of birthing services, new staff, including a fourth midwife, were welcomed. The International Meeting on Indigenous Women's Health, the Canadian Association of Midwives Congress and the Society of Obstetrician-Gynecologist of Canada conference were all attended—a chance to build partnerships with Indigenous maternal care initiatives around the world.

The COVID-19 pandemic resulted in the suspension of some services and the addition of new ones. Mom's Support Group and Prenatal Gatherings, jointly with Awash and Nishiiyu, went ahead February 2020, but had to be postponed for March due to the pandemic.

HIGHLIGHTS:

- Interviews across Eeyou Istchee on Cree Midwifery Training program
- Planning for temporary Chisasibi birthing home
- Technical plan for Chisasibi birthing home sent to the MSSS and a site identified
- Agreement with MUHC allowing midwives to transfer clients to tertiary health centres
- Implementation of tele-midwifery in collaboration with Specialized Services
- Participation in annual week on breastfeeding, and in working group developing guidelines for diabetes care during pregnancy

Next year, the department plans to expand its Chisasibi-based services to women in Whapmagoostui and Wemindji, and is working on structuring services to offer out-of-hospital births including home and teepee births.



ፖሊሲና ስልጣን ለሕዝብ ምክር ቤት
የሚከፈልበት ስልጣን ለሕዝብ ምክር ቤት

miyupimaatisiin awiyyich kiniwaapihtaakanuwiyyich

PUBLIC HEALTH - EXECUTIVE SUMMARY

Public Health's goal "is to ensure conditions in which people can be healthy [...] The success of public health depends on adhering to the basic rules of equity, partnerships, and social justice."¹

The current pandemic has raised awareness of the role of public health in the overall health system. Public health is much more than infectious disease surveillance and outbreak control. It also aims to create the conditions for populations to become healthier and to thrive.

Health is not a goal in itself, but a valuable resource that individuals and groups need in order to enjoy the right to live and build their future as they see fit, in the socio-cultural, economic and political spheres.

The Public Health Department believes that preserving the health of the Cree population depends on our privileged position in an Indigenous context that is entirely self-governed. The success of the Cree population in this and previous pandemics is a clear sign of the strength we draw from the Eeouy/Eenou ways.

We will continue along this path once the pandemic is over; putting people at the heart of our actions, and continuing our efforts to place Cree staff in key decision-making positions.

There can be no real health for Indigenous people without self-governance and reconciliation. Reconciliation is not an "Indigenous" issue, but a social issue that affects us all. Learning from our collective history, and moving forward. Together.



1. Schmitt N., Schmitt J. (2008) Definition of Public Health. In: Kirch W. (eds) Encyclopedia of Public Health. Springer, Dordrecht



AWASH 0-9

The *Â Mashkûpimâtsît Awash* (AMA) Program provides ongoing health and psychosocial support services tailored to the needs of families. In addition to a three-day meeting on AMA Guidelines for community organizers, the program continues to nurture partnerships on early child development and family well-being, coordinating existing activities and creating new ones. Collaborations took place locally (Empowering Youth and Families), regionally (Regional Parenting Conference, Perinatal Care Working Group, Integrated Care Model Working Group, CNG *Maamuu Uhpichinaausuutaau*) and provincially (*Politique de périnatalité 2008-18*, Provincial Respondants Committee for *Services intégrés en périnatalité et pour la petite enfance* (SIPPE)).

The Maternal and Child Health Program (MCHP) supports local Awash teams with counseling and coaching skills, home visits, and promotion and prevention efforts by applying evidence-based guidelines in maternal and child health interventions and activities. Local Awash teams received clinical support and training for AMA/MCHP via community visits, working groups, monthly nurses' phone meetings and CHR conference calls Matcare Committee. MCHP updated material and tools for local Awash nurses and CHRs in collaboration with other programs (Prenatal Classes Framework, daycare toolkit, CHR teaching tool on healthy lifestyle for postpartum mothers). MCHP pamphlets and parenting booklet drafts were revised and merged.



Number of pregnant women and children benefiting from the Canadian Prenatal Nutrition Program



Number of pregnant women benefiting from *Miyuuashimishuh*, a new project to reduce food insecurity (in 2 communities, soon 5)

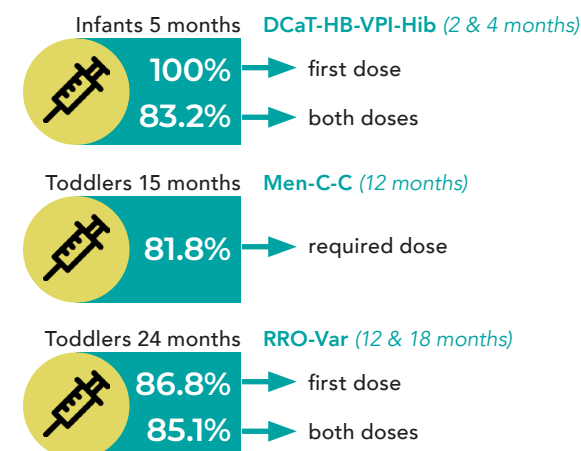
Promoting and improving the well-being of pregnant women, babies, children aged 0 to 9 and their families through a culturally-safe and integrated services approach with added psychosocial and community development components

The Breastfeeding Program aims to increase breastfeeding rates in Eeyou Istchee by implementing the Baby-Friendly Initiative (best breastfeeding practices) within regional health services, and supporting local initiatives that promote, protect and support breastfeeding. 15 new employees participated in four 2-day breastfeeding training sessions. Breastfeeding workshops and individual case discussions were held in response to needs expressed by Awash health care workers (HCWs). Ten local projects were implemented with support from the regional public health breastfeeding program, including activities to mark Breastfeeding Week in five communities, a breastfeeding promotion calendar and a "Home Away From Home" activity day organized by Niishiiyuu in Val-d'Or, that included workshops on breastfeeding and creating comfortable spaces for breastfeeding mothers. Content and tools to promote breastfeeding were developed for local Awash teams and for a prenatal group meeting on breastfeeding (Prenatal classes framework in collaboration with MCHP), and for Awash HCWs to discuss breastfeeding with pregnant women and families.

The Cree Leukoencephalopathy and Cree Encephalitis (CLE/CE) program aims to increase awareness on these genetic diseases, inform on the availability of screening, and support carrier couples in reproductive choices. In 2018-19, training designed for school nurses was adapted for front-line nurses and then evaluated by the Sainte-Justine Hospital, with the hospital receiving an additional grant in 2019-20 to assess the skills of front-line nurses, one year post-training. The program and adapted training were presented to the CBHSSJB's new Advisory Panel of the Research Committee, with content culturally adapted.

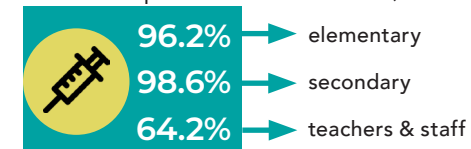
The Immunization Program continues to prioritize support and coaching for all Eeyou Istchee local vaccinators. The flu campaign was promoted on social media, and community flu immunization schedules were published on creehealth.org. The Program ensured adequate record keeping and reporting of all vaccines administered in the communities.

Eeyou Istchee Vaccination Program

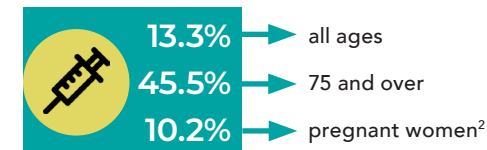


We are on the way to achieving good vaccine coverages in the region; however, a big proportion of children are behind schedule.

Considered protected from measles (infocentre-INSPQ)



Received flu vaccine¹



1. In Eeyou Istchee, the vaccine is free of charge, unlike in the rest of Quebec. Thus, we should see higher vaccination coverage.

2. Estimate of pregnant women in 2nd or 3rd trimester, calculated from Quebec live births and stillbirths—birth rate higher in Eeyou Istchee.

The Dental Health Program delivered by dental hygienists included individual preventative follow-ups with fluoride application, and sealant screening and application on first and second permanent molars. Training and calibration on the selection of tooth surfaces to be sealed were given to two new dental hygienists. The Dental Health PPRO community tour continued in Wasikaganish, Eastmain and Chisasibi, and an Oral Health and Diabetes presentation was given at the annual CHR training.

4366



Fluoride applications (schools and child care centres)

666



Children who received dental sealants

The *Pour une maternité sans danger* (PMSD) Program processed and analyzed 105 requests, comparing them to standard provincial practice guidelines that concern physical, biological, ergonomic, chemical and psychosocial risks during pregnancies. The CBHSSJB physician for PMSD provides support for the health and safety nurse regarding PMSD recommendations.

Vaccine abbreviations:
DCaT-HB-VPI-Hib = diphtheria, pertussis, tetanus, hepatitis B, poliomyelitis and Hib infections
Men-C-C = meningococcal disease
RRO-Var = measles, mumps, rubella



USCHINIICHISUU 10-29

PROVIDING ADAPTED SERVICES TO YOUTH IN THE COMMUNITIES

The Healthy Eeyou Youth Project (HEY) facilitates access to psychosocial and clinical services for youth. This year, HEY/Uschiniichisuu completed the Community Consultations in Planning Cree Youth Friendly Health Services in Eeyou Istchee. All nine Uschiniichisuu CMC departments and more than 120 front-line workers participated and the results of a needs assessment are under review by the Uschiniichisuu and the Planning and Support Services teams.

42

The outreach pilot project in Waswanipi is also being evaluated. In addition to training CHRs this year, the project produced a framework/living document, monitoring tools and training documents to support front-line workers in implementing the outreach approach.

The Dependencies and Addictions program worked with regional partners on harm reduction activities focused on substance use in Eeyou Istchee. For instance, the Cannabis Regional Awareness Prevention Project disseminated information about cannabis use to Grade 5-6 students and high school students. This harm reduction initiative included evening video production sessions with Rupert Stream (a Waskaganish video production company) at the Youth Centre in Waskaganish.

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

PROMOTING HEALTH AND WELLBEING IN SCHOOLS

The School Health Program provided support to school nurses, now present in all nine communities. In addition, many students participated in the *Chii Kayeh Iyaakwaamiih* ("You too be careful") program on healthy relationships and sexual health, which includes an online training tool for teachers. Good communication and collaboration between the Cree School Board and Public Health Department throughout the year led to the development of new projects, such as the regional Breakfast Club Program.

With the addition of a new PPRO for Wellness and Coping, the program reinforced the links between Public Health and the Cree School Board. Pilot projects in Mistissini elementary and high schools included:

- Mental health support for students, as well as workshops on coping with anxiety, dealing with deadlines, healthy lifestyles, self-esteem, harm reduction, etc.
- Wellness workshops in collaboration with the school nurse on the importance of expressing emotions, self-care, coping skills, as well as on the promotion of positive relationships and prevention of self-injury, and
- Support to the special education department, the Study Method class and Youth Fusion programming.

PREVENTION OF STIs AND OTHER REPORTABLE INFECTIOUS DISEASES

The Sexual Health program supported local clinicians in their investigation and management of STI cases and their sexual contacts. The program promoted routine STI screening by raising awareness of the availability of non-invasive urine tests. Public Health also offered school nurses and local health professionals updated training on the new ministry standards for STI testing.

The Infectious Diseases Surveillance and Protection program continued to support the control of clusters and outbreaks of infectious diseases. This program works closely with provincial partners to support surveillance (*vigie*), prevention and interventions to reduce the incidence of reportable infectious diseases and their complications.

PROMOTING HELMET USE IN THE REGION THROUGH ROLE MODELING

The "Be careful! Your head! ᐱᓯᓂᓴᓂᓴ! ᐱᓯᓂᓴᓂᓴ! *Ayâkwâmi! Chishtikwân!*" safety awareness campaign continued to promote the use of helmets while playing sports, riding bikes, scooters, and off-highway vehicles. The campaign targets children and youth through influential role models.



500
helmets distributed in all Eeyou Istchee communities



>8000
social media reach of helmet awareness videos (2)



Chlamydia ▼10.2%
Rate: 1,587.6 per 100,000 hab.



Neisseria Gonorrhea ▼46.3%
Rate: 1,785.7 per 100,000 hab.

The uschiniichisuu population remains at higher risk of contracting these infections and living with life-long consequences. Numbers reported justify CBHSSJB efforts at increasing screening, especially among young men and asymptomatic youth.

CHRONIC DISEASE PREVENTION

This year, various activities were organized following the Public Health regional health promotion calendar. This included Nutrition Month, Physical Activity Month, Diabetes Awareness Month, the Walk-to-School Week, National Physical Activity Week and the 100-Mile Challenge, as well as running events, walking clubs, snowshoe walks, school health promotion activities, summer camps, and traditional activities. Community health and safety messages such as ice, boat, driving and firearm safety were also promoted throughout the year.

The No Butts To It Challenge, which aims to get the whole community engaged in helping smokers quit and non-smokers to stay smoke-free, took place in Oujé-Bougoumou, Waskaganish and Eastmain (where 65% of the eligible population signed up). The challenge in Waswanipi had to be cancelled due to COVID-19. An evaluation of the program is underway.

Under the Healthy Environment Active Living (HEAL) Program 45 small grants were awarded to community groups for healthy cooking workshops, community walks, winter and summer activity programs, afterschool programs and community gardening projects. The new Food Security Fund supported 21 initiatives, including meal programs, meals on wheels, community soup kitchen, collective kitchens, community fridge, freezer and food banks, harvesting, gardening and a grocery discount program.

The team promoted the adoption of healthy lifestyles at various local and regional events (assemblies, health conferences, etc.) by giving pre-

Promoting healthy lifestyles and preventing chronic diseases for adults and Elders

sentations or setting up information booths, and through local and regional media (radio, newsletters, social media). Promotional items such as step counters and snowshoes were distributed in all nine communities.

The team participated in various committees and working groups, such as the Committee on Access to Nutritious Food, the Elders Fund Initiatives, the Quality Improvement Working Group, and No Butts to It local and regional working groups.

To facilitate collaboration, the team organized monthly meetings of the Miyupimaatisiun Meeyochimoon Network (Healthy Lifestyle Network) with Chishaayiyuu managers and the nutrition team.

The team was involved in organizing training sessions and workshops for the annual trainings for nurses and Community Health Representatives (CHRs) training. Lateral kindness workshops were provided to various entities and groups. The team offered training and support to daycares and CBHSSJB food services to develop menus, manage food services and implement food safety and hygiene practices.

The Train the Trainer Program aims to increase health care providers' knowledge of diabetes management through training, mentorship and support. In 2019-20, the regional diabetes team visited all communities to offer training and support, some communities being visited more than once. They also continued to provide peer support for youth living with diabetes. The team gave a poster and oral presentation on the Train the Trainer Program at the Diabetes Canada national conference in Winnipeg.

The team also continued to develop various health information pamphlets and tools used in all communities. This year, many were translated into Cree and French.

Chishaayiyuu is involved in planning and coordinating cancer screening, including breast cancer, colorectal and cervical cancer. Following last year's breast cancer quality improvement initiatives, a guidebook was developed, and training sessions were offered to health workers. A public awareness campaign helped ensure informed decision making. This year, breast cancer screening took place in Nemaska and Waskaganish. Unfortunately, screenings scheduled for other communities were postponed due to COVID-19.

ENVIRONMENTAL HEALTH

Environmental Health within the Public Health Department aims to protect people from the effects of harmful substances in outdoor air, indoor air, water and food. It is also concerned with reducing negative health impacts of resource development projects, encouraging healthy and safe community environments, and addressing environmental emergencies. Much of this work involves collaboration with the Cree Nation Government, the Cree Trappers' Association, Cree Nation Councils and the James Bay Advisory Committee on the Environment.

The team receives frequent requests from the public and health professionals about managing mold exposures and indoor air quality. This year they collaborated with the CNG on a policy initiative about housing-related health issues.

Two new employees joined the team, with one working on a health impact assessment of parks and green spaces, in collaboration with the CNG Capital Works and the Cree Nation Councils. The other employee worked on a mandate from the Ministry of Health and Social Services of Québec to improve the consideration of health and well-being during the opening of large development projects in Eeyou Istchee. The Windfall Lake mine within the traditional territory of the Cree Nation of Waswanipi was used as a case study.

Water quality in community water distribution systems is the responsibility of Cree Nation Councils; Public Health assisted with their preventative measures for drinking water, in order to avoid health risks.



A three-year project on climate change has started, funded by Health Canada, and supported by the INSPQ. The project's goal is to conduct a thorough literature review on current and projected impacts of climate change on health, to assess health vulnerabilities to climate change at a regional level, and to propose a regional health adaptation plan.

The team carried out a radon testing campaign in collaboration with Nemaska, and supported other communities with radon requests.

Regarding environmental emergencies, the group held regular meetings on public health emergency response, and during the winter prepared for the COVID-19 pandemic response. Fire chiefs were presented with plans to deploy a sensor network of forest fire smoke detectors in all communities.

The team validated the most recent mercury monitoring results, continued to promote fish consumption recommendations (see creegeoportal.ca), and developed and deployed strategies for promoting a transition to non-lead ammunition.

The team has been active in almost every file submission concerning mining projects in Eeyou Istchee, providing input on health impacts of projects, including lithium mines (James Bay Lithium, Rose, Whabouchi) as well as gold (Windfall Lake) and iron (Blackrock) developments.

OCCUPATIONAL HEALTH AND SAFETY

This team is part of the Réseau public de santé au travail du Québec for Region 18. Its mandate is to protect the health of workers by preventing occupational diseases and injuries. The team organized the training of new workers, including a prevention technician for one year and a nurse for three months. A private occupational health firm specializing in northern regions provided training in industrial hygiene, including the handling and calibration of instruments. Following a few reported incidents, the team visited work sites to identify and eliminate health threats to workers such as carbon monoxide and other biological hazards.



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taakish naakitiwaayihtikuuch kiyaa shash aa chi
nituchiischaayitakinuwich aahat iyyiyamwaahiiwaach chaakwaan

SERC, CLINICAL PREVENTIVE PRACTICES AND PUBLIC HEALTH COMPETENCY DEVELOPMENT

SERC is a hub of expertise within Public Health that provides support to key functions in the CBHSSJB, such as disease surveillance, evaluation methods, research and knowledge translation, public health communications, preventive clinical practices and public health capacity building. The effectiveness with which the CBHSSJB managed the current COVID-19 crisis is due in part to the strong capacity that exists within this team.

Until the pandemic emerged as a focus in December 2019, the team carried out its usual functions. It updated a ten-chapter internal report on the health of the population of Eeyou Istchee, and the statistical and demographic profile of the region. The Research Committee that oversees research partnerships was strengthened. The team produced a report on the oral health of elementary school students, and SERC worked with the Public Health Uschiniichisuu team to improve opioid management in the region and to initiate a harm reduction approach. SERC also assisted the Uschiniichisuu team with a regional survey on breastfeeding support needs. A project to improve end-of-life care was approved in March 2019 and the funding agreement was signed in December. The Maamuuhkedaau ("Let's do it together") survey to assess primary care is in the planning stages.

A three-person communications team within SERC works closely with the regional communications team in Corporate Services to create and disseminate information to promote collective and individual wellness—miyupimaatisiiuun. In addition to online and print awareness campaigns linked to monthly themes, 26 episodes

of the radio program Miyupimaatisiiuun Dipajimoon were broadcast with our regional radio broadcast partner JBCCS. The team also coordinated interviews with Cree media, CBC and other media on health topics. The communications team within SERC provided training to the Board of Directors and the Public Health team on crisis communications and spokesperson roles.

The SERC team played a key role in CBHSSJB's response to the pandemic, providing the Director of Public Health and other decision makers with detailed and rapid surveillance and analysis of COVID-19. SERC assisted with contact tracing and the rapid creation of culturally safe materials to inform and educate policymakers and the public. Within SERC, a COVID Documentation Team was established to address the significant information management challenges associated with the pandemic response.

2019-20 was a year of transition for the SERC team, as Isabelle Duguay was appointed Assistant Director of Public Health for SERC. Jill Torrie retired from the role after many years of service.

For the coming year, COVID-19 will continue to be a focus of SERC efforts. Ongoing projects in other areas will continue, including a community suicide monitoring system and the end-of-life care project in partnership with the Cree Nation Government, the Cree Women's Association of Eeyou Istchee (CWEIA), the Nishiiyuu Council of Elders, and other CBHSSJB departments. The COVID-19 crisis demonstrates the urgency of developing these services in Eeyou Istchee.



NISHIIYUU
MIYUPIMAATISIUN

[illegible]

uu nishiyuu kwaaschiishwaamikaaahch
 aniyaayuu waaskiich kaa ish iyaat kiya
 kaa iish chischaayitaahk iyyiyu/ iinuuwiych
 pimaatisiwiinyuu aayuikw waa iish kiniwaahpitahch
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 kiya astipihch chisaayuuwiych uchimaakaanahch.
 aakuht waaishuutaahch niituhkuuyin aapitisiwiin kiya chaa
 chistinaastaahch misiwaa chaakwaan kiya misiwaa aawaan
 chaa chi miywaapitisiit aa wiichihaakaanuwiych aawaanichii.

Nishiiyuu refers to the traditional ways of the Eeyou and Eenou people. Our vision is *Aapiimuudiihehkuud piimaadiisiwiiniiuu Kiiyah a achiisachiinuutiihehkuud* (achieving Miyupimaatisiun through the guidance of ancestral teachings). The Nishiiyuu Miyupimaatisiun department works to ensure that Cree knowledge and values are reflected in CBHSSJB services.



nishiyyu miyupimaatisiun
EXECUTIVE SUMMARY

The Nishiiyuu Miyupimaatisiin Department provides the link with the Nishiiyuu Council of Elders and chairs the regional Clinical Coordination and Integration Committee (CCIC). In 2019-20 the Nishiiyuu team added seven additional staff and now has 26 employees.

The team worked intensively as the lead department in planning and developing the Regional Assembly on Health and Social Services, originally planned for March 31-April 3 2020 in Chisasibi. The Assembly was postponed due to the coronavirus pandemic. When the Health Assembly does take place, Nishiiyuu will be seeking input from the communities on priorities and strategies for moving traditional healing forward.

Meanwhile, work continues on the development of the Framework for Traditional Healing Pathways in Eeyou Istchee.

The framework will reflect a collective vision for traditional medicine and healing that aims to ensure Eeyou/Eenou have access to Traditional Healing Pathways. The Gathering of Knowledge Keepers on Traditional Medicine, held in Chisasibi in June 2019, helped create the foundation of the framework.

Documents produced in the context of planning for the Health Assembly also inform the Framework, including a summary report of the Nishiyuu Survey on Traditional Medicine, two literature reviews and an evaluation of the Nishiyuu Miyupimaatisiun Strategic Plan 2013-18.

The Nishiiyuu team will continue to engage with key stakeholders in the communities to further refine the framework in order to guide traditional healing processes in Eeyou Istchee.

Our vision is
Aapiimuudiihehkuud
piimaadiisiwiiniiuu Kiiyah
a achiisachiinuutiihehkuud
“Achieving miyupimaatisiun
through the guidance of
ancestral teachings”.



Laura Bearskin
Assistant Executive Director (AED)

COMPLEMENTARY SERVICES AND PROGRAMS

This unit within Nishiiyuu is working to implement three integral parts of the Nishiiyuu Strategic Plan in alignment with the CBHSSJB Strategic Regional Plan (SRP): Waapimausuwin and Utinausuwin, Land-Based Healing, and Traditional Medicine. The team has been making contacts with potential partners related to the ongoing development of these services and programs.

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Work continued on the Waapimausuwin Home Away from Home Project to share traditional Waspsuyan teachings with young parents. The Miiwitt Project delivered workshops on baby bundle teachings and shared baby bundles with families to help welcome their new ones to this world. The team is happy to have worked in collaboration with Midwifery and Awash in Chisasibi and Child and Family Services in Waskaganish.

Collaborations with other groups, such as Disability Programs and Weesapou for Nitahuu Aschii Ihtuun (Land-Based Healing) initiatives, resulted in nine land-based activities this year. These activities provided opportunities to transfer knowledge on traditional life skills and foster individual healing through ceremonies in Chisasibi, Whapmagoostui, Oujé-Bougoumou and Mistissini.

Under the Traditional Medicine and Healing Initiative, the team discussed traditional healing approaches and transfer of knowledge on traditional medicine at local community gatherings held in Chisasibi, Oujé-Bougoumou, Mistissini, Waswanipi and Whapmagoostui. Information gained from these gatherings is guiding program development. Traditional medicine-making workshops were held in Waswanipi and Mistissini. During the COVID pandemic, the team consulted with Traditional Healers to provide guidance in understanding and approaching this disease. The team collected, prepared and distributed traditional medicines to community members.

Two extensive literature reviews were carried out to inform program development. The first, in collaboration with Public Health and Youth Healing Services, reviews published and unpublished literature on land-based programs in Eeyou Istchee and elsewhere. The information provided in the report will help guide collaborations to develop a land-based program for youth through the Weesapou Group Home. The second literature review examines the different delivery practices, legislation, and barriers to delivery of traditional medicine in communities.

IYIYIU PIMAATISIUN E PIMUHTAAKANUUHCH (COMMUNITY DEVELOPMENT)

This unit works to support Miyupimaatisiun Committees in all communities and encourage them to work with Chiefs and Councils and to consult broadly in their communities—engaging individuals, families and organizations in the development of strategies to enhance Miyupimaatisiun. The goal is to have a Nishiiyuu Planning and Programming Research Officer (PPRO) in each community, who will collaborate with the Miyupimaatisiun Committee to develop community-based strategies and pursue partnerships at the local level. The PPROs already in place are helping to identify and communicate opportunities and priorities for partnership with Chiefs and Councils. As members of local Clinical Coordination Integration Committees (CCICs), the PPROs act as a bridge between CMC leadership, Traditional Knowledge Keepers and Healers, and the Miyupimaatisiun Committee.

The community development team worked closely with the complementary service team to plan, develop and carry out land-based projects and local gatherings with Traditional Knowledge Keepers, in collaboration with other Cree entities. A two-day local traditional gathering took place in Oujé-Bougoumou in collaboration with the Oujé-Bougoumou Cree Nation Culture Department and Youth Department, developing programming that is inclusive of people with special needs. A Gathering of Traditional Knowledge Keepers was organized in collaboration with the Cree Nation of Mistissini and local radio CINI-FM. Interviews with Elders at these gatherings led to the collection of valuable information about traditional medicines and their uses that will inform Nishiiyuu's work for years to come. This team also promoted Cree cultural activities such as snowshoe making and the Pipun Ihtun Festival in Waswanipi, the moose hide project in Mistissini, and a number of sweat lodge ceremonies.

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Gathering of Traditional Knowledge Keepers, Traditional Medicine Mistissini, August 2019

EVALUATION & ACCREDITATION

The team continued efforts to bring accreditation to the CBHSSJB. Accreditation is one of the CBHSSJB’s strategic objectives; part of the process of implementing standards, best practices and continuous improvement of the services.

Creating awareness around accreditation and quality improvement was one of the key objectives this year. The team worked with the Chisasibi Hospital leadership to explore how best to share and prepare information, identify key issues at the hospital, and introduce accreditation priorities, key processes and practices. People-centered care is one of the emerging priorities of the accreditation program. The team drafted a Quality Improvement Plan that links with the SRP 2016-21 and the Leadership Accreditation standards. Once finalized, the plan will allow leadership to track what is completed, identify areas that require collaboration with other departments, and create quality improvement projects with their teams.

The Evaluation and Accreditation team worked with the Service Quality and Complaints unit to make linkages between the complaints process, which identifies gaps and shortcomings, and accreditation standards. The team worked with the DPSQA-Health to develop standards relating to infection prevention and sterilization of medical devices. Future plans include providing an accreditation workshop to Local Directors and visiting the CMCs.

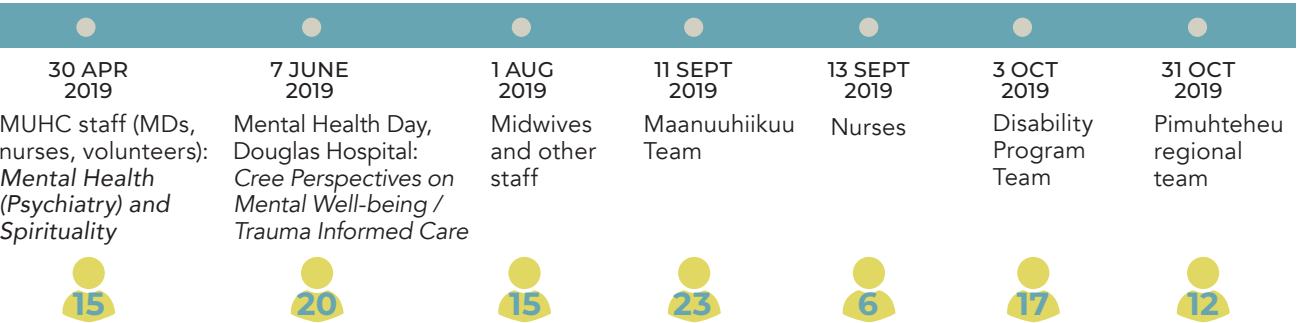
CULTURAL SAFETY

The aim of Cultural Safety is to align all CBHSSJB services with Cree cultural values and realities. This process is supported by consultation with the Nishiiyuu Council of Elders, bringing a cultural safety perspective to local and regional CCICs, and providing cultural safety training to different groups within the CBHSSJB.

This past year the team collaborated with the Maanuuhikuu (Mental Health) department to deliver presentations to CBHSSJB and McGill University Health Centre (MUHC) staff relating to cultural and spiritual considerations in trauma-informed care and psychiatry. They collaborated with Maanuuhikuu to develop the Suicide Prevention file for Eeyou Istchee, and continued a collaboration with the DPSQA-Psychosocial department on training sessions to promote culturally safe programming and services throughout the CBHSSJB. Trainings were increased to a full day to incorporate additional teachings. 548 individuals have received training in cultural safety since the program began in late 2017.

Nishiiyuu staff helped adapt the content of the Core Concepts training so that it better reflects Cree values, and co-facilitated the 3-day Core Concepts training for CBHSSJB staff in Montreal in November 2019. A number of Nishiiyuu and Maanuuhikuu staff attended Cultural Safety Training at UQAT, to learn what is being done elsewhere and determine how to further develop the CBHSSJB’s approach to cultural safety training.

CULTURAL SAFETY PRESENTATIONS AND TRAININGS



Note: Activities were interrupted during the planning phase of the Health Assembly; the program will resume in 2020.



The Gathering of Knowledge Keepers on Traditional Medicine, held in Chisasibi in June 2019, was part of the lead up to the Regional Assembly on Health and Social Services, a major regional event postponed due to COVID-19. The Chisasibi gathering laid the foundation for the Framework for Traditional Healing Pathways in Eeyou Istchee, which will be the central focus of the Assembly when it is rescheduled.



miyupimaatsiiun

Reflecting on the achievements of the last year is impossible without acknowledging the contribution of front-line workers and leaders. Their accomplishments have advanced the objectives of the CBHSSJB Strategic Regional Plan (SRP).

The launch of the 24/7 psychosocial on-call services enhances access to front-line and mental health services; through this initiative, those seeking assistance can receive support from a psychologist, social worker or traditional knowledge keeper. Outreach services for youth were expanded so that evening support was accessible to help youth facing challenges and to enable early detection of those struggling with anxiety, suicidal ideation or addictions. Steps were also taken to address Elder abuse and homeware services were enhanced to ensure the best of care for Elders.

Access to dialysis was increased, and the home dialysis pilot project was launched in Waswanipi. If successful, home dialysis will provide an option for diabetes management that enables clients who qualify to remain in their home communities. The department has also worked to improve monitoring of other chronic diseases in Eeyou Istchee and improve follow-ups.

The COVID-19 pandemic sparked many changes. Local and specialized medical services rapidly transferred to telehealth delivery where possible, accelerating the uptake of telehealth across the territory. Other health care workers—nurses, CHRs, and community workers—have also used telehealth to reach out to clients. This proactive approach aims to ensure the safety of clients, especially those identified as vulnerable, through regular contact, rather than waiting for clients to come to the CMC if they feel unwell. It has proven successful in containing the coronavirus, much to the credit of our healthcare workers and collaborations with the Cree Nation Government, local Cree Nations and other entities.

Another consequence of the pandemic: Elders who were long-term clients at the Chisasibi Hospital have been moved to the MSDC, a more welcoming environment. The site is being considered an interim Elders' Home, awaiting the construction of new long-term care facilities.

The Client Satisfaction Survey addressed physical environment, accessibility, cultural safety and courtesy, holistic care, and organization of services, and has provided important information for the improvement of our services.

Committed more than ever to engaging with clients, staff and partners, the team has focussed on improving access to care for Eeyou Istchee, while also enhancing the quality and experience of the care provided.

[illegible]

miyupimaatisiiunyuu kaa
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nituhkuuyinyuu aapitisiwiinyuu
kaa kiniwaapitaahch
misiwaa iiyiyiwiyyich aa
wiihwiichihaakaanuwiyyich
chaa chi miyupilhiyyich
upimaatisiwiiniwaach.

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

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MIYUPIMAAATISIUN

	consultations	1 st visit	% children	% emergency	% no-shows
					
Chisasibi	1745	58.1	16.0	51.5	18.0
Eastmain	647	48.1	17.2	37.9	19.6
Mistissini	3705	43.6	22.7	22.3	26.8
Nemaska	127	55.1	17.3	48.8	9.9
Oujé-Bougoumou	596	52.7	14.4	29.9	30.2
Waskaganish	1617	3.4	10.8	44.3	25.0
Waswanipi	1280	57.9	20.6	42.9	35.8
Wemindji	1165	44.5	16.1	28.0	19.5
Whapmagoostui	630	31.9	9.4	38.9	17.0
Total	11,512	42.0	17.6	35.1	25.0

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nitukuyin aa kiniwaayihnikuuch kiyaa aa wiichimiyaawaanuuwich
PHARMACY

The Pharmacy Department has continued building a foundation for offering safe, quality services to the population. Security cameras and access cards were installed in Chisasibi, Mistissini and Waskaganish pharmacies in 2019, and pharmacy opening hours were extended in Chisasibi and Mistissini.

The opening of the first pharmacy in Waskaganish is a major achievement of this past year. This new patient service is allied with one of the orientations of the CBHSSJB Strategic Regional Plan (SRP): *Access to quality first-line services and specialized care along the service corridors.*

Now, three out of the nine communities—Chisasibi, Mistissini and Waskaganish, representing 60% of the CBHSSJB population—benefit from prescription validation, drug distribution and drug information provided by a pharmacist. This is an important step in the development of basic pharmacy services within Eeyou Istchee, access to which is part of the first-line health care services available to all Québec and Canadian citizens. We are striving to ensure that all patients in Eeyou Istchee have quality and timely pharmaceutical services.

The *Ordre des Pharmaciens du Québec*, the pharmacy regulatory and licensing authority in Québec, visited Chisasibi pharmacy September 25, 2019, and presented many recommendations for improving the quality of pharmacy services on the territory. Among them was the provision of pharmacy services to the remaining six communities under the responsibility of the CBHSSJB. This will be one of our challenges for 2020-21.



Towards the end of the reporting period, as the COVID-19 pandemic was evolving in Quebec, the Pharmacy Department adjusted its operations to assure the safety of both personnel and patients. Clients received one month of medication in their refills, and all refills were provided in new vials. The department also provided home delivery. All personnel were required to wear masks, wash hands frequently, and disinfect all materials and surfaces several times a day.

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mitunaayihchikin
(DPSQA) PSYCHOSOCIAL

The Psychosocial Department focuses on front-line social services provided by community workers, human relations officers and social workers, ensuring that quality services are accessible and meet the needs of the population. It continues to grow, with new leadership and the development of several key positions—a strong and stable team that reflects Nishiiyuu values in an effort to empower psychosocial workers.

The Psychosocial Team is building an action plan in line with the 2016-21 Strategic Regional Plan (SRP), with input from front-line workers to meet the needs of all communities. Resources will be allocated in line with the development plan and approved by the Board.

This year, the department met an important milestone with the creation of a psychosocial emergency support resource for communities. The Wiichihiiwauwin Helpline (833-632-4357) started as a pilot project in Mistissini in December 2019 but, with the COVID-19 outbreak, expanded to serve all Eeyou Istchee. Regional on-call professionals from Nishiiyuu, Maanuuhikuu and DPSS provided a bridge to local wellness and support for psychosocial emergencies. As part of a transitional plan, the Helpline will develop community-level teams, starting with Oujé-Bougoumou, followed by Chisasibi.

3 Clinical Advisors
1 PPRO, Elder mistreatment

2019-20 TRAINING

First annual community worker training (suicide prevention, addictions and mental health with co-occurring disorders, wellness)

Social Workers and Human Relations Officers (HROs) focussed on crisis intervention, postvention and wellness

First annual Foster Care workers training focussed on communication and leadership skills



Training and meeting for CBHSSJB psychosocial employees, 28 November 2019, Montreal

The Foster Home program has been stabilized with three team leaders along with new guides and manuals. This past year, the department updated and renewed assessments of foster homes and applied new compensation rates.

HIGHLIGHTS

- Robin's Nest Training—management, action plan, guidelines, standardized forms in both shelters, links between CMCs and shelters
- Standardized record keeping and archives/psychosocial clinical process in collaboration with the regional archivist
- Development of training on the Sexual Assault Kit, in collaboration with DPSQA Nursing, to link a victim with a psychosocial worker in each intervention
- Train-the-trainer approach with each community, in line with YP/CMC protocol
- Elders mistreatment policy, in approval process, and a regional committee for Elders mistreatment operational plan and policy
- Participation of two certified trainers in dementia working group
- Participation in Bill 21 development meetings
- MCAT (multi-clientèle evaluation) training in Waskaganish, November 2019
- Participation in committee with MSSS for implementing the OCCI on the territory
- All psychosocial documents and forms added to intranet, with front-line staff training

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Piipiichaau Uchishtuun
ROBIN'S NEST
WOMEN'S SHELTER

The Piipiichaau Uchishtuun (Robin's Nest) Women's Shelter in Waskaganish was a collaboration between the CBHSSJB, the Cree Nation Government, and Cree Women of Eeyou Istchee Association (CWEIA), with the support of the Cree Nation of Waskaganish. The Cree Nation Government funded and oversaw construction of the building, and the CBHSSJB operates the facility with programs developed in partnership with CWEIA.

The Waskaganish shelter serves primarily women from the coastal communities of Eeyou Istchee, complementing the services offered at a similar shelter operating since 2017 in the inland community of Waswanipi. Robin's Nest provides healing methods based on Cree traditions and values, while respecting individual beliefs, for women and their children who are experiencing domestic violence, *nanako akwiwaiisoon*.



Protecting patients and staff of the Waswanipi Women's Shelter during COVID-19.



Preventing Violence
Supporting Women
Taking Care of Our Own

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nituhkuyiniskwaau aapitisiwinh
(DPSQA) HEALTH

The DPSQA-Health is committed to helping improve the health and social wellness of the population of Eeyou Istchee, ensuring quality of care and competency of the organization's nurses, community health representatives (CHRs), home care workers and beneficiary attendants. The department's vision is rooted in Eeyou/Eenou culture and aims to offer a culturally safe environment and practice for the population. The DPSQA-Health strives to ensure a holistic approach to caring for our people's mental, spiritual, emotional and physical health.

Understanding and incorporating the historical experience of the Cree people into the onboarding process for new staff has been a priority this last year. Trauma-informed care sessions were held in November at the annual nurses training in Montreal. Annual trainings in Chisasibi for nurses and CHRs were also successful, with workshops on lateral kindness, mental health, diabetes and pediatric emergencies.



Labrador tea tasting during the home hemodialysis launch in Waswanipi, September 2019

The department welcomed several new nurse counsellors in various areas such as renal health, sterilization and purchasing, prevention and control of infection, and chronic diseases. These new nurses have put forward operational plans in accordance with the Strategic Regional Plan. This past winter, a home hemodialysis project was initiated in Waswanipi with the support and expertise of the team in collaboration with local authorities and MUHC partners. This innovative project allows patients to self-dialyze while remaining in their communities with families and loved ones. The SWIFT application pilot project was a success, providing specialized wound care remote support services and enhancing wound care management.

The DPSQA-Health team has mobilized different resources to support local teams in managing the COVID-19 pandemic. All members of the department have been part of the emergency preparedness response and reorganization of services. The goal has been to collaborate and coordinate with different stakeholders and partners to secure essential services while ensuring safety and quality of care. Taking into consideration Cree self-governance, procedures and guidelines were elaborated in accordance with public health recommendations and best practices in a difficult and ever-evolving situation. Trainings specific to prevention and control of infection and personal protective equipment are prioritized. The crisis has generated an extraordinary response and resulted in the acceleration of new approaches, like teleconsultation. The department is confident in its capacity to face challenges and adapt to change while remaining committed to values for the benefit of CBHSSJB clients.



aa maamu wichihtaakinuwiych
(DPSQA) ALLIED HEALTH

ALLIED HEALTH TEAM:
nutritionists
occupational therapists
physical therapists
speech-language
pathologists
psycho-educators
psychologists
psychotherapists
respiratory therapists
audiologists

Allied Health encompasses a wide range of professionals and para-professionals, working closely with rehab and education monitors, special needs educators, and administrative support—all essential partners.

The services evolve and change, powered by the compassion, creativity and clinical leadership of regional and local teams, as well as the Eeyou Istchee population's need for greater access to services.

2019-20 GOALS

1. Stabilize Allied Health's human resources
2. Grow training and mentorship programs
3. Expand regional services such as audiology, speech therapy, and respiratory therapy
4. Implement priority projects—optimize Multi-Service Day Centres and the rehab monitor training program, launch of the CBHSSJB Multi-Disciplinary Council

The Multi-Service Day Centres have been developing a new vision. Multi-Council by-laws, updated at the March board meeting, are ready to be implemented. The audiology screening program expanded into two communities, and the respiratory therapy program grew to a staff of three, with new mandates for training and support for the region. The speech therapy program had a more challenging year with only one full-time therapist for the second half of the year, given the shortage of speech therapists. Jordan's Principle funds were put towards contract therapists, and a more sustainable tele-health service model is being developed for 2020.

Clinicians have been providing training for the population, healthcare providers and community partners within and outside of Eeyou Istchee.

This year's commitment to training and mentorship began with a powerful training session delivered by Suzy Goodleaf to a group of 50 at June's annual rehabilitation team meeting in Chisasibi. It was on inter-generational trauma, colonialism, the residential school experience, and worker self-care, and the experience transcended the team's work in meaningful ways.

HIGHLIGHTS

- Rehabilitation presentations at four universities
- Over 20 nurses trained on mechanical ventilation and airway management
- The Waswanipi rehab team's occupational therapist, together with McGill students, community partners and local CMC management, piloted extensive rehabilitation monitor training
- The above training was extended to homecare workers and others in the community to learn techniques on implementing therapeutic goals in rehabilitation—11 sessions were conducted with 151 people (2018-19)
- Several masters level occupational therapy and physical therapy students were welcomed into the region, a strategy proven effective in injecting new energy into our programs—in the last three years, six positions have been filled with former stagiaires

While some projects slowed down given the COVID-19 crisis, the team looks forward to launching a regional sleep study clinic, increasing access to speech therapy, getting the multi-council running, and recovering from the pandemic stronger and more connected to each other.

ALLIED HEALTH 2019-20

Summary of group activities

	Physiotherapy	Occupational therapy	Psycho-education	Speech & Language Pathology	Nutrition	Rehabilitation monitors	Regional team
Number of group activities ¹	83	70	85	2	590	12	>40 ²
Number of participants	662	1144	661	14	8566	58	N/A

1. Some professionals and paraprofessionals participate in same group activities (so possible repetition in number of activities)
2. Over 40 categories of projects

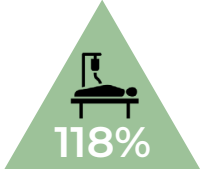


The Chisasibi Hospital provides primary and secondary healthcare services to the population of Eeyou Istchee. The hospital is set to undergo a major transformation with the development of the Chisasibi Health Centre in 2025, which will be equipped to provide highly specialized tertiary care in a new facility.

In the 2019-20 period, the hospital team continued to work on the tertiary accreditation process as well as the renovation of an existing space for the pharmacy extension.

Many of the projects and plans scheduled for this period were halted by the COVID-19 pandemic as personnel responded to the urgent need to prevent the spread of infection. With the collaboration of external partners and Material Resources Development (MRD), the hospital modified the physical space to accommodate green and red zones, set up partitions, antechambers and walls, etc. Despite the upheaval, the team demonstrated its shared commitment to provide the best possible care.

The medicine unit continued to be busy, especially with a shortage of nurses in December. This year, we experienced an increase in the number and duration of hospital stays, as well as a reduction in the number of clients being transferred to other health facilities.



118%

rise in hospitalization days*



65%

decline in patient transfers*

* since 2013

The hospital had to reduce respite care this year due to increased requests for social and long-term admission. The hospital Social Services were able to identify resources for respite care off the territory, and developed guidelines to access these services in collaboration with the DPSQA Psychosocial team.

The Social Services team also welcomed a new community worker, Roxanne Pelchat, whose knowledge of the Cree language and culture are important assets in interventions.



clients receiving dialysis treatments in Chisasibi



kidney transplants

The Hemodialysis department remained at capacity this year, and the team is working towards opening six days a week, allowing more clients to have treatment in Chisasibi.

Laboratory services continued to develop and implement new procedures so Chisasibi and Mistissini laboratories can meet hospital accreditation standards. In addition, the Committee on Delocalized Medical Biology Exams (EBMD) oversaw a pilot project in four communities to measure blood tests. The aim of this project is to shorten the time it takes to obtain results, thus reducing the need for patient transfers to the Chisasibi hospital or off-territory health centres. If successful, the project will be extended to the other communities.

The Radiology department saw the departure of two experienced technologists; however, the team was able to avoid a breach while managing a rise in demand for obstetric consultations via telehealth.

Archives Services, now under the hospital and DMAS, worked with the Risk Management Unit to develop a risk management strategy. This will help ensure the security of patient data. The team also continue to work with PMO on the Electronic Medical Records (EMR) pilot project, including chart digitization.

Due to COVID-19, all training normally conducted by Auxiliary Services was cancelled until further notice. Ambulance drivers and security guards received Omega training in December 2019; however, security guard certification training could not take place.

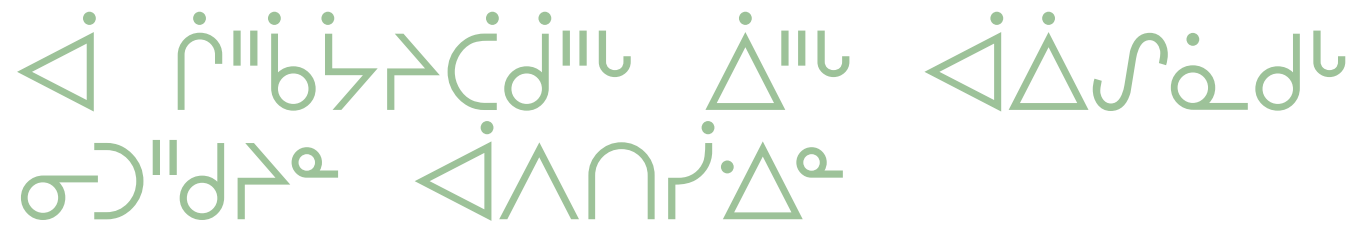


Fit testing employees as part of COVID-19 preparedness efforts, Chisasibi Hospital

CHISASIBI REGIONAL HOSPITAL



498	▼19.3%	admissions
7,460	▲2.5%	hospitalization days
65	▼16.7%	transfers to other health centres
8	▼33.3%	deaths
7	▲60.0%	average days in acute care
73.0%	▲2.5%	bed occupation rate
18,046	▲1.7%	clinic consultations
4,267	▲33.4%	specialist consultations
3,604	▼27.5%	observation hours
153,450	▲2.0%	radiology technical units
316,908	▼4.8%	lab tests
2,633	▲12.1%	dialysis treatments



aa chiihkaayaayitaakuuch iihch aaiishinaakuch nituhkuyin aaitisiwin

SPECIALIZED SERVICES

Specialists

4 pediatricians
2 psychiatrists
2 pediatric psychiatrists
1 nephrologist
1 OBGYN
2 interns

Regional team

1 coordinator
1 nurse counsellor
1 administrative process specialist
1 administrative technician

The Specialized Services Department (SSD) oversees specialist visits, telehealth services, service corridors and the CRDS Eeyou-Istchee, with a mandate directly linked to the CBHSSJB Strategic Regional Plan (SRP).

SPECIALISTS

The department currently has 12 specialists caring for the population in Eeyou Istchee. It also has 26 weeks of optometry coverage—mostly coastal communities—but plans to extend service to all inland communities. There are additional visits from ophthalmology, pediatric cardiology and internal medicine for cardiac ultrasound. An Ear, Nose and Throat specialist, an ophthalmologist and possibly an orthopedist will be recruited.

The regional team, which has expanded to meet the increased need for visits on the territory and in telehealth clinics, will be recruiting two clinical nurses and another administrative process specialist next year. This year included organizing telehealth clinics, offering more support to communities and stabilizing the organization of specialist visits on the territory. The team aims to launch a Regional Appointment Centre for Specialized Services to support the coordination of appointments in Eeyou Istchee. A regional nurse will prioritize patients, monitor clinical timelines and provide quality assurance. The goal of the Regional Appointment Centre for Specialized Services is to ensure that as many appointments as possible are performed on the territory, either in-person during specialists' visits or through telehealth.

TELEHEALTH

The development of Telehealth services increased dramatically with the COVID-19 pandemic, which required the suspension of on-site visits for specialists. The MSSS financial contribution enabled our organization to increase existing telehealth services and accelerate the development of new ones. This includes the rerouting through telehealth of appointments initially planned down South. Teleclinics in nephrology, pedopsychiatry and pediatrics have been organized, and internal medicine using telehealth has expanded to seven communities. However, the deployment in all communities of TeleWound Care (management of wounds through an application) has been postponed to next fiscal year. Other new and innovative services are planned for next year. These new telehealth services will allow quality and culturally safe care and easier access to specialized services for the people of Eeyou Istchee.

NORTHERN PROGRAM OF SPECIALIZED SERVICES

To increase support for family physicians, this program has collaborated with the McGill University Health Centre (MUHC) partnership office on different projects: access to the OACIS (MUHC electronic medical records), a pilot project for tele-consultation and clarifying trajectories to ensure access to specialists in an efficient and timely manner.

WAITING LIST REVIEW

In collaboration with the Department of Medical Affairs and Services (DMAS) and family physicians in each community, a review of all pending appointments inside and outside the region was carried out, with the following objectives:

- Revise pending appointments to reprioritize, cancel or update consultations or follow-up
- Catch up on all delayed consultations
- Reroute consultations than can be done on the territory
- Provide an overview of specialized services/telehealth needs
- Reduce unnecessary appointments and travel, and redirect to other service points if needed to ensure priority is respected

Waiting list review will continue in the next fiscal year with a thorough analysis of the situation to improve process and quality assurance across the organization.



Number of appointments needing review

CRDS

The mission of the CRDS (*Centre de répartition des demandes de service*, Service Request Distribution Centre) is to facilitate the work of front-line family physicians by guaranteeing their patients access to specialized services. It also assures medical specialists that the request is complete, appropriately prioritized and addressed to the right point of service. The CRDS nurse does a triage based on the patient's condition, priority and available services, then prioritizes appropriate services in our region (in person or by telehealth). If the service is not available in the patient's CRDS region, the consultation request is sent to the nearest region where the required specialty is available, while respecting our service corridors. The CRDS Eeyou Istchee will be part of the Regional Appointment Centre.



Consultations managed by the CRDS Eeyou Istchee in 2019-20

During the COVID-19 pandemic, Specialized Services prepared a contingency plan with the recommendations of DMAS and Public Health. Specialized services continued through telehealth since in-person visits were cancelled for an undetermined period. The department continues to ensure safe delivery of services to the population, while limiting the risk of COVID-19 transmission in the territory, and has been proactive in this pandemic, providing replacement services to the population.

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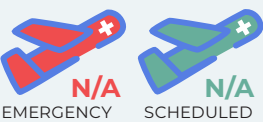


CHISASIBI

	Population		
awash 0-9 ¹	923	▼	2.2%
uschiniichisuu 10-29	1,804	▲	2.0%
chishaayiyuu 30+	2,193	▲	3.0%
TOTAL ²	4,920	▲	1.6%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 347 Inuit, Métis and/or non-aboriginals.
3. In Chisasibi, many clinical services are offered at the hospital. See page 63.

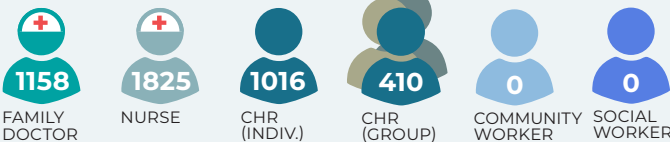
Medical Evacuations



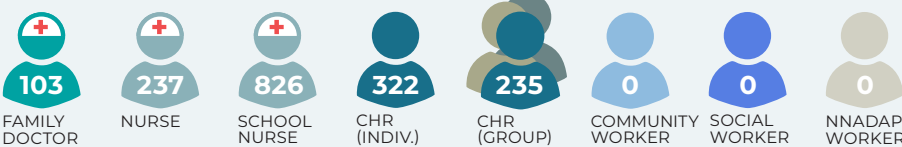
Current Services



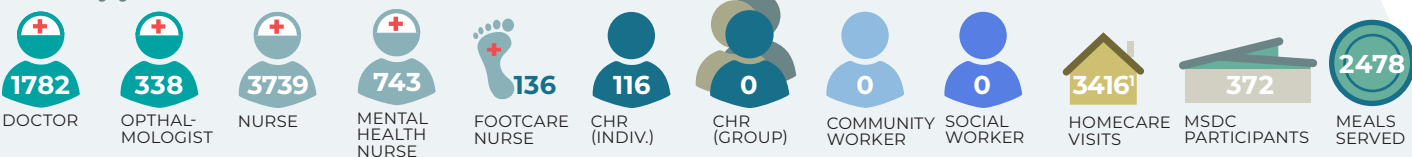
Awash



Uschiniichisuu



Chishaayiyuu



1. Male only

The Chisasibi CMC reached a significant milestone as all services moved to the new facility at 21 Maamuu, marking the first time all services have been housed together under one roof and enhancing the team’s capacity to work collectively with clients. The new site also serves as a pilot for Southcentral Foundation’s relationship-based model of care. The building’s entrance has a quick-touch survey to help the team track client satisfaction and a blood pressure monitoring station so clients can monitor their own blood pressure; the station provides parameters to inform clients whether they should discuss their blood pressure with a nurse or doctor.

The Awash unit welcomed 99 new babies in the past year, with 27 of these babies being born in Chisasibi, with midwifery services. Pregnant women in Chisasibi can chose to be followed by a doctor and/or nurse or by midwife—or by both, if they prefer.

The Uschinichisuu unit has focused heavily on outreach, aiming to connect with clients who do not engage with the department’s services. The unit has a new coordinator who will take the lead in collaborating with external partners to structure effective outreach services. A tent has been set up to provide services in the evening and at night, and also to support awareness-raising about social distancing during the COVID-19 pandemic.

Chishaayiyuu experienced some challenges towards the end of the year as Elders who had been in long term care in the Chisasibi Hospital were transferred to the MSDC, and will likely remain there for some months. The team has continued to support telehealth, which is growing in use and popularity as clients become more familiar with it.

The Administration team introduced a new model for collecting statistics. New housecleaning policies were established, and trainings organized to support these. The pandemic required the hiring of new housekeeping staff, because of the MSDC’s shift to long-term care.

“Our new site at 21 Maamuu has a welcoming environment designed to facilitate the relationship-based approach of the Southcentral Foundation, which we are piloting,” says Jeannie Pelletier, local director of the Chisasibi CMC. “One of goals is to demystify health. We want the client to tell us how they feel about their health, and what they want to achieve.”

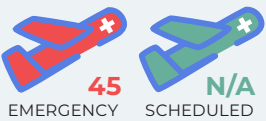


EASTMAIN

	Population		
awash 0-9 ¹	174	▼	6.5%
uschiniichisuu 10-29	306	▲	3.7%
chishaayiyuu 30+	382	▲	3.8%
TOTAL ²	862	▲	1.5%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 25 Inuit, Métis and/or non-aboriginals.

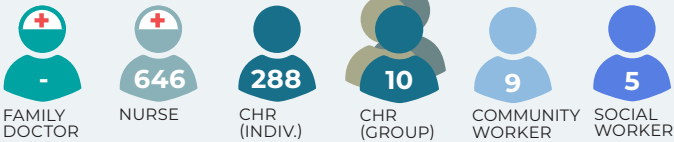
Medical Evacuations



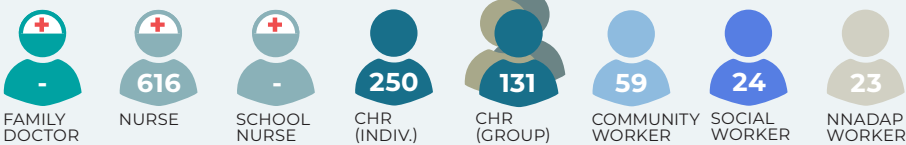
Current Services



Awash



Uschiniichisuu



Chishaayiyuu



Medical coverage through Current Services/ Chishaayiyuu remains at full capacity, enabling effective community follow-ups. The nursing staff includes one assistant head nurse and three permanent full-time current nurses. The Chishaayiyuu nurse works with the CHR to meet the needs of clients with diabetes or renal disease. Telehealth services have become important for psychosocial therapy and counselling, psychiatry, nephrology and ophthalmology, and have deceased patient travel to the south. Dental Services has a permanent full-time and a permanent part-time dentist, and one permanent dental hygienist, which has a positive impact on dental services in Eastmain. The Pharmacy’s assistant technician is in place, making the pharmacy more efficient.

The Home Care program serves 20 clients; the program has two vacant nursing positions which, once filled, will stabilize the team. The MSDC serves 21 clients. The department has been without a nutritionist since February 2019, and is looking at ways to support this need.

The Awash/Uschiniichisuu team continues to address issues affecting family, children and youth, and has worked on building communications with community partners, including the Cree Nation of Eastmain and other local entities. Special Needs and Mental Health areas have been further developed. A Youth Diabetes team has been established to focus on this issue and is now creating an action plan addressing this concern.

Administration staff have received training to improve efficiency. Six new staff housing units have been completed, and external renovations to another two units have also been completed. Plans to develop the capacity of the staff and to address administration needs are in process.

“The hard work and dedication of our Chishaayiyuu chronic diseases nurse, Claudine Haché, has helped prevent and decrease complications in our clientele with diabetes and renal disease,” says Rita Gilpin, the CMC local director. “She is a true leader of her team, whose activities have extended to the Uschiniichisuu diabetes program and weekly walk challenge, encouraging the population to embrace healthy lifestyles.”



MISTISSINI

	Population		
awash 0-9 ¹	644	▼	0.7%
Uschiniichisuu 10-29	1,491	▲	3.0%
Chishaayiyuu 30+	1,839	▲	3.6%
TOTAL²	3,974	▲	2.6%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 161 Inuit, Métis and/or non-aboriginals.

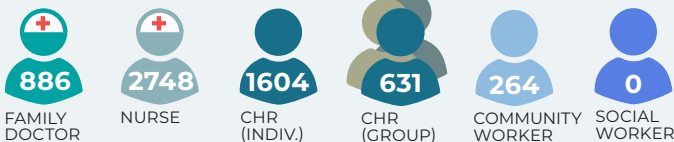
Medical Evacuations



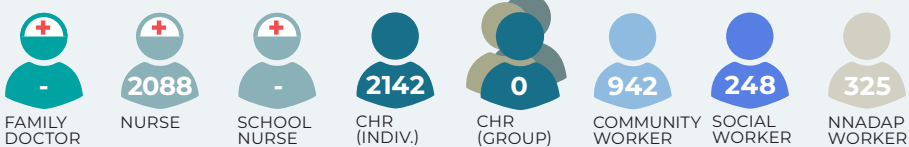
Current Services



Awash



Uschiniichisuu



Chishaayiyuu



Mistissini’s management team meets frequently and regularly to find solutions to CMC problems and issues. This past year saw extended hours implemented at the CMC and the pharmacy, now open evenings and weekends. The CMC is implementing the Electronic Medical Records pilot project. The use of telehealth has increased, and is being employed for a number of services. The Youth and Family Empowerment Pilot Project, a collaboration with the Mistissini Cree Nation, is underway, and the Youth Council has sponsored two local youth assemblies to promote empowerment. The CMC has begun implementing the CMC – Youth Protection protocol.

Current Services now has a psychosocial team and a psychosocial on-call service for evenings and weekends. The hemodialysis clinic is at full capacity. Current Services supports the radiology team and the laboratory, and has seen an increased number of specialist visits this year.

The Awash unit welcomed 71 births. The Awash team aims to enhance its support for mothers and their children by strengthening front-line services and increasing client outreach this coming year. The annual Awash Fair in June was a success, with 73 participants.

Uschiniichisuu highlights include providing frequent outreach for youth in the summer and during the Christmas holidays. Uschiniichisuu’s supports for youth also include nurses who meet clients for medical issues and a mental health nurse who works closely with the social team.

The Chishaayiyuu unit’s services and programs focus in particular on chronic diseases, diabetes, special needs and elders; the team also assists specialists visiting Mistissini. The MSDC provides services and programs to Elders and special needs clients, and its Meals on Wheels program continues. The Homecare program has about seventy clients.

In the Administration unit, responsibility for housing and transits has been moved to the Material and Resources Department in Chisasi-bi. This past year maintenance workers received equipment and vehicles to support their activities. Numerous trainings were held, including for housekeeping staff, which was especially helpful when the COVID pandemic hit.

“We have a good connection with the Cree Nation of Mistissini and other entities, and we're working together to address a lot of community issues,” says local director Alan Moar. “The Youth and Family Empowerment Project is a good example. The Youth Council organized two assemblies, showing that our young people are interested in exploring what empowerment means to them.”



	Population		
awash 0-9 ¹	173	▼	2.3%
uschiniichisuu 10-29	276	▲	2.2%
chishaayiyuu 30+	403	▲	2.5%
TOTAL²	852	▲	1.4%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 15 Inuit, Métis and/or non-aboriginals.

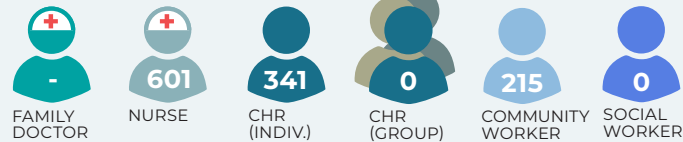
Medical Evacuations



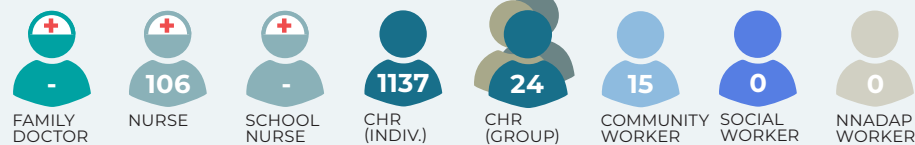
Current Services



Awash



Uschiniichisuu



Chishaayiyuu



The Nemaska CMC was able to fill all coordinator positions this past year, completing the full management team.

The Awash/Uschiniichisuu unit welcomed 18 babies this past year. The Awash team continuously works with new mothers through the well-baby clinic, supporting young parents. With the efforts of Community Workers and through Jordan’s Principle funding, Art Therapy sessions were offered for school age children and youth. There were a number of activities and initiatives promoting healthy eating, including workshops and information booths. Other initiatives targeted road and bicycle safety, diabetes awareness, and addiction awareness. Many of these initiatives were collaborations with other local and regional entities. The Maamuu Upimchinnaausuutau Program gathering, “Sharing our Traditional Knowledge and Skills,” was held in December—a collaboration between the Maamuu Committee, the community organizer, community elders, the Cree Nation of Nemaska, and the Cultural and Wellness Departments. Staff benefitted from À Mashkûpimâtsit Awash training in February. Other highlights include the hiring of an Awash nurse in May 2019 and a school nurse in September 2019, and a social worker has also been hired to start in August 2020.

In March Nemaska had the first COVID-19 cases in Eeyou Istchee, from travellers arriving from out of the country. Careful planning, effective collaboration with the Cree Nation of Nemaska and other entities, and the cooperation of the individuals involved, ensured that the disease was contained, and everyone recovered.

Telehealth services have grown in the past year, especially psychosocial services, which has proven especially helpful in adapting to COVID.

The Administration unit hosted a number of trainings this past year, in Virtuo, infection control and prevention, and housekeeping. Six new housing units are being constructed and should be completed this summer, enabling the CMC to hire additional personnel. Two new vehicles were received, an adapted bus for the MSDC and a compact SUV for the CMC.

“We had the first COVID-19 cases in Eeyou Istchee, but we were prepared as we had already connected with other community leaders to plan what we would do if COVID appeared here. So it was challenging but we had a good collaborative approach,” says local director Beatrice Trapper. “I think this also helped the other communities plan the strategy on how to manage outbreaks. It was a learning experience and opened my eyes to see how we could collaborate and provide services better.”

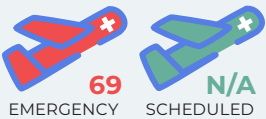
OUJÉ-BOUGOUMOU

	Population		
awash 0-9 ¹	172	▼	2.3%
uschiniichisuu 10-29	348	▲	0.5%
chishaayiyuu 30+	343	▲	3.3%
TOTAL²	863	▲	1.1%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 15 Inuit, Métis and/or non-aboriginals.

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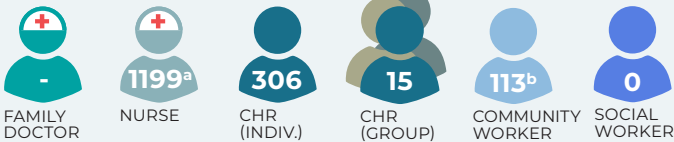
Medical Evacuations



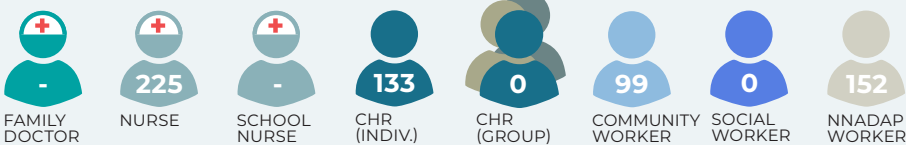
Current Services



Awash



Uschiniichisuu



Chishaayiyuu



a. Combined curative and vaccination
b. Combined individual and group activities

The CMC has experienced significant turn over in the nursing team, as almost half of the nursing team (6 out of 13) have resigned, retired, or gone on leave.

The Awash & Uschinichisuu unit added the food security program, food baskets, and prenatal classes to its programs. Family-oriented programs include Eenou Awaash Piimaatsiwin College, an 8-week session which supports parents with children 0-5 years old. This project is a partnership with Head Start and the local Wellness Department. A parent support group meets monthly for families with pre-teens and teenagers; group discussions focus on healthy eating, personal organization, and similar topics. The breakfast club ran from the beginning of the school year until the pandemic, and then, in collaboration with community partners, continued to support low-income families. Wabin-Juksh Summer Camp is in its 4th year of providing services for children with special needs. NNADAP supported clients and families requiring assistance in in addressing addictions; monthly AA meetings were held, and National Addictions Awareness Week featured a community walk and celebration. A social worker for school-aged clientele was hired. The psycho-educator and speech & language pathologist are on leave, which constrains some services.

The Current Services/Chishaayiyuu nursing team experienced substantial turnover this past year. However, a social worker and an occupational therapist were recruited as fulltime employees. The physician provides medical coverage 45 weeks of the year, and the psychiatrist visited twice. There was a slight decrease in patient visits to the physician, while community workers saw an increase in individual consultations. The gradual integration of telehealth is enabling the community to adapt to this new technology. Current services saw 6707 clients, 397 fewer than last year. The MSDC saw an increase of 90 participants for a total of 293. Professional services included visits from the psychiatrist, pediatrician, gynecologist, and psychologist.

Staff participated in many activities, workshops and trainings related to their field of work.

The Administration unit’s achievements include the completion of two triplex staff housing units, with another on the way. The transit has an 88% occupancy rate. Network capacity is at maximum with many disruptions over the year, so this issue must be addressed. Additional housekeepers and drivers are also needed to effectively perform our services.

“Our CMC has experienced significant changes with the fluctuations of professionals, and so our para-professionals have been vital,” says local director Louise Wapachee. “Thanks to them, we have continued to have a strong and stable workforce and I commend their commitment and vitality!”

79

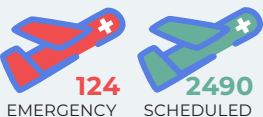


WASKAGANISH

	Population		
awash 0-9 ¹	531	▲	0.7%
uschiniichisuu 10-29	928	▲	2.3%
chishaayiyuu 30+	1,050	▲	1.2%
TOTAL ²	2,509	▲	1.5%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 85 Inuit, Métis and/or non-aboriginals.

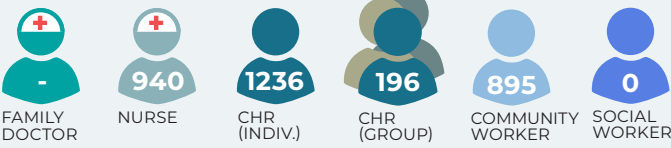
Medical Evacuations



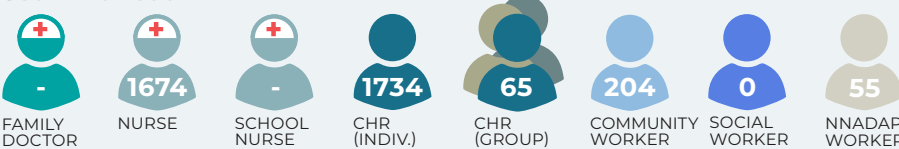
Current Services



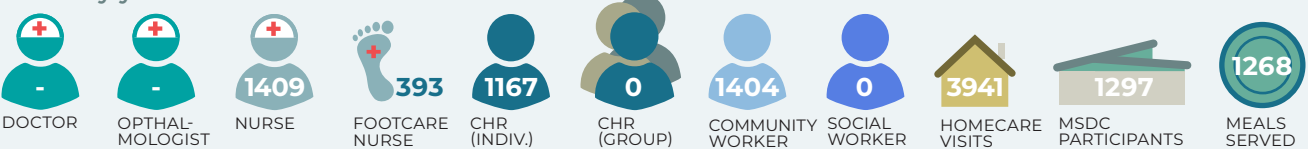
Awash



Uschiniichisuu



Chishaayiyuu



1. Combined walk-in/follow-ups

The Current Services nursing team remains strong and is stabilizing after a larger than normal number of staff changes. Some development nursing positions have been introduced and are being filled. The physician services team is stabilizing and had a full schedule this year; the integration of a third physician enabled the team to provide excellent service.

The Awash unit welcomed 61 babies. Two Awash nurses and one Awash head nurse were hired, as was an NNADAP worker in July. The Awash team has worked with community partners on group activities such as parenting workshops, a breastfeeding calendar and the anti-smoking campaign.

The Uschinichisuu school nurse faced challenges with suicidal ideation among the secondary students, which led to a Suicide Training among the Community partners this year.

Robin’s Nest is experiencing a challenging transitional phase. Employees were trained in suicide intervention skills and mental health first aid, but the management team and front-line workers would benefit from a more comprehensive orientation.

In Chishaayiyuu, the nutritionist continues to host workshops, and has been presenting baby food making and nutritious snacks for young parents, including some fathers. In March, she collaborated with the Cree Nation of Waskaganish and the Wellness Society as one of the leads in the Food Security Program. The psycho-educator continues to work with the Social Services team, the special needs educator, the occupational therapist and the school CHR to consult and provide programming; she also collaborates with the guidance counsel-

ling units of the primary and secondary schools and the child care centres to assist with special needs education programs. The rehabilitation team has been busy with key issues, including chronic diseases, and have become increasingly focused on home adaptation and palliative care. The team works with the elderly and cognitively challenged in both the MSDC and the home care program, and has been busy as the population is aging. The lack of referral centres for respite care presents a major challenge. The MSDC team provides a day program for 8 to 11 clients, and continues to recruit new clients and offer services to the community at large.

The Administration unit’s housekeeping team added a temporary employee during the pandemic and recently received training on provincial standards. A newly received fleet of vehicles ensures that transportation needs of workers and clientele are met. Housing remains a challenge, as the housing acquired two years ago filled quickly.

“Everything has been steady here in Waskaganish,” says local director Bert Blackned. “Our teams have been working well together and with our community partners.”



WASWANIPi

	Population		
awash 0-9 ¹	418	▼	4.8%
Uschiniichisuu 10-29	811	▲	2.3%
Chishaayiyuu 30+	853	▲	1.4%
TOTAL²	2,082	▲	0.4%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 20 Inuit, Métis and/or non-aboriginals.

Medical Evacuations

156
EMERGENCY

13,111
SCHEDULED

Current Services

1033
FAMILY DOCTOR

114
SPECIALIST MD

44
OTHER SPECIALIST

7079
NURSE (WALK-IN)

5167
NURSE (MED. REFILL)

Awash

-
FAMILY DOCTOR

959
NURSE

953
CHR (INDIV.)

0
CHR (GROUP)

291
COMMUNITY WORKER

140
SOCIAL WORKER

Uschiniichisuu

-
FAMILY DOCTOR

18
NURSE

-
SCHOOL NURSE

0
CHR (INDIV.)

0
CHR (GROUP)

166
COMMUNITY WORKER

0
SOCIAL WORKER

97
NNADAP WORKER

Chishaayiyuu

-
DOCTOR

-
OPHTHALMOLOGIST

3263
NURSE

115
FOOTCARE NURSE

1081
CHR (INDIV.)

0
CHR (GROUP)

345
COMMUNITY WORKER

0
SOCIAL WORKER

1978
HOMECARE VISITS

2003
MSDC PARTICIPANTS

6190
MEALS SERVED

Waswanipi hosted its first local diabetes conference in the first week of December 2019. The two-day event included presentations, activities and workshops on diabetes management and awareness, as well as on nutrition, physical activity, and other related topics.

Waswanipi’s Current Services/Chishaayiyuu unit launched the home hemodialysis pilot project this year with the first dialysis candidate receiving treatment at home on November 25, 2019, making history as the first in-home dialysis user in Quebec. This project, a collaboration between the CBHSSJB, the Cree Nation of Waswanipi and the Montreal General Hospital, will assess the feasibility of home dialysis for eligible clients. Currently two community members are using home dialysis. Several other clients were also identified as good candidates for the project, but their training in home dialysis was suspended due to the COVID-19 pandemic; this training will resume once it is safe to do so.

The Ashuukin Services Elders Home project continues, with a current focus on developing the governance structure; this project is a collaboration with the Cree Nation of Waswanipi. The home will be a 9-bed facility for people who require social placement according to criteria established by the working group.

One notable consequence of the COVID lockdown is that the clinic saw an increase in telephone calls for health information and in attendance at appointments. This suggests that people are taking a more active interest in their own health, which, despite the unfortunate circumstances, is a positive response.

The coordinator of Awash/Uschiniichisuu retired this past year; her replacement has recently been hired and is expected to join the team in July 2020. The *Â Mashkûpimâtsît Awash/Well Baby Clinic* continues to provide support to mothers and children, while the Miiwat project, in partnership with Nishiiyuu, is going well. The *Awemiiniwaachihisuunanouch* “Desire to Heal” pilot project continues its outreach work with youth. Once this project is completed on August 31, the CMC hopes to staff the positions on a full time basis, as the current workers have been very innovative in their efforts to engage youth. After COVID-19 appeared, they began developing harm reduction activities as well as promoting fitness, social development and healthy living that could be carried out following physical distancing measures: for instance, by organizing activities such as archery.

“The local diabetes conference was a big deal, not only for our community, but even within the Cree Health Board,” says CMC local director E. Virginia Wabano. “These are initiatives that that they would like to see happening in communities across Eeyou Istchee.”



WEMINDJI

	Population		
awash 0-9 ¹	256	▼	4.8%
uschiniichisuu 10-29	541	▲	1.9%
chishaayiyuu 30+	785	▲	3.7%
TOTAL ²	1,582	▲	1.6%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 75 Inuit, Métis and/or non-aboriginals.

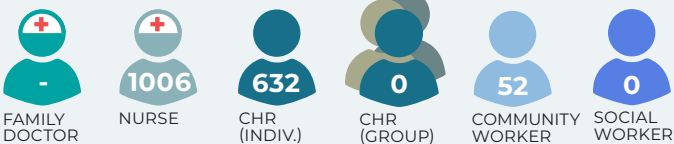
Medical Evacuations



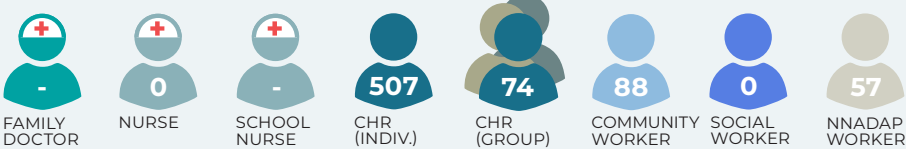
Current Services



Awash



Uschiniichisuu



Chishaayiyuu



The Wemindji Willie Matches Memorial CMC welcomed its new interim local director, Rachel Danyluk, in January.

The Awash/Uschiniichisuu unit welcomed 29 new babies this year. Despite facing many challenges to service delivery due to staffing shortages, the team was fortunate to gain a permanent Awash nurse. Special Needs staff worked hard to create new services and tools for children with disabilities and their parents, including applications for Jordan’s Principle, the creation of a Goose Break package for developmental stimulation, and the planning and preparation for a parent support group. The Uschiniichisuu CHRs worked on a variety of promotion and prevention activities for youth. The main goal for the coming year is to get the Youth Clinic up and running again.

The Chishaayiyuu team added a social worker in October, and in November saw two students graduate from the dental assistant program to be certified dental assistants. The community had its first internal medicine visit in January, and looks forward to regular visits from specialists.

The Administration team organized a number of trainings, including ASIST suicide prevention training, Mental Health First Aid, “Kiniwaapimi-isuutaa – Let’s Reflect on Ourselves” training to address workplace harassment, and “Communication and Etiquette” training.

In December the community held a candlelight vigil for George He, whose time working as a nurse in Wemindji had won him many friends.

[George He tribute]

“I arrived in Wemindji as the interim local director at the beginning of January and have now been oriented to the position,” says Rachel Danyluk. “I been working as a nurse for 21 years, including 18 years in the Home & Community Care Program in Mississauga. I graduated from the Cree Succession program in 2020.”

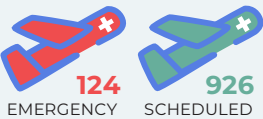


WHAPMAGOOSTUI

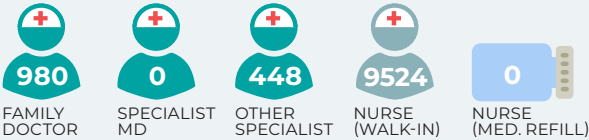
	Population		
awash 0-9 ¹	206	▼	3.3%
uschiniichisuu 10-29	405	▲	0.2%
chishaayiyuu 30+	425	▲	2.7%
TOTAL²	1,036	▲	0.5%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths numbers.
2. Does not include 90 Inuit, Métis and/or non-aboriginals.

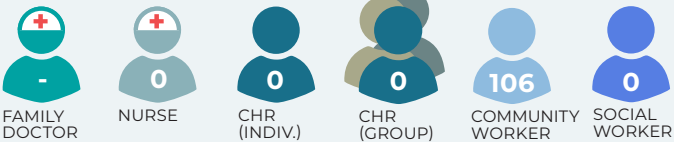
Medical Evacuations



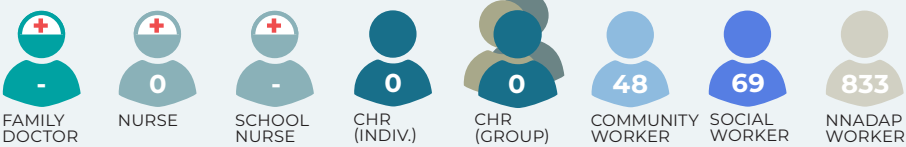
Current Services



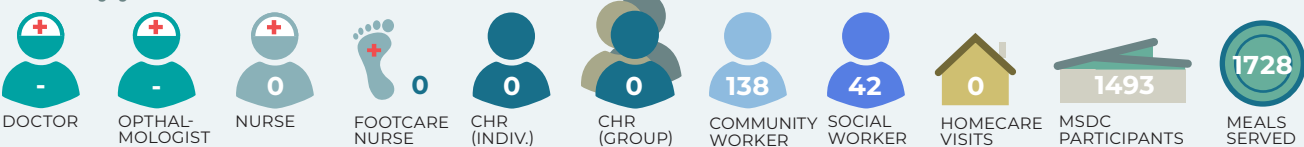
Awash



Uschiniichisuu



Chishaayiyuu



The Whapmagoostui CMC welcomed a new local director, Hannah Kawapit, in November. The team is still working to fill three coordinator positions.

The Whapmagoostui Healing Conference, entitled “Families Empowerment & Suicide Prevention,” was held from March 9-13, 2020. The conference, a collaboration with the Whapmagoostui First Nation, focussed on healing workshops and one-on-sessions, and also invited people to physiotherapy, reflexology and acupuncture sessions with community members.

The Current Services/Chishaayiyuu team launched a major building clean-up in the fall, and reviewed the organization of some services. The team has hosted a number of workshops in such areas as nutrition and healthy cooking, and ran a diabetes survey in February. The team has also organized awareness-raising walks on diabetes and violence against women.

A cultural calendar of events helps keep Elders mentally and physically active. Once a year the team runs a major clean-up service for some Elders who live alone and don’t have anyone to help them around the house. When the COVID-19 pandemic started the team began a Meals on Wheels program.

A tuberculosis testing initiative, a collaboration with the Inuit community of Kuujjuarapik, began testing individuals in the fall.

In addition to providing support for young children and families, the Awash team collaborates with and participates in programs with the Whapmagoostui First Nation and other entities, including programs at Minnie’s Hope Centre, which provides social pediatrics programming.

The Administration team acquired new vehicles, including an adapted van for Elders and another vehicle for operations. The team organized trainings to support staff in a range of areas. A medical bush kit training pilot project took place, and has been evaluated.

“We’re working to improve programs and services,” says Hannah Kawapit, the new local director in Whapmagoostui. “We want to get all our programs to full capacity, from housekeeping and cleaning to professional services.”

[illegible]

ADMINISTRATIVE SERVICES

uchi misiinihiichaasuuwiiyich misiwaa
aapitisiistaahch chaa chi wiichihaakaanuuwiiyich
aapitishisuu kiya chaa chi wiichihiwaapiiyich
misiwaa aapitisiwiinh. iiyiyu aapitisiwiin,
shuuyaansiinahiikanh, naaniitiwaapihchiikanh,
chaakwaan aat chistaapithch aapitisiwiiniyich
wiihch, waaskaahiikaanh, kiya wiichihiituwiin aa
kiniwaahiitaakuhch, (utakushiwiiyich aachiwiihch
kiniwaayitaakushiyyich).

The Administrative Services Group provides essential regional support functions to the organization. It includes Human Resources, Financial Resources, Information Technology Resources, Material Resources and Wiichihiituwinn (formerly Cree Patient Services).

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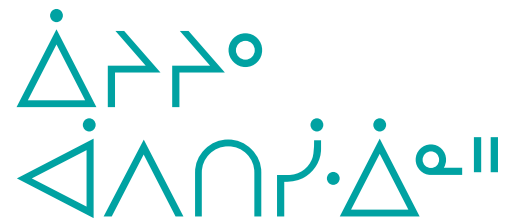
EXECUTIVE SUMMARY

Quickly changing travel and self-isolation restrictions put front-line services at risk. To answer the deluge of questions, HR put in place a dedicated email address and launched an Employee Bulletin focussed on COVID-19.

With the arrival of a new Director of IT, Administrative Services now has stable leadership in place, which will help departments address what promises to be another challenging year.



Lilliane Groleau
Assistant Executive Director



iiyiyiu aapitisiwiinh

HUMAN RESOURCES

The Human Resources Department has expanded over the past year, with six units now in place to provide structured, professional and practice-based services to the various departments and employees.

Compensation and Benefits has been restructured to better serve employees. A general e-mail was created to respond to employee queries: 18TCR.HREmployees@ssss.gouv.qc.ca.

Labour Relations advisors visited almost every community this year to provide support and build trust with clients and employees as part of the Let's Reflect on Ourselves campaign on workplace relations, with many requests for help in resolving workplace conflicts.

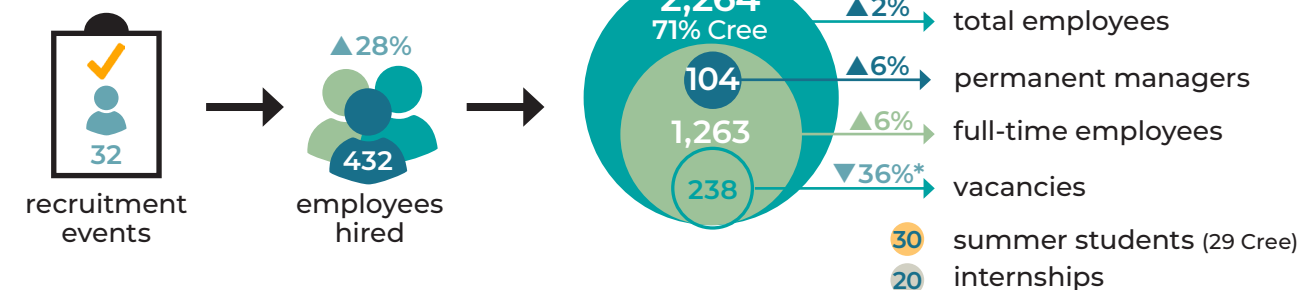
Health & Safety formed a new joint committee to ensure a healthy work environment for all employees, and was responsible for a successful 2019 flu vaccination campaign for employees. As the COVID-19 virus began to spread, the unit conducted a massive exercise to fit-test front-line staff for N-95 medical masks.

The **Staffing** unit's Summer Student program encourages Cree students to acquire skills and knowledge in health and social services. It aims to maintain contact with the students, with the hope of recruiting them after graduation.

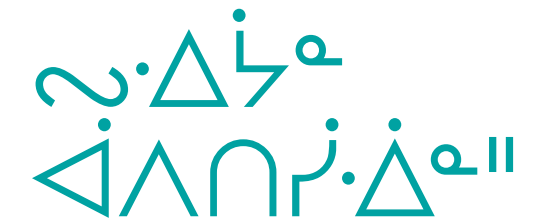


In early 2020, nurses, doctors, technicians and other staff who work directly with patients were fitted with N-95 masks as part of region-wide efforts to protect the population from the spread of COVID-19.

STAFFING



* Since 2017-2018



shuwiyaan aapitisiwiinh

FINANCIAL RESOURCES

The Financial Resources team continued its efforts to improve the quality and efficiency of the services it provides. One approach to achieve this end involved reorganizing our structure at the level of the procurement staff, which allowed the creation of two positions of procurement officer.

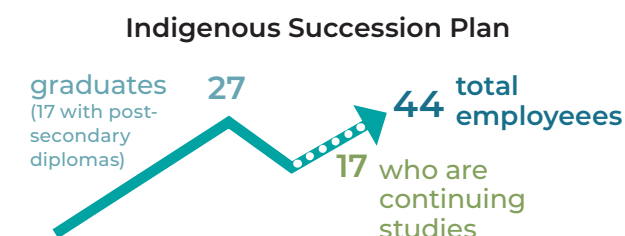
The Procurement unit successfully centralized ordering and warehousing activities related to the COVID-19 in Mistissini. This major project was carried out in collaboration with the Material Resources Department and Mistissini CMC.

Finally, the Cree Non-Insured Health Benefits (CNIHB) team continue to work in committee to review all policies and procedures associated with non-insured health benefits in order to propose a CNIHB Program Framework to the MSSS. The Board of Directors approved the CNIHB Program Framework in December 2019.

With close to 1,000 employees on the Recall List to provide temporary replacements, the unit is developing an integrated replacement planning and management system to allow for greater efficiency and fluidity in replacements.

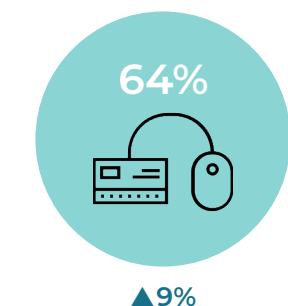
The mandate of the Human Resources Development team is to deploy a training plan that respects Cree culture, with the unit offering 250 training sessions in 2019-20.

The HRD team also continued to promote the Indigenous Succession Plan to enable employees to move into key roles within the organization. The unit is working with the Cree School Board to develop educational programs based on current and developing hiring needs.



The team is also developing a Performance Appraisal Program to enable employees and managers to take stock of work performance and the development objectives targeted by employees.

Payments by electronic transfer



naanituuhwaapichikan naanituuhchischaayihtimuwin
INFORMATION TECHNOLOGY RESOURCES

The department objectives are linked to the Strategic Regional Plan and critical to the expansion of health care services in Eeyou Istchee. The department maintains a complex IT infrastructure that enables the CBHSSJB to meet local needs and align with CBHSSJB and MSSS objectives.

The Service Centre is the gateway for all requests for support regarding the use or maintenance of assets in our network. Information security plays a role in maintaining user confidence. With more services moving online, the IT department is focused on preserving the security of the infrastructure, including patient data and other confidential records.

The COVID-19 pandemic highlighted the importance of stable and reliable technology and timely technical help. In response to the urgent need to communicate to the population at large, IT set up new toll-free telephone lines—the COVID-19 Info-line and the Wiichihiwaauwin Helpline. With staff working from home and unable to meet clients and colleagues, the IT department rapidly deployed Zoom and the infrastructure needed to enable all healthcare workers to continue to provide specialized, non-specialized, administrative and support services during a particularly stressful time.



**Wiichihiiwaauiin Helpline
833-632-4357 (HELP)**

- Upgrading and replacing servers for Nemaska Clinic
- Point of Sales (POS) deployment in all community pharmacies
- Airport direct line phone to answer questions from Wiichihiituuwin clients—Chisasibi pilot project, eventually in all airports

OCT 2019 - MAR 2020

7,271



chaakwaan aahaapitichistaakinuwiyich chaa chi miywaapitishiinaanuwiyich

MATERIAL RESOURCES

In recent years, MRD has overseen the construction and maintenance of critical infrastructure, including Robin's Nest women's shelters, new CMCs and residential housing. 2020 saw the inauguration of Mistissini's new Youth Custody Centre. A new CMC was completed in Chisasibi and the Ushiniichisuu and Awash departments have moved in. All construction projects were put on hold during the pandemic. New construction sector regulations and workplace restrictions to prevent the spread of COVID-19 will require MRD to adapt as it moves ahead. Presently we can only work with local contractors (structure carpentry and civil work). In the North there is a lack of specialized labour (ventilation, refrigeration, electricity, instrumentation) which is needed in all construction.

During COVID-19, MRD procured and purchased secondary sites, equipment and storage, and negative pressure rooms, trained personnel in health and hygiene, cleaning methodologies and security detail.

- Regional hospital in Chisasibi (2025)
- CMCs in Waskaganish, Oujé-Bougoumou and Wapmagoostui
- Birthing Home in Chisasibi
- Land-based healing centres
- 80 transit units in Chisasibi
- Multi-unit housing in Nemaska and Oujé-Bougoumou
- Elders' Home

PLANNED		SPENT		MAINTAINED	
\$174 million capital projects	\$1.6 million construction and renovation projects	\$1.37 million new and upgraded non-medical equipment	\$400,000 medical equipment	587 lodging units	50 clinical administrative buildings



Architectural plan for birthing home in Chisasib



WIICHIHIITUWIN

Wiichihiituwinn—to help one another—links clients to medical and social services that are not available to the population in Eeyou Istchee. The department coordinates travel, accommodation, local transportation, meals and appointments for thousands of clients in four service hubs: Chibougamau, Chisasibi, Montreal and Val-d’Or. The Department also collaborates with other institutions in the Quebec health system, particularly in Montreal, Nord-du-Québec and Rouyn Noranda.

The COVID-19 pandemic required Wiichihiituwinn to make rapid service changes. All but non-essential appointments were postponed and converted to tele-health via phone. Community kitchens and other common spaces were closed, clients and escorts who could not postpone treatment were obliged to self-isolate during their stay down south. The Espresso Hotel in Montreal and Continental Hotel in Val d’Or created zones on separate floors to help protect the most vulnerable clients from potential exposure. Although Wiichihiituwinn’s team managed COVID positive patients, the team’s collaboration at all four locations and the cooperation of clients helped reduce the risk of transmission.

WIICHIHIITUWIN PATIENTS & ESCORTS



PATIENTS
21,704



ESCORTS
10,683

a decrease of 6.4% due to the cancellation of all but essential medical appointments.

Note: Numbers refers to arrivals in all service locations

2019-20 HIGHLIGHTS

- Business process analyst engaged to advise on logistical efficiency
- New nurse advisor to monitor patient services, and several new projects dedicated to patients living outside Eeyou Istchee
- Working group to tackle persistent and costly problem of no-shows for scheduled charter flights; fear of contracting COVID-19 led to many no-shows, despite efforts to reassure the public regarding precautionary measures in place
- Steps were taken to review service proposals for lodging clients in Val-d’Or to ensure the best quality of service
- Wiichihiituwinn new team members:
 - Social worker providing exclusive services to youth under 18 years of age from the Montreal Children's Hospital
 - Oncology pivot nurse for Cree clientele in the Royal Victoria, ensuring cancer patients and families receive the support they need
 - Coordinator to support administration of two offices in Val-d’Or and Chibougamau
 - Coordinator to support Espresso and the Chisasibi team



WIICHIHIITUWIN ARRIVALS FOR MEDICAL APPOINTMENTS



VAL-D’OR **12,510** (▼8.5%)



MONTREAL **19,911** (▲13.2%)



CHIBOUGAMAU **7785** (▲5.0%)



CHISASIBI **1008** (▼51.2%)

TOTAL **41,214**(▲1.1%)



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shuuyaana

FINANCIAL SERVICES

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

BREAKDOWN OF GROSS EXPENSES BY PROGRAM

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	\$2,580,286	0.89%	\$2,074,491	0.79%
General Services - Clinical and Assistance Activities	18,437,880	6.37%	18,578,708	7.08%
Support for Autonomy of the Elderly	5,740,872	1.98%	5,324,644	2.03%
Physical Disability	8,148,970	2.81%	7,652,320	2.92%
Intellectual Disability and Autism Spectrum Disorders (ASD)	47,409	0.02%	49,106	0.02%
Youth in Difficulty	25,426,117	8.78%	19,402,464	7.40%
Dependencies	504,293	0.17%	494,599	0.19%
Mental Health	4,133,097	1.42%	4,035,161	1.54%
Physical Health	141,503,689	48.85%	129,205,886	49.25%
Support Programs				
Administration	42,420,449	14.64%	38,302,197	14.59%
Support to Services	11,543,593	3.99%	10,839,698	4.13%
Management of Buildings and Equipment	29,202,851	10.08%	26,400,457	10.06%
TOTAL	\$289,669,506	100.00%	\$262,359,731	100.00%

BUDGETARY
BALANCE

Under sections 3 and 4 of the Act to provide for balanced budgets in the public health and social services network (CQLR, chapter E-12.0001). The Cree Board of Health and Social Services of James Bay shows a surplus of \$ 505 015, therefore respected this legal obligation.

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2020

		Budget	Operations Cur. Yr. (R.of P358 C4)	Capital Assets Current Yr. (Note 1)	Current Year Total C2 + C3	Prior Yr. Total
		1	2	3	4	5
REVENUES						
MSSS Grants	1	284 533 332	289 677 233	11 144 564	300 821 797	269 205 398
Government of Canada	2	6 607 052	9 990 066		9 990 066	7 654 573
User contributions	3	700 000	713 998	XXXX	713 998	697 338
Sale of services and recoveries	4	1 270 568	2 035 030	XXXX	2 035 030	1 085 755
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	350 000	680 502		680 502	1 554 741
TOTAL (L.01 to L.11)	12	293 460 952	303 096 829	11 144 564	314 241 393	280 197 805

EXPENDITURES						
Salaries, benefits and payroll taxes	13	142 945 355	154 850 106	XXXX	154 850 106	138 646 685
Medications	14	12 750 000	14 710 363	XXXX	14 710 363	13 151 992
Blood products	15		182 690	XXXX	182 690	96 985
Medical and surgical supplies	16	4 725 600	4 710 781	XXXX	4 710 781	4 218 117
Food products	17	814 400	875 810	XXXX	875 810	805 776
Honoraria paid to non-instutional resources	18			XXXX		
Financial charges	19	8 512 578	2 479 202	4 664 507	7 143 709	7 711 933
Maintenance and repairs, including non-capital costs related to capital assets	20	5 164 960	3 634 198		3 634 198	3 055 180
Bad debt	21			XXXX		
Rent	22	6 709 054	6 993 533	XXXX	6 993 533	6 660 278
Capital asset depreciation	23	8 924 112	XXXX	9 022 208	9 022 208	7 942 616
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures	27	104 407 869	111 612 980		111 612 980	100 421 557
TOTAL (L.13 to L.27)	28	294 953 928	300 049 663	13 686 715	313 736 378	282 711 119
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)	29	(1 492 976)	3 047 166	(2 542 151)	505 015	(2 513 314)

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2020

		Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year
		1	2	3	4	5
REVENUES						
MSSS Grants	1	272 589 618	289 677 233		289 677 233	258 826 219
Government of Canada	2	6 607 052		9 990 066	9 990 066	7 654 573
User contributions	3	700 000	713 998	XXXX	713 998	697 338
Sale of services and recoveries	4	1 270 568	2 035 030	XXXX	2 035 030	1 085 755
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	350 000	290 411	390 091	680 502	1 554 741
TOTAL (L.01 to L.11)	12	281 517 238	292 716 672	10 380 157	303 096 829	269 818 626

EXPENDITURES						
Salaries, benefits and payroll taxes	13	142 945 355	148 356 083	6 494 023	154 850 106	138 646 685
Medications	14	12 750 000	14 710 363	XXXX	14 710 363	13 151 992
Blood products	15		182 690	XXXX	182 690	96 985
Medical and surgical supplies	16	4 725 600	4 710 781	XXXX	4 710 781	4 218 117
Food products	17	814 400	875 810	XXXX	875 810	805 776
Honoraria paid to non-instutional resources	18			XXXX		
Financial charges	19	4 000 000	2 479 202	XXXX	2 479 202	3 190 905
Maintenance and repairs, including non-capital costs related to capital assets	20	5 164 960	3 633 110	1 088	3 634 198	3 055 180
Bad debt	21					
Rent	22	6 709 054	6 979 002	14 531	6 993 533	6 660 278
Transfer expenses	23					
Other expenditures	24	104 407 869	107 742 465	3 870 515	111 612 980	100 421 557
TOTAL (L.13 to L.24)	25	281 517 238	289 669 506	10 380 157	300 049 663	270 247 475
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)	26	0	3 047 166	0	3 047 166	(428 849)

CBHSSJB

STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) | 31 MARCH 2020

		Operating fund	Capital assets Fund	Current Year	Prior Yr. Total
		Current year	Current year	Total (C1 +C2)	
		1	2	3	4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	1	5 339 068	35 062 626	40 401 694	42 915 008
Accounting changes with prior year restatement (specify)	2				
Accounting changes without prior year restatement (specify)	3				XXXX
ACCUMULATED SURPLUS (DEFICIT) BEGINNING ADJUSTED (L.01 to L.03)	4	5 339 068	35 062 626	40 401 694	42 915 008
SURPLUS (DEFICIT) FOR THE YEAR	5	3 047 166	(2 542 151)	505 015	(2 513 314)
Other changes:					
Inter-institution transfers (specify)	6				
Interfund transfers (specify)	7	(1 294 599)	1 294 599	0	
Other items applicable to private establishments under agreement (specify)	8		XXXX		
	9	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	10	(1 294 599)	1 294 599		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	11	7 091 635	33 815 074	40 906 709	40 401 694
Consisting of the following:					
External restrictions	12	XXXX	XXXX		
Internal restrictions	13	XXXX	XXXX	5 941 133	5 744 042
Unrestricted or Unrestricted balance (L.11 - L.12 - L.13)	14	XXXX	XXXX	34 965 576	34 657 652
TOTAL (L.12 to L.14)	15	XXXX	XXXX	40 906 709	40 401 694

CBHSSJB

STATEMENT OF FINANCIAL POSITION | 31 MARCH 2020

	FUND	General	Capital assets	Current Year Total	Prior Yr. Total
		1	2	(C1+C2)	3
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	15 271 539		15 271 539	5 021 732
Short-term investments	2				
Receivables - MSSS	3	137 763 855	1 306 472	139 070 327	188 029 464
Other receivables	4	5 953 671		5 953 671	6 603 599
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	17 791 073	(17 791 073)	0	
Grant receivable (deferred grants) - accounting reform	7	5 620 243	(21 113 012)	(15 492 769)	(14 729 114)
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX			
	10	XXXX	XXXX	XXXX	XXXX
	11	XXXX			
Other items	12	2 404 635		2 404 635	9 532 832
TOTAL FINANCIAL ASSETS (L1 to L12)	13	184 805 016	(37 597 613)	147 207 403	194 458 513
LIABILITIES					
Short-term debt	14	131 200 994	7 099 428	138 300 422	165 481 660
Accounts payable - MSSS	15				
Other accounts payable and accruals	16	31 443 653		31 443 653	34 388 837
Cash advances - decentralized envelopes	17	XXXX			
Accrued interest payable	18	165 847	1 306 473	1 472 320	1 601 929
Deferred revenue	19	6 179 198		6 179 198	6 405 247
	20	XXXX	XXXX	XXXX	XXXX
Long-term debts	21	XXXX	124 597 377	124 597 377	128 644 942
Liability for contaminated sites	22	XXXX			
Liability for employee future benefits	23	11 951 470	XXXX	11 951 470	10 144 863
	24	XXXX	XXXX	XXXX	XXXX
Other items	25	623 456		623 456	7 849 499
TOTAL LIABILITIES (L.14 to L.25)	26	181 564 618	133 003 278	314 567 896	354 516 977
NET FINANCIAL ASSETS (NET DEBT) (L.13 - L.26)	27	3 240 398	(170 600 891)	(167 360 493)	(160 058 464)
NON FINANCIAL ASSETS					
Capital assets	28	XXXX	204 415 965	204 415 965	196 970 647
Supply inventory	29	2 233 082	XXXX	2 233 082	2 039 700
Prepaid expenses	30	1 618 155		1 618 155	1 449 811
TOTAL NON FINANCIAL ASSETS (L.28 to L.30)	31	3 851 237	204 415 965	208 267 202	200 460 158
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT)	33	7 091 635	33 815 074	40 906 709	40 401 694

CBHSSJB

STATEMENT OF VARIANCE OF NET FINANCIAL ASSETS/DEBTS | 31 MARCH 2020

		Budget	General Fund	Capital Assets Fund	Total Current Yr. (C2+C3)	Total Prior Yr.
		1	2	3	4	5
NET FINANCIAL ASSETS (NET DEBT BEGINNING ALREADY ESTABLISHED)	1	(160 298 987)	1 849 557	(161 908 021)	(160 058 464)	(145 675 348)
Accounting changes with prior year restatement	2					
Accounting changes without prior year restatement	3					XXXX
NET FINANCIAL ASSETS (NET DEBT BEGINNING ADJUSTED (L.01 to L.03))	4	(160 298 987)	1 849 557	(161 908 021)	(160 058 464)	(145 675 348)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5	(1 492 976)	3 047 166	(2 542 151)	505 015	(2 513 314)
VARIANCE DUE TO CAPITAL ASSETS: Acquisitions	6	(20 000 000)	XXXX	(16 467 526)	(16 467 526)	(19 736 259)
Annual depreciation	7	8 924 112	XXXX	9 022 208	9 022 208	7 942 616
Gain/loss on disposal of assets	8		XXXX			
Proceeds of disposition	9	XXXX	XXXX	XXXX	XXXX	XXXX
Bad debts	10		XXXX			
Capital asset adjustments	11		XXXX			
	12	XXXX	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14	(11 075 888)	XXXX	(7 445 318)	(7 445 318)	(11 793 643)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES:	15	(2 100 000)	(2 233 082)	XXXX	(2 233 082)	(2 039 700)
Acquisition of supply inventory						
Acquisition of prepaid expenses	16	(1 700 000)	(1 618 155)		(1 618 155)	(1 672 658)
Use of supply inventory	17	2 039 700	2 039 700	XXXX	2 039 700	1 686 076
Use of prepaid expenses	18	1 449 811	1 449 811		1 449 811	1 950 123
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	19	(310 489)	(361 726)		(361 726)	(76 159)
Other variance in accumulated surplus (deficit)	20		(1 294 599)	1 294 599	0	
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21	(12 879 353)	1 390 841	(8 692 870)	(7 302 029)	(14 383 116)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)	22	(173 178 340)	3 240 398	(170 600 891)	(167 360 493)	(160 058 464)

CBHSSJB

CASH FLOW STATEMENT | 31 MARCH 2020

		Current Year 1	Prior Year 2
OPERATING ACTIVITIES			
Surplus (deficit) for the year	1	505 015	(2 513 314)
ITEMS NOT AFFECTING CASH FLOW			
Provision tied to portfolio investments and loan guarantees	2		
Supply inventory and prepaid expenses	3	(361 726)	(76 159)
Loss (gain) on disposal of capital assets	4		
Loss (gain) on disposal of portfolio investments	5		
Amortization of deferred revenue related to capital assets:			
- Government of Canada	6		
- Other	7		
Capital asset depreciation	8	9 022 208	7 942 616
Capital loss	9		
Amortization of debt issue costs and management	10		
Amortization of bond premium or discount	11		
MSSS grants	12	(6 480 060)	(5 858 151)
Other (specify)	13		
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.02 to L.13)	14	2 180 422	2 008 306
Changes in financial assets and liabilities related to operation	15	47 140 027	(5 522 243)
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.01 + L.14 + L.15)	16	49 825 464	(6 027 251)
CAPITAL ASSET INVESTMENT ACTIVITIES			
Cash outflow related to capital asset purchases	17	(15 590 569)	(21 927 016)
Proceeds of disposition of capital assets	18		
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.17 + L.18)	19	(15 590 569)	(21 927 016)
INVESTMENT ACTIVITIES			
Variance of short-term investments	20		
Portfolio investments (made)	21		
Proceeds of disposition of portfolio investments	22		
Portfolio investments (completed)	23		
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.20 to L.23)	24		

CBHSSJB
CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2020

		Current Year 1	Prior Year 2
FINANCING ACTIVITIES			
Long-term debts - Debts incurred	1		
Long-term debts - Debts repaid	2		
Capitalization of discounts and premium on debt instruments	3		
Variance of short-term debts - generated fund	4	(33 901 624)	19 794 649
Short-term debts incurred - capital asset fund	5	9 916 536	2 324 679
Short-term debts repaid - capital asset fund	6		
Variance from government sinking fund	7		
Other (specify P297)	8		
CASH FLOW RELATED TO FINANCING ACTIVITIES (L.01 to L.08)	9	(23 985 088)	22 119 328
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)	10	10 249 807	(5 834 939)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	11	5 021 732	10 856 671
CASH AND CASH EQUIVALENTS, END OF YEAR (L.10 + L.11)	12	15 271 539	5 021 732
CASH AND CASH EQUIVALENTS, END OF YEAR INCLUDING:			
Cash on hand	13	15 271 539	5 021 732
Short-term investments	14		
TOTAL (L.13 + L.14)	15	15 271 539	5 021 732

CBHSSJB
CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2020

		Current Year 1	Prior Year 2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:			
Receivables - MSSS	1	48 959 137	(8 683 569)
Other receivables	2	649 928	(3 191 015)
Cash advances to public institutions	3		
Grant receivable - accounting reform - employee future benefits	4		
Deferred debt issuance costs	5		
Other assets	6	7 128 197	(5 793 312)
Accounts payable - MSSS	7		
Other accounts payable and accruals	8	(3 822 141)	6 708 310
Cash advances - decentralized envelopes	9		
Accrued interest payable	10	(129 609)	278 196
Deferred revenue	11	(226 049)	(1 777 033)
Liability for contaminated sites	12		
Liability for employee future benefits	13	1 806 607	1 252 024
Other liability items	14	(7 226 043)	5 684 156
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.14)	15	47 140 027	(5 522 243)
OTHER INFORMATION:			
Capital asset acquisitions included in accounts payable as at March 31	16	2 541 083	1 664 126
Proceeds of disposition of capital assets included in receivables as at March 31	17		
Other items not affecting cash and cash equivalents (specify P297)	18	(6 480 060)	(5 858 151)
INTEREST:			
Creditor interest (revenue)	19		
Interest received (revenue)	20		
Interest received (expenses)	21	7 143 709	7 711 933
Interest spent (expenses)	22	2 598 239	3 100 131





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