Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

ANNUAL REPORT 2006–2007

Chairperson's Report 2006-2007

It has been two years since the signing of the Cree/Quebec Agreement on Health and Social Services, much development has occurred with the implementation of the five year Strategic Regional Plan with services in the communities. The ongoing phase by phase implementation of the Multi-Services Day Centres' programs and services saw the training and recruitment of personnel for the clientele of the elderly, physically and mentally challenged. The year 2006-2007, seven MSDCs were officially opened with the exception of Waskaganish and Eastmain.

Additional staff for the frontline services in the health and social sector followed an ever evolving and constant review on the progress of integration of services in each community. Under the direction of the Assistant Executive Director of Community Services, the local Directors now have an enlarged role with primary decision-making related to all local services.

The parallel processes of reorganization and planning new services have its own challenges in sychronizing other inter-related activities, such as recruitment and housing priorities. The capital planning for new clinics in Wemindji and Mistissini required the development of the clinical plans and the functional programs for approval by the board of directors and MSSSQ. The renovations for Oujebougoumou are underway which will coincide with the expansion of the clinic facility. Despite the fact that the expansion is not underway for Whapmagoostui clinic it has been clear that the services to the Cree and Inuit will continue to be given under the same roof. The next step is to begin the development of new clinics for Eastmain and Nemaska, along with the expansion of Waswanipi and Waskaganish. Although a full consultation has not begun in Chisasibi, the CBHSSJB will look at the possibility of integrating the hospital and local services under one roof. All is to be determined as to how that will evolve. This year support was given to Washaw Sibi to begin the needs assessment for their health and social services.

The legislative amendments for the status of the chairmanship and the composition of the board of directors have now been tabled to the Ministry. The next step is to follow the process of the introduction of a bill to the National Assembly in the fall of 2007.

The regional services that provide support to community services have also been enhanced with additional personnel for finance and human resources in order to sustain the day to day activities for all sectors. The ongoing dialogue with ministerial officials, other partners, and the communities continue collaboration for the implementation of the Strategic Regional Plan.

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

Dianne Ottereyes Reid
Chairperson CBHSSJB

Annual Report of the Interim Executive Director

2006-2007 was a year of transition for the Office of the Executive Director. The former Executive Director, Joanne Bezzubetz left in May 2006 and a new Executive Director, Mabel Herodier, was appointed in March 2007. Under my leadership, the Executive committee was expected to function and to correlate as a unit as well as carrying out the duties and responsibilities as an Executive committee. The main tasks achieved are as follows: 1) the recommendation of a structure for the local level and 2) the recommendation of the best option for the organizational structure after numerous consultations with all managerial staff. This was adopted "in principle" by the Board of Directors in December 2006.

To overcome the many challenges identified in the Strategic Regional Plan, one of the most crucial components to implement would be to enable each community to take responsibility of the health and social services allocated to their community. To this end, important efforts were made to ensure the revival of some local health committees and the implementation of local miyupimaatisiiwin committees, one means to allow this process to be viable. These committees, composed of representatives from different sectors of the community (First Nation Council, Youth Council, Elders Council, School, Community Miyupimaatisiiwin Centre (CMC), CBHSSJB elected representative, Daycare Centre, Women Association, etc.), will eventually become the governance body that will determine the needs of the population and hence to prioritize the kind of services that will meet these needs.

The local Miyupimaatisiiwin Committees will be required to report to and assist the Regional Board of Directors of the CBHSSJB. The delivery of health and social services will be managed and administered by a Community Miyupimaatisiiun Center, under the overall leadership of the Assistant Executive Director for Community Miyupimaatisiiun. The structuring and the organization of these Centers still need to be finalized. On the hand, nine (9) Directors have been nominated and a training plan has been developed for these individuals which will vary from one individual to the other for a period of at least four (4) years. They are expected to manage a team of intermediate managers responsible for services and programs for divided into categories for children, youth, adults, elders and persons with special needs. The plan is to ensure that these individuals oversee the competency of all professionals and the quality of services to be provided.

The following is a glimpse of the resolutions adopted by the Board of Directors that summarize the tasks completed during the course of the year (excluding standard requirements for the audit, budget, nominations, and administrative procedures):

- Iiyiyiuyimuwin training and cultural immersion delivered on Fort George Island
- Pandemic influenza preparedness
- Nituuchischaayihtitaau Aschii preparation for Wemindji and Eastmain
- Process to begin the relocation of the Public Health Sector and the Planning, Programming, Evaluation and Development Unit to Mistissini
- Secure a position to allow for a continuous representation to all public meetings on the Rupert River Diversion
- Principles for hiring Iiyiyiu Aschii permanent residents as managers

- Creation of the Information Technology Committee
- Revision of the housing policy
- Work to finalize the Mistissini CMC planning and programming
- Finalize the conditions for the Wemindji CMC construction
- New terms of reference for the Research Committee
- Enforcement of tobacco regulations
- Health and social services needs assessment for Washaw Sibi
- Feasibility study on the expansion of the Waswanipi CMC and the Multi Services Day Centre (MSDC) offices
- Assessment of Youth Healing Homes for Nemaska and Whapmagoostui
- Training of the members of the Board of Directors
- Launching Chi'kayeh pilot programs (healthy sexuality) in Waswanipi and Waskaganish;
- Work on legislative amendments
- Launching of Amaskuupimaatseat Awash pilot program in Mistissini
- Official inaugurations of the MSDCs
- Local negotiations with the Fédération des infirmières et infirmiers du Québec (FIIQ) and the Confédération des syndicats nationaux (CSN)

Towards the end of the year, the Executive Committee was happy to welcome Mabel Herodier, our new Executive Director. We are currently in the third year of the implementation of the 2004-2009 Regional Strategic Plan. This year could be considered as a year that determined the acceleration of the implementation process of this plan and the beginning of the planning to negotiate the next strategic plan.

Yv Bonnier Viger
Executive Director (interim)

THE EEYOU NATION
VISION STATEMENT
ON
HEALTH AND SOCIAL SERVICES

The Eeyou Nation of Eeyou Istchee, with the guidance of Tsheymendo, is committed to developing responsible, healthy communities in such a way as to result in:

Individuals who are well-balanced emotionally, spiritually, mentally and physically;

Families which live in harmony and contribute to healthy communities;

Communities which are supportive, responsive and accountable;

A healthy environment which will continue to produce traditional resources;

All within a context of a strong national Eeyou government which exercises complete jurisdiction and control over the delivery of quality comprehensive, integrated, interagency health and social services, promotes Cree human resource development and applies adequate resources to address our needs with a strong expression of the Cree values of respect, honesty, loving, caring and sharing.

So declared on February 18, 1999 at the Special General Assembly held in Ouje-Bougoumou

Introduction

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

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

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

Local Community Service Centre
Hospital Centre
Social Services Centre
Reception Centre

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

Public Establishments

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

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

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

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

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

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

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

Coastal Service Outlets

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

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

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

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

Inland Service Outlets

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

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

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

Cree Board of Health and Services of James Bay
Members of the Board of Directors
From April 1st, 2006 to March 31st, 2007

The Board of Directors consists of the following members:

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

Denise Brown — Vice-Chairperson
Eastmain representative

James Bobbish
Chisasibi representative

George Masty
Whapmagoostui representative

Angus Georgekish
Wemindji representative

Shirley Diamond
Waskaganish representative

Bella M. Petawabano
Mistissini representative

Lily Sutherland
Waswanipi representative

Darlene Shecapio-Blacksmith
Ouje-Bougoumou representative

Caroline Jolly
Nemaska Representative

One Cree representative elected for three years by the Cree Regional Authority:

Mrs. Dianne Reid — Chairperson
Cree Regional Authority representative

Three representatives elected for three years from among and by the persons who are members of the Clinical Staff of any establishment of the said region, with a maximum of one representative for each professional corporation:

François Lavoie
Council of Physicians, Dentists and Pharmacists

Vacant
Clinical staff (Nursing)

Mr. Bryan Bishop
Clinical staff (Social Services)

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

Vacant
Non-clinical staff

The Director of Public Health Department, forming part of the Regional Board or with which the Regional Board has a service contract or his nominee or the Director of Professional Services or his nominee. The Cree Regional Authority will appoint such persons if there is more than one centre:

Dr. Yv Bonnier Viger
Public Health Representative

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

Mabel Herodier
Executive Director as March 12, 2007)

Dr. Yv Bonnier Viger was the Executive Director-Interim since May 2006

There have been four (4) regular meetings, one (1) special meeting and two (3) conference calls of the Board of Directors during the period covered by the present report.

Cree Board of Health and Social Services of James Bay
Members of the Administrative Committee
as of March 31, 2007

Dianne Reid	CRA representative Chairperson
Dr. Yv Bonnier Viger	Executive Director Interim
Bella M. Petawabano	Mistissini Representative
Angus Georgekish	Wemindji Representative
Bryan Bishop	Clinical Staff Representative
Denise Brown	Eastmain Representative Vice Chairman

There have been eleven (11) meetings of the Administrative Committee during this period covered by the annual activity report.

Members of the Audit Committee
as of March 31, 2007

Lily Sutherland
George Masty
Angus Georgekish

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

Cree Board of Health and Social Services of James Bay

Organization Chart -
As of March 31, 2007

Open line boxes denote vacant positions as of March 31st 2007
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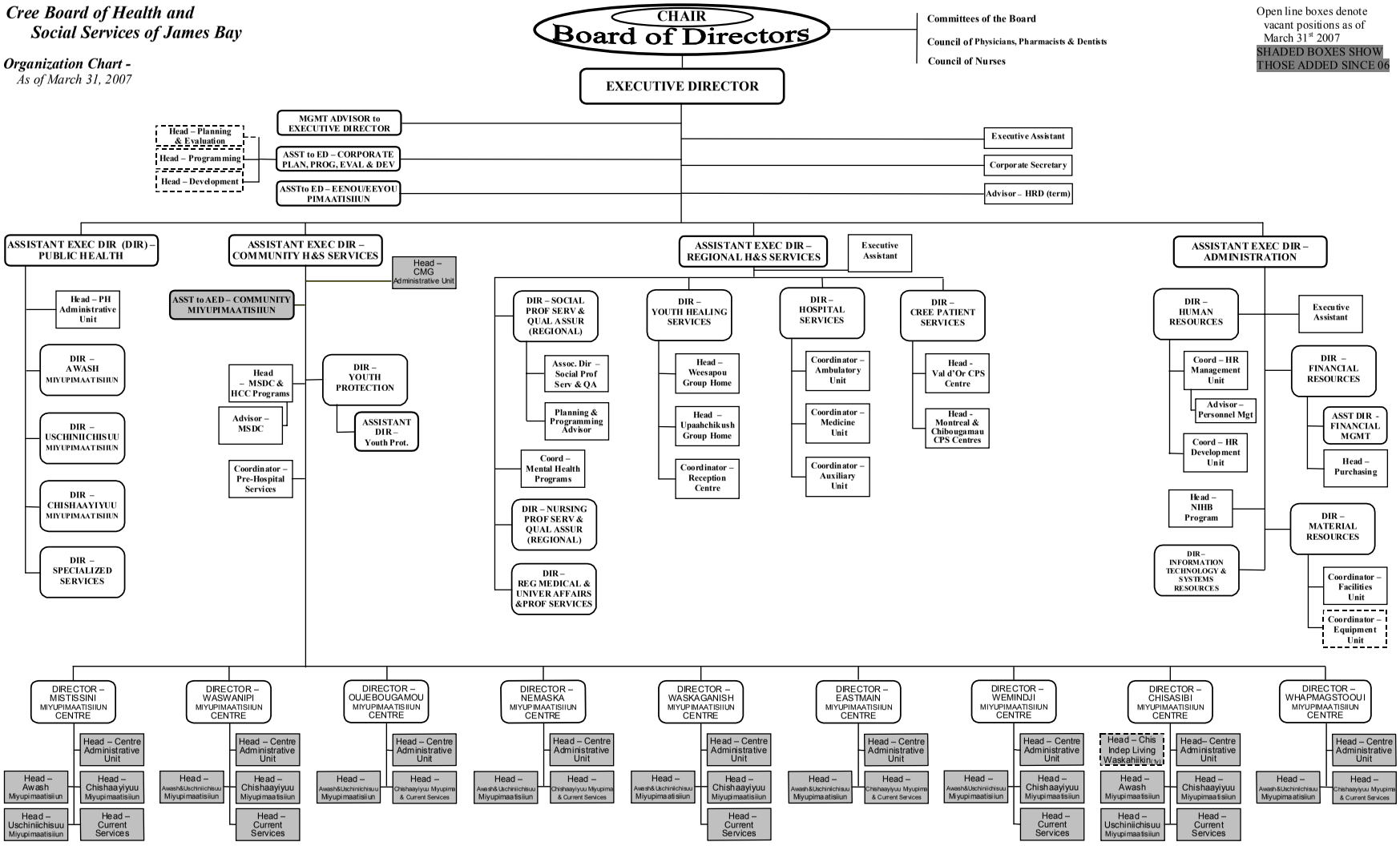

Planning and Development Services

General Administration

In 2006-2007, new human resources were added to the Planning and Development Services. Four new positions were recruited: one Executive Secretary and three PPROs (Planning, Programming and Research Officer), namely, PPRO-Planning and Evaluation, PPRO-Statistics and Indicators, PPRO-Mental Health Program, and, PPRO-Local Projects. After two sessions of interviewing, we are still looking for PPRO-Youth Program.

In the coming months, we will continue with phase 2 of the recruitment process for five other professionals: Head of Planning and Evaluation, Head of Programming, Head of Development, PPRO-Information Systems, and, PPRO-Regional Projects. There will be a temporary position for two years for a specific project regarding the Cree Social Policy identified as a priority in the Strategic Regional Plan.

As proposed in the CBHSSJB Organizational Chart, a new regional function will be attached to our services for organizational development. If this function is approved by the Board of Directors, we will redo the PFT of our services in 2007-2008.

Planning and Development Services

Several functional and technical programs (PFT) have been completed, modified or updated:

a) Cree Community Centre in Mistissini

An external firm was requested to review the real northern costs for the future Wemindji Cree Community Centre. The conclusions and recommendations will have an impact on the costs for the future Mistissini Cree Community Centre, consequently the PFT for Mistissini Centre will be adjusted. We hope to finalize this file in 2007-2008.

b) Cree Community Centres - Eastmain and Nemaska

The functional and technical programs for new health and social services centres in these communities were previously approved by the Board and the communities. Also, the programs for these future centres have to be revised because of the new Strategic Regional Plan. This activity should be completed for the next fiscal year.

c) Activity Dashboard

The *Strategic Regional Plan* mentions a series of indicators measuring the objectives in term of results to be obtained after five (5) years of implementation. A list of indicators has been identified to be used for the purpose of building dashboards for the Board of Directors and MSSSQ. A proposed reference tool has been presented and approved by the Executive Committee and Board of Directors. We have started to collect the information for some services and programs based on 13 financial periods of the year: Dental Services, Youth Protection Department, Cree Patient Services, MSDC, and Youth Healing Services. We hope to cover all the other services and programs. A summary analysis for 9 periods was provided to the concerned authorities.

d) Training Sessions on Operational Planning

During the past year, we gave 3 training sessions on operational planning for the managerial staff of the CBHSSJB and the professionals of the Public Health Department. Because of the implementation of the Regional Strategic Plan organization, the managers were mandated to revise their operational planning for year 2006-2007, as well as for the years 2007-2008 and 2008-2009.

e) Planning and Development Operational Planning 2007-2008 and 2008-2009

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

f) The PFT of the Planning, Programming, Evaluation and Development Services

A proposed new CBHSSJB Organizational Chart is being finalized and will be tabled for approval by the Board of Directors. A new regional function will be attached to our services for organizational development. If this function is finally approved by the Board of Directors, we will redo the PFT of services in 2007-2008.

g) Whapmagoostui and Nemaska Youth Healing Homes PFTs

With the contribution of the managers responsible for two files, the PFT should be approved by the Administrative Committee in the beginning of April 2007. The principle and budget for the operation of these two facilities, as temporary projects, have been approved by the Board of Directors in 2006-2007.

h) Other PFTs: On-going Projects

Two other PFTs are being developed:

1) Public Health Montreal (Duke Street): With the help of the Public Health personnel, the process of finishing the PFT for the extra space needed by the Public Health Department and the Corporate Planning Department is almost completed. The PFT should be approved by the Board of Directors in the coming year.

2) Store Room, Maintenance Shop and Archives Facility (Chisasibi): the preparation of a PFT for the future facility is in progress.

i) Format of the Annual Activity Report

The first version of the policies on the "Standard" and "Summarized" on the Annual Activity Report was elaborated many years ago (1987-1988). Since that time, the services and programs have expanded tremendously and the organizational chart of the organization is more complex with its integrated and matrix approach. It also takes into account the implementation of the Strategic Regional Plan, the operational planning of services and programs, new facilities (Youth Centre, MSDC...) and a focus centered on the communities, the policies now have to be revised and adapted to the actual context.

A team of representatives from Corporate Affairs and from Planning and Development worked on this file and the Policy on the Standard Version of the Annual Activity Report was adopted by the Board of Directors in December 2006. Next year, an updated summarized version of the report and the modified policy will be approved by the Board of Directors.

j) Corporate Affairs and Communication PFT

With the collaboration of the team from Corporate Affairs and Communications, the development of a PFT for this department is in progress. In the coming year, we should provide this document to the proper authorities for final approval.

k) Cree Helping Methods PFT

With the collaboration of the team from the Cree Helping Methods Unit, the PFT was started for this department. In the coming year we should provide this document to the proper authorities for final approval.

l) Evaluation Process

One of the main functions of Services is the evaluation of services and programs of the CBHSSJB. We are in the process of developing evaluation tools.

A first document on these matters was produced and distributed to all managerial staff with a small questionnaire asking them to identify the main priorities regarding the evaluation. Next year, we will concentrate on how we will implement this function within the organization.

The PPED participated in different committees, such as the Executive Committee, the Regional Implementation Committee on the Regional Strategic Plan and Research Committee.

Richard St-Jean
Assistant to Executive Director
Planning, Programming and Evaluation

Eenou/Eeyou Pimaatissiiun (Cree Helping Methods)

Within the present CBHSSJB Strategic Regional Plan, ten orientations had been identified to base all various developments of programs and services throughout the organization. Given the importance of these orientations, the mandate to develop and integrate Cree traditional approaches within the services and operations of the Cree Board of Health & Social Services of James Bay is considered a priority item.

As of January 2006, the CBHSSJB the Assistant to the Executive Director for Eeyou/Eenou Pimaatissiiun (Cree Helping Methods) was entrusted to begin this important development of integration of traditional approaches. Although the major part of this mandate is still in preliminary planning stages of development, the main goals and objectives have been identified with the assistance of the Regional Elders Council, Community Members, various staff and the Cree Social Service Model Working Group.

It is important to highlight one of the first directions given by the Regional Elders Council, and that is to understand and know what the Cree holistic concept of Miyupimaatisiiun is. This understanding becomes a guiding principle to the identification of work structure and traditional programming in the development of Eeyou/Eenou Pimaatissiun (Cree Helping Methods). Also, this guiding principle identifies a traditional process, Rites of Passage, practiced to attain this Cree traditional holistic concept of Eeyou/Eenou Miyupimaatisiiun. The identification and practice of Eeyou/Eenou Pimaatissiiun will also provide guidance in the way we provide Health & Social services to the Cree Population. Consequently, the first conceptual framework for Eeyou/Eenou Pimaatissiiun (Cree Helping Methods) will be introduced in this fiscal year.

Highlights and Events

- Orientation of present CBHSSJB programs and services identifying existing development of Cree concepts of Healthcare and Cree Traditional approaches within the organization

- Creation of Council of Chishaayiyuu to provide guidance and support to the Board of Directors, for Eeyou/Eenou Pimaatissiun (Cree Helping Methods) and within the development and integration of Cree traditional approaches

- Increased mandate for Cree Social Service Model Working Group to assist within the first development of Cree Helping Methods

- Identification of the preliminary goals and objectives based on the vision of the Cree Nation and confirmed by the Council of Chishaayiyuu

- Initiation of a literature review on matters of Traditional Methods

- Development of presentation with the assistance of Council of Chishaayiyuu and the Regional Elders Council on the definition of what is Eeyou/Eenou Pimaatissiiun (Cree Helping Methods)

- Development of a short proposal on the preliminary plan for Eeyou/Eenou Pimaatissiiun (Cree Helping Methods)

Irene House
Assistant to Executive Director
Eeyou/Eenou Miyupimaatissiiun

Regional Miyupimaatissiiiun (AED Regional)

Summary of Activities

In 2006-2007, the health care and social services programs team benefited from more stability in terms of governance. The AED Regional (Interim) did carry out the Program Service Council (PSC) - Regional Team - Community Tour with the Chaiperson, Mrs Dianne Reid, along with a group of directors and coordinators in charge of regional mandates in the field of health and social services.

During the month of February 2007, the PSC Regional Team and participants visited the following six (6) Cree communities: Waswanipi, Ouje-Bougoumou, Mistissini, Waskaganish, Wemindji and Whapmagoostui. However, this tour was not completed for three communities of Nemaska, Eastmain and Chisasibi.

Over the past months, changes in responsibilities have occurred in different levels of the Cree Health Board, as well as at the regional level, therefore the purpose of this tour was:

- To become more visible in all communities; a chance for staff and communities to become more familiar with the role of each member of the regional team and areas of responsibility

- To identify key players in each community that may assist in the planning, delivery and ensuring the services meet the needs of the people

- To work together with Cree entities and CIC staff in each community and keep them informed and involved

- To provide an opportunity to participate in key cultural and health board events that took take place during the tour

During the tour, we also had the opportunity to participate at the grand opening of the Multi Service Day Centres (MSDC) in two communities: the opening of the MSDC in Ouje-Bougoumou on February 14, 2007 and the opening of Whapmagoostui MSDC on February 28, 2007.

Overall, the staff appreciated the tour of the communities and indicated the need to continue this tour in the future. The main concern is the need to increase communications from the regional level especially at a time when there are many changes within the Cree Board of Health and Social Services of James Bay.

This tour also increased awareness of the Regional Directors for the needs of the communities and the staff providing services to the population. The group did observe the escalating pressure on local staff resulting from organizational changes. According to many sharing circles with staff members and with community members, it is obvious that the organization must simplify some administrative procedures through decentralization.

This year, two Directors of Assurance Quality were hired: Ms. Laura Bearskin as DPS Social and Ms Hélène Nadeau as DPS Health. Dr Alain Gagnon continued his activities as DPS Medical and Dr Guy Bisson as *Directeur Régional des affaires médicales universitaires* (DRAMU).

A partner in the Pursuit of Quality, the *Conseil Québécois d' agrément* has been invited to make a presentation to the Executive Committee and to the DPSs to explore a standardized framework of quality and rules of certification.

The Project *Gestion des risques* (Risk Management) has been organized with the collaboration of DPS Medical and DPS Health and a special attention was given by the AED Regional Services regarding security at the Chisasibi Hospital.

Under the joint partnership of Directors and AED Regional Services, here are some results and highlights from the past year:

Chisasibi Hospital

- First appointment of a Cree nurse as Health Coordinator
- Implementation of the Cree Encephalopathy Program by a clinical nurse
- Participation in the elaboration of services Agreement within the RUIS McGill
- Iimplementation of an « Index-patient project» in order to have a unique file number regarding health charts for the clientele of region 18

Youth Healing Services

- Staff at the Centre has been assigned to maintain and integrate the Cree Traditional way of life regarding activities with the youth. A wide range of activities promoting prevention and stabilization are continuously being applied
- A successful Football and Development Camp was held last summer 2006 in Mistissini where 400 participants from all nine communities attended
- Youth Healing Services Centre has successfully re-introduced several youth to their home communities which is a major accomplishment

Cree Patient Services

Transportation and lodging require a lot of interpersonal relationship from front line employees who are in direct contact with the clients. Patience is a basic skill to work in that sector. Special efforts have been performed to increase the quality of services.

Family Community Healing Centre (Healing Lodge)

The mandate is to develop a proposal for a pilot project consisting of the following three integrated services which will be housed in one facility (Family Community Healing Center):

1) Drug, Alcohol, Addictive Behaviors Detox Treatment Services
2) Education/experiential – Personhood and Cree Identity Enhancement
3) Health Promotion and Prevention

These three domains are required for a holistic integrated service delivery system, even though they have distinct elements they are interconnected and unified in purpose and outcome.

The Work Plan, which is still being completed, follows the strategic direction set out by the Board of Directors of the CBHSSJB with respect to addictions, mental health and wellness in particular issues resulting from post colonialism, loss of identity and post-traumatic disorder.

The Community Family Healing Center therefore represents one of a number of initiatives and efforts linked to the circle of support that exists at the various levels of the individual, family, community and the nation. Furthermore, the medicine wheel represents and is the core substance that gives meaning to the human spiritual journey. This serves as the foundation in which the three integrated service programs are built.

Mental Health Services

The present situation of the mental services, expectations and suggestions to improve them are now well documented; the writing of the global program is underway. Many Workshops/Training were conducted, such as Crisis Intervention, Grieving, Suicide Prevention, self-esteem, mind and body connection, etc.

Pre-Hospital Services and Emergency Measures

- In summer 2006, due to forest fires, Misitissini had to evacuate 3,500 community members in less than 2 hours, this was done in collaborations with all entities

- The analysis of the file *Pre-Hospital Services* with the great contribution of Dr Colette Lachaine, Medical Director of Pre-hospital Services and Pierre Larivière, Coordinator, will be presented for decision in July 2007 to the Board of Directors including the joint contribution of CHB and the nine communities.

Regional Medical and University Affairs

Participation at many meetings with RUIS McGill led to many service agreements with various Montreal hospitals. Telemedecine Project remains one of the major activities spearheaded by Dr. Guy Bisson.

Regional Medical Professional Services and Quality Assurance

The appointment of Dr Michel Hurtibise as Medical Examiner, the revival of the Council of Physicians, Dentists and Pharmacists Committee and the negociation of corridors of services with Val d'Or and Chibougamau are major achievements of Dr Alain Gagnon who resigned at the end of March 2007.

Regional Health Professional Services and Quality Assurance

The Council of Nurses Committee was reactivated by Ms Hélène Nadeau hired on June 19, 2006.

The file of *"candidate à l' exercise de la profession (CEPI)"* has been one of the major activities.

Regional Social Professional Services and Quality Assurance

We are looking forward the implementation of a Cree Social Service (Framework) for Social Work practice within Eeyou/Eenou Itschee.

My Journey will continue in the Eastern Townships

From the bottom of my heart, I would like to thank the people of the Cree Nation and all the colleagues who have supported me in my seven-year journey (May 2000 to August 2007) as a manager of the Cree Board of Health and Social Services of James Bay.

I have had the incredible privilege of playing a small part of the history of the Cree Board of Health and Social Services of James Bay. I have shared my passion with many of you. I extend my warmest regards to each and every one of you.

Suzanne Roy
AED Regional Services (Interim)

Chisasibi Regional Hospital Centre

Hospital Services

The Chisasibi Hospital administration has worked on several projects in cooperation with other departments.

The major projects are:

- Beginning of the implementation of « Index-patient project» in order to have a unique file number for the clientele of region 18

- For the first time, a Cree nurse has been appointed as Health Coordinator. For the next six months, she will be paired with a manager who has experience in management. This is part of the Cree Succession Plan to provide mentoring and support to aspiring Cree managers

- Reorganization within the Coordination team and the Medicine Department to increase efficiency

- Implementation of the Cree Encephalopathy Program by a clinical nurse. This program offers genetic counseling

- Implementation and application of the « McGill nursing model »

- Acquisition of «Management software» for the Hospital Maintenance department

- Acquisition of «Management software» for Food services

- Acquisition of two sterilizers. Work area renovation and installation of equipment

- Participation to the Regional Emergency Measures Committee

- Participation in the elaboration of Services Agreement within the RUIS McGill

ARCHIVES

	2004- 2005	2005 – 2006	2006-2007
A. NUMBER OF ADMISSIONS			
Medicine	287	360	449
Obstetrics	5	7	17
Pediatrics	161	126	206
New born	3	1	4
Total	456	494	676
Chronic	3	3	3

There is an increase of 36, 8% for the total of the admissions

B. NUMBER OF HOSPITALIZATION DAYS			
	2004-2005	2005-2006	2006-2007
Medicine	1763	1807	2162
Obstetrics	12	9	23
Pediatrics	664	427	565
Total	2439	2243	2750
Newborns	6	2	19
Chronic	N/A	N/A	N/A

There is an increase of 22, 6 % hospitalization days

C. TOTAL NUMBER OF IN-PATIENTS PER DAY						
	2004 -2005		2005 – 2006		2006-2007	
	Total	Average/day	Total	average/day	Total	average/day
Medicine	1766	4.84	2117	5.42	2107	5.8
Obstetrics	12	0.03	9	0.02	17	0.05
Pediatrics	655	1.79	407	1.12	551	1.5
Total	2433	6.67	2533	6.95	2675	7.3
Newborns	6	0.02	2	0	17	0.05
Chronic	2003	5.49	2753	7.54	3425	9.4
Bed occupation rate	45.1%		53.6 %		62%	

The occupation bed rate is based on 27 beds available

ARCHIVES

TRANSFERS TO ANOTHER HEALTH CENTRE			
	2004 – 2005	2005 – 2006	2006-2007
Medicine	39	47	47
Obstetrics	0	0	1
Pediatrics	12	8	7
Total	51	55	55

DEATHS			
	2004 – 2005	2005 – 2006	2006-2007
Medicine	12	10	5
Obstetrics	0	0	0
Pediatrics	0	0	0
New born	0	0	2
Chronic	2	2	7
Total	14	12	14

AVERAGE STAY			
	2004 – 2005	2005 – 2006	2006-2007
Medicine	6.14	5.43	4.74
Obstetrics	2.40	1.29	1.35
Pediatrics	4.10	3.21	2.77
New born	2	2	4.75
Chronic	N/A	N/A	N/A
Total	5.3	4.7	4.0

DEPARTURES			
	2004 – 2005	2005 – 2006	2006-2007
Medicine	287	333	456
Obstetrics	5	7	17
Pediatrics	162	133	204
New born	3	1	4
Chronic	5	4	0
Total	457	474	681

NUMBER OF VISITS AT THE CLINIC		
2004 – 2005	2005 – 2006	2006-2007
18,645	18,245	17,912

There is a decrease of 1, 83%

Reasons: The "rendez-vous clinic" is decreased by 16% (2198 visits in 05-06 for 1846 in 06-07) and better information provided by the pharmacy

NUMBER OF SPECIALISTS`VISITS		
2004 – 2005	2005 – 2006	2006-2007
1,412	1,632	1,439

There is a decrease of 11, 8%

OBSERVATION HOURS		
2004 – 2005	2005 – 2006	2006-2007
N/A	744.35	701.66

There is a decrease of 5, 7% which is related to the increase in admissions

There are 25 permanent full time nurses positions in the hospital, 2 temporary full time nurse positions and 1 Genetic Counselor (specialized program) 1

Imagery Department

	2004 – 2005	2005 – 2006	2006-2007
	Total exams	Total exams	Total exams
X-rays	2,856	3,032	2,952
EKGs	818	868	764
Ultrasounds	1,111	837	647
	Total clients	Total clients	Total clients
	3,576	3,463	3,457
Provincial Unit	N/A	86,979	74,058

Total of referred clients (From Radisson- Recovery cost)			
	2004 – 2005	2005 – 2006	2006-2007
Whapmagoostui	189	120	Included in total clients (above)
Radisson	86	86	66

There are 3 permanent full-time radiology technicians

Laboratory Services

	2004 – 2005	2005 – 2006	2006-2007
Tests done in the Chisasibi Laboratory	149,573	179,586	183,945
Tests done outside	52,513	70,651	66,091
Unit cost	$1.22	$1.78	From MSSQ

Laboratory's test done for Radisson Health Center - Recovery cost			
	2004 – 2005	2005 – 2006	2006-2007
Total of tests	2,984	3,838	3,413
Total money perceived	$8,065.90	$10,281.40	$9,722.15

There are 4 permanent full-time laboratory technicians

Hemodialysis Services

Number of dialysis treatments			
	2004 – 2005	2005 – 2006	2006-2007
Number of clients	Average of 13	Average of 11	Average of 12
Number of deceased	3	3	1
Kidney transplant	0	1	1
Number of treatments	1720	1503	1574
Pre-dialysis clinic	2004 – 2005	2005 – 2006	2006-2007
Number of clients	20	42	58

NOTE: The predialysis program will be evaluated with the participation of Duncan Sanderson, the number of patients is increasing rapidly

There are 3 permanent full-time nurses in Hemodialysis and 1 permanent full-time Beneficiary's attendant

Louise Gagnon
Hospital Director

Mental Health

Summary of Activities

The regional team is composed of the Head of Mental Health, the Assistant, a social worker (since December 2005), a secretary, and an administrative technician (occasional). Four (4) of the team members are from the First Nations, including two (2) based out of Mistissini at the Reception center.

Currently there are six (6) visiting psychologists, one (1) counselor, one (1) social worker, one (1) therapist and one (1) assessment/ evaluation psychologist that provide services for all nine (9) communities. Four (4) of the ten (10) professionals are First Nations professionals.

The need for consultations has increased annually and due to this large volume, the team has not been able to meet all the needs in some communities. There were 2,179 consultations not including case discussions. The number of days per monthly visit varies from five (5) to ten (10) days depending on the community being visited.

The ten (10) most frequent reasons for consulting are: conjugal difficulties (405), depression (274), parent-child relational problems (204), anxiety (179), simple grief (175), parental skills (172), suicidal thoughts (79), life transition (78), stress related to work (78) and post-traumatic syndrome (77).

Workshops/Trainings

Workshops and training were delivered by the visiting professionals, such as crisis intervention, grieving, suicide prevention, self–esteem, sexuality and mentally challenged people, teen suicide, caring for the caregivers, attachment, bonding and trauma, emotional dependency, peer pressure, communication skills, limits and boundaries in interventions, bullying, health and weight issues, healthy eating & mind and body connection.

Other Services

The requests have increased from last year for outside consultations. Most of these requests are made by persons who are living outside their communities for education or for work. These requests could also be for emergency situations or when the contracted professionals do not specialize in the areas that are being requested. There were 183 requests made that required 20 – 24 professionals (psychologists, therapists, counselors and social workers, including the contracted psychologists).

Psychological Assessment/Evaluation

There were nine (9) assessments/evaluations and these were completed by four (4) different professionals. This number is consistent with the number completed last year.

Traditional Healing

Participation is required with the working group on Cree Helping Methods or Eenou-Eeyou Pimaatsiiun.

Report on the evolution of Mental Health program

With the collaboration of Public health, a summer student in psychology, Eloise Ballou, was engaged to review and compile information from documents, annual reports and surveys completed since the beginning of the "Mental Program" in 1993.

A report provides an accurate portrayal of the actions carried out in the past and some actions that were proposed for the future. The title of the report is: "Cree Health Board and Social Services, Mental Health Program, Synthesis of its evolution since 1993 and recommendations for the future" (August 2006).

Other projects

Various projects and activities were initiated by the regional mental health team or those that required the assistance and the collaboration of the team:

Chisasibi Independent Living Facility (CILF), also known as the (CRRC) Chisasibi Residential Resource Center or the Fourplex

Assisted the local coordinator from Chisasibi and human resource services to finalize the job descriptions as well as assisting in the selection of the candidate for the Head of the Chisasibi Independent Living Facility. A one (1) year contract should allow the planning, organizing and structuring of services and activities that will help promote and restore the level of independence needed by the individuals residing at this facility which will further allow for a greater degree of self sufficiency.

Human Relations Officers in Mental Health in each community

The creation of these positions for each community will further facilitate the organizing of special services needed at the local level. The networking of these workers will help expand the information systems in the various fields as needed by the services.

"Project Dialogue: A strong first line in mental health"

This was a research project sponsored by the Ministry of Health and Social Services and the l'Institut national de santé publique du Quebec. The Cree Health Board was one (1) of the ten (10) regions that participated in this project. The theme of this project is "Identify the more appropriate reorganizational models of services for the delivery of mental health services in a specific context. Support the regions to develop or adapt mental health services". There were two (2) focus groups, one in Mistissini and another in Chisasibi. Other communities will be consulted later. The results of these consultations for the first part of the project will be submitted to the participants next fall.

Suicide prevention

With the financial support of Health Canada and Public Health, a survey was conducted in five (5) communities on suicide prevention. The results of this survey along with all other recommendations already submitted will form the basis of the action plan that will be completed for Suicide Prevention.

Psychiatrist and other specialized services

A service agreement was concluded on this matter between Douglas Hospital in Mental Health and the CBHSSSJB.

Pilot project on Continuous Education with McGill University, Child psychiatry division. Three (3) sessions where held between January and March.

MSSSQ direction for Mental Health

A representative is required to assist in a working group comprised by other managers of Mental Health programs from all other regions of Quebec. This permits the CHB to access and to share information regarding this field as well as to promote awareness on the specific needs of the CHB.

Jocelyne Gagne
Head of Mental Health

Psychologists and counselor summary of activity per community
for training and case discussions
2006-2007

Communities	Population	Rank	Number of clients	Total number of days	Case discussions males counselors	Case discussions females counselors	Training males counselors	training females counselors
Chisasibi (1)	3679	2	378	86 2 counselors	Not available	50 hrs	none	Yes 59 hrs
Mistissini (2)	3025	6	245	65 2 counselors	Not available	20 hrs	none	Yes 3hrs
Waskaganish (3)	1893	1	270	104 4 counselors	Not available	Not avalable	Yes 9hrs	Yes 7hrs
Waswanapi (4)	1479	3	223	79 4 counselors	Not available	9.5 hrs 1 hrs	Data not available	none
Wemendji (5)	1230	9	220	50 2 counselors	Not available	8 hrs	Data not available	none
Whapmagoostui (6)	798	7	235	55 2 counselors	Not available	27 hrs	Data not available	Yes 40 hrs
Nemaska (7)	650	4	207	72 2 counselors	Not available	14,5	Data not available	none
Ouje Bougoumou (8)	645	5	233	66 2 counselors	Not available	9 hrs	yes	none
Eastmain (9)	594	8	168	54 2 counselors	Not available	7.5 hrs	yes	none

Psychologists and counselor summary of activity per community for clients and no shows 2006-2007								
Communities	Population	Rank	Number of clients	Total number of days	No of days by males counselors	No days by females counselors	No show for males counselors	No show for females counselors
Chisasibi (1)	3679	2	378	86 2 counselors	25 82 clients	61 296 clients	37	43
Mistissini (2)	3025	6	245	65 2 counselors	35 114 clients	30 131 clients	48	6
Waskaganish (3)	1893	1	270	104 4 counselors	67 190 clients	27 80 clients	68	Data not available
Waswanapi (4)	1479	3	223	79 4 counselors	49 123 clients	30 100 clients	Data not available	Data not available
Wemendji (5)	1230	9	220	50 2 counselors	22 69 clients	48 151 clients	17	Data not available
Whapmagoostui (6)	798	7	235	55 2 counselors	30 134 clients	25 101 clients	Data not available	28
Nemaska (7)	650	4	207	72 2 counselors	30 75 clients	42 132 clients	Data not available	Data not available
Ouje Bougoumou (8)	645	5	233	66 2 counselors	30 116 clients	36 117 clients	37	Data not available
Eastmain (9)	594	8	168	54 2 counselors	24 69 clients	30 99 clients	8	Data not avalable

Youth Healing Services

Mission Statement

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

Introduction

The history of residential care is a long legacy and this year marks the 21st year since the first group home was in operation in 1985 within the James Bay territory. This era began because of the desire to bring our youth home from southern centers. As we reflect back on Rehabilitation Services now known as Youth Healing Services we have gone through many challenges and changes.

Back then, two Group Homes were established, one in Mistissini and one in Chisasibi. Both Group Homes were house parent models. The conception of the Reception Centre brought a new direction of operation from house- parent to Childcare worker, which is a continuous challenge to all units within the Youth Healing Services based on therapeutic requirements and skill levels.

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

Objectives

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

Youth Healing Services is now in the process of developing a more community based service that focuses on family preservation using a more holistic based approach to care. As we continue the process of extending these services in youth programs one of the important elements is to introduce a healthy lifestyle to youth and their families through the Healing Homes Program. This program will be introduced as a pilot phase in 2 communities, one inland and one coastal to begin operation in December 2006.

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

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

Youth Healing Services commitment to care

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

Bush Program has been fully developed and implemented within the Youth Healing Services, and will continue to develop for the both Group Homes and the Reception Center eventually reaching to all youth of Region 18.

To better serve the youth in placement, Youth Healing Services consults directly with the youth in our care to voice their concerns and ideas on program development, as well as how to implement a more positive consequences structure.

The use of traditional, cultural and elder's teachings in providing service to our clientele and their families based on values, ideas and concepts.

To effectively maintain support and guidance to the Youth Healing Services team in their training and development.

Establish partnership links within the agency services and with local and other community entities.

Maintain Youth Healing Services developmental plans to build professional skills, knowledge and experience in support of staff development.

Continue to promote Youth Healing Services and Cree Native Childcare through workshops, and conferences.

Employee Growth

In staff development, Youth Healing Services provides the staffing necessary to better serve the clientele in placement. Training is being provided to assist the worker in all different areas such as; Security training, Drugs and Recognition/Counseling, Therapeutic Crisis Intervention Certification, Report writing/Skill building/Interview Techniques, Developing Polices and Procedures on the operation of each facility based upon greater therapeutic value with each client.

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

Administrative and Staffing Services

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

Youth Healing Services is now in a better position to fulfill its mandate. It is through the combination of a consistent, secure care environment and a caring, supportive youth/staff relationship that youth needs are being met.

The staff of the centre is available 24 hours per day 7 days per week 365 days a year for any and all situations that may arise in dealing with youth.

Clinical Services

The coach/trainer concept that was introduced allowed to deal with in-depth issues between managers and clinical staff in dealing with difficult situations that now creates stability and direct support to the program. This area is a much-needed resource in developing on-site training and debriefing to provide quality care and treatment.

Development Process

Youth Healing is involved in the Strategic Regional Plan team with Social Services Sector (YPS, DPS, MH, CLSC and Public Health) identifying and developing community-based services and programs for greater delivery of service. Internally, the three Centers identified the need of “Coaching” as a long-term development process.

Achievements

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

As well, YHS has established positive partnerships in all 9 communities enabling the delivery of services in aftercare as well as prevention and promotion.

All organized activities both cultural and non-cultural that were developed and implemented were done in a partnership with staff, clients and administration and are fully supported by the Director of the Youth Healing Services. All were very successful and could not have been accomplished without the teamwork which now exists. Many therapeutic and self-esteem activities are planned for the upcoming summer (2007).

Program Activities

Football Camp	The 3rd football camp was organized here in Mistissini, and all nine Cree communities were invited to this event. There were approximately 450 participants.
Trip to Montreal – POW WOW	On October 2006, POW-POW – there were 250 participants attending this regional activity. Attending both educational and recreational events
Trip to Ottawa - NHL	On January 11 -13, 2006, another activity was organized to watch NHL in Ottawa, where staff and clients participated as well as having the opportunity to meet Jonathan Cheechoo who is an NHL player and who is also Cree role model – there were 150 participants.
- NBA visits Cree Nation	December 2006, the Youth Healing Services had an opportunity to host a basketball camp in Mistissini with NBA players and coaches as well as The hounorable LT Governor James K. Bartleman. YHS hosted a round table discussion on literacy at the same time with Cree leaders.
Trip to Montreal POW-WOW	On June 15 -20, 2006, the Youth Healing Services participated on the Shawbridge Cultural Exchange- POW WOW and will most certainly participate this year.

Bush Program Activities

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

Moose Hunt	On two (2) occasions, the Bush program of the Youth Healing Services had successfully achieved their moose hunting activity and donating moose to the Mistissini Elders home.
Caribou Hunt	Caribou hunt was also an accomplishment, bush program worker along with the clients who participated.
Goose Hunt	All units went on a goose hunt as this has always been one of the major activities since the existence of the Youth Healing Services, and will most certainly be ongoing.
Fishing	Every summer, a fishing trip is organized for the youth in placement.

Statistical Summary: Weesapou closed for renovations this is why there are no Statistics

Statistical Summary	Weesapou Group Home 2006-07	Upaachikush Group Home 2006-07	Reception Center 2006-07
Operating Permit		8	15
Total number of youth in placement		36	72
Youth Protection Act (Art. 47-38-79-54)		20	40
Boys & Girls (8-12yrs)		3	1
Boys & Girls (13-17 yrs)		26	52
Youth Criminal Justice Act Open Custody		10	12
Bush program activity days		146	173
Hospitalization		27	44
Absence without authorization (AWOL)		22 days	34 days
Back-up to Reception Center or other centers		26 days	38 days
Home Leaves		423 days	486 days
Total days presence “jour de presence”		873 days	1,705 days
Number of you discharged		34	12
Average number of youth in unit per day		5	8

Transfers either to Group Home or other Rehabilitation Centers		4	11
Transfer to Foster Home		1	2
Average length of placement (months)		4	6

Gordon Hudson
Director of Youth Healing Services

Cree Patient Services

Outside of the Cree region, infrastructures are in place for reception, lodging and interpretational services for Cree beneficiaries. Those infrastructures are Cree Patient Services offices, which exist to facilitate the provision of a number of the Non Insured Health Benefits to the Cree community beneficiaries who must be referred outside their region to receive specialized medical services. The non-insured health benefits provided are transportation, lodging accommodations and interpretation services.

Cree Patient Services are located in 3 strategic localities: Chibougamau, Montreal and Val d'Or. Those 3 offices employ approximately 60 employees including permanent and occasional employees for 44 permanent positions. The fourth CPS now called Liaison department Chisasibi was transferred under the administration of the Chisasibi hospital in October 2006.

Last year statistics concerning patients' visits to specialists in the different hospitals were incorrect. It was discovered this year that the computer program CPS does not compile accurately all medical visits. This year the numbers of visits to specialities were compiled another way which is accurate.

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

Our congratulation goes to all front line employees who are in direct contact with the clients and must use of patience to explain the policies concerning transport and lodging.

CPS Chibougamau

This office is situated in the hospital Chibougamau where are employed six (6) full time positions; 1 senior clerk, 3 northern establishment attendants, 2 liaison nurses. The director of CPS in collaboration with the Human Resources Management department were unable to fill up two (2) new positions that were approved at the end of the previous year, one (1) northern establishment attendant and one (1) liaison nurse permanent full time. The new unit manager of CPS Montreal covers this service at a distance. This Service receives 46 % of all arrival of CPS. This year they received 7 586 clients, an increase of 0.2% from last year. There were 6 300 medical appointments taken in this service for 5 818 patients. The medical appointments to Chibougamau hospital are related to surgery (289), physiotherapy (294), obstetric (508), emergency room (1165), radiology (1396) and haemodialysis (1817).

CPS CHIBOUGAMAU
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

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

The numeral system for the medical file was not established because of lack of personal. It will be postponed to the next year after the effectives are in place. The relocation of the CPS office in the Chibougamau hospital did not occur yet and discussions are ongoing for the next year.

CPS Chisasibi

The office is situated in the Chisasibi hospital where five (5) employees are working: 2 administration technicians full time, 1 liaison nurse full time and 2 drivers part time. As of October 2006, this department was transferred under the hospital administration and renamed as a Liaison department. From the statistics, this service received 813 clients, a decrease of 7.09 % from last year. This decrease could be explained by the few specialist visits at the hospital. There were 1503 medical appointments taken in this service for 595 patients. Note that the clients from other communities living in Chisasibi because of medical reasons were not counted as arrivals while they were counted as medical appointments. The medical appointments to Chisasibi hospital are related to gastrology (23), orthopaedic (79), dentistry (113 which 81 are for orthodontic), surgery (138), radiology (233) and haemodialysis (788).

CPS CHISASIBI
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

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

CPS Montreal

This office is situated in the Faubourg Ste-Catherine downtown Montreal, close to several hospitals of the region. The employees working from this office are : 1 director, 1 unit manager, 1 administrative technician, 3 liaison nurses, 1 social worker, 1 medical secretary, 1 dispatch, 1 receptionist, 2 interpreters, 3 drivers full time, 3 drivers part time with a few occasionals. The 2 positions of driver permanent part time weekend will be filled in the next year.

This Service received 2 760 clients, an increase of 6.40 % from last year. Other statistics show that a daily average of 30 patients in Montreal. This does not take into account the number of familial escorts. There were 4 668 medical appointments taken in this service for 1 760 patients. The medical appointments to the region are related to psychiatry (195), paediatric (200), haemodialysis (202), cardiology (203), neurology (207), ENT (228), nephrology (247), oncology (247), radiology (313) and ophthalmology (641).

CPS MONTREAL
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07
1 756	1 852	2 052	2 093	2333	2594	2760
% INCREASE PER YEAR						
34.97	5.47	10.80	2.00	11.47	11.19	6.40

The clients from the Cree communities coming to Montreal for medical reasons were able to benefit from the service of a social worker for 6 months. The social worker was involved with 612 interventions during that time. Those interventions are divided into (133) in-office consultations, (49) out-of-office consultations and (430) telephone consultations. The social worker brings a valuable assistance and support to the youth protection workers, which helps to decrease travel time from the communities.

The interpreters (2) went to 10 different hospitals of the region. They interpreted and visited 2 156 clients for clinic appointments or hospitalization.

The extension of the office was completed in October 2006. An upgrade of the telephone system was installed for the office. All these expenses were included in the cost of the new extension. Cps Montreal is able to accommodate visiting employees in thevisitor offices (2) and in the new conference room that can accommodate 18 persons.

In August 2006, 3 new vehicles were purchased for patient transportation.

CPS Val d'Or

The office is situated in the Val d'Or hospital with the following employees: 1 unit manager, 1 executive secretary, 7 liaison nurses, 1 social worker, 3 medical secretaries, 1 receptionist, 3 interpreters, 1 administrative agent for the computer program, 2 drivers full time, 2 drivers part-time and some occasional employees.

This Service received 5 314 clients, a decrease of 0.30 % from last year. There were 9 062 medical appointments taken in this service for 3 796 patients. The medical appointments to the region are related to urology (173), ophthalmology (180), physiotherapy (190), cardiology (193), gastrology (219), nuclear medicine (225), pneumology (247), surgery (357), ENT (387), gynaecology (445), laboratory test (460), emergency room (554), orthopaedist (641), radiology (853) and obstetrics (2391).

CPS VAL D'OR
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

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

The clients from the Cree communities coming to Val d'Or for medical reasons are able to benefit from the services of a social worker. The social worker was involved with 805 interventions, 24 less then the previous year, a decrease of 2.9% from last year. We have to mention that the Social worker attended different workshops for CBHSSJB social workers. The interventions are divided into in-office consultations, out-of-office consultations and telephone consultations. The social worker brings a valuable assistance and support to the youth protection workers, which helps decrease travel time for the community workers.

SOCIAL WORKER CPS VAL D'OR
NUMBER OF CONSULTATIONS WITH THE CLIENTELE

	Year 03 - 04	Year 04-05	Year 05-06	Year 06-07
In office consultations	83	72	146	143
Telephone consultations	94	301	574	552
Out-of-office consultations	125	133	109	110
Total	294*	506	829	805

*for 10 periods only

The interpreters (3), who also do secretarial tasks, see the patients in the Val d'Or hospital and rarely in Amos. They interpreted for 187 clients hospitalized or during their medical appointments.

A new position was created for one year for a Community Organizer. The Public Health department was responsible for the evaluation of the position and CPS was responsible of the financial and physical aspect. The employee started in March 2006, gave her notice at the end of December 2006 and was not replaced. The community organizer had the mandate to organize activities for the Cree pregnant woman in confinement in Val d'Or. Some of those activities were educational; nutrition, prenatal course, cooking classes, etc and leisure; yoga classes, bowling, walks, etc. The activities took place on 8 periods and were scheduled once or twice per week depending on the attendance of the women. During that time, 740 women were in Val d'Or for confinement, 150 or 20% showed to the activities. Out of these 150, 34% were at their first pregnancy and 64% to their second or more pregnancies. In April 2006, we purchased 2 new vehicles for patient transport.

All Cree Patients Services

The total arrivals of patients and escorts to the 3 points of CPS and Liaison department in Chisasibi was 16 473, an increase of 0.63% from last year.

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

All CPS
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

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

In collaboration with the IT department the computer program CPS is still under evaluation for revision and correction.

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

Caroline Rosa
Director of Cree Patient Services

Regional Medical and University Affairs (DPSAQ-M)

Within the vision, mission and objectives of the organization, and at the Regional Council/Agency level, the Director of Medical and University Affairs (DRAMU) carries out the following responsibilities:

- Advises the Board of Directors and the Executive Director on the situation and challenges of medical services and administration
- The organization of medical services (PROS)
- The access and protocols for specialized and ultra specialized services
- Regional medical human resource plans (PRM)
- The developments within the MHSSQ, CNMQ, DGSSMU, RUIS McGill and others which affect the organization

The Director of Medical and University Affairs (DTAMU) is a member of the Programs and Services Council, the SRP Regional Implementation Committee, and is an Ex-Officio member of the Executive Committee of the Council of Physicians, Dentists and Pharmacists.

Activities of this first mandate

- Attended 12 meetings at RUIS McGill
- Attended 4 meetings at Interregional DPS Committee
- Co-written the Lab contract with Val d'Or
- Co-written the Pediatric Services agreement with Children's Hospital
- Attended 15 meetings with RUIS Telehealth Project
- Co-written the Psychiatric Services Contract (Poste réseau) with RUIS McGill and Douglas Hospital
- Initiated discussions for the enhancement of surgical procedure in Chisasibi with Dr Mijangos from Val D'Or
- Worked on the improvement of the management of waiting list in surgery following the MSSS project
- In order to enhance the re-adaptation care, began discussions with the *Constance Lethbridge Center*

Regional Medical Professional Services and Quality Assurance

Since 2005, the DPSQA has been appointed on a temporary, part-time basis. However, he made himself permanently available in case of emergency.

General activities

- Appointment of Dr Michel Hurtubise as Medical Examiner
- Appointment of Dr Colette Lachaîne as Regional Director of Emergency Measures and Prehospital Services
- Negotiation regarding corridors of services with Val D'Or and Chibougamau (4 meetings with local DPS)
- Implantation plan proposal on Quality Assurance and Risk Management
- Resignation of DPSQA-Medical

Clinical activities

In 2006-2007, the Cree Health Board has provided dental care to more than 6 334 different clients. The department staff met clients on more than 16 318 different occasions between April 1st 2006 and March 31st 2007. These occasions include emergency visits as well as scheduled appointments. It is important to notice that some of the statistics from Whapmagoostui are missing and could not be retrieved.

This year was marked by the hiring of two new permanent dental hygienists in Chisasibi and Whapmagoostui. Post-graduated resident dentists from 3 different University programs visited Chisasibi. Dental specialists continued to visit the two largest communities, Chisasibi and Mistissini.

With the addition of 4 new dentists in 2005, the Cree Health Board increased its clinical activities significantly in most of the communities. In 2006-2007, we maintained the service at a high level, despites various difficulties encountered in the hiring process of dentists and dental hygienists. We also struggled with a number of "aging facilities" issues, notably in Eastmain where the dental services had to be interrupted for several months.

Community health activities

The dental sector continues to be an important leader in the community health activities. Visits to schools and daycares were carefully planned and organized by dental hygienists, in collaboration with CHRs.

Dental hygienists developed sustainable cooperation with other health professionals, including nutritionists. For instance, the "Drop the pop" challenge has been developed by nutritionists, in close collaboration with dental hygienists. Dental hygienists participated in various community activities, such as the Science fair in Chisasibi

Two research projects, conducted by Dr. Jacques Véronneau, continued to evolve. The CreeC Project and the Fluoride Varnish Project are progressing towards the objective of developing new approaches to enhance dental health in the region.

General objectives for the coming year

The department is committed to continue providing excellent dental services to the population, with a particular emphasis on prevention. To achieve this, we will work on the hiring process of dentists and dental hygienists, the maintenance/renewal of the equipment and the computerization of dental clinics.

Félix Girard, DMD
Head of Dentistry Department

Consolidation				Diagnostic				Prevention	
	*Nb absolu	*Nb patients	9 yrs & -	Complete	Emergency	*Cons	*X-ray	Hyg	Prophy
1 Chisasibi	1930	4510	1033	957	1114	116	3933	1537	791
2 Whapmagoostui	420	864	203	170	317	17	607	174	155
3 Wemindji	439	1324	237	292	442	32	939	241	299
4 Eastmain	332	837	171	196	265	7	922	484	175
5 Waskaganish	909	1851	359	276	866	14	1563	221	255
6 Nemaska	396	873	159	206	288	43	893	234	187
7 Waswanipi	561	1613	510	355	360	74	1523	347	381
8 Mistissini	1080	3745	835	893	1540	137	3150	1448	661
9 Ouje-Bougoumou	267	701	148	191	122	9	613	138	168
TOTAL	6334	16318	3655	3536	5314	449	14143	4824	3072
value	0	0	0	60	28	41	19	13	49
production	0	0	0	212160	148792	18409	268717	62712	150528

* These numbers include patients seen and treated: By the denturologist in Coastal Communities.

By the endodontist in Chisasibi.

By the maxillo-facial surgeon in Chis and Mist.

Consolidation					Restauration			
	Det	Fluor	SPF	Perio	Amalg	Compo	Temp	CAI
1 Chisasibi	586	440	381	87	1681	2147	206	180
2 Whapmagoostui	101	51	49	1	409	329	26	5
3 Wemindji	142	151	92	9	559	424	75	5
4 Eastmain	131	129	52	16	315	371	51	6
5 Waskaganish	148	140	85	15	614	1153	115	6
6 Nemaska	179	94	141	56	419	957	72	3
7 Waswanipi	187	271	448	56	1291	886	50	11
8 Mistissini	554	523	937	26	1268	1345	77	52
9 Ouje-Bougoumou	88	100	132	10	491	334	22	33
TOTAL	2116	1899	2317	276	7047	7946	694	301
value	87	22	241	60	67	44	66	66
production	184092	41778	558397	16560	472149	349624	45804	19866

Consolidation	Prosthodontie						Endodontie		
	***RPP on going**	**FPP on going**	***REP RPP**	**REP FPP**	***RPP U mouth**	**FPP U mouth**	**Pulp prim**	**Pulp perm**	**On going**
1 Chisasibi	**29**	**40**	**68**	**30**	**48**	**33**	**238**	**181**	**33**
2 Mistissini	**3**	**0**	**0**	**0**	**6**	**0**	**4**	**12**	**6**
3 Waskaganish	**18**	**5**	**6**	**15**	**34**	**1**	**16**	**14**	**11**
4 Waswanipi	**6**	**4**	**3**	**12**	**5**	**2**	**16**	**40**	**5**
5 Wemindji	**23**	**9**	**14**	**13**	**29**	**4**	**71**	**105**	**9**
6 Whapmagoostui	**24**	**8**	**6**	**3**	**17**	**6**	**15**	**19**	**7**
7 Eastmain	**6**	**5**	**5**	**5**	**0**	**8**	**90**	**63**	**12**
8 Nemaska	**14**	**32**	**12**	**4**	**4**	**28**	**87**	**62**	**38**
9 Ouje-Bougoumou	**14**	**8**	**5**	**0**	**10**	**9**	**31**	**29**	**27**
TOTAL	**137**	**111**	**119**	**82**	**153**	**91**	**568**	**525**	**148**
value	**0**	**0**	**99**	**99**	**600**	**900**	**42**	**76**	**0**
production	**0**	**0**	**11781**	**8118**	**91800**	**81900**	**23856**	**39900**	**0**

* These numbers include patients seen and treated: By the denturologist in Coastal Communities.

By the endodontist in Chisasibi.

By the maxillo-facial surgeon in Chis and Mist.

Consolidation		Surgery				Others				
		*Obt can	Exo prim	*Exo perm	*Exo comp	F-U	*Presc	DNA	CANC	*Ortho
1	Chisasibi	92	396	531	218	220	704	995	389	499
2	Mistissini	10	99	133	39	11	76	146	18	0
3	Waskaganish	5	101	238	52	64	317	349	100	0
4	Waswanipi	1	36	61	25	19	76	204	188	1
5	Wemindji	14	120	368	72	99	684	329	113	0
6	Whapmagoostui	35	37	81	29	67	191	201	99	0
7	Eastmain	21	100	156	38	55	368	938	490	4
8	Nemaska	34	280	340	313	273	889	898	276	710
9	Ouje-Bougoumou	11	36	73	20	6	49	115	32	7
	TOTAL	223	1205	1981	806	814	3354	4175	1705	1221
	value	369	64	64	191	0	0	200	0	0
	production	82287	77120	126784	153946	0	0	835000	0	0

TOTAL

4082080

Medicine Services

The following is the list of physicians on the territory:

Whapmagoostui:	Dr. Tinh Van Duong
Chisasibi:	Dr. Darlene Kitty Dr. Michael Lefson Dr. Jimmy Deschesnes Dr. Vanessa Cardy hired on August 14th, 2006 Dr. Barry Fine hired on June 19th, 2006 Dr. Olivier Sabella hired on April 1st, 2007

There are no permanent doctors in Wemindji, Eastmain, Waskaganish and Nemaska.

Waswanipi:	Dr. Julian Carrasco
Mistissini:	Dr. Gerald Dion Dr. Raffi Adjemian Dr. Rosy Khurana hired on April 1, 2007

Medical coverage of the territory has been somewhat difficult over the last few months both in Chisasibi and in Whapmagoostui in particular. Chisasibi has been well covered until recently when two regular replacement doctors decided to stop coming to Chisasibi because of problematic housing issues. If we are to improve recruitment of MDs on the territory in the near future, the issue of inadequate housing and housing management needs to be addressed.

The medical student and resident training program and affiliation with both McGill and University of Laval continue to go well. It continues to be the one recruitment tool for MDs on the territory. Of the newest recruits, both Dr. Sabella and Dr. Cardy were hired as a direct result of this program. Overall about 80% of the permanent MDs and replacement doctors were hired as a direct or indirect result of the university affiliations.

New programs and protocols established

1) Adalat administration for premature labour
2) Intermittent Auscultation for fetal monitoring in villages
3) Thrombolysis protocol was revised and updated
4) Fetal Fibronectin for detection of premature labour, protocol established and equipment purchased
5) A formal program for testing for Von Willibrands disease is in place
6) Cree Leukoencephalopathy testing and counselling project is in place with protocols established
7) MRSA/VRE protocol established
8) The bush kit medication list and contents were modified and updated

Other notable events

1) The department of Medicine obtained a formal budget for various equipment/supplies
2) Organization of the first territory-wide CMDP general assembly and conference in Val D'Or in September of 2007
3) The list of MD nominations and privileges was updated and revised

Dr. Jimmy Deschesnes
Chief of Department of Medicine

PHARMACY - ANNUAL STATISTICS - 2006-07

RAMQ FORMAT STATISTICS FOR THE HOSPITAL

Therapeutic classifications	2006-2007											
	MCHRO[1] 6805			MEDEC[2] 6804			CHISA[3] 6806- JBNQA			OTCHI[4] 6806-Non JBNQA		
	Services	Beneficiaries	Costs	Services	Beneficiaries	Costs	Services	Beneficiaries	Costs	Services	Beneficiaries	Costs
Without AHF classification (00:00:00)	25	7	$ 15.31	160	75	$921.73	1,535	663	$30,543.30	46	29	$3,152.08
Antihistaminic drugs (04:00:00)	0	0		9	8	4.26	218	151	1,240.33	23	14	3,152.08
Anti-infectious(08:00:00)	21	3	182.09	545	174	18,983.75	2,796	1,334	53,889.80	153	81	253.96
Antitumoral (10:00:00)	0	0		4	1	7.17	159	17	8,130.45	0	0	
Autonomic drugs(12:00:00)	58	5	529.20	321	107	2,446.69	1,598	523	26,508.39	131	42	3,342.35
Blood products (18:00:00)	0	0		0	0		0	0		0	0	
Blood medications (20:00:00)	154	3	636.45	238	65	7,350.41	1,948	223	17,374.96	42	8	1,187.01
Cardiovascular (24:00:00)	175	6	2,687.80	1090	114	6,163.79	11,160	625	362,100.54	589	50	21,856.87
CNS drugs (28:00:00)	382	11	8,931.80	1558	271	5,515.35	9,479	1,948	99,134.31	548	131	6,224.89
Diagnostic agents (36:00:00)	0	0		1	1	95.61	1	1	25.85	0	0	211.05
Electrolytes - diuretics (40:00:00)	58	6	88.39	470	74	1,138.14	3,291	432	4,092.99	174	29	211.05
Enzymes (44:00:00)	0	0		0	0		0	0		0	0	
Cough medicines (48:00:00)	0	0		4	2	82.64	3	3	18.34	0	0	
ORL O (52:00:00)	34	4	474.10	41	18	561.23	759	347	11,880.54	69	33	1,110.10
Gastrointestinal (56:00:00)	201	7	450.24	844	157	2,281.03	3,153	619	26,522.32	179	52	1,646.64
Gold salts (60:00:00)	0	0		2	1	26.86	10	1	128.83	0	0	
Heavy metal antidotes (64:00:00)	0	0		0	0		0	0		0	0	
Hormones & substitutes (68:00:00)	61	6	295.18	601	141	4,058.49	7,607	949	154,636.68	321	54	6,330.05
Oxytocics (76:00:00)	0	0		0	0		0	0		0	0	
Passive immunotherapy agents (80:04:00)	0	0		0	0		8	5	409.88	8	5	250.95
Skin & mucosa (84:00:00)	38	7	112.19	89	39	372.53	2,013	827	14,864.11	79	44	739.66
Spasmolytics (86:00:00)	0	0		1	1	1.19	88	13	1,846.11	1	1	8.11
Vitamins (88:00:00)	89	3	173.56	217	52	186.85	1,728	425	6,846.05	97	28	639.87
Other medications (92:00:00)	51	5	2,234.25	164	23	5,131.01	1,021	118	104,559.23	68	14	5,230.26
Devices & instruments (94:00:00)	0	0		18	14	607.52	141	133	18,922. 6	5	5	141.69
Total	1,347	11	$16,810.25	6,377	314	$55,936.45	48,716	2,957	$943,675.42	2,533	226	55,825.52
Number of beneficiaries at home who have used meds:		11			314			2,957			226	
Average cost / beneficiary using meds for a given period:			$1,528.20			$178.14			$319.13			$247.07

Pharmacy statistics on the follow-up of annual consumption per community

1 MCHRO = Hospitalized chronic patients in Chisasibi0
2 MEDEC = Hospitalized acute patients in Chisasibi.
3 CHISA = Outpatients beneficiaries of the JBNQA in Chisasibi
4 OTCHI = Outpatients in Chisasibi NOT beneficiaries of the JBNQA

Table Source: End of year report 2006-07 - Statistics, no classification development

PHARMACY - ANNUAL STATISTICS - 2006-07

STATISTICS ON THE CONSUMPTION OF MEDICATION 2003-2007				
	Cost 2003-04	**Cost 2004-05**	**Cost 2005-06**	**Cost 2006-07[1]**
1. Coastal total	**$1,892,566.72**	**$2,257,137.28**	**$2,383,393.91**	**$2,610,280.46**
a. Chisasibi	939,427.22	1,197,881.71	1,274,508.52	1,251,107.54
b. Whapmagoostui	300,682.13	354,893.67	320,523.31	393,829.46
c. Wemindji	222,855.07	255,610.72	335,154.41	360,196.83
d. Eastmain	121,161.05	152,250.05	139,589.41	179,978,68
e. Waskaganish	308,441.26	296,501.13	313,618.26	425,167.96
2. Inland total	**$1,550,336.59**	**$1,795,386.23**	**$1,960,461.28**	**$2,123,740.16**
a. Mistissini	876,744,28	961,643.72	983,742.37	1,214,957.00
b. Waswanipi	313,489.61	383,195.50	452,634,98	453,741.68
c. Nemaska	197,343.54	249,601.72	275,222.64	229,342.93
d. Ouje-Bougoumou	162,759.16	200,946.29	248,861.29	225,698.55
3. TOTAL	**$3,442,903.31**	**$4,052,523.51**	**$4,343,855.19**	**$4,734,209.08**
	100%	118%	126%	138%
			107%	117%
[1] The cost of the shipments from Chisasibi is redistributed to the communities				109%

		Costs per inhabitant			
	Cree population (2)	**2003-04**	**2004-05**	**2005-06**	**2006-07[1]**
1. Coastal total	**$7,887**	**$239.96**	**$286.18**	**$302.19**	**$330.96**
a. Chisasibi	3,559	263.96	336.58	358.11	351.53
b. Whapmagoostui	770	390.50	460.90	416.26	511.47
c. Wemindji	1,169	190.64	218.66	286.70	308.12
d. Eastmain	593	204.32	256.75	235.40	303.51
e. Waskaganish	1,796	171.74	165.09	174.62	236.73
2. Inland total	**$5,312**	**$291.86**	**$337.99**	**$369.06**	**$399.80**
a. Mistissini	2,850	307.63	337.42	345.17	426.30
b. Waswanipi	1,296	241.89	295.68	349.26	350.11
c. Nemaska	578	341.42	431.84	476.16	396.79
d. Ouje-Bougoumou	588	276.80	341.75	423.23	383.84
3. TOTAL	**$13,199**	**$260.85**	**$307.03**	**$329.10**	**358.67**

[1] The cost of the shipments from Chisasibi is redistributed to the communities.

Table Source: End of year report 2006-07 - Statistics, no classification development

PHARMACY - ANNUAL STATISTICS - 2006-07

Annual statistics according to the organization

STATUTORY OUTPUT (S)	2006-2007
General results of activities and general objectives for the coming year	
Reports from the CPDP	?
Statistics on:	
*Number of clients	3508
*Number of prescriptions issued	66863
- Hospitalized	7724
- Outpatients	51249
- Outside regular hours	548
*Average number of beneficiaries treated	3508
- Hospitalized	325
- Outpatients	3183
- Outside regular hours	n/a
*Average number of beneficiaries treated	3508
- Hospitalized	325
- Outpatients	3183
*Average number of beneficiaries/day	n/a
*Amount of controlled medication/year	-
*Number of narcotics/year	-
*Total cost of prescriptions	$1,238,613.62
- Hospitalized	116 764,71 $
- Outpatients	1 057 818,06 $
- Employees of the CBHSSJB	n/a
- Amount received from the employees of the CBHSSJB	n/a
- Other communities	3 483 101,54 $
*Number of requests/communities	5576
* General inventory /departments	n/a
*INPUT/OUTPUT $	?
- Hospital	?
- Communities	?
- Expired medication	64 030,86 $
- Returned medication	?

Table Source: End of year report 2006-07 - Statistics, no classification development

Council of Physicians, Dentists and Pharmacists (CPDP)

- Number of meetings : 4
- Number of executive meetings : 8
- Number of Pharmacology Committee meetings : 7
- Number of " Evaluation des Titres" Committee meetings : 4
- Number of " Evaluation de l'Acte" Committee meetings : 2

Direction of Professional Services-Social & Quality Assurance

Mandate

The main mandate is to ensure quality of standards through the development and application of standards and intervention protocols for Social Work, including the mandate to define Social Practice. We also have to ensure that the Social Services needs of the population are properly identified. Through this process, we can ensure the development of Social Programs and Services that are reflective of the identified needs.

Direction of Professional Services-Social Staff

- Laura Bearskin Director of Professional Services-Social
- Sherry Crowe, Executive Secretary
- Pauline Bobbish, Planning and Programming Agent

Summury of Activities

Social Service Committee

The Social Service Committee has had two (2) face to face meetings and two (2) conference calls. The purpose of these meetings is to share information, provide updates on current social programs and services that are in development, plus other related social clinical and professional practices.

In these meetings, the committee has contributed in the review and recommendations for the following files; Healing Lodge, the Mental Health Program and the Cree Service Delivery Model Project. The Human Relations Officers had the opportunity to share their concerns and the working conditions of their respective communities. The main and common concerns were the high turnover of staff in some communities which creates stress for other workers. Other identified issues were the filing system, lack of communication with the managers, other outstanding items that have not been addressed, review and revision of social policies and procedures and protocols.

There was unanimous consensus to make a request to transform the Social Service Committee into a Social Service Council; this is pending for Board approval. A direct linkage to Board will mean a better advocacy for Social Services.

Cree Social Service Delivery Model

The main purpose of this project is to address the need to develop a Cree Social Service Delivery Model within the Cree communities, as specified in the CBHSSJB Strategic Regional Plan.

As part of the mandate and responsibility for the Director of Professional Services (DPS)-Social, a multi-disciplinary working group is established under this direction and at times other CBHSSJB professionals will be invited to assist in the mandate.

The main objective for the Multi-disciplinary working group is to develop and recommend a Cree Social Service Model (Framework) for Social Work practice within Eeyou/Eenou Istchee.

The project plan is:

- ***Phase 1 Data Collection***
  Consultation with community members, Regional Council of Elders, other local elders – first phase done
  Literature Review – Still to be done

- ***Phase 2 Data Analysis***
  Develop conceptual framework
  Identify and develop training
  Identify pilot projects jointly with communities
  Identify key partners
  Develop implementation plan
  As part of ongoing dialogue a regional conference will be plan jointly with Eeyou/Enou Pimaatisiiun – Cree Helping Methods direction

- ***Phase 3 Action Plan***
  Draft Cree Social Service Delivery Model
  First submission CSSDM to CBHSSJB Executive (ED) (Feedback)
  Submission to the Board of Directors CBHSSJB – Feedback
  Prepare final document (for final approval Board of Directors)
  Submission to the MSSSQ, Government Du Quebec (joint approval)
  Implement Cree Social Service Delivery Model
  Establish partnership with local partners
  Evaluation Process framework will be developed and implemented

- ***Phase 4 Evaluation***
  Continuous review and revision of plan make modifications if necessary

Work done 2006 2007

The first phase of this project was to consult and initiate dialogue among the members of nine Cree Communities, including the Cree Regional Council of Elders.

We have successfully visited eight of the nine Cree Communities, Whapmagoostui, Chisasibi, Wemindji, Eastmain, Waskaganish, Nemaska, Mistissini and Waswanipi. A visit to Ouje bougoumou is still planned.

The community member interviewed in focus groups comprised of Social Service staff, local community representatives, youth council, elders, band councillors,and representatives from the local churches.

The feedback and results of these visits have been positive and encouraging. Most communities have welcomed and were pleased to know that there is movement and development towards Cree Ways of Helping.

There is a strong recommendation from the communities that we use local Elders as consultants to provide direction and guidance of Cree Traditional knowledge, medicine and helping systems.

Other suggestions were:

- To promote this project at local and regional level
- To inform the communities in advance for the next visit

Both sessions with elders have also been inspirational and instrumental. This first session was with the Executive members of the Elders Council. They shared some Cree Traditional Helping practices and voiced their concerns and importance in protecting traditional knowledge and medicine.

The protection of traditional knowledge and medicine will need to be addressed with the Cree leadership, Cree communities and the Regional Council of Elders for direction and guidance in how to properly approach this important item.

The presentation to the Regional Council of Elders was positive and encouraging; they have adopted a resolution that supports this project.

The recommendations from the elders that this process is about healing, learning and movement toward restoring and reviving Eeyou/Eenou Traditional knowledge, medicine and helping practices. They shared also their concerns and views about the integration process of Cree Helping methods within the Cree Board of Health and Social Services.

The Regional Council of Elders firmly stated that Cree Helping practices should not be integrated into the present system but rather to establish Cree Helping system that is parallel or equivalent to the present system.

The concern behind this was from past experience of being subjected to colonization. The establishments of bureaucratic and technocratic institution have more often created obstacles and barriers in providing services that are culturally appropriate. The meanings and translation would be lost in the process, which could result in dissemination of the Cree concepts, knowledge and practices. They suggested that we initiate pilot projects, where healing activities are to place out on the land. These pilot projects are to be a learning and a stepping stone toward a Cree Helping Service Model.

Some possible identified projects are:

- Traditional Healing (Draft of proposal done pending Board approval)
- Review of Land Based Program -Youth Healing Services (to do)
- Book about Eeyou/Eenou Wisdom keepers, dedication to Cree Elders (to do)

Next steps :

- Board of Directors to review and approve Operational Plan, Proposal, Draft Terms of Reference
- Need to start Literature Review as soon as possible
- Planning and preparation for second community tour
- To start drafting protocols on protecting traditional knowledge
- Continue to identify and develop potential pilot projects
- Develop a protocol and procedure in potential case studies

Regional Programs and Services Team Community Tour

The regional team has visited six (6) Cree communities; Whapmagoostui, Wemindji, Waskaganish, Mistissini, Ouje bougoumou and Waswanipi. This regional tour has been an enlightening experience and has provided an opportunity to connect with the front line staff and the community members. Listening to the concerns has broadened and has re-affirmed a better understanding of the community social issues and conditions of the Cree Communities. Each Cree Community is unique and the challenges somewhat differ from each community. However, there are some common issues amongst the Cree Nation, such as, Alcohol and drug abuse, suicide, sexual abuse, child neglect, violence, poverty and the fast emerging addiction of gambling. Apathy is also common trend in the Cree territory which creates an obstacle in moving beyond the pressing social issues and conditions. Despite the challenges, there are some communities that are making efforts to address some of the issues, i.e. the Waskaganish Wellness Centre has successfully implemented a mobile wellness therapeutic program. The active Wellness and Health Committees in some Communities are pioneering towards community empowerment, capacity building and movement towards healthy communities.

Quality Assurance

Quality assurance is a relatively a new development for Cree Board of Health and Social Services of James Bay, which is still in the early stages of planning. There were attempts made to begin the process by initiating dialogue with the Board of Directors to obtain direction. Quality assurance means an organization that is accountable and responsive to needs of its clientele or users by establishing a continuous evaluation of its programs and services. The will be essential and a much needed tool for this organization.

Other Activities of year 2006-2007

Human Resource Development

As part of the mandate for DPS-Social, we have collaborated in the planning and implementation of the following training projects:

National Training Program

The National Training Program is a competency-based training for managers, team leaders and frontline staff working with young people and their families. This training provides the essential knowledge and abilities required for all managers and clinical workers involved in youth protection and rehabilitation including young offenders. This will be an ongoing training program for the staff of the Cree Board of Health and Social Services of James Bay.

Dialogue on Life Conference

Once again, twelve (12) members of staff had the opportunity to participate in this Conference. These members were specifically chosen to attend because they are also in the process of becoming ASIST (Applied Suicide Intervention Skills Training) Trainers. As part of an ongoing learning, the intent of our participation was to enhance the skills and tools in suicide intervention by reviewing and revisiting some of the material they have already acquired. This was also an opportunity to learn from other aboriginal communities in how they are addressing suicide, collection of resource material, including a group discussion on ideas on the next steps in planning and developing a Cree Regional Crisis Response Team. From this discussion, we also identified that because we have such a high turn over amongst the Social Service workers that it is important to continue the training for other workers to become ASIST Trainers.

Future activities and files for the coming year

- Development of a School Social Work Program
- Revision of Social Service Policies, Procedures and Protocols
- Social Service Reference Manual
- Revision of Social Emergency Manual
- Development of statistical tool

- Quality Assurance
- Sexual Abuse Intervention
- Computerization of Social Service Files
- Reclassification of Social Service Staff
- Continuation on the Cree Social Delivery Model File
- Suicide Intervention Manual

Conclusion

Since my inception as DPS-Social, the organization has been in the midst of organizational change, which presented challenges and frustration amongst the staff. In spite of these changes and challenges, there has been positive development in some areas of the organization. The extensive consultations with colleagues, social services staff and with members of the Cree Nation have been satisfying and rewarding. The different projects, program developments in progress are pieces of a puzzle where we will soon be working towards identifying how these programs are going to connect with one another.

Hopefully, the Cree Board of Health and Social Services is finally moving toward providing services that are more reflective and responsive to the needs of the Cree Nation.

Laura Bearskin
Director of Professional Services-Social and Quality Assurance

Director of Professional Services and Quality Assurance (Nursing)

Upon arrival in Chisasibi on June 19, 2006, I was immediately informed about the Strategic Regional Plan (SRP), as well as about the *OIIQ* document, *Reconnaissance de la pratique infirmière en région éloignée* (recognition of nursing practice in remote areas).

McGill RUIS

A videoconference organized by the McGill *RUIS* proposed three months of intensive training for nurses in remote areas. This project requires considerable monetary commitment without having any say in the contents of the training. I informed Ms. Sylvie Haynes of MSSSQ about this situation during a meeting organized by the *OIIQ* in November 2006, concerning the therapeutic nursing plan.

Future orientations with these groups are promising. This will allow to establish a network of resources that can meet the various training and mentoring needs.

In this regard on July 23, 2007, all directors of nursing who are part of the McGill RUIS will provide a list identifying their region's priority needs so that the RUIS can study the needs in terms of clinical support, education and nursing research.

Description of hiring criteria for nurses

A Bachelors Degree in Nursing or the accumulation of certificates relevant to the position will be mandatory for school nurses. Should there be a shortage of this resource, it was established that registered nurses could hold this position by making a commitment to earn a Bachelors Degree at the rate of at least one course per session. The next step will be to meet with the Human Resources Director to establish the positions that will require a Bachelors Degree or Masters Degree, while taking advantage of this opportunity to review the postings of nursing jobs. We will therefore increase the level of education of health care providers, which will lead to better quality of care.

With the cooperation of the CECII (Executive Committee of the Council of Nurses), the requirement of three years of experience was reviewed. The Administrative Committee ruled that it accepted the recommendation of one year of experience for the hospital and two years for the communities. Measures to ensure the quality of care and of professional practice will be set up in 2007-2008.

School nurses

Several measures were taken to support the implementation of the program and the integration of these nurses into each of the communities. They were successful.

Job site safety

An alarm system with a portable panic button was installed at each community clinic and at the Chisasibi hospital in November 2006. The goal was to ensure the safety of nurses and social workers outside regular hours.

Evaluation of skills

A review of the tool used was completed in fall 2006 to meet the monitoring needs, considering personnel turnover in the various clinics and departments. The significant number of arrivals and departures of health-care providers makes quality assurance and integrating exemplary practices more complex.

Comité exécutif du Conseil des infirmières et infirmiers (CECII) (executive committee of the council of nurses)

A new committee was created in December 2006. In January 2007, we participated in replacing two members who had left. Once again, the distance between members does not facilitate interaction, which induces us to prioritize a review of the regulations and, among other actions, to extend the mandates of members who know how the committee operates, who understand their role and their mandate and who know the issues. Our priority in 2007-2008 will be risk management, beginning with medications, since the statistics of incident and accident reports are highest in this area.

Méthode de soins infirmiers informatisée (MSII) (computerized nursing care methods)

We have begun the installation of this computer site, which provides the very latest knowledge concerning methods of nursing care. This format was created by the AQESSS (Association Québécoise des établissements de la santé et des services sociaux) (Québec association of health and social services establishments).

Home-support nurses

Involvement in the request for the addition of home-support nurses for the communities of Mistissini and Chisasibi. The request was approved in spring 2007 and the nurses will soon begin their duties, which will ensure a response to the requests for care by patients and their families and an increase in interventions in terms of quantity and quality.

McGill conceptual model

A great deal of effort is being invested in implementing this model in all sectors of nursing in the territory. The doctors will be informed about how this model works in the fall of 2007.

National training program

Two intensive three-day sessions along with other administrators of the organization made it possible to share roles and responsibilities in order to establish clear mandates, which are concise and accurate considering the mission. The success of this sharing could allow more efficient and effective use of resources available.

Complaints management

The establishment has a policy and procedure that will help to better clarify roles in order to increase effectiveness in this area.

Ordre des infirmières et infirmiers du Québec (OIIQ)

The OIIQ is always a great source of support. The Chibougamau Hospital's Director of Nursing extended an invitation to participate in a training session concerning the therapeutic nursing plan. The OIIQ will send notices of events at least one month in advance. A project will be set up by Human Resources to guarantee the renewal of nurses' OIIQ permits within the deadline. A policy and procedures will be created in 2007-2008 for this purpose.

Communications

The development and implementation of a communications system is turning out to be essential to ensure follow-up care for patients and to ensure follow-up of risk management interventions, as well as preventive and educational activities promoting well-being and optimal health. This will be a priority in the coming year.

Quality secretariat

The first and only meeting was held on January 19, 2007. The possibility of accreditation by the Conseil d'agrément Québécois (Québec accreditation council) is ongoing. Risk management and work reorganization will surely be discussed at subsequent meetings.

Hélène Nadeau
Director of Professional Services and Quality Assurance (Nursing)
(DPSQA-Nursing)

Conseil Cri de la santé et des services sociaux de la Baie James
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Cree Board of Health and Social Services of James Bay

ANNUAL REPORT 2006–2007

Community MIYUPIMAATISIIUN

AED Community Miyupimaatissiun

Mandate

The main mandate is to ensure the planning, coordination and evaluation, oversee the organization, delivery and control of all preventive and curative health and Social Services in all the communities within the mission, philosophy, goals and prescribed programs of CBHSSJB.

Community Miyupimaatissiun Group

Administration

Lisa Petagumskum	Assistant Executive Director-Community Miyupimaatiisuin
Janie Moar	Assistant to AED-Community
Demerise Coon	Head of Administrative Unit
Bessie House	Administrative Technician
Rachel Martinhunter	Executive Secretary

Youth Protection

Bryan Bishop	Director of Youth Protection

Program Coordinators

Abraham Bearksin	Coordinator
Marlene Etapp-Dixon	Allied Programs Coordinator
Louise Carrier	Coastal Coordinator of Health
Martin Nyles	Interim- Inland Coordinator of Health
Evike Goudreault	Special Needs Coordinator
Janie Wapachee	Head of Mult-Service Day Centres

Activities of 2006-07

Housing and Office Space

The challenge of implementing the Strategic Regional Plan at the local level continues to be the lack of Office Space, or intermediate office space until each respective CMC can be built or be extended to accommodate the identified needs. The following is a brief community synopsis.

Whapmagoostui: The plan is to transform three trailers into office space and connect them at their present location. This will provide an additional 14 office spaces.

Chisasibi: There are several options available that need to be finalized. With the move of certain entities within the Community, there is some office space liberated.

Wemindji: We are still awaiting alternative options to be provided by the community. This community will have a new CMC built within the next year.

Eastmain: The renovations at the clinic have been completed but there is still a need for additional office space. There are options to be considered in the very near future. This is a project deemed to be high priority.

Waskaganish: We are still awaiting the outcome of discussions to identify intermediate office space.

Nemaska: The proposal has been approved and we are awaiting the bidding process to be completed.

Ouje-bougamou: A draft proposal to increase office space within the current facility has been drafted, and to be finalized within the next few weeks. By next spring, the roof renovations will be completed,

Waswanipi: While a rough sketch of the proposed renovations within the existing facility has been provided, we still need to comply to the rest of the process before the project can be fully realized. Discussions to finalize the use of all additional space, within the current MSDC, should take place before the end of this year. However, this will be resolved at the political and not at the administrative level. We await the outcome.

Implementation of Additional Personnel as Per Strategic Regional Plan

The level of implementation of Human Resources in each community varies due to numerous circumstances. In some communities, it is the availability of office space and housing and this is currently being address and plans to be implemented are in accordance to the available budgets. The Local Coordinators have been actively working with their local Leaderships to determine alternative solutions.

As a support to this process, the CIC Right Now Committee has been active to oversee and provide guidance with the various level of implementation of certain programs such as the Healthy Schools Project. This committee is composed of Local Coordinators, Health and Social Coordinators, Finance, Facilities Operations and Maintenance, and Public Health provides support for the Budget and Operation Planning process.

Integrated Services

The Local Directors of the Cree Integrated Centres need proper orientation of established multi-disciplinary programs, such the Multi-Service Day Centres and Home and Community Care programs and the programs established by Group of Ages. This will enhance their ability to support the implementation of the programs and greatly benefit the next budget process. With this orientation, they will have an established foundation from which they can determine community priorities. This is a project for next year's Operational Planning of CMG.

Further to this, within the new organizational chart which requires the four Heads of Service population, such as Child family (Awash), Youth (Uschiniichisuu), Current Services and Elderly (Chishaayiyuu), it will be more pertinent to identify how each service provider will contribute to the team.

Once all the teams have been established in all communities, it will be easier for each member of the team to know what role they play in their respective teams. With established teams, it will be easier to determine areas that would be duplicated and maximize the use of each resource. The community of Mistissini will be the first to implement such a team. The Awash Team will be the first one to be implemented in the coming year. Michelle Gray, Bella Petwabano and Annie Trapper have played a great role to get it to where it is now.

Other Activities of year 2006-2007

Home and Community Care Program (HCCP)

We continue to support the implementation of the HCCP program in eight communities. Janie Wapachee was hired as the Manager to oversee the implementation of the MSDCs, combined with the HCCP.

Special Needs Coordination

Evike Goudrealt joined the team last year as the Interim Special Needs Coordinator. This is a function provided to ensure the delivery of Services to Special Needs clientele. The expectations of the Cree Nation ultimately determined what CBHSSJB would strive for in the negotiations with MSSSQ. These expectations were eloquently and assertively expressed at the Special General Assembly in Ouje-bougoumou, Quebec in February 1999.

The Challenges for the Next Year involve the full support of implementing the Strategic Regional Plan and managing the Change with the Centres at the local Level.

Objectives for 2007-08

Local Implementation Process of the SRP

The programs are currently designed by group of ages. In any change management, there is always resistance and it is to be welcomed as an opportunity to grow as individuals and especially as an organization. The multi-disciplinary teams required to implement the programs, have to be properly trained and oriented to this new Service Delivery Model. The development of these programs and services require the participation of the community members and local authorities. This is the main priority for the up-coming year.

As in all processes, true ownership and community empowerment have to go beyond lip service and need to be intrinsic in all aspects of initiatives undertaken in the name of Partnership. For this process to be successful, we need the establishment of the Community Miyupimaatissuin Committees in each community. The process that has been started needs to be finalized with each Local First Nation.

Community Involvement

A comprehensive Community Consultation model needs to be developed. This would ensure a basis to establish a common foundation of common Vision and missions on the various areas and topics of concern.

Operational Planning

The Operational Planning is an improvement that has been recently introduced to CBHSSJB management. This tool requires a clear process of identifying what is to be done, the financial implications, and most importantly, it obligates all stakeholders to be identified and consulted with. It provides a quick glimpse of the global picture. Realistic time frames are important for success. This can be achieved with proper consultation with CBHSSJB management and each Cree community.

Organizational Planning

Once the scope of community decentralization has been identified and agreed to be all concerned parties, the Local Directors will play a vital role of implementation. Their ability to manage their budgets needs to be assured. So as to avoid deficits, they will need basic Excel and computer Skills. This should be a requirement for these positions. Even after the present Budget process, there are still a few Local Coordinators who are not comfortable with their computer skills and have expressed need for training.

An annual evaluation process will need to be implemented where yearly objectives, short term goals and additional training could be identified and followed through.

As part of the Strategic Regional Implementation, it was determined to that there will be the possibility of improving access to services by increase hours to 80 hours a week. This will require financial implications and need to be clearly identified. It is part of our Operational Planning for this year. Community support will also be required and greatly welcomed.

Community Orientation and Communication

In the effort to establish accountability and to build trust relationships with the communities, the budget has to make sense to the community. The priorities with the budget need to be somehow reflective of their own. In the up-coming community consultations, questions most likely will be focused around positions, quality of service delivery and finances. For any change to take place, financial implications will need to be identified. Established community partnerships can off-set these costs.

Budgets and Accountability

The recent Operational Planning process is a great way to improve the manner in which we determine the priorities and evaluate the success or identify areas of required improvement. A balanced budget will be easier to attain once this operational planning becomes common practice. Accountability is an expectation from the community, through this process CBHSSJB can report progress in a comprehensive manner.

Conclusion

In conclusion, a balanced budget to reflect the increase of $40 million is possible with viable and comprehensive consultation at all levels. Budget accountability of all Managers is mandatory and not an option. This will be achieved with practice and proper training. Balancing numbers is a challenge but the greatest one is maintaining of the 30/70 ratio for development while keeping in the mind the interest of all stakeholders. The current budget now is reflective of this rationale and in keeping with the SRP.

I would like to thank all Local Coordinators for their hard and relentless effort to optimize services in their respective Communities. They are the core of success to date. The families who patiently wait for us can never be forgotten, especially our children. Their support and love is immeasurable as we strive to provide the best of services to our communities.

Lisa Petagumskum
AED-Communtiy Miyupimaatissiun

Youth Protection Department

Program Overview

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

It is good to report that for the first time over the last five years, the year 2006-07 showed a decrease in the number of signalments received and retained by the department. Although it is only a small decrease, it is encouraging and the hope is that it is a trend that would continue as the CBHSSJB continues to implement preventative and curative programs as part of the *Strategic Regional Plan*.

Years	***2001-02***	***2002-03***	***2003-04***	***2004-05***	***2005-06***	***2006-07***
Signaled	***712***	***904***	***1079***	***1141***	***1169***	***1121***
Retained	***630***	***788***	***952***	***933***	***1026***	***918***

An analysis of the numbers show that of the 918 cases retained, 739 (80%) were related to negligence due to lifestyle factors such as drinking, drugging and partying on the part of parents; 5 cases (0.5%) were related to physical abuse; 14 cases (1.5%) were related to sexual abuse; 154 cases (16.8%) were related to behavioural difficulties, and 6 cases (0.7%) were related to abandonment. Of the active youth protection cases, the largest numbers were in Whapmagoostui (125) followed by Mistissini (122) and then Chisasibi (104).

The number of times that children were placed in foster care during the year 2006-07 was 4,379 compared to 3,960 in the previous year, although there was a decrease in the number of days that children spent in foster care, i.e. 58,624 in 2006-07 compared with 59,126 in 2005-06. As in previous years, the largest number of children placed in foster care (3,066) was the most vulnerable by virtue of age (0-11) and which represented 70% of all children placed.

The number of adoptions regionally during 2006-07 was 20 (compared with 23 the previous year) with the highest number (9) being in Whapmagoostui. For young offenders the regional total was 183 cases compared with 156 the previous year with the highest number being in Waskaganish (47) followed by Mistisssini (42) and then Whapmagoostui (33) followed by Waswanipi (29).

Operational Planning

The goal of the operational planning for the youth protection department in 2006-07 was to have more manageable caseloads for the front-line workers by increasing the number staff at the community level. The regional average for the CBHSSJB was 39.1 cases per worker in 2003-04 compared with 21 cases per worker in the rest of the province. With the addition of 11 new front-line positions (from new MSSSQ funding) the regional average is now 24.8 cases per worker based on the number of active cases in 2006-07.

This improvement is not yet apparent in all the communities due to a major challenge in recruiting trained and competent staff, along with delays caused by overwhelming demands placed on the Human Resources Department with regards to overall hiring of new staff in all departments. The community of Waswanipi (as an example) continues to be one of those presenting a greater number of challenges in recruiting and retaining staff.

As part of the operational planning for the department in 2006-07 there are, for the first time in the CBHSSJB, youth protection team leaders hired in the communities to ensure better supervision of front-line staff and to ensure that community members are receiving the services that they are entitled to receive. There is continuing training and support planned for these team leaders to increase their skills. For the first time also within the CBHSSJB there would be specific foster home and young offender workers in all of the communities. In the case of the foster home workers their responsibility would be to do appropriate recruiting, screening, and follow-up with foster homes. While the responsibility of the young offender workers would be to identify youth who are at-risk in the communities and to plan early interventions to prevent them from getting into trouble.

At the regional level, there were two Planning and Programming Officers (PPRO) to be hired to fully develop both the foster home and young offender programs. Again due to some of the recruitment challenges mentioned (in addition to housing) we have only been able to hire the PPRO for the young offender program thus far. She is, nevertheless, doing an excellent job in developing a holistic program that includes risk assessment, outreach, intervention, and post-intervention. A second round of interviews for the PPRO-foster homes would be held shortly.

Another important part of the operational goals for the youth protection department in 2006-07 was to begin the process of identifying and acquiring new client management software to replace the current outdated system.

To this end, we had a consultant evaluate three different systems and recommend the most appropriate to meet our needs, and also to include some of the roll-out costs associated with acquiring the new software. All of this was done and the completed report is now with the IT technical committee.

Other Activities

Other activities in which the Director of Youth Protection was involved with was working in collaboration with the Cree School Board, the Cree Regional Authority Child and Family Services, and the CBHSSJB Special Needs Coordinator in addressing the issues of children with special needs both on and off the Cree territory. Additionally, there were visits to the communities to inform clinic staff of the impending changes to the Youth Protection Act and planning and delivery, in March 2007, of training for the front-line workers related to changes in the law.

Future Challenges

Given that most of the hiring for the approved front-line positions is now out of the way, there are two major challenges that the youth protection department will face in 2007-08. As such, the operational plans for the coming year would focus on employee motivation, performance objectives, and performance evaluations. The rationale for this is quite simple. It is based on the belief that spending dollars and creating new positions is not the only way to improve youth protection services in the communities. It is also consistent with the Cree Nation Vision Statement established in Ouje Bougoumou in 1999 and which expresses the need for greater accountability.

In order to accomplish this each staff member would be met individually to assess their understanding of their function, to identify performance issues (including gaps in knowledge), to establish performance objectives, and to conduct performance evaluations in relation to the set objectives. The goal would also be to identify motivational tools that would ensure that workers are performing at their optimum, to help workers in being motivated to do their jobs, all with the ultimate goal of ensuring the highest level of youth protection services to children and families in Eeyou Istchee.

Of course, the other major challenge will be the implementation of Bill 125 which is expected to become law sometime in 2007.

Bryan Bishop, ***M.S.W.***
Director of Youth Protection

Prehospital Emergency Services and Emergency Plans

From April 1, 2006 to August 15, 2006, the position was occupied by Mr. André Tousignant, and following his departure for retirement, the position remained vacant until January 22, 2007. Upon the request of Mrs. Suzanne Roy, Acting Assistant-Executive Director-Regional Services, some mandates were nevertheless accomplished with the cooperation of several persons. These mandates were the following: Two First Responders courses, one provided in Mistissini in November 2006, with the cooperation of Mr. Paul Iserhoff and Mr. Pierre Larivière, and a second course in Ouje-Bougoumou in December 2006.

In December, Mr. Larivière attended in interim the provincial tables (MHSS) for six weeks in order to represent the Cree Board of Health and Social Services of James Bay for the Prehospital Emergency Services and the Emergency Preparedness: These are ministerial meetings held with all the coordinators of all the regions. In addition, Mr. Larivière sat on the Supra-regional Northern Committee for the Control of the Influenza Pandemic.

In January 22, 2007, Mr. Larivière is appointed to replace Mr. André Tousignant as Coordinator of the Prehospital Emergency Services and Emergency Plans.

First, the move of the department from Chisasibi to Mistissini was done during the week of January 22, 2007. The review started, and it was carried out in the First Responders Services in each community and an attempt was done to collect relevant data on the Prehospital Services.

Afterwards, by the end of February, Dr. Lachaîne was appointed as Medical Director for the Prehospital Emergency Services as required by law. A team of instructors for the first responders was set up and a first course for them was provided in Nemaska at the end of February 2007.

We carried out the first telephone contacts with several First Responders Services, collected data on the Prehospital Services. It was incomplete as the work tools were not all in place and we lacked follow-up with each service.

In cooperation with Dr. Lachaîne, we reviewed the service agreements and two or three scenarios were proposed to the Executive Committee by the end of May 2007. In addition, we created a new quality assurance work sheet for the Fist Responders Services (AS-805); however, it must be approved by the Council of Physicians, Dentists and Pharmacists probably by May 2007. In addition, the Triennial Plan requested by law should be completed in June 2007, before it is sent to the Board of Directors for approval and forwarded to the Ministry.

After carrying out an inventory of the ambulance vehicles, it was noted that several equipments were missing to provide quality and safe services. Therefore, several purchases were carried out to standardize each vehicle and everything should be in place by June 2007.

The challenges at the prehospital level would be to provide an initial training to each First Responders Services and then to have on site visits twice a year for two to three days in order to increase their knowledge and review the more difficulty techniques. We should install an oximeter in each ambulance, because initial data was always lost and was essential in respiratory distress cases. In addition, we should implement automatic external defibrillator monitors in three to four different areas per community with the required training (Ambulance, MSDC, police patrol car, and lastly the sports centres).

For 2007-08, here are the other challenges to follow-up: The implementation of a 911 service in cooperation with the communities, look into the possibility of a Health Communication Centre (Info-Santé) with another region in order to serve the 911 service (For example the Rouyn Centre), review of the service agreements and if possible enter into new service agreements for MEDEVACS.

Regarding emergency Plans, the highlights were the evacuation of Mistissini twice in June 2006. The coordination was carried out in cooperation with several persons. The persons involved were many. Since my nomination in January 2007, I have not had a great deal of time to dedicate to this aspect for now; however, many things remain to be done: There is no evacuation plan in place for CBHSSJB buildings, there is no Emergency Preparedness regional plan. On a short-term, we have ordered identification vests so CHB staff may be easily identified during an evacuation and people would know to whom to go for assistance.

The challenges for 2007-08, are the implementation of evacuation plans for each building with the cooperation of the director of material resources for the blueprints. For the regional plan, we should check with a specialized firm for expert advise. However, with the collaboration of Mr. Reggie Tomatuk, we are attempting to get the Emergency Preparedness plans of each community,. Being ready in case of a pandemic … with Dr. Robert Carlin, we are planning a tour of the communities to raise population awareness, and secondly to carry out fit-tests of the masks N-95 on the staff.

Many things remain to be done, but if during the first year we were able to reach these objectives, it is very good.

Pierre Larivière
Coordinator
Prehospital Emergency Services & Emergency Plans

Multi-Service Day Centre (MSDC) and Home and Community Care (HCC)

Mission Statement

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

Regional Administrative Support

Janie Wapachee, Head of Multi-Services Day Centres
Paula Rickard, Planning & Programming Consultant, MSDC

Activities

Onsite visits to the nine communities for general orientation and support
2 face-to-face meetings with Activity Team Leaders
Mandatory training for Activity Team Leaders was developed in collaboration with Cégep de Saint-Félicien (Centre d'études collégiales à Chibougamau)

Training

Activity Team Leaders completed mandatory training sessions in November 2006
Rehabilitation Monitors and Education Monitors completed mandatory training in November 2006
Other individuals were also trained to be able to act as replacements when necessary
18 Training Requests submitted to HRD to meet current and future needs
Assisted in coordinating team building/conflict resolution workshops for Mistissini MSDC
Regional MSDC team participated in Special Needs Conference

Grand Openings

Each MSDC coordinated Grand Openings. many with cultural themes, excellent entertainment, and good attendance by community members.

Mistissini: February 14, 2006
Chisasibi: March 21, 2006
Waswanipi: June 8, 2006
Wemindji: January 31, 2007
Ouje-Bougoumou: February 14, 2007
Nemaska: February 21, 2007
Whapmagoostui: February 28, 2007

The official opening of the MSDCs for Waskaganish and Eastmain is still outstanding for 2007-2008.

Service Delivery Model

All MSDCs were presented the service delivery model to enhance development of *Participant Pathway of Care: An Orientation Manual.* Various tools are to be developed for the MSDCs within the service delivery model.

Each MSDC has most staff positions filled.

1 Activity Team Leader
1 Secretary
1 or 2 Rehabilitation Monitor (depending on size of community)
1 or 2 Education Monitor (depending on size of community)
1 Psycho Educator
1 Social Worker
1 Maintenance Worker
1 Housekeeper (light and/or heavy)
1 Cook, 1 Cook's Helper, 1 Food Service
Attendant (depending on size of community)

Job Descriptions

Research conducted for various job descriptions
Began collaboration with DSP-Social to change job titles and modify scope of service for Psycho Educator and Social Worker positions to increase pool of candidates
Draft job descriptions for Rehabilitation Monitors and Education Monitors developed to ensure quality of care and services
Development of job descriptions for remaining positions
Collaborated in recruitment and selection of MSDC professionals and local staff

Programs and Services

Program areas summarized to ensure better understanding and easier translation from English to Cree.

Healthy & Active Living

The goal is to provide services that help the participants perform and feel better in their day-to-day living through the following services:

Prevention & Promotion Activities
Activities of Daily Living
Productive Activities
Recreation & Leisure Activities
Healthy Eating Activities
Community Integration Activities

Special Needs Services

Special needs services help participants perform better in their day-to-day living through the following services:

Physiotherapy
Occupational therapy
Nutritional counselling
Speech therapy
Individual support and guidanc

General Support Services

General Support services help caregivers and/or community to understand more about issues related to the elderly and people with disabilities and this can be done through informative activities.

Meal Services

Beginning in the year 2007/2008, a hot lunch and snacks will be provided to participants.

Policies and Procedures

Research conducted for various policies and procedures
Consultation was done with some MSDCs on policies developed to date
Development process includes practice that will become policy to match each step of the service delivery model

Local MSDC Operations

Information provided below is from each MSDC with the indicators activity dashboard (06/07) provided by the Planning & Programming department.

Mistissini

Services under healthy & active living provided 4 times a week for 12 participants who are either elderly, intellectually challenged or have special needs (with meal services when possible).

Number of participants	1301
Number of individual interventions	561
Number of group interventions	181

Ouje-Bougoumou

Services in physiotherapy and under healthy & active living provided 4 times a week for 5 participants who are either mentally challenged or elderly.

Number of participants	383
Number of individual interventions	178
Number of group interventions	39

Nemaska

Services in physiotherapy and under healthy & active living provided 2 times a week for 3 participants with special needs.

Number of participants	34
Number of individual interventions	34
Number of group interventions	0

Waswanipi

Services in physiotherapy and under healthy & active living provided 3 times a week for 5 participants with special needs, mental and/or physical challenges.

Number of participants	897
Number of individual interventions	373
Number of group interventions:	120

Whapmagoostui

Services under healthy & active living provided 3 times a week for mentally and intellectually challenged (with meal services).

Number of participants	286
Number of individual interventions	8
Number of group interventions	34

Chisasibi

Services under healthy & active living provided 4 times a week for 19 participants who are elderly or have special needs (with meal services).

Number of participants	521
Number of individual interventions	521
Number of group interventions	140

Wemindji

Services under healthy & active living and general support living provided 4 times a week for 14 participants who are elderly or have special needs or face social isolation (with meal services).

Number of participants	368
Number of individual interventions	71
Number of group interventions	8

Waskaganish

Recently moved into MSDC building
Preparing for Grand Opening
Preparing for delivery of services to participants

Eastmain

Preparing for Grand Opening
Preparing for delivery of services to participants

Adaptive Transportation

Activity Team Leaders continually stressed the need for adaptive transportation to meet participant needs and to increase number of participants
Completed Capital Request on behalf of AED-CHS for adaptive vehicles for all 9 MSDCs

Statistics

MSDC clinical staff encouraged to use local statistics form for monitoring and future evaluation purposes
Regional statistics are gathered and maintained by the Administrative Assistant, Regional MSDC for the CHB Planning & Programming department

Global statistics for MSDCs

Number of participants	7163
Number of individual interventions	3790
Number of group interventions	1503

Physiotherapy and Occupational Therapy 2006-2007

Chisasibi, Whapmagoostui, Wemindji, Eastmain and Waskaganish

Mission

To provide physiotherapy and occupational therapy services with the utmost comprehensive care possible to the people of the James Bay coastal communities. Providing consultation, evaluation, treatment, education and recommendations within the scope of physiotherapy and occupational therapy, the two services aim to reflect and be adapted for each individual, and as needed, to the individual's family and community. Furthermore, physiotherapy and occupational therapy functions under the mission and vision of the Cree Board of Health and Social Services.

Current Key Factors Physiotherapy and Occupational Therapy

High prevalence of obesity, sedentary lifestyle, trauma, diabetes
Need for specialized care for paediatrics, elderly and persons with disabilities (physical, mental, intellectual)

Areas of Care

Out-patient clinic
Home and Community Care
Care for hospitalized patients (Chisasibi only)

Staffing Resources

Physiotherapy: temporary full-time
HCCP Rehabilitation Monitors: 1 position per/community except Eastmain
Occupational Therapists: 1 position filled April- September; 1 position filled April – October (maternity leave); 1 position progressive return, filled 3 days/week (MSDC)
Rehabilitation Monitors: 1 position per/community coastal (MSDC)

Delivery of Services

Physiotherapy provided to coastal communities

	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish
Population	3850	850	1300	650	2050
Programs involved	HCCP/hospital Out-patient clinic (MSDC)	HCCP Out-patient clinic (MSDC)	HCCP Out-patient clinic (MSDC)	Out-patient clinic No official HCCP (MSDC)	Out-patient clinic HCCP
Frequency of care	Regular presence MSDC	4 visits- 5days by visit	4 visits by year- 3wks of work per-visit	3visit by year- 7days of work per-visit	Regular presence

Occupational Therapy provided to coastal communities

	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish
Programs involved	HCCP/hospital Out-patient (MSDC)	HCCP/Out-patient	HCCP/Out-patient	Out-patient Home Care	HCCP
OT Staffing	1 permanent full time/ 1 temporary full time 1 OT-maternity leave 1 position vacant since late fall				

Physiotherapy direct client care

OUT-PATIENT CLINIC

	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish	Total
New			64	49	244	
Discharges			48	22	131	
Clinic Visits			97	60	215	
Home Visits			0	5	0	
Day Care/school			3	5	1	
Hospital visits						
Did not attend			11	9	24	
Cancelled			0	4	12	
Direct Care in minutes			6760	7520	15167	
Non-direct care in minutes.			4005	2905	16045	

The numbers for Chisasibi and Whapmagoostui are from April to Sept/06

Occupational Therapy direct care

OUT-PATIENT CLINIC

	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish	
New	43					
Discharges	3					
Clinics visits	70					
Hospital visits	26					
Home visits	3					
Day care/school visits	4					
Did not attend	7					
Cancelled	1					
Direct care minutes	8265					
Non-direct time						

Physiotherapy

HOME CARE PROGRAM

	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish
New			32	0	27
Discharge			14	0	27
Clinic visits			0	0	0
Home visits			58	0	129
Day care/school			48	0	14
Did not attend			1	0	3
Cancelled			8	0	6
Direct care time in minutes			14050	0	17955
Non-direct time in minutes			4120	0	9165

EASTMAIN does not yet have the official HCCP program. No statistics are provided to Health Canada. All clients are included under clinical statistics.

Occupational Therapy

HOME CARE PROGRAM

	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish
New	41			No visit	12
Discharges	2			0	0
Clinic visits	40				
Hospital visits	--	--	--	--	--
Home visits	69				7
Day care/school	15			0	0
Did not attend	2			0	0
Cancelled	1			0	0
Direct care time in minutes	16970				780

Rehabilitation Development Service Areas

MSDC program areas of out-patient, HCCP care and hospital based services- Wheelchair evaluation clinic

MSDC Professional Interventions by Community (period 1 to period 13) 2006 2007

Chisasibi	Education Monitor	OT	PT	Psycho-educator	Rehab. monitor	Social worker	Other interveners	Sub total	Grand total
# of participants	1032	278	0	559	1272	538	33	3712	
# of individual interventions	721	225	0	435	814	370	0	2565	
# of group Interventions	326	50	0	141	406	153	15	1091	
Whamagoostui									
# of participants	346	0	0	0	122	0	0	286	
# of Individual interventions	8	0	0	0	0	0	0	8	
# of group interventions	52	0	0	0	12	0	0	64	
Wemindji									
# of participants	180	0	0	0	143	0	45	368	
# of individual interventions	30	0	0	0	32	0	9	71	
# of group interventions	4	0	0	0	3	0	1	8	

Eastmain	Education monitor	OT	PT	Psycho-educator	Rehab. monitor	Social worker	Other interveners	Sub-total	Grand total
# of participants	0	0	0	0	0	0	0	0	
# of individual interventions	0	0	0	0	0	0	0	0	
# of group interventions	0	0	0	0	0	0	0	0	
Waskaganish									
# of participants	0	0	0	0	0	0	0	0	
# of individual interventions	0	0	0	0	0	0	0	0	
# of group interventions	0	0	0	0	0	0	0	0	
Nemaska									
# of participants	5	0	22	0	7	0	0	34	
# of individual interventions	5	0	22	0	7	0	0	34	
# of group interventions	0	0	0	0	0	0	0	0	
Waswanipi									
# of participants	398	100	55	0	344	0	0	897	
# of individual interventions	133	66	24	0	150	0	0	373	
# of group interventions	47	34	2	0	37	0	0	120	
Ouj-Bougoumou									
# of participants	85	4	72	0	107	0	115	383	
# of individual interventions	40	4	70	0	62	0	2	178	
# of group interventions	7	0	16	0	9	0	7	39	
Mistissini									
# of participants	327	11	351	0	589	0	23	1301	
# of individual intervention	35	11	318	0	195	0	2	561	
# of group intervention	73	0	6	0	92	0	10	181	
Total MSDC									
# of Participants	2373	393	500	559	2584	538	216		**6981**
# of individual interventions	972		497	435	2113	370	13		**3790**
# of group interventions	506		24	141	559	153	33		**1503**

Chisasibi

CLSC Services

1. Home Care Community Program
2. Chisasibi Residential Resource Center
3. Community Health
4. Social Services
5. Human Resources Officer
6. NNADAP
7. Mental Health

The content of the reports include the description of program, number of employees, and number of clients and Operational Plan for each service, difficulties service has encountered and attempts to solve them, recommendations and suggestions, setting priorities and goals.

Home Care Community Program (HCCP)

The community home care program has always been a vital service in each Cree community and will continue to be as health issues become more visible. Clientele can vary in numbers and with various conditions. In Chisasibi, there are 26 clientele with conditions, such as depression, mentally challenges, diabetic depression, Parkinson's disease, loss of autonomy, stroke, multiple sclerosis, paraplegy, spina bifida, and diabetic dementia.

Staff rotate for patient care with hours ranging from 1 to 37 hours a week per patient. The required work includes bathing, personal care, hygiene, light chores, treatment, home sitting, supervision, preparing special meals and feedings.

HCCP employees do home visits and sometimes care for patients at the hospital. It has been pointed out that the HCCP requires a vehicle to transport specialized equipment from HCCP office to patient homes.

A second HCCP nurse is required to accommodate heavy scheduling and to keep up with health care services. It is apparent that the workload for one nurse is becoming too much. Also, the population of Chisasibi is growing rapidly and clientele with such needs become more visible.

HCCP Operational Plan

It is the intention to classify HCCP workers as Status 1 employees in the near future to create more stability in services. Presently, HCCP workers are now all status 5 personnel, and this often creates havoc in scheduling due to seniority governance.

Chisasibi Residential Resource Center

A special project that has been in existence for the past few of years and is in the midst of becoming a permanent project in order to better serve the mentally challenged clientele. There are seven (7) clients in the center that can accommodate eight (8) people. A group of fifteen (15) employees rotate 24/7 to provide services in care giving, recreation, traditional and educational activities.

A vehicle is definitely a need in order to do a number of activities, and other equipment, such as a canoe for traditional and recreational outings, and snowmobiles for winter activities.

Operational Planning

Program plans done in the past two years will make major changes with a PFT in place for a new residence. The plan includes a structure that will enable clientele to be more autonomous with a care plan that the staff can implement in a new environment.

Community Health

A major unit is community health which provides services in many areas. A staff of 4 nurses with a team leader nurse that see at least 1500 patients with the help of physicians from well baby clinics to long term patients.

Statistics show that 29.5 % of consultations are done on average per day by nurses.
Community Health Representatives have consulted with 1812 community members and visited 140 at home. Also, interventions at the school have seen 1681 students with 96 groups.

A school nurse was hired with an expanded role in prevention and has been in place since January 2007. This has made a difference in school health with school children receiving sex education and healthier lifestyles. (Approx 1,000+ students)

On staff to assist with health matters are three community health representatives that keep the community well informed of health matters and how to seek assistance in dealing with health concerns through the radio and public bulletins.

A nutritionist delivers programs throughout the year on health issues by implementing programs.

Mission

The role of the community health nutritionist is to translate the science of nutrition into practical information that supports people in making healthy eating and active living choices.

Responsibilities include:

Access the nutritional status and individualize counselling to outpatients
Educate general public, health professionals and community groups
Create supportive environment (consult with restaurants, grocery retailers to suggest healthy options on the menu/ buying list)

Strengthen community action by working with the CHRs on organizing healthy eating and active living promotion activities
Provide consultation and feedback to Youth Center, kindergartens, school, Multi Service Day Center (MSDC)

Staffing resources

Community health: 1 full time position, Vesselina Petkova, R.D. (covering also Diabetes program & Home care)
CPNP coordinator for all communities (now part of public health)
Diabetes program: 1 full time position (vacant)
Home Care Program: 1 full time position (vacant)

Nutrition - Direct Client Care

Area of care	**new patients**
Pregnancies	37
Pediatrics	11
Diabetes	92
Chronic illness	10
Home care	1
TOTAL	151

Did not attend/cancellations average 42%

Nutrition - Community activities

Walking Club (summer 2006)
Grocery Tour (4)
Women's Weight loss support group
Diabetes Month November 2006
Nutrition Month March 2007
Drop the pop challenge 2007 (school activity in collaboration with CHRs & dental hygienist)
Healthy Snacks - 3 activities at the Youth Center
Non-client related activities

7 conference call team meetings
Annual meeting of nutritionists from all communities (May 2006)
Staff development-continuing education:

Diabetes training provided by CBHSSJB (May 2006)
Diabetes training provided by Health Canada (June 2006)
1st regional diabetes prevention conference (November 2006)
Up-date on insulin adjustment provided by CBHSSJB (January 2007)
Planning CPNP 2007-2008 – team meeting & continuing education (March 2007)

There are two (2) Attendants in Northern Establishments that keep the clinic in order and see to community members' needs, such as translation of medical visits or medication prescribed.
One (1) Secretary keeps files and schedules patients for the clinic and also assists the Attendants in Northern Establishments.

Social Services

Two (2) community workers work with a community close to 5,000 members in the adult sector of social issues. Each case worker has approximately 100 files in areas of social distress.

A NNADAP worker also works with a large population and often collaborates with the community workers/youth protection workers in order to alleviate social challenges. With numerous social issues that affect the community on a daily basis often requires immediate attention through counselling and treatment.

The Human Resources Officer (HRO) position has been vacant since late 2006. External applicants have to wait for housing availability. No local applications have been received to date.

Operational Plan

With the proposed new clinic, CLSC services as a whole shall eventually have one main building to service Chisasibi residents. The development of a PFT is underway with management and it will eventually be approved by the board of directors and the Ministry of Health & Social Services.

Whapmagoostui

Housing & Facilities

Clinic - sharing with Inuit Health Board Staff
Multi-Service Day Centre - sharing with HCCP
(4) trailers
10 newly constructed units 2004-2005, not occupied as renovations are incomplete
(1) storage shed 12'X12'
(1) storage space rented from SIQ
4 apartment unit
One single unit allocated from Health Canada

Social Services

Staff

Community Worker
NNADAP Worker
Secretary

Category of Services

27 S-5 placements (medical referrals)
Group/individual counselling
Psychological services

- 4 visits per year by a male psychologist
- 4 visits per year by a female psychologist

Further referrals or self-referrals are becoming more common. Clients' preference of gender for professionals is quite extensively requested and respected. External services have been requested by clients and are authorized by the mental health program manager.

Adult/Elder foster home placements
Alcohol/drug counselling
Physical/sexual/emotional abuse
Relationship issues
External placements/women's shelter
Closer working relationship with Youth Protection established recently

NNADAP

The NNADAP worker works with clients who require assistance related to alcohol/drug problems, identifies resources available within or outside the community, and does counselling with groups and individuals. Preventive work is another task that the NNADAP worker has to ensure is being done and works with various age groups.

Youth Outreach Workers Program

Duration of the Program: June 26-August 4, 2006

The two workers who were hired received one day of training on July 4, 2006. Since the local Traditional Gathering took place during the program, the two workers participated in activities, and gave out information on solvent abuse, safe sex and condoms to youth.

Multi Services Day Centre (MSDC)

Grand Opening of the Centre was held on February 28, 2007. However, the start of the programs and activities began December 20, 2006.

Staff

Activity Team Leader
Education Monitor
Rehabilitation Monitor
Maintenance worker
Housekeeping (light), interim
Occupational Therapist, 3-month contract
Administrative Technician

Clinic

Staff

One School Nurse
Three Nurses
One Head Nurse
One doctor, temporary
Two Beneficiary Attendants in a Northern Establishment
One Housekeeping (light)
One General Aid
One Community Health Representative

Statistical Data

CLINIC	SCHOOL	HOME	FOLLOW-UP	CURATIVE	PROGRAM	TRANSFER	MD	SPECIALIST/ XRAY
14,880	44	63	6,409	14,506	2,667	357	308	136

Home Care Community Program (HCCP)

Staff

One Senior Homecare, interim
Twelve Homecare workers
One Rehabilitation Monitor, interim
One Community Worker

Staff Changes

March 2007, the Permanent Homecare Nurse resigned. Since that time, only replacement Homecare nurses were in place. Posting of position is in process.

Home Care Service Clients

Number of Clients	475
Category of Service	475 Assistant Living
Service	475 Home Management

Hours of Service provided total 9,821 hours

Community Health Representative (CHR)

The CHR is a health education for individuals or groups of various ages. The CHR participates in programs in the schools and provides information through the radio and the distribution of pamphlets. The CHR is also involved in clinics and community health programs, such as diabetes, dental health, nutrition, bush kit program, and aids prevention. The main objective is to allow everyone to be in his/her best health. In March 2007, a permanent CHR was hired.

Programs

Bush Kit Program – Seasonal refills
At the start of the program, there were 56 bush kits and only 33 out of 56 bush kits were refilled.

Grocery Tour
Every Thursdays, there is a grocery tour at the Northern Store to show participants how to read labels.

Healthy Eating Recipe
Cooking Classes are held every Wednesdays and Saturdays.

Monthly Radio Talk shows - Awareness of different types of illnesses.

Summer - **100 miles Club Challenge** to motivate community members in physical activities.

Pre-Natal & Post-Natal Counselling for young mothers.

Youth Protection

Activities

The Youth Protection department applies and enforces the Youth Protection Act. Referrals received are evaluated and assessments are performed to determine if the security and development of children are compromised. Measures are then applied and a treatment plan is considered for each client.

In most cases, Youth Protection Criminal Justice Act Alternative Measures become applicable instead of court actions/decisions. Cases are referred to the provincial director.

There are a few adoption files and the majority are at the stage of being finalized.

Foster Homes

Foster Home placements have been for several years one of the issues of frustration. It becomes overwhelming when several contacted individuals continue to decline or refuse to remain as foster parents for various reasons. The clients from Youth Protection or Social Services have reached the point of being placed outside the community.

Local Community Service Centre (CLSC)

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

Present Housing Situation

Ten (10) housing units were constructed during the year 2004-2005. Right after the completion of the units, there was an incident due to no fuel in the tanks, which caused pipes to freeze and water seeped onto the floors and walls which caused extensive damages. Repairs have not been done yet, although the material has been received for repairs.

Last October, the Moosonee Transport Ltd. barge incident caused many local construction projects to be put on hold because of the enormous loss of construction material. This also disrupted the construction/renovation of the old Day Care Centre to be converted into a healing home for community members.

Challenges

Lack of working space creates frustration due to lack of office space. Many of the staff share work space with other workers, which also creates unintentionally breach of confidentiality for client information.

It is intended that the old transits will be converted into office space to be occupied by the Youth Protection department. Youth Healing Services will manage the Youth Healing Home once everything is completed. Hopefully these offices will be in place soon so that it will diminish the overwhelming stress and frustration felt by staff and clients. This will also help for more work to be done correctly and efficiently once everything is in place, such as office space, computers, phones and more privacy for everyone.

Once everything is completed and all the services and programs are in place, the community members can benefit from the programs. Issues of personal hygiene, healthy well-being, control of illnesses and substance abuse can be some of the programs the community members can benefit.

Wemindji

Another year has gone by faced with numerous tasks and challenges at the local level for services in Health Care, Social Services, Home Care Services, Youth Protection, NNADAP and the Multi Service Day Center which officially had its Grand Opening in January 2007. However, we have continued to provide assistance to the population with the resources that we have within the organization for individual or family counselling, crisis intervention, as well as referral to treatment programs/centers.

Without the frontline workers, we would not be able to meet the goals and objectives or the challenges that arise within a year. They have demonstrated their commitment to their work ethics and personal achievements. I would like to take this opportunity to thank all for their support and to the senior management of the regional office.

Community Health and Social Services

One Head Nurse
One School Nurse
One Home Care Nurse
Four Nurses
One Northern Establishment Attendant, full-time
One Northern Establishment Attendant, occasional
One Northern Establishment Attendant, part-time
One Northern Establishment Attendant - General Aid
One Housekeeping Attendant (light)
One Psychotherapist
One Human Relation Officer
One Receptionist/ Secretary (social services), occasional

Dental Services

At this time, one Dentist comes as a replacement. The department is waiting to have a full-time Dentist.

Dental Staff

One Dentist, temporary
One Dental Assistant, occasional

Nutritionist Program

One full-time Nutritionist acts as a resources person for health services and provides programs in nutrition.

One Nutritionist, full-time

Community Health and Social Services

One Human Relation Officer assists the school, full-time
One School Nurse, full-time

Clinical Services - consultations

One Head Nurse and Four Nurses work on a full-time basis. To maximize clientele services, another two nurses are required. Nurses have various tasks and duties and are on "recall" from time to time.

Nurses

Curative visits	8764
Program	1577
Average per day	39.8 clients

Doctors

Doctors' visits are done on a monthly basis.

Curative visits	1007
Program	317
Average per day	4.5 clients

Visits to Specialists

Visits by Specialists are done on a monthly basis. We also received a visit from the CLARA Team who did the Breast screening tests in February 2007.

Ophthalmologist	154
Breast Screening	88

Transportation

Acknowledgement goes to the First Responders for their support and commitment to their valuable assistance in transporting clients.

Urgent	12
Elective	523

CLSC Community workers

The CLSC community workers provide services in counselling or interventions for adults and youth, as well as doing placements for young children under S-5.

One Community Worker, full-time
One Community Worker, replacement

Home and Community Care Program Services

Acknowledgement goes to the staff for their hard work. One Home Care Nurse, one Community worker (supervisor) and the Home Care workers provide essential services to the clientele.

One Community Worker, homecare supervisor full-time
One Rehabilitation Monitor, occasional
Two Home Care Workers, full-time
Ten Home Care Workers, occasional

Youth Protection

One Team Leader/Human Relation Officer, full-time
One Foster Home/Young Offender Worker, full-time
One Youth Protection Worker, replacement
Four Emergency Workers, occasional

Multi Services Day Centre

The Multi Service Day Centre had its official grand opening on January 30, 2007. The staff did an excellent job in the preparations for the event. There were numerous activities planned by the staff.

One Activity Team Leader, full-time
Two Rehabilitation Monitors, full-time
Two Education Monitors, full-time
One Housekeeping Attendant
One Receptionist/Secretary, occasional
One Maintenance Worker, full-time

Conclusion

There are numerous challenges and obstacles in the recruitment and training of all staff to provide professional health services to the community. The local team in all services are dedicated and committed to improving the health care to the population in Wemindji. At times, they are a burdened with tremendous caseloads and still are able to take the necessary steps to provide services required.

The community waits for the new clinic which will start construction sometime in August 2007.

The Local Coordinator has learned and faced a lot of challenges requiring many times assistance from the local and regional staff. The position requires a lot of training to be productive. It takes time for any individual to be at a level of comparative advantage. We look forward to providing and improving health services to the community of Wemindji.

Eastmain

Medical and Health Staff

4 Nurses and 1 School Nurse, full time
1 Northern Beneficiary Attendant, permanent
1 Northern Beneficiary Attendant, occasional (doctor visits)
1 General Aid
1 CHR
1 House keeper (light), part-time
1 House keeper (heavy), occasional
1 Dentist (visits), occasional
1 Dental Assistant
1 Dental Receptionist
1 Doctor (visits)
2 Psychologist (visits every month)

Nursing

At the present time, there are 3 nurses with full time duties, 1 replacement, and 1 School Nurse who started working at the end of February 2007. The nurses perform various tasks and also they rotate for after hour duties being on call. There is no permanent head nurse as this is a rotation between three nurses.

Nurses	Curative Visits	7279
	Program	725
Doctor	Curatives Visits	658
	Program	533

Community Health Representative

At the present time, a CHR works for community health who started to work in the month of March 2007 concentrating more on the diabetes program and works on various issues with local organizations. The CHR works very closely with the NNADAP worker in implementing programs for the community.

Dental Services

There was a full time dentist before she was transferred to another community, a dentist comes for visits at least once a month. There is one receptionist (status 5) and a dental assistant.

Dental Visits 763

Doctor and Specialist

For the community of Eastmain, one doctor comes every 3 weeks, and is received very well by the clients.

Specialists come in once a while for special clinics and one of them comes twice a year. These are the Optomologist and the Pediatrician.

Doctor	Curative	658
Specialists	Eye doctor	149
	Pediatrician	73

Patient Transportation

For patient transportation services, the clients who need transportation and accommodation arrangements are made by the Northern Beneficiary attendant. This worker does all the services and also fills out the necessary documents for the clients who go out for appointments outside of the community.

Transport	Urgent	26
	Elective	408

Maintenance and Housekeeping

Three employees work in this department, two are permanent full time and one is replacing while the permanent worker is on a sick leave. When the permanent worker came back to work, the replacement was retained for house keeping (heavy) as full-time occasional because the permanent worker could only do house keeping (light) and works 20 hours a week. They are required to clean two transits for nurse replacements, for doctors or other CHB workers.

House keeping keep the clinic clean, wash walls and floor, clean examining rooms, restock the medical cabinet, sterilize and clean medical equipment, store and receive supplies in storage rooms and place orders for supplies.

The general aid worker takes care of facilities, regular maintenance to the buildings and also the nurses' houses and transits.

The maintenance worker also does the spring clean up, plasters and moves heavy furniture, store purchases and delivery, picks up workers as they arrive for replacement, doctors, specialists and patients leaving and arriving for appointments.

Home Care Program

At the present time, the CLSC worker is responsible for the program with two home care workers (status 1) and 4 Home care workers.

Through out the year, services are provided for the elders, those who are in loss of autonomy and who are referred by medical staff. Home care program has seen 20 clients.

Staffing for CSSS/CLSC

Youth protection has only one worker and no one was hired yet to work as a young offender/foster home worker.

Social Emergency Services

In the past, some problematic situations were met regarding these services. People are not interested in working after hours. Some times, the youth protection worker has no choice but to cover. Now there has been a change, there are now 3 Social Emergency workers that rotate and one replacement.

Psychologist

Throughout the year, services were provided by psychologists, and there are 2 psychologists (1 female and 1 male) that come in every month to provide services.

Housing

There are 14 houses for CHB-8 houses with 3 rooms, and 6 houses with 2 rooms. Out of these 14 housing units, four are duplexes.

Challenges

In the month of August 2006, the clinic moved to the MSDC building due to the clinic building being unsafe for workers and community members. The problem is with office space since the organization has expanded there are more workers. Hopefully there will be a trainer and building for local social services. The clinic is still under renovations and the clinic will be able to move back in next month.

Conclusion

In the past year, the clinic was able to provide the best services it could with the resources made available for the local level. With that, more workers were hired to fill positions, such as the School nurse, CHR, HRO-Team Leader, Nutritionist and NNADAP worker.

We were able to provide more services to the community members because of additional space at the MSDC. Clients were more comfortable, there was more privacy than in the small clinic.

Waskaganish

Staff

7 Nurses, full-time
2 Northern Beneficiary Attendants, permanent
1 Northern Beneficiary Attendant, occasional
1 Secretary Receptionist, occasional
1 CHR
1 CHR Diabetes
1 General Aid worker
1 Housekeeper (light), permanent
1 Housekeeper (heavy), occasional
1 Dentist, permanent
1 Dental Hygienist
1 Dental Assistant
1 Dental Receptionist
6 Doctors (Rotating by 2)
1 Psychologist (visit 11 times)
1 Psychotherapist (visit 7 times)
1 Psychiatrist (once or twice a year)

Nursing

Currently there are 7 nurses full time including the school nurse. Two more nurses are required to maximize services for the clientele. The nurses perform various tasks and also nurses rotate after hours' duties, as well as being on call. There is no permanent head nurse as this is a rotation between two or three nurses on a monthly basis.

Community Health Representative

At the present time, there are two CHRs, one CHR who works for Community Health, and the other who works with the Diabetes program. Because of the high demand in the clinical aspects for the CHR doing the Diabetes program, the worker rarely has the time to respond to the promotion and prevention program for diabetes. They do at times get to work together on projects or work on various issues with other organizations within the community.

Dental Services

There is a full time dentist, a dental hygienist, a dental assistant and a receptionist. The full time dentist now works only for Waskaganish, whereas in the past we used to share the dentist with Nemaska. Presently, there seems to be better services provided by the local dentist as he doesn't need to travel to the other community.

Doctors and Specialists

There are two rotating doctors with shifts of two to three weeks with scheduled visits, and each of the doctors are very well received by the clients. The team comprises of 7 to 8 doctors with 2 couples and the other four who all make scheduled visits.

Specialists come to do special clinics and most of them come in once or twice a year. These are the throat, nose and ear specialists, psychiatrist, optometrist, pediatrician, and foot care specialist.

Patient Transportation

For patient transportation services, the client needs for transportation and accommodations are made by the Northern Beneficiary Attendant. This worker does all the services and also fills out the necessary documents for the clients who are going out for appointments outside of the community.

	Statistics for Waskaganish	
Nurses	**Curative visits**	**11,046**
	Program	**1,630**
Doctors	**Curative**	**1,639**
	Program	**1,482**
CHR	**Clinic Visits**	**939**
	Home	**111**
	School and groups	**63**
Specialists	**Eye doctors**	**333**
	Psychiatrist	**21**
	ENT Specialist	**123**
	Foot care	**136**
	Pediatrician	**94**
Dentist	**Dental visits**	**1821**
Transport	**Urgent**	**36**
	Elective	**938**
Nutritionist	**Prenatal**	**46**
	Diabetes	**151**
	HCCP-Clients	**19**

CLSC

Outside placements **4 Beneficiaries**
2 Cree Beneficiaries in S-5 long term placement
1 Partners in Parenting in Ontario
1 Dixville, Quebec.

S – 5 Placements	**Adults**	**16**
	Youth	**105**
	Elders	**5**

Youth Protection

Signalments

Cases	**195**
Active	**175**
Closed	**50**
Retained files	**60**

Youth Criminal Act

Cases	**25**
Active	**11**
Closed	**14**

Adoption

Cases	**1**
Active	**1**

HCCP Program

Clients	**51**
Active	**35**
Short term	**3**
Closed	**13**

Challenges

The clinic, a five year old building, is now to its full capacity with the new positions implemented for local needs. Storage space is problematic, as there is no space available anywhere. As of now, the basements of the apartment transits are being used. Office space is an issue, we are now starting to double up in the offices. This was requested and approved by the employees, but problematic in some circumstances, when there is a need for counselling sessions. Presently, the clinic is waiting for the approval of the old Band Office which will be renovated to accommodate 11 offices. Housing is an issue for professional services that need to be implemented. In the past year, the community started to build the houses very late in the year and will only be available sometime in the summer of 2007.

Nemaska

Once again, this has been another challenging year for the community of Nemaska. Like many of the other communities, Nemaska has suffered a lot of tragedies that shocked the community over the past year.

However, the local CLSC continues to offer help for individual or family counselling, crisis intervention and referrals to treatment programs. They have worked very hard despite all the challenges they encountered within the past year.

One of the biggest accomplishments, as a community, is the working relationship with various entities. We are slowly reaching the goal to work together. The Nemaska First Nation is remarkable in providing local support.

Health Services

The teamwork within the local CHB departments has improved tremendously. But most importantly, the working relationship with the local departments, such as the First Responders and the local Police has been exceptionally successful. The work to continue collaboration with local services is ongoing.

The medical staff

Head Nurse, permanent full-time
Two Nurses, permanent full-time
School Nurse, permanent full-time
Nurse, temporary replacement
Beneficiary Attendant in a Northern Establishment, permanent full-time
Driver, permanent part-time
General Aid, permanent part-time
Housekeeping, permanent full-time
Nutritionist, permanent full-time

Challenges

Escorts for patients
Training personnel when hired
Confidentiality
Punctuality
Explaining the community health nurse schedule to the community

The medical team continues their involvement in local community events, such as the annual Old Nemaska Gathering. They are more aware of local and regional events, so that they can be better prepared for emergencies.

Dental Services

This department is fairly new for the community. A visiting dentist used to come to the community for ten (10) days on a monthly basis. The dental hygienist and a denturologist come regularly for community visits.

Dental staff

Dentist, permanent part-time
Dental Assistant, permanent part-time
Secretary, permanent part-time

The dental hygienist and a denturologist come for regular community visits.

Social Services

Social services (CLSC) continue to provide help for youth, adults, couples, families, and the elders. The most common interventions are personal struggles, family violence, addictions, suicide ideations, and relationship problems with children or with parents.

The number of interventions is seven hundred and forty five (745), and the number of beneficiaries is one hundred and seventy nine (179) for the year 2006 – 2007. This is an extremely high caseload for one Community Worker.

Social Services staff

Community Worker, permanent full-time
HRO, permanent part-time

Challenges

Foster home recruitment long and short term (S5)
Emergency foster homes (S5)
Escorts for clients-social
Confidentiality
Trained replacements

Presently, the worker is basically working on crisis interventions and unable to provide promotion and prevention education to the community. However, once the community worker has additional help, we will be able to so. This will help reduce the caseload.

Youth Protection

Staff

Community Worker, permanent full-time
Team Leader, permanent part-time
Young Offender Worker, permanent part-time
Foster Home Worker, permanent part-time
Emergency Workers

Challenges

Foster home recruitment long and short term
Emergency foster homes
Escorts for clients-social
Confidentiality
Trained replacement

National Native Alcohol and Drug Abuse Program (NNADAP)

The NNADAP worker continues to provide counselling for individuals with addictions, and referrals to treatments centres for youth and adults.

The number of interventions is thirty two (32), and the number of clients is twenty four (24). There are thirteen (13) clients that successfully completed a treatment program in 2006-2007.

With the amount of clients and interventions, it is hard to provide aftercare, workshops, education and prevention.

NNADAP staff

Community Worker
Street Workers as required

Challenges

Too much paperwork
Trained replacements

Home and Community Care Program (HCCP)

The HCCP is the only program that has its difficulties due to personnel instability. Presently, there are eleven long term clients, and approximately twenty potential clients that are under assessment.

HCCP staff

Community Worker, temporary replacement (permanent on education leave)
Rehabilitation Monitor, presently vacant
Homecare Worker, permanent full-time
Homecare Worker, permanent part-time
Homecare nurse, temporary replacement (permanent nurse on medical leave)

Although the program is not very stable, the clients are still receiving adequate services.

Community Health Representative (CHR)

The CHR continues to work in collaboration with the nurses on prevention and health promotion activities. The workload is overwhelming due to the absence of a local public health officer within the Nemaska First Nation. Various activities were held for the community.

Challenges

Overwhelming workload

Multi Service Day Centre (MSDC)

The Multi Service Day Centre had its officially Grand Opening on February 21, 2007. Preparations of the event were conducted by the MSDC team.

MSDC highlights and activities

Graduation of the Education Monitor
Orientation of the staff by the regional team
Attendance to the Regional Special Needs Conference
Visits from regional specialists (i.e. OT, PT)
Open house
Promotion of MSDC services

MSDC staff

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

Challenges

Transportation for clients
Trained replacements for staff
Computers need to be programmed and set up
Lack of family involvement and participation

Although there are challenges, the MSDC team is doing an excellent job in working with a planned scheduled of activities.

Conclusion

For most of the services and departments, positions need to be filled and posted. The conversion of the old transit to office space, once completed will permit us to proceed with hiring additional staff. It will improve the administration and the other services with the additional personnel. The Healing Home Pilot project will be an additional resource for social services.

I am proud of the local team who is dedicated and committed in helping the community. Although there are great challenges and workers are overwhelmed with caseloads, they are doing an excellent job.

Waswanipi

There have been some major things in Waswanipi in the past year that had repercussions on the Waswanipi Community Miyupimaatisiiwin Center.

The Local Coordinator returned in mid-August, 2006 to his position and the interim Local Coordinator returned to her position as Coordinator of Inland CLSC Services.

The community of Waswanipi has experienced changes and adjustments throughout the year. With the Sabtuan Regional Vocational Training Centre, Cree School Board, opening this past year in Waswanipi, there is a significant influx of new people, students, teachers, and administrators with their families. These people come to reside in Waswanipi either on a temporary or permanent basi, and this has an important consequence on the services given by the local health and social services. Approximately 250 new people have come to stay in Waswanipi.

Throughout the year, we have continued to experience the movement of new and old employees in programs and projects.

In mid-winter, **two Community Health nurses** were hired and they are presently setting up and delivering the Community Health program.

A school nurse who was trained is ready to work at the school.

We began renovating our apartment building at 9 Cedar and this was completed in mid winter. We are still waiting for furniture for these apartments. Sixteen lodgings are being completed.

Addressing all the complaints is a challenging file, and time was spent to bring all complaints up to date.

Highlights 2006-2007

The MSDC was opened officially on June 8, 2006. The opening was a success and all participants enjoyed the banquet and activities.

We began the major renovations of the apartment building – residences at 9 Cedar. This was terminated March 2007, giving us one studio, one two bedroom apartment and four one – bedroom apartments renovated.

Four new trailer units were leased from the Waswanipi First Nation, for our use.

A new clinic van was delivered on May 8, 2006, to transport beneficiaries to Chibougamau.

The staff played a significant role in the traditional activities at Chii Wedau, which is held at the old post for two weeks in July. Social services, youth protection, and homecare staff were on hand to support this activity where the majority of the people from Waswanipi attending this event.

A public safety and emergency meeting was organized in August 2006, with local, regional and Chibougamau region to plan in case of emergencies, such as forest fires.

Programs and Services

Health

This year, there were approximately 10,000 visits to the clinic. This is an increase of about 500 visits from the previous year. There were 1700 visits to the doctors at the clinic.

Generally speaking, the staff is stable and there has been staff movement throughout the year. The two Community Health Representatives (CHRs) have been busy throughout the year. They have seen 226 visits, and met groups in the community and the school for programs. Both are actively involved in diabetes, prevention programs and health information programs for the community.

The nutritionist sends statistics to the Diabetes program. She is actively involved with referrals, working with the CHRs, and doing various cooking workshops throughout the year.

In March 2007, two Community Health nurses were hired to support the health team in Waswanipi. Also, a foot-care nurse is in Waswanipi on a regular basis.

We continue to support the health staff by providing staff in the pharmacy to help in the storage and dispensing of medications.

As for dentistry, the relationship changes with the changes of professional staff. There was a change of dentist and dental hygienist in December, and it took some time to adjust. It is becoming congested in office space in the clinic and planning is underway for expansion.

Social Services

As in previous years, this is a busy sector. Since Waswanipi is situated between Chibougamau and Val d'Or, and on a main highway, the community feels the negative aspects of alcohol and drug abuse. There is a significant rise of cocaine use in Waswanipi which makes things difficult.

There is one CLSC community worker who receives support from the rest of the staff. The Human Relations Officer and the NNADAP community worker assist by providing support to the CLSC community worker. The NNADAP community worker is involved in annual prevention activities. There was a lot of training provided in anti-smoking, drug use and gambling issues.

Homecare

This is a stable program supported by a community worker and five homecare workers providing homecare to persons in their homes.

The challenge has been to work with the MSDC staff to provide services together because the clients are the same.

The nurse in this program sends statistics directly to Health Canada. There was a change of nurse and this seems to be the case in the past few years.

Youth Protection

In the beginning of the year, there was a serious need of additional staff to support Youth Protection. The case loads were just too big to handle. In July-August, the Director of YP began hiring new and additional staff and there were recruitment challenges. By late fall, a full team was hired directly under the Director of Youth Protection. This is new. This department is now directly under the DYP with additional workers to cover foster homes and young offenders. The HRO has continued to support this department for stability reasons.

Multi- Service Day Center

The center opened officially in June and organized various events and activities to announce to the public their services. There have been meals served, clients met, training has been provided for the staff, planning and many other activities were done to stimulate this important service center. Transportation of clients is an issue to be resolved.

Material Resources

Buildings

We have two major service buildings, one apartment building, and three duplexes. The other units are rentals from the Waswanipi First Nation.

The main building which accommodates most of the services and programs and the three duplexes on Aspen Street are in adequate shape. The apartment building at 9 Cedar has been renovated inside and now it must be renovated in the exterior.

The office space is getting very tight. Additional staff has been accommodated temporarily for nursing and youth protection.

There are two regional staff, the NNADAP HRO, and the Inland Social Coordinator who occupy offices in the main clinic and at the MSDC building.

Equipment

As there are more employees and expansion of services and programs, it is imperative to keep good inventories for upkeep and maintenance. In 2006, a significant amount of computers and accessories were obtained for the staff including the MSDC. This equipment must be closely monitored and used appropriately for programs and services.

The maintenance man has a great amount of tools and equipment to keep in order for maintaining buildings and grounds.

Vehicles

There are two vehicles. One is used for the transportation of patients to Chibougamau and this one is in good working order. A new vehicle is expected in 2008. The other vehicle is the old clinic van which is getting an inspection in Chibougamau.

Human Resources

Health

There is an additional two nurses working in community health. The CHRs are in great demand and another CHR position is planned in 2007. Another doctor is required in Waswanipi.

Social Services

With one CLSC worker, and one HRO, the NNADAP worker assists this team as well as the community worker in Homecare. Another CLSC community worker is to be hired in the future.

Administration

This work is mainly done by the Head of Administration (interim). The administrative work is coordinated through this person.

Plans and Development

Activate the PFT for the extension of the main building for more office space for social services, health services, homecare, youth protection and dentistry. More storage area is needed.

Activate the PFT for the second phase of the MSDC, which is the residential project of the MSDC.

Hire support staff for programs and services.

Verify all electrical systems, including heating and air conditioning units. Encourage yearly service contracts with contractors who operate in Waswanipi. This includes the servicing of the generator unit.

Implement the dash board statistical tool for all programs and services.

Review the snow removal work to be done each year.

Upgrade training skills for the maintenance worker.

Conclusion

This has been a very good and constructive year. From August to December, the Local Coordinator attended many meetings and training sessions. This amounted to being away from the office every second week. There was a lot time put in budget and operation planning.

A lot of the objectives set throughout the year were met. Lodging was improved. Communications were maintained to provide vital service for the community. From January to March 2007, the Human Resources department has responded to various personnel requisitions approved in the past. So, things are improving.

The help provided by the Head of Administration (interim) is immeasurable and very helpful to all the staff in Waswanipi.

Mistissini

Health Services

Nursing personnel has increased from 8 to 12 nurses. The recruitment of support staff is in process to support additional professionals that are in place. Three (3) permanent doctors are in place with a “depanneur” that comes in as a replacement for holidays.

Home and Community Care Program

To provide adequate and continuous care to clientele, the program was relocated near the clinic where the personnel have easy access to medical charts of clientele.

MSDC

Due to the absence of an adapted transportation, we have not been successful in providing full service.

Ouje-Bougoumou

Medical Staff

3 Nurses, full-time
2 Nurses, replacements
1 Homecare Nurse
1 School Health Nurse
1 Northern Beneficiary Attendant, permanent
1 Secretary, full-time
1 Receptionist, full-time
1 Administrative Technician, full-time
1 Community Health Representative
1 Housekeeper(light), permanent
1 Maintenance worker
1 Dental Assistant
1 Dental Receptionist
1 Doctor (scheduled once a month)
1 Psychologist (4 times a year)
1 Counsellor (4 times a year)

Nursing

Presently, there are 3 nurses on full-time duty performing various tasks and also rotating for after hours' duties and being on call. There is no permanent head nurse as this is a rotation between the nurses on a weekly basis.

Nurses	Curative visits	6132
	Program	366
Doctors	Curative visits	1057

Community Health Representative

There is one full-time CHR hired in August, 2006 and had the first official training in Val d'Or with Francine Noël from June 5-18, 2007. The CHR works with the nutritionist from time to time. The CHR requires more training in order to perform to the fullest potential. This position was vacant since March 31, 2005 before hiring the new CHR.

Dental Services

The full-time dentist is gradually returning from maternity leave since September, 2006 with a support team of a dental assistant and a receptionist. The working hours vary with the dentist and there is no replacement dentist as the dentist works three days out of a week. There is a backlog of people with a waiting period of three weeks, which is much better than a six month waiting period as in the past. Non-emergency appointments are much faster with the steady work done by the replacing dentist, who was in the community until June, 2006.

Dental Visits	698 cases

Doctors and Specialists

For the community of Ouje-Bougoumou, a doctor comes one week per month. Next year, there will be a replacement doctor coming in every month from Chisasibi.

Doctor visits 1057

An Ophthalmologist visits the community once a year to do eye exams, especially for the critical patients, such as diabetics and other clients that have urgent needs.

A paediatrician visits four times a year and statistics are not available to date. A paediatrician from the Montreal Children's hospital visits four times a year.

Patient Transportation

Client needs for transportation are made through the Northern Beneficiary Attendant who does all the services and also fills out the necessary documents for clients who go for appointments out of the community. The clinic van takes patients to the surrounding towns, to Chibougamau Hospital, and to Chapais, for travel on the Maheux Bus to Val d'Or or Montreal.

Transport elective @ 877 Transport units

Home and Community Care Program (HCCP)

One nurse and one home care worker have 30 clients with 537 home visits with a total number of hours at 1,058.5 (direct or indirect).

Admissions	28
Readmissions	1
Discharged	28
Continued services	9

Four (4) clients left the community

The following staff comprised of one HCCP nurses (status 2), one community worker (status 2), and one home care worker (status 2) have provided services to the elderly, elders with loss of autonomy, and to the physically and mentally challenged. HCCP saw 30 clients with nine active files, some short term, and other clients who have come out from surgery and required help in their homes. The HCCP nurse does follow ups with the clients at the Elders' home operated by the local band office. Twenty-eight were admitted and twenty-eight were discharged, and nine are on-going clients.

Psychologist and Counselling Services

A female psychologist comes to the community for five days, four times a year. The male counsellor provides services for four days, four times a year totalling thirty-six days of visits to the community of Ouje-Bougoumou which has a population of 707 beneficiaries.

Caseloads	233
Psychologist	124 (female)
Counsellor	91 (male)

Nutritionist

There is a full-time nutritionist whose primary function is to cover the needs of programs in nutrition including the CPNP prenatal, diabetic, and HCCP programs. The nutritionist is also involved in local programs, and acts as a resource person for the local programs, for the Cree Health Board employees, the local band office, Cree School Board, Capissisit Lodge, and the Sports Complex.

CPNP Program	32
Diabetes Initiative Program	46
HCCP Clientele	7
Total clientele	85

Maintenance and Housekeeping

There is one full-time employee for maintenance and the other is a housekeeper (light). A request is outstanding for a full-time housekeeper (heavy) for the clinic. The maintenance worker hired, since April 30, 2007 upkeeps and cleans two transits for the visiting specialists, for replacing nurses, and for any other CHB workers who visit the community. There are twelve permanent units, and two long term replacement housing for personnel. Housekeeping keeps the clinic clean, washes walls and floors, cleans nurses' examining rooms, sterilizes and cleans medical equipment, stores and receives supplies in the storage room.

Human Relations Officer/Team leader (HRO)

HRO is the link between services with the CLSC community worker, youth protection worker and the foster home care worker/young offenders including the Homecare workers and the NNADAP prevention worker. The HRO is responsible to foresee that all services are provided to the clients of Social Services. This person was hired October, 2006, and this position had been vacant since June 2005.

Number of Interventions from March 31, 2006 to April 1, 2007

Periods 1-13	211
Number of beneficiaries	122

CLSC

Number of Interventions from August 30, 2006 to March 31, 2007

Period 6-13	156
Number of beneficiaries 6-13	103

Youth Protection Staff

Youth Protection Worker
Foster Home Care Worker/Young Offenders

Foster homes	51
Active	13
Not Active	39

*2 homes are on stand-by during the Christmas holidays

Human Relations Officer/Team Leader

Social Emergency Services

It is very difficult to recruit enough workers for the social emergency services. One problematic situation regarding these services, they go through a high turnover of human resources. Most people are not interested in working after hours and on weekends. There doesn't seem to be an interest from the community members, people are trained to be on-call, and many times, they work for awhile then decide that this work is not for them. This is a constant and recurring problem.

Multi-Day Service Centre (MSDC)

Activity Team Leader, full-time (since September 2005)
Maintenance Worker, full-time (since February 2006)
Education Monitor, full-time (since October 2006)
Rehabilitation Monitor, full-time (since October 2006)
Secretary, full-time (since February 2007)
Occupational Therapist (shared with Waswanipi)
Physiotherapist (shared with Waswanipi)

The MSDC was officially opened on February 14, 2007. It was very successful and an enjoyable experience. Operations are slowly in progress. Every Tuesday and Thursday, the team visits the clients at the elders' home to help motivate their movements, help eliminate loneliness and share some laughter with the elderly who are physically and mentally challenged. There is an increase in the number of elders who are living with Alzheimer's.

Recommendations from clinic

Encountering lack of foster homes
Need a shelter for both men & women
A safe and home environment for the mentally challenged
Additional personnel for mental health
More opportunities for workers to attend workshops that are work related to gain skills, knowledge and feel motivated
Social emergency workers to improve writing skills and produce proper reports
Cree Board of Health to pay one week traditional leave to energize employees by going back to their culture (bush life)
To have an Inland and Coastal Director of Youth Protection

Conclusion

In this past year, services were provided to the best of our ability with the resources provided for local services. The workers were able to provide services in crises intervention. The workers are unable to do prevention programs due to limited time and because of the lack of human resources and financial constraints. Hopefully with the new agreement more programs and staff will provide the necessary resources for the community.

The Healing Centre has been functional since March 14, 1994 and we are already encountering lack of office space especially now that we need to implement new heads (coordinators) of services.

One major concern regarding the building is the leaking roof. The FOM department is well aware of the problem since five years. A few meetings with the engineer from the band office Clotilde Quentin did a report in August 2005. The band office produced a report which the FOM have in their office. There is a real need to do something this year, because it is hazardous to have a leaky roof when we deal with sick people everyday.

Canada Prenatal Nutrition Program (CPNP)

The CBHSSJB conducted a Canada Prenatal Nutrition Program (CPNP) for some years. There was a period of confusion in the administration of the CPNP after the departure of the CPNP Coordinator in June 2005. This year, Véronique Laberge-Gaudin, Public Health nutritionist elaborated the project proposal for 2006-2007.

Andréanne Charbonneau, Public Health nutritionist, was hired Mid-October 2006 to manage the CPNP budget under the supervision of Bella M. Petawabano, Director of Awash Miyupimaatissiun. Andréanne Charbonneau advised of leaving the position, the hiring process to find a replacement started in February 2007.

In January 2007, Gina Di Lullo, a Lactation consultant, was hired in the team to support the strategic decision to invest in breastfeeding promotion and support.

Since most activities were concentrated towards the end of the year, there was a need to recruit collaborators that would help reach the objectives:

Francine Brochu, Children and Young Parents Program Officer, who acted as regional respondent for breastfeeding in the region coordinated the Baby Friendly Initiative Assessment Project. This project will help the organization have a better understanding of the breastfeeding situation.

Natasha Bates was hired as a community facilitator and translator during the filming days of the breastfeeding promotion video.

Nancy Bass, nutritionist, was recruited to coordinate the prenatal nutrition training for nutritionists which took place at the end of March 2007.

Valérie Lahaie supported the team with expertise on the Maternal and Child Health Program (MCHP).

Julie Lauzière, Sandra Gentili and Sophie Mercure were hired as contractual nutritionists to work on specific mandates related to CPNP objectives. Sandra Gentili did a review of Breastfeeding Week Initiatives in aboriginal communities. Julie Lauzière, nutritionist, studied the relevance of implementing OLO programs in the region. Their reports will guide future actions in breastfeeding promotion, maternal nourishment and Public Health privileged approaches.

CPNP projects for 2006-2007

Breastfeeding promotion was the main priority this year.

Breastfeeding promotion video

A 20 minute breastfeeding promotion video was produced from November 2006 to March 2007. It tells the success story (Dipajimoon) of a young women and her journey as a pregnant woman and a breastfeeding mother. The project took place in different phases: community consultation, determination of target group, key messages and diffusion plan, elaboration of a synopsis, logistics planning and casting, shooting days in Chisasibi, editing followed by a feed-back and approval process. A copy of this video should be available for Health Canada at the end of August 2007.

Baby friendly initiative assessment project

To get a better understanding of the breastfeeding situation in Eeyou Istchee, the Baby Friendly Initiative assessment project was started. Members of the breastfeeding regional committee, Francine Brochu, Gina Di Lullo and Andréanne Charbonneau were involved at different levels and the evaluation of the breastfeeding situation will proceed in 2007-2008. After this is completed, a better understanding of the experience of mothers in the first months after delivery in relation to breastfeeding, the level of knowledge and skills in breastfeeding for CBHSSJB staff and the extent to which the environment in the communities supports a breastfeeding culture. There is a will to implement the Baby Friendly Initiative in the region and it all depends on available funding.

Breastfeeding week planning

Planning activities were started for breastfeeding week for October 2007. Material was ordered to support breastfeeding education and counselling in the different communities. Different educational and teaching tools were bought, such as breastfeeding baby models, cloth breast models, books for health care workers, etc. Four electronic breast pumps were also bought and will be delivered to the communities once the proper training to staff is provided by the lactation consultant.

Prenatal training for nutritionists

A prenatal training took place from March 26-28, 2007 for the 7 CBHSSJB nutritionists. The following topics were covered during the training: 1) CPNP by Andréanne Charbonneau, 2) Food infant allergies by the Association québécoise des allergies alimentaires 3) Gestational diabetes by Katherine Whitehead, dietician and Monique Laliberté, nurse.

CPNP consultation

On March 29, 2007, a CPNP consultation took place with 22 participants with the theme of "Better Health and Nutrition for Mothers and Babies in Eeyou Istchee: Let's All Play a Part". Priorities were identified for the 2007-2008 proposal and action plans were elaborated. Three priorities were identified that will guide actions for next year's proposal:

Breastfeeding promotion
Introduction of solid foods
Optimization of CPNP administration without overlap with other prenatal nutrition programs

CPNP in the communities

There are now 6 communities that benefit from the services of a full-time nutritionist: Chisasibi, Wemindji, Waskaganish, Mistissini, Ouje-Bougoumou and Waswanipi. Since January, Gina Di Lullo, Lactation consultant works out of the community of Eastmain. Even though she has a regional mandate, the breastfeeding women in Eastmain benefit from her presence and expertise.

This year, statistics will be available for the number of CPNP clients seen in the communities, as well as the clients reached through various activities. Not all nutritionists were able to record and gather the statistics required on the CPNP tracking sheet. Two reasons explain why it was not possible: 1) learned too late in the year that they had to record the statistics, 2) it is not always possible to gather the required data as the Maternal and Child Health tracking sheets are not systematically being used by health professionals in the communities. No standardized way of recording statistics by the nutritionists was identified as a problem. Véronique Laberge-Gaudin, Public Health nutritionist requested to hire a nutrition professional development officer. One of the mandates of this person would be to develop nutrition statistics tools.

Chisasibi
Vesselina Petkova, nutritionist

Individual nutrition counselling- case load	**# patients**
Pregnant women	39
Post-partum women (without post-partum visits)	2
Post-partum home visits	0
Infants	3
Total	44

Community activities in Chisasibi

Grocery tours in May, July, November 2006, and January 2007: average of 10 participants each time
Walking Club from May to August 2006: 2 to 8 participants each time
Cooking workshop November 2006: 6 participants.

Statistics-Wemindji
Éliane Desjardins, nutritionist

Individual nutrition counselling- case load	**# patients**
Pregnant women	3
Post-partum women (without post-partum visits)	0
Post-partum home visits	0
Infants	0
Total	3

Éliane Desjardins arrived November 2006. Hélène Porada, nutritionist had visited the community in April 2006.

Community activities in Wemindji

Postnatal workshop in collaboration with Brighter Futures April 2006: 3 participants
Grocery tour April 2006: 5 participants
Community walks once a week since January 2007: participants 2 to 20
Cooking workshops January, February, and March 2007: participants 3 to 17
Booth at the community store March 2007: reached 50 people
A group of young mothers (pregnant or mothers who have children) gather once a week. Topics discussed include introduction of solid foods, baby food making, and healthy eating in general

Statistics -Waskaganish
Dominique Boucher, nutritionist

Individual nutrition counselling - case load	**# patients**
Pregnant women and post-partum	35
Infants	9
Total	44

Community activities in Waskaganish

Baby food preparation workshop April 2006: 4 participants
Baby food preparation workshop September 2006: 5 participants
Grocery tour for new mothers in October 2006: 2 participants
Breastfeeding promotion initiatives by nutritionist and CHRs January and February 2007: giving out breastfeeding t-shirts, promotion of breastfeeding area at the clinic

Statistics-Eastmain
Gina Di Lullo, Lactation consultant

Individual breastfeeding counselling- case load	**# patients**
Post-partum women	3
Total	3

Since the arrival of Gina Di Lullo, some women were seen at the Eastmain clinic for breastfeeding support. A CHR was hired March 2007.

Statistics-Mistissini
Mihigo Muganda, nutritionist

Individual nutrition counselling - case load	**# patients**
Pregnant women	21
Post-partum women (without post partum visits)	1
Post-partum home visit	0
Infant	2
Total	14

Note: Diabetes position was vacant from August 2006 to January 2007. Some activities were not done, such as post-partum visits or follow-up. However, a nurse did visits. The nutritionist focused priority on GDM follow-up.

Community activities in Mistissini

Baby food preparation workshop October 2006: 8 participants
Baby food preparation workshop September 2006: 5 participants
Children are important week nutrition activities. Booth on food tasting, baby food making and breastfeeding promotion activities December 2006: large number of visitors
Baby food making and breastfeeding promotion: 8 participants
Food tasting: 80 participants of which 6 are CPNP clientele
Prenatal workshop March 2007: 9 participants
Grocery tour on March 2007: 12 participants of which 4 are CPNP clientele
Community walks under the Shashaaupweyihutaau program, healthy active living program: 60 participants of which 4 are CPNP clientele

Statistics-Ouje-bougoumou
Joceline Piché, nutritionist

Individual nutrition counselling - case load	**# patients**
Pregnant women & post-partum women	22
Infants	5
Total	27

Community activities in Ouje-bougoumou

A CHR was hired in August 2006, as there had been no CHR since 2005 which made it more difficult to organize community activities.

Baby food preparation workshop in collaboration with Head Start July 2006: 2 participants
The CHR and the nutritionist did 3 post-partum visits in January 2007
Baby food preparation workshop March 2007

Statistics -Waswanipi
Hélène Porada, nutritionist

Individual nutrition counselling - case load	**# patients**
Pregnant women	28
Postpartum women (without postpartum visits)	3
Postpartum home visits	0
Infants (with home visits)	10
Total	41

Community activities in Waswanipi

Most of the activities were delivered by the nutritionist and the two CHRs, Anika Vachon and Rita Miansum Trapper.

Cooking workshop for young mothers during the traditional gathering July 2006: 25 participants
Training/Nutrition coaching with patients for CHRs on Maternal and Child Health Program August 23 2006
Two grocery tours in Chibougamau February 2007 for vulnerable pregnant mothers who received a 50$ coupon to buy groceries: 4 participants

Statistics-Nemaska
Chantal Vinet, nutritionist

Individual nutrition counselling- case load	**# patients**
Pregnant women	4
Post-partum women (without post-partum visits)	0
Post-partum home visits	0
Infants	0
Total	4

Between April and November 2006, Hélène Porada, nutritionist visited Nemaska 3 times to meet with patients. No community activities were done in Nemaska for various reasons. For example, before February, no cooking equipment was available in the community kitchen. Chantal Vinet arrived in November 2006 and left the position April 2007.

The statistics presented in this report do not include the number of individuals referred to the nutritionists, but who did not show up for appointments. For each referral made, time is devoted to review the medical chart, to schedule the appointments and to prepare the consultations by sorting out the necessary educational tools and hand outs.

General statistics

Number of pregnancies per year: 320-370
Number of clients for individual counselling in 2006-2007: 133
The number of women reached through community activities is harder to determine with accuracy

Most frequent reasons for not coming to counselling[1]

Younger women are harder to reach
Belief of some women is that if it is the 2nd, 3rd or 4th pregnancy, they do not need to participate
Social problems
Some women do not feel like coming to the clinic
Women feel they come too often to the clinic (pregnant vs sick)

Most frequent reasons for not participating in community activities[1]

No babysitter
No support at home
Work hard outside the home
Do not see the purpose
Some are not aware the services exist (lack of publicity)
Other activities are in competition (bingo, etc.)
Some times in the year, people are not in the community (goose break)

Involvement of the male partners[1]

In general, there is not a big involvement of male partners
Some male partners participated alone
Sometimes the women want to get a break from home and the male partners are not invited
Young male partners tend to participate more
Male partners get involved differently by babysitting the children at home, by driving spouse to and from the activity

[1] These answers came from a session of brainstorming with all CBHSSJB nutritionists.

Financial report April 1 2006 to March 31 2007
Canada Prenatal Nutrition Program

Expenses (general)	
Salaries	49 085,52
Benefits	12 249,52
Professional services	34 014,00
Transportation, accommodation and meals	41 228,27
Training fees	2275,75
Expenses (program related)	
Educational materials	20 907,34
Activities and projects	49 106,81
Breastfeeding promotional video – filming and editing	34 490,00
Transportation filming crew and excess luggage	12 655, 72
Transport expenses(cargo)	343,82
Food (workshops in the communities)	2 343,48
Sub-total (general expenses)	258 700,23
Administration/management fees	
Office material and supplies (3 computers)	3 900,06
Copier and photocopy	0,00
Telephone/communications	1 618,01
Maintenance and repair/rental of office equipment	0,00
Postage & shipping	2 569,18
Human resources and pay services	1653,00
Recovering cost	0,00
Sub-total (administration/management)	9740,25
Total expenses	268 440,48

Public Health Department

Introduction

This year, the Assistant Executive Director for Pubic Health served as the Acting Executive Director for the CBHSSJB. As a result, the former Program Officer for Cancer filled the position as the Acting Assistant Executive Director for Public Health. As well, three staff members were on long-term leave for most of the year.

The Public Health Department of the Cree Territory of James Bay was created in 2002 and carries out public health functions as part of the Cree Board of Health and Social Services of James Bay (CBHSSJB) which is also Region 18 of the Ministère de la santé et des services sociaux du Québec. Its main duties are surveillance, promotion, prevention, protection, regulation, research and training relating to the health and well being of the population in the territory defined through the James Bay and Northern Quebec Agreement.

Areas of work

Within the context of Iiyiyiu society's values (spiritual, emotional, mental and physical balance), the Department works in the areas of: infectious diseases, environmental health, health in workplace, non-intentional trauma, community development, life habits and chronic diseases, and development, adaptation and social integration of vulnerable groups.

Strategies

Within these fields, the main strategies used are: support to vulnerable groups, strengthening the potential of individuals, support for community development, participation in inter-sectoral activities, and encouraging the use of efficient clinical preventive measures.

Structure

The Department is divided into five teams: Awash (children 0-9), Uschiniichisuu (youth 10-29) and Chishaayiyuu (adults 30 years and over), Specialized Services (which includes communication, surveillance, evaluation, training and research), and Administrative Services.

Members of the Public Health Department (March 31, 2007)

Since its inception, the Department has been slowly developing its teams and these are now almost complete, except for health and wellness in the workplace which is in development planning.

Yv Bonnier Viger	Director of Public Health of the Cree Territory of James Bay and Assistant-Executive Director for Public Health (Chisasibi) (acting as interim Executive Director)
Michelle Gray	Interim Assistant-Executive Director for Public Health (Oka)
Elizabeth Robinson	Medical Advisor Public Health (Montreal)

Administrative Unit

Bella Blacksmith	Manager of Administrative Unit (Montreal) (sick leave)
Rachel J Martin	Acting Manager of Administrative Unit (Montreal)
Frances Couchees	Secretary (Montreal) (resigned December 2006)
Lea House	Secretary (Montreal) (began January 2007)
Maryann Pachano	Secretary (Chisasibi)
Mary Petawabano	Acting Secretary (Mistissini)
Jacqueline Voyageur	Administrative Technician (Mistissini) (sick leave)
Dana Marie Williams	Acting Administrative Technician (Montreal)

Awash Miyupimaatisiiun Unit

Bella Moses Petawabano	Director of Awash Miyupimaatisiiun Unit (Mistissini)
Robert Carlin	Medical Advisor (part–time) for Infectious Diseases (Montréal)
Francine Brochu	Program Officer - Maternal and Infant Health Program (Montreal)
Katiana Rivette	Program Officer - Nosocomial Infections (Chisasibi)
Malika Hallouche	Program Officer - Dental Health (Montreal)
Louise Pedneault	Program Officer - Immunization and Genetic Counselling (Mistissini)
Juliana Snowboy	Program Officer (part-time) - Dental Research (Chisasibi)
Anny Tremblay	Program Officer - Amaskuupimatiseat Awash (Val d'Or)
Adreanne Charbonneau	Program Officer - Canada Prenatal Nutrition Program (Montreal)
(to be filled)	Midwifery Advisor

Uschiniichisuu Miyupimaatisiiun Unit

Manon Dugas	Director of Uschiniichisuu Miyupimaatisiiun Unit (Chisasibi) (sick leave)
Marlene Beaulieu	Program Officer – Healthy Schools (St. Bruno)
Françoise Caron	Program Officer – Healthy Schools (Longueuil)
George Diamond	Program Officer - Healthy Communities program and non-intentional traumas (Chisasibi)
Martine Drolet	Program Officer - Mental Health and Healthy Sexuality (Montreal)
Wally Rabbitskin	Program Officer - Physical Activity, Alcohol and Drugs (Mistissini)
Ron Shisheesh	Program Officer - Nutrition, Tobacco and Gambling (Chisasibi)
(To be filled)	Medical Advisor (part-time) - Sexually and Blood transmitted infections

Chishaayiyuu Miyupimaatisiiun Unit

Paul Linton	Director of Chishaayiyuu Miyupimaatisiiun Unit (Mistissini)
Solomon Awashish	Program Officer – Diabetes Prevention (Montreal)
David Dannenbaum	Medical Advisor (part time) for chronic diseases (Waskaganish and Montreal)
Monique Laliberte	Program Officer – Diabetes Training (Mistissini)
Isabelle St-Cyr	Program Officer – Environmental Health Education (Montreal)
Reggie Tomatuk	Program Officer – Environmental Health (Chisasibi)
Mathieu Trépanier	Program Officer – Environmental Health (Montreal)
Julie Turcotte	Program Officer – Diabetes Training (Mistissini) (on leave)

Specialized Services Unit

Jill Torrie	Director of Specialized Services Unit (Montréal)
Anne Andermann	Acting Medical Advisor (part-time) – Training in Community Health
Iain Cook	Program Officer – Communications (Montreal) (parental leave)
Marcellin Gangbè	Program Officer – Surveillance and Research (Montreal)
Elena Kuzmina	Program Officer – Evaluation and Research (Montreal)
Pierre Lejeune	Epidemiologic Program Officer (Sherbrooke)
Katherine Morrow	Acting Program Officer – Communications (Montreal)
Faisca Richer	Medical Advisor – Training in Community Health (pregnancy leave)
Jacques Véronneau	Dental Research Advisor (Montréal)
Tracy Wysote	Research Administrative Technician (Montreal)
(to be filled)	Medical Advisor (part-time), Clinical Preventive Practices

Activities 2006-2007

Awash Team

Immunization

This long-term program of the CBHSSJB continued as expected this year with the usual activities. These included supervision and support for immunisation against infectious diseases for all babies and children; planning and coordination of the annual campaign of vaccination against Influenza including the preparation of Cree pamphlets and posters; supporting the program of vaccination against whooping cough and chickenpox in schools; supporting the program of vaccination against Hepatitis B in all schools and with newborns in Waskaganish.

The program continued to provide the linkage between the CBHSSJB and the MSSSQ to ensure that the region's objectives are up-to-date and that local orientations, activities and materials closely follow what is happening elsewhere.

As in the past, the program ensured that nurses received up-to-date information about immunization throughout the year in order to keep them informed. The program continued to upgrade and maintain health workers' competencies through a needs evaluation of all nurses providing immunization which was then followed by the planning and implementation of a training session to address their specific needs.

As always, the program supervised the quality and control of immunizing products to ensure that Québec norms were always respected. And the work to support the development of a plan in case of a new epidemic or pandemic of Influenza continued from last year.

Genetic counselling

This year saw the long-awaited implementation of the regional genetic counselling program based in Chisasibi Hospital. Public Health played a major role in this from developing the program, having it approved by the executive committee and board of directors of the CHBHSSJB, collaborating in the planning for the office space and logistics for the new program, participating in the hiring, orientation and on-going support for the new genetic counselling nurse, and supporting the development of educational tools, and clinical protocols so the program could begin in Chisasibi.

Harm reduction (drug users)

This year the development of this file advanced through planning consultations held in Mistissini, Chibougamou and Chisasibi; the organisation of a training session in Toronto for members of Mistissini Harm Reduction Committee; and, at a regional level, trainings on Harm Reduction for NADAPP workers, community workers and nurses.

Infectious diseases

There were no active cases of tuberculosis this year in the region. In terms of tuberculosis protection, the program submitted a regional list of priorities related to TB control within the context of a national TB meeting concerning control of TB in aboriginal communities; attended the provincial TB meeting; and presented TB as part of the immunization training for nurses.

Concerning zoonoses and rabies protection, the program attended the RAIZO meeting in Quebec City concerning animal disease surveillance and submitted a proposal to the CMDP regarding the availability of rabies vaccine.

For the continued work to protect the population from infectious diseases through continuous surveillance and « Vigie Sanitaire (MADO – Maladies a Declaration Obligatoire », the program reviewed the declaration process with nurses at the annual training, posted a MADO guide on the website, and, also participated in a Winnipeg meeting and teleconferences of the International Circumpolar Surveillance concerning invasive bacterial diseases in northern regions.

Work on both seasonal and pandemic Influenza continued to advance with the production of the draft regional plan and its submission, along with the supra-regional plan, to the MSSSQ.

For Sexually Transmitted and Blood-borne infections – which are of great concern in Iiyiyiu Aschii - ongoing activities continued with individual follow-up of declared cases of STIs and viral hepatitis as per guidelines and follow-up of other declared diseases as per guidelines including management of declarations of food borne diseases. As always, the program keeps up-to-date the regional section of the provincial registry for declarable diseases. The 2005 MADO report was produced at the end of 2006 and ad hoc reports were prepared on any outbreaks or significant cases.

The program also assisted in the development and presentation of nurses' training related to immunization, reviewed nurses' training on STI/partner notification and provided assistance to all nurses responsible for vaccination, infection prevention, and STIs.

Prevention of infections

Training and information sharing are a large component of the program to prevent infections. A presentation on respiratory etiquette and respiratory hygiene was given at the annual nurses training in Val d'Or. A special training for light and heavy custodial work was given to the janitors of Chisasibi Hospital. An information session was held with the CHRs and CLSC secretary of Chisasibi and Mistissini as well as with the Public Health Officers of the local communities. Meetings were held with childcare centre directors and coordinators of Chisasibi and Mistissini and with the Regional Director of childcare centres to promote prevention in those locations. As well, the component on prevention of infections for the new school nurses' training was prepared. Other visits

about the prevention of infection were made to the Cree Patients Services coordinator and the infection prevention and control nurse in Val d'Or.

Health centre visits were carried out followed by the preparation of a report on Clostridium difficile in Region 18. Work also continued on the correct storage of biomedical waste in the CBHSSJB's facilities.

This year, preparations began to implement personal protection N-95 mask fit tests in the future.

The Program Officer responsible for the prevention of infections also served as president at the annual meeting of the regional table for prevention of infections.

Amaskuupimatiseat Awash

The Amaskuupimatiseat Awasch Partnering Facilitator was hired June 1, 2006 to pilot Amaskupimatiseat Awasch in the community of Mistissini. The goal of the Amaskuupimatiseat Awasch program is to provide intensive and continuous interventions to pregnant women and at risk parents. This program is known in Quebec as SIPPE, "Services integres en perinatality et pour la petite enfance a l'intention des familles vivant en contexte de vulnerabilite" (Integrated services for perinatality and infancy targeting vulnerable families). The following are activities that took place during 2006-2007.

The program planning is being organised through a working group. The move towards a regional vision on integrated services in perinatality involved first reviewing existing literature and visiting other regions along with identifying existing services in Mistissini.

The Board allocated extra start-up resources to enable to program planning to hire a consultant who had organised this type of program in Abitibi. Others were hired to work on the development and translation of the required tools.

This year the Action Plan was elaborated; the program's numerous partners were identified and implicated in the work; and, a training program was developed. As well, in collaboration with the INSPQ and UQAM, and with the approval of the Research Committee, a Master's level student is evaluating the implementation process.

On the administrative side, the job descriptions for the CHRs, nurses and community organisers were finalised and negotiations for office space began.

Midwifery

Within the global vision of Amaskuupimatiseat Awash, Midwifery activities began in September 2006 with the hiring of a consultant and the formation of the Waapimasuwinu working Group in Mistissini, the pilot community. The group worked to elaborate a model for integrated perinatal services including midwifery.

Innovative community consultations – including kitchen meetings - were held. The consultation report led to a Band Council Resolution on the establishment of midwifery services, an aboriginal midwifery program and a birthing centre. Throughout this process, information and the results from each stage were shared with community and health care partners using various communication tools.

In the winter, a vision quest consultation was carried out on the idea of having a Mistissini birthing centre. Following this, a Birthing Centre proposal was prepared as an additional service for the planned new health and social services facilities.

In terms of program development, aboriginal midwifery programs were researched and negotiations begun to purchase a program for the region. The new program also linked the CBHSSJB to relevant professional associations working on the northern model, such as the OSFW, RSFQ, and the aboriginal midwives associations etc.

Maternal and Child Health Program

One of the oldest community health programs of the CBHSSJB, the Public Health Department is responsible for the constant revising of the program and its tools and for ensuring quality standards are met. As well, the MCHP now falls within the global vision of Amaskuupimatiseat Awash and works within the Awash working committee on perinatality to ensure coordination, communication, and the integration of services planned for children and their families.

The pamphlets for the revised MCHP program were revised. The program provided liason and support for the project coordinator for pregnant women in Val d'Or and was part of the working group. Tools were developed for a needs assessment and evaluation of these services.

This year, the CBHSSJB ensured that a special section for Regions 17 and 18 were added to Québec's new policy on perinatality.

Canada Prenatal Nutrition Program

Within the global vision of Amaskuupimatiseat Awash and the program area of the MCHP, the federal funding from the Cree Canada Prenatal Nutrition Program continued to give prenatal training to the nutritionists and to purchase appropriate educational materials for staff and mothers. This year, for the first time, a lacatation consultant was hired and a video promoting breastfeeding was produced. The CBHSSJB also participated in a Québec-wide aboriginal consultation to determine priorities for future use of these CPNP monies.

The Baby Friendly Initiative promotes best practices for babies and moms in terms of hospital practices and care after birth. In the region, a steering committee for breastfeeding was organised and the BFI plan adapted to Iiyiyiu Aschii. As well, the CBHSSJB is a partner in a provincial research project carried out by each region to gather information from new mothers and health care workers about the BFI criteria.

Dental Health

The objectives set for work in dental health prevention and health promotion were met this year. One of the targets for dental prevention and promotional activities is integrating them into the Amaskupimatiseat Awash activities and Maternal and Child Health Program in order to intervene as early as possible with this highly vulnerable population. This year, six pamphlets for the MCHP were parepared to raise young mothers' awareness about the oral health problems common in the 0 to 5 age group in Iiyiyiu Aschii and the dental kits prepared for distribution through this program. The dental health component is part of the MCHP training that was done with the CHRs in Chisassibi, Mistissini and Waswanipi.

The focus on promoting dental health in daycares and schools continued. All the tools for the Dental Health Program were finalised and a guidebook for the CHRs prepared. The CHRs carried out school visits in some communities and the dental hygenists began their regular visits to some day cares to promote tooth brushing. The pilot project for training teachers and educators continued. As well, the consultation with the schools and day cares was planned for 2007-8. In accordance with the schedules of others, the training of the CHRs with the dental hygenists had to be delayed to 2007-2008. This training or trainings in dental prevention and promotion will prepare them to deliver the complete Dental Health Program,

This year a video, a poster and a pamphlet promoting tooth brushing were parepared, along with a poster and pamphlet promoting best practices using floride.

As usual, the Program participated in specific promotional and communication activities around the Dental Health Month in March, the Drop the Pop Challenge and the Science Fair in Chisasibi

As the territory still has only one Cree dental hygienist, recruitment continued through seven presentations to dental hygienist students in different CEGEPs, fourteen interviews for dental hygienist positions and the hiring of two new hygenists. A recall list was set up for short-term replacements and twelve hygenists hired on this basis.

Uschiniichisuu Team

Healthy Schools

Throughout the year, the Health School approach was promoted with partners at both the regional (CRA, CSB, Youth Council and local coordinators) and local levels (school nurses, school Principals). Following the development of a communications plan, communication tools developed and disseminated to facilitate this work. A regional joint committee was formally organised with the partnership of the CRA, the CSB, the CBHSSJB and the Youth Council to better coordinate all services to the youth population. The CBHSSJB provides on-going support and monitoring between the regional joint committee and those working at local levels.

During the year, the CBHSSJB helped to organise a play in schools around relevant health topics.

The Public Health Department played a large role in implementing the school nurse program this year. Following the determination of the objectives, a program guide was developed along with procedures and tools which were then validated. Extensive consultations were held at all levels, including approval from the CMDP for relevant portions. A monitoring system was agreed upon and a training plan developed.

Much of the basic work to elaborate the school nurse program will be useful for planning the school social work program in 2007-2008.

Sexual health

The focus of the sexual health program is to prevent and raise awareness regarding the transmission and consequences of sexually transmitted and blood borne infections (STBBI).

The regular promotional campaigns were continued this year. At the annual Cree Hockey tournament, Public Health set up a booth in December 2006 in Vald'Or, pamphlets and condoms were distributed and radio spots run on on STBBI prevention. For the annual HIV/AIDS promotional campaign, an article on HIV prevention was sent to The Nation and posters and pamphlets distributed in each community. For the HIV prevention campaign "TIPI of COURAGE" tour in the nine communities of Iiyiyiu Aschii in March, an HIV speaker was hired. At the same time, a radio show on healthy sexuality and condom use was done with local partners. A month earlier in February, an HIV prevention interview was done with CBC North.

As well, this year, there was extensive promotion about the different styles and their uses of condoms available through the Chisasibi pharmacy, a procedure developed to make it easier for clinics to order condoms, and information given to nurses, NNADAP workers and CHRs about promoting condom use and making them more accessible in the communities. To this end, a focus group and survey on accessibility was carried out.

At the end of the year, culturally sensitive material on STBBI prevention is in development and a community HIV prevention DVD from the Alaska Native Health Board has been adapted for radio in Iiyiyiu Aschii and will be used in next year's HIV/AIDS prevention week.

To promote appropriate sexual prevention behaviours, STBBI prevention and health promotion activities were supported within the communities as well as a specific HIV presentation done in Mistissini at the Wellness week in November.

To support the implementation of youth clinical services and STBBI screening adapted to our reality in the region numerous activities were undertaken. The Program Officer received training from the INSPQ and MSSSQ to deliver regionally adapted training modules on STBBI and on preventive intervention with persons affected by an STI and their partners (PIPAP). These adapted training modules will be delivered to all clinic nurses, community health nurses and the nine school health nurses early in the 2007-8 year.

As well, all the best practices in sexual health clinical activities were integrated into the youth clinic services which will now be delivered in the schools by the school health nurses.

Chî kayeh programme on sexual health

A large Public Health Department initiative to promote sexual health in the schools is the Chî kayeh program which has been implemented for secondary 3 students in Waswanipi and secondary 4 students in Waskaganish. This important pilot program is being evaluated with funds received from the Canadian Institutes of Health Research and in partnership with UQAM. The pilot program runs through community advisory committees in Waswanipi and Waskaganish.

This year, corrections were made to the teacher guide and student workbook and the program developed questionnaires and interview grids for students, teachers, and parents in collaboration with the local representatives of the Chî kayeh program in each community. Support was provided to the local research assistants during the evaluation process and teacher training and support was provided as needed.

Mental health

While the CBHSSJB is in the process of beginning to develop a Mental Health Program, most of the Public Health activities took place in research projects to try to understand the issues around mental health and addictions and around the organisation of services. The Peace of Mind Project – a survey on addictions and mental health – visited Wemindji, Mistissini and began work in Waswanipi this year. The project is a partnership between participating communities, the CBHSSJB and McGill. Field work is expected to finish in early fall. Only a regional report will be prepared; however, the investigators will return to each community to present the leadership with a private report

on the findings specific to that community and to offer to work with them to develop their local services if desired. The lead investigator from McGill will also work with the CBHSSJB to develop appropriate responses in terms of services within the Mental Health Program.

Another research project on mental health services was also on-going this year to examine the needs and how services are being delivered. The findings from this study will also help in developing the CBHSSJB Mental Health Program.

This year, Public Health also distributed over 5000 help-line cards in the territory through social services, PHOs, nurses, schools, etc. As well, some relevant pamphlets were sent out on various topics: depression, anxiety and panic, grieving, prevention of mental impairment, conjugal violence prevention

Healthy and safe communities

The Department gave assistance and support to local groups in each Cree Nation in developing Healthy Community projects. Meetings were held with Chiefs and Councils in six communities to discuss the Healthy Community approach. Presentations were also done with regional entities on: water safety, driving and road safety, safety at school and at home.

Other activities linked to the development of a Health Communities approach involved: organising the Cree Culture and Language Camp at Fort George Island; planning and assisting with the Medical Bush Kit Training Program; working on the Chisasibi Dog Control committee which will become a model for dog control in other communities

Smoking cessation

The Quit to Win Challenge was launched in all communities and schools, encouraging Youth and young pregnant women to avoid or stop smoking. All school directors were given a presentation on the "Smoke free school yard" law. Funds were distributed to school administrations to support local initiatives against smoking. And CHRs and NADAPP workers were trained to offer support and counselling for smoking cessation.

This year a protocol on the tobacco patch was developed for nurses.

Promotion of physical activities

There were a number of activities promoting physical activities. Eastmain & Ouje-Bougoumou schools participated in the Walk to School activity this year during the first week of October. Various communities participated by organising different activities on Physical Activity Day on October 6. The Active School Project had participation from all schools this year. The schools submit proposals which are then funded. The 100 mile challenge took place as usual.

Chishaayiyuu Miyupimaatisiiun Team

Environmental contaminants

Environmental and occupational diseases and contaminants declarable to public health

Other than infectious diseases, some environmental and occupational diseases and contaminant levels must be declared to public health by doctors in the region or by laboratories analyzing blood or other biological samples. In Iyiyiu Aschii in 2006, 24 results of blood lead levels above the declarable levels were received by the Public Health Department and investigated, and two results of declarable mercury blood levels. None of the 18 persons with declarable levels had symptoms of lead or mercury intoxication; this is to be expected because although level of contaminants was high enough to be declared to public health, they were not at high enough levels to cause symptoms. The Public Health Department provided advice to health professionals in the Cree clinics about how to counsel individuals with declarable contaminant levels.

We also set up a working group to review an ongoing issue in Whapmagoostui, where 28 individuals between January 2004 and August 2006 had blood lead levels high enough to be reported to public health.

Nituuchischaayihtitaau Aschii Environment and Health Longitudinal Research Study

This is the largest research project in the region with many components, including environmental education. The project involves 3.5 full-time equivalent positions in the Public Health Department and partnerships with communities and 3 universities.

This year the report from the Mistissini pilot project in 2005 was finalised in draft and will be presented in mid 2007-2008. This involved a great deal of data management on the part of the public health surveillance team. Planning continued for the project to happen in Eastmain and Wemindji in 2007-2008 with the development of improved modules for interviewer training and much more attention on the dynamics of the community partnerships.

Environmental education

The environmental education activities are part of the Nituuchischaayihtitaau Aschii Environment and Health Longitudinal Research Project. The main purpose is to develop and implement an educational program adapted to youth in the communities visited by the project. The work this year involved planning a Science Summer Camp in Eastmain and providing and supervising a work placement for a medical student and two local students.

There was also collaboration with the managers planning the Waskaganish and Wemindj Science Camps which are not organised through the CBHSSJB.

This year, a short education program adapted to teenagers and another adapted to adults and elders was developed to happen when the laboratory 'Atlantis' is in Eastmain and Wemindji in the summer of 2007-2008. This also involved developing a promotional and educational video, posters and a 'Health Passport' for study participants.

During the winter, in order to test the potential of a partnership with pedagogical counsellors and teachers from the Cree School Board, a needs assessment was carried out and science topics workshops offered to science teacher in Eastmain and Wemindji (since there is not science pedagogical counsellor with the CSB). As well, support was given to the Eastmain Science Fair. Some work was done to investigate the conditions needed to implement health curricula. This followed a literature review and critique of various relevant documents (ex. MELS curriculum). A website list for science teachers was developed as a supportive tool to help them integrate more environment health topics within their teaching.

The project also created some local student jobs and provided some training for youth who were employed.

Occupational health and safety

Regional Public Health Departments in Quebec have a mandate to deliver occupational health and safety programs to certain groups of employers and for certain types of work-related health problems. The budget for these activities is from the Quebec Workplace Health and Safety Commission (Commission de la Santé et Sécurité au Travail; CSST). Iyiyiu Aschii has been the only health region of Quebec that did not have such a budget or program; the Public Health Department did succeed in 2006 in obtaining a budget for a pilot project for two years in our region. We are now proceeding to put in place personnel and activities.

Working group on traditional food

The working group collaborated with Chisasibi Hospital to implement serving traditional food to hospital patients. Members of the PH department (Elizabeth Robinson, George Diamond, Reggie Tomatuk) participated in a working group with hospital personnel which was instrumental in 2006 in obtaining official approval from the Ministry of Agriculture, Fisheries and Food of Quebec (MAPAQ) to serve traditional food at Chisasibi hospital. Under Quebec regulations, all meat served in provincial hospitals must be inspected by a Canada or Quebec government veterinarian, but the hospital was granted an exemption to be able to serve caribou, on the condition of following a strict protocol with respect to safe procedures for hunting, transporting, handling and cooking wild game meat. The working group has met with MAPAQ, and future plans include development of protocols for other game meat and birds, and extending the project to MSDCs and other CHB services.

Book: "The Gift of Healing – Health Problems and their Treatments "

This 150 page book was started in the 1990`s to document traditional approaches to health problems and injuries among Chisasibi elders. It was finalized in September 2006; 2500 copies were printed and made available to Health Board personnel and persons immediately involved. An official launch with media presence and wider distribution is planned to take place during the Healing Conference at Fort George in August 2007.

Health impacts of development projects

Public health departments, and particular their environmental health teams, have a mandate in this area. This year a new working group of the CBHSSJB with CRA expertise was set up to plan the CBHSSJB's response to the Certificate of Authorisation for the Eastmain 1-A and Rupert River Diversion Project.

Diabetes

In May 2006, in Mistissini, 30 health care professionals participated in a 5 day training on diabetes, given by the diabetes management and training centers from Phoenix, Arizona. This was followed by the Diabetes Support Pilot Project which involved 3 visits of two weeks each in Chisasibi and Waswanipi to offer support to the clinical staff (nurses, CHR, nutritionists, doctors) in diabetes prevention and teaching. As well, a one-day training on diabetes management was given to all the new nurses and nutritionists hired this year, as well as the CHR of Ouje-Bougoumou.

In partnership with and at the invitation of the Cree Nation of Mistissini, the CBHSSJB helped to organise the first Cree Regional Conference on Diabetes in November. From this conference, a participatory research project on support for pre-diabetes in the community and clinic began in Waskaganish.

Breast cancer screening

As planned, the breast cancer screening van visited all coastal communities this year and the equipment was flown into Whapmagoostui. A new logo for the screening program in Iiyiyiu Aschii was adopted and the regional program is working with the Native Women's Association of Québec to produce broadcasts about breast cancer screening in Cree.

Specialized Services Team

Training

This year, three four-day training sessions in public health were offered: Training on Health Promotion and Prevention Strategies, Training on Epidemiological Concepts (Introduction), and Training on Environmental Health. As well the training program offered so far between 2005 and 2007 was evaluated and a report submitted in early 2007-2008. Ongoing individual support to program officers was provided by a number of professionals in the Team to help them with the planning and in the implementation of their programmes.

Surveillance

The preparation of the reports from the 2003 Canadian Community Health Survey in Eeyou Istchee was carried out this year and they will be released in early 2007-2008.

Develop a surveillance system for mental health problems:

Data on suicide, suicide attempt, suicide ideation and mental health diagnostics, collected in the nine communities.

A surveillance system for suicide attempts, suicide ideation and suicide, in the territory is in process.

Cree Diabetes Information System (CDIS)

The System continued to receive technical upgrades throughout the year with improvements to how reports can be generated and how the Flow Sheets appear. Now, clinic staff can print flow sheets directly from the System. As well the CDIS manual was revised. Negotiations were successful to have a permanent data linkage system between the CDIS and the Omnitec lab system. This will happen next year.

As usual, the data was validated within the System and the annual report in technical and popular versions was produced and distributed. Plans were made for a 2007-2008 Audit and update. Information on new cases of diabetes, change in diagnosis and deaths was updated.

Evaluation

The PHD Evaluation Working group started; an evaluation for the CDIS prepared and submitted for financing; and the evaluation of the diabetes training pilot project prepared.

Research

The approach of public health is based on a framework based on the social determinants of health which includes understanding the role of factors such as income and employment, environment, housing and so forth play in the health of the people. This year the surveillance team began to seek financing for a three-year research proposal to plan an ambitious research program based on the social determinants of health. Later, when the Certificate of Authorization for the Eastmain 1-A Rupert River diversion project was released, Section 6.1 recognised the role of the CBHSSJB in developing this area.

Washaw Sibi Health Needs Assessment

This year, the interviews for the Washaw Sibi Health Needs Assessment were carried out by Washaw Sibi Administration with technical support from Specialised Services. Two focus groups discussing services were held. The data was analysed and the first draft of the report prepared.

Public Health Surveillance

As planned, the first draft of the Regional Surveillance Plan was almost completed this year and in the coming year will be presented within the CBHSSJB and the communities for comments and revisions before being sent for ethical approval to the Comité d'éthique en santé publique of the Ministry of Health and Social Services.

Of course, many elements of the plan are already implemented and being reported on to give a continuous picture of the health of the population. For example, this year saw the production of Health and Wellness Pictures of each community which bring together what we know from existing data about the health and wellness of the age groups of each community. These "regionally internal" reports will be disseminated in the coming year for use by people planning health and social services as well as for the regional and local leadership. Later they may help communities to produce their own community profiles.

The preliminary work on these Pictures was used to support specific needs in the planning around the implementation of the Strategic Regional Plan of the CBHSSJB. This year this involved analysis of regional and local patterns of childbirth and deliveries for assisting in the planning for midwifery services and for reintroducing regional deliveries. Later it involved producing data profiles on the health status of people living in communities targeted to receive new health services facilities in the future in order to target health priorities.

The statistical and data support function of the surveillance team produces many small reports and analyses throughout the year. Some of these happen annually; others result from ad-hoc requests for various purposes.

As usual, a new analysis of declarable infectious diseases was produced; some work done on hospitalisations, cancer mortality, morbidity and types; an analytical report on the tobacco cessation 'Quit to Win Challenge', and the annual report on the Cree Diabetes Information System, with a new update and work on the measure of incidence. In terms of kidney disease, which also has a diabetes link in about half the regional cases, there was work on identifying cases of diabetic nephropathy and within these, those whose disease is rapidly progressing.

Testing pregnant women for contaminants (lead and mercury)

This activity was begun in April 2006 as part of the Public Health Department's activities related to assessment, management and communication of risks due to environmental contaminants. It has been initiated in four communities and will be started in the other communities during the 2007-2008 year. Of 95 blood samples analyzed, all were below levels of concern for lead. 2% of women tested were contacted and given information about which species of fish have low levels of mercury.

Towards the end of the year, existing data on suicides was reanalysed for other patterns and work begun to build a data file for the genetic counselling nurse.

Communications

The Communications Officer manages the organization's website and relationships with the Cree media including CBC North and The Nation. Responsible for the diffusion of public health advisories and health promotion materials produced by the Ministry, the Communications Officer provides strategic advice to the rest of the organization for implementing the communications aspect of public health promotion and prevention campaigns. The Communications Officer also coordinates the Communications Working Group which provides oversight on all public health materials developed for use with the general population.

This year the Communications Officer left for paternity leave and the Department was fortunate to be able to hire his wife as his acting replacement.

During the year the public health website (www.creepublichealth.org) was upgraded with the addition of Cree language podcasts. With special one-time funding from the CBHSSJB for an 'Integrated Communications Plan', planning began for: a survey of Cree audience and media-use with a focus on new media and youth; a photo collection on health themes; hiring of a Cree-language audio producer to create broadcasts and radio content; and the launch of regular Cree language radio drama on health themes. A pilot episode was developed in collaboration with CBC North radio.

This year, the health promotion ads run in The Nation, on themes such as sexual health, gun safety, etc., were enlivened with a new comic strip style. As well, the Communications Officer coordinated extensive work on various aspects of promoting and communicating about several large research projects and surveys, including the results of the Mistissini phase of the Environment and Health Study and the promotional materials for the Wemindji and Eastmain phases in 2007-8, an awareness campaign for the Statistics Canada Aboriginal Children's Survey, community specific awareness campaigns for In Search of Peace of Mind Project.

This year radio training was given to the NNADAP and other frontline workers and a survey done of internal communication patterns within the Public Health Department.

Administration

Throughout the year, the Administrative Support Team continued to provide high quality administrative support to the Public Health Department, despite being short-staffed throughout most of the year.

Michelle Gray
Administrative Director Public Health

AED Administrative Services

This year is the third (3rd) year of the implementation of the five-year Strategic Regional Plan (SRP) and the five departments under the supervision of the Assistant Executive Director for Administrative Services; Material, Financial, Human and Information Resources; and the Non-insured Health Benefits have achieved most of the objectives as mandated by the organization. It is with our sincerest expectations that these accomplishments will contribute enormously to the overall improvement of health and social services.

The following are some of the major achievements of the team:

1. First, as outlined in the funding framework of the SRP, there is a need to build approximately 50 residential housing units on a yearly basis for non-resident employees. This year, we have surpassed the number required by completing Rounds 2 and 3 as illustrated in the following table.

Community	**Number of units**
Chisasibi	32
Wemindji	6
Eastmain	7
Waswanipi	20
Mistissini	20
Waskaganish	10
Oujé-bougoumou	10
Total	**105**

2. In addition to the construction of the new residential housing units, the construction plans for the Wemindji Miyupimaatisiiun Centre were completed. The construction will begin at the end of August 2007.

3. Another important activity this year was the extension and the renovations of the Chisasibi head office. The project was divided into four phases and the completion was planned for February 2007. The total budget for these works was established at $2,300,000, divided as follows: leasehold improvements at $1,625,000; and new furniture at $675,000. As of March 2007, three of the four phases have been completed. Construction is behind schedule but the project is still within budget. We are anticipating that the leasehold improvements will be completed by the end of August 2007.

The objectives established for the next fiscal year are as follows:

- The construction of approximately 50 additional residential housing units for non-resident employees in compliance to the funding framework of the SRP
- The completion of the construction of the Wemindji Miyupimaatisiiun Centre
- Finalize the construction plans for the Mistissini Miyupimaatisiiun Centre
- Finalize the construction and renovations plans for all the other Miyupimaatisiiun Centres
- Improve the effectiveness and efficiency of the operations in each department

In compliance with the mission of the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the SRP, we have established a new set of objectives for the coming year. We trust that as professionals and dedicated employees, we will continue to meet the many challenges that lie ahead even though the departments still need to recruit and acquire additional resources in order to fully carry out their obligations and responsibilities. We continue to dedicate our efforts to the building of healthier communities and to the delivery of services that will ensure the general well-being of all citizens of Eeyou/Eenou Istchee.

Robert Larocque, CGA
Interim Assistant Executive Director for Administrative Services

Material Resources

The fiscal year 2006-2007 was very challenging for this department. The following are some of these challenges:

1. **The completion of the Multi Services Day Centers or the MSDCs**
   - We have worked closely with Cree Construction Development Company (CCDC) in the completing the construction of the MSDCs. There are still a few details to work out, however all MSDCs should open and be fully operational in the coming year

2. **The renovations of the group home in Chisasibi**
   - The Chisasibi Group Home was closed due to a mould situation. A budget of 400,000$ was liberated so that renovations could be undertaken. The renovations are planned to start in April 2007 and we expect that the group home should be back into operations by August 2007

3. The renovations of the Eastmain clinic

- It was the same situation for the Eastmain Clinic which experienced mold. A budget of 209,000$ was approved and renovations were undertaken. As of March 2007, the renovations were completed and the clinic is now operational

The implementation of the SRP is largely dependant on the construction of new facilities or on the improvement and expansion of the current facilities. Due to the complexity in planning and scheduling the construction of the facilities needed for the region, long delays are inevitable and due to this occurance, temporary facilities need to be secured. Such was the case for Mistissini. The community was provided with trailers so that the services could continue to implement new health and social services according to the plan approved.

The following are a few objectives established for the material resources department in the coming year:

- Provide temporary office space in the communities where needed
- Complete 25% of the renovations to our immobilizations as specified by the 2003 Corporation Hébergement du Québec (CHQ) audit
- Improve the effectiveness and efficiency of the operations in the department

The material resources department has concentrated a great deal of effort to improve its operations in order to better support the overall implementation of the SRP. The upcoming year will be no exception. We are ready to continue to support all the other services so that they may overcome their own challenges.

Richard Hamel, Eng.
Interim Director of Material Resources

Financial Resources

The Finance department is delegated the responsibilities of maintaining the financial records of the Cree Board of Health and Social Services of James Bay (CBHSSJB), assuring all debts are promptly satisfied, safeguarding of assets and generally providing financial information and support to management and to the Board of Directors. To fulfill these responsibilities, the department is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the CBHSSJB are protected from loss, theft or misuse and to ensure that adequate accounting data are compiled to allow for the preparation of financial statements which are audited by an independent firm of Chartered Accountants. The budget established by management is the control tool employed and referenced throughout the year by the CBHSSJB. The services, programs, revenues and expenses contained in the budget reflect the methods and use of

resources by which staff intend to accomplish the goals and objectives of General Management and the Board of Directors in compliance to the conditions of the Strategic Regional Plan (SRP).

The past year was a challenging year for the finance resources department. First, the management of the organization was focused on the implementation of the Strategic Regional Plan and this created a need for more information on a timelier basis. In addition, the reorganization of the finance department was concluded in this fiscal year. Changes in the accounting structure, adapting of the financial statements as per the funding agreement, the incorporation of the budgets to the financial statements, the relocation of the purchasing department, the addition of staff are only some of the components of this reorganization. Finally, the department had to move twice during the year before the major renovations to the office space was completed.

Even under these difficult circumstances, finances services were able to accomplish the following:

1. There was collective and great effort made to finalize the annual budget and have it adopted in time as per the requirements. In the same process, we adapted the budget working tools and offered training to help utilize these tools to the managers of the public health department
2. The accounts receivable is now able to prepare statements of accounts on a periodic basis. This task permits a more timely collection of accounts due to the CBHSSJB and helps to reduce bad debt
3. The CARRA file is now current to December 2005 as per the audit completed in 2006
4. The revision of the procedures and control for CARRA continues
5. The department in conjunction with the material resources department will continue work to develop a strategy to better account for assets, asset protection and for assets disposal
6. The department is developing a policy on the collections of accounts due to the CBHSSJB: regular accounts, deferred leaves, CSST, etc.
7. The department has started the process in clarifying issues regarding taxation. We estimate that the CBHSSJB will claim more than half a million of GST and QST from previous years
8. Almost half of the CHB staff is part-time or occasional and this creates additional work for the payroll department. Effort is being made to find software that will allow the processing of an electronic time sheet and this may allow time for the payroll staff to work on other important files

9. New software for accounting was chosen in December 2006 and the implementation will start in 2007. This software will increase the reporting capabilities to management and allow the 9 communities, the 3 Cree Patient Services Centers and the public health department to process requisitions for goods and service directly from their site. It will also increase internal control capabilities and offer a standardized budgeting tool for managers especially when it comes to the planning for additional human resources. Other features will allow for the direct payment to suppliers, employees travel claims and will be compliant to the new compensation procedures of Revenue Québec
10. The management report was adapted to allow for managers to better managed their financial resources and to make adjustments within their parameters as needed throughout the year.

As reported in the financial statement that will follow, the CBHSSJB has generated an accumulated surplus of 5.5 million as of the end of March 2007. The total funding went from 104 to 111 million. The finance department has the responsibility to secure the surpluses for the development of projects and to maintain the capital envelope for the construction of projects as negotiated in the agreement of the SRP. To fulfill part of this obligation, it was required to open over 50 new cost centers. This will permit a better follow up of the surplus funds that will be used for projects approved.

To conclude, Finance services continue to dedicate their support to all CBHSSJB managers and employees and the acquisition and development of new working tools will bring this support to a higher level. As a new member to the organization, I want to take this opportunity to express my appreciation to all the staff and especially to the staff of the finance department for all their support.

Martin Meilleur, CGA
Interim Director of Financial Resources

Human Resources

The Human Resources Services (HRS) plays an important role in helping the CBHSSJB to attain its objective in "Building a Strong and Healthy Cree Nation". To enhance this objective, we are dedicated to fostering a healthy, fair, equitable work environment that will attract employees who will delivery quality comprehensive, integrated health and social services as well as enable our employees to develop their full potential.

As stated in the *Strategic Regional Plan*, to reach our objectives we are driven by the following two (2) guidelines:

- Guide and support the First Nations in respect of their own professional growth, skills, and dreams. (Orientation 9)
- Attract and retain the required personnel by having a work environment that supports their well-being. (Orientation 10)

The HRS functions as a centralized support system for all departments of the CBHSSJB. The department consists of two sections: Human Resources Management and Human Resources Development.

Human Resources Management (HRM)

In providing quality service, the following is a portrait of the Human Resources Management team:

- Coordinator of Human Resources Management
- Labour Relations Advisor
- Health and Safety Officer
- Four (4) Recruiting Agents
- Eight (8) Administrative Technicians
- Administrative Officer

The role of this service is to serve the CBHSSJB by developing and implementing policies, services and programs which:

- attract and retain excellent employees
- promote effective management practices
- promote fair and equitable treatment of employees
- comply with all applicable legislation

The CBHSSJB currently has 1585 open employee files in which 450 are permanent positions (47% occasional). With the implementation of the *Strategic Regional Plan*, the forecast for 2012 is approximately 2200 open files and 1100 permanent positions (15% occasional).

There are two significant issues in human resources management: hiring competent employees and assigning them to positions where they will be effective and feel satisfied. This can represent a challenge.

Recruitment Activities

Our objective states "to attain through training, a realistic level of qualified Cree staffed organization (evenly distributed throughout all employment categories) within a realistic timeframe; therefore the CBHSSJB can provide a more socio-culturally appropriate health and social services and be representatively staffed by people from the local population which it serves. Cree staffing has been a dream and a written objective of the CBHSSJB for many years. The CBHSSJB is roughly 60% Cree staffed but we still have many challenges. For the most part, all new positions are mostly created in professional areas. Crees are still under-represented in allied health related professions such as: nursing, dental and medicine. In addition, Crees are still not a critical mass at the management level.

To reach our objective, we are focusing on the following activities:

- communication to youth and adults to pursue health & social services careers
- support of students studying (motivation, summer jobs, placements)
- basic training for those hired without academic qualifications
- management training program
- fostering vertical mobility of those with potential

Our recruitment initiative includes promoting the CBHSSJB within our communities and outside of Eeyou Istchee. Considering the paramount importance of encouraging Cree students to fulfill their dreams and aspirations via the educational route, the need to create awareness on the endless possibilities that exists within our organization is essential. This part of the recruitment process is carried out by attending career fairs in the communities as well as Cégeps and Universities and Congresses for professional orders. In total, we participated in 11 career fairs in the Quebec region.

Labor requirements due to the rapid growth of our organization continue to put a strain on the resources within our department. Our recruitment team has been exceptionally engaged in filling managerial, professional, technical, para-technical and nursing care, clerical, trades in addition to auxiliary services positions. Recruitment of nurses and allied health professionals is still a challenge. We have carried out three (3) nurse interview sessions. The use of agency services is still important, increasing costs for the organization. A new initiative has been recommended to facilitate the integration of Cree nurses. A committee has been created to assess and present a process that will include all aspects related to the integration of Cree Nurses within our organization by providing them with the proper mentoring and support necessary.

Labor relations, Health and Safety and Local Negotiations

In labor relations, we were involved in various activities: development of policies such as "harassment in the workplace" (in effect in the year 2007-2008); implementation and follow-up on the *Equity Act*; retro salary adjustments; application of the new job titles; assure labor relations with Unions and grievance settlements; and give advice to managers and employees on the application of internal and external rules, regulations and legislation.

In health and safety, the cost of salary insurance and CSST payouts continues to decrease. Efforts to keep this tendency will continue.

Work Absence Rates 2006-2007	
Injury on Duty	7 open files
Preventive withdrawal from work	22 open files
Wage loss insurance plans	175 open files
Deferred pay	6 open files

The year 2006-2007 has been a year of intense collective bargaining activity at the CBHSSJB. The date for conciliation is set for September 12, 2007.

Bill-30 modified the negotiation process in the public and para-public sectors by decentralizing this process to the local parties. The decentralization of the negotiation process was an opportunity to negotiate a collective agreement corresponding to the reality of CBHSSJB. Furthermore, this opportunity allowed for innovation in creating conditions favoring the evolution of our clienteles' needs and will enable the implementation of a proper Cree employment plan.

After numerous consultations with the managers, proper steps were taken to identify complexities and possible solutions related to the 26 local matters. The following five orientations were adopted by the Board of Directors:

1. Offer the best services to the Eeyou Istchee population
2. Improve the development of the human resources and their work environment
3. Improve the quality, continuity and access of the provision of services required
4. Provide greater flexibility in the work organization
5. Ensure that the negotiated agreements be in correlation with the SRP

At the present time, consultations with managers and negotiations with both FIQ and CSN-FSSS unions are ongoing. The climate is good and the parties are working hard to achieve a negotiated settlement by September 2007 with an end result that will prove to be satisfactory to everyone.

Employee Assistance Program (EAP)

Healthy human resources management not only ensures a motivating working environment but also mobilizes personnel to attain organizational objectives. The first steps to introducing an Employee Assistance Program are underway. Our EAP will be a confidential counseling service administered by the Human Resources Services that will be accessed by all staff at any time (24/7). The program will be implemented in 2007-2008.

Human Resources Development (HRD)

In providing quality service, the following is a portrait of the Human Resources Development team:

- Coordinator of Human Resources Development
- Program, Planning and Research Officer – Social
- Nurse Counselor – Health
- Nurse Training Officer
- Nurse Counselor – Community Health Representatives Training Program
- Administrative Technician

The CBHSSJB recognizes that people are its most important strength. We are committed to ongoing staff training and development. The purpose of the HRD services is to provide and develop relevant training and development programs as well as providing other learning materials designed to maximize the potential and the skills of all employees.

We continue to provide a wide variety of programs to help staff develop and enhance their knowledge and skills, holding more than 42 varied training programs. Here is a summary of some of the main training activities that took place this fiscal year:

- Nurses' Annual Training
- Rehabilitation and Education Monitors' Training (supported by CHRD)
- National Training Program (managerial, professional and support staff)
- ASIST Training Program (suicide intervention)
- Varied training sessions were also offered to meet specific needs of employees

Capitalizing on the expertise that already exists within our organization; we are beginning to call upon our in-house employees to deliver certain training programs to support the development of our staff.

We continue to seek direction from the managers and executives to ensure that training and development efforts are aligned with both the organization's priorities and strategic goals; new projects are underway.

To counter recruitment challenges and reach our goal of a Cree staffed organization; our HRD team is currently working on three (3) priorities identified by the organization. We are in the process of creating partnerships with post-secondary institutions for Crees in two specific fields: dental hygiene and nursing. We are also developing a training program for future "Community Health Representatives".

Cree Nursing Program

The CBHSSJB employs approximately 100 nurses. Our goal is to create a partnership with a Cegep to develop, adapt and provide a nursing program to Cree students. Initial planning and discussions began in the fall of 2006. Ongoing efforts in coordinating this initiative will continue in the year 2007-2008.

Dental Hygiene Program

We are also discussing the possibility of securing a number of seats for Cree students with a College offering the Dental Hygiene Program. Ongoing efforts in coordinating this initiative will continue in the year 2007-2008.

Community Health Representatives (MW/CHR) Program

We are developing a Community Health Representative Training Program. Our goal is to increase the CHRs' knowledge and competencies and favour their integration in other health professions. Preliminary work began in December 2006 and is ongoing. Discussions are currently taking place with a post-secondary institution.

Achievement: Public Administration Master's Program

The CBHSSJB wishes to support the skills of its Cree managers by giving them access to a graduate university degree. Improving the skill of our managers is considered an important contribution and determining factor to the development of health and social services in our region. The project objective is to develop the skills of our Cree managers and eventually to give them access to a Public Administration post graduate training and a graduate degree from the National School of Public Administration (ENAP). The mandate consisted in developing a "customized" integrated program, i.e., adapted to the specific needs of the targeted clientele, directed toward the development of the manager skills. At present, we have 32 Cree employees who are enrolled into the program. Ongoing assessment and development of said-program will continue in 2007-2008.

Training represents an investment. It enables us to increase the competencies and productivity of our workforce while also improving the quality of our services. Consistent with the vision statement of the CBHSSJB, the organization is striving to create an organizational culture where all staff strives for excellence and where development is seen as essential to the achievement thereof. In turn, staff must be supported through the provision of appropriate opportunities and resources.

The Human Resources Development team will continue improving its services by:

- ensuring that staff development contributes to the realization of the vision and mission of the CBHSSJB
- assisting in the identification of development priorities
- ensuring the provision of quality and effective training and development programs
- ensuring that quality staff development activities are delivered in a cost effective, efficient and equitable manner

A special thank you needs to be addressed to the Cree Human Resources Development for their continued partnership and support.

Conclusion

Continued efforts for improvement are envisaged for the next fiscal year. Our focus areas will be:

- HR initiatives: Improve and deliver excellence in HR policies, programs, practices, resources and services linked to our objectives
- HR transformation: Improve service delivery systems
- Organizational relevance: Assure that human resources plans and solutions are relevant and strategic in addressing or supporting the CBHSSJB challenges

Taking into consideration the rapid growth of our organization, the Human Resources Services team is committed to assessing and initiate appropriate modifications to its structure and services rendered. As an outcome, these positive transformations will increase trust, communication, collaboration and partnerships.

Nancy Bobbish
Interim Human Resources Director

Information Resources

In this fiscal year, the management of informational resources completed the reorganization of the IT department. Several improvements have been accomplished and many projects are still on the way to being realized.

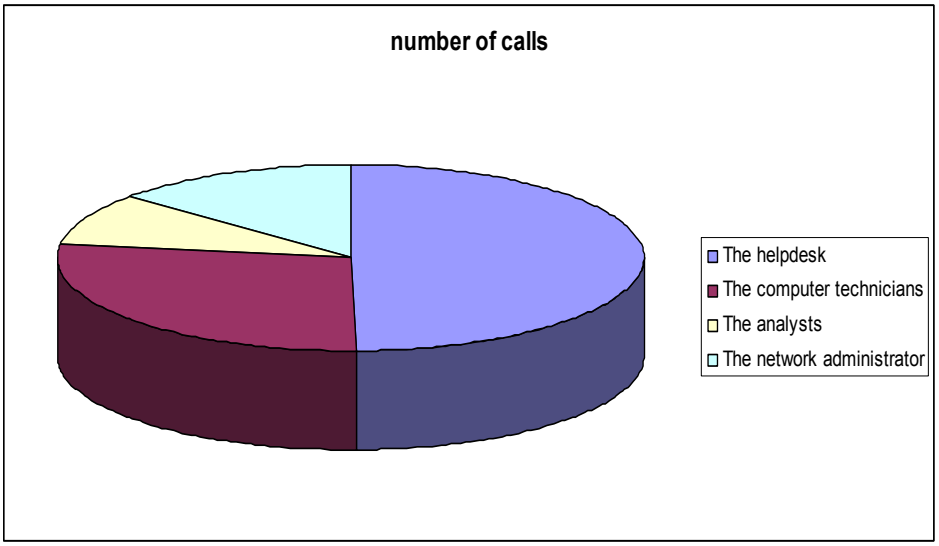
The IT department provides services to all 9 communities, Montréal, Val d'Or and Chibougoumou. The team is composed of: 1 Director; 3 computer technicians; 1 administrative technician; and 5 computer analysts for a total of 10 employees. In addition, with the negotiation of several agreements with key service providers, we are able to be provided services on site within 24 to 48 hours when it is absolutely necessary.

Statistics

1) The following specifies the number of calls received at the IT department during the year. It is to be noted that the helpdesk had successfully provided 50% of the kind of services needed. This was the intent and purpose in establishing this call center.

It is also to be noted that an average of 200 calls were made after the regular business hours.

Calls assigned to:	Number of calls	%
The helpdesk	811	50%
The computer technicians	447	27%
The analysts	153	9%
The network administrator	220	13%
Total	**1631**	**100%**



2) Inventory assigned to the IT department:

Total number of computers: 548
Number of new desktops: 26
Number of new laptops: 37
Number of new printers: 17

Most of the inventory is current and up to date. (0 to 3 years old)

3) Licenses

Number of Microsoft office licenses installed:	541
Number of Microsoft Project installed:	94
Number of Visio installed:	27
Number of Microsoft Window installed:	560
Number of Microsoft servers installed:	32

4) Network

Number of new servers installed:	14 for a total of 66
Number of new switches installed:	15 for a total of 50
Number of new routers installed:	13 for a total of 30

5) IT requisitions

More than 175 requisitions were processed.

Projects achieved

Dentistry

- The installation of the Abeldent application in the communities

Hospital

- The reinstallation of the Codestat software in all communities
- The installation of the Precision link and Pressure Monitoring applications

Radiology

- Implementation of the new Medirad application
- Resolution of problem with the Radstore/Radworks application
- Implementation of the new Vision Holter application to that will make the data of readable on the electrocardiogram

Pharmacy

- Update of the LabXpert (infopharm) application

Archives

- Update of the Medipatient application
- Update of the Medecho application

Laboratory

- Update of the Siiath application
- Update of the Omnilab application
- Update of the MedSip application

Hemodialysis

- Update of the Nephrocare application

Public Health

- Update of the CDIS application

Network

- We are waiting for the optical fiber network to be provided by the ECN. This network should be available within the next 3 years. In the mean time, we are negotiating with Telebec to provide a temporary upgrade
- Part of this upgrade is the connection of the Eastmain and Wemindji MSDCs to the ADSL service from Telebec
- We are installing a new network with the Wi-Fi (microwave) point to point connection. This system has allowed the MSDC of Whapmagoostui to be connected to the clinic and Social Services in Wemindji to be connected to the MSDC
- A needs assessment was provided to the ministry to meet the requirements of the new RTSS network

Helpdesk

- The helpdesk is fully functional and has met the needs of the users. Plans are to go into partnership with Region 08 to allow for the transfer of the helpdesk to their TCR. This helpdesk will continue to answer all calls from our region and region 08 will train a new helpdesk analyst that will work in the communities

Anti-Virus

- With the implementation of the new antivirus application, trendmicro, we are the only region that was not infected by the February 14th virus

Security

- We continue to work on different projects in order to meet the requirements of the GSAI (Gestion de la securité des actifs informationnels). Phase one was to develop the Security Policy and Directive. A MOP (Manuel d'opération de projet) has been submitted to the ministry in order to provide a schedule of the different projects to follow such as: training on the policy, implementation of the 15 security measures, informational asset categorization and finally the drafting of the Security plan

Wi-Fi

- 2 Wi-Fi stations have been installed in Montréal (CPS and Duke Office). Plans are being made to install more Wi-Fi stations

Future Plans

- Implementation of the applications prioritized by the IT committee over the next 3 years
- Implementation of the C2 platform (helpdesk)
- Maintain an inventory to accelerate the delivery of computers to users
- Virtualization of the entire server in order to reduce the use of space and to accelerate problem-solving
- Reorganization of the server rooms at the Hospital and at the Administration center
- Installation of a proxy server to better monitor and control the use of the web
- Through the Internet, develop a web portal for all CBHSSJB employees (telephone listing, sub portal for all departments, timesheet, policies)
- Acquire a FTP server; this server will allow the transfer of massive files; lower the traffic of Lotus Notes; increase network efficiency; and speed for remote backup
- Install back up systems
- Install a secondary server for Lotus Notes
- Implement Visio conferencing and training
- Air conditioning and UPS system

- Develop and implement the DRP (Disaster recovery plan)

- Other projects that will help improve the network

Patrick Côté, Ing.
Director of Information Resources

The Cree Non-Insured Health Benefits (NIHB)

The responsibility for the delivery of health care in Canada belongs to the provinces and territories guided by provisions of the Canada Health Act. Insured health services (hospital and primary care) are covered by provincial health insurance. Anyone holding a health insurance card (including First Nations people) is covered for all insured health services. In the province of Quebec, this is called the RAMQ card.

There are many health-related goods and services which are not covered by the medical insurance card. Some of these non-insured health benefits are provided to eligible First Nations and Inuit people by the Federal government.

By virtue of Section 14.0.22 of the JBNQA, Canada transferred the responsibility of non-insured health benefits management for the Crees of Iiyiyiyuschii to the province of Quebec in 1975. Quebec in turn transferred this responsibility to the CBHSSJB in 2001 by agreement with the Grand Council of the Crees and the CBHSSJB.

The CBHSSJB is totally responsible for the management and control of non-insured health benefits for JBNQA beneficiaries and to ensure that those eligible receive the medically-prescribed benefits to which they are entitled.

Non-insured health benefits funded by the Ministry of Health and Social Services of Quebec include:

- Prescription drugs
- Over-the-counter drugs and proprietary medicines
- Medical supplies
- Transportation for health reasons (including authorized escorts, interpretation services, meals and lodging)
- Vision care, including eyeglasses and contact lenses where medically necessary
- Dental care and orthodontics
- Hearing aids
- Emergency mental health services (short-term mental health services)
- Reimbursement of dispensing fees
- Repatriation of the deceased

These benefits have to be medically prescribed by a physician or medical professional employed by the CBHSSJB. Federal guidelines are generally followed but if benefits are available to Quebec residents, they are included as benefits in the Cree NIHB Program.

Benefits which are not covered by the Cree Non-insured Health Benefits Program include:

- Private or semi-private room requested by the patient
- Surgery and other care for purely aesthetic reasons
- Pharmaceutical, dietetic or cosmetic products not insured within Quebec's health insurance regime OR which are not on Health Canada's NIHB Program list of recognized benefits
- Treatment received outside of Canada if it has not been pre-approved by the Régie d'assurance maladie du Québec (RAMQ)
- Artificial insemination and *in vitro* insemination
- Services provided by a private clinic
- Benefits not prescribed by a CBHSSJB physician or health professional

Purpose of the CNIHB Program

Within the CBHSSJB, the Cree Non-Insured Health Benefits Program is responsible for the management of non-insured health benefits for beneficiaries of the JBNQA ordinarily residing in one of the nine Cree communities. This responsibility is more in area of policy guidance, policy development and interpretation of policies rather than daily administration of requests or claims for NIHB goods and services.

Overview of the CNIHB Program

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

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

The Finance department is responsible for the processing of invoices and keeping track of frequency limitation of goods and services. Any irregular cases are referred to the Cree NIHB Program management to check, analyze and render a decision on whether a benefit is indeed eligible.

Activities and highlights

Please refer to annual activity reports of the units which administer NIHB policies and authorize benefits (mainly Cree Patients Services, pharmacy, dental clinics, and medical clinics).

Regarding the administration of the Cree NIHB Program itself, the Program Manager was still on leave during this fiscal year. There was a two month period where there was no replacement available for the Program. The present acting program manager was in place for about five (5) months starting October 23, 2006.

In October 2006, the main administration building of the CBHSSJB in Chisasibi was under major renovations which required the temporary relocation of all the offices, including the CNIHB Program office. The new office was finished in early March 2007.

One of the highlights of the year was the invitation to the CNIHB Program Manager to do a presentation to the Assembly of First Nations Caucus on NIHB along with two other First Nations communities which have control of their own NIHB programs. The caucus meeting was held in Vancouver, BC for a two-day period which was an interesting and informative training session on national NIHB issues.

The Board of Directors of the CBHSSJB had also been requesting a presentation about the Cree NIHB program since March 2006 but this was not possible until early April 2007 due to other pressing matters that required the Board's attention.

The presentation that was finally presented was adapted from the one which was prepared for the AFN Caucus with some additional information.

Future Direction

There were some recommendations attached to the presentation made to the Board of Directors which will be implemented in the coming years. The first recommendation was to do a complete review of the program including a legal analysis of the agreement that we have with the Ministère de la santé et des services sociaux du Québec (MSSSQ) about the non-insured health benefits program.

After this legal analysis work is completed, the Cree NIHB policies will need to be revised and updated, in particular those regarding emergency mental health services and those concerning prescription drugs. New policies will also have to be created relating to exceptional or catastrophic drugs and also ones in connection with the regime to be set up for beneficiaries living temporarily outside of Iiyiyiyuschii. The planned communication of policies from previous years was therefore postponed until this work has been done.

Another priority for 2007-2008 will be the setting up of a new exceptional medication review process. Exceptional medications are those which do not appear on the federal or Quebec drug formularies and which are not normally covered by the non-insured health

benefits program. A review board will have to be instituted to render decisions on whether certain medications will be approved on a case-by-case basis or whether alternative treatments will be considered.

The establishment of a regime for beneficiaries living temporarily outside of Iiyiyiyuschii will also be started during this coming year. A regime specifically for students being subsidized by the Cree School Board will have to be set up.

A major project which will also be started in 2007-2008 is the development and deployment of NIHB software customized for the Cree NIHB Program. This software will help in the control of NIHB-related budgets and expenditures.

The Cree NIHB Program has only been in place for six years and now is a good time to review and evaluate what has been working well and what needs further development. As the program enters its later stages of reorganization, a communication plan will be developed to ensure that the beneficiaries are aware of their rights and entitlements for eligible non-insured health benefits. Training projects and programs will also have to be developed for CBHSSJB employees so that they can implement the CNIHB policies and procedures to the benefit of the clients and beneficiaries.

Conclusion

There have been some very interesting developments in the Cree NIHB Program in 2006-2007 and they would not have been possible without the support of the Executive Director and the Board of Directors.

In particular, the Advisor to the Executive Director for Special Projects was very helpful in providing historical and supporting information about the Cree NIHB Program and its intended mission.

Also, we are grateful to the AFN Caucus on NIHB for their invitation to attend one of their meetings to learn more about the programs managed by other Aboriginal communities in Canada.

In closing, the provision of non-insured health benefits to JBNQA beneficiaries is a significant activity for the Cree Board of Health and Social Services of James Bay. To all the staff providing frontline NIHB service to the beneficiaries and to all the support staff who make it possible to administer the program, thank you so much for your dedicated commitment to providing quality services. Your work is highly valued and appreciated.

Helen E. Atkinson
Interim NIHB Program Manager

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2007

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
FINANCIAL STATEMENTS
MARCH 31, 2007

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PRATTE, BÉLANGER

PRATTE, BÉLANGER COMPTABLES AGRÉÉS INC.
PRATTE, BÉLANGER CHARTERED ACCOUNTANTS INC.

AUDITORS' REPORT

To the Board of Directors of
the Cree Board of Health and Social Services of James Bay

We have prepared the balance sheets of the Operating Fund, Long-Term Assets Fund and Assigned Fund (including the Non Insured Health Benefits Program) of the Cree Board of Health and Social Services of James Bay as at March 31, 2007 and the following statements for the year ended March 31, 2007 (note 14):

- Statement of changes in fund balance of the Operating Fund;
- Statements of revenue and expenditure of the Operating Fund and of the Long-Term Assets Fund;
- Statements of revenue and expenditure and of fund balance of the Assigned Fund.

These financial statements have been prepared from information contained in the annual financial report (Form AS-47l) of the Cree Board of Health and Social Services of James Bay for the year ended March 3l, 2007 on which we have issued an auditors' report dated May 24, 2007, including certain restrictions as outlined in Appendix I.

In our opinion, these financial statements fairly summarize the financial information contained in the annual financial report (Form AS-471) of the Cree Board of Health and Social Services of James Bay for the year ended March 31, 2007.

Pratte, Bélanger

Pratte, Bélanger Chartered Accountants Inc.

May 24, 2007

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AUDITORS' REPORT (CONT'D)
APPENDIX I

I) Development expenses

As described in note 3, development expenses, if any, were not identified and recorded separately and could be part of the Board's operating expenses.

II) Funding allocations

As described in note 4, funding receivable from MSSS was recorded prior to obtaining the appropriate confirmations, for an amount of $22,674,352 in relation to the NIHB and specific allocation, and for an amount of $4,831,284 in relation to the capital expenditure.

III) Quantitative Data

Measuring units are not available for any of the activity centers within the Establishment. In some cases, certain statistic data was collected, however, the Establishment did not pursue periodic and annual compilation of the quantitative data.

IV) Inventories - Pharmacy

During the year, important discrepancies, amounting to $359,338, were noted between the physical inventory count and the accounting records. The discrepancies seem to result from the computing of the inventory outflow, while the inventory purchases seem to be accounted for properly. Most of the total amount of the discrepancies was adjusted into the non-insured health benefits expenses.

V) Non-Insured Health Benefits

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
BALANCE SHEET
MARCH 31, 2007

	2007 $	2006 $
ASSETS		
CURRENT ASSETS		
Accounts receivable (note 5)	26,429,531	18,452,889
Prepaid expenditure (	722,413	890,108
Inventories (note 7)	529,812	505,724
Due from Long-Term Assets Fund (note 8)	6,240,947	5,081,676
	33,922,703	24,930,397
LIABILITIES		
CURRENT LIABILITIES		
Bank overdraft and bankers acceptances (note 9)	11,196,544	12,000,000
Excess of outstanding cheques over bank overdraft (note 9)	-	206,188
Accounts payable and accrued charges	12,157,670	9,179,835
Wages and fringe benefits payable	1,240,620	1,968,418
Due to Assigned Fund (note 8)	1,823,786	1,287,327
Deferred revenues (note 10)	2,007,289	2,612,216
	28,425,909	27,253,984
FUND BALANCE		
SURPLUS (DEFICIT)	5,496,794	(2,323,587)
	5,496,794	(2,323,587)
	33,922,703	24,930,397

ON BEHALF OF THE BOARD:

_____, Board Member

_____, Board Member

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2007

	2007 $	2006 $
BALANCE - BEGINNING OF YEAR	(2,323,587)	(23,365,620)
Excess (deficiency) of revenue over expenditure	7,820,381	21,042,033
BALANCE - END OF YEAR	5,496,794	(2,323,587)

The fund balance can be detailed as follows:

As of March 31, 2004 Adjusted balance, after M.S.S.S. analysis, prior to the application of the new funding agreement	(18,647,933)	(18,647,933)
Subsequent years		
Excess (deficiency) of revenue over expenditure 2004-2005	(4,717,687)	(4,717,687)
Excess (deficiency) of revenue over expenditure 2005-2006	21,042,033	21,042,033
Excess (deficiency) of revenue over expenditure 2006-2007	7,820,381	-
Accumulated unconfirmed surplus as of March 31, 2007	24,144,727	16,324,346
ACCUMULATED SURPLUS	**5,496,794**	**(2,323,587)**

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2007

	Budget 2007 $	Actual 2007 $	Actual 2006 $
REVENUE			
M.S.S.S. - operations	103,541,768	109,901,248	103,359,391
Family allowances (Federal Government)	-	325,684	188,251
Research project	-	40,448	25,442
Cree Regional Authority	-	349,218	264,148
Education, Loisir et Sport	-	35,600	30,218
Others	-	291,927	213,994
	103,541,768	110,944,125	104,081,444
EXPENDITURE (appendix A)			
General Base - Operation	74,175,967	70,412,696	56,551,395
Specific allocations	28,757,936	28,757,936	25,787,267
Special allocations	607,865	687,840	700,749
Uses of surplus (note 11)	-	3,265,272	-
	103,541,768	103,123,744	83,039,411
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	7,820,381	21,042,033

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
BALANCE SHEET
MARCH 31, 2007

	2007 $	2006 $
ASSETS		
CURRENT ASSETS		
Grants receivable - M.S.S.S. (note 4 b))	37,416,925	32,812,965
Other receivables	87,545	284,413
	37,504,470	33,097,378
CAPITAL ASSETS	79,746,390	74,442,298
LONG-TERM PORTION OF GRANTS RECEIVABLE - M.S.S.S.	25,492,904	27,440,131
	142,743,764	134,979,807
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued charges	32,250	284,413
Temporary financing - CHQ	30,638,414	27,452,843
Due to Operating Fund (note 8)	6,240,947	5,081,676
Current portion of bonds payable	1,947,227	1,632,815
	38,858,838	34,451,747
BONDS PAYABLE (note 12)	25,492,904	27,440,131
	64,351,742	61,891,878
FUND BALANCE		
SURPLUS	78,392,022	73,087,929
	78,392,022	73,087,929
	142,743,764	134,979,807

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2007

Long-Term Assets - Acquisition

	2007 $	2006 $
REVENUE		
Corporation d'hébergement du Québec - Claims	3,057,366	6,815,303
Corporation d'hébergement du Québec - Interest	1,904,281	1,942,994
Contribution from Operating Fund	2,246,727	-
	7,208,374	8,758,297
EXPENDITURE		
Interest charges	1,904,281	1,942,994
Building	3,271,305	4,469,190
Communications	-	219,163
Computer and softwares	398,334	270,835
Furniture and equipment	1,206,797	715,258
Medical equipment and furniture	415,631	1,116,528
Capitalized interest	12,026	24,329
	7,208,374	8,758,297
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	-

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
BALANCE SHEET
MARCH 31, 2007

	2007 $	2006 $
ASSETS		
CURRENT ASSETS		
Due from Operation Fund (note 8)	1,823,786	1,287,327
	1,823,786	1,287,327
FUND BALANCE		
SURPLUS (DEFICIT)	1,823,786	1,287,327
	1,823,786	1,287,327

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND - STATEMENT OF REVENUE AND EXPENDITURE AND OF FUND BALANCE
YEAR ENDED MARCH 31, 2007

	Fund Balance - Beginning of year $	Revenue $	Expenditure $	Fund Balance End of year $
PROVINCIAL FUNDING				
Strategic regional plan - Paix des Braves	78,215	-	-	78,215
Doctors in Remote Areas	(34,026)	-	-	(34,026)
Summer Training and Residents	(3,272)	-	-	(3,272)
Installation Premium	790,083	-	-	790,083
Kino-Quebec	162,076	-	-	162,076
Smoking Action Plan	174,205	-	(18,073)	156,132
Information and Prevention - AIDS	32,453	-	(32,453)	-
Community Health	27,814	-	(1,723)	26,091
Nobody's Perfect	4,928	-	-	4,928
Hepatitis C Vaccination	3,029	-	-	3,029
Prenatal Services	4,056	-	-	4,056
Public Health Project	20,294	-	-	20,294
SICHELD	168	-	-	168
Training kit - Abuse Victim	28,713	-	-	28,713
Meningo Vaccination	1,228	-	-	1,228
Health Network Services Training	5,175	-	-	5,175
Research Ethics	29,030	-	-	29,030
Specialized Equipment	547	-	-	547
Technical Help	20,397	-	-	20,397
First Responders	214,264	-	-	214,264
Alcoholism and Drug Addition	46,462	-	-	46,462
Implementation Technology System	9,082	-	-	9,082
Training on Aids	6,238	-	-	6,238
Physical Deficiency	120,023	-	-	120,023
Intellectual deficiency - Organization	132,201	-	-	132,201
Intellectual deficiency - Development	37,108	-	-	37,108
	1,910,491	-	(52,249)	1,858,242
FEDERAL FUNDING				
National Native Alcohol and Drug Abuse Program	13,916	555,945	(555,945)	13,916
Building Healthy Community - Solvent Abuse Program	(54,106)	118,452	(118,452)	(54,106)
Canada Prenatal Nutrition Program	(11,730)	268,441	(268,441)	(11,730)
Aboriginal Diabetes Initiative	70,333	206,373	(206,373)	70,333
First Nations and Inuit Home and Community Care - Phase 3	(309,274)	1,566,079	(1,566,079)	(309,274)
First Nations and Inuit Home and Community Care - Capital	(616,820)	-	-	(616,820)
Maternal Child Health	-	-	-	-
Training - Data Entry for Home and Community Care	-	-	-	-
Tobacco	(32,744)	95,518	(95,518)	(32,744)
	(940,425)	2,810,808	(2,810,808)	(940,425)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND - STATEMENT OF REVENUES AND EXPENSES AND OF FUND BALANCE
YEAR ENDED MARCH 31, 2007

	Page	Fund Balance Beginning of year $	Revenue $	Expenditure $	Fund Balance End of year $
OTHER FUNDING					
Donations		437	-	-	437
Doctors Recruitment		(35,150)	-	-	(35,150)
Breast Cancer		16,508	-	-	16,508
Salt Fluoridation Study		29,772	-	-	29,772
Influenza Vaccine Program		111,986	-	-	111,986
Mercury Exposure - Literature		(10,022)	4,000	-	(6,022)
Mercury Exposure - Coordinator		19,904	-	-	19,904
Mercury Exposure - Environmental Feasibility Project		(4,862)	-	-	(4,862)
Fish Consumption		(5,827)	5,412	-	(415)
Health and Services Statistics		(198,984)	233,408	-	34,424
Map/Geographic data base		26,100	-	-	26,100
CLMB training - French immersion		5,583	-	-	5,583
Quit to win Challenge		12,034	1,850	(8,550)	5,334
Environmental Health Contaminants		256,254	554,127	(295,069)	515,312
Dental Evaluation Project		47,573	75,752	(79,883)	43,442
Translation - Guide		(11,500)	12,000	-	500
Nutrition Security Program		7,151	-	-	7,151
Foster family week		1,849	-	-	1,849
Haemodialysis Education Fund		5,296	-	-	5,296
Youth Street Project		4,800	-	-	4,800
CRA - Training for Accounting/Administration		66,833	-	-	66,833
CRA - Home Care Worker Training		75,345	-	-	75,345
CRA - Dental Assistance Program		61,715	-	-	61,715
Chiiyikiyaa Evaluation Study		-	100,000	(40,151)	59,849
Chiiyikiyaa - Program		-	45,000	(5,766)	39,234
Public Health Records Keeping Guide		-	10,000	(10,000)	-
CRA - FASD		(95,119)	127,527	(32,408)	-
State of Emergency - Fire		(70,415)	70,415	(54,028)	(54,028)
Gambling Studies		-	-	(124,928)	(124,928)
		317,261	1,239,491	(650,783)	905,969
		1,287,327	4,050,299	(3,513,840)	1,823,786

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2007

1. NATURE OF ACTIVITIES

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

Accrual accounting

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

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

Fund accounting

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

Operating Fund

Includes all current operating transactions.

Long-Term Assets Fund

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

Assigned Fund

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

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2007

2. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Use of estimates

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

Measuring units

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

Inventory

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

Capital assets

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

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

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

Self-financial capital projects

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

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2007

3. DEVELOPMENT EXPENSES

The eligibility and completeness of the development expenses could not be tested. Contrary to the requirements of the funding agreement, the development expenses were not isolated or accounted for separately. These expenses, if any, are part of the 2006-2007 general base - operating expenses of the Board. Management is in the process of identifying the development expenses incurred by the Board, however this exercise was not completed and the information was not available in time to be audited and disclosed in the present financial statements.

4. FUNDING ALLOCATIONS

a) General base and specific allocations

Based on the conditions of the funding agreement (chapter 2), certain accounts receivable, related to NIHB and the specific allocations for the financial year ended March 31, 2007, have been recorded in the present financial statements without the appropriate confirmations from M.S.S.S. The details of these, are as follows:

	2007 $	2006 $	2005 $	Total $
Non Insured Health Benefits	3,361,758	2,385,738	1,122,810	6,870,306
User fees and local or municipal taxes	2,182,624	1,850,418	459,580	4,492,622
Employee outings set out in working conditions	849,232	721,063	18,451	1,588,746
Interest on short-term loans	507,411	499,281	62,065	1,068,757
New residential facilities	-	-	-	-
Leases previous to April 1, 2004	1,367,056	1,367,056	-	2,734,112
Target deficit	-	-	5,919,809	5,919,809
	8,268,081	6,823,556	7,582,715	22,674,352

To date, since the submission of the 2004-2005 financial report, Management did not receive any confirmation from M.S.S.S. as to the reimbursement of this amount.

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

b) Capital expenditure

Contrary to the conditions of the funding agreement (chapter 2), certain accounts receivable, related to capital expenditure for the financial year ended March 31, 2007, were recorded in the present financial statements without the appropriate confirmations from M.S.S.S. Therefore, in the long-term assets fund, the unconfirmed receivable from the M.S.S.S. amounts to $2,956,520 for 2005-2006 and $1,874,764 for 2006-2007, for a total of $4,831,284 as of March 31, 2007.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2007

5. ACCOUNTS RECEIVABLE

	2007 $	2006 $
Operating Fund		
M.S.S.S. - SBFR	26,299	868,924
M.S.S.S. - Previous years analysis	1,404,479	1,404,479
M.S.S.S. - 2006-2007 funding not cashed yet (note 4 a))	8,268,081	-
M.S.S.S. - 2005-2006 funding not cashed yet (note 4 a))	6,823,556	6,823,556
M.S.S.S. - 2004-2005 funding not cashed yet (note 4 a))	7,582,715	7,582,715
Health Canada	1,221,099	641,515
Deferred leave - employees	207,489	325,639
Employee advances	134,734	94,034
Insurance claim	87,261	85,045
Federal goods and services tax	182,729	224,075
Provincial sales tax	142,453	167,931
Guarantee deposit	-	90,950
CRA - CHRD	326,350	65,300
Others	312,482	232,172
	26,719,727	18,606,335
Provision for doubtful accounts	(290,196)	(153,446)
	26,429,531	18,452,889

6. PREPAID EXPENDITURE

	2007 $	2006 $
Research project	202,098	265,046
Deposits on housing units	244,237	438,441
Anticipated sick days	1,168	10,882
Service contracts on equipment and housing and office rent leases	274,910	175,739
	722,413	890,108

7. INVENTORIES

	2007 $	2006 $
Medications	209,618	185,896
Medical supplies	209,803	197,783
Maintenance and office equipment	110,391	122,045
	529,812	505,724

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2007

8. INTERFUND ACCOUNTS

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

9. BANK OVERDRAFT, BANKERS ACCEPTANCES AND TEMPORARY BANK LOAN

The Cree Board of Health and Social Services of James Bay has an authorized credit margin of $11,500,000 bearing interest at bankers prime rate minus 1%.

10. DEFERRED REVENUES

The deferred revenues are detailed as follows:	2007 $	2006 $
Operations		
M.S.S.S. - Special allocation - Tobacco	55,000	76,000
M.S.S.S. - Special allocation - Public Health - Study and evaluation	63,844	7,187
M.S.S.S. - Special allocation - Public Health - Communication	17,500	-
M.S.S.S. - Kino-Québec project	-	15,592
M.S.S.S. - Housing units	1,457,733	2,259,009
M.S.S.S. - Salary equity	155,730	-
CSST - Health Program	55,384	-
Hydro-Quebec subsidy - Research Program	202,098	242,546
Education, Loisir et Sport	-	11,882
	2,007,289	2,612,216

11. PREVIOUS YEARS' ANALYSIS

The M.S.S.S. analysis of the 2003-2004, 2004-2005 and 2005-2006 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analysis will be reflected in the 2007-2008 financial statements.

Since the application of the new funding agreement as of April 1, 2004, an accumulated surplus was generated and amounted to $24,144,727 as of March 31, 2007. Despite the absence of the appropriate M.S.S.S. confirmations, as described in note 4 a), a portion of that surplus, amounting to $3,265,272 was used during the year. The related expenses are outlined in Appendix A.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2007

12. BONDS PAYABLE

The details of the bonds payable are as follows:	2007 $	2006 $
Bonds, issued December 19, 2000, for the financing of the long-term assets, bearing interest at 6.476% and maturing on January 16, 2023. The related interest is payable on a semi annual basis	8,262,796	8,697,680
Bonds, issued April 1, 2000, for the financing of the long-term assets, bearing interest at variable rate and maturing on March 31, 2023. The related interest is payable on a semi annual basis	2,045,067	2,124,231
Bonds, issued July 17, 2003, for the financing of the long-term assets, bearing interest at 4.888% and maturing on October 25, 2012. The related interest is payable on a semi annual basis	1,004,107	1,067,095
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.993% and maturing on July 16, 2029. The related interest is payable on a semi annual basis	11,907,163	12,424,866
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.66% and maturing on July 16, 2018. The related interest is payable on a semi annual basis	720,000	780,000
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.147% and maturing on July 15, 2011. The related interest is payable on a semi annual basis	1,841,002	2,209,202
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.702% and maturing on July 16, 2019. The related interest is payable on a semi annual basis	1,659,996	1,769,872
	27,440,131	29,072,946
Less: current portion	1,947,227	1,632,815
	25,492,904	27,440,131

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2007

13. COMMITMENTS

The following commitments are not recorded as of March 31, 2007:

	2007 $	2006 $
Annual vacations	1,152,288	953,378
Sick days	161,289	104,571

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

		$
2008		3,087,250
2009		1,462,743
2010		1,373,616
2011		1,279,367
2012	and following	20,654,814

14. FINANCIAL STATEMENTS

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

15. BUDGET

For the financial year 2006-2007, the Board of Directors approved, non-detailed, expenditures limits for the base operating expenses, the development expenses and the minor capital expenses.

16. CONTINGENCIES

The Cree Board of Health and other parties are subject to a claim instituted by an individual amounting to $3,215,000 plus interest and additional indemnity and costs.

This claim is presently administered by Le regroupement des programmes d'assurance du réseau. The outcome of this matter was unknown at the time of issuance of the present financial statements. Any related adjustments will be recorded at the time of their occurrence.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
APPENDIX A - OPERATING FUND - STATEMENT OF EXPENDITURE
YEAR ENDED MARCH 31, 2007

	Budget 2007 $	Actual 2007 $	Actual 2006 $
GENERAL BASE - OPERATION			
General administration of the board	12,942,398	15,953,738	10,816,733
Hospital services	7,928,905	8,519,758	7,851,826
Cree Integrated health and social services Centers	24,958,710	23,315,688	20,224,053
Multi services centers	5,203,779	3,316,206	1,024,749
Youth center	9,978,731	11,041,346	8,906,438
Improvement of personnel and installation premiums	3,651,008	1,590,623	1,571,060
Operation and maintenance	3,798,322	2,203,342	2,179,631
Electricity and heating	655,977	942,140	796,763
Public health	5,058,137	3,529,855	3,180,142
	74,175,967	70,412,696	56,551,395
SPECIFIC ALLOCATIONS			
User fees	2,691,198	2,691,198	2,358,992
Employees travel and transportation	849,232	849,232	721,063
Interest on short term loan	507,412	507,412	499,281
New residential facilities	3,817,774	3,817,774	2,240,991
Previous leases	1,278,970	1,278,970	1,329,610
Non Insured Health Benefits Program (appendix B)	19,613,350	19,613,350	18,637,330
	28,757,936	28,757,936	25,787,267
SPECIAL ALLOCATIONS			
P.A.P.A. - Mistissini Community	607,865	623,426	607,865
Public Health - Study and evaluation	-	43,414	92,884
Tobacco Law	-	21,000	-
	607,865	687,840	700,749
USES OF SURPLUS			
Operating fund			
Training on HIV	-	34,133	-
Training public health	-	29,802	-
Training Amaskuupmatiseat Awash	-	31,400	-
Training school nurse	-	35,859	-
Training dental hygienist	-	58,185	-
Community initiatives program	-	260,892	-
Help Desk	-	125,309	-
Local Negotiations	-	157,386	-
National training program	-	114,485	-
Training cree health representative	-	23,138	-
Training E.N.A.P.	-	140,762	-
Head office renovations	-	7,194	-
	-	1,018,545	-
Contribution to long-term assets fund			
Minor Capital	-	1,756,552	-
Eastmain clinic renovations	-	96,833	-
Renovation of Chisasibi group home	-	52,260	-
Mental health office renovations	-	9,990	-
Head office renovations	-	331,092	-
	-	2,246,727	-
	-	3,265,272	-
	103,541,768	103,123,744	83,039,411

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
APPENDIX B - NON INSURED HEALTH BENEFITS PROGRAM - STATEMENT OF EXPENDITURE
YEAR ENDED MARCH 31, 2007

	2007 $	2006 $
Salaries and benefits	3,099,461	2,820,413
Contracted services	198,377	239,459
Deceased persons	46,199	29,848
Dental expenditure	1,472,849	1,115,787
Drugs	5,067,373	4,710,949
Eye glasses and examinations	228,895	274,037
Freight expenditure	55,156	27,915
Maintenance and repairs	178,017	193,858
Material and supplies	9,561	11,922
Medical equipment and supplies	84,688	215,288
Office expenditure	56,270	38,663
Office rental	148,112	127,101
Orthesis and prosthesis expenditure	40,196	42,649
Telecommunication	60,573	24,337
Transportation of patients	8,802,108	8,599,242
Travel and accommodation - Employees	32,871	25,125
Vehicle rental	18,010	101,672
Others	14,634	39,065
	19,613,350	18,637,330