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ANNUAL REPORT

2021-22

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miyupimâtisiun anânâkichihtâkinûch

CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY



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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



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2021-22

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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

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OFFICE OF THE CHAIR & GENERAL MGT

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ΓΛΛΝρΔ

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miyupimâtisîun

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miyupimâtisiun

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ADMINISTRATIVE SERVICES

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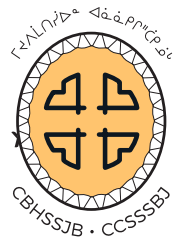


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The CBHSSJB is governed by an elected Board of Directors whose Chairperson is Bertie Wapachee. Advisory Committees and Councils report directly to the Office of the Chair, as do the Service Quality and Complaints Commissioner and the Medical Examiner.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





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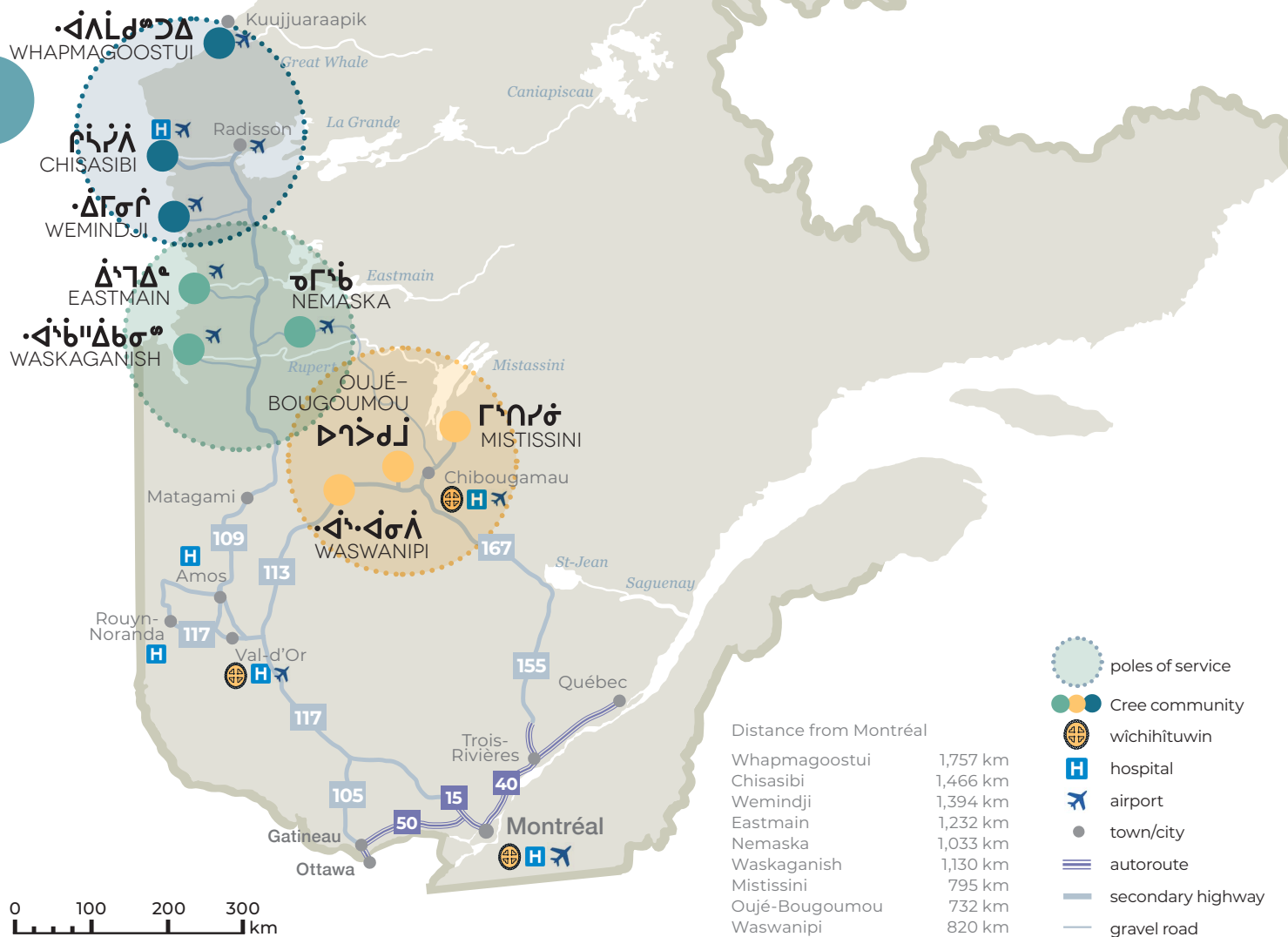
EEYOU ISTCHEE POPULATION
JULY 2021

Chisasibi	5,052
Eastmain	906
Mistissini	4,109
Nemaska	879
Oujé-Bougoumou	876
Waskaganish	2,600
Waswanipi	2,114
Wemindji	1,622
Whapmagoostui	1,050

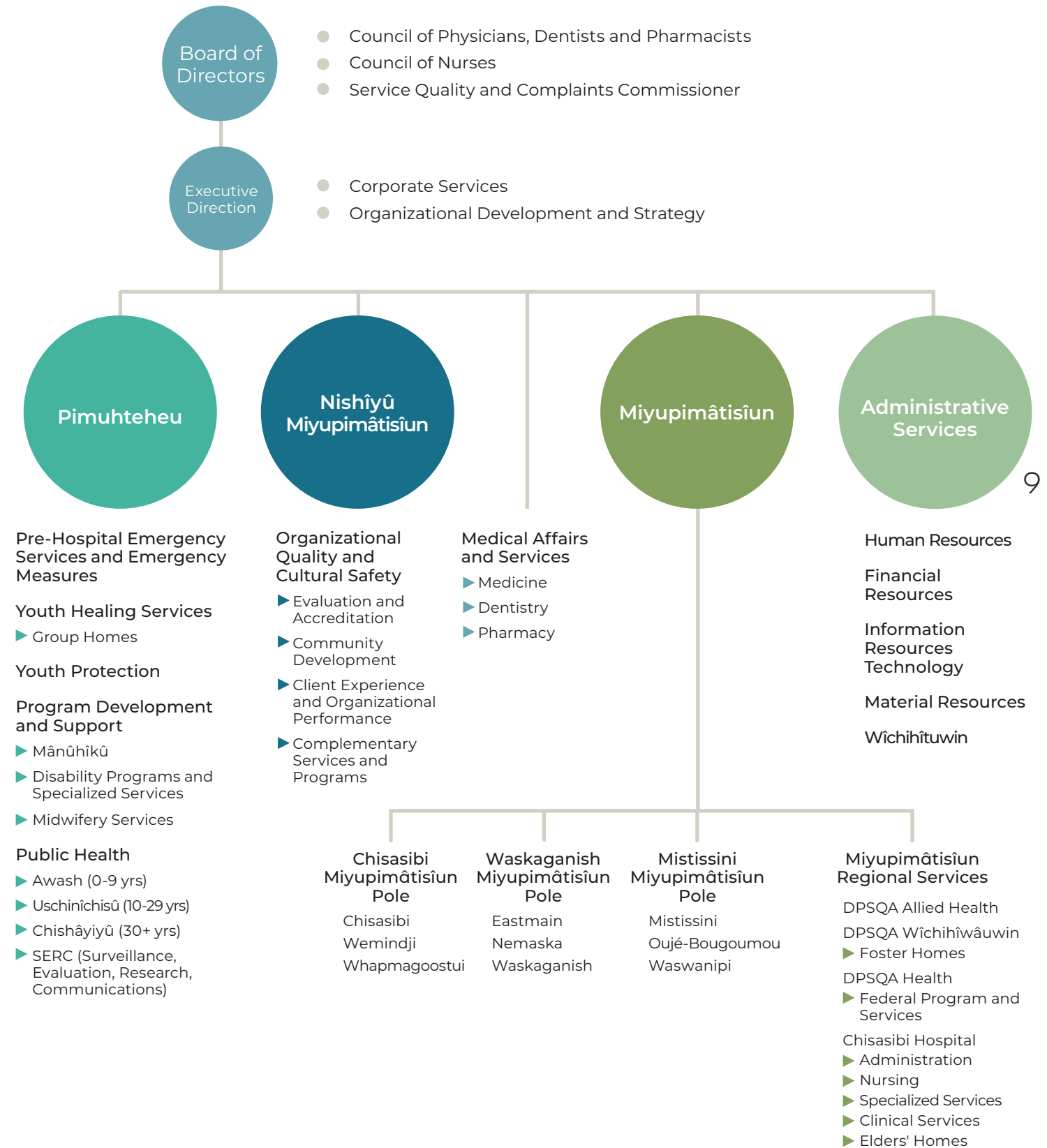
19,207

For detailed information on the health status of the population please consult our website: CreeHealth.org.

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 2016-2019 births (+ 2021 estimates) and MSSS 2014-2018 deaths numbers. Sources: MSSS, 2021 JBNQA Cree beneficiary list; MSSS Births databases 2016-2019; MSSS Mortality databases 2014-2018; Statistics Canada 2016 Census.



âtiskâtûhch âpitisîsûwîyich



449 ACTIVE CASES
3,906 TOTAL CASES
38 HOSPITALIZATIONS
5 DEATHS
OMICRON



The pandemic plan...

The Department of Public Health Pandemic Plan has four goals: limit COVID-19 virus transmission; prevent illness and death; ensure access to health care services; and prevent and limit social disruptions.

For a second year, the plan has required significant mobilization of Public Health and clinical staff, DPSQA–Health, Laboratory services and other CBHSSJB departments, and depended upon collaboration with community partners.

The plan's suppression approach helped delay widespread community transmission in Eeyou Istchee until the Omicron wave in late 2021. The mass vaccination campaign provided a thick layer of protection to a significant proportion of the population aged 5 years and older during this challenging year.

In 2021–2022, Public Health implemented a lateral flow strategy and protocol to empower community teams in managing contact tracing initiation, testing, result disclosure and COVID-19 counselling, with training, operational tools, guidance and support from the regional Public Health team.

This capacity-building approach supported the management of three small outbreaks in Eeyou Istchee before the unprecedented demands of the Omicron wave that hit in December 2021.

Omicron was the first major COVID-19 event in Eeyou Istchee. The variant spread quickly through all communities, with high case numbers reported in multiple outbreaks over several months. Hundreds of families were in isolation for long periods. Many people were hospitalized, and six residents of Eeyou Istchee passed away from COVID-19-related complications.

CONTACT TRACING

The regional team assigned to case investigations and contact tracing included Public Health, clinical and other CBHSSJB staff. The regional contact tracing team provided service 7 days a week, 12 hours a day to manage COVID-19 cases.

Key to our strategy in the pandemic's second year was the provision of timely, responsive and culturally appropriate contact tracing support. To build this capacity, the Infectious Diseases team worked with partners to create a nine-hour long community contact tracing training program, which trained 58 people, including staff and other community members.

The Regional Contact Tracing team also supported the COVID-19 Info-Line, to help direct callers to community, social and mental health resources (including the Wìchihwàwin Helpline), and to CreeHealth.org and social media platforms for information about outbreaks, prevention and vaccination.

SURVEILLANCE

The Surveillance team provided daily and weekly COVID-19 epidemiological data for internal and external stakeholders to inform policy decisions. Detailed reports of every outbreak and related transmission helped orient local and regional decision-making, and guided Public Health in tailoring interventions to the realities in Eeyou Istchee.

Sewage surveillance pilot programs were set up in Chisasibi and Waskaganish in collaboration with local and regional partners, to provide timely and valuable information about the presence of COVID-19 in the community, and to signal any need to scale up the local response.

THE VICE-CHAIR OF THE CBHSSJB DELIVERED 91 COVID-19 UPDATES ON JBCCS REGIONAL RADIO THIS PAST YEAR.

...and moving forward

Sewage surveillance is an early response tool warning of potential outbreaks of infectious diseases. This program will be offered to other communities in 2022–2023.

TESTING

Rapid testing was deployed in Eeyou Istchee at the end of 2021, in collaboration with local emergency response teams. As of March 31, 2022, 80% of COVID-19 screening tests done in Eeyou Istchee were processed through a lateral flow testing protocol. Five GeneXpert machines were acquired to increase general laboratory capacity for infectious disease detection, helping to decentralize our testing resources, with the goal of eventually creating community-based employment.

COVID-19 VACCINATION

The regional vaccination team worked closely with CMC staff, community partners and regional and local communication teams to coordinate and promote multiple Moderna and Pfizer vaccination campaigns. The campaigns targeted age groups (adults, youth and children 5 years and older) for first, second and booster doses.

Different strategies were used, including CMC-based vaccination, school clinics and a mobile youth clinic ("vaxmobile"), which travelled during the summer to communities and pop-up events at local sites (e.g. family and youth centres, firehall). A pilot project launched by Clic-Santé, the provincial online scheduling platform, allowed community members to book their own vaccination appointments. The regional team offered training and support to community teams on vaccine management, record keeping and reporting.

These efforts resulted in a high percentage of children (aged 5 and over), youth and adults who were adequately vaccinated or due for a booster dose to enhance protection. COVID-19 vaccination promotion will continue next year as the pandemic evolves, given that the vaccine's efficacy against severe illness wanes over time.

COMMUNICATION

Public Health kept the population updated, providing relevant and timely information about outbreak events, preventive measures and policies, travel protocols and special guidelines for Christmas and Goose Break, using a toolkit of approaches, in collaboration with the Regional Communications team.

Regular internal communications provided directors, managers and staff with updated information. Community radio was a key partner for sharing important messages with the general population through bulletins, interviews and call-in shows. The CreeHealth.org website and social media channels (@CreeHealth) were equally important platforms for sharing tailored information about guidelines, preventive measures and policy changes.

Early in the pandemic, a COVID-19 information management system and manual were created to provide structure, standards and processes for the development of clinically coherent, relevant, reliable, accessible, culturally safe, translated and legally compliant communications materials about pandemic-related events and precautionary measures. Training was provided on best practices to safeguard the security of personal information collected during COVID-19-related interventions.



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kâ nîkânipishtihk â misinihîchâukimik
OFFICE OF THE CHAIR AND GENERAL MANAGEMENT

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ū piskitisinihîkinach akûht mâsinâtâhch tân âsinâhkuyich kiya
 tân â chiskâtûyich miyupimâtisiun kiya nituhkuyin âpitisîwîn
 âwîhch kiniwâpitâkinûch âpitisîshâwîyich âsinâkûyich ūt
 apitisîwîniwâu îyiyiwîyich âhâpitisîstuwânûwîyich.

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

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kâ nîkânipishtihk miyupimatisiun
anânâkichihtâkinûch ûtiyimûwin

MESSAGE FROM THE CHAIR

It has been another year filled with adversity in Eeyou Istchee and around the world. This pandemic struck the core of humanity and tested us at every turn and in ways we could not have imagined.

Our Nation was not immune to the virus as it claimed some of our own. It was, and still is, a remorseful situation for the leadership to have imposed such strict measures in Eeyou Istchee, but our decisions and protocols were put in place solely to protect people, especially the most vulnerable, from a virus with unknown risks. We will honour our loved ones who perished from COVID-19 and those who left us during these trying times.

As we share the world's mental health concerns precipitated by the pandemic, we also need to acknowledge that this pandemic will eventually have to be declared an endemic and that we must learn to live with it to regain our freedom.

We must keep in mind that this freedom will be different. It will come with additional responsibilities in the long term. Our deconfinement process will require us to maintain our protective measures for a bit longer. COVID-19 and its variants may have impacted our health greatly, but we must remember, resilience is built in our humanity.

The discovery of more than 200 graves of innocent children on the school grounds of the former Kamloops Indian Residential School in Tk'emlups te Secwépemc First Nation in Kamloops, BC last May 2021, was an added weight to the pressures of a world pandemic. It awoke historical traumas for our residential school survivors.

Humanity can mark 2020, 2021 and 2022 as one of its harshest points in history. We will move on even stronger and more resilient as we have always done.

As Chairperson of the Cree Board of Health and Social Services of James Bay, I don't want to forget our hardships, but more importantly, I take this opportunity to honour every member of our Regional Public Health team, every front-line worker, nurse, doctor, Wîchihîtuwin team member, our entire CHBSSJB staff, our Communications team, JBCCS and CBC North, as well as every professional, teacher, police officer, first responder, every local emergency committee or team, Chief and Councils and our partners at CSB and the CNG, for prioritizing the health and safety of every member of our Nation.

We express deep gratitude to every individual of Eeyou Istchee who trusted our guidance and who followed and respected the measures and protocols, and those who took time to get vaccinated. As an organization responsible for health and social services in Eeyou Istchee, we look forward to coordinating the deconfinement plans with the leadership.

We are ready to turn the page and focus on our development from previous Regional Strategic Plans (SRPs). This year alone, the CBHSSJB has scheduled close to \$200M in development with approximately \$800M remaining in development funds in the coming years, including the Regional Hospital in Chisasibi. The history and success of the SRP process is the greatest tool developed between the Quebec Health Ministry and the CBHSSJB. Each SRP provided clear guidelines to each of the last three (3) agreements with the MSSS.

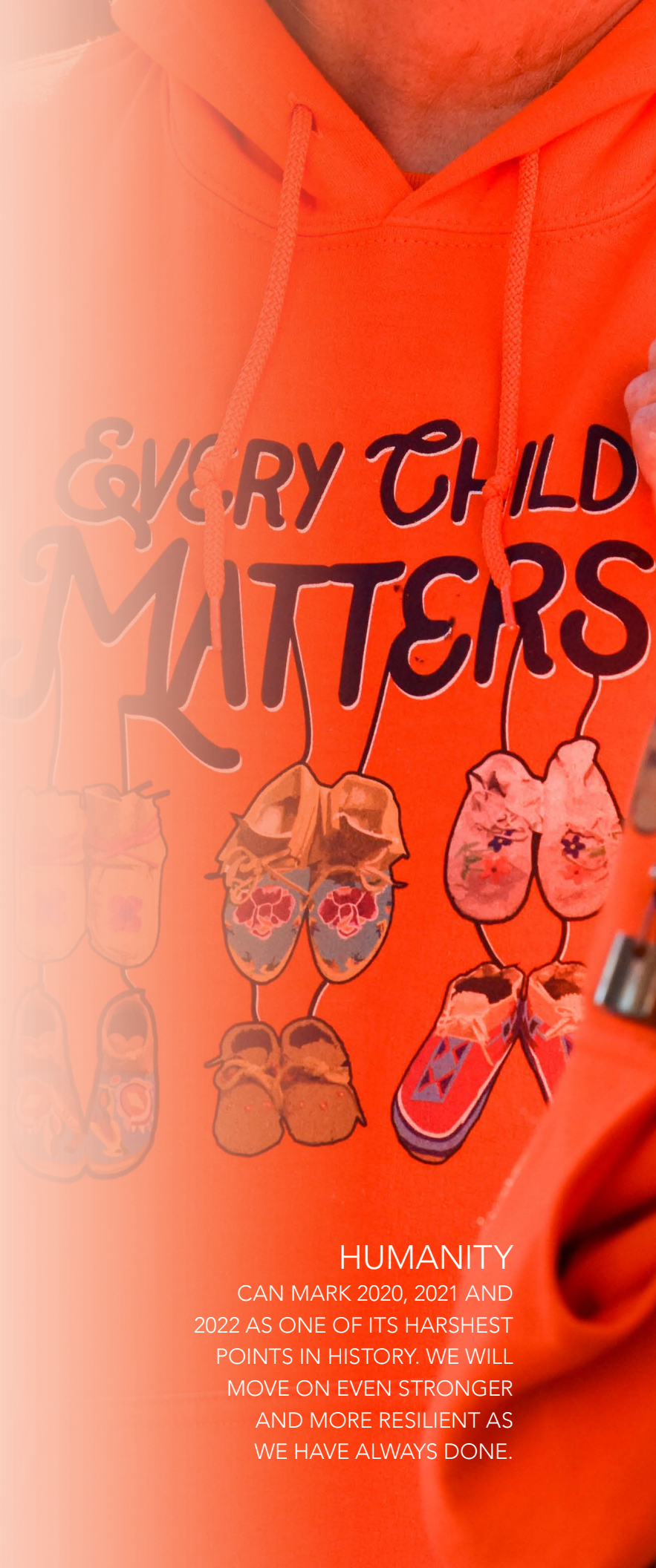
In keeping with the vision and mandate expressed at the Special General Assembly held in Oujé-Bougoumou in 1999, the CBHSSJB is in the process of negotiating legislative amendments that will enable our Nation to exercise greater jurisdiction and control over the delivery of services that uphold Eeyou ethos and practices of caregiving. The Memorandum of Understanding (MOU), which is pending approval with the Quebec Ministry of Health, will jurisdictionally entrench Eeyou knowledge, beliefs, values, practices, medicines and models of health by amending the Act respecting health and social services for Cree Native Persons (Chapter S-5) and modernizing Section 14 of the JBNQA. In affirming our inherent rights of self-determination, the CBHSSJB is also expanding jurisdiction over child and family services. By amending the Youth Protection and the Youth Criminal Justice Act, our Nation will ensure that communities and families are central in decision-making processes, that our services are responding in culturally appropriate ways, and that the interests and rights of our children and youth are promoted and respected. The success of these amendments will set forth a new era in health and social services in Eeyou Istchee.

Both the MOU and the next SRP process, scheduled to begin consultations this year, offer an opportunity to focus on how we envision the process of Indigenizing our institution and building upon our unique Eeyou perspective on health and wellness that centres on the power of culture and land for healing. With your help, we look forward to our organization's paradigm shift and are confident that the CBHSSJB will advance excellence and innovation in Indigenous health governance nationally and internationally.

Onward to progress.

Meegwetch,


Bertie Wapachee
CBHSSJB Chair



HUMANITY
CAN MARK 2020, 2021 AND
2022 AS ONE OF ITS HARSHTEST
POINTS IN HISTORY. WE WILL
MOVE ON EVEN STRONGER
AND MORE RESILIENT AS
WE HAVE ALWAYS DONE.

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anânâkichihtâkinûch ûtîyimûwin



MESSAGE FROM THE EXECUTIVE DIRECTOR

Our priority this past year, much like the previous year, has been managing services and community health needs during the COVID-19 pandemic. One important lesson we've learned is that preparation and prevention are essential, and we intend to invest more resources into prevention—and not just for COVID-19, of course. For instance, we face challenges in managing chronic diseases such as diabetes, an area where we can expect benefits from further investment in prevention. This year we hired a new Director of Public Health, Dr. Alain Poirier, who will play a leading role in guiding these efforts.

Another effect of the pandemic is that now all of our CMCs have testing capacity. While COVID-19 remains the focus of this testing, our local testing capacity for other diseases is also enhanced. This is good news for the population.

Major capital projects continue to develop. COVID-19 interruptions in construction did not stop our planning; this summer we will be ready to start building the 80-transit facility in Chisasibi as well as Elders' Homes in Waskaganish and Chisasibi. We are also working to fast-track the CMC and a 40-transit facility in Waskaganish, so construction could also start on these this summer.

We increased access to health care services in the south by expanding our air charter services. Two charters provide service on a regular basis, with a third being added to make flights more accessible to smaller communities.

Last year, we launched a project to explore transforming our model of care, from age-based to family-centred. Over the year, we identified the criteria needed to be successful, and

held a retreat where clinical staff and managers discussed the model. Now ongoing, the work group is led by Anne Foro and Dr. Darlene Kitty.

The CBHSSJB has also run three optimization audits, with one already completed. The Nishîyû optimization audit is important to our goal of giving more visibility and importance to traditional practices. The audit is the first step, with the Nishîyû team now developing an action plan based on the audit's recommendations. The physician and nursing teams are also undergoing optimization audits, currently near completion. Again, the objective is to identify our strengths and areas of improvement to be certain we are providing the best health care to the people of Eeyou Istchee.

Our field hospital initiative, a collaboration with the Red Cross, was put to the test a year ago after a fire in the Chisasibi MSDC displaced elders; the field hospital was deployed to house elders in the banquet hall and proved very successful. We continue to develop this project, which will provide necessary facilities when emergencies arise.

Despite the challenges of COVID-19 over the past two years, we have continued to develop plans to enhance health care services to the people of Eeyou Istchee.

In closing, I want to take this opportunity to thank all of our employees, whatever their role, for their tremendous efforts over the last two years.


Daniel St-Amour
CBHSSJB Executive Director

Bertie Wapachee • Chairperson
Christine Petawabano • Vice Chairperson
Daniel St-Amour • Executive Director

Community Representatives

Eric R. House • Chisasibi
 Jamie Moses • Eastmain
 Christine Petawabano • Mistissini
 Stella Moar • Nemaska
 Darlene Shecapio-Blacksmith • Oujé-Bougoumou
 Ryan Erless¹ • Waskaganish
 Jonathan Sutherland • Waswanipi
 Teresa Danyluk² • Wemindji
 Allan George • Whapmagoostui
 vacant • Washaw Sibi (Observer status)

Youth Observer
Adrian N. Gunner

BOARD COMMITTEES

Administrative/HR Committees

Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Ryan Erless
Allan George
Nicholas Ortepí
Liliane Groleau (HR Committee)
Nathalie Roussin (HR Committee)

Audit Committee

Stella Moar
Jonathan Sutherland
Eric R. House

Vigilance Committee

Sarah Cowboy/Bonnie Fireman
Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Darlene Shecapio-Blacksmith

Governance Advisory Committee

Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Jamie Moses

Risk Management Committee

Bertie Wapachee
Daniel St-Amour
Kimberley Buissières
Darlene Shecapio-Blacksmith
Stella Moar

REGULAR MEETINGS

4

SPECIAL
MEETINGS
9

MEETINGS

6

MEETINGS

4

MEETINGS

4

MEETINGS

4

MEETINGS

2



Missing from picture: Jonathan Sutherland (Community Representative, Waswanipi), Jamie Moses (Community Representative, Eastmain), Nicholas Ortepi (Non-Clinical Staff Representative).



Missing from picture: Allan George (Community Representative, Whampagoostui), Christine Petawabano (Vice-Chairperson), Nicholas Ortep (Non-Clinical Staff Representative).

Office of the Commissioner of Service Quality and Complaints
Chairperson Assistant Commissioner of Service Quality and Complaints

Sarah Cowboy
Bonnie Fireman

General Management Executive Director
Assistant to the Executive Director
Director of Organizational Development and Strategy
Director of Corporate Services
Director of Medical Affairs and Services (DMAS)

Daniel St-Amour
Paula Rickard
Justin Ringer
Laura Moses
Dr. François Charette

Pimuhthehu	Assistant Executive Director (AED)–Pimuhthehu
	Director of Youth Protection (YP)
	AD of Youth Protection–Clinical
	AD of Youth Protection–Foster Homes and Youth Criminal Justice Act
	Director of Youth Healing Services (YHS)
	Director of Program Development and Support
	Director of Public Health (DPH)
	Assistant DPH–Awash
	Assistant DPH–Uschinîchisû
	Assistant DPH–Chishâiyû
	Assistant DPH–Surveillance, Evaluation, Research and Communications (SERC)

Taria Matoush
Marlene Kapashesit
Minnie Loon
Ashley Iserhoff
Jessica Jackson-Clement
Anne Foro
Dr. Yv Bonnier Viger¹ (I)
Dany Gauthier
Kymberly David
Paul Linton
Isabelle Duguay

Nishîyû AED of Nishîyû Miyupimâtisiûn
Miyupimâtisiûn Director of Organizational Quality and Cultural Safety

Lisa Petagumskum (I)
Julianna Matoush-Snowboy

Miyupimâtisiŭn	AED of Miyupimâtisiŭn Regional Proximity Director–Quality Assurance and Service Delivery Regional Proximity Director–Chisasibi Pole Regional Proximity Director–Mistissini Pole Regional Proximity Director–Waskaganish Pole Director of the Regional Hospital (Chisasibi) Director of Professional Services and Quality Assurance (DPSQA) – Health DPSQA - Allied Health DPSQA - Psychosocial
-----------------------	--

Christina Biron (I)
Chloe Nahas (I)
Jeannie Pelletier (I)
Virginia Wabano
Holly Danyluk
Philippe Lubino
Nancy Shecapio-Blacksmith
Adelina Feo
Deanne Moore

Community	Chisasibi
Miyupimâtisiun	Eastmain
Centres (CMCs) Local	Mistissini
Directors	Nemaska
	Oujé-Bougoumou
	Waskaganish
	Waswanipi
	Wemindji
	Whapmagoostui

Annie Dumontier (I)
Rita Gilpin
Roberta Petawabano
Daisy Jolly-Grant (I)
Louise Wapachee
Bert Blackned
Eleanor Gull
Rachel Danyluk
Hannah Kawapit

Administrative Services	AED of Administrative Resources
	Director of Financial Resources
	AD of Financial Management Units
	Director of Human Resources
	AD of Organizational Development and Staffing
	Director of Information Technology
	Director of Material Resources
	Director of Wíchihîtuwin
	AD of Wíchihîtuwin

Liliane Groleau
Jean-François Champigny
Nora Bobbish
Nathalie Roussin (I)
Virginie Hamel
Pino Virgilio
Luc Laforest
Helen B. Shecapio-Blacksmith
Martine Constantineau

1. Ryan Erless was elected July 2021.
2. Teresa Danyluk was elected February 2022.

1. Dr. Alain Poirier was appointed as Director of Public Health on a permanent basis effective April 5, 2022.
I = Interim



â wîch wîyîpîyîhtâkinuwîyîch âpîtisîwînh misînihîchâkamîkw

CORPORATE SERVICES

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

We continue to apply adjustments that began with the pandemic, which means more frequent meetings on Microsoft Teams. In 2021-2022, nine special meetings and four 3-day regular meetings of the Board of Directors took place, including other board committee meetings: Administrative/HR Committee (4), Governance Advisory Committee (4), Audit Committee (4), Vigilance Committee (4) and Risk Management Committee (2).

At its meeting on June 4, 2021, the Governance Advisory Committee reviewed the proposed amendments to the Risk Management Committee By-law and recommended its approval at a meeting of the Board on July 28, 2021, with appointment of members. This most recent board committee is now fully operational and held its first meeting in November 2021.

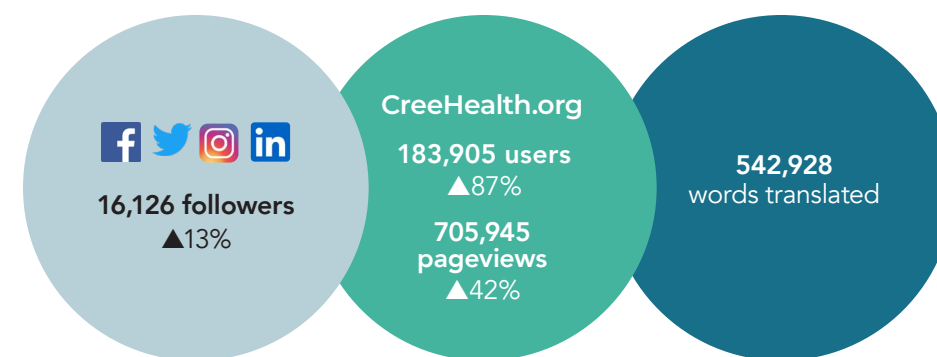
The Risk Management Committee oversees the establishment and implementation of a risk management system to control all clinical and non-clinical risks. This also includes risks that potentially affect the activities, processes and services relating to CBHSSJB clients, clinical and non-clinical staff and third parties providing services to or on behalf of the CBHSSJB. The risk management system also ensures the protection of the interests of the CBHSSJB and its human, material, capital, financial and information resources and systems.

During the course of the year, policies were reviewed, created and adopted by the Board: the Transition Allowance Policy for Chairperson who ceases to hold office, the Policy on Financial support to CBHSSJB clients referred out of their home community for lengthy periods to access services and the Policy for Prevention, Attendance and Quality of Life at Work. More recently, the Policy on Health Funding Contribution and amendments to the Policy on The Management and Monitoring of Restraint Measures for Clients of the CBHSSJB were approved in March 2022.

After over 30 years of services, our in-house translator, Martine Saddik, took her well-deserved retirement on December 31, 2021. The position is being considered for conversion into a much-needed Cree Translator/Revisor position.

Full implementation of Alfresco (document managing solution) remains a priority; however, later in the year, we experienced vulnerability in the system and blocking public access was required. IT has yet to address this outstanding issue within their overall infrastructure project, and the supplier for Alfresco needs to upgrade and address the vulnerability of the system.

The Communications Team, under the leadership of Katherine Morrow, Coordinator of Communications, and Corinne Smith, Advisor-Public Health Communications, continued joint efforts on COVID-19 radio updates. These included quick adaptation of material on precautionary measures, particularly when a sixth wave of COVID-19 arrived—just when we thought normal life might gradually resume. Meegwetch to the team for your continuous commitment and endless hours of hard work to keep everyone safe in Eeyou Istchee!



COMMUNICATIONS

The past year was a period of consolidation for the regional Communications team. In the midst of the ongoing pandemic, we were able to staff all positions, expanding our scope and creative toolkit to reach internal and external audiences. These changes lay a strong foundation for our anticipated transformation into a fully-fledged department under Administrative Services. From this vantage point, we will be better able to support the current and future communications needs of the organization under the new Strategic Regional Plan.

Highlights

Much of our work was driven by the urgent need to update the population on changes in public health recommendations. Close collaboration with Public Health and other Cree entities, including Cree media, allowed us to be nimble in communicating—locally and regionally—about COVID-19 testing, vaccination and emergency closures.

We developed a multipronged campaign to highlight the individual and collective benefits of vaccines and booster shots, targeting messages using appropriate languages and media.

The pandemic accelerated a strategic shift towards video. Embedded on our website and shared on social media, video offers a low-cost, engaging way to reach target audiences. Working with JBCCS, we have also increased our capacity to produce streaming video, which we used to facilitate question and answer sessions with the population. This, along with a commitment to prioritize the Cree language in public communications, will be central to our approach going forward.

COVID-19 mitigation dominated our relations with the media, but we were able to engage local, regional and national media on other key issues, such as the opening of birthing homes and the impact of the nursing shortage on our region, among others. Thanks to our close collaboration with Cree media, we positioned the CBHSSJB in the health policy sphere in Quebec and beyond.

To better support urgent recruitment needs, we worked with HR to integrate a new CV tracking module into the Careers section of Creehealth.org. Potential recruits can now create a profile, receive notifications of new opportunities and apply for positions entirely online.

Perhaps the most tangible evidence of our brand is the quality, clarity and consistency of CBHSSJB signage across all facilities. The Communications team has embarked on a major project with MRD to upgrade and standardize our exterior and wayfinding signage from a culturally safe perspective.

With the swift transition to remote work for many staff, our monthly newsletter *Tipâchimûn Misinihikan*, Alfresco and other information-sharing platforms have become pillars of our digital workplace. We are now working with the Digital Transformation Steering Committee to create an intranet that will provide a single point of entry and unified source of information to improve the employee experience.

ORGANIZATIONAL DEVELOPMENT AND STRATEGY

The pace of development at the CBHSSJB continues to increase in exciting ways as we work towards achieving our strategic objectives. Despite the challenges faced due to the pandemic, the Organizational Development and Strategy team has focused on further developing important capabilities and capacities.

The Electronic Medical Record (EMR) team has expanded to include expertise in medical records, clinical informatics and training that will allow us to speed up the deployment of the system and bring secure access to up-to-date client health information to all communities by the end of 2022.

Our Regional Quality Improvement Advisor has developed and begun delivering a training series on indicators and measurement and on continuous quality improvement (CQI) to help improve the services we deliver. In addition, we are participating for the first time in the Healthcare Excellence Canada EXTRA program, which is designed to provide practical CQI training to senior leaders.

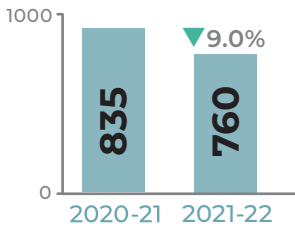
We have begun providing support to various programs to help them develop policies and procedures following leading practices, including Accreditation Canada standards, to ensure we provide the safest and highest quality services possible.

In collaboration with Nishîyû, we have developed and launched the ᓂᓄᓕᓕᓕ Nitutâmh Micro-learning Series that teaches participants a set of guiding principles and tools they can use to create healthy dialogue and relationships, and conduct productive conversations with each other and with our clients.

The Risk Management team focused on responding to declared incidents and accidents within our organization, and facilitated work groups to address recurring risks. In addition, a Risk Management Committee of the Board of Directors was established to provide oversight and to assist in controlling all clinical and non-clinical risks.

Due to pandemic restrictions, in-person training for the reporting of incidents and accidents was not possible, contributing to a decline in the number reported. In-person training will resume next year and will prioritize departments, services and programs that have not yet received training, including Youth Protection, Foster Homes, Youth Healing, Special Needs and Mental Health.

Number of Declared Events



Calculation method has changed: the total number of events are those declared during the fiscal year. In previous Annual Reports, the number indicated occurred during the fiscal year regardless of when reported.

2021-22 Reported Events¹

A	Fall	29	3.8%
A	Near fall	5	0.7%
B	Medication	306	0.7%
B	Treatment	31	4.1%
B	Diet	2	0.0%
C	Laboratory	68	64.6%
C	Imaging	3	0.4%
D	MDR ²	0	0.0%
E	Material	17	2.2%
E	Equipment	13	160.0%
E	Building	6	33.3%
E	Personal effect	0	0.0%
F	Assault	2	100.0%
G	Other	278	164.8%
Total		760	14.7%

1. As of April 28, 2022
2. Medical Device Reprocessing

- Medication events remain the most commonly reported event (304 in 2020-21)
- Laboratory-related events dropped (192 in 2020-21) with processes put in place to prevent the recurrence of events related to the management of COVID-19 specimens
- Includes 122 events related to appointment scheduling (issuing, sending, recording, booking and organizing)
- 11 (1.4%) classified as sentinel: they had or could have had serious consequences
- 9 had temporary consequences requiring additional care (consultations, prescriptions, laboratory tests) and affected the duration of the care episode
- 2 were resolved before having any serious consequences

Finally, we have started to create a new Strategic Regional Plan (SRP) to identify key strategic orientations and objectives that will guide our organization's development over the next 5-10 years.

The upcoming year will bring many more new and exciting developments for our organization, and we want to take this opportunity to thank everyone for their continued commitment and collaboration.

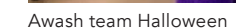
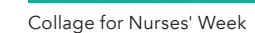
The Risk Management team will continue to collaborate with various teams and professionals to reduce the recurrence of incidents and accidents, and will continue to monitor both clinical and non-clinical risks and provide regular updates to the Risk Management Committee.

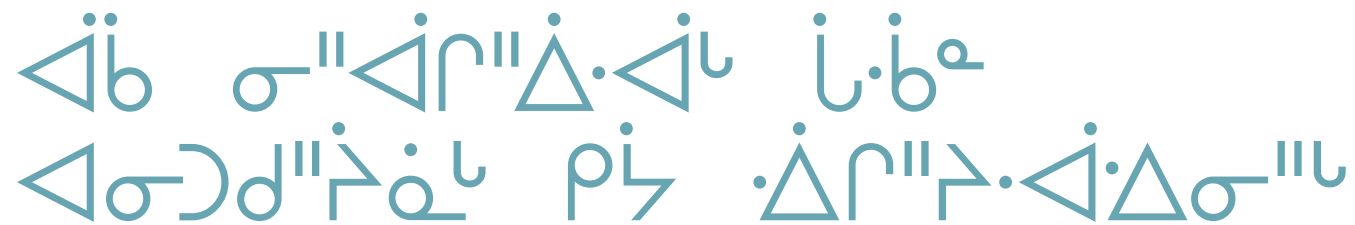


COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

While the CDPD obligatory and mandated committees work to advance clinical and other priorities, the pandemic has affected our committees' activities and outcomes. While some committees are less active, others have gained momentum. For example, the Cultural Safety Committee has met regularly to support reconciliation and anti-racism through educational and advocacy activities, including securing support for Joyce's Principle and anti-racism.

Kelly-Anne MacLeod — Secretary
Cree Representative





anitukuhyînâch kiyâ wîchihyiwâwinihch

SERVICE QUALITY AND COMPLAINTS COMMISSION



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

24

The past fiscal year was defined by the challenges posed by the COVID-19 pandemic. However, our team managed to visit five communities (Three inland and two coastal) and many longterm clients in Montréal. We maintained contact with each other and with internal and external partners, through virtual meetings.

Bonnie Fireman joined our team as Assistant Commissioner of Complaints in July 2021, bringing vast knowledge and compassion.

UPDATE ON PROJECTS

Our office joined the McGill University Health Centre (MUHC) Patients' Committee in producing a brochure for clients travelling to Montréal for medical treatment. The brochure has been translated into four languages, including Cree syllabics, and will guide clients wishing to report incidents during medical appointments affiliated with the MUHC. It is available at CreeHealth.org and will be distributed to all communities. Thanks to the MUHC Patients' Committee for their collaboration and to Greta Whiskeychan Cheechoo for her translation services.

The 2022-2027 Action Plan to Counter Elder Abuse was completed in 2021. The next step is to finalize the resource guide for health care providers and first responders.

The CBHSSJB Code of Ethics (2016) is expected to be completed in 2022. Once approved by our Board of Directors, it will be available to staff and the public.

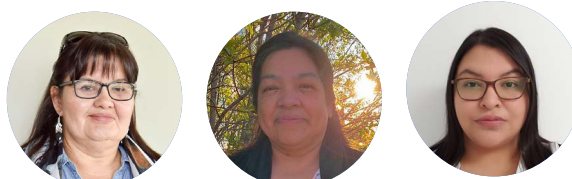
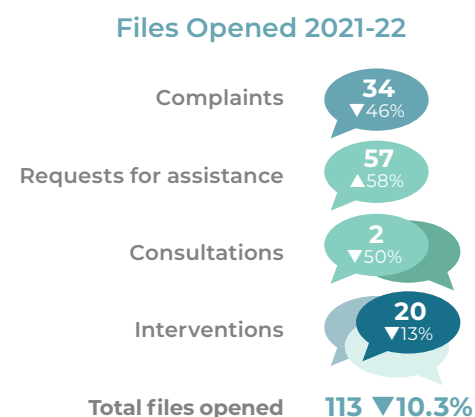
The Office handles four types of files:

1. Complaints
2. Assistance
3. Interventions
4. Consultations

This past year saw another decline in the files opened compared to the previous period. This is the result of the continued decline in the number of services provided in the communities as well as the collaboration between the Commissioner's Office and the local management of the CMC's, Wîchihîtuwin, Youth Protection and other departments.

Many thanks to the Vigilance Committee for its support and direction and for the collaborative relationship with partners within the CBHSSJB.

We also wish to acknowledge and thank clients, family members and employees for their courage and the time they take to report situations. Their efforts help improve the overall quality of care provided by the CBHSSJB.



From left to right: Sarah Cowboy, Service Quality and Complaints Commissioner (SQCC); Bonnie Fireman, Assistant ACC and Kristen Iserhoff, Administrative Process Specialist.

MEDICAL EXAMINER

The role of the Medical Examiner is to analyze complaints involving a member of the Council of Physicians, Dentists and Pharmacists (CPDP). Since these professionals are not employees of the CBHSSJB, it is the task of the Medical Examiner to analyse and address a situation that has led to a complaint.

The complaint review process involves gathering information from both parties—the complainant and the member of the CPDP—to establish a consensus on the details of an incident and to suggest a solution, such as modifying behaviour or approach to avoid similar incidents in the future.

Ideally, this review is done rapidly—within 45 days of the Medical Examiner receiving the complaint.

Sometimes it is difficult to meet this target as there are several steps involved, including reaching out to the parties concerned and obtaining medical files from our Regional Archives department and often from institutions outside Region 18.

There were fewer complaints handled by the Medical Examiner this year. The COVID-19 pandemic may have played a role since there were fewer consultations locally and outside the territory during this period.

Some complaints were related to the coordination of patient care between our region and services provided in another region.

It is important to note that among the complaints dealt with this year, I did not perceive any major issue in the quality of care. If that had been the case, I would have referred the complaint to the CPDP Executive, which can institute a disciplinary committee.

Many patient complaints centred on the perception that physicians had not met their expectations. In some cases, it concerned the time taken to obtain a diagnosis.

The Medical Examiner continues to work closely with the Commission of Service Quality and Complaints. Together, we manage different issues and consult each other on how to manage issues that may not be official complaints but help to improve services.

I continue to appreciate this role, which allows me to be in direct contact with patients and to understand issues that are not always visible outside the complaints process. I am grateful for the understanding of patients and professionals who participate in the process knowing that it will lead to improvements in the quality of care.

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Complaints

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

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



POPULATION HEALTH PROFILE

5,000 1976

19,207 2021

Region	Percentage
Eyou Istchee	77.5
Quebec	82.7

4.8% Eeyou Istchee

3.3% Quebec

53%
1991

43%
2015

93%

18% multi-family or multi-generational

28.6%
of population



Our teams have done an impressive job of managing the pandemic, and I thank and commend everyone for their hard work in this extremely difficult and unprecedented time. Notable initiatives include, of course, the comprehensive vaccination campaigns launched across Eeyou Istchee as well as the 24-hour Wìchihîwâuwin hotline established to offer psychosocial and mental health support. The Public Health department has dedicated itself to ensuring that our people have been as safe as possible during this pandemic, and have done an outstanding job. The Awash, Uschinîchisu and Chishâyiyû departments have continued to provide services—from offering prenatal and neonatal clinics and psychosocial support to ensuring food security—to people who need them.

While it appears that the pandemic is now lessening its grip, we must remain vigilant to ensure that our efforts to support and protect the health and well-being of the people of Eeyou Istchee continue to bring us toward our goal of miyupimâtisîun.

29



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

PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES

EMERGENCY MEASURES

COVID-19 containment planning

The Pre-Hospital Emergency Services and Emergency Measures team developed and implemented a COVID-19 containment plan and worked to support local public safety officers (PSOs) on the ground during three major outbreaks (Mistissini, Waskaganish and Whapmagoostui).

These efforts included:

- COVID-19 surveillance; ensuring proper use of personal protective equipment (PPE); engaging in aggressive rapid testing; going directly to community households (to establish the source of an infection); and helping to maintain strong point-of-entry testing at community gates and airports
- Improving contact tracing and developing lists of individuals who had been tested and a rapid test tracking inventory
- Developing a schedule for recovered first responders to rejoin the containment plan

MODERN MÎTŪKAN PROJECT AT THE CHISASIBI REGIONAL HOSPITAL

Because of the Omicron and Delta variants of COVID-19 and the rise in COVID-19 cases in Eeyou Istchee, the Chisasibi Regional Hospital required the installation of two Emergency Response Units (ERUs) outside the hospital. These tents, provided by the Canadian Red Cross, served as an extension of the hospital's Red Zone for patient triage and waiting area. But they require protective shells to preserve heat. Two modern Miitûkan structures were built to help insulate the buildings.

BUSH KIT MEDICAL PROJECT

The Bush Kit is a first aid kit that equips trained users (representatives) to respond to emergencies in remote areas, far from medical facilities.



CANADIAN RED CROSS MOBILE HOSPITAL

11

Bush Kit Wilderness training sessions in 7 communities, making a total of 74 newly trained Bush Kit representatives



Online Bush Kit program training for health care workers

114

Bush Kits delivered to the CBHSSJB

Regional Emergency
Core Group meetings



For fire chiefs, public safety officers, the Cree Nation Government, Eeyou Eenou Police Force, local directors, the Cree School Board, local public health officers, COVID-19 community leaders and regional public health department representatives

PROJECT

The Cree Nation of Chisasibi and Cree Nation Government signed a Memorandum of Understanding with the Canadian Red Cross to supply ERUs.

These mobile hospitals will offer basic emergency response capacity and CMC-level services in the following emergency situations:

- Hospital infrastructure failure
- Power failure
- Forest fire
- Hydroelectric dam failure (flooding) resulting in a hospital evacuation

FIRST RESPONDERS

The following initiatives helped improve speed and efficiency in critical situations:

Training

- Full initial training for Mistissini and Chisasibi First Responders
- Refresher courses for Mistissini, Chisasibi, Oujé-Bougoumou, Wemindji, Eastmain and Waswanipi

Udata application

- Upgrade of AS805 application for better clinical documentation
- Upgrade of application for documentation of kilometrage and follow-up on need to change ambulances
- Upgrade of application to permit measurement of First Responder service workload

Emergency call-taking by nurses

- Development of an algorithm to support nurses for emergency call-taking
- Development of 10 e-learning modules on emergency call-taking for nurses



uschipimâtisîwinh â mîninwâchihtâkinuwihch

YOUTH HEALING SERVICES

32

Youth Healing Services (YHS) faced many challenges this past year and implemented significant changes to maintain best practices and ensure quality services. During this unprecedented period, our teams have demonstrated their deep commitment, continuously innovating to help youth.

YHS contributes to the protection, rehabilitation and well-being in all aspects—physical, mental, emotional and spiritual—of youth in our care, through programs that provide safety, security and treatment.

We are committed to providing a compassionate and effective family-oriented program rooted in traditional values, Cree cultural teaching and the Cree language, while providing a sense of acceptance and belonging to youth experiencing a wide range of difficulties.

STAFFING

Our new director, Jessica Jackson-Clément, worked with consultants to create a new process to identify candidates to fill new positions: six Youth Criminal Justice Act (YCJA) educators, two intervention agents, one clinical advisor, one PPRO, one social worker and a Status 5 replacement worker.

YHS FACILITIES

In Mistissini, the Upâchikush Group Home has seven beds and one emergency bed. The Reception Centre holds 26 beds: 10 in the boy’s unit, 10 in the girl’s unit and 6 in transition units (including Intensive Supervision and YCJA). In Chisasibi, the Weesapou Group Home has seven beds and one emergency bed.

Placements are referred through Youth Protection from all over Eeyou Istchee. In the 2021-2022 period, YHS had over 354 youth placed under the Youth Protection Act (ordered or voluntary measures) and 10 placed under Youth Criminal Justice.

PARTNERSHIP

We are grateful for dedicated and caring community partners. Their contribution is invaluable.

PUBLIC HEALTH AND DEPARTMENT OF INFECTION CONTROL

In response to COVID-19, YHS worked closely with Public Health and the Department of Infection Control, identifying a lead coordinator to address COVID-19’s impact at YHS. The team developed an action plan, defined alert levels, conducted daily employee symptom assessments, assessed workplace hazards, reinforced social distancing policies and ensured that employees followed all protocols.

PUBLIC HEALTH USCHINÎCHISÛ ART MURAL

This mural project in the Reception Centre helps create a warm and welcoming environment. It aims to help youth build relationships with front-line workers, increase self-esteem, and develop skills in different art media. It also teaches youth teamwork, patience and cooperation.

DAVID CHEECHOO

Through practical workshops and activities designed specifically for Cree Nation youth, David Cheechoo’s programs aim to improve mental, physical, emotional and spiritual well-being.

SELF-DISCOVERY: THE EEYOU WAY – MATTHEW MUKASH

This self-discovery workshop focused on the Journey of Life, with teachings based on the knowledge and wisdom of Cree Elders. In Cree culture, there are essentially seven Rites of Passage; each helps an individual walk in balance through life, until the spiritual journey begins.

MONTREAL YOUTH AND FAMILY CENTRES

A collaboration with Batshaw and *Cité des Prairies* enabled YHS workers to acquire and develop skills needed to excel in their work and, ultimately, to optimize services for our clients.

BUSH PROGRAM

The Bush Program, with camps for both inland and coastal communities, offers holistic land-based programs. It teaches cultural and traditional Cree life skills under the guidance of Cree Elders. Some of its activities include: Journey of Wellness, canoe brigade, Lg-03 fall harvest, building cabin point 21 on Mistissini Lake, building tent frame at the Reception Centre and a land-based project with four families.

TRAINING

Training was our major investment and most employees have been able to take part in different trainings, in person and virtually.

ORIENTATION OF NEW EMPLOYEES

This seven-class program introduces new workers to their work environment and responsibilities. It includes mentorship and coaching for four weeks with support from a consultant and coordinators.

THERAPEUTIC CRISIS INTERVENTION (TCI)

YHS has a TCI trainer and an assistant certified through Batshaw. TCI aims to prevent and de-escalate potential crises, build staff capacity to manage aggressive behaviors, avoid injuries and create teachable moments to learn from experience. The TCI system helps create a trauma-sensitive environment where children and staff are safe and where all staff understand the effects of trauma and adversity.

Other trainings include: Internal Training on Policies and Procedures; Basic Trauma Approaches WGH; CPR; First Aid Mental Health; Boat Safety Training; EEYOU Addiction Awareness; Building Positive Relationships; Training on personal protective equipment; Cleaning and disinfection; Social distancing; Safe work practices; Team leader development; Safe Food Handling; ASSIST; and learning more about trauma with Dennis Windego.

Youth Healing Services has adapted and persevered through numerous challenges this year. Changes have been implemented to maintain best practices and ensure quality services. We extend a heartfelt thank you to all of our YHS staff: you supported us in maintaining high standards of service to our clients while implementing new tools and new learnings.

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awâshish sikîschâhyitimuwin a ihtûtâkiniwiyich

awâshish sikîschâhyitimuwin a ihtûtâkiniwiyich

YOUTH PROTECTION



Marlene Kapashesit
Director of Youth Protection

The Youth Protection (YP) mandate is to ensure the safety and development of children under age 18, in collaboration with the family, the community and the appropriate services, in accordance with the Youth Protection Act (*Loi sur la protection de la jeunesse*).

The children we work with reside with their immediate family members or extended families. At times, alternate placement can include foster homes or Youth Healing Services within Eeyou Istchee. By keeping children on the territory, we help ensure they maintain their Cree language and culture.

The Reception and Treatment of Signalements (RTS) service is our 24/7 phone line, which responds to reports by community members and professionals about situations of child endangerment or neglect. The RTS department includes Cree-speaking staff who initiate communication in Cree. If it is determined that further evaluation is warranted, the RTS refers the case to the YP team in the community where the child resides. The YP worker meets with the child, the family, other significant people and service providers to determine the best orientation for each child. If needed, the case will be followed under an agreement on voluntary measures or under a court order. Some calls are also referred to other services within the CMC departments and are not signaled.

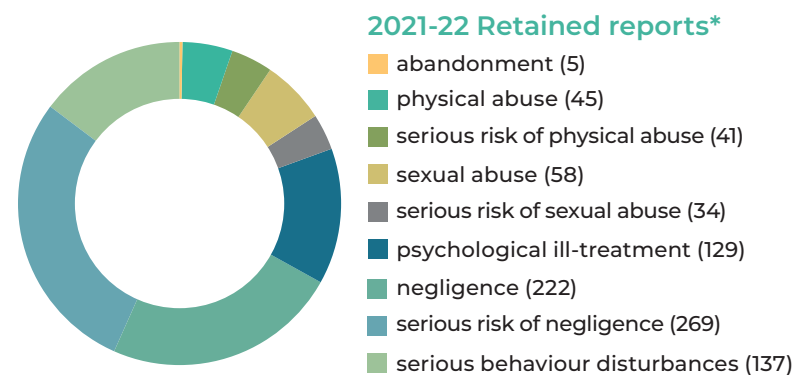
The Youth Criminal Justice Act (YCJA) team provides services in evaluation, probation and extra-judiciary sanctions, as well as rehabilitation in cases of open and closed custody to youth under 18 years old who have been found guilty of committing an offense. This team works closely with the family and secures a treatment plan for the youth.

We have hired YP reviewers who review files to ensure adequate services are provided for each youth. A support system for the YP team includes three PPROs who organize and assist with processes and clinical systems and also in preparing youth leaving care.

Because of the complexity of these situations and the particular needs of children who receive services under the Youth Protection Act and the YCJA, all parties need to participate and work collaboratively. The YP department maintains close ties with many internal services, such as Youth Healing Services, Foster Care and CMC services, through joint clinical processes and monitoring committees.

The YP/CMC Protocol team are working together to provide training to their teams, which will facilitate working with families and children. Coordinating internal and external services will ensure families and children are receiving the support they need without gaps in service.

The Cree School Board and CBHSSJB Protocol ensures children are provided with support from both entities. YP's Assistant Director continues to work with local committees to provide joint services with children we serve.



*940 cases retained out of 1,430 processed (66%)

apitisiwînh châ chi miyûpîtâhkinûwich kiyâ âîhîkiskîhkinuwich

apitisiwînh châ chi miyûpîtâhkinûwich kiyâ âîhîkiskîhkinuwich

PROGRAM DEVELOPMENT AND SUPPORT

Pre-Hospital Emergency Services and Emergency Measures continued with COVID-19 public health measures by strengthening communication with communities and local public safety departments. Bush Kit training for land users was provided to seven communities in Eeyou Istchee. The team also helped coordinate the construction of two Cree Mîtûgan outside the Chisasibi Regional Hospital, serving as waiting and triage areas in its Red Zone.

Mânûhîkû provided mental health services through telehealth, in-person consultations, workshops, training and community mental wellness activities. As part of the Wîchihîwâuwîn Emergency Steering Committee (WESC), and in collaboration with Nishiyû and Miyupimâtisiun, staff contributed to mental health services through the Wîchihîwâuwîn Helpline.

Disability Programs and Specialized Services (DPSS) transitioned with Aimee-Elizabeth Parsons taking over from Jessica Jackson-Clément as interim coordinator. DPSS continued to support local teams for specialized interventions, the Jordan's Principle program and follow-ups with clients in external placements.

Midwifery in Chisasibi saw the arrival of new staff members. Elizabeth Bobbish and Denise Perusse became coordinators of the Birthing Home, and Sylvie Carignan took over as head of Midwifery Services. Pregnancy follow-up and birth interventions increased, and services have expanded to Wemindji and Whapmagoostui. A temporary birthing home opened in Chisasibi in December, and we now have a boarding home for women from neighbouring communities who want to give birth under a midwife's care.

The Midwifery Education Program (MEP) is being developed and is expected to start summer 2022, with Project Manager Jasmine Chatelain liaising between aspiring midwives and the advisory committee as well as building links with potential partners.

PUBLIC HEALTH, MIYUPIMÂTISIÛN AND GENERAL MANAGEMENT COLLABORATIONS

PDS planning team accomplishments

- Supported the inventory of PPE
- Nursing support to Chishâiyû, Mistissini CMC
- Worked with Health and Safety to screen and monitor employees' COVID-19 status
- COVID-19 vaccination campaign
- Helped local managers with onboarding and orientation of outreach workers
- Co-wrote program manual for Mîniwâchihîwâukimikw, the Healing Lodge
- Contributed to the new day services Community-based Addictions and Mental Wellness Recovery program at the MSDC
- Produced a State of the Situation report on sexual abuse and sexual violence
- Action plan and support for implementation of homecare services recommendations
- Training on Bush Kit program for land users
- Supported development of online training for the Bush Kit program
- Coordinated Mobile Hospital project with the Canadian Red Cross (CRC)
- Compiled and analyzed data on first responders services
- Updated region's resource directory
- Status report on CMC capacity to provide integrated approach to front-line services
- Contributed to Miyupimâtisiun Integrated Care Model



mânûhîkû

MENTAL HEALTH

Mânûhîkû is responsible for planning and organizing mental health services across Eeyou Istchee and off-territory. It helps local CMCs and regional partners to offer accessible, culturally safe mental health services that follow two healing paths: a traditional approach and a clinical approach.

In 2021-2022, Mânûhîkû continued to carry out its vision by promoting mental wellness through prevention, intervention and treatment.

2021-2022 HIGHLIGHTS

- Supported the Fort George Residential School gathering
- Supported Orange Shirt Day activities to commemorate Truth and Reconciliation Day and distributed orange sweatshirts and jackets to all communities
- Graduated the first cohort of Cree Focusing Oriented Training
- Distributed mental wellness promotional items to all communities
- Contributed to the activities of the Wîchihîwâuwin Emergency Steering Committee (WESC) coordinating pandemic-related psychosocial services
- Organized Mental Health Day in Chisasibi with local high school students

In addition, eight trainers followed the Applied Suicide Interventions Skills Training (ASIST) while two followed the Best Practices in Suicide Intervention – Cree version. Two students completed internships (one psychology student and one in Algonquin College's Community and Justice Studies program).



PSYCHIATRY

The Adult Psychiatry team continues to visit communities, but some visits were postponed due to pandemic restrictions. Dr. Melissa Pickles visited Chisasibi, Mistissini, Oujé-Bougoumou and Waswanipi. Dr. Janique Harvey visited Whapmagoostui, Wemindji, Nemaska, Eastmain and Waskaganish.

In Child Psychiatry, Dr. Sofie Mauger visited Chisasibi and Wemindji. A new child psychiatrist, Dr. Sabrina Prevost, will be visiting Mistissini, Oujé-Bougoumou and Waskaganish. Dr. Julie Marchand also does telehealth consultations in Whapmagoostui, Mistissini and Waswanipi. On occasion we have student/resident doctors accompanying our psychiatrists on their visits.

Two new mental health nurses have been hired to serve Nemaska and Oujé-Bougoumou.

PATHFINDERS TRADITIONAL COUNSELLING

Matthew Mukash, Eeyou wisdom keeper, provided traditional counselling services to members of the community, including individual, family and group sessions of traditional counselling (in-person and virtual). Other services included healing workshops and circles, a traditional night lodge ceremony and land-based activities.

PSYCHOLOGY AND THERAPIST SERVICES

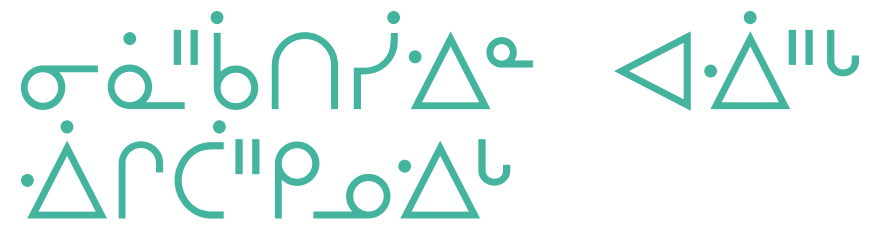
Most psychology and therapist services were conducted over telehealth this past year, with some in-person visits. Support was provided to individuals, couples and families over the year.

The Wîchihîwâuwin hotline was launched to provide mental health and well-being support services around the clock. The hotline has proven invaluable in helping address mental health issues related to the COVID-19 pandemic.



2021-22 Mânûhîkû Services Provided

	# visits	# clients seen	# no shows	# appointments	# telehealth sessions	# psychiatry services	# child psychiatry services
Chisasibi	9	818	377	1,195	348	219	115
Eastmain	11	246	83	329	82	78	-
Mistissini	4	710	536	1,612	458	235	16
Nemaska	-	589	291	880	284	156	-
Oujé-Bougoumou	7	387	326	779	219	31	2
Waskaganish	3	28	28	27	119	93	-
Waswanipi	10	473	90	360	168	137	21
Wemindji	4	57	71	174	21	288	50
Whapmagoostui	7	403	123	245	321	307	-
Montréal	-	-	-	-	-	-	-
Total	55	3,711	1,925	5,601	2,020	955	204



ninâhkâtisîwin awîhch wîchitâhkinuwich

DISABILITY PROGRAMS AND SPECIALIZED SERVICES

The Disability Programs and Specialized Services (DPSS) team contributes to the development and delivery of high-quality, culturally relevant services for clients with disabilities. Our clientele includes, but is not limited to, case workers and community staff supporting residents of the Cree territory living with a persistent disability that may be negatively affecting their desired lifestyle. DPSS ensures these support services are provided to Cree individuals living with a disability who reside outside of the territory.

THE INTERVENTION TEAM

The DPSS intervention team includes a team leader, six clinical advisors, and one behaviour analyst. Our mandate is to support communities to develop and maintain high-quality services through team-based knowledge and skill sharing. To achieve this, clinical advisors offer regular support calls for local case managers, occupational therapists and multi-disciplinary teams as well as individual support for complex or problematic situations.

PROGRAM DEVELOPMENT

The Content Development project was very active this year. The whole DPSS team participated to ensure that material was based on recent research and best practices. A consultant supported content management on various platforms, allowing the team time to focus on content.

Some outcomes included six podcasts, several training videos and a TikTok series on ADHD. The training videos covered such topics as Fetal Alcohol Spectrum Disorders, Early Language Skills and Autism Spectrum Disorder. The DPSS team also produced material and training videos as well as a series on the Jordan's Principle application process.

TRAINING AND PRESENTATIONS

Once again, DPSS hosted a five-day webinar training series, open to all. The series consisted of seven knowledge-sharing sessions on different disabilities and three sharing opportunities. Attendance exceeded expectations, with an average of 56 participants per daytime session. Most people attended more than one session.

The series offered a variety of evidence-based interventions safe for anyone to implement, equipping staff at the CBHSSJB, other Cree entities and families with basic tools to quickly and safely serve individuals with disabilities and their loved ones.

SENSORY INTERVENTIONS, TRAINING AND SUPPORT

The team developed Sensory Awareness training for the public about sensory dysregulation. This training has reached 83 people so far through in-person and online sessions.

The construction of the sensory room in Whapmagoostui triggered the development of new supporting materials and training opportunities, which benefited communities that already have or plan to build sensory rooms.

Training on how to support clients in sensory rooms and a tutorial on how to use and maintain the equipment are now available, along with a user guide, posters, logs and procedures—content created to ensure the safety of those using the room; 71 people on territory have received one or both trainings, in-person or online.

Sophie-Anne Scherrer, Occupational Therapist - Clinical Advisor for DPSS and Kendrick Ottereyes exploring a sensory room



SPECIAL NEEDS EDUCATORS

Throughout the past year, Special Needs Educators (SNEs) have provided support and delivered services to those affected by disability. They are valued members of the local multidisciplinary team, bringing expertise in servicing clients with complex profiles. By collaborating with DPSS and participating in trainings, SNEs continue to guide DPSS in developing tools for building knowledge and skills to support their communities.

JORDAN'S PRINCIPLE

This year brought about many changes to the Jordan's Principle team and a recruitment process is ongoing. A total of two trainings, seven presentations and one webinar were delivered throughout Eeyou Istchee. Over 150 individuals attended.



SUPPORT FOR EXTERNAL RESIDENTIAL RESOURCES AND THEIR CREE CLIENTS

Throughout 2021-2022, 23 clients were living outside of the Cree territory in specialized homes under contract to support their complex needs. These homes are adapted with facilities to provide care and link clients to resources and programming in the community. This is an increase of five clients from the previous year; no clients returned to Eeyou Istchee this year.

Maintaining regular communication with family and community members has remained a high priority amidst pandemic restrictions that made family and community visits difficult. To overcome these barriers, more clients were provided with their own iPads courtesy of the Kate Sharl Foundation.

Most clients have received one or more in-person onsite visits from DPSS staff at their 'southern' home this year. This gave us an opportunity to better understand the complexities of care, the nature of support they receive and how they benefit from their home environments, and allowed the team to identify additional needs. A virtual visit was organized if one in person was not possible during the year due to COVID-19 regulations.

External clients' care and treatment plans are reviewed every 6-12 months or when necessary, in collaboration with families, the case manager and DPSS staff. DPSS continued to inform and support community teams, clinical advisors and clients who are considering out of region placement, ensuring that all alternative solutions are exhausted before proceeding.



nishiyû wâpimâusûwin

MIDWIFERY SERVICES

2021-22 brought many accomplishments for Midwifery Services. In July 2021, we acquired a new Birthing Home Coordinator, Elizabeth Bobbish, who helped set up a temporary birth home at 18 Maamuu in Chisasibi, as well as additional office space for the Midwifery team. Throughout the summer, the team worked towards expansion on the territory, including birthing home births, hospital births and at-home births.

In November, the Midwifery team supported a birth in a mîtaukân, a traditional dwelling. Midwifery Services, First Responders and hospital staff learned how to safely deliver a baby in this environment. In December, we opened the Birthing Home to the public. We celebrated with a soft opening that included the Midwifery team, a Cree Nation of Chisasibi representative and our Chairperson, Bertie Wapachee.

The team has expanded to include an administrative technician, a Northern attendant and a third birth assistant to keep up with the growth of services.

Relationships and agreements

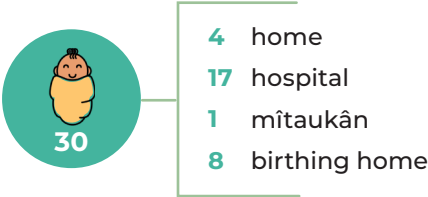
- Cree Nation Government
Cree School Board
Ordre des Sages-femmes du Québec
Regroupement des Sages-femmes du Québec
National Aboriginal Council of Midwives
MSSS Departement Santé Mère-Enfant
l'Université du Québec des Trois-Rivières
INIA – Nunavik's Indigenous Midwifery Education Program
Cree Women's Association of Eeyou Itschee
Elders Council
Youth Council
Awash, CMDP, Council of Nurses and Nishiyû (CBHSSJB)

The Midwifery team has been busy with consultations and collaboration with MRD on the permanent Birthing Home, which will have three birthing rooms, consultation rooms for the Midwifery team and the Awash team, a family/activity room and office space for birth assistants and aspiring midwives.

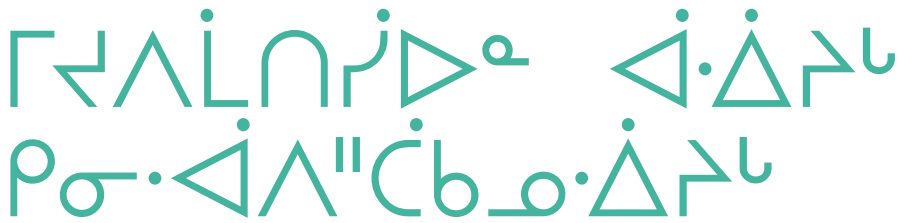
In June 2021, the CBHSSJB Board of Directors passed a resolution supporting a training program for Cree midwives. The model is community-driven, on-territory (where possible), competency-based and with instruction in formats aligned with Indigenous ways of learning, teaching and knowing. It also integrates wâpimaussun. Students will be supported by the CBHSSJB and eligible for a provincial midwifery license and practice within the same scope of practice as university-trained registered midwives. They will be able to offer high quality, clinically and culturally safe care to Eeyouch families.

To guide the program (which begins late 2022), we have established a Cree-driven advisory group, and collaborated on training and promotional activities. A team from the CBHSSJB spent a week in Inukjuak, Nunavik consulting with the Midwifery Education Program staff there.

On-territory births¹



1. As of April 2022, there have been a total of 79 births on territory, including clients from Whapmagoostui and Wemindji, some of whom used our Chisasibi boarding house—a new option for those needing lodgings when coming for a birth.



miyupimâtisiûn awîyich kiniwâpihtâkanuwîyich

PUBLIC HEALTH - EXECUTIVE SUMMARY

The second year of the pandemic has been transformative for the Public Health department, the CBHSSJB and its community partners in Eeyou Istchee, and has changed how we work together.

The pandemic has taken a profound toll on Eeyou Istchee and its people: outbreaks in communities, illness, isolation, hospitalization, loss of loved ones, and the broad disruption of routines, cherished activities and traditions.

In this context, which included working under three Directors of Public Health, the department continued to pursue its preventative health mandate. We were successful in so far as significant community transmission was delayed in Eeyou Istchee until late 2021.

Our pandemic response required sustained support from Public Health staff, many of whom took on new responsibilities, notably for case investigation and contact tracing. These challenges stretched our capacities, but also forged deeper partnerships and connections. We have consolidated our work with local and regional entities, and built capacity among local teams to support greater sharing of responsibilities.

The pandemic has raised awareness of the role of Public Health, which aims to promote miyûpimâtisiûn by creating conditions for people to become healthier and to thrive.

Despite the extra burden of work, Public Health continued to work on critical programs and supported interventions to advance our understanding of the social determinants of health. Awash, Uschinîchisû, Chishâiyû and SERC units pursued programs and activities that clients and decision-makers rely on. It has been truly humbling to witness the dedication, teamwork and openness of our workforce to address both pandemic and non-pandemic matters.

Our work will continue through the pandemic transition period and beyond, focusing on health determinants to guide our programs and activities. We have learned important lessons and we draw strength from Cree ways in this work. Our efforts to place Cree staff in key decision-making positions will continue, to better support people at the heart of our actions and advocate for reconciliation.



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

The Â Mashkûpimâtsît Awash (AMA) program provides ongoing health and psychosocial support services tailored to families. Closely linked with the Maternal and Child Health Program (MCHP), this umbrella program proposes an integrated way of delivering services that addresses families’ needs and priorities on the path to miyupimâtisûn.

AMA services were affected by the availability of staff and resources during the pandemic. Many newly hired front-line workers in Awash were provided with online training in AMA, with the exception of those in Eastmain and Whapmagoostui. Collaboration with DPSQA–Health and Midwifery Services continued through 2021-2022, including participation in the Perinatal Coordinating Care Working Group.

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 and monthly meetings. A framework for prenatal gatherings, developed in partnership with Midwifery, was implemented by many local Awash teams with the gatherings continuing this year.

AMA supports the development of local, regional and provincial partnerships to promote better coordination of existing services and to create complementary community-based projects. Activities with community partners—the Nurturing College in Waskaganish, Waswanipi, Oujé-Bougoumou, Mistissini and Chisasibi; Come-Unity in Waswanipi; and Fly Families

in Wemindji—were put on hold given the pandemic. Community organizers supported AMA activities but were also very involved in pandemic measures.

The Early On program, based on the provincial Âgir tôt program, was initiated in Eeyou Istchee in early 2022. Teams in the field participated in consultations to begin adapting the program, which will develop an assessment tool to respond to developmental delays detected in children.

Regional partnerships with the Mâmû Uhpichinâusûtâu committee are now initiating shared projects. The Public Health Awash team and the regional offices of Child and Family Services (CFS) collaborated in the development of a regional framework and will be creating yearly action plans. The partnership will focus on creating tools and learning opportunities for young families in Eeyou Istchee. During the pandemic, Public Health also supported CFS daycare centres in training staff and setting up protective and preventive measures against COVID-19.

The Cree Leukoencephalopathy and Cree Encephalitis (CLE/CE) Program aims to increase awareness of these genetic diseases, provide information about the availability of screening and support carrier couples in their reproductive choices. Most planned activities were postponed due to school closures and travel measures; however, approximately 220 new patients were screened. Teaching and information tools for clinicians and patients will be distributed, with collaboration underway for a pilot project in Mistissini to integrate CE/CLE screening results into EMRs. A database revision for 2,753 patients is ongoing in collaboration with CHU Sainte-Justine and CMCs.

The Miyû-Ashimishush Program continues, with local Awash teams trained and supported by the regional team. Five communities offer the program to pregnant clientele from 12 weeks into their pregnancy to 8 weeks post-partum. Participants can get weekly grocery coupons for nutritious foods (milk, eggs, fruits and vegetables).

The Breastfeeding Program aims to increase breastfeeding rates in Eeyou Istchee by implementing the Baby-Friendly Initiative (BFI) within regional health services and supporting local initiatives that promote, protect and support breastfeeding. The Breastfeeding Program provided a two-day breastfeeding basic training to interveners in CMCs as well as a refresher training for those with basic training. The program's report will be distributed to local Awash teams.

The Immunization program continued to prioritize support and coaching for local vaccinators, especially to catch up on pandemic-related delays for infant and school vaccinations.

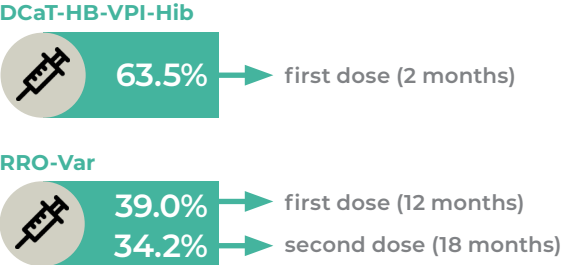
The Dental Health Program continued onboarding last year's new dentist-advisor. Dental hygienists had to reduce activities planned during the school year due to the temporary closure of schools and childcare centres.

Preventive services resumed in schools under specific MSSS measures. Preventive dental follow-ups continued, including fluoride application and sealant application on first and second permanent molars; however, the number of consultations declined compared to past years. Glass ionomer sealants were introduced to increase the sealants available for children and hygienists began training on the new product. A campaign was developed promoting infant dental health and the benefits of breastfeeding.

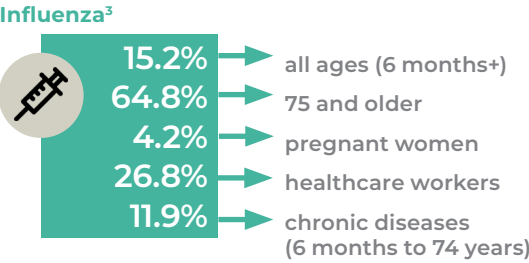
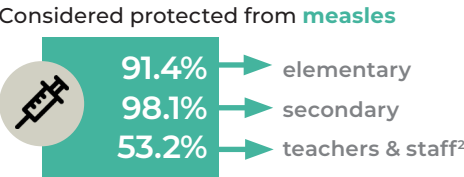


Eeyou Istchee Vaccination Program

Figures below report vaccines given on time as per the immunization schedule¹.



Figures below report overall vaccination coverage.



1. On-time vaccination window is target age + 14 days
2. Missing proof of vaccination from staff
3. MSSS flu campaign was halted December 31, 2021 due to low number of flu cases
DCaT-HB-VPI-Hib = diphtheria, pertussis, tetanus, hepatitis B, poliomyelitis and Haemophilus influenza b (Hib) infections
Men-C-C = meningococcal disease
RRO-Var = measles, mumps, rubella

USCHINÎCHISÛ 10-29

In the past year, the Uschinîchisû team has grown from 4 to 12 members to help meet the needs of the fastest growing population in Eeyou Istchee. Using a holistic approach, the team is adopting best practices, visiting communities and supporting front-line workers to provide youth with relevant health information.

This growth has enabled the department to gain a wide range of expertise, helping to meet needs in mental health, sexual health, dependencies, addictions, injury prevention and safety, health and physical fitness, and social media safety. Additional professional development for staff is underway.

CHÎ KAYEH IYÂKWÂMÎH

The Chî Kayeh Iyâkwâmîh (You Too, Be Careful) school-based program about relationships and sexual health was revived for the 2021-2022 school year. Based on Cree values, it aims to prevent sexually transmitted infections (STIs) and unplanned pregnancies and to improve self-confidence, helping youth make wiser and healthier choices. To improve the quality of our programs, we conducted sensitivity training and collected data about our sexual health services at each grade in Chisasibi and Mistissini.

Walking beside our youth towards Mîyupimâtisiûn by planning and implementing appropriate health services where youth are, addressing their developmental needs in the transition to adulthood, and promoting and embracing our Eeyou Eenou identity

CANNABIS REGIONAL AWARENESS AND PREVENTION PROJECT

The Cannabis Regional Awareness and Prevention Project (CRAPP) educates youth about the effects of cannabis use and promotes harm reduction. A tour of all nine communities reached 1,558 students from Grade 5 through Secondary 5. CRAPP kits are being developed as a resource for schools to continue cannabis prevention and harm reduction. In addition, funds will be provided to local Youth Councils to promote Eeyou Eenou culture through cultural activities and a project to build Inn Mîchuwap. By giving youth additional opportunities to connect with their culture, substance use may be delayed or prevented. Currently, the Mîchuwap project is underway in two communities.

The Dependencies and Addictions Program continued to deliver training to staff and partners on substances and harm reduction.

HEALTHY EYYOU YOUTH

The Healthy Eeyou Youth (HEY) outreach program was developed as a part of planning youth-friendly health services. Under HEY, all permanent youth outreach workers have been trained to promote healthy lifestyles through culturally appropriate programming that targets young people facing social exclusion, discrimination, stigmatization and health issues. They offer well-being checks, psychosocial support, short-term crisis intervention and more in collaboration with partners, including Youth Councils, the Cree School Board and cultural departments.

OPEN SPACE PROJECT

The Open Space Project (OSP), funded by the MSSS (*Aire ouverte*), aims to deliver tailored preventive psychosocial and health services with and for youth. A working group and ad hoc consultation group have been established. The project is continuing its partnership with the Cree Nation Youth Council. Next, a community will be selected for the pilot project.

CULTURE IS PREVENTION

The Culture is Prevention initiative was inspired by youth who expressed their desire and need to be more connected to their culture and traditions. A character-building Rites of Passage project for young girls aims to deliver land-based teachings to girls about establishing healthy boundaries and honouring themselves as Indigenous women.

BULLYING PREVENTION

All communities are dealing with the effects of bullying. Uschinîchisû is working with the CSB to help create safe spaces within schools and youth centres, at community events and at home. This year, the Pink Shirt Day anti-bullying social media campaign spread the message "Let's Lift Each Other Up."

OTHER INITIATIVES

In the coming year, the Ayâkwâmî! Chishtikwân! (Be Careful! Your Head!) safety awareness campaign will promote the use of helmets while playing sports and riding bikes, scooters and off-highway vehicles.

The Yakwamî! Don't Drink and Drive, Don't Drive High awareness campaign shared information about the effects of, and how to avoid, driving under the influence of drugs and alcohol.

The youth-led Emskooshiyûn (Strength) Mural Project, with the Youth Healing Services Centre in Mistissini, was an effort to build positive relationships between youth and centre staff through art.

Uschinîchisû developed and disseminated infographics and training material on mental health issues such as anxiety, depression, coping skills, grief and resilience. Youth participated in producing two videos about anxiety and coping skills.

The Uschinîchisû visual identity is in development. Increasing our visibility in places where Eeyou Eenou youth receive health services will support our efforts to build strong relationships—engaging and empowering youth to join our effort to improve health outcomes.





CHISHÂIYÛ 30+

In 2021-2022, most Chishâiyû team members remained reassigned to COVID-19 files, with five new members welcomed, filling three vacancies.

PROMOTING HEALTHY LIFESTYLES AND CHRONIC DISEASE PREVENTION

The team shared ice, boat, driving and firearm safety messages through local and regional media, and supported community nutrition activities, walking challenges and snowshoe walks.

In total, 22 small grants were awarded to community groups through the Healthy Environment Active Living program (HEAL), promoting nutrition and chronic disease awareness, Drop the Pop, cooking workshops, physical activity and more. Five initiatives were funded through the Food Security Fund, including youth meal and snack programs, Meals on Wheels for elders, plant harvesting and gardening. Support continued for Breakfast Club in all schools, traditional food harvesting and distribution of healthy food coupons for families in need. In the fall, information was collected on the availability and price of basic nutritious food in local stores to assess the cost of the Nutritious Food Basket. The Committee on Access to Nutritious Food collaborated to strengthen local harvesting, to add water fountains in public buildings, and to organize four food engagement sessions. Training and support were offered to CBHSSJB Food Services to implement the Traditional Food program. All 16 kitchen permits were renewed.

The Train the Trainer Program aims to increase healthcare providers' knowledge on diabetes management through training, mentorship and support. In 2021-2022, virtual training

Promoting healthy lifestyles and preventing chronic diseases for adults and elders

and software upgrades to the Cree Diabetes Information System (CDIS) continued. This clinical surveillance tool helps local CMCs prioritize patients needing follow-up. The Diabetes Helpline and virtual patient counselling were widely utilized, and two new guidelines on Gestational Diabetes and Pre-Existing Diabetes in Pregnancy were completed.

As part of the Cancer Screening program, breast cancer screening is available every two years for eligible women in Eeyou Istchee. In summer and fall 2021, the breast cancer screening mobile unit (Clara Bus) visited five communities, wrapping up its 2021 campaign for all nine communities. Breast cancer screening training was offered and new testimonial videos were shared. Additionally, the Care4 case management system was leveraged for breast cancer radiology reports and for screening, investigation and tracking for colorectal cancer.

Since visits to communities were limited, the No Butts To It (NBTI) smoking cessation and prevention initiative held activities through distance education and engagement. The team produced six fact sheets with posters and pamphlets for social media, followed by a quiz or call-in radio show. National Non-Smoking Week in January 2022 was promoted with new web material and stories of quitting from community members.

To help address lateral violence, we promoted lateral kindness with workshops for staff and communities. The Eeyou/Eenou Family Values project and booklet, developed in 2020-2021, was further promoted.

ENVIRONMENTAL HEALTH

Chishâiyû also aims to inform and protect people from harmful substances in air, water and food. It is concerned with reducing the health impacts of large resource development projects (e.g. mining, hydro), encouraging healthy and safe community environments, and addressing environmental emergencies.

In 2021-2022, the team led a COVID-19 surveillance pilot project in community sewage. An environmental health lab in Chisasibi was set up to test samples from Chisasibi and Waskaganish, in partnership with the CNG, Chisasibi Eeyou Resource and Research Institute (CERRI), and the National Microbiology Laboratory.

Radon mitigation also continued in areas with high levels of indoor radon, and information was shared with the public during Radon Awareness Month in November 2021. Several declarations and follow-ups of abnormal lead and mercury levels were made to *Maladies à déclaration obligatoire* (MADO). The team continued its regular water quality review to help ensure safe drinking water.

The project on climate change continues to provide a comprehensive scan of the region. The team works to assess the health impact of climate change to inform an adaptation plan and sits on the CNG climate change advisory committee. The team also provided input on proposed mining projects and pre-planning assessments of *La Grande Alliance* projects, and participated in the *Bureau d'audiences publiques sur l'environnement* (BAPE)'s waste management consultation.

OCCUPATIONAL HEALTH AND SAFETY

In 2021-2022, the team continued training for the Prevention Safety Technician and interim Occupational Health Nurse Counsellor. Three job postings are pending, including the Occupational Health Nurse Counsellor and two new permanent positions. The team's mandate is to protect worker health by preventing occupational diseases and injuries.

Visits were made to construction sites and businesses to provide health and safety information to workers. The team also participates in discussions with the Public Occupational Health Network and CNESST.



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îyîyamwâhîwâch châkwân

SURVEILLANCE, EVALUATION, RESEARCH AND COMMUNICATIONS

SERC is a hub of transversal expertise within Public Health. This past year it provided support for health protection needs that required expertise in surveillance and public health communication. SERC also supports other public health functions (promotion and prevention) in activities related to evaluation, research, knowledge translation, communications and capacity building.

The SERC team grew in 2021, adding new positions in infectious disease, surveillance and knowledge translation. This increased capacity has supported COVID-19 response efforts while providing broader expertise to improve regional management and control of other infectious diseases.

The SERC team continues to play a leading role in the CBHSSJB's response to the COVID-19 pandemic by providing rapid, responsive and detailed surveillance data analysis and evaluation for key decision makers, including the Public Health director, executive leadership and the vaccination team.

Building on previous COVID-19 case management experience, the team responded quickly during December's Omicron outbreak, leading case investigations, mobilizing regional contact tracing and building local outbreak management capacity, while providing culturally safe and timely communication to community members and other partners.

SURVEILLANCE

The Surveillance team is mandated to report on the health status of the population and its underlying determinants. The team collaborates with other professionals to provide health information for use in planning and decision-making processes and to share expertise in survey design, data collection, management and analysis.

In 2021-2022, one member of the monitoring team moved into a permanent position and two new employees were hired. The team has completed several trainings to build their monitoring capacity, particularly on data analysis and data presentation.

The surveillance team plays a critical role in the pandemic response by producing daily and weekly reports for the CBHSSJB management committee, local and regional Cree entities and provincial health authorities.

Various specialized analyses were produced according to the needs of the partners. The development and ongoing adaptation of regional data collection tools continued. The team was also involved in training clinical and non-clinical staff on various information systems developed by provincial agencies. Finally, work is underway to develop data dashboards and to design a survey documenting COVID-19's psychosocial impact.

Despite the reduced focus on non-COVID-19 issues, the team produced a brief report on diabetes and dog bites, responded to numerous ad hoc requests, and developed standard operating procedures to support the consistent completion of surveillance tasks.

EVALUATION

For a second year, the evaluation team mobilized to work on the COVID-19 response. Activities included a community-based participatory evaluation of the 2021 inland outbreak and an evaluation of the mass vaccination campaign, to assess its success and draw lessons for future vaccination efforts. The previous Public Health Regional Action Plan (RAP 2016-2021) was reviewed and evaluated this year, as part of a process to finalize a 2022-2027 version.

RESEARCH

The Research committee resumed regular activities in spring 2021, meeting with the research advisory panel four times. In September, a research coordinator was hired to work with an administration process specialist to manage research requests and follow up on current projects. Areas of focus: restructuring the committee and advisory panels; updating the research by-law and Terms of Reference; consolidating OCAP (ownership, control, access and possession) principles and Miyupimâtisiun Research principles in the request review process; and organizing current research projects. Research activities slowed after the Omicron outbreak in December 2021.

Current projects cover subjects including health service experiences in the South, trauma, contact tracing, physical health, diabetes and the environment.

COMMUNICATIONS

SERC's Communications team supports health promotion and prevention with the goal of miyupimâtisiun—collective and individual well-being. It provides knowledge transfer support, health promotion campaign planning, multimedia material production, notices, warnings and health status reports using a toolkit of approaches, and in close collaboration with the regional communications team, to reach targeted internal and external audiences.

The team produces *Miyupimâtsiŋun Tipâchimuwin*, a bi-weekly community radio program on JBCCS, that features Cree- and English-language interviews on health topics. The team also supports skills transfer through workshops and training sessions.

In 2021-2022, the team continued to lead the communication response to the pandemic, providing support for messages about mass vaccination campaigns, precautionary measures, testing, travelling protocols and all major outbreak events, including the Omicron wave.

The interim communications advisor position was extended and a new PPRO position in Knowledge Transfer added in 2021-2022. A "Who we are and what we do" presentation explained enlarged roles and capacities and was shared with Mississauga Public Health staff in fall 2021; it will be shared with other teams in 2022.

2022-2023 priorities include ongoing communications support for the pandemic response, revising internal processes and protocols to optimize communications planning and production, and continued capacity building and skills transfer to Public Health staff.

SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBIS)

The Sexual Health Program supported local clinicians in investigating and managing patients with STBBIs and their sexual contacts. Due to the pandemic, CMCs often curtailed all but essential and emergency care. This had an impact on preventive care, including routine screening, which likely reduced reported cases of genital chlamydia and gonorrhea.

In 2021, several cases of patients with early syphilis infection were effectively managed in a number of communities (including an outbreak in one community). In affected communities, enhanced surveillance for syphilis, especially among pregnant women and individuals at higher risk of STBBI, was recommended.

The team responded to isolated adult cases of hepatitis A and hepatitis B in the region, and ruled out community-based sources of infection and transmission. The team continues to follow all patients who have tested positive for hepatitis C to ensure they receive appropriate clinical treatment.

OTHER REPORTABLE INFECTIOUS DISEASES

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

In 2021, an outbreak of salmonella gastroenteritis in one community was managed and the outbreak's source identified.

Several cases of patients with invasive bacterial infections—mainly invasive group A streptococcus, streptococcus pneumoniae and invasive haemophilus influenzae type A (Hia)—were investigated by Public Health. The team prepared a special report regarding the high incidence of invasive Hia in Eeyou Istchee over the years, especially among children under five. Public Health now recommends post-exposure prophylaxis treatment for all close contacts of patients with severe invasive haemophilus influenzae type B.

In early 2022, numerous wild and domestic birds infected with a novel Eurasian strain of H5N1 avian flu were reported in the USA and Canada, and included a few birds in southern Quebec. At the end of April 2022, two known cases of bird-to-human transmission had been reported, neither with severe disease (UK and USA). The Infectious Diseases team responded by developing practical communication tools to promote safe hunting and handling of wild birds, especially during Goose Break. The team also developed a regional clinical algorithm to assist clinicians in early identification and management of "suspect human cases" with novel H5N1 avian flu infection. These tools were promoted by the MSSS for use in other Indigenous communities in Quebec.





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nishîyû miyupimâtisîun

EXECUTIVE SUMMARY

We began our year with an optimization audit, to reflect on how the organization could further grow and develop our Nishîyû Miyupimâtisiûn department. While we had to postpone the development of certain files, this process allowed us to reflect on how to position our department within the CBHSSJB and how we can collaborate with other departments in a mutually respectful way.

Despite the challenges of the pandemic, our team used this time well, ensuring that Eeyou Intihkuîn and traditional healing approaches were accessible to Eeyouch. One of our highlights was the development of protocols and procedures to structure our work with traditional healers, helpers and traditional knowledge keepers.

Our department maintained its commitment to bringing the principles of cultural safety to the CBHSSJB—in how we work together and how services are delivered. All care should be provided fairly, equitably and free from prejudice.



Laura Bearskin
Assistant Executive Director (AED)

I would like to express my love and gratitude to our Elders for the knowledge and wisdom they have shared. Sadly, this year two of our respected Elders journeyed to the spirit world. Lawrence Matthew brought us teachings about the beaded hood, puberty rites and pipe ceremonies. James Kawapit carried the drum and shared how advocating for life and spirituality are one and the same, and that it is important for us to wear our spiritual armor (the beaded hood, ribbon skirts, medallions and the like).

I am grateful for the work and support of my team and colleagues, especially members of the Nishîyû Council of Elders (NCOE). I have learned and grown with them in my time as AED for Nishîyû Miyupimâtisiûn. It has been a privilege and an honour to advocate for our Nishîyû Ways with you.

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nishîyû miyupimâtisîun

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û nishîyû kwâschîshwâmikâhch aniyâyû wâskîhch kâ ish îyât kiyâ kâ îsh chischâyitâhk îyiyû/
 înwîwîych pimâtisîwîniyû âyuwîkw wâ îsh kiniwâhpitahch anichî âwânichî îyapîhtisistâch
 âpitisîwîniyû. îyiyîitâhîtimuwîn yâyitâ châ chi âpitihch â wîhwîchihâkânûwîych misiwâ
 îyiyuwîych. âkûht kiyâ astipîhch chisâyûwîych uchimâkânahch. âkûht wâishûtâhch
 nîtuhkûyin âpitisîwîn kiyâ châ chistinâstâhch misiwâ châkwân kiyâ misiwâ âwân châ chi
 miywâpitisît â wîchihâkânûwîych âwânichî.

Nishîyû refers to the traditional ways of the Eeyou and Eenou people. Our vision is *Âpîmûdihehkûd pîmâdîsîwînû Kîyah a achîsachînûtihehkûd* (achieving Miyupimâtisiûn through the guidance of ancestral teachings). The Nishîyû Miyupimâtisiûn department works to ensure that Cree knowledge and values are reflected in CBHSSJB services.



Nishiyû Miyupimâtisiun team meeting, Gatineau, March 2022

NISHÎÛ PROGRAMS AND SERVICES

Responding to community needs amidst the pandemic was the main focus of Nishiyû’s Complementary Services and Programs. We harvested and shared Eeyou Intihkuîn with community members to help prevent and ease the symptoms of COVID-19. Community members received teachings from our Elders and traditional knowledge keepers related to Eeyou Intihkuîn and Eeyou Mîchîm.

We received many requests for traditional healing as well as referrals from health care professionals. We worked with traditional healers to organize individual and group traditional healing ceremonies to meet the needs of Eeyouch.

Land-based pilot projects and other healing activities were delivered in collaboration with local partners, both inland and coastal. Protocols and guidelines for land-based programs are in development.

Wâpimauwin/Utinausuwin activities continued with the Miwît (baby bundle) distribution with the Midwifery team. Nishiyû presented the Miwît project at the Gûkûmnouch Gathering in Nemaska, October 2-3, 2021.

Activities carried out this fiscal year:

Complimentary services & programs/ Community Development	No. of activities	No. of participants
Land-based	22	182
Traditional healing	36	946
Traditional medicine (COVID)	287	287
Wâpimauwin/Utinausuwin	12	144
Total	357	1,559

All communities are represented with the exception of Eastmain (yet to have Nishiyû team members)

- Two-spirit land-based project
- Second phase of youth land-based project
- Building Mitchûap for team debriefs
- Couples land-based project
- Supporting individual and community healing approaches and events
- Traditional medicine harvest
- Moosehide project and teachings

Participants appreciated these activities and provided many helpful suggestions to improve our land-based programs, such as increasing the number of days spent on the land.

A highlight of this past year was a Traditional Healers Gathering in February 2022 with the CBHSSJB Chairperson, senior leadership and traditional healers, as well as some Nishiyû staff. The purpose of the gathering was to announce the completion of the Traditional Healers Protocol and to begin discussions about developing a Traditional Healers Advisory Council for the CBHSSJB.



Nishiyû Council of Elders

The Wîchihîwâuwîn Emergency Steering Committee (WESC) is still developing. Coordinator A. Thomas Hester worked with a core team and steering committee to ensure the CBHSSJB’s psychosocial and mental health emergency response during the pandemic. While this initiative was transferred from Nishiyû to Pimuchteheu, members of our department remain active in it.

The Family Group Conference Program recently hired a PPRO and is in the process of hiring community workers for Mistissini and Chisasibi.

The Cultural Safety Working Group (CSWG) strives to align all CBHSSJB services with Cree cultural values and realities—a process supported by consultation with the NCOE. The group provides cultural safety training and applies a cultural safety lens to documents and materials from other departments.

THAT WAS A WONDERFUL PRESENTATION—I WOULD LOVE TO DO THE FULL TRAINING. IT WAS SO INTERESTING AND PERTINENT TO KNOW, NOT JUST AS A MEMBER OF THE CREE HEALTH BOARD BUT AS A HUMAN BEING. THANK YOU.

— feedback from the Basic Introduction Cultural Safety Training (CST)



Basic Introduction CST

Level 1 CST

2-Spirit Teachings & Workplace Inclusivity **Total participants**



HR, HRD, CMC Chishâyiyû-Chisasibi, Midwifery, enlarged role nurses, Annual Nurses Training – Chisasibi, school nurses

Various CBHSSJB departments and external partners from the Cree Nation Youth Council and Cree Nation Government

Our group also reviewed documents and materials for programs and services across for other provincial health and social services organizations.

In May, in collaboration with Public Health, we provided cultural safety training to newly hired nurses. In July, we held some short in-person training, but pandemic restrictions on gatherings meant our training needed to be modified for online delivery. In response, our group developed a four-hour Basic Introduction to Cultural Safety, launched in January 2022.

In line with the Joyce's Principle calls to action, the CBHSSJB recognizes the need to support cultural safety and anti-racism within our organization. In June 2021, a unanimous Board of Directors motion approved the Joyce's Principle Working Group with Nishiyû and the CPDP. The group was mandated to assess needs within CBHSSJB services and to ensure there is equitable access to resources to support the well-being of Eeyouch.



Late Elders Lawrence Matthew and James Kawapit



Moose Hide Project



Laura Bearskin



4



miyupimâtisiûn

[illegible]

miyupimâtisiunyû kâ mâmûwîstâhch misiwâ nituhkûyiniyû âpitisîwîniyû
kâ kiniwâpitâhch misîwâ îyiyiwîyich â wîhwîchihâkânûwîyich châ chi
miyupîhîyich upimâtisiwîniwâch.

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



miyupimâtisîun

EXECUTIVE SUMMARY



Christina Biron
Assistant Executive Director (AED), Miyupimâtisiûn

In a year characterized by the extraordinary impact of COVID-19, I am extremely proud of what we were able to accomplish in Mîyupimâtisiûn.

Our department maintained public health recommendations while continually adjusting services according to our capacity. I would like to take this opportunity to honour our teams who have shown extraordinary commitment to providing safe, quality care. Thank you for your dedication and the value you bring to our organization.

The organization of our services was shaped by our improvement priorities and our ability to ensure continuity and timely access to care. Our achievements include the Wîchihîwâuwin Helpline, which responded to 527 calls. Among the callers, 70% did not require a referral—Helpline staff were able to meet their immediate needs.

The Cree Home and Community Care Program provided slightly over 57,000 hours of personal care to clients—an 8% decrease from last year, which is relatively good considering our staffing challenges. Also, as key partners in the development of a new model of care, we began piloting a family-centred approach to service delivery in Chisasibi. This trailblazing interdisciplinary team is focusing on building relationships and providing care to the whole family.

We have started a new project with patient-partners to improve the kidney transplant process. The project places the voice of our patients at the forefront of our approach, which we believe is an important driver for longterm success.

In conclusion, our department is embarking on transformative change by harnessing information and communication technologies, from the expansion of telehealth services to the accelerated deployment plan for electronic medical records. Our regional proximity structure provides a foundation for future strategic growth anchored in our commitment to strengthen access to health and social services.

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nituhkuyin âpitisiwînh kiyâ âish âpitisiâtâkanuwiyich

MEDICAL AFFAIRS AND SERVICES

GENERAL AND SPECIALIZED MEDICINE

The Department of General and Specialized Medicine (DGSM), under the Director of Medical Affairs and Services (DMAS), is responsible for providing a consistent quality of medical care and service while making the best use of locally and regionally available resources. The DGSM includes all family physicians and specialists who work at the CBHSSJB. The team coordinates communication between members and staff to ensure that the organization of work translates into the implementation of quality, integrated medical services that are continuous, culturally safe, effective and accessible to the entire population.

The Head of the DGSM, Dr. Carole Laforest, is supported by nine assistant head physicians, three assistants to the assistant head physicians and one head emergency physician, who together coordinate the medical services of nine CMCs and the Chisasibi Hospital. Six head physicians coordinate specialized services in general internal medicine, nephrology, pediatrics, adult and pediatric psychiatry, gynaecology and obstetrics, and medical biology. Recently, a microbiologist joined our team.

Recruitment and retention efforts in family medicine are bearing fruit. We have welcomed five new permanent and three part-time family physicians, bringing our total to 78 family physicians, two thirds of whom are full-time. Our team also includes 15 specialist physicians. Specialists provide excellent services in the North, and telehealth services from the South, in support of local teams.

As the number of permanent physicians has increased, so has the average length of stay, allowing us to continue to gradually reduce our reliance on replacement doctors and to ensure better coverage and continuity of services.

Despite the challenges of the pandemic, the team was able to maintain almost 100% medical coverage for the entire territory.

The DGSM team is involved in several projects, including revision and finalization of the Therapeutic Guide, training of nursing staff, standardization of clinical decision tools, and participation in service organization improvement committees.

Efforts to computerize our clinical systems are moving ahead. The MYLE electronic medical record software has been deployed in Mistissini and will reach other communities by the end of the year. We are also participating in the Chisasibi pilot project to develop the new care model, based on a holistic, patient-centred approach to family medicine.

Thanks to our motivated and dynamic team we will continue to ensure the continuity and quality of care to the population.

PRIORITIES FOR 2022-2023

- Develop and maintain our dynamic and committed team of general medicine physicians and specialists
- Reinforce our front-line by contributing the development of the new model of care and MYLE (the EMR system) to all communities
- Develop telehealth in both primary care and specialized medicine
- Continue to develop our specialized outreach services in the North

â nûâtâpitâsûwânanûwich

â nûâtâpitâsûwânanûwich

DENTISTRY

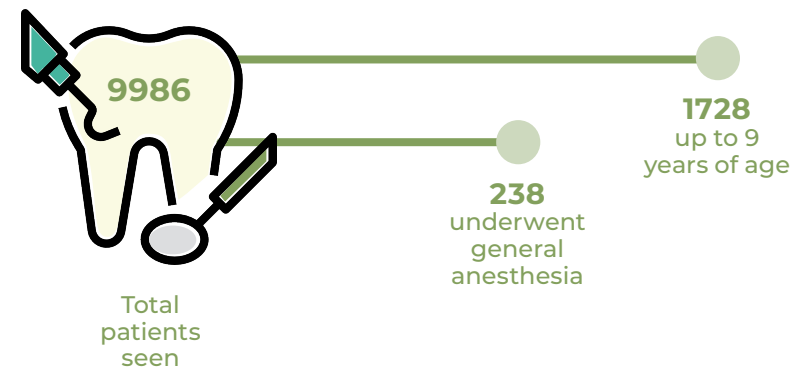
Under the leadership of Dr Lucie Papineau, Chief of Dentistry, the Dentistry department has reorganized its services by merging its professional staff into five poles: Mistissini, Chisasibi, Wemindji, Waskaganish and Waswanipi. These consolidated teams will be responsible for the smaller communities of Whapmagoostui, Eastmain, Nemaska and Oujé-Bougoumou.

The management of dental hygienists has been transferred to a regional health coordinator under the Director of Medical Affairs and Services (DMAS).

Three new dental hygienists completed their training in 2021-2022 and three others received their first yearly evaluation.

2022-2023 OBJECTIVES

- Complete the renovation of the Chisasibi Dental Clinic
- Review the NIHB (Non-Insured Health Benefits) Orthodontics Policy and Procedure
- Implement new technology and software for orthodontic services
- Discuss the implementation of a multi-disciplinary dental residency program at the Chisasibi Regional Hospital with McGill University and the MSSS





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nitukuyin â kiniwâihtikûch kiyâ â wîchimiyaânûwich
PHARMACY

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The Pharmacy department has continued to develop processes to improve access to high quality front-line services and specialized care along CBHSSJB service corridors. We estimate that approximately 230,000 prescriptions were filled this year between the three regional poles of Chisasibi, Mistissini and Waskaganish.

A new chief pharmacist was nominated and 12 new positions were created (9 technical pharmacy assistants and 3 pharmacists). Unfortunately, the department is still struggling to fill all positions; the team relies on temporary “de-panneur” pharmacists to ensure safe pharmaceutical services. The province-wide shortage of professional pharmacists has hindered the department’s development.

Pharmacists made several visits to the six communities that do not have permanent pharmacists. We plan to increase the frequency of such visits to provide regular support for these communities.

In February, pole pharmacies implemented Ubik, the new software for prescription management. The software is compatible with our new packaging machines, PackMed, which have already been installed in Chisasibi and Mistissini. This project should be completed shortly and will improve our capacity to distribute medication.

Pharmacists have participated in many inter-professional projects, including the development and validation of collective prescriptions used by nurses for emergency cart list medication review and medication for COVID-19 management.

The Pharmacy department is considering the development of telepharmacy services to reach all communities. This is a major project that will likely be the focus of the Pharmacy department for the next few years as we continue to improve the quality of our services.

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mitunâyhchikin
(DPSQA) Wîchihîwâuwin

The DPSQA-Wîchihîwâuwin psychosocial team works closely with front-line workers—community workers, Human Relation Officers (HROs), psychoeducators and social workers—to ensure quality professional practices and to standardize and integrate programs, policies and procedures. The team also plans new protocols and clinical norms, and supports employees with tools and resources.

Working with CMCs and regional services, we aim to establish a holistic approach. In line with the Strategic Regional Plan, DPSQA-Wîchihîwâuwin focuses on honouring the quality of care, building bridges, fostering passages and braiding Indigenous world views with clinical standards.

Our objective is to empower and nourish community resilience as we strive to achieve miyupimâtisiun reflective of Nishîyû. We identify integrity, safety, empathy, sensitivity and empowerment as the main values that individuals, families and communities need to achieve miyupimâtisiun.

This past year the team worked to ensure services remained available despite the pandemic. Working with local services already in place, the team created a safe service trajectory adapted to public health recommendations and local regulations.

The team has grown, with one clinical advisor per regional pole, two psychosocial Planning, Programming and Research Officers (PPROs), and one PPRO for the Prevention of Elder Abuse. Clinical advisors support staff and contribute to their professional development through case discussions and individual supervision. The Foster Homes department is also growing, with one team leader per pole.

Action Plan



- Facilitating passages**
recruitment
retention
recovery
orientation
Bill 21
mentoring
- Bearing quality of care**
statistics
OCCI/MCAT¹
file keeping/archives
quality assurance
- Anchoring access to care**
suicide prevention
local on call
regional on call
P-38 law²
sexual abuse
crisis/seclusion rooms
- Cultivate clinical standards**
elder wellness
Robin's Nest
Wichihîtuwin
foster homes
admission (Ishkotem)
YP-CMC protocol
longterm placement
psychoeducators

1. Outil de cheminement clinique informatisé / Multiclientele Assessment Tool
2. Loi sur la protection des personnes dont l'état mental présente un danger pour elles-mêmes ou pour autrui

IT WAS AN HONOUR TO BE THE ELDER REPRESENTATIVE FOR TWO SESSIONS. AN ELDER HAS A NICE GENTLE WAY TO INTRODUCE AND SHARE HER WISDOM FROM HER EXPERIENCE...I WANT TO RAISE THE NEXT GENERATION OF YOUNG PEOPLE WHO WILL RUN THEIR CREE COMMUNITY. WE NEED TO SUPPORT THEM ON HOW IT WORKS TO HAVE A HEALTHY COMMUNITY.

— RITA MCLEOD

Highlights of the DPSQA-Wîchihîwâuwîn annual training included opening and closing ceremonies guided by Elders, a presentation by Chloe Nahas and words of recognition by proximity directors, an intervention plan workshop with clinical advisors, crisis intervention training, a Robin's Nest presentation, presentations and discussions on regional and local on-call services, and a trauma-informed care workshop.

The Wîchihîwâuwîn Helpline, a regional 24/7 psychosocial helpline, has evolved since being implemented in March 2020. Our priority is to offer the population services in line with best practices, and the Helpline has seen a significant increase of calls from community members and front-line collaborators. This year we supported the development of local psychosocial on-call services.

Physical and mental health issues are the main reasons people have contacted the Helpline since its launch, highlighting the importance of a holistic approach to psychosocial support.

Most callers' needs (79%) were answered by Helpline workers. This new entry point allows us to reach a larger spectrum of people and helps diminish the workload of front-line workers.



Annual gathering

Reconnecting through our healing journey

To nourish a collective approach between DW/HRO/CW towards holistic care services by Pole

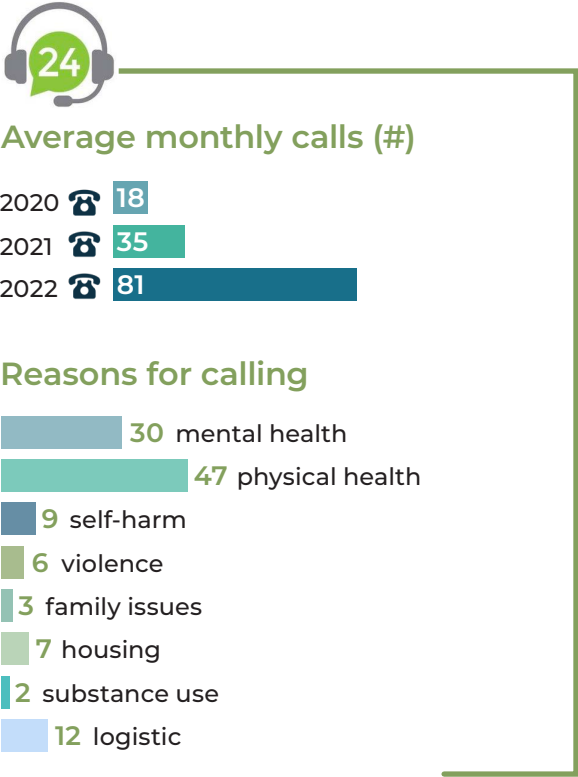
2021-2022 HIGHLIGHTS

- Approved statistic tool for psychosocial team and started the training within the nine communities and Wîchihîtuwin Montréal
- Provided ongoing and on-territory support, debriefing, case discussions and training tailored to team and community needs
- Developed multiple tools and support—eco-map/genogram template, prioritization grid in social services, caseload overview grid
- Robin's Nest trainings on management, action plan, guidelines, standardized forms, and links between CMCs and shelters
- Developed and shared Sexual Assault Kit training, in collaboration with DPSQA-Health, to involve psychosocial workers in each intervention with a victim
- Standardized record keeping and archives/psychosocial clinical process through collaboration with the regional archivist
- Uploaded all psychosocial documents and forms in Alfresco and trained front-line staff to access these forms
- Participated in Bill 21 (Loi sur la laïcité de l'État) development meetings, and created a Cree working group for discussions
- Provided MCAT (multi-clientele evaluation) training to home care staff
- Integrated a psychosocial team leader role in each community

- ▶ Waskaganish Pole — November 2021
- ▶ Chisasibi Pole — March 2022
- ▶ Mistissini Pole — June 2022



Psychosocial front-line workers annual gathering for the Chisasibi Pole in Val-d'Or



- ✓ 79% Need answered by Helpline
- ✓ 18% Referral with consent
- ✓ 3% Referral without consent

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pîpîchâu uchishtûn

ROBIN'S NEST WOMEN'S SHELTER



This is the fourth year of operation for the Robin's Nest women's shelter in Waskaganish and the fifth year in Waswanipi. The Robin's Nest team offers women and children in distress a place where they can reclaim a sense of well-being while adapting to a healthy lifestyle.

This past year Robin's Nest staff members were trained by Brenda Combs who has 30 years of experience operating a women's shelter. Combs' orientation training for managers provided a vital introduction to the operation and administration of women's shelters. The regional DPSQA-Wîchîhîwâûwin team is working to establish Robin's Nest policy and procedures and other governance documents.

66



70 women welcomed by the Waskaganish and Waswanipi shelters this year

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nituhkuyiniskwâu âpitisîwinh

(DPSQA) HEALTH

The Director of Professional Services and Quality Assurance (DPSQA)–Health is committed to ensuring quality care provided by CBHSSJB nurses, primary care community representatives, licensed practical nurses and home care workers. The department's vision is rooted in Eeyou/Eenou culture, and strives to ensure a holistic approach to caring for our people's mental, spiritual, emotional and physical health. Cultural safety is embedded in staff training and is a pillar of nursing practice. The nurses' annual training in Chisasibi featured workshops on lateral kindness, mental health, diabetes, pediatric evaluations and specific interventions.

In 2021 the organization welcomed the first Cree DPSQA–Health, as well as a new admin processes specialist and new nurse counsellors. The Awash/Ushinîchisû nurse counsellor position was expanded into two Awash nurse counsellors and an Ushinîchisû nurse counsellor.

Two new extended role nurse counsellors trained 14 nurses in extended roles. The team added a second wound care nurse counsellor, as well as foot care nurses for Mistissini and Waskaganish poles; work is underway to meet the needs of the Chisasibi pole. The new nurse counsellors have developed operational plans aligned with the Strategic Regional Plan and have revised the nurse's competency training plan.

Awash, Ushinîchisû and Chishâiyîû nurse counsellors have provided regular orientation and integration to incoming nurses. Several PCCRs (Primary Care Community Representatives) have received orientation and training on field practice, client needs and clinical practice guidelines.

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DPSQA Health Team with Grand Chief Mandy Gull-Masty



A second home hemodialysis (HHD) counsellor-client trainer position helped to grow the HHD program, but remains vacant. It would cover both HHD and peritoneal dialyses in the communities. The responsibility for HHD patient support was successfully transitioned from the hospital to Chisasibi's CMC Chishâiyîû department, and an administrative technician joined the team. Waswanipi and Chisasibi have been supported by the HHD nurse counsellor-client trainer.

The successful SWIFT application pilot project provided specialized wound care, remote support services, and enhanced wound care management.

Reprocessing and medical devices across the communities were audited. The Sterilization–MDRD and Purchasing nurse counsellor ensures improved sterilization processes.

The DPSQA–Health team has mobilized resources to support local teams during the pandemic. Training on infection prevention and control and PPEs remained a priority. The integration of teleconsultations has accelerated. Clinical support was provided for deploying ID NOW instruments for COVID-19 PCR rapid testing.

ID NOW testing



21 instruments in 12 test sites

235 professionals trained and certified

7500 tests performed since September 2021

67



â mîmu wichihtâkinuwiych
(DPSQA) ALLIED HEALTH

Throughout the global pandemic, our team of allied health professionals continued to provide services to Eeyou Istchee. Despite numerous COVID-19 adaptations and challenges, new ways to support clients were developed through teleconsultation, new community support projects and innovative approaches to diminish mounting wait times, given disruptions in service.

REGIONAL TEAM

The regional allied health team welcomed its first clinical advisor positions. Each allied health professional now has a designated clinical support professional to help with complex cases, research practice guidelines, develop documentation standards in the deployment of EMRs, develop training and help solve situations as they arise. The team also piloted its mobile team to provide physiotherapy and occupational therapy to underserved communities.

The PPRO for MSDCs has been working to create connections by touring communities and developing strong partnerships within the CBHSS-JB and with community partners. This has led to a new vision and pilot for addiction aftercare services, to be rolled out over the coming year.

OCCUPATIONAL THERAPY

Thank you to all the occupational therapists (OTs) who see a variety of clients with diligence and empathy. OTs continue to develop the next generation of professionals by offering numerous student placements in the region. Oujé-Bougoumou and Nemaska benefitted from the Circle of Friends approach for emotional regulation in children. Students in Waswanipi looked at rehabilitation through land-based approaches. OTs everywhere have contributed to home care services and the development of the region's new Elders' Homes and CMCs.

PHYSICAL THERAPY

Physiotherapy coverage has been a challenge this year, with support via regional mobile coverage where possible and with creative solutions. In Waskaganish, a phone check-in was put in place for new referrals, with a short assessment to avoid conflicts and diminish client wait times. Mistissini physio has been more present in current services, forging a collaboration between physio and doctors, with promising emerging practices in the area of musculoskeletal intervention. Chisasibi saw the development of perineal rehabilitation, which was well received. Therapists have been involved in clinical education to support the future generation of physical therapists.

NUTRITION

Nutritionists were essential in supporting food safety initiatives and adapted popular cooking workshops to a virtual platform to ensure continuity of service. Many interventions involved teleconsultation during the pandemic. The Miyû-Ashimishuh Program that provides healthy food to pregnant women was also maintained.

REHABILITATION ASSISTANTS

Our new regional rehabilitation assistant was mandated to make videos for the rehabilitation assistants'/monitors' task description and skills framework. She also continues a Moose Hide Project with Elders in Mistissini, linking with MSDCs to organize the purchase of crafting and traditional supplies—an integral part of MSDC programming. She is instrumental in bringing the perspective of the rehabilitation assistants to our programming.



SLP Audio Team: Leïla Belzy (audiologist), Anne-Marie Grondin (SLP), Valérie Cournoyer (SLP), Adalie Lê Nguyễn (SLP), Christine Valiquette (SLP), Leigh McMahon (SLP), Virginie Hébert (audiologist).



Anne-Marie Grondin (SLP), Marie-Claude Gallichan (audiologist), Virginie Hébert (audiologist), Julie Guibault (PPRO - Team Leader for Speech-Language Pathology and Audiology)

RESPIRATORY THERAPY

The Respiratory Therapy department implemented the first phases of sleep study clinics, with adults and children in all nine communities able to receive nocturnal oximetry tests locally. A Homecare Oxygenotherapy Support Program was also started, as the training of health care personnel continues to be promoted to improve safety and quality of care through tools and documents in the assessment and treatment of respiratory conditions.

I COULD NOT HAVE
IMAGINED SEEING THE
TEAM GROW SO QUICKLY. I AM
GRATEFUL...FOR THE TEAM SPIRIT,
CURIOSITY, SENSITIVITY AND
SUPPORT...BUT ALSO GRATEFUL
FOR THEIR DYNAMISM, HUMOUR,
CREATIVITY AND OPENNESS.

— Julie Guibault, PPRO SLP

Allied Health Services 2021-22 (non-direct and direct hours)

	 Physiotherapy			 Occupational Therapy		 Psychoeducation		 Nutrition		Total hours
	non-dir.	direct	reg'l	non-dir.	direct	non-dir.	direct	non-dir.	direct	
Chisasibi	199	644.5	276.3	721	837			2299.8	1250.8	6228.3
Eastmain		158.9		75.75	128.3			346.6	209.9	919.4
Mistissini	467.7	705.5			474.3			1259.4	926.2	3833.0
Nemaska		244.08		73.5	143.8			571.4	146.1	1178.9
Oujé-Bougoumou	649.8	689.2		267.3	407.8			5.8	98.7	2118.6
Waskaganish		635.6		228	254.5			401.6	328.6	1848.2
Waswanipi	70	263.4			238.1			748.5	405.8	1725.3
Wemindji	135.5	555.5		327.3	346.8	924.6	359.8	451.1	302.8	3401.4
Whapmagoostui		16.7						403.7	241.3	661.7
Eeyou Istchee	1520	3913.3	276.3	1692.8	2830.7	924.6	359.8	6487.7	3910.0	21,915.2



chisasibi nituhkuyinikimikw

CHISASIBI REGIONAL HOSPITAL

The Chisasibi Regional Hospital teams demonstrated solidarity, resilience and creativity in continuing to provide safe and quality services to the community, despite the recurring challenges of the pandemic.

The management team has been relocated to the back of the hospital to free up space for the renovation and expansion of the laboratory. Management added new coordinators for Nursing, Administrative Services and Clinical Services.

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CLINICAL SERVICES

In order to handle the growing demands of patients during the pandemic, the hospital has set up a pretriage team at the hospital entrance. The hospital also put in place a rapid testing clinic, open six days a week, which enabled widespread screening of the population.

The Medicine unit still operates in a reduced space, with only 18 beds available for inpatient treatment, instead of the usual 26. However, the bed occupancy rate has decreased, most likely due to lockdown procedures in place this year.

HEMODIALYSIS

The Hemodialysis department can serve 18 patients six days per week. The planned renovation of the water system, interrupted due to the pandemic, will take place in 2022. Once complete the department will be able to receive more patients.

AUXILIARY SERVICES

Administration, in collaboration with Material Resources, is overseeing renovation works in the hospital kitchen. In addition, new equipment meant to furnish the kitchen has already been ordered and a deep cleaning of the hospital's ventilation system was carried out.

LABORATORY

Laboratory Services played a key role in screening the population. Services were reinforced with seven new positions to meet the demand and enhance service quality. New positions include a medical technician, senior quality advisor, three class B technicians and a POCT (Point-of-Care Testing) consultant. The latter will be involved in the development of the GeneXpert technology, which will perform both COVID-19 and influenza testing in several communities. Work on the new laboratory will start in summer 2022 and molecular biology services will be expanded in the course of the year.

RADIOLOGY

The Radiology department has modernized its equipment with the acquisition of an obstetrical ultrasound machine, a Panorex machine for dental imaging and a mobile x-ray machine.

ARCHIVES

Archives continues with a number of projects, most notably the move to EMRs. The archive team has also been engaged with managing documents and other materials related to pandemic management.

ELDERS' HOME

When COVID-19 struck in 2020, elders were moved from the hospital to the MSDC building, which became the new Elders' Home. However, a fire in that building forced them to move to Red Cross tents set up in the Chisasibi banquet hall. Finally, in June 2021, after eight months of living in these tents, the displaced elders were able to return to the renovated MSDC building. The move was the result of collaboration between the Elders' Home team, the hospital and Material Resources. With the elders back in the MSDC building, the nursing team has integrated auxiliary nurses and beneficiary attendants to more efficiently meet the needs of residents.

A flood in January 2022 rendered a third of the MSDC unusable until repairs are completed, placing demands on storage and office space.

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Chisasibi Regional Hospital 2021-22



Activities

Admissions	278	▼30.0%
Hospitalization days	3,108	▼16.7%
Transfers (to health centres)	26	▼33.3%
Deaths	6	▼45.5%
Acute care average stay (days)	13	▲58.5%
Bed occupation rate	54.5%	▼4.0%
Clinic consultations	16,434	▲2.2%
Observation hours	7,202	▲1314.9%
Radiology technical units	138,372	▲0.9%
Laboratory tests	294,466	▼4.9%
Dialysis treatments	2,585	▼4.5%



4

Δ''C·Δ^α ΓΛΙΝΟΨ·ΔΡΓ^δ''

miyupimâtisîwikimikw itâwin
COMMUNITY MIYUPIMÂTISÎUN CENTRES

[illegible]

misiwâ anihî miyupimâtisîwîkâmiku îtâwîniyich kâ châmitâhch âkûht wâch
chimitâhch kiyâ wâch kiniwâîtakûhch miyupimâtisîun kiyâ nitûkuyin âwîhch
kiniwâpitâkinûch. misiwâ miyupimâtisîwîkâmiku îtâwîniyich kâ châmitâhch
iyâwîyich nituhkuyinikimikw kiyâ miyupimâtisîun a kiniwâhpitâhch châ
chi wîchihâkânuwîyich âwânichî nînakû âtupunwâsîhch: awâshisîyich (0-9)
ûschinîchisûhch (10–29), kiyâ chishâyiyiyûwîch (30+).

Community Miyupimâtisiûn Centres (CMCs) are the community presence of the CBHSSJB. Each CMC includes a walk-in clinic, as well as community health clinics serving Awash (0-9), Uschinîchisû (10-29), and Chishâyiyû (30 and older).

Δ"Ć·Δ^o
Γ↯ΛĬŇŕ·ΔρΓ^d"

miyupimâtisiwîkimikw itâwin
EXECUTIVE SUMMARY

Community Miyupimâtisîun Centres (CMCs) play a central role in achieving the objectives laid out in the CBHSSJB's Strategic Regional Plan. The CMCs are at the front-line of services in Eeyou Istchee's nine communities, as they are the location of each community's clinic (except for in Chisasibi, where that function is performed by the regional hospital). The CMCs are also home to the range of community services offered through Awash, Ushinîchisû and Chishâiyû departments. As such, the CMCs are the most recognizable embodiment of the CBHSSJB in the individual communities.

As with last year, this year the CMCs were concerned primarily with addressing the impact of the COVID-19 pandemic and maintaining services as much as possible, while also adhering to COVID-19 prevention measures. CMCs were active in promoting guidelines to reduce transmission within their communities, in testing for the virus, managing outbreaks and supporting those who contracted COVID-19 and, finally, in continuing the COVID-19 vaccination campaign. In addition, the past year has seen telehealth services continue to expand. By the end of the fiscal year, as pandemic restrictions slowly lifted, many services that had been suspended have resumed, especially in areas such as MSDC programs, homecare services, and specialist visits.

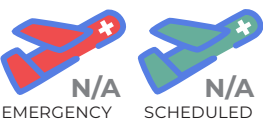


CHISASIBI

	Population		
awash 0-9 ¹	899		0.0%
uschinîchisû 10-29	1,857	▲	0.1%
chishâiyû 30+	2,296	▲	2.2%
TOTAL²	5,052	▲	1.3%

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 2065-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 349 Inuit, Métis and/or non-aboriginals.
3. In Chisasibi, many clinical services are offered at the hospital. See page 71.

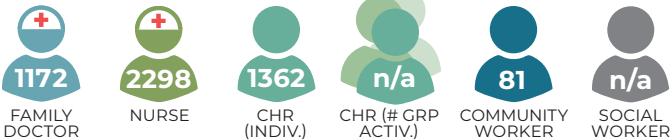
Medical Evacuations



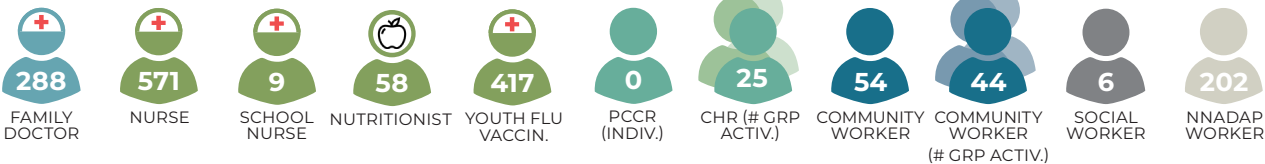
Current Services



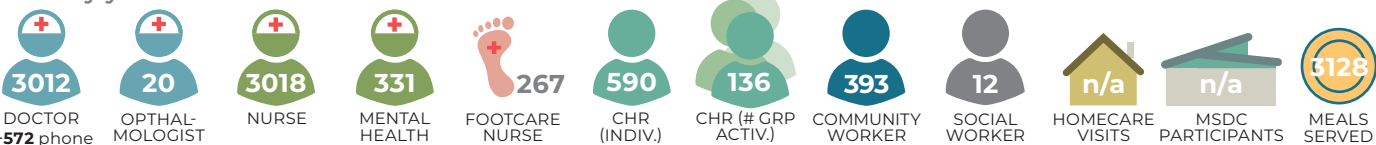
Awash



Uschinîchisû



Chishâiyû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

WE HAVE HAD A FEW CHANGES IN MANAGEMENT THIS YEAR. BUT ALTHOUGH THE MANAGEMENT TEAM IS NEW, WE’VE ALL BEEN HERE FOR A LONG TIME, SO WE ARE WORKING WELL TOGETHER. WE PRIORITIZED COVID VACCINATIONS TO THE COMMUNITY, WITH HELP OF THE MSDC STAFF.

— Chisasibi CMC Interim Local Director Annie DuMontier

As everywhere, COVID-19 remained a challenge in Chisasibi, but the team worked to ensure that the community was vaccinated. Some staff shortages occurred due to staff members contracting COVID-19.

Awash/Uschinîchisû received a new interim coordinator in January 2022. The Awash unit welcomed 111 infants to Chisasibi this past year. The team was challenged by a lack of nurses and most of the year functioned on a contingency plan, with the help of midwifery services. A temporary birthing home opened, supported by the CMC.

For the first time, the team hired an assistant head nurse for Awash and Uschinîchisû. The PCCRs continue to play an important role in following up with clients.

In Uschinîchisû, the Uschinîchisû clinic has a regular nurse for the first time in three years and has recruited another two nurses to work there, starting in spring 2022. This will enable the team to provide more support to youth.

Chishâiyû also received a new interim coordinator as the regular coordinator is on maternity leave. The Nisk pods (a pilot project based on the new service model, adapted from the SouthCentral Foundation model in Alaska) has served 196 clients in the family centre. The model is working well, with positive feedback from clients. The Nisk pod structure aims to create stronger relationships between staff and with clients, and is centred on the family rather than the individual; its goal is to ensure access to holistic care that draws on Cree cultural tradition. Chishâiyû experienced a lack of nurses this past year but the unit has recruited three new nurses beginning in the coming summer. The team also assumed responsibility for the community’s home hemodialysis program, taking it over from the hospital.

The team is in the process of entering all information from medical charts into electronic medical records.

With the MSDC a longterm care facility, MSDC clients continued to receive mobile services; Meals on Wheels provided meals to vulnerable elders. The lack of an MSDC building is creating challenges in programming.

The Administration team continues to support the activities and initiatives of the CMC.



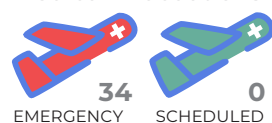
EASTMAIN

	Population		
awash 0-9 ¹	175	▲	2.9%
uschinîchisû 10-29	320	▲	1.6%
chishâiyîû 30+	411	▲	4.6%
TOTAL²	906	▲	0.3%

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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 25 Inuit, Métis and/or non-aboriginals.

78

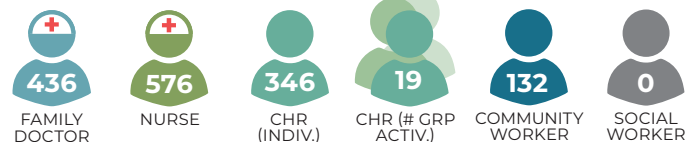
Medical Evacuations



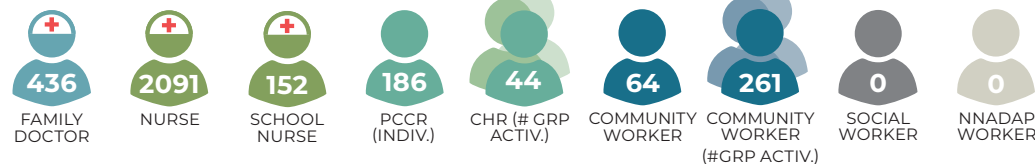
Current Services



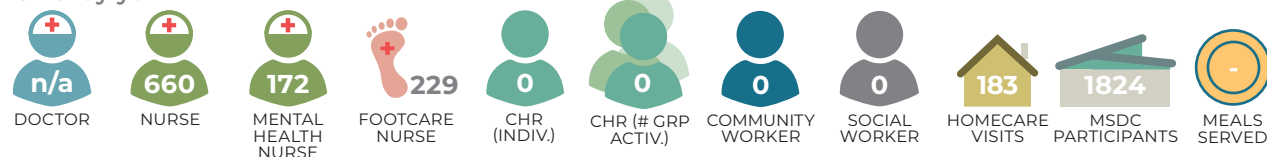
Awash



Uschinîchisû



Chishâiyîû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

DESPITE NUMEROUS OBSTACLES
AND CHALLENGES, ESPECIALLY WITH STAFF SHORTAGES,
THE TEAM CONTINUES TO DO A TREMENDOUS JOB,
PROVIDING THE BEST SERVICES WE COULD WITH
THE RESOURCES WE HAD. IN ADDITION, THE HIRING
OF OUR FIRST EVER PSYCHO-EDUCATOR IS HAVING
A POSITIVE IMPACT IN ALL THE DEPARTMENTS.

— Eastmain CMC Local Director Rita Gilpin

The Awash/Uschinîchisû unit hired a new coordinator (interim), and the team has continued to develop during this pandemic. The team acknowledges the extra responsibilities taken on by PCCRs, the community worker and the community organizer in dealing with challenges posed by COVID-19. Staff members were creative and went beyond expectations to ensure that the services remained available.

The psychosocial team maintained its partnership with Current Services, which has improved care provision. Each referral is now immediately processed and each patient is assured of proper follow-up.

In Chishâiyîû/Current Services, community doctors stepped in to give a helping hand during the nursing shortage, ensuring continuity of care. Nursing staff includes the assistant head nurse, one permanent full-time nurse, and two Current Services nurses hired in December. The Chishâiyîû nurse left her position in mid-December, leading to challenges in meeting the diabetes/renal care needs of some clients.

Specialized Services provided include nephrology, general internal medicine, optometry, gynecology, pediatrics and ophthalmology.

In July the dentist moved to Wemindji, creating challenges in giving dental services in only two weeks per month, especially as dental emergencies are common. The community has been without a dental hygienist since March 2021.

The home care team serves 13 clients; sadly, seven home care clients passed away in the last year.

The MSDC reduced services due to the pandemic; however, it was able to offer Meals on Wheels. The team includes the activity team leader, educational monitor and rehabilitation assistant. A replacement physiotherapist has provided physio services, and the occupational therapist is shared with another community.

In September, Eastmain welcomed its first psychoeducator, who will help implement, analyze and evaluate programs aimed at psychosocial rehabilitation. She is having a positive impact on teams in all departments.

The nutritionist returned in October, and we are pleased to have her services back; she had been away since February 2019.

Administration staffing is at full capacity. COVID-19 measures and a major flood at the CMC created extra challenges. At least 30% of the CMC building was affected by a flood in March 2022, impacting Youth Protection, Administration, Special Needs and the Awash Team. 11 employees were temporarily relocated, but services remain ongoing. The damaged area is now ready for reconstruction. The transits were improved, and are now equipped with satellite TV and high-speed internet is also being installed.

79



MISTISSINI

	Population		
awash 0-9 ¹	672	▲	5.8%
uschinîchisû 10-29	1,520	▲	0.5%
chishâiyîû 30+	1,917	▲	2.5%
TOTAL ²	4,109	▼	1.7%

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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 161 Inuit, Métis and/or non-aboriginals.

80

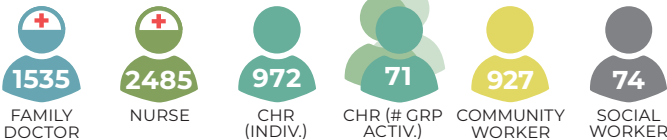
Medical Evacuations



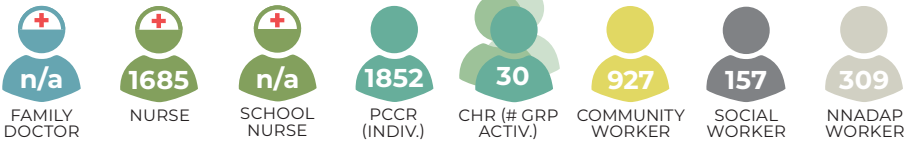
Current Services



Awash



Uschinîchisû



Chishâiyîû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

WE WERE CONSTANTLY IN THIS STORM,
TRYING TO MANAGE WITH COVID. BUT STAFF PITCHED IN
WHEREVER THEY WERE NEEDED. EVERYONE CAME TOGETHER,
AND EVEN THOUGH THEY WERE TIRED AND OVERWORKED,
WITH TONS OF OVERTIME, THEY REMAINED POSITIVE.

— Mistissini CMC Local Director Roberta Petawabano

The Mistissini management team has been challenged by COVID-19 through two large outbreaks in December 2021 and January 2022. All units experienced staffing shortages due to medical leave and COVID-19 isolation. In the face of these issues, the teams worked hard to maintain the quality of services and care while protecting families.

Current Services was occupied primarily with COVID-19-related issues, including vaccination campaigns. Personnel was an issue as many staff members also contracted the virus, and managing the outbreaks demanded much of the team’s resources. Electronic medical records (EMRs) continue to be deployed.

The Awash unit welcomed 85 new infants to Mistissini. The team was involved with COVID-19 management in perinatal, postnatal and Well Baby Clinic care. The team was also involved in school vaccination campaigns and COVID-19 screening. Awash addressed issues in community well-being through home visits and follow-ups with intervention plans. It also worked to enhance front-line services and launched an initiative to decrease the rate of gestational diabetes.

The Uschinîchisû team was faced with a lack of replacement nurses, on top of other staffing issues. Staff followed up with clients in person or by phone, with psychologist appointments being held mainly by Zoom or phone.

The NNADAP worker collaborated with partners on a community walk for Orange Shirt Day and hosted National Addiction Awareness Week, with workshops on trauma, addictions, youth crisis, grief and harm reduction. A pilot program in aftercare/continuing care is beginning, with activities at the MSDC.

Youth outreach workers focused on school outreach, with the Youth Centre aiming to connect with youth struggling with anxiety, suicidal ideation and addictions. The Youth Outreach Clinic will reopen once COVID-19 concerns are reduced.

Front-line workers and the social services team aim to improve services by having ongoing case discussions and working in multi-disciplinary teams.

In Chishâiyîû, the pandemic continued to impact service delivery. Some services were reduced, in-person appointments were limited to emergencies, and follow-ups took place over the phone. Specialist visits were suspended, but telehealth visits continued to increase. Staff are becoming more familiar and comfortable with EMRs.

MSDC activities were interrupted, but Meals on Wheels continued to provide support for HCCP (Home and Community Care Program) clients. The nutritionist launched activities to promote active, healthy lifestyles and coached Elders’ Home and MSDC cooks on dietary issues. In the coming year, Chishâiyîû aims to stabilize resources, continue improving the quality of care, pursue awareness and prevention on diabetes and kidney disease, and enhance multidisciplinary teamwork.

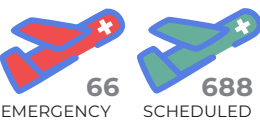


NEMASKA

	Population		
awash 0-9 ¹	176	▼	1.1%
uschinîchisû 10-29	280	▲	1.1%
chishâiyîû 30+	423	▲	3.2%
TOTAL²	879	▲	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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 15 Inuit, Métis and/or non-aboriginals.

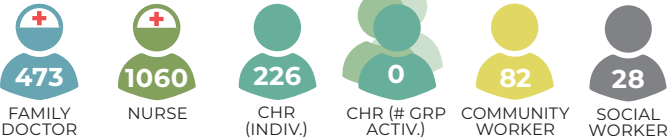
Medical Evacuations



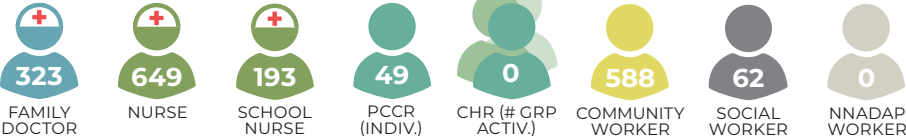
Current Services



Awash



Uschinîchisû



Chishâiyîû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

I BECAME INTERIM LOCAL DIRECTOR

IN JULY 2021 AND HAVE LEARNED A LOT SINCE THEN, ENCOUNTERING MANY CHALLENGES. I'M VERY GRATEFUL FOR OUR NURSING STAFF. TOWARDS THE END OF THE YEAR, WE WERE EVEN ABLE TO SEND SOME NURSES TO HELP OTHER COMMUNITIES.

— Interim Local Director Daisy Jolly-Grant

This year has been very challenging due to the pandemic, which disrupted service delivery in many ways. The community endured an outbreak in December, and there have been ongoing staff shortages. In addition, some longterm staff retired, including nurse Serge Dion and administration coordinator Linda Orr.

Current Services continued client visits while maintaining hygiene measures. The shortage of nurses in the programs meant that Current Services often carried out follow-ups normally done by program nurses. Laboratory and pharmacy services continued without interruption. However, maintaining a timely schedule on urgent transfers to tertiary centres was challenging. There were 66 transfers via special charter flights, but waiting for a transfer could sometimes take more than 24 hours—an unacceptable situation.

A dentist from the recall list visited every two months, while the dental hygienist maintained other oral health services.

This year Awash welcomed 18 newborn babies. The Awash nurse and PCCR collaborated on Well Baby Clinic as well as prenatal and post-natal visits, vaccinations and home visits (limited due to COVID-19 restrictions). The Miyû-Ashimishuh project focuses on access to nutritious food for pregnant women and families in need. In Awash and Uschinîchisû, school children and youth received art therapy funded by Jordan's Principle. A five-day Youth Traditional Baking Project was held in August. In December, the team held a three-day Youth Self Care Program. Initiatives were launched to promote healthy eating and activities; the nutritionist and PCCRs developed a program of activities, including snowshoeing, for diabetes

awareness and prevention. The mental health team provided services through telehealth, as did the NNADAP worker. The Land-Based Program was launched in March 2022 with the theme "Promoting a Sober and Health Lifestyle through Cultural Values," led by the NNADAP worker in collaboration with the Justice department. The program included self-care, traditional activities, fish net setting, a sweat lodge ceremony, traditional medicines teaching, sharing circles and workshops.

Staff shortages in Chishâiyîû made it impossible to cover all services consistently. Home care in particular suffered, with only 40 visits over the year. Footcare visits were also reduced. During National Healing Week in December, the CMC collaborated with the Cree Nation of Nemaska and the Justice department for presentations on reducing harm, countering bullying and managing anxiety. Workshops on traditional baking, sewing, healing arts, reflexology and self-care were also held, as well as yoga classes and church sessions.

The Administration unit oversaw the completion of the sixplex, enabling the hiring of more professional staff. The unit recruited additional housekeeping staff to maintain pandemic measures and continues to meet the needs of staff and community members.

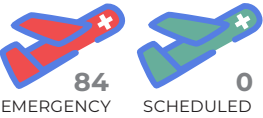
OUJÉ-BOUGOUMOU

	Population		
awash 0-9 ¹	186	▲	8.1%
uschinîchisû 10-29	342	▼	1.7%
chishâiyîû 30+	348	▲	1.5%
TOTAL ²	876	▲	0.9%

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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 85 Inuit, Métis and/or non-aboriginals.

84

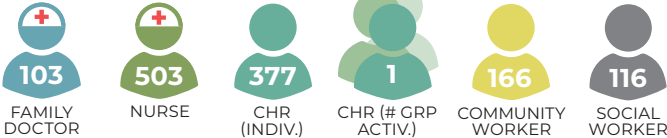
Medical Evacuations



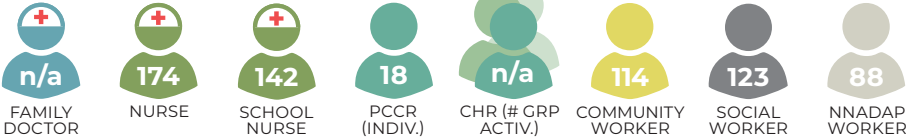
Current Services



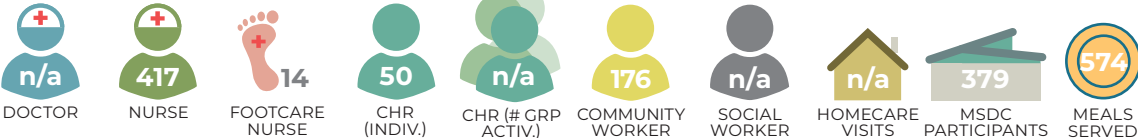
Awash



Uschinîchisû



Chishâiyîû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

OUR STAFF HAVE SHOWN GREAT RESILIENCE AND OUTSTANDING COMMITMENT IN THE FACE OF COVID, PROVIDING ESSENTIAL SERVICES AND OUTREACH. WE CELEBRATED 25 YEARS OF SERVICE FOR HATTIE MIANSUM, DENTAL ASSISTANT, AND WEENA BOSUM, COMMUNITY WORKER, AND THANKED RETIREES—CURRENT AND CHISHÂIYÎÛ COORDINATOR PIERRE LARIVIÈRE, NURSES SOPHIE FREDETTE AND FRANCE ROBERGE, AND HOMECARE’S CAROLINE LONGCHAP—FOR EXCELLENT SERVICE OVER MANY YEARS.

— Local Director Louise Wapachee

Overall, the CMC’s delivery of services, programs and activities has decreased due to COVID-19.

Current Services saw a 50% increase in emergency evacuations over the previous year. Agency nurses covered four vacancies until February, when the positions were filled. Overall the nursing team has been stable. Physician coverage increased to 50 weeks per year, and clients expressed appreciation at seeing a Cree doctor, Kevin Brousseau. There has been a slight increase in consultations with doctors and a decrease with nurses. The CMC had specialist visits from the psychiatrist, pediatrician, ophthalmologist, psychologist and nephrologist.

The psychoeducational team supported clients ranging from children to elders, creating three new programs: Wake Up for kids, Balance for Elders and a relief program for caregivers. The nutritionist, occupational therapist and physiotherapist were active, running programs and projects at the school, daycare, CMC and MSDC.

Chishâiyîû has seen a slight increase in consultations with PCCRs and the community worker. Despite a social worker vacancy, the psychosocial team maintained a continuum of care; it was also involved with the first Residential School Conference Week in November. The MSDC and Homecare collaborated on delivering programs and services. While the MSDC was closed most of the year, the team emphasized outreach and delivered self-care kits to clients; upon re-opening, the MSDC hosted workshops on grieving, elder abuse and Leaving Legacy. Home care visits were reduced due to COVID-19.

Dentistry has seen a substantial decrease in dental services since the departure of Dr. Diane Leroux.

Awash and Uschinîchisû experienced staffing challenges but continued to provide services. Oncall psychosocial services ran from 5 pm to 9 am. The speech language therapist visited to assess community needs. Programs and activities included an online parent support group in January, an expanded Miyû-Ashimishuh program, healthy food for expectant mothers, the Welcome Baby Food Basket Program, the Wabinjuksh Summer Camp for primary and elementary school children, the Circle of Friends for grades 4-5 students (a collaboration with the MSDC and school), the Angel Tree annual community effort to support families in need, and Mental Health Week in October.

The Administration unit focused on house-keeping, ongoing and preventative maintenance, transportation, transit maintenance and biomedical and waste management. Lack of transportation poses a problem for hemodialysis patients and MSDC clientele; vehicles were rented to safeguard these services. The seven-bedroom transit was renovated and five housing units became temporary transits.

85

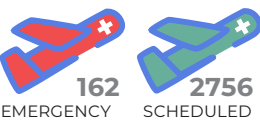


WASKAGANISH

	Population		
awash 0-9 ¹	522	▲	0.7%
uschinîchisû 10-29	943	▲	0.1%
chishâiyû 30+	1,135	▲	4.2%
TOTAL²	2,600	▲	2.0%

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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 85 Inuit, Métis and/or non-aboriginals.

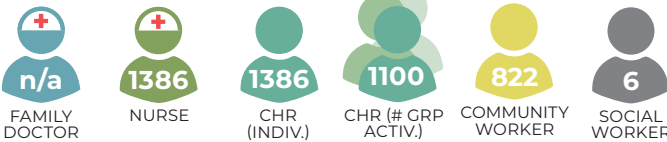
Medical Evacuations



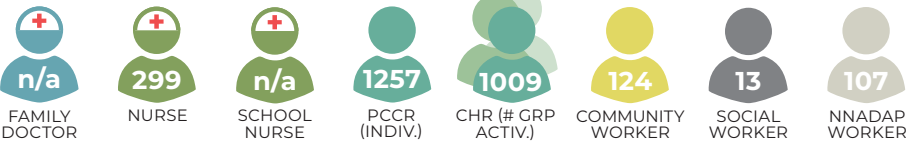
Current Services



Awash



Uschinîchisû



Chishâiyû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

COVID WAS THE BIG CHALLENGE

AGAIN THIS YEAR WHEN IT STARTED HITTING OUR EMPLOYEES. BUT...WE CAME OUT AS CHAMPIONS AS EVERYONE TRIED THEIR BEST TO PROVIDE SERVICES DESPITE THE INTERRUPTIONS. MSDC CLIENTS WERE HARDEST HIT, AS THEY WERE THE MOST VULNERABLE.

— Waskaganish CMC Local Director Bert Blackned

In Current Services, COVID-19 created staffing issues. The nursing team experienced a high rate of staff turnover, maternity leave and sick leave. Nurse recruitment has been difficult due to a lack of housing and new Quebec rulings concerning nurses working for different institutions. Additionally, Current Services has been carrying extra files to alleviate pressure on other departments. The physician team is stabilizing and had a full schedule this year, providing excellent service to the population.

Awash/Uschinîchisû welcomed 62 babies; Awash nurses, PCCRs, community workers and physicians are meeting the needs of prenatal clients and children under the Well Baby Clinic. The team prioritized COVID-19 vaccinations this year, working with community partners to offer vaccines at the CMC as well as other locations. Youth outreach workers conducted virtual and in-person activities and worked with local entities to promote healthy activities. With our community partner, Waskaganish Wîchiwewîn Centre, we completed three land-based healing programs; our NNADAP worker served on the organizing committee and provided funding. A community worker shortage led to agency social workers being brought in. The goal for the coming year is to return to normal work life for front-line employees.

In Chishâiyû, the nutritionist continues to host virtual programs including Healthy Snack and Meal Workshops, as well as baby food making and nutritious snacks training for young parents. She is a leader in Waskaganish’s food security program. The special needs educator and psychosocial team collaborate on special needs education programming for guidance counselling units of the schools and daycares. The psychosocial team has ramped up its local on-call system, with a community worker providing emergency assistance; this system also supports Current Services and the Robin’s Nest Women’s Shelter. The rehabilitation team is addressing chronic disease processes and increasingly focuses on home adaptation and palliative care. Our population is aging quickly, and we lack referral centres for both short-term and longterm respite for families. The MSDC has been open periodically; the team provided telephone outreach and Meals on Wheels to vulnerable eEders. In the coming year we plan to review programs and identify new recruiting strategies.

The Administration unit recruited two temporary employees to the housekeeping team. Waskaganish has three new triplexes currently in the final phase of construction. Other activities include managing housing for new employees and carrying out semi-annual inspections to ensure proper and safe housing for occupants. The housing shortage is an ongoing challenge, limiting the hiring of new employees.

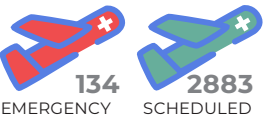


WASWANIPi

	Population		
awash 0-9 ¹	400	▼	5.7%
uschinîchisû 10-29	825	▲	0.7%
chishâiyû 30+	889	▲	1.6%
TOTAL ²	2,114	▼	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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 20 Inuit, Métis and/or non-aboriginals.

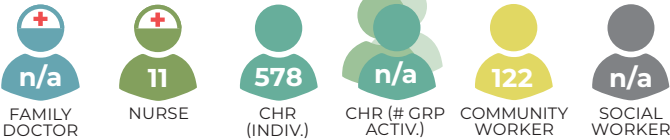
Medical Evacuations



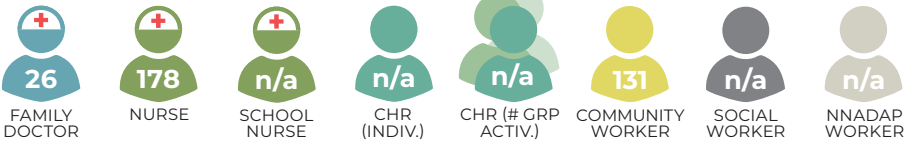
Current Services



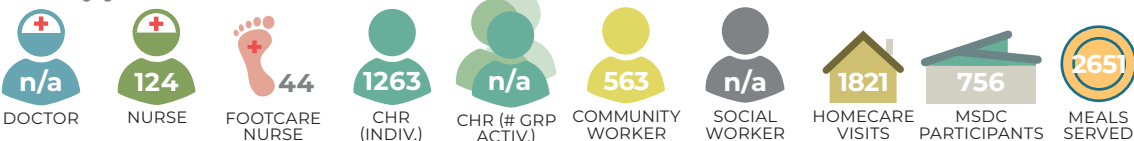
Awash



Uschinîchisû



Chishâiyû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

WE ARE CONTINUOUSLY WORKING

ON IMPROVEMENTS FOR PATIENT AND EMPLOYEE SATISFACTION. WE ARE EXCITED TO BE PREPARING FOR ELECTRONIC MEDICAL RECORDS AND OTHER INFORMATION TECHNOLOGY TO HELP OUR CLINICAL TEAMS SERVE THE COMMUNITY.

— Waswanipi CMC Local Director Eleanor Gull

The CMC is addressing the backlog in services created by the pandemic. Ensuring staff well-being is a priority, given the long hours and stressful circumstances experienced over the last year. Telehealth services continue to advance, with three telehealth visits by the optometrist. The CMC is preparing to implement the new model of care and hopes to deploy electronic medical records (EMRs).

Current Services experienced a significantly heavier load than normal as staff worked to compensate for a lack of nurses in other programs. Agency and recall nurses helped maintain services. The CMC streamlined certain processes such as blood tests to improve efficiency and avoid repetitions. More pharmacy technicians were hired to meet demand, and more training is planned for support staff.

In Awash, the shortage of nurses presented challenges. The team continued to run the Well Baby Clinic and pregnancy follow-ups with help from physicians and nurses from other communities who came to help for short periods. The psychosocial team has been stable and active, managing the psychosocial help-line and attending to the mental well-being of the community. Staff had training on the Care4 health information system.

The Uschinîchisû psychosocial team continued with its regular activities as much as possible. Youth are our priority, and the team requires a nurse and mental health nurse dedicated to this clientele. The team was active in organizing the mental health conference in June 2021, and the NNADAP worker organized activities for Addiction Awareness Week. The youth outreach worker position remains vacant, but efforts are underway to fill this and other positions.

The Chishâiyû team also experienced nursing shortages. PCCRs received blood pressure machines to distribute to clients so they can monitor their blood pressure at home. The Ashûkin services project for autonomous and semi-autonomous elders continues to advance. The Home Hemodialysis (HHD) Program was hindered by a lack of trained staff this past year; one patient received a kidney transplant, reducing the number of patients in the program. The team arranged for an HHD patient to visit camp during Goose Break, running dialysis equipment with a generator. The MSDC reopened services with careful procedures in place to gradually accept clients, resulting in significant improvement in clients’ mental well-being.

The Administration unit recruited personnel to manage increased cleaning and maintenance demands. Office space is becoming an issue at the CMC. The team is ensuring that the CMC presents a welcoming image to clients by installing Indigenous art, new furniture, plants and other features, including trees to be planted in front of the CMC; new water fountains capable of refilling bottles have also been installed. Transits are being renovated to make them more welcoming, enhancing recruitment and retention.



WEMINDJI

	Population		
awash 0-9 ¹	243	▲	4.3%
uschinîchisû 10-29	572	▲	2.5%
chishâiyû 30+	807	▲	1.3%
TOTAL²	1,622	▲	2.1%

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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 75 Inuit, Métis and/or non-aboriginals.

90

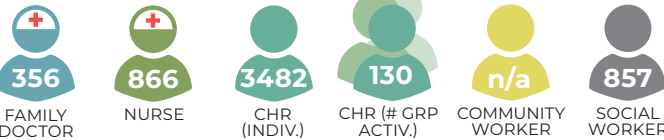
Medical Evacuations



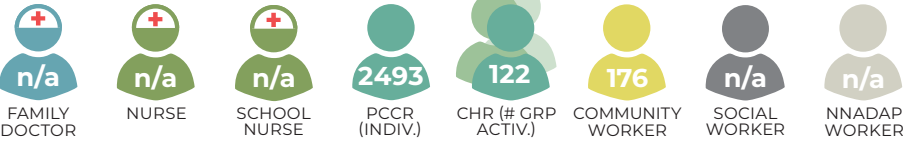
Current Services



Awash



Uschinîchisû



Chishâiyû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

I APPRECIATE ALL THE NURSES AND SUPPORT STAFF THAT CAME IN AND WORKED AS A TEAM TO HELP WITH OUR COVID CASES. MY ADVISORS, THE ELDERS, SAY, "WHAT WE DO TODAY, WE DO FOR THE NEXT GENERATION". WE THOUGHT OF THAT A LOT THIS YEAR. WE'RE LOOKING AFTER THAT NEXT GENERATION, FOR A BETTER TOMORROW.

— Wemindji CMC Local Director Rachel Danyluk

The community faced outbreaks over the year, taking a toll on staff as well as community well-being. In response, the CMC focused heavily on psychosocial aspects of health services, contracting social workers and ensuring access to psychological services. The team also hosted workshops, activities and sharing circles.

The Awash/Uschinîchisû unit’s primary focus was COVID-19 vaccination. The unit saw a high turn-over of nursing staff, leading to some reduced services. Wemindji welcomed 28 new babies and the Awash team continued the Maternal and Child Health Program and the Well Baby Clinic; Awash also worked with partners to provide at-home activities for families. The team delivered food baskets to families in need, including some meat packages around Christmas.

PCCRs continued school programs, including the oral health fluoride application and dental sealants. The community organizer partnered with the local Gift of Hope committee to organize financial donations for families in need, and sat on the local Miyupmâtsiûn Committee, which met sporadically due to COVID-19. The team supported traditional healing methods with workshops on this topic.

The psychosocial team maintained oncall supports throughout the year for people in crisis, and also organized different activities to lift the mood in the community. This included six weeks of activities around specific themes (including nutrition, physical activity and traditional healing) in February and March.

In Chishâiyû/Current Services, COVID-19 vaccinations and testing were a priority. Despite staffing shortages, nurses rallied, taking on whatever responsibility needed addressing, to ensure that services were delivered. Some specialist services were maintained by telehealth and team meetings were held by video conference, but bookings for in-person meetings are resuming in areas like optometry. The team has received help from agency social workers to cover psychosocial concerns, helping the CMC’s community workers. The MSDC continued to provide Meals on Wheels and the Home and Community Care Program continued its services as well.

The Administration unit continued to support the needs of the CMC.

91



WHAPMAGOOSTUI

	Population		
awash 0-9 ¹	193	▼	6.3%
uschinîchisû 10-29	405		0.0%
chishâiyû 30+	452	▲	3.2%
TOTAL ²	1,050	▼	0.3%

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 2016-2019 births (+ 2020 estimates) and 2014-2018 MSSS deaths.
2. Does not include 90 Inuit, Métis and/or non-aboriginals.

92

Medical Evacuations



Current Services



Awash



Uschinîchisû



Chishâiyû



Numbers represent number of consultations except where indicated (e.g. CHR # of group activities)

I WANT TO THANK THE LOCAL STAFF

FOR THEIR TIRELESS EFFORTS EVERY DAY FOR THE LAST TWO YEARS. AND I WANT TO ACKNOWLEDGE THE SUPPORT FROM OTHER CMCS, LENDING US THEIR NURSES IN TIMES OF NEED—THEIR HELP HAS BEEN VERY MUCH APPRECIATED!

— Whapmagoostui CMC Local Director Hannah Kawapit

The CMC team continues to develop programs and activities for staff and community members.

The past summer saw Current Services hire a new coordinator, Josée Audet. She had previously served as a nurse in Whapmagoostui and brings a wealth of experience to the position.

The Awash team hosted the CBHSSJB's first annual picnic for Women's Day at the winter wigwam. The community welcomed 14 infants this year. Baby bundle workshops were held at the MSDC, and will continue. Some nurses also participated in these workshops.

Uschinîchisû hosted a 10-day youth retreat at the end of February and start of March during which youth were taken inland and taught traditional survival skills, hunting, fishing and making dwellings out on the land. Other Uschinîchisû activities include a series of men's workshops, the Down Syndrome Walk for Emberly, and a first women's retreat/healing workshop. The community organizer collaborated with school officials on programs and projects to improve the lives of students, including an initiative on developing peer support counselling.

In Chishâiyû, the Elders' local radio talk show discussed a range of topics over the year, including traditional values, teachings and medicines. This initiative, in which a group of Elders (currently six) share their knowledge, is ongoing. The community organizer also initiated a number of events, including a residential and day school gathering in the fall; this gathering coincided with Orange Shirt Day commemorative events.

The MSDC has installed a sensory room, and CBHSSJB staff were trained in its use, as were school board, daycare and Minnie's Hope Centre staff.

The Administration unit ensured that CMC staff stayed active with the installation of exercise equipment—including a treadmill, stationary bicycle, snowshoes and mountain bicycles—for staff use. The MSDC/CMC phone system was upgraded; in addition, all transits were provided enhanced internet services. Two more vehicles were purchased, and a full-time transit housekeeper and a maintenance worker were hired. Additional staff were required due to COVID-19.

93



îyiyiu âpitisîwînh

HUMAN RESOURCES

Human Resources (HR) spared no efforts to maintain continuous services to meet the needs of all departments in addition to its day-to-day activities. Despite the many extra activities taken on to manage issues related to the pandemic, HR supported and assisted managers, reiterating the importance of being available to their teams. HR made it a priority to observe and collect first-hand information. This approach enabled us to fully understand situations and adequately support individuals and teams in decision-making.

96

STAFFING

This fiscal year was marked by new developments in staffing processes. In addition to the usual recruitment campaigns, including participation in over 30 recruitment activities and job fairs across Quebec and Ontario, the team joined forces with various educational institutions to attract and recruit recently graduated students from a number of other Canadian provinces, including Saskatchewan, Alberta and British Columbia.

To facilitate the integration of new employees, HR has put in place a mechanism to ensure orientation and onboarding. All new employees are provided with first-hand information on working conditions offered by the health and social services network and on the advantages of building a career within the CBHSSJB.

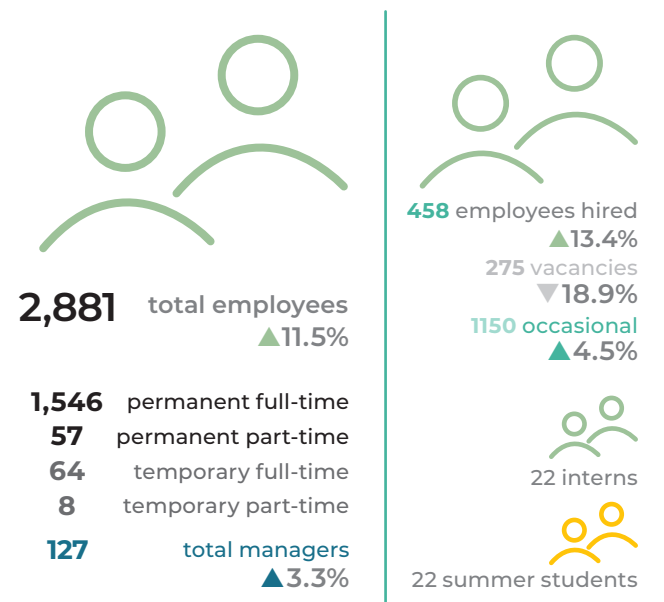
The internship and summer programs continue to grow and create new opportunities, allowing the next generation to expand its knowledge about health care services and to get to know the CBHSSJB.

The department partnered with the Cree Nation Government's Apatisiwin Skills Development program for a professional reintegration program, creating eight job opportunities for program participants.

LABOR RELATIONS

Throughout 2021-2022, the Labor Relations, Compensation and Benefits teams focused on the deployment of the new FIQ and CSN national collective agreements that came into force on October 10 and November 7. This huge task requires aligning current processes with new provisions negotiated with the unions, notably stipulating the increase in the work week to 37.5 hours for all health care professionals.

HR worked towards implementing special measures adopted by the MSSS for category 1 staff due to Covid-19 and in anticipation of the pandemic's fifth wave, including bonuses to encourage staff attendance.



Over the past year, the Labour Relations team also implemented remote working procedures stemming from the *Politique de gestion intégrée de la prévention, de la présence et de la qualité de vie au travail* (Integrated management policy for prevention, attendance and quality of life at work).

HR also conducted several training sessions to support the development of our managers and employees. These sessions included, among others, training on employee roles and responsibilities and training on the Labour Relations team's service offer. HRD collaborated with the Project Management Office team on the development of electronic time sheets and computerized schedules in various departments to ensure a smooth transition.

OCCUPATIONAL HEALTH AND SAFETY

Throughout 2021-2022, Occupational Health and Safety continued to consolidate its team, opening a new personnel management officer position. The post is designed to support employees and managers with respect to repeated absences.

The team:

- Developed and adopted a new policy addressing prevention, attendance and quality of work life in June 2021
- Implemented the support and guidance program for a "sustainable return" in September 2021; over the year, 14 employees benefited from the program

50

workstation
ergonomic
assessments

The Committee continued to develop a best practices guide for committee members: *Gin-nûwhymittûtawh: Let's take care of each other.*

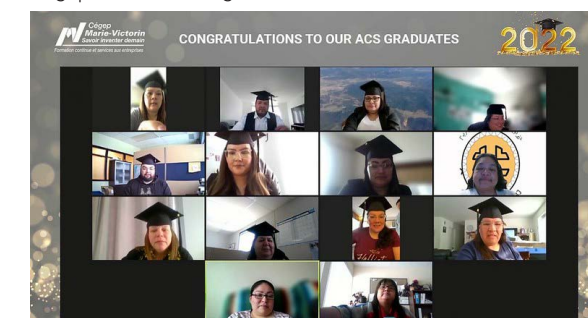
HUMAN RESOURCES DEVELOPMENT

The HR Development team continued to provide services in the context of the pandemic, developing a variety of online courses. Work continues on the development of a training page specific to the CBHSSJB on the MSSS's online learning platform, *Environnement Numérique d'Apprentissage* (Digital Learning Environment).

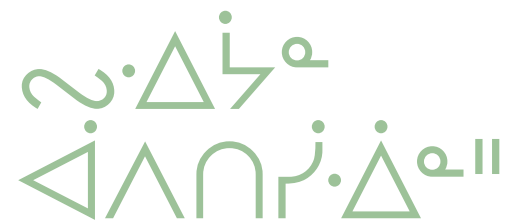
Once again this year we celebrated the graduation of over 20 employees who obtained their attestation of collegial studies in Communication in Caregiving Relationships or in Communication in Administration, programs offered in partnership with Cégep Marie-Victorin.

The team works closely with the Cree School Board to develop training programs based on current and future workforce needs. Ten students, scheduled to graduate in the fall of 2023, will become full-time CBHSSJB employees.

Cégep Marie-Victorin graduation



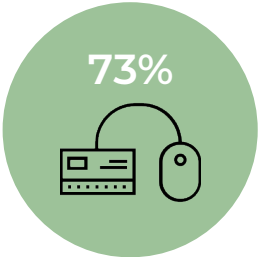
97



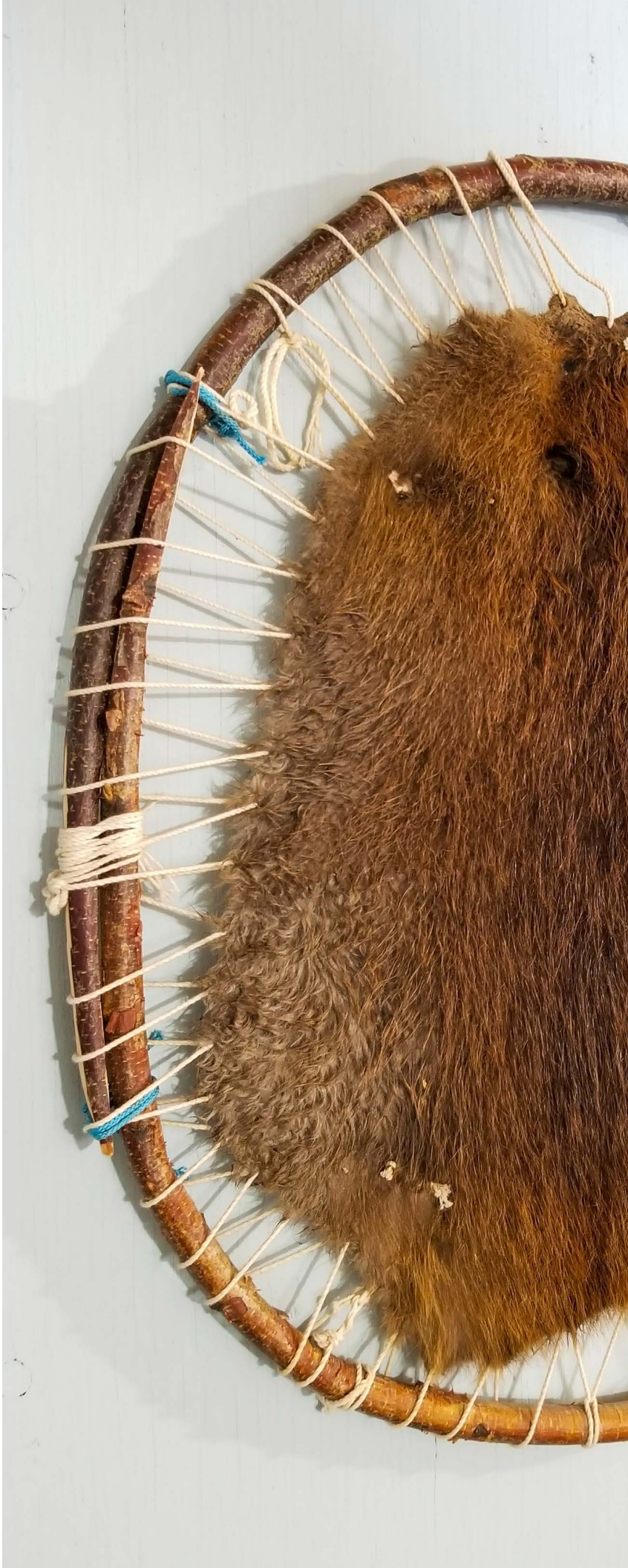
shuwiyan apitisiwinh
FINANCIAL RESOURCES

The Financial Resources team continued its efforts to improve the quality and efficiency of the services it provides. These include reorganizing our payroll structure, which allowed the creation of three payroll specialist positions, and supporting the transition with the electronic timesheet project. The Procurement unit continues to work closely with the COVID-19 and vaccination teams to support activities related to supply chain management and logistics. The Cree Non-Insured Health Benefits (CNIHB) team continues to work in committee to improve the various policies and procedures.

Payments by electronic transfer



▲4.3%



nanituhwâpichikan nanituhchischâyih timuwîn
INFORMATION RESOURCES AND TECHNOLOGY

The Information Resources & Technology (IR&T) department is responsible for the technical infrastructure of the CBHSSJB and implements solutions and systems that meet the organization’s operational and strategic needs.

The department’s 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 to align the CBHSSJB and MSSS objectives.

The COVID-19 pandemic highlighted the importance of stable, reliable technology and timely technical help. In response to urgent communication needs, IT set up new technologies. To support staff working from home, IT deployed tools such as Zoom and Microsoft Teams and upgraded infrastructure to enable all health care workers to continue to provide a full range of services.

The department continued to support the work of all clinical and administrative departments.

INFORMATION TECHNOLOGY HELPDESK
AND SUPPORT SERVICES

The department’s Helpdesk and Support team operates 24 hours a day, 365 days a year, responding to requests for information, incident reports, problems, change requests or service requests related to software applications, computer security or network technology assets.

The number of requests is constantly increasing; to date, 85% of last year’s requests were processed and closed. Clients can track the progress and resolution of their requests online in the IT Request Portal.

The department will continue to improve the quality of services by further streamlining and standardizing processes and practices, while working closely with all CBHSSJB departments to better support their goals and objectives.

The department’s success relies on many factors: hiring top professionals, selecting the best information systems and technologies, and ensuring the quality of the implementation of these systems. To ensure the success of its longterm vision, the department needs talented and dedicated staff and thus plans to hire more project managers and administrators.

During the past year, the department initiated a service to help the organization manage strategic and non-strategic projects. This service provides the documents and best practices for a project to be approved by the Executive Director or the Board of Directors. In addition to constantly following up on all aspects of the project in accordance with the MSSS directives, this service is an important part of the Digital Transformation Sub-committee of the CBHSSJB in line with the MSSS *Stratégie de transformation numérique gouvernementale*.

- new transit units planned

In response to urgently-needed renovations and repairs, some from insurance claims, facilities were upgraded in several communities. Ventilation systems in all communities were inspected and, at the Regional Hospital, cleaned and repaired. Mold issues were addressed at the Hospital's dental clinic, in the hemodialysis section and in the kitchen. Planned improvements to transit units include staffing new housekeeping and maintenance positions in various communities in 2022. The team plans to audit transit units to evaluate renovation and furniture replacement needs. Transit operations continue to be affected by the challenge of providing mandatory isolation accommodation for everyone entering our communities.





WÎCHIHÎTUWIN

Wichihîtuwin—helping one another—coordinates access to medical and social services that are not available in Eeyou Istchee. Wichihîtuwin manages transportation, accommodation, local travel, meals and appointments for thousands of clients at our four service points: Chibougamau, Chisasibi, Montréal and Val-d'Or.

PANDEMIC MANAGEMENT

To reduce the risk of spreading COVID-19, all employees had to ensure public health guidelines were being respected. Wichihîtuwin also introduced a PCR testing service (ID Now and a mobile clinic) at our Montréal and Val-d'Or locations.



Miqmak Catering Indigenous Kitchen (owned by Chef Norma Condo) temporarily provides meal catering to Espresso Hotel clients. A lunch was served to mark the occasion. From left to right: Chef Condo, Ron Shisheesh (Resolution Officer), Yanick Graveline (Gestion ADC General Director), CBHSSJB Chair Bertie Wapachee, Sarah Cowboy (Complaints Commissioner), Executive Director Daniel St-Amour, Helen Belanger (Director of Wichihîtuwin). August 2, 2021.

2021-2022 HIGHLIGHTS

- Call for tender for new accommodation, with the Hotel Espresso lease ending in July 2023; request includes an increase in client rooms to 130, including 65 adapted double rooms and 25 adapted double rooms with a kitchenette
- Two nursing assistant positions at Hotel Espresso—a first for our organization
- Partnership with DSPQA-Health to develop foot care program at Espresso
- Client satisfaction surveys, leading to improvements such as an increased meal variety at Espresso and a significant reduction in complaints—for a second year, complaints have declined almost 40%
- Full-time client officer position to deal with complaints, comments and requests for special assistance from patients; the client officer has established measures to enhance the quality of information given to clients and improve client satisfaction
- Contract with Gestion ADC catering, a subsidiary of CREECO, for food services adapted to our clients' needs; three meals are now served daily at Espresso
- Contract with CISC to provide security services and ensure compliance with Public Health measures at Espresso; as of November 2021, 10-12 agents were deployed at any one time, 24/7

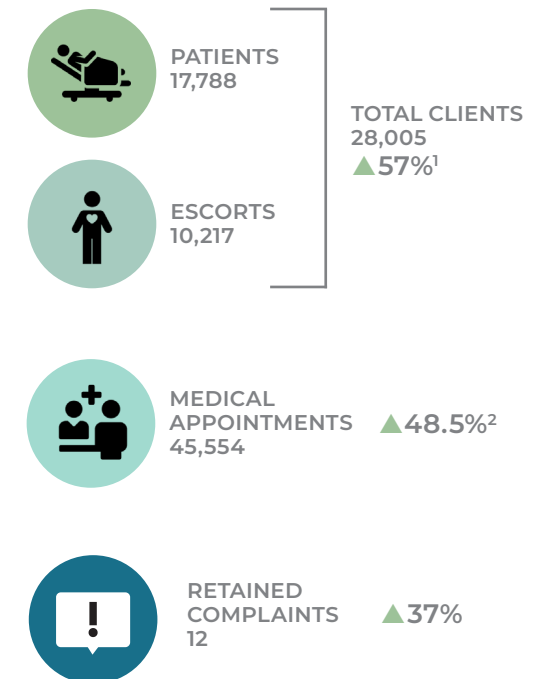
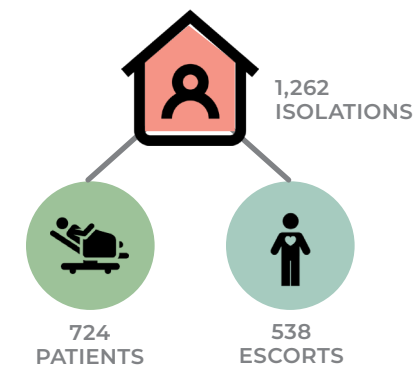


OTHER DEVELOPMENTS

The management structure at Wichihîtuwin Val-d'Or now has roles and responsibilities divided into Logistics and Clinical.

A psychosocial counsellor has been added to support our services and other resources added to ensure service continuity in Montréal.

An assistant nurse position was added in Montréal. Val-d'Or and Montréal now have assistants to the immediate superior and nursing team leader, respectively.



1. Increase due to relaxation of health measures.
2. 42,461 in-person and 3,093 remote.



â mininâsut kê ispiyit shûyân
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 are available online through the Ministry of Health and Social Services of Quebec. publications.msss.gouv.qc.ca/msss/recherche/.

BREAKDOWN OF GROSS EXPENSES BY PROGRAM

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	\$7,050,732	1.93%	\$19,601,381	6.30%
General Services - Clinical and Assistance Activities	14,078,090	3.85%	11,343,177	3.64%
Support for Autonomy of the Elderly	9,934,016	2.72%	7,417,059	2.38%
Physical Disability	10,265,695	2.81%	8,690,382	2.79%
Intellectual Disability and Autism Spectrum Disorders (ASD)	960,152	0.26%	883,594	0.28%
Youth in Difficulty	34,066,310	9.33%	28,024,905	9.00%
Dependencies	0	0.00%	0	0.00%
Mental Health	3,311,377	0.91%	2,750,719	0.88%
Physical Health	175,966,874	48.18%	142,047,862	45.63%
Support Programs				
Administration	58,115,288	15.91%	48,664,340	15.63%
Support to Services	15,085,850	4.13%	12,130,589	3.90%
Management of Buildings and Equipment	36,395,517	9.97%	29,758,088	9.56%
TOTAL	\$365,229,901	100.00%	\$311,312,096	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 deficit of \$(2,701,043), which is offset by the accumulated surplus and therefore respected this legal obligation.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

STATEMENT OF OPERATIONS | 31 MARCH 2021

		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	341 129 599	361 978 288	12 110 498	374 088 786	320 224 586
Government of Canada	2	12 410 658	14 701 180		14 701 180	9 225 327
User contributions	3	800 000	770 838	XXXX	770 838	852 715
Sale of services and recoveries	4	2 292 500	1 416 774	XXXX	1 416 774	1 689 744
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					(83 121)
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	750 000	1 344 439		1 344 439	880 110
TOTAL (L.01 to L.11)	12	357 382 757	380 211 519	12 110 498	392 322 017	332 789 361
EXPENDITURES						
Salaries, benefits and payroll taxes	13	179 196 941	217 032 985	XXXX	217 032 985	180 358 792
Medications	14	16 500 000	17 629 889	XXXX	17 629 889	16 544 487
Blood products	15	230 000	176 224	XXXX	176 224	152 107
Medical and surgical supplies	16	6 150 050	5 178 945	XXXX	5 178 945	5 366 446
Food products	17	1 315 000	1 250 063	XXXX	1 250 063	1 161 744
Honoraria paid to non-institutional resources	18	530 000	1 032 681	XXXX	1 032 681	256 127
Financial charges	19	4 889 792	569 029	4 262 937	4 831 966	5 060 930
Maintenance and repairs, including non-capital costs related to capital assets	20	6 872 440	5 677 050		5 677 050	4 037 699
Bad debt	21			XXXX		
Rent	22	6 969 127	6 983 453	XXXX	6 983 453	7 308 192
Capital asset depreciation	23	10 418 478	XXXX	10 548 604	10 548 604	10 228 601
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures	27	127 336 886	124 681 200		124 681 200	105 108 479
TOTAL (L.13 to L.27)	28	360 408 714	380 211 519	14 811 541	395 023 060	335 583 604
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)						
	29	(3 025 957)	0	(2 701 043)	(2 701 043)	(2 794 243)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

STATEMENT OF OPERATIONS | 31 MARCH 2021

		Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year
		1	2	3	4	5
REVENUES						
MSSS Grants	1	329 347 286	361 965 183	13 105	361 978 288	308 256 499
Government of Canada	2	12 410 658		14 701 180	14 701 180	9 225 327
User contributions	3	800 000	770 838	XXXX	770 838	852 715
Sale of services and recoveries	4	2 292 500	1 416 774	XXXX	1 416 774	1 689 744
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	750 000	1 077 106	267 333	1 344 439	880 110
TOTAL (L.01 to L.11)	12	345 600 444	365 229 901	14 981 618	380 211 519	320 904 395
EXPENDITURES						
Salaries, benefits and payroll taxes	13	179 196 941	210 857 035	6 175 950	217 032 985	180 358 792
Medications	14	16 500 000	17 629 889	XXXX	17 629 889	16 544 487
Blood products	15	230 000	176 224	XXXX	176 224	152 107
Medical and surgical supplies	16	6 150 050	5 178 945	XXXX	5 178 945	5 366 446
Food products	17	1 315 000	1 250 063	XXXX	1 250 063	1 161 744
Honoraria paid to non-institutional resources	18	530 000	1 032 681	XXXX	1 032 681	256 127
Financial charges	19	500 000	569 029	XXXX	569 029	610 322
Maintenance and repairs, including non-capital costs related to capital assets	20	6 872 440	5 641 907	35 143	5 677 050	4 037 699
Bad debt	21					
Rent	22	6 969 127	6 971 973	11 480	6 983 453	7 308 192
Transfer expenses	23					
Other expenditures	24	127 336 886	115 922 155	8 759 045	124 681 200	105 108 479
TOTAL (L.13 to L.24)	25	345 600 444	365 229 901	14 981 618	380 211 519	320 904 395
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)						
	26	0	0	0	0	0

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) | 31 MARCH 2022

		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	6 324 709	31 787 757	38 112 466	40 906 709
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	6 324 709	31 787 757	38 112 466	40 906 709
SURPLUS (DEFICIT) FOR THE YEAR	5		(2 701 043)	(2 701 043)	(2 794 243)
Other changes:	6				
Inter-institution transfers (specify)	7	(1 027 852)	1 027 852	0	
Interfund transfers (specify)	8		XXXX		
Other items applicable to private establishments under agreement (specify)	9	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	10	(1 027 852)	1 027 852		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	11	5 296 857	30 114 566	35 411 423	38 112 466
Consisting of the following:					
External restrictions	12	XXXX	XXXX		
Internal restrictions	13	XXXX	XXXX	6 739 710	6 487 934
Unrestricted or Unrestricted balance (L.11 - L.12 - L.13)	14	XXXX	XXXX	28 671 713	31 624 532
TOTAL (L.12 to L.14)	15	XXXX	XXXX	35 411 423	38 112 466

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

STATEMENT OF FINANCIAL POSITION | 31 MARCH 2022

	FUND	General	Capital assets	Current Year Total	Prior Yr. Total
		1	2	(C1+C2)	3
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	2 453 843		2 453 843	5 895 491
Short-term investments	2	XXXX	XXXX	XXXX	
Receivables - MSSS	3	89 280 881	1 206 980	90 487 861	196 791 560
Other receivables	4	4 635 752	898 128	5 533 880	4 624 162
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	27 425 728	(27 425 728)	0	0
Grant receivable (deferred grants) - accounting reform	7	5 620 243	133 414 848	139 035 091	136,452,863
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX	XXXX	XXXX	
Assets for sale	10	XXXX			XXXX
Other items	11	864 103		864 103	2 195 642
TOTAL FINANCIAL ASSETS (L.1 to L.12)	12	130 280 550	108 094 228	238 374 778	345 959 718
LIABILITIES					
Short-term debt	13	44 771 242	15 278 295	60 049 537	184 238 826
Accounts payable - MSSS	14				
Other accounts payable and accruals	15	46 164 499		46 164 499	32 602 408
Cash advances - decentralized envelopes	16	XXXX			
Accrued interest payable	17	59 637	1 206 980	1 266 617	1 309 454
Deferred revenue	18	16 785 581	153 629 612	170 415 193	160 914 712
	19	XXXX	XXXX	XXXX	XXXX
Long-term debts	20	XXXX	118 136 553	118 136 553	122 894 788
Liability for contaminated sites	21	XXXX			
Liability for employee future benefits	22	20 627 523	XXXX	20 627 523	16 015 651
	23	XXXX	XXXX	XXXX	XXXX
Other items	24	797 205		797 205	634 482
TOTAL LIABILITIES (L.14 to L.25)	25	129 205 687	288 251 440	417 457 127	518 610 321
NET FINANCIAL ASSETS (NET DEBT) (L.13 - L.26)	26	1 074 863	(180 157 212)	(179 082 349)	(172 650 603)
NON FINANCIAL ASSETS					
Capital assets	27	XXXX	210 271 778	210 271 778	206 835 779
Supply inventory	28	2 090 934	XXXX	2 090 934	2 046 075
Prepaid expenses	29	2 131 060		2 131 060	1 881 215
TOTAL NON FINANCIAL ASSETS (L.28 to L.30)	30	4 221 994	210 271 778	214 493 772	210 763 069
SHARE CAPITAL AND CONTRIBUTED SURPLUS	31		XXXX		
ACCUMULATED SURPLUS (DEFICIT)	32	5 296 857	30 114 566	35 411 423	38 112 466

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

STATEMENT OF VARIANCE OF NET FINANCIAL ASSETS/DEBTS | 31 MARCH 2022

	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	(183 477 103)	2 397 419	(175 048 022)	(172 650 603)
Accounting changes with prior year restatement	2				
Accounting changes without prior year restatement	3				
NET FINANCIAL ASSETS (NET DEBT BEGINNING ADJUSTED (L.01 to L.03))	4	(183 477 103)	2 397 419	(175 048 022)	(172 650 603)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5	(3 025 957)		(2 701 043)	(2 794 243)
VARIANCE DUE TO CAPITAL ASSETS:	6	(59 808 500)	XXXX	(13 984 603)	(14 387 152)
Acquisitions	7	10 418 478	XXXX	10 548 604	10 228 601
Annual depreciation	8		XXXX		1 738 737
Gain/loss on disposal of assets	9	XXXX	XXXX	XXXX	XXXX
Proceeds of disposition	10		XXXX		
Bad debts	11		XXXX		
Capital asset adjustments	12	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14	(49 390 022)	XXXX	(3 435 999)	(2 419 814)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES:	15	(2 300 000)	(2 090 934)	XXXX	(2 046 075)
Acquisition of supply inventory	16	(1 500 000)	(2 131 060)		(1 881 215)
Acquisition of prepaid expenses	17	2 233 082	2 046 075	XXXX	2 233 082
Use of supply inventory	18	1 618 155	1 881 215		1 618 155
Use of prepaid expenses	19	51 237	(294 704)		(76 053)
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)					
Other variance in accumulated surplus (deficit)	20		(1 027 852)	1 027 852	0
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21	(52 364 742)	(1 322 556)	(5 109 190)	(6 431 746)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)	22	(235 841 845)	1 074 863	(180 157 212)	(172 650 603)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CASH FLOW STATEMENT | 31 MARCH 2022

	Current Year 1	Prior Year 2
OPERATING ACTIVITIES		
Surplus (deficit) for the year	1	(2 701 043)
ITEMS NOT AFFECTING CASH FLOW		
Provision tied to portfolio investments and loan guarantees	2	
Supply inventory and prepaid expenses	3	(294 704)
Loss (gain) on disposal of capital assets	4	83 121
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	10 548 604
Capital loss	9	
Amortization of debt issue costs and management	10	
Amortization of bond premium or discount	11	
MSSS grants	12	(7 847 560)
Other (specify)	13	
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.02 to L.13)	14	2 406 340
Changes in financial assets and liabilities related to operation	15	134 157 789
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.01 + L.14 + L.15)	16	133 863 086
CAPITAL ASSET INVESTMENT ACTIVITIES		
Cash outflow related to capital asset purchases	17	(15 749 731)
Proceeds of disposition of capital assets	18	1 655 616
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.17 + L.18)	19	(15 749 731)
INVESTMENT ACTIVITIES		
Variance of short-term investments	20	
Portfolio investments (purchase)	21	
Proceeds of disposition of portfolio investments	22	
Portfolio investments (sale)	23	
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.20 to L.23)	24	

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2022

		Current Year	Prior Year
		1	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	(131 529 752)	45 100 000
Short-term debts incurred - capital asset fund	5	9 974 749	6 210 084
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	(121 555 003)	51 310 084
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)	10	(3 441 648)	(9 376 048)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	11	5 895 491	15 271 539
CASH AND CASH EQUIVALENTS, END OF YEAR (L.10 + L.11)	12	2 453 843	5 895 491

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2022

		Current Year	Prior Year
		1	2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:			
Receivables - MSSS	1	106 303 699	(57 721 233)
Other receivables	2	(909 718)	1 329 509
Cash advances to public institutions	3		
Grant receivable - accounting reform - employee future benefits	4		
Deferred debt issuance costs	5	XXXX	XXXX
Other assets	6	1 331 539	208 993
Accounts payable - MSSS	7		
Other accounts payable and accruals	8	15 327 219	(1 468 719)
Cash advances - decentralized envelopes	9		
Accrued interest payable	10	(42 837)	(162 866)
Deferred revenue	11	7 373 292	3 233 091
Liability for contaminated sites	12		
Liability for employee future benefits	13	4 611 872	4 064 181
Other liability items	14	162 723	11 026
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.14)	15	134 157 789	(50 506 018)
OTHER INFORMATION:			
Capital asset acquisitions included in accounts payable as at March 31	16	3 403 429	5 168 557
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	(7 847 560)	(7 517 478)
INTEREST:			
Creditor interest (revenue)	19		
Interest received (revenue)	20		
Interest received (expenses)	21	4 831 966	5 060 930
Interest spent (expenses)	22	558 056	727 514

Acronyms

AED	Assistant Executive Director	IRS	Indian Residential Schools
AGA	Annual General Assembly	IT	Information Technology
AGM	Annual General Meeting	JBCCS	James Bay Cree Communications Society
AMA	Â Mashkûpimâtsît Awash	JBNQA	James Bay Northern Quebec Agreement
APS	Administrative Process Specialist	MCAT	Multiclientele Assessment Tool
APSS	Accès priorisé aux services spécialisés	MCHP	Maternal and Child Health Program
AQSP	Association Québécoise de Prévention du Suicide	MMIW	Missing and Murdered Indigenous Women
CAVAC	Crime Victims Assistance Centre	MoreOB	Managing Obstetrical Risk Efficiently
CBHSSJB	Cree Board of Health and Social Services of James Bay	MRD	Material Resources department
CCIC	Clinical Coordination and Integration Committee	MSDC	Multi-Service Day Centre
CHR	Community Health Representative	MSSS	Ministère de la Santé et des Services sociaux
CISSS	Centre intégré de santé et de services sociaux	MUHC	McGill University Health Centre
CLE/CE	Cree Leukoencephalopathy and Cree Encephalitis	NIHB	Non-Insured Health Benefits
CMC	Community Miyupîmâtisiûn Centre	NNADAP	National Native Alcohol and Drug Abuse Program
CNG	Cree Nation Government	NOC	Northern Operations Centre
CNIHB	Cree Non-Insured Health Benefits	OCCI	Outil de cheminement clinique informatisé
COVID-19	Coronavirus Disease (2019)	OIIQ	Ordre des infirmières et infirmiers du Québec
CPDP	Council of Physicians, Dentists and Pharmacists	PCCR	Primary Care Community Representative
CRDS	Centre de répartition des demandes de service	PCR	Polymerase chain reaction
CSB	Cree School Board	PIJ	Projet intégration jeunesse
CSN	Confédération des syndicats nationaux	PMO	Project Management Office
CTA	Cree Trappers' Association	PMSD	Pour une maternité sans danger
CWEIA	Cree Women's Association of Eeyou Istchee	PPE	Personal protective equipment
DGMS	Department of General and Specialized Medicine	PPRO	Planning and Programming Research Officer
DMAS	Director of Medical Affairs and Services	PFT	Programme fonctionnel et technique
DPH	Director of Public Health	RHSW	Resolution Health Support Worker
DPSQA	Department of Professional Services and Quality Assurance	RTS	Réception et traitement des signalements
DPSS	Disability Programs and Specialized Services	SERC	Surveillance, Evaluation, Research and Communications
EEPF	Eeyou Eenou Police Force	SIPPE	Services intégrés en périnatalité et pour la petite enfance
EMR	Electronic Medical Record(s)	SNE	Special Needs Educator
ERC	Emergency Response Core (group)	SQCC	Service Quality and Complaints Commission
FASD	Fetal Alcohol Syndrome Disorder	SRP	Strategic Regional Plan
FIQ	Fédération Interprofessionnelle de la santé du Québec	STI	Sexually Transmitted Infection
HCCP	Home and Community Care Program	UQAT	Université du Québec en Abitibi-Témiscamingue
HEY	Health Eeyou Youth Project	YCJA	Youth Criminal Justice Act
HHD	Home Hemodialysis	YHS	Youth Healing Services
HRD	Human Resources department	YP	Youth Protection
HRO	Human Resources Officer		
INSPQ	Institut national de santé publique du Québec		



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Regional Administration
PO Box 250
Chisasibi, QC J0M 1E0
T 819-855-2744 | F 819-855-2098
Complaints 1-866-923-2624

Chisasibi Regional Hospital
21 Maamuu Meskino
Chisasibi, QC J0M 1E0
819-855-2844

Recruitment Centre
1055 René Lévesque Boulevard East
7th floor
Montréal, QC H2L 4S5
514-861-5955
jobs.reg18@ssss.gouv.qc.ca

Public Health department
168 Main Street
Mistissini, QC G0W 1C0
418-923-3355
Montréal 514-861-2352

Wîchihîtuwin
Chisasibi Hospital
819-855-9019

c/o Centre de santé de Chibougamau
51, 3^e rue
Chibougamau, QC G8P 1N1
418-748-4450

1055 René Lévesque Boulevard East
6th floor
Montréal, QC H2L 4S5
514-989-1393

c/o Hôpital de Val-d'Or
725, 6^e rue
Val-d'Or, QC J9P 3Y1
819-825-5818

**Youth Healing Services
Reception Centre**
282 Main Street
Mistissini, QC G0W 1C0
418-923-3600

**Youth Protection Hotline
1-800-409-6884**

**COVID-19 Info-line
866-855-2811**

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

**Robin's Nest Women's Shelter
855-753-2094**

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COMMUNITY MIYUPIMÂTISIÛN
CENTRES (CMCS)

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21 Maamuu Meskino
Chisasibi, QC J0M 1E0
819-855-2844

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143 Nouchimi Street
Eastmain, QC J0M 1W0
819-977-0241

ᑭᓯᓯᓐ Mistissini CMC
302 Queen Street
Mistissini, QC G0W 1C0
418-923-3376

ᑭᓯᓯᓐ Nemaska CMC
7 Lakeshore Road
Nemaska, QC J0Y 3B0
819-673-2511

ᐅᓯᓯᓐ Oujé-Bougoumou CMC
68 Opataca Meskino
Oujé-Bougoumou, QC G0W 3C0
418-745-3901

ᐱᓯᓐᐱᓐ Waskaganish CMC
2 Taktachun Meskaneu
Waskaganish, QC J0M 1R0
819-895-8833

ᐱᓯᓐᐱᓐ Waswanipi CMC
1 West Aspen
Waswanipi, QC J0Y 3C0
819-753-2511

ᐱᓯᓐᐱᓐ Wemindji CMC
60 Maquatua Road
Wemindji, QC J0M 1L0
819-978-0225

ᐱᓯᓐᐱᓐ Whapmagoostui CMC
Whapmaku Street
Whapmagoostui, QC J0Y 1G0
819-929-3307

Cree Board of Health and Social
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CreeHealth.org

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