Cree Board of Health and Social Services of James Bay

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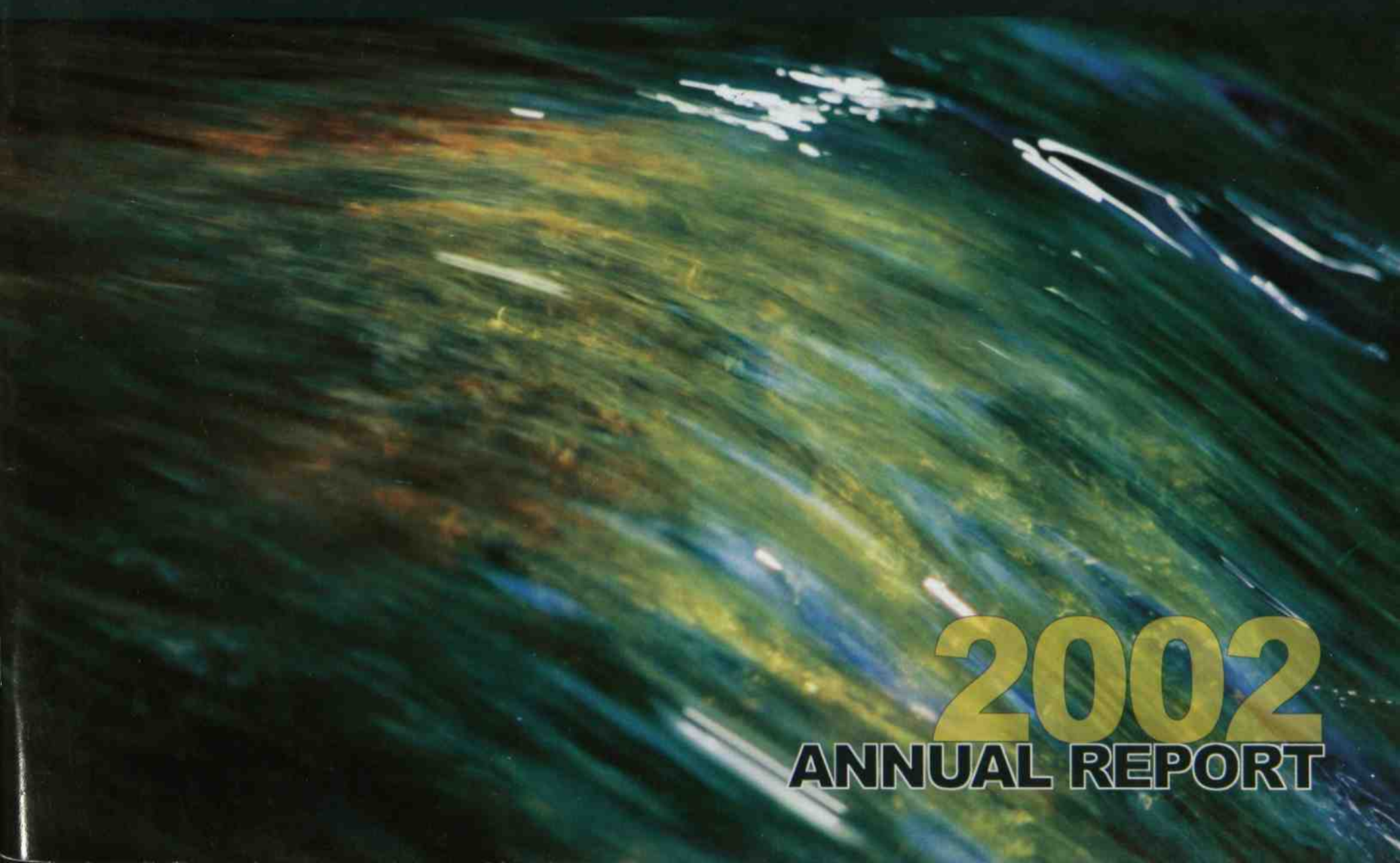

2002 ANNUAL REPORT

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CHAIRMAN'S MESSAGE

Watchiya to all Eeyouch:

On behalf of the Board of Directors of the Cree Board of Health and Social Services of James Bay, I am pleased to submit the CBHSSJB annual report for the fiscal year of 2001-2002.

Our report is arriving late this year since our staff had to complete two separate financial statements for the first time in our organization's history. Since the implementation of the new Non-Insured Health Benefits (NIHB) regime, the Cree Health Board will now be responsible for overseeing and being accountable in two separate books, *NIHB* and *Operations*.

The CBHSSJB finance staff and our auditors still need to familiarize themselves with this extra task. We are optimistic that in due course, both of our financial statements will be ready for the next annual reporting season. When new elements such as the new NIHB program are brought into our operations, it is a positive sign that the Cree Health Board is progressing and that our negotiators are bringing in good results.

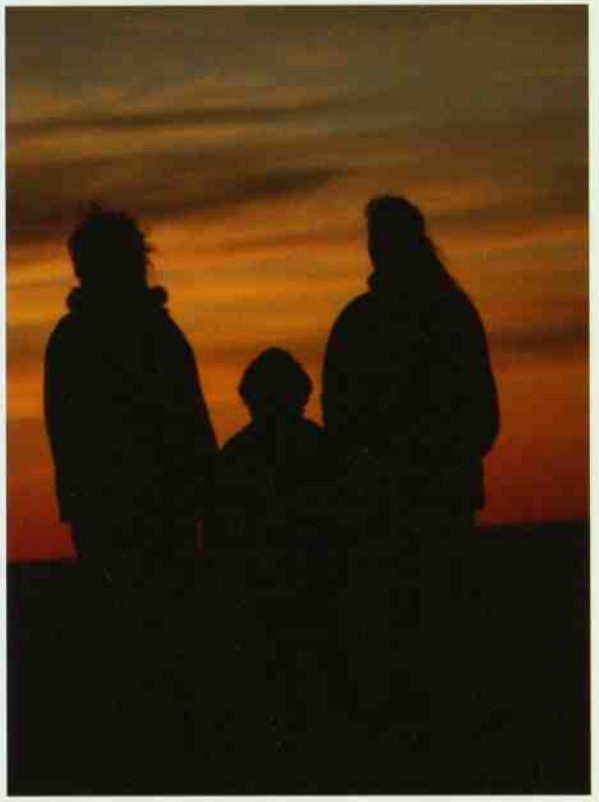
There was a minor setback in our negotiations because of the Agreement In Principle (AIP) consultations during the winter months. The Cree Nation had to concentrate on a much bigger issue, which ended with the signing of the new agreement that proposes to improve our Nation's relationship with the Quebec government. Despite the setback, we continued as a board with our regular duties and at the same time examined the potential impacts this new agreement would have on our services and our organization.

What does the February 7, 2002 agreement for a new relationship mean to the Cree Health Board? The new agreement signed by Grand Chief Ted Moses and Premier Bernard Landry mainly deals with Section 28 of the JBNQA and expands to other sections. The signatures on the agreement also impose a discontinuance of all pending legal proceedings against the Quebec government for a period of three years, and calls for both sides to resolve past and current disputes, including issues related to Section 14 of the JBNQA.

Our Board met via conference call shortly after the signing and discussed the future of the Cree Health Board. A proposal to "elevate" our discussions with the MSSSQ became our main focus and the mandate reflected that.

In the next few months, our negotiators continued to put the pieces together from our discussions and prepared a presentation for Grand Chief Ted Moses to the Minister of Health and Social Services. At that meeting, Minister Legault expressed his political "will" to resolve Section 14 issues, and expected the Crees to prepare a global approach that would be presented to this office during the summer months.

The Board came through on that task and it is for this reason that we have today a new, elevated negotiating table with the MSSSQ that will include such major elements as a regional service plan, funding rules and a capital investment plan, social services and, possibly, the legislative framework.



We have much to be thankful for this past year and many people to thank for their efforts and extraordinary contributions to our recent successes. I personally would like to thank all of you who were involved with the Cree Health Board this year, and in particular Mr. James Bobbish for holding the fort for many years without consistent political support. Many others deserve to be thanked for their expertise and commitment to our cause. Thank you to all.

On behalf of the Board of Directors and the entire organization, it is an honour to have served you this past year and I look forward to bringing you more positive results in the near future. May God bless you all.

Most sincerely,

Bertie Wapachee
Chairman

EXECUTIVE DIRECTOR'S MESSAGE

2001-2002 has marked another year of challenges and achievements in striving to provide quality health and social services to the people of Eeyou Istchee.

This year was particularly challenged by the departure of Mr. James Bobbish, who directed and managed the organization as Executive Director for nine years, and Mrs. Camille Rhéaume, AED Programs and Services, who was with the Cree Health Board for five years. Following the departure of Mrs. Rhéaume, the Cree Health Board was pleased to welcome Mr. Norman Lewsey as AED Programs and Services. In addition, Mrs. Manon Dugas joined the team as Manager for the Implementation of Public Health.

Special thanks to James and Camille who initiated many projects and to Norman Lewsey, AED Programs and Services. I also want to thank Clarence Snowboy, AED Administrative Services, for his patience in transmitting corporate knowledge to the new team. With the continuing shortage of both financial and human resources, I want to acknowledge the many hours of hard work done by the different teams in all sectors of the organization. Their work has resulted in the following major files:

- The implementation of a newly created Non-Insured Health Benefits program (NIHB)
- The completion of the needs assessment for the elderly and disabled
- The development of the Cree Home and Community Care program
- The near completion of the Cree Bachelor of Social Work program
- The completion of the design of the Healing Lodge and the final draft of the Healing Lodge program
- Functional and technical plans for a Health and Social Services Centre in Mistissini, Eastmain, Nemaska and nine Multi-Services Centres for the Elderly and Disabled
- The completion of the Waswanipi Clinic
- Miyupimaatisiitaau Wellness Journey 2002
- The completion of the needs assessment of dental health of young children in Eeyou Istchee
- The addition of new lodging and office space for new developments in the Diabetes program, the Public Health Department and the Cree Home and Community Care Program
- 12 new lodging units in Mistissini
- The posting, recruiting and hiring of personnel in new developments

I want to extend many thanks to the negotiating team for their tireless and persistant work. The collaborative ongoing negotiations with the Ministry of Health, the Cree Board of Health and the negotiating team of the Grand Council of the Crees (EI) brought about new developments as follows:

- The Cree Public Health Department will receive $1.2 million annually in new funding for eighteen Public Health professionals
- $2.2 million annually to implement the Diabetes program and hire 23 medical personnel
- A new policy regime for the funding and administration of certain insured and non-insured health services in the Cree Region (EI)
- The submission of proposed legislation to the National Assembly to amend the Act respecting health and social services for Cree Native persons to allow the creation of a public health department in the Cree territory

Needless to say, limited finances and human resources have put a strain on the existing staff. In addition to the staff's regular workload, many extra hours have been put into the planning and preparation for the negotiations. Despite the funds that have been acquired to implement programs, the lack of lodging and office space limit the possibilities of hiring more needed personnel.

In conclusion, I want to acknowledge a special group of professionals and semi-professionals who provide emergency health and social services and who make the Cree Board of Health and Social Services of James Bay an organization that functions year-round, 24 hours a day, seven days a week.

I also want to thank the Board of Directors for their ongoing support and direction!

Bella Moses Petawabano
Executive Director - Interim

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 residing either permanently or temporarily in Region 18.

Order in Council 12-13-78, dated April 20, 1978, brought this section of the Agreement into effect 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: (418) 923-2260

Coastal CLSC
Chisasibi
James Bay (Quebec)
J0M 1E0

Inland CLSC
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel: (418) 923-3376

Rehabilitation Centre
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
Waswanipi (Quebec)
J0Y 3C0
Tel: (819) 673-2511

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

Ouje-Bougoumou Healing Centre
68 Opatica Street
P.O. Box 37
Ouje-Bougoumou (Quebec)
G0W 3C0
Tel: (418) 745-3901

Members of the Board of Directors

The Board of Directors from April 1, 2001 to March 31, 2002 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:

Mr. Bertie Wapachee
Chairman - Nemaska representative

Mr. Charles Bobbish
Vice-Chairman - Chisasibi representative

Mr. Daniel Mark Stewart
Eastmain representative

Mr. George Masty
Whapmagoostui representative

Mr. Dennis Georgekish
Wemindji representative

Mr. Bert Blackned
Waskaganish representative

Mrs. Jane Blacksmith (December, 2001-March 31, 2002)
Mrs. Bella Petawabano (April, 2001-November, 2001)
Mistissini representative

Mrs. Louise B. Saganash
Waswanipi representative

Ms. Alice Wapachee
Ouje-Bougoumou representative

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

Mrs. Dianne Reid
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:

Dr. Lucie Papineau
Council of Physicians, Dentists and Pharmacists

Mrs. Isabelle Thibeault
Clinical Staff (Nursing)

Mr. Laurent Brunet
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:

Ms. Annie Trapper
Non-Clinical Staff

The Director of Community Health Department of a Hospital Centre, 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:

Vacant
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:

Mrs. Bella M. Petawabano (started in November, 2001)
Mr. James Bobbish (April, 2001-November, 2001)
Executive Director
CBHSSJB

There have been five regular meetings, two special meetings and seven conference calls of the Board of Directors during the period covered by the present report.

Members of the Administrative Committee as of March 31, 2002

Mr. Bertie Wapachee, Chairman

Mrs. Bella Petawabano, Executive Director - Interim

Mr. Dennis Georgekish

Mrs. Louise B. Saganash

Ms. Annie Trapper

One seat vacant

Two regular meetings and two conference calls of the Administrative Committee were conducted during the period covered by this annual activity report.

Members of the Audit Committee as of March 31, 2002

Mr. Charles Bobbish

Mr. George Masty

Mr. Daniel Mark Stewart

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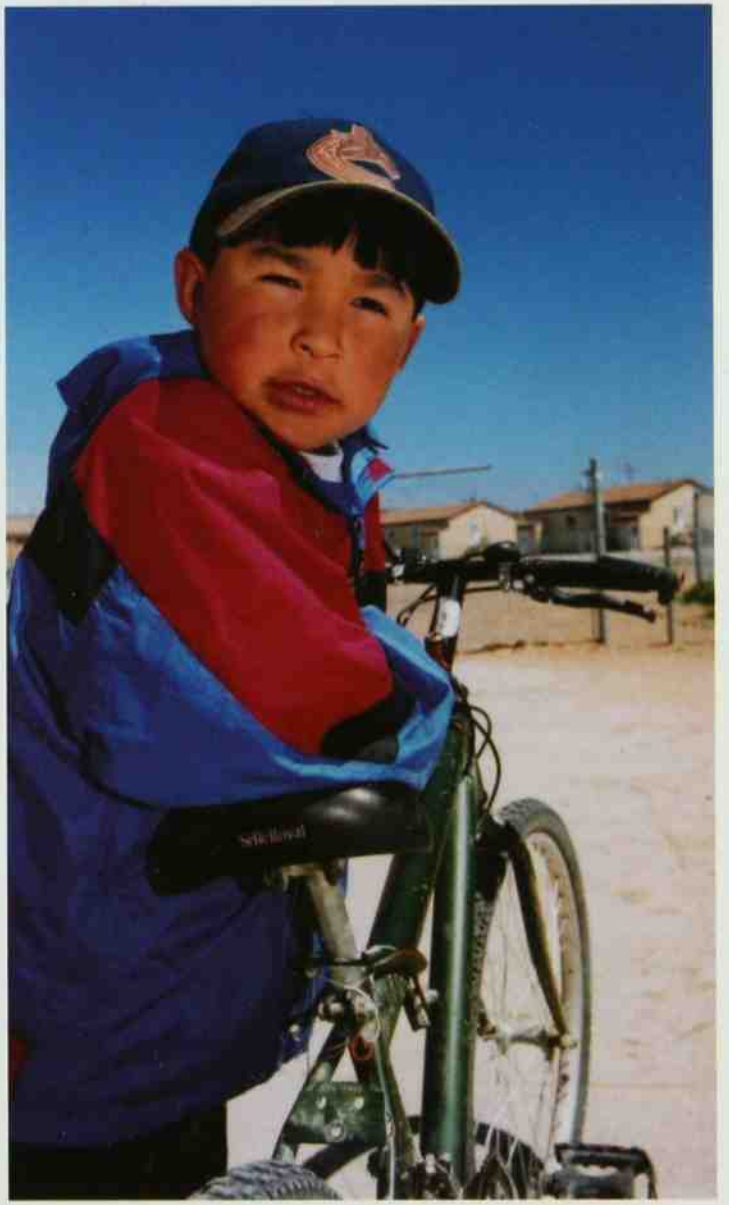
Managerial Personnel as of March 31, 2002

Executive Director -Interim	*Mrs. Bella M. Petawabano*
Executive Assistant	*Mrs. Bella Blacksmith**
Corporate Secretary	*Ms. Laura Moses*
Assistant Executive Director - Administrative Services	*Mr. Clarence Snowboy*
Executive Assistant	*Mrs. Janie Moar*
Assistant Executive Director - Programs and Services	*Mr. Norman Lewsey*
Executive Assistant	*Mrs. Nora Bobbish-McKee*
Director of Planning, Programming and Research	*Mr. Richard St-Jean*
Director of Hospital Centre	*Mrs.Louise Gagnon*
Director of Coastal CLSC	*Mr. Serge Pigeon*
Director of Inland CLSC	*Mrs. Suzanne Roy*
Director of Professional Services - Medical	*Dr. Marc Saint-Pierre*
Director of Professional Services - Social	*Mrs. Christianne Guay*
Director of Youth Protection	*Mrs. Marlene Dixon*
Assistant-Director of Youth Protection	*Mrs. Mary Bearskin*
Head of Personnel - Interim	*Mrs. Marie-Andrée Bourdeau*
Personnel Management Consultant	*Mrs. Colette Fink*
Head of Human Resource Development	*Mrs. Rena Matthew*
Head of Finance	*Mr. Lawrence Potter*
Head of Purchasing	*Mr. Gordon Matthew*
Head of Facilities, Operations and Maintenance	*Mr. Hugo Georgekish*
Coordinator - Patient Services	*Mrs. Caroline Rosa*
Group Home Coordinator (Regional)	*Mrs. Jane Cromarty*
Unit Coordinator	*Mrs.Ginette Crochetière*
Coordinator of Ambulatory Services	*Mr. Jean-Serge Tremblay*
Health Coordinator - Coastal CLSC	*Mrs. Louise Carrier*
Professional Support - Health - Inland CLSC	*Mr. Pierre Larivière*
Local Coordinator Ouje-Bougoumou	*Mr. Robert Imrie*
Director of the Rehabilitation Services	*Mr. Roderick Petawabano*
Unit-leader - Reception Centre	*Mr. Joseph Neeposh*
Local Coordinator - Mistissini	*Ms. Annie Trapper*
Local Coordinator - Whapmagoostui	*Mr. Paul Cormier*

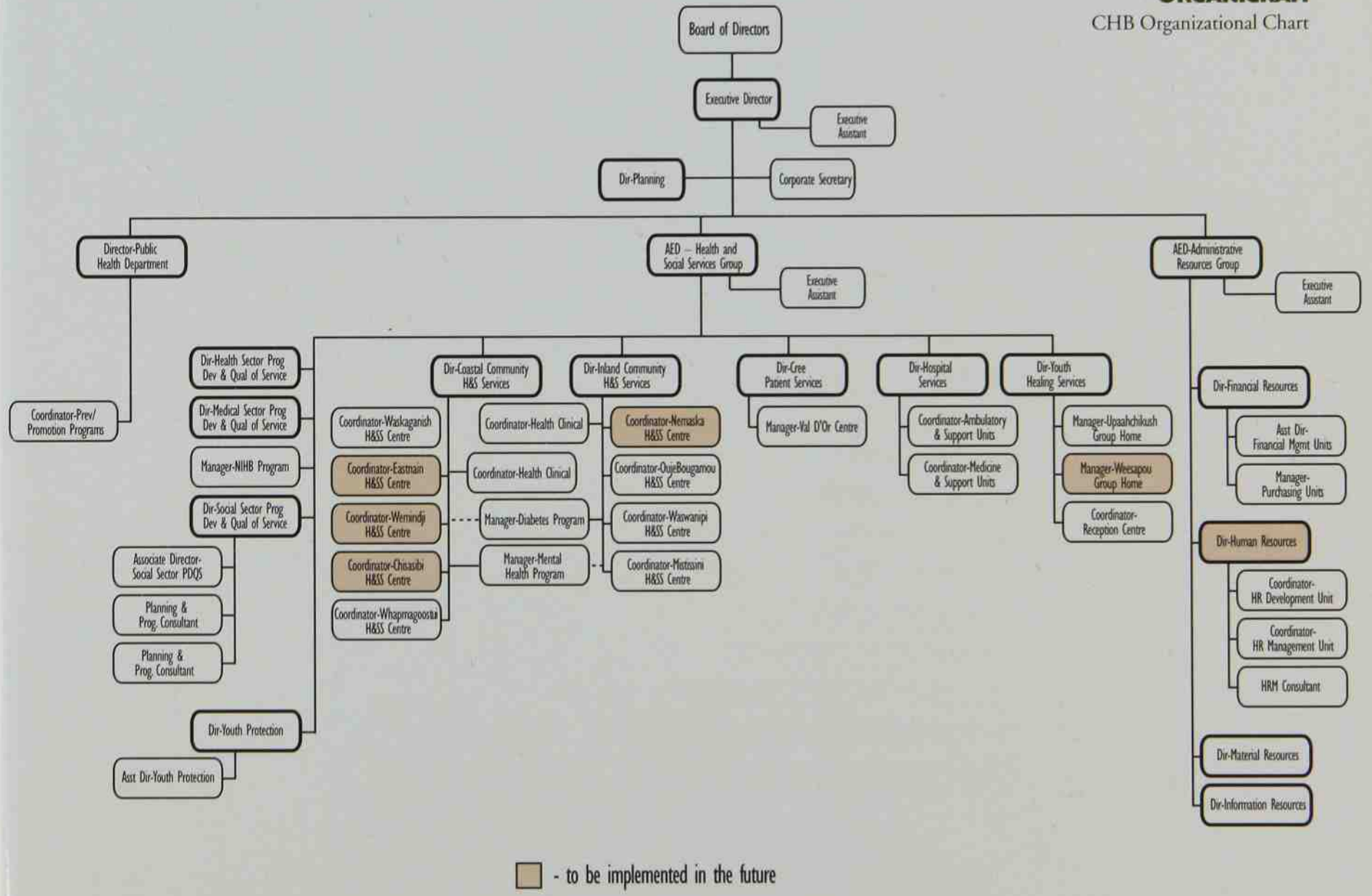
Note: Mrs. Bella Blacksmith was replacing Mrs. Dolores Audet, who was temporarily assigned as Recruiting Agent for Special Projects.



INTRODUCTION

ORGANIGRAM

CHB Organizational Chart

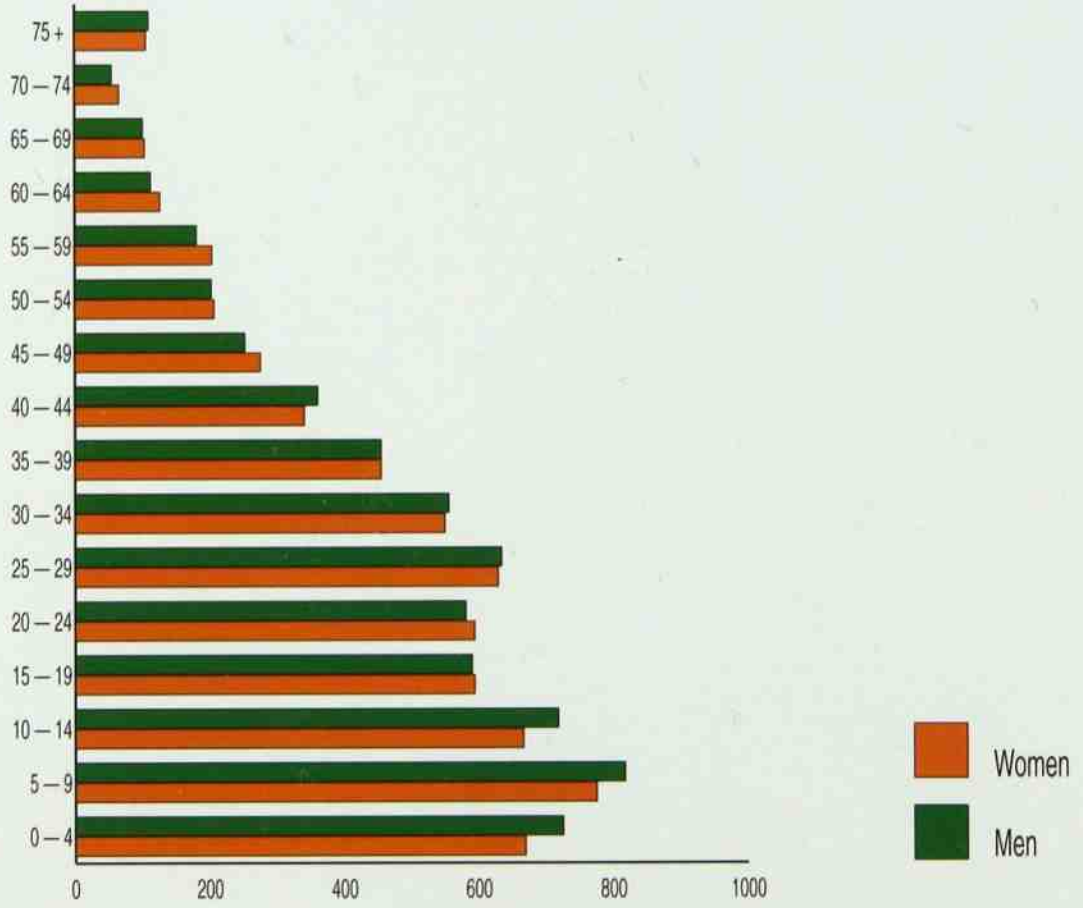


- to be implemented in the future

INTRODUCTION

CREE POPULATION

Population of Region 18, according to age group and sex, as of July 2002



DEPARTMENT OF PLANNING, DEVELOPMENT, INFORMATION SYSTEMS AND TECHNOLOGIES

General Administration

For the 2001-2002 fiscal year, no new human resources were added to Planning and Development Services. With the restructuring of the Cree Health Board, as planned, Information Systems and Technologies Services will be transferred to Administrative Services by April 1st, 2002.

Planning and Development Services

Several functional and technical plans were completed:

a) Health and Social Services in Mistissini

Previously, the plan for the extension of the Mistissini Clinic was approved as such. However, after evaluation, it was decided to redo the plan for an entirely new Health and Social Services Centre instead. New services and programs have to be implemented, requiring much more clinical and office space. As of March 2002, this new plan was in the process of being adopted by the Mistissini First Nation and the CBHSSJB's Board of Directors.

b) Health and Social Services Centres - Eastmain and Nemaska

The functional and technical plans for new Health and Social Services Centres in these communities were approved by our organization and the communities involved.

c) The MOU file

One of the main objectives of the MOU agreement is to have facilities for elderly and disabled people so that these clienteles may be properly served. In that sense and with the collaboration of Professional Services - Social, we are developing nine functional plans for these future facilities to be implemented in each Cree community. These plans should be approved by the concerned parties in the 2002-2003 fiscal year.

Information Systems and Technologies

The last fiscal year was marked by several projects on the strategic planning of information resources, the planning and development of the SocioSanitary Telecommunications Network (SSTN) and Lotus Notes.

The implementation of the SSTN in the Cree Communities is completed for Chisasibi, Nemaska, Waswanipi, Ouje-Bougoumou and Mistissini. It is also implemented for all Patient Services. By April 2002, the other coastal communities should be connected to the network.

The second project regarding the computerization of social services (Foster Families, Youth Protection and Young Offenders) is completed.

As for the third project, the computerization of the Chisasibi Hospital is ongoing. The lack of replacement for the medical archivist, for a long time, slowed the progress of this project. We hope it will be completed for the 2002-2003 fiscal year.

Telemedecine, another project, is progressing well. Now, the Department of Radiology can transmit electronic processed information (imaging for evaluation by specialists).

The number of computer users at the Cree Health Board continues to increase. New systems were purchased with the approval of various departments. Presently, our services manage about 225 computers and other peripherals, an increase of 28.6% compared to the last financial year. Therefore, it is essential to equip ourselves with the necessary financial and human resources to assist our computer users efficiently. This reality is becoming more critical with the purchase of the new application systems for the Cree Health Board.

Finally, in the absence of the proper human resources (computer technicians) to provide technical support to the users, our team has taken on this role.

Richard St-Jean
Director of Planning, Programming and Research

PROGRAMS AND SERVICES

Health and Social Services and Programs Division

Introduction

As health and social care providers, we had to endure and adapt to substantial economic and public policy changes in recent years in order to continue to provide the quality patient care and community service that the Cree population has come to expect of us.

It is difficult to depict, in words, all that our division has endured over the last year. The challenge and changes have required tenacity, hard work, perseverance and endless hours of planning from everyone in the division.

2001-2002 has become another in a long line of exciting years for CBHSSJB. The responsibility of providing high-quality health care and social programs and services to the population does continue to present its share of exciting challenges.

I am personally grateful for having had the steady, measured leadership and counsel of James Bobbish, outgoing Executive Director, and Bella M. Petawabano, the Interim Executive Director.

Departure

Discussing the year 2001-2002 in the Programs and Sevices division, I would be remiss if I did not begin with a most significant event. I refer to the departure of Camille Rhéaume, AED Programs and Sevices, in August 2001.

As Programs and Sevices members will all know, Camille left a lasting impression after her five years of dedicated service. Her even-handed and even-tempered approach to all matters has helped to create an environment in which open discussion and debate are fostered, diverse opinions are encouraged and consensus serves as a cornerstone of our decision-making process. Camille wisely chose to nurture the interests and energies of the division rather than direct them.

Welcome

During the year the division was delighted to welcome the addition of Norman Lewsey as the AED Programs and Sevices; Reine St-Louis as the Program Manager NIHB; Serge Pigeon as the Director Coastal CLSC; and Shelley Sam as the Executive Secretary, AED Services. We also welcomed the return of Nora Bobbish, Executive Assistant, from her maternity leave.

The Members of the Team

The team consists of the following individuals:

Norman Lewsey, Assistant Executive Director Programs and Services

Nora Bobbish, Executive Assistant

Shelley Sam, Executive Secretary

Christiane Guay, Director of Professional Services - Social

Dr. Marc St-Pierre, Director of Professional Services - Medical

TBA, Director of Professional Services, Health

Louise Gagnon, Director of Hospital Services

Caroline Rosa, Director of Cree Patient Services

Suzanne Roy, Director of Inland CLSC

Serge Pigeon, Director of Coastal CLSC

Roderick Petawabano, Director of Rehabilitation Services

Marlene Dixon, Director of Youth Protection

Reine St-Louis, Program Manager Non-Insured Health Benefits (NIHB)

Mission, Goal and Principles

Mission

To serve the nine Cree communities by offering health and social programs and services, and improving the quality of life for all residents through prevention, education, intervention, support and treatment.

Goal

Our goal is to provide responsive, effective, quality health and social services and programs. As managers we are entrusted with the responsibility of setting the example for the entire organization.

Principles

Central to this goal are the principles that guide our work and decisions, and help us contribute to the quality of life in our community. For everyone, the principles are the basis of our beliefs and actions.

The division's principles were developed in collaboration with the members of Program and Services Council (PSC). The principles are the foundation of everything we do and stand for.

The following principles are intended to guide the planning and actions of the division.

Quality Service — We are committed to enhancing and promoting quality and excellence in the delivery of health and social services and programs in the Eeyou Istchee.

Recognition and Appreciation — We are committed to supporting the participation of people who share their knowledge and experience in decision-making. We are also committed to recognizing and appreciating employees and their contributions by creating a positive, caring and stimulating work environment.

Continuous Learning (Education, Teaching and Training) — We are committed to encouraging continuous learning by offering different and

creative ways to continuously learn from our own experience and each other, our clients and our environment, by creating an educational environment for our clients and our employees and by training professionals dedicated to serving our clients.

Culture — We are committed to respecting and sharing the culture and traditions of clients and employees by promoting culturally sensitive programs that recognize and respond appropriately to the changing needs of Cree individuals, families and communities.

Confidentiality — We are committed to honestly promoting the continuum of care through the members of the Cree communities by strengthening effective links within internal and external resources.

Accountability/Reliability — We are committed to accepting responsibility and accountability, and to maintaining standards based on mutual respect, personal integrity, reliability, attendance and promptness in everything we do.

Team Work — We are committed to working cooperatively, recognizing that the power of our own combined efforts exceeds what we can accomplish individually. We seek to improve optimal outcomes and find creative and innovative solutions to improve the quality of life of our clients.

Community (Healthy Relationships) — We are committed to being role models within the community by creating and maintaining healthy relationships that promote a strong and prosperous future for all Cree people.

Ethical Practice (Professionalism) — We are committed to respecting our roles and responsibilities as managers, conducting our business affairs according to the highest ethical principles, making decisions fairly and honestly, welcoming risk-taking and embracing change.

Communication — We are committed to sharing the appropriate information and openly and honestly respecting lines of communication. We are responsible for our words and actions.

Creativity/Innovation — We are committed to developing skills, giving feedback and receiving feedback by promoting a positive working environment that utilizes our creativity, intellectual curiosity, innovation, critical thinking and use of technology and knowledge.

Critical Challenges

Ensuring Delivery of Quality Health and Social Programs and Services

We are responsible for sustaining and improving the delivery of quality health and social programs and services in all nine communities. We provide a spectrum of basic health and social services and programs for individuals, families and communities, consistent with the available resources of CBHSSJB and the needs of the residents. A basic responsibility is to ensure that our residents have access to the health and social programs and services they require, whether provided within or outside the region.

Encouraging and Promoting Healthy Living

We recognize that the health care system is only one component influencing or affecting the health of individuals and communities. We continue to expand our activities in the area of healthy promotion, encouraging residents to make decisions regarding their own quality of life. Although treatment of ill health and chronic conditions remains a fundamental service, we also focus on services that protect and prevent disease and disability, and promote well-being.

This is done by:

- Encouraging increased physical activity as well as the prevention of diseases associated with sedentary lifestyles and obesity, such as diabetes and heart disease
- Ensuring that infants are born as healthy as possible to prevent problems such as low birth weight, fetal alcohol syndrome and preventable congenital problems

We will continue to work with our partners in the Public Health Directorate to develop a long-term comprehensive framework for increased promotion and prevention activities. The purpose of this initiative is to improve the health status of Cree residents by reducing the incidence of preventable illnesses and diseases.

Encouraging Medical and Technological Advances

We recognize that medical and technological advances are making new health procedures and interventions possible and more readily available. Rapid changes and developments in technology have implications for methods of service delivery and the mix of qualifications of various professions. For example, telemedicine has an impact on how front-line workers and management design and provide services. Professionals will now be required to understand how to appropriately use new technology. This new technology is reshaping the role of professionals and introducing dramatic changes from traditional ways of providing services.

Our challenge is for the Directors to assess new and emerging technologies and determine the most appropriate technologies to invest in. This requires time, money and expertise.

However, the relatively small size of the Cree region, coupled with a system of service delivery that differs from many southern jurisdictions, may offer unique opportunities.

Dealing with Increased Demands for Social Services

The increased need for social services is, in part, a reflection of our demographics as well as social status. A relatively young population and high birth rates place high demands on certain areas of service, particularly those

PROGRAMS AND SERVICES

that target infants, children and youth. We do our best to ensure that adequate and effective services are available to meet the needs of the population.

However, many of the required services are not available within the Cree region. Therefore, we must respond to increased financial demands due to forced growth in areas such as out-of region/province rehabilitation, treatment, other social services and therapy services along with southern placements. Being away from home and family is hard for our residents and often causes greater stress for the individuals and family members.

While demographics continue to influence demands for social services, we are developing initiatives to ease these demands. Increased investments in promotion, prevention and early intervention services help to prevent or minimize many health and social conditions.

Our challenge over the next several years is to develop and offer many services within the Cree region so that residents can stay within the region to receive social services. The first such project is the Healing Lodge (for addictions and substance abuse) that will be built within the Cree region within the next year. In the fall we will do an assessment of social services and mental health service needs so that we can more appropriately plan these services.

Dealing with a Small but Rapidly Increasing Elderly Population

The Cree region has a rapidly growing elderly population. The elderly tend to have high needs for health services (particularly in the areas of continuing home care services, palliative care and medications) and they require culturally responsive health and social supports.

The Home and Community Care Program addresses the increasing needs of the elderly and disabled population by examining the required mix of services and supports so that the elderly and disabled remain as healthy, independent and close to their homes as possible.

The division is also participating in a provincially funded initiative to build a Multi-Service Day Centre in each community. When built, it will be a place where elderly and disabled clients can go to receive appropriate programs and services that will improve their quality of life.

Dealing with an Increasing Staff Compliment, Shortage of Housing and Office Space

During the last year, the CBHSSJB were fortunate to obtain provincial and federal funding to increase the staff compliment for such programs as Home and Community Care, Diabetes, Elderly and the Disabled, and Public Health. Additionally, we had put our meagre funds from existing budgets toward increasing our normal day-to-day program staff in various areas of the organization. The number of new staff was in excess of 100. It's tremendous news when an organization can add urgently needed resources to more appropriately meet the growing and complex needs of the residents.

Regrettably we faced a distressing reality. In many of the communities we lacked both the housing and office space to accommodate the new staff. As a result, we had to delay the hiring process for the most part until we obtained both housing and office space. Consequently, we prioritized our needs and successfully completed restricted recruitment where housing and office space was available.

A major priority for the Board is to continue working with the government to obtain the essential financial support necessary to increase both office space and housing so that we can hire the rest of the staff.

Dealing with Chronic Turnovers and Shortages of Health and Social Services Employees

The health and social service workforce continues to experience high vacancies and turnovers, particularly among front-line workers such as nurses, doctors, community workers and therapists.

Shortages and high turnover place the system under a great deal of stress. While some employees are experienced, many are new to the job or community. New employees need time to adjust to their work environment and community to do their best work. Continual turnover also means remaining employees must carry a higher workload. Few opportunities for time away from work lead to worker fatigue or burnout. Such problems are magnified in smaller communities where there are fewer positions and less flexibility to deal with shortages and turnovers.

PROGRAMS AND SERVICES

In past years, the CBHSSJB benefited from the surplus of professionals in southern Quebec and Canada. When the provinces were trying to reduce their deficits, reforms to the delivery systems resulted in job or program cuts. During this period, professionals were more likely to investigate employment opportunities in James Bay. Recent reinvestments into the provincial health systems have meant that professionals have more employment options in southern regions. There is also a national shortage of nurses and physicians and other health care professionals.

An investment in our workforce continues to be a priority for this division. A stable, northern workforce of health and social service providers who can provide a continuum of quality services best serves residents. Without stability, the CBHSSJB will be unable to ensure that services are available when required.

Dealing with a Stagnant Budget and Greater Demands for Services

A major feat for the Board is the ability to continue to offer services despite the fact that the overall budget has not increased substantially. The impact of this is seen as follows:

- Staff are carrying larger caseloads than the recommended norm
- Quite often staff do not have the time to follow up on cases as they are busy dealing with the day-to-day urgent case matters
- Insufficient computers for staff

Despite these setbacks, the staff worked hard to provide the best possible service to the Cree population.

Achievements

The following represents a small sample of achievements during the last year. It is not an in-depth list.

Improved Staffing

- The continued creation of Local Coordinator positions provides decentralization and makes available local management that better serves needs at the local community level. One new position of Local Coordinator, which has yet to be filled, was created in Waswanipi. Paul Cormier was appointed the Local Coordinator in Whapmagoostui, while Les Moore was appointed the Local Coordinator in Waskaganish.
- In October, Reine St-Louis was appointed Program Manager for the newly created Non-Insured Health Benefits program (NIHB). She has worked hard to train and inform employees about the program and initiated the many program policies and procedures.
- In January, Serge Pigeon was appointed Director of the Coastal CLSC. In his short tenure he has initiated several changes that will improve service delivery.
- The Chisasibi Hospital added two nurse positions to their compliment, one in the Outpatient Clinic and the other in Hemodialysis.
- There was the creation of four new positions for the area of DPS - Social: two Planning and Programming Consultants, a Planning and Programming Officer, and an Executive Secretary. Their addition means assistance with the three major projects: Home and Community Care, the Elderly and Disabled and the Multi-Services Day Centres.

Improved Services

- The Diabetes Team was repatriated from Montreal to the Cree region to allow greater collaboration and contact with the various communities.
- In November, the Diabetes Program received new funding from the Quebec government to enhance the delivery of diabetes services. The additional money was to hire the necessary 23 identified employees to deliver these services. This funding included a one-time start-up cost to provide office space and equipment, and recurrent money over the next two years to fully combat the number one priority of the CBHSSJB. The Diabetes program will be situated in Mistissini with increased services provided in each community.
- In September we signed an agreement with the Ministry of Health that permitted the Board to establish a Non-Insured Health Benefits Program (NIHB). This allowed us the opportunity to create a separate budget to deal with and track all valid non-insured health expenses, which is apart from the global budget. Policies and procedures were developed and training provided so there was a better understanding and usage of this specific program.
- Staff participated in multidisciplinary team meetings designed to improve client service and staff relations, which ultimately resulted in a coordinated approach and improved service to clients.
- An integrated pilot project, Alternative Education, was established between the Reception Centre and the RC Voyageur Memorial School in Mistissini. Through this project, the youth from the Reception Centre are given the opportunity to learn and make items out of wood.
- The Social Worker in Val d'Or CPS (five-month contract) had a meaningful and positive effect in improving support for the clients.
- A consultant was hired to do a complete review of the Reception Centre and the two group homes (Chisasibi and Mistissini). He developed an action plan that describes the required steps for a culturally sensitive youth program at the Reception Centre and group homes.
- The development of a Circle of Care for Addictions was developed for the Healing Lodge.
- A Home and Community Care program was developed and will be implemented at the local level in the fall of 2002.

PROGRAMS AND SERVICES

Improved Training and Development

- The first group in the BSW course completed their course work and field placement.
- Staff was provided with a variety of in-service training courses during the year, including mental health, advanced cardiac care, CPR and crisis intervention, to name a few.
- A formal orientation was provided to the nurses starting their work at Chisasibi Hospital. There were three months of follow-up on their progress. This activity helped in retaining staff.

New Facility

- It is a unique opportunity to open the Waswanipi Community Clinic. The opening provides community residents and staff with a state-of-the-art facility and the opportunity to operate integrated health and social programs and services.
- The Home and Community Care Program (Chisasibi) has office space located in a new trailer located behind the hospital.
- The Ministry of Health assists with capital projects and provides funding for urgently needed renovations.
- The design for the Healing Lodge was finalized.

Continued Collaboration

- We continue to work in collaboration with a number of community partners during the year in order to serve Cree residents more effectively. Some of the agencies we worked with closely include: Batshaw Centre, local Wellness Centres (Chibougamau), UQAT, local police, Centre régionale de la santé et des services sociaux, etc.
- The ongoing negotiations with the Ministry of Health are giving the government a better understanding of our services and our actual needs. The collaboration resulted in the funding for Diabetes, the Elderly and the Disabled and Public Health programs, in addition to other developments.

Future

We cannot afford to stand still if we are to meet the ongoing expected needs of the Cree population. There is much room for improvement. Services are not consistently of high quality. They are still too inflexible and reflect the needs of institutions, not of users.

- Public confidence in the organization will be improved through enhancements in the way services are organized, how clients are referred to them and how health and social services professionals work together to deliver them.
- Recruitment, retention and human service planning will remain a priority to ensure an adequate supply and appropriate mix of health and social services professionals to meet changing needs. Workplace wellness programs to promote organizational excellence, positive personnel health practices and safe and postive workplaces must support retention initiatives.
- We hope that the ongoing negotiations with the Ministry of Health will result in additional funds to increase staff, lodging and office space, enhance existing services, implement new services and acquire urgently needed computers.

Conclusion

In closing, it is important to emphasize that we would not be here, let alone be able to do our work, without the staff. We must commend them in all their endeavours, which have once again shown their remarkable commitment, energy, and creativity. The staff worked hard, despite severely limited resources, to make significant accomplishments in meeting the needs of the Cree population.

We are proud of all of them.

Norman B. Lewsey
AED Programs and Services

PROGRAMS AND SERVICES

Report of the two CLSC Directors

The Territory

The territory of James Bay is divided in two sub-regions, one coastal and one inland.

Coastal	Inland
Whapmagoostui	Mistissini
Chisasibi	Nemaska
Wemindji	Ouje-Bougoumou
Eastmain	Waswanipi
Waskaganish	

The Programs

The programs offered by the CLSCs of James Bay cover three components of services.

1. A system in order to respond to different requests related to front-line services: Health, Social Services (including Mental Health). These services are provided at the CLSC or at home.
2. Prevention and promotion for clients that the CLSC wants to reach by conducting different activities.
3. Community activities conducted in partnership with the Public Health Department and Cree Nations of respective communities.

For instance:

- Our walk together to fight diabetes: Miyupimaatisiitaau Winter Wellness Journey
- *Newsletter* and the web site "Solvent Abuse Program"
- Sadie's Walk

More specifically in the Mental Health Program:

- Training was done in Crisis Intervention: The services are provided by a team of psychologists travelling throughout all of the nine communities
- During the year 2002-2003, the coordination of this program will be relocated to the James Bay Territory

More specifically in the Diabetes program:

- The regional team has also relocated to the James Bay territory (Mistissini)
- We have a budget of close to $3 million
- Twenty-three new positions have been allocated through the negotiation process with MSSQ. That budget includes $206,000 from Aboriginal Diabetes Initiative (ADI/Health Canada) that covers care and treatment, lifestyle, and prevention and promotion.

And finally, in the Home Care Community program:

- Our workers, managers and professionals' support were involved with the team of DPS - Social in the process of development and implementation of this program, participating actively with the communities
- The Inland CLSC Director has contributed to the preparation of the technical and functional plans of the Day Centre for Elderly and Disabled persons
- Despite changeover in personnel and the lack of data processing, this year was exceptionally productive in achievements of all kinds

Highlights

- The period from April, 2001 to March, 2002 allowed the two CLSCs to maintain a good relationship with the population.
- For example, three more Local Coordinators were hired, one each in Whapmagoostui, Waskaganish and Waswanipi; these three will join the two other Local Coordinators already in place in the communities of Ouje-Bougoumou and Mistissini
- Their role is to ensure front-line management responsibility for the effective and efficient functioning of a Community Point of Service Centre. It includes being a liaison with the community and participating in local planning, staff management, service delivery, material and operational facilities management.
- Each CLSC had an increase in their respective budget

PROGRAMS AND SERVICES

Development in office space

Inland CLSC

- Construction of a new community point of service in Waswanipi
- Trailer for Home and Community Care Program

Coastal CLSC

- Trailer for Home and Community Care Program

Development of Lodging Units

Inland CLSC

- 12 new units in Mistissini
- Renovation of the apartment building in Mistissini
- Rental of a family unit in Ouje-Bougoumou
- 6 new units in Waswanipi

Coastal CLSC

- Renovation of apartment block C6-4 in Chisasibi
- One housing unit in Wemindji
- Renovation of the four trailers in Whapmagoostui

Note: The Local Coordinators in collaboration with the CLSC Directors and the Head of Purchasing and Facilities and Maintenance worked closely together to ensure the quality of living and working conditions. For example: improvement of appliance and furniture in transits including satellite TV services in most transits.

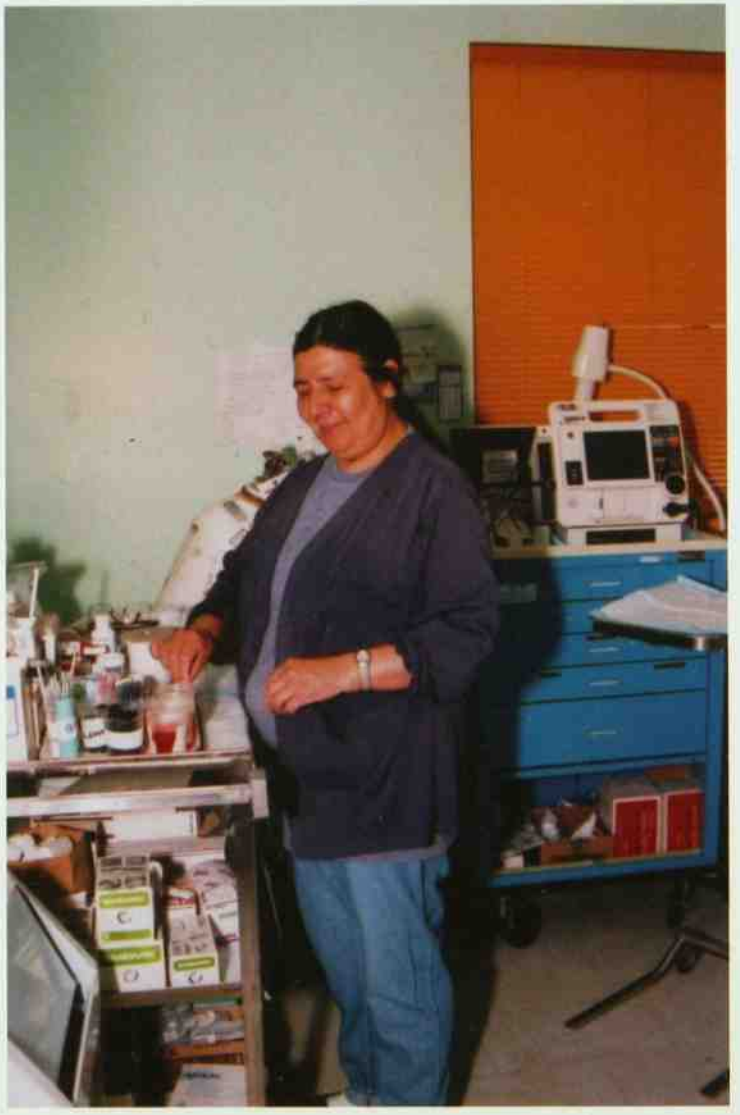
We wish to thank the Human Resources Department for their constant support. All of the recruiting of new staff and replacements to maintain the quality of service to the population could not have been possible without the extraordinary work of that department.

The outlook for the year allows us to hope for a partial improvement in the budget situation of our Home and Community Care Services, Diabetes activities and the consolidation of our Preventive and Health and Promotion Practices. More extensively, we hope that the negotiation process will provide us with the essential resources that are needed to answer the basic needs of the Cree Nation.

Despite our limited financial resources, we want to thank our employees who are responsible for developing the preventive, participatory, multidisciplinary and multi-clientele roles of the CLSC.

Suzanne Roy
Director Inland CLSC

Serge Pigeon
Director Coastal CLSC



COASTAL CLSC

The Coastal CLSC went through many changes these past few months, specifically in management. For instance, Norman B. Lewsey was named Assistant Executive Director, Services in October 2001. In the transition period, Mr. Lewsey accomplished a wonderful job of keeping the CLSC afloat until my arrival on January 6, 2002. Therefore, the content on my part for this Annual Activity Report is based on the last three months of the fiscal year 2001-2002.

Health Module

As you are aware, the recruiting of nurses is an ongoing issue for all of the isolated regions, and James Bay Territory is no exception. Given the fact that there is a shortage in regions such as Montreal, Quebec and Ottawa-Hull, we should not be surprised to find that to attract and keep our nursing staff, we need excellent working conditions. Since we have a lodging shortage in various communities, it has an impact on what we can offer to new employees with families, thus resulting in recruiting through agencies at a high daily cost.

There was also the departure of the Health Coordinator in February for a sick leave that left a big gap in the nursing department. Her replacement came from outside the Territory with an extensive background in the field, but without any experience in isolated regions. We were lucky to have her on board and thank her for the professional support she gave the organization.

We had changes in Waskaganish, and by the time we reach mid-summer we will have a complete new team of nurses in that CLSC.

In Eastmain, one of the nurses accepted a position of coordinator in Chisasibi. The team there is quite stable for now and the fact that our head nurse has been there nine years is a plus for the community.

Wemindji saw many changes in the last months. One nurse left for six months and the head nurse accepted a position in the new Home and Community Care Program. Rebuilding a team is the priority for the community.

Community Health in Chisasibi is stable. There is a good team spirit even though the crowded working environment could be better. This remains an issue, which we will deal with in the near future.

Whapmagoostui is doing fairly well. There is only one position that is not stable for the moment. All the other members have been there for some time, and this is good for the community and for the team as a whole.

Home Care Community Program

Some of our staff, professionals and managers were involved with the DSP - Social department in the development and implementation process for the Coast. In the beginning of the fiscal year 2002-2003, the operations for the program will be transferred to the management of the CLSC. The hiring process is an ongoing issue. A Nutritionist is on the job for the Coast, nursing positions will soon be filled and Community Workers will also be hired. The program will start later in three communities. Whapmagoostui will develop their program later. When the implementation is complete, this will represent more than 23 new employees for the CLSC.

The Social Module

There were many changes in this field. In Wemindji, for instance, the Human Relations Officer left for Chisasibi in September. A new one arrived in March of this year. This person was nominated to the position of Local Coordinator in Whapmagoostui, thus creating a vacancy and uncertainty within the staff.

Waskaganish is more stable with the HRO in place covering Eastmain. A Local Coordinator was named in March for the CLSC. The new position is a plus in the management field, as well as for Whapmagoostui.

Chisasibi encountered difficulties in recruiting a Community Worker to help out with the extensive workload, especially with youth problems. A request to hire a Local Coordinator for the largest of the nine communities has been addressed to the Board. Indeed there is a great need to better service the community and our devoted staff.

A new trailer with eight office spaces and a conference room was installed in the community. It will house the staff for the Home and Community Care Program.

The clients living at the Fourplex will be moving to another building with more adequate space. This will allow us to receive eight clients compared to four at this moment.

Whapmagoostui has new staff, but the office facilities are missing. Therefore the HCCP is presently on hold because of a shortage of office space and lodging for workers. Adding a Local Coordinator would be a great help for the CLSC.

Good news: The MSSSQ has granted $486,000 to change the heating systems, buy a generator and make renovations, especially to the garage. We will also buy a new vehicle to replace the existing one.

A new house will be built this fall to accommodate a nursing position with the Home and Community Care Program.

Mental Health

The Board of Directors made the decision to bring back the position of Mental Health Coordinator to the Cree territory. The holder of the position chose to stay in Montreal. Thus the position will be filled by a new person sometime this summer. The team of psychologists have been doing a fine job. We were also awarded money to develop a Crisis Hot Line; a new employee was hired and will be based in Mistissini.

PROGRAMS AND SERVICES

Patient Transportation

Community	Urgent		Elective		Total		Births		Deaths	
	2000 2001	2001 2002	2000 2001	2001 2002	2000 2001	2001 2002	2000 2001	2001 2002	2000 2001	2001 2002
Chisasibi	-	-	-	-	-	-	103	94	16	18
Whapmagoostui	52	35	313	379	365	404	16	24	2	4
Wemindji	36	38	376	356	412	394	21	32	3	3
Eastmain	19	16	204	227	223	243	17	15	1	4
Waskaganish	47	44	334	346	381	390	47	37	8	5
Totals	154	133	1,227	1,308	1,381	1,431	204	202	30	34

2000-2001

Coastal Community	Nurse		Community Health Representatives				Doctors		Other
	Curative Visits	Program Visits	Clinic Visits	Home Visits	School Visits	Group Interventions	Curative	Program	Specified Specialists Visits
Chisasibi	682	7,130	441	82	83	1,095	53	1,730	NA
Whapmagoostui	8,392	901	347	30	67	692	634	288	420
Wemindji	8,252	1,434	212	2	76	982	638	325	266
Eastmain	5,643	710	316	86	47	660	302	499	238
Waskaganish	9,427	1,913	80	35	76	195	803	1,077	650
Totals	32,396	12,088	1,396	235	349	3,624	2,430	3,919	1,574

2001-2002

Coastal Community	Nurse		Community Health Representatives				Doctors		Other
	Curative Visits	Program Visits	Clinic Visits	Home Visits	School Visits	Group Interventions	Curative	Program	Specified Specialists Visits
Chisasibi	621	8,281	545	113	75	1,520	53	1,711	-
Whapmagoostui	9,018	1,326	128	13	45	40	702	250	441
Wemindji	8,982	1,775	48	1	8	6	623	539	279
Eastmain	5,508	905	281	66	11	182	277	454	224
Waskaganish	9,987	2,361	21	3	43	43	1,082	1,058	639
Totals	34,116	14,648	1,023	196	182	1,791	2,737	4,012	1,583

PROGRAMS AND SERVICES

Coastal CLSC Physiotherapy Services

In September 2001, under the direction of the Coastal CLSC Director, physiotherapy became a permanent service. Previous services were limited to one visit per community per year by a visiting physiotherapist. The current mandate is to establish a structure and process by which sustainable physiotherapy services can be implemented and delivered.

The Mission

Dedicated to the physical capacities of the human body, the mission of physiotherapy services is to provide the most comprehensive care possible to the inhabitants of James Bay coastal villages. Providing evaluation, treatment, education and recommendations within the scope of physiotherapy practices, the service aims to reflect and be adapted to each individual, to the respective communities and to the Cree Board of Health and Social Services.

Service Areas

Currently based in Chisasibi, the Coastal CLSC physiotherapist is mandated to carry out both patient care and service management relevant to the delivery of services in the CLSC Health Care Clinics in each of the five coastal communities, to the James Bay Regional Hospital in Chisasibi and to provide consultant services to Radisson residents.

Goals for Direct Patient Care

Through physiotherapy professional practices, promoting patient awareness, the delivery of intervention and recommendations, care is oriented to maximizing the recovery of physical impairments due to a temporary or long-term diagnosis. In effect, the objective is to minimize disabilities and handicaps faced by the individual. Further, recommendations are provided to assist individuals with either short or long-term handicaps to adapt to surrounding environments, roles and responsibilities.

Goals and Objectives in Implementing Services: 2001-2002

Goal: Develop the required components of operating an efficient and structured service related to both direct patient and non-patient care responsibilities.

Components that have both seen completion and significant advancements include:

- Increased and improved quality and quantity of access and delivery of physiotherapy services for direct patient care
- Development of policies, procedures and clinical guidelines
- Establishment of efficient operating practices in both administrative and direct client care responsibilities
- Creation of a suitable clinical working environment adequate for the delivery of sustainable physiotherapy services in Chisasibi; an environment possessing the capacity to adapt to ongoing changes, future growth and an enticing working environment for potential new employees
- Recruitment methods and activities for physiotherapists
- Recommendations on the long-term implementation process of physiotherapy services for the James Bay Territory

Objectives for 2002-2003

- Provide greater access and delivery of direct patient services to coastal community health clinics
- Pursue further developments toward a structured and sustainable physiotherapy service for the Coastal CLSC, including facilities, staffing, methods of service delivery and management
- Support the development of physiotherapy services for the Inland CLSC
- Pursue the creation of a rehabilitation team composed of rehabilitation professionals working in the territory
- Initiate and actively participate in the recruitment of physiotherapists to fill vacant positions and to provide statistical support for the creation of future positions
- Improve the professional support and develop educational seminars for community residents, rehabilitation staff, nurses and doctors in the various nursing stations
- Advancements in professional skill and knowledge for improvements in services provided
- Participate and facilitate the integration of physiotherapy services into specific program development (Home Care and Day Centre Programs)

Mark McFadden
Physiotherapist

PROGRAMS AND SERVICES

Statistics September 17, 2001 until March 31, 2002

Community	Visits	New Patients	Clinic Visits	Home Visits	Hospital Visits	Unattended/ Unscheduled Appointments
Chisasibi	Base	101	297	15	48	25
Eastmain	4 days	19	13	3		3
Waskaganish	5 days	71	23	4		6
Wemindji	3 days	21	11	10		2
Whapmagoostui	5 days	33	18	9		5

Advancement in the development of quality physiotherapy care for the residents of James Bay is a process that will require time and a major commitment. Over the next several years, there will be many new and ongoing changes to the service's structure within the CBHSSJB. As the service grows there will be a greater emphasis on public relations: sensitizing James Bay residents, members of the administrative branch of the CBHSSJB, and health and social services professionals to the services provided by physiotherapy.

Mark McFadden
Physiotherapist

INLAND CLSC

Occupational Therapy

Occupational therapy within the Inland CLSC has a regional mandate. Therefore, the occupational therapist covers the four Inland communities, i.e. Ouje-Bougoumou, Mistissini, Nemaska and Waswanipi. Most interventions are carried out in the clientele's natural milieu.

Mandates:

- To offer occupational therapy services, direct care, support and advice to various clienteles and to carry out the liaisons with rehabilitation
- To develop and improve rehabilitation and home-care services
- To work in collaboration with the various services offered at the Cree Board of Health and Social Services of James Bay (CBHSSJB)

Achievements:

- Providing direct care to the population through home visits, school or daycare visits, meetings at the clinics, telephone follow-ups, etc.
- Letters and meetings with the various partners (Band Councils, Cree School Board and the various health institutions) and CBHSSJB's services (Nursing and Social Services)
- Meetings between professionals in the CBHSSJB and the Chibougamau Health Centre
- Discussing with various representatives of the Health Centres toward the clarification of roles and mandates
- Developing a bank of technical aids, reviewing the classification and inventories of these aids, improving the efficiency of the allocation of the aids. The delays related to the allocation of the technical aids were decreased.
- Training a professional team to improve the rehabilitation services
- Offering support to direct care in the Coastal communities
- Developing work tools for occupational therapy services

Objectives for 2002-2003:

- Improve the quality and efficiency of occupational therapy through more frequent follow-ups in the communities, better organization of the work and more clearly defined team work
- Participate actively in the implementation of home support services and the development of new programs related to rehabilitation

PROGRAMS AND SERVICES

Mistissini Clinic:

In addition to the primary and preventive health services that are provided to the community, the staff of the Mistissini Clinic participated in the following health prevention and promotion activities:

- *Sadie's Walk* (health and nutrition activities)
- *Traditional Gathering*
- A Vaccination blitz from September until October 2001
- In October, the *National Family Week*; the CHRs activities included: *The Family Walk,* and *Planting the Family Tree*
- November 2001, we had a vaccination against meningitis program that lasted almost six weeks
- We finished the year 2001 with a *STDs/AIDS Awareness Week* including a lot of promotion and activities. The first activity of 2002 was the *Diabetes Awareness Week*, where we carried out a survey to discover new cases of diabetes among teenagers.
- Activities on nutrition and on iron deficiency were also carried out

Social Service Sector

The Social Service team made a constant effort to maintain quality in the delivery of services to its clientele. Our main focus was on working with clients and their families in order to help the individual become more autonomous and responsible.

Within the CLSC clientele, we observed an increase in mental health problems and suicide attempts. It was also noted that more referrals were made to treatment centres for substance abuse, thus aftercare programs need to be developed.

At the community level, a lot of information was provided on the home and community care program, which will be implemented in the spring of 2002. The CLSC ensured continuous home-care services to community members and also to the Elders Home when needed.

In the Youth Protection Sector, the caseload of Young Offenders has increased considerably partly due to the fact that many of our youth have dropped out of school. We still see problems related to violence, substance abuse, vandalism and sexual assault among the youth. Joint efforts with the Justice Panel at the Band level and our department were made to develop a program for community service work. We also provided support for children and families in crisis and the usual interventions in Youth Protection on behalf of children who are considered to be at risk.

Both CLSC and Youth Protection Community Workers have to work with outside agencies in order to offer adequate individualized healing plans with appropriate resources and services to their clients.

The Social Service team would like to focus more on prevention and intervene more with families as a whole. Unfortunately, due to a lack of human resources, this activity is very limited.

Health Sector

The recruitment of nurses is an ongoing challenge. We continue to look for a workable solution to remedy the situation and hire permanent nurses rather than relying on hiring contract nurses from agencies, which is more expensive.

The nurses and the CHRs continued to provide information to mothers on prenatal care and breastfeeding in addition to running the "well baby" clinics. This joint collaboration has proven beneficial. The nurses and the CHRs also make home visits to clientele that require special home medical care. There is good contact with the elderly who are reassured by our visits and support.

There was also a great deal of preventive health education done. Information was provided on diabetes, obesity, suicide prevention, nutrition, sexually transmitted disease, etc.

The staff was also busy with the regular vaccination schedule and the additional special vaccinations program, which took extra time but was well received.

In the area of health promotion the staff concentrated their efforts on nutrition, exercise, pre and post-natal follow-ups, etc. They were also present in the schools to provide information to the students and were on hand to provide support to the Diabetes Wellness Journey walkers.

The community health units provided emergency care 24 hours a day, 7 days a week, and provided follow-ups on clients with chronic illnesses.

February 2002 represented a significant milestone for the people of the Cree First Nation of Waswanipi with the opening of the new Waswanipi Health and Social Service Community Centre. After several years of waiting they now are able to benefit from having a centre that is new and improved.

There have been many changes during the last year; however, the staff continues to provide quality service.

PROGRAMS AND SERVICES

Chisasibi Hospital Centre

The Chisasibi Regional Hospital is in constant development. This year, we have finalized the purchase and installation of new high technology equipment in the Medical Laboratory and in Imagery Services. These two services are therefore highly advanced. Thus, we are assured of first-rate performance for the years to come.

Staff retention was also an integral part of our objectives and you may observe by reading the statistics that the result of our efforts is excellent.

Administration:

The addition of an administrative technician allows coordinators to free themselves from some administrative tasks and thus be more present for clinical activities.

Nutritionist-Dietician:

The nutritionist-dietician deals with diabetes, providing curative and preventive services. This new service is in great demand and is very appreciated by the community and the multidisciplinary staff.

Number of individuals seen for an assessment in the year

Inpatients (Requiring an intervention)	45
Outpatients (New and in priority)	89
Follow-up of known patients (Especially Type II diabetes)	111
Waiting list (New patients)	about 60

The nutritionist-dietician is presently looking into the possibility of using traditional foods for hospitalized beneficiaries.

In addition, she is in the process of decreasing the costs related to the purchases made by the hospital cafeteria kitchen.

Nursing Staff Retention and Attraction:

A comparison table of the turnover rate

	2001-02	2000-01	1999-00
Final departures	4.1%	55%	63.6%
Transfer from the hospital to a nursing station on our territory	16.6%	----[1]	----
Change of status (Full-time into Occasional)	4.1%	----	----
Number of new nurses for the hospital	3/24	12/22	14/22

Two new full-time positions were created this year, i.e. one in the Outpatient Clinic, and one in the Hemodialysis Department. This brings us to 24 full-time positions.

The table demonstrates that we have met our objectives. The efforts are focused on three aspects:

1. Proper training for the extended role by the training officer (new position). She has trained 20 nurses in this past year.
2. With this training, the nurses now have access to positions in the nursing stations. Instead of leaving the CBHSSJB because they want a change, the nurses transfer to a nursing station.
3. The orientation for all new nurses is done by the nurse educator. This is also a very important aspect for retention. She supervises them during their initial three months of work. In addition, she is in charge of continuous training, of accidents-incidents follow-ups and of the implementation of all new medical or nursing protocols.

The Statistics of the Archives Services:

A. Bed occupancy per day - Medicine Department

	2001-02	2000-01	1999-00
Acute care	77%	58.6%	68%
Long-term care	60%	76.6%	66.6%

B. Deliveries at the Chisasibi Hospital Centre

There were only two deliveries this year. The reason for such a low number is that our present doctors cannot perform deliveries. This situation should be corrected in 2002-2003 with the arrival of doctors interested in performing deliveries.

C. Outpatient Clinic

	2001-02	2000-01	1999-00
Number of visits at the Outpatient Clinic	15,129	14,837	14,921
Number of visits for a specialist doctor	1,526	1,542	1,523

Hemodialysis Department:

Presently, there are six beneficiaries on hemodialysis. The expansion project of the department is in progress, and we will soon have six new dialyzers.

Number of treatments provided by year

2001-02	2000-01	1999-00
797	766	433

[1] The program did not exist at the time

Imagery Services

Comparison Table of the Activities

	2001-02	2000-01	1999-00
X-rays	2,974	2,539	2,726
Electrocardiograms	660	546	605
Ultrasonographies	546	602	565
Number of beneficiaries	3,166	2,870	3,156

Imagery Services transferred their first images through Teleradiology on December 11, 2001. This was a big step for the Cree Board of Health and Social Services of James Bay because it is the dawn of the telehealth era.

Medical Laboratory:

A comparison table of activities

	2001-02	2000-01	1999-00
Tests done in Chisasibi (Weighted units)	300,607	201,487	158,394
Tests done outside (Number of tests)	36,072 [2]	30,760	28,250
Cost per unit	$1.10	$1.38	$2.10

The number of tests done in Chisasibi is increasing. However, the cost per unit is decreasing. This demonstrates that we are increasingly efficient thanks to new equipment and to reorganization of working methods.

The increase in the number of tests done outside Chisasibi is due to the population increase among Inland communities and the corresponding need for more frequent testing.

Auxiliary Services:

Regarding all auxiliary services, for the time being it is status quo: We are concentrating on increasing productivity by reorganizing working methods.

Conclusion:

The 2001-2002 fiscal year has demonstrated to our administration that teamwork has conclusive and practical results.

Louise Gagnon
Director of the Hospital Centre

[2] In Chibougamau only

PROGRAMS AND SERVICES

Council of Physicians, Dentists and Pharmacists

Election

This year, three members of the Executive Committee have been re-elected to their positions: Dr. Sirhan, Dr. Parenteau and Dr. Deschenes. Following the resignation of Dr. Parenteau in January, Dr. Bergeron has been elected to replace him.

Mandatory Committee

All the Mandatory Committee members were in place, but because of the work overload, the Pharmacology Committee and the evaluation of the Committee Act were for the most part non-functioning this year.

Executive Committee

Therapeutic Guide

The Therapeutic Guide Committee spent much of the year finalizing the document. It is now complete and will be revised entirely by two physicians and our pharmacist over the summer before final approval. We expect to print the French and English version this fall. We congratulate Dr. Kovitch for her dedication and her excellent work in creating the document and also all the professionals who helped revise and support the completion of this major project.

Nomination

The Titles and Credentials Committee has done an excellent job and provided us with recommendations for nominations of two permanent physicians in our territory, two permanent pharmacists and two new permanent dentists.

Revised and Adopted Protocols and Guidelines

Many professionals were involved throughout the year in revising and preparing new protocols. Overall, about ten new protocols and guidelines were revised, created and adopted, including the thrombolysis protocol, CPDP guidelines for protocols approval and revisions. Those protocols provide guidance and standard of care for our establishment. The work is ongoing and much more is to come for the upcoming year.

Ongoing Files

The CPDP has been involved in other ongoing files, such as the revision and standardization of patient files, discussion with the *Ordre des Infirmières* concerning nurses in northern practice, revising ophthalmology services and the creation of a standard needle stick injury protocol for the Cree Health Board.

Complaint

Two complaints have been received by DPS - Medical and forwarded to the CPDP Executive Committee. They were dealt with immediately and professionally. The complaint policy was very well understood and applied.

PROJECT 2002-2003

The CPDP intends to finally complete the therapeutic guide and table it at the Board of Directors' meeting sometime in the fall. We are hoping to create a rules and regulations document for the Medical department.

Conclusion

In conclusion, the CPDP is proud to present to the Board the result of a hard working team, whose goal is always to improve the overall quality of care within the Cree Health Board.

Dr. Lucie Papineau
CPDP President

PROGRAMS AND SERVICES

From the Director of Professional Services - Medical

Three years ago, the administration of the Professional Services - Medical initiated an unprecedented process to modernize the Medical Laboratory, the Imagery Department, the Dialysis Department and the specialized medical equipment of the Chisasibi Hospital Centre and of the Nursing Stations in the Cree territory.

Today, a great deal has been accomplished following a schedule with deadlines that had to be reviewed several times because of some bumps along the road.

It is with a great deal of pleasure that our efforts were in most part completed successfully, which generated an obvious enthusiasm among the health professionals and all of the organization's staff.

With this success, it is with enthusiasm and renewed energy that we pursue this process onto the path of excellence.

The recruitment of physicians:

Thanks to our continuous recruitment efforts, two permanent physicians joined the team at the Chisasibi Hospital Centre in the autumn of 2001. Two other physicians will complete this team in August 2002.

In addition, two new permanent physicians will be arriving in Mistissini in the summer of 2002, thus there will be three physicians in this community.

Our team of locum physicians has greatly increased and must meet criteria of competence, empathy and availability.

The Medical Laboratory of the Chisasibi Hospital Centre:

Our new Medical Laboratory of "Core Lab" type is totally operational and carries out 95% of all laboratory tests prescribed by the doctors of the hospital and of the Coastal Nursing Stations.

The computerization of this lab will be completed within the coming months on receipt of financing granted by the Quebec Ministry of Health and Social Services.

Digital Radiology at the Chisasibi Hospital Centre:

The complete renewal of equipment for the Imagery Department of the Chisasibi Hospital Centre is complete and an interconnection with the Imagery Department of the Sherbrooke University Hospital Centre will allow a link in real time for specialized interpretation of X-rays. An interconnection will also be established with the Orthopedic Clinic at the Amos Hotel-Dieu Hospital to ensure a consultation in real time with the orthopedists. This will increase the quality and rapidity of consultations offered in that specific sector.

The Imagery Department of the Chisasibi Hospital Centre has a single archive system of X-ray images thanks to an ultramodern Picture Archiving and Communication System (PACS). Very few hospital centres in Quebec are equipped with such a system, and Chisasibi is the only one in a distant region to be so equipped, making it an object of pride for our organization.

The Hemodialysis Department at the Chisasibi Hospital Centre:

With our partners of the Nephrology Department at the Montreal General Hospital and at the Dialysis Unit of the Chibougamau Hospital Centre, we are presently entering a decision-making period regarding the choice of new machines for our respective hemodialysis units. The following year, a TeleDialysis system will be connected to these machines.

Equipment in all Nursing Stations in the Cree territory:

Semi-automatic cardiac defibrillator monitors, as well as perfusion pumps and basic fetal monitors, have been acquired for the prenatal follow-ups of the patients in each Nursing Station in our territory.

We plan the future purchase of more specialized fetal monitors for patients exhibiting gestational diabetes.

Prehospital Emergency Services:

Dr. Colette Lachaîne, Medical Coordinator of our Prehospital Emergency Services, as well as her team of educators, will assure the teaching of defibrillation and incubation techniques during the annual recertification of our nursing staff.

Moreover, we have undertaken the actualization of a prehospital emergency service following the first responders' model for the communities of Eastmain, Waskaganish and Nemaska as provided for in our plans. Ouje-Bougoumou will be the next target for implementation of this model.

Ophthalmology Services:

For this past year, we have undertaken an in-depth evaluation of our ophthalmology and optician services for each of the communities in our territory. Criteria of competence, quality and an adequate offer of services are the primary concern guiding us in our analysis.

Following this assessment, the necessary corrections will be made at the same time as new specialized medical equipments are purchased for the ophthalmology services, since reaching excellence is our main objective.

Telemedicine:

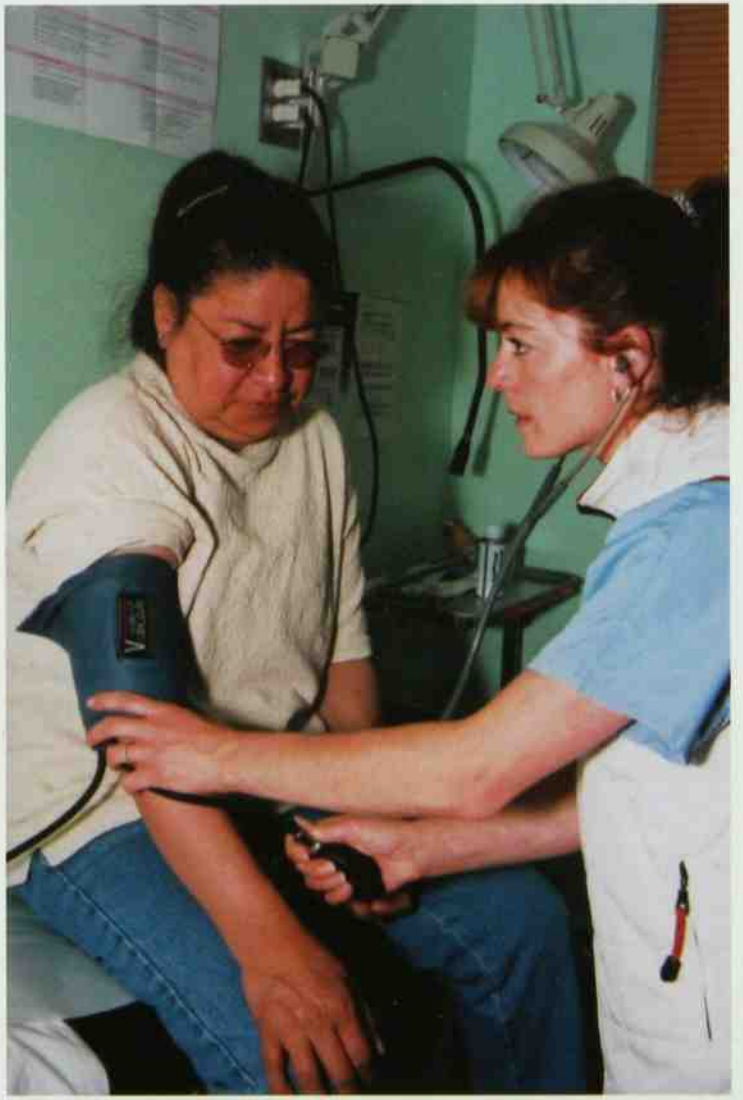
The Telemedicine project certainly remains at the heart of our concerns since we have been working on it for the past three years.

However, appropriate funding from the MHSSQ in order to achieve our objectives is pending.

PROGRAMS AND SERVICES

The Objectives for 2002-2003:

- To complete the recruitment of permanent physicians
- To implement our plan of the Prehospital Emergency Services in the communities yet to be organized
- To ensure the staff's continuous training regarding Prehospital Emergency Services in order to maintain and increase their level of competence
- To ensure the follow-up of our prehospital emergency quality assurance program
- To pursue the implementation of the global plan for Telemedicine
- To complete the full reassessment of the Ophthalmology services in our territory
- To review and improve the ophthalmology equipment in our territory within the framework of our Telemedicine Program, but also to promote the early detection and treatment of diabetic ophthalmic complications
- To purchase modern digestive endoscopic equipment
- To computerize the Medical Laboratory of the Chisasibi Hospital Centre
- To promote and participate in the development of an integrated computer system for all medical sectors of the Cree territory



THE DEPARTMENT OF DENTISTRY

This year, a tour of all communities was undertaken by the head of the department and completed during the months of September and October, 2001. Along with routine verifications, the tour was initiated following the response from the MSSSQ regarding the Board's request to increase the effective number of dentists in the region.

Once again the department was found to be functioning extremely well within the limits of equipment, human resources, and financial budgets. Certain issues in the department remain urgent and require remedy:

1. **Excessive waiting lists:**
   - ✦ 8-12 months for regular appointments (usually 4 weeks in other areas of the province)
2. **High caries incidence**
   - ✦ 75-93% of the population has evidence of disease by the age of 4 years (usually 20% in other areas of the province)
3. **High population growth:**
   - ✦ Very high patient-dentist ratio: 1,800:1 (usually 1,500:1 in other areas of the province)

These same factors continue to maintain a 12-month patient recall interval for appointments. Treatment plans are limited for the most part to very basic and emergency dentistry and insufficient time is spent with patients to promote hygiene and prevention.

This has lead to the submission of numerous petitions from all nine communities, which represents approximately 6,000 individuals. These petitions indicate the dissatisfaction of the population in regards to access to services and limitations of treatment due to excessive waiting lists.

During this fiscal year, a great amount of energy and initiative was undertaken by the department in conjunction with the public health department in producing a very complete and first-of-its-kind report on the dental health and services for the region's population. This document is entitled "Report on Dental Health of the Crees of Eeyou Istchee (Northern Quebec)" and is available in all the communities through the dental clinics.

The Staff:

Changes to the staff occurring in the year 2001-2002 included the permanent replacement of Dr. Marc Parenteau with Dr. Stephane Rousseau (now in Waskaganish and Nemaska) in February of 2002. Furthermore, the transfer of Dr. Daniel Bergeron from Waskaganish to Chisasibi occurred during the same period. Dr. Bergeron now holds the title and responsibilities of Assistant Head of the Dental Department.

All three dental hygienist positions were assigned this year. Each hygienist resides permanently in the three largest villages of the region; they are Juliana Snowboy (the first Cree dental hygienist) in Chisasibi, Jean-Francois Lortie in Mistissini, and Alison Senior in Waskaganish. Each hygienist is responsible for two other smaller communities.

In terms of specialist dental services, this year introduced the first endodontist to the Inland communities. A short-term contract with Dr. Benoit Desjardins was negotiated for future visits to Mistissini in order to provide specialty services to this community through very cost-effective measures. These changes have been very well received by patients and staff alike.

Dr. Hilal Sirhan continues to head the Department of Dentistry for the CBHSSJB, continuing with recent functions involving training program development, dental resident program supervision, and development of new dental clinics. Other duties involve budget management, upholding the standard of quality care in all nine villages (as well as out of territory), supervising schedules of all dentists, assistants, hygienists and specialists, as well as regular clinic hours.

This year, the recruitment and nomination of replacement dentists continued to be extremely positive. Dr. Marc Parenteau, along with Dr. Daniel Bergeron, continued to maintain an available list of approximately 25 very qualified replacement dentists throughout the year, thus allowing the department to provide continuous services throughout the communities.

Dental assistants and receptionists remained hard working, dedicated and very available this year. With the addition of Mrs. Emily Wapachee as the part-time receptionist in Mistissini, productivity and efficiency has advanced by leaps and bounds. This employee has been working part-time and her duties include receptionist functions, patient scheduling, and coordinating visits for replacements and specialists, among others.

The Equipment:

The new clinic of Waswanipi was completed this year and partial installation of the dental equipment was completed, thus ensuring a high standard of available services within this community. Further negotiations will take place in the upcoming year to complete two new dental operating rooms with state-of-the-art equipment. This will improve the dentist's efficiency in a village with a rapid population growth. Also, this will eventually allow the hygienist, denturist and dental specialists to visit the community even when the dentist is present.

More specialized state-of-the-art dental equipment was obtained–such as Assistina Kits and Waterline Bypass System–and were installed in most of the community dental clinics. The purchase of seven Nikon High Resolution (3.34 Megapixels) Digital Cameras will also prove extremely useful with the integration of Inter/Intranet systems in all villages for Tele-Dentistry. All these combine to provide an increase in the quality and rapidity of treatment provided for the population.

PROGRAMS AND SERVICES

Computerization of all dental clinics has not yet been accomplished and delays will reduce the efficiency of the department. A request for desktop computer systems for all community dental clinics and laptops for each dental professional has been submitted and accepted at an administrative level. It remains a question of budget and circumstance for the final delivery of all equipment.

Occasional difficulties in attaining orders were mostly related to the supply companies' hold on equipment and supplies. These actions by supply companies stem from outstanding payments reaching $75,000 at times.

The Treatments Rendered to the Beneficiaries Outside our Territory:

The treatments rendered to beneficiaries outside the territory continue to increase significantly from year to year due to an increase in the number of patients living off reserve for reasons of employment and education.

The duty of processing dental claims and authorizations for dentists off reserve remains a joint task between the permanent dentist of each village and the Finance/NIHB department. This will result in better overall care for those patients as each dentist will be following services rendered to the patients native to that particular community.

Moreover, specific steps were taken to meet with the NIHB Dental Services Division of Health Canada, specifically, Mr. Jean Pouliot and Dr. Yves Ayotte. This meeting took place during the spring of 2002 and included the previously mentioned individuals, along with the CBHSSJB's manager of the NIHB department, Mme Reine St. Louis and the Head of the Department of Dentistry.

This meeting proved very useful and initiated the process of integrating a computerized database program, resembling that of Health Canada, with an office computer system such as those used in private clinics and insurance companies. All this in the hopes of managing out-of-territory dental claims as well as other essential office applications such as schedules, specialized lists, patient files (including digital photographs and radiographs), and tele-dentistry applications.

The New Services:

Now with the fully staffed dental hygienist positions, we can develop both the public health and clinical services to their maximum potential. With the public health dentist, we foresee the implementation of a new public health program in the upcoming year. Along with this, the presence of recall clinics for communities with sufficient facilities will be implemented. Thus, the integrated services will set a precedent in the near future.

The second year of the Multi-Disciplinary Rotation Pilot-Project for Dental Residents has been very positive. In association with McGill University, the University of Montreal and the University of Laval, a total of ten fully qualified dentists were selected and arrived in the territory in the past year. These dentists follow postgraduate training and rotate through the

CBHSSJB's Department of Dentistry. As a result, the region's population has benefitted from having promising future candidates aid the CBHSSJB in reducing the tremendous waiting list of patients requiring treatment.

In terms of specialist dental services, this year introduced the first Endodontist to the Inland communities. A short-term contract with Dr. Benoit Desjardins was negotiated for future visits to Mistissini in order to provide specialty services to this community through very cost-effective measures. It is interesting to note that over 50 patients were consulted and treated, and the equivalent cost of referring these patients to other dental specialists would have exceeded $35,000. These changes have been very well received by patients and staff alike.

These services have been developed to respond to the turnout of opinion-poll letters from the population requesting an increase in dental services.

The Training:

The Department's study club "Excel-Dent", headed by Dr. Eduardo Kalaydjian and Dr. Hilal Sirhan, proved to be very informative this past year. A total of seven conferences was scheduled on various topics in dentistry with occasional guest speakers. The study club continues to ensure the high standards of quality dentistry by promoting continued education in the ever-changing field of dental medicine. The sessions for the upcoming year have been presented to and accepted by the Ordre des Dentistes du Québec.

The revision of the Rules and Procedures of the Department of Dentistry has been completed for the most part and will be distributed during the following year.

Two curriculums of Dental Training Program Modules were drafted and presented to the department for review and approbation (Infection Control Protocol followed later by an Instrument and Procedure Manual). Unfortunately, the necessary budget for the implementation of a complete Dental Congress has not yet been accepted by the Human Resources Development department.

It is hoped that the final implementation of such a congress will take place during a regional training session in accordance with the Journées Dentaires du Québec.

The Measuring Units and the Statistics:

The report on statistics this year is detailed in the annexed table. The total number of appointments has remained stable. Little increases or slight decreases of most statistics have been noted. In general, the capacity for patient flow has reached a maximum.

It must also be noted that recruitment of new hygienists for the region was exceptionally difficult due to a shortage of dental hygienists in the province and in the Human Resources department's staff. Moreover, the Head of the Dental Department has been involved with recruitment of staff, visits throughout the territory, research for the Dental Health Report, as well as negotiations with the government.

In all, these specific tasks, along with the absence of a dental hygienist for most of the fiscal year, amount to approximately 35 weeks of clinical functions. Fortunately, the presence and implementation of a Dental Multi-Disciplinary Residency Program has compensated for these necessary and unavoidable periods of decreased clinical services. Some particular aspects of services have been more than compensated for.

Interpretation of the statistical data demonstrates that despite the limited capacity of the Dental Department's resources, team dedication and hard work has accomplished more than can be expected. We recognize Dr. Bergeron and Dr. Parenteau for their diligent work in tabulating the overall statistics during the previous year.

The Upcoming Year:

Plans for the upcoming year involve the construction of a new clinic in Wemindji, along with alterations for the Waskaganish and Waswanipi clinics to include three dental operatories, panoramic radiograph machines and state-of-the-art equipment.

Moreover, with the three dental hygienists and the presence of an extra chair in six out of the nine communities, the attempt to satisfy the dental health needs of the region will be more feasible.

The Multi-Disciplinary Dental Residency Program will be effective once again with a minimum of 12 fully qualified dentists visiting the region. This will amount to an additional 40-plus weeks of clinic services throughout the region.

Negotiations with the MSSSQ will continue in the upcoming year. The recommendations in the "Report on Dental Health of the Crees of Eeyou Istchee (Northern Quebec)"will be at the forefront of the negotiations with the CRA and the MSSSQ. The forum will likely consist of a joint committee with representatives from different fields. Such discussions have never been so advanced and the potential for good results seems very favourable.

The implementation of the First Annual Dental Congress is to be approved in the following year and committees, presentations, guest lecturers and accommodations are being prepared for the first time to include the complete department. The main objectives include access to educational sessions, formal presentations, group exchanges/workshops, hands-on training, and the development of a strong team spirit.

With the high number of new developments in the dental department, the increased need for extra administrative support has become more pronounced. We hope that, with increased numbers of human resources in the future, the daunting tasks of administration will be better addressed without overwhelming members of the department in their daily tasks. In the meantime, the emergency measures—including the options of employing temporary staff, personnel or consultants—will have to be strongly considered. Otherwise, there is a risk that a difficult situation will become devastating.

Despite these problems, it was determined that the CBHSSJB's Department of Dentistry is generally functioning better than can be expected. The department's impression on the population is very positive and the members of the department remain earnest, hard working and dedicated to the cause of satisfying the dental health needs of Cree communities.

Hilal Sirhan, D.D.S.
Head of Department of Dentistry

PROGRAMS AND SERVICES

				Diagnostic			
	*Patient No.	*Absolute No.	9 years & -	Complete	Emergency	*Con	*X-ray
CHISASIBI	4631	2059	1200	1269	959	181	3787
MISTISSINI	3978	1090	882	1078	692	112	2589
WASKAGANISH	1320	666	307	108	570	42	703
WASWANIPI	1258	527	306	246	278	58	581
WEMINDJI	1303	359	351	490	289	19	627
WHAPMAGOOSTUI	1280	332	348	272	399	50	821
EASTMAIN	621	250	138	102	268	69	501
NEMASKA	452	268	108	70	195	36	261
OUJE-BOUGOUMOU	379	224	118	142	89	7	334
TOTAL:	15222	5775	3758	3777	3739	574	10204
value	0	0	0	49	25	25	15
production	0	0	0	185073	93475	14350	153060

	Prevention						Restorative			
	Hyg	Prophy	Scl	Fluor	SPF	Perio	Amalg	Compo	Temp	CAI
CHISASIBI	1471	1198	703	506	370	113	1775	3487	100	20
MISTISSINI	1101	978	590	322	585	69	2712	1051	47	6
WASKAGANISH	171	78	64	32	45	32	614	623	106	1
WASWANIPI	218	254	139	82	67	12	542	554	42	23
WEMINDJI	403	374	155	197	217	12	652	658	87	1
WHAPMAGOOSTUI	291	220	110	58	21	5	868	451	34	0
EASTMAIN	110	67	58	13	6	15	462	220	33	6
NAMASKA	94	42	45	19	25	17	301	327	23	0
OUJE-BOUGOUMOU	92	130	110	47	49	1	218	252	19	17
TOTAL	3951	3341	1974	1276	1385	276	8144	7623	491	74
value	10	42	90	20	22	218	38	49	39	48
production	39510	140322	177660	25520	30470	60168	309472	373527	19149	3552

GRAND TOTAL: 2,451,405 *These figures include patients both seen and treated:

- by the denturologist in the coast communities
- by the endodontist in the commmunity of Chisasibi
- by the maxillofacial surgeon in the communities of Chisasibi and Mistissini

Prosthodontics

	#Fix in progress	#Rem. in progress	Rep Fix	Rep Rem.	Fix del.	*Rem.unit del.	Pulp prim
CHISASIBI	43	184	0	100	42	137	190
MISTISSINI	10	25	-	33	3	2	55
WASKAGANISH	5	17	-	6	0	19	33
WASWANIPI	0	4	-	7	1	1	44
WEMINDJI	0	65	-	18	0	30	14
WHAPMAGOOSTUI	2	23	-	11	1	23	11
EASTMAIN	0	6	-	2	0	2	24
NEMASKA	1	13	-	7	1	3	20
OUJE-BOUGOUMOU	0	0	-	0	0	0	18
TOTAL	61	337	-	184	48	217	409
value	0	0	90	90	780	450	35
production	0	0	-	16560	37440	97650	14315

	Endodontics			Surgery			Others				
	Pulp perm	In Progress	#Can obt	Exo prim	*Exo perm	*Exo comp	F-U	*Presc	*Ortho	DNA	CANC
CHISASIBI	59	19	239	291	547	321	122	941	682	724	262
MISTISSINI	67	21	83	205	275	145	81	418	552	1256	389
WASKAGANISH	56	25	6	89	295	61	44	391	1	267	56
WASWANIPI	28	9	6	101	139	28	8	139	0	389	89
WEMINDJI	10	13	10	35	107	23	18	211	1	320	71
WHAPMAGOOSTUI	11	19	5	138	160	38	298	298	6	422	101
EASTMAIN	68	72	19	49	76	32	29	168	0	80	42
NAMASKA	8	1	0	23	74	26	9	94	0	69	5
OUJE-BOUGOUMOU	10	8	3	45	37	10	1	38	0	48	15
TOTAL	317	187	371	976	1710	684	610	2698	1242	3575	1030
value	54	0	370	12	48	160	0	0	186	20	0
production	17118	0	137270	11712	82080	109440	0	0	231012	71500	0

* These figures include patients both seen and treated:
- by the denturologist in the coast communities
- by the endodontist in the commmunity of Chisasibi
- by the maxillofacial surgeon in the communities of Chisasibi and Mistissini

PROGRAMS AND SERVICES

DIRECTION OF PROFESSIONAL SERVICES - SOCIAL

MANDATE

Part of our responsibilities is to define social work practices and to develop social programs and services so as to identify the population's social service needs. We are also responsible for ensuring the quality of services provided by Professional Services - Social throughout the region by establishing quality standards and intervention protocols.

TEAM

The year 2001-2002 was marked by the improvement of staffing with the creation of four new permanent positions. We are pleased to announce the nomination of Demerise Coon as Executive secretary, Anny Lefevre and Suzanne Allard as Planning and Programming Consultants, and finally Bertha Dixon as Planning and Programming Officer. The team is also composed of two Information Officers, Wally Rabbitskin and Abraham Bearskin, who was on a leave of absence and replaced by Kelly Pepababano.

In addition to this permanent team, the following individuals were appointed to work on the implementation of the Home and Community Care Program on a contractual basis: Pauline Bobbish, community worker; Sarah Cowboy, nurse; Jeannie Pelletier, nurse; Margaret Louttit, promotional officer; and Sandra Shecapio, secretary.

Furthermore, different consultants with various expertise were hired on contract to support the completion of specific projects. Bill Mussel conducted training on planning and programming for the Home and Community Care program. Eric Shirt and Terry Doxtator joined the Healing Lodge team to work on the Circle of Care and the managerial structure. Finally, Thomas Garfat was mandated to do a global review of the Readaptation Program Services.

ACTIVITIES AND PROJECTS

The Elderly and Disabled Project

The Needs Assessment

During the previous year (2000-2001) a needs assessment of people requiring immediate, short and long-term care was done with funding from Health Canada. A total of 600 people in eight communities were assessed, and community members were consulted. During spring and summer 2001, major work was done to validate the results with the CBHSSJB staff and managers. The final report was presented and adopted by the Board in September 2001. The outcomes of the needs assessment were also presented to the Chiefs of the nine communities to prepare the negotiation with the Ministry of Health and Social Services. From the thirteen recommendations, the building of nine Multi-Services Centres was chosen as the first capital project to be undertaken. In November 2001, a meeting with the Ministry was held for the purpose of conveying the history, the outcomes and final recommendation of the needs assessment, as well as the capital option chosen by the Chiefs.

The Home and Community Care Program

According to the needs assessment of the elderly and disabled people and with funding from Health Canada, a team composed of a nurse, a community worker and an occupational therapist was appointed to develop an effective Home and Community Care program. A community consultation tour was organised to present and validate the program with the community members and CBHSSJB employees and managers. Extensive work was done by the team to ensure the implementation of this program at the community level (policies and procedures manual, clinical intervention and client record tools, chart system, job description, program monitoring tools, selection and recruitment process, promotional kit, etc.).

In order to ensure the full implementation of the program, Heath Canada allocated funding for office space, lodging and training. Chisasibi, Whapmagoostui, Mistissini, and Nemaska, will get new office space. Whapmagoostui, Wemindgi, Nemaska, and Ouje-Bougoumou will acquire additional lodging for staff. Cardio-Pulmonary Resuscitation training was provided for the home care workers from the Inland CLSC.

The Multi-Services Centre Program

In December 2001, the initial steps for the development of the Multi-Services Centre's core program services and its Technical Functional Plan was started. Discussion was initiated with the Ministry of Health and Social Services in order to get additional funding to hire people for the planning phase. The Ministry answered positively and provided partial funding. This allowed us to hire on a permanent basis an Executive Secretary, a Planning and Programming Consultant and a Planning and Programming Officer.

Alcohol and Drug Addiction Services

Healing Lodge Program

In March 2001, the planning team met with the Board of Directors of the CBHSSJB to present the preliminary report on the program description of the Cree Treatment Centre. The document was approved in principle. At this time, the architects also met with the Board to present a few models of design for the Healing Lodge. The Board recommended that a sub-committee be set up to work with the planning team and the architects to design a lodge that would reflect the Cree cultural values.

From June to December 2001, work was done on the program components including the input of the NNADAP Workers. A community consultation tour was organized to ensure the accuracy of the needs identified.

PROGRAMS AND SERVICES

Following the consultations, a draft program was finalized. At this time, two consultants were mandated to assist the planning team to integrate the community input and to fine-tune the program. An internal process of consultation with the staff and managers was initiated in order to present the final text to the Board at the July meeting.

Eeyou Miiyuupinaatisiiwin Action Team - Regional Wellness Action Team

In its second year, the Action Team worked mainly on finalizing its terms of reference. While acknowledging the needs of the communities in the area of addiction, the team concentrated on establishing a firm set of objectives and mandates to abide by.

As part of its mandate, the Team adapted the Street Worker Program to accommodate community needs. The new program activity will now take place during late afternoon to early evening. This was done to ensure better access for the target group.

Youth Services

Youth Readaptation Services Review

In June 2001, a meeting was held in Mistissini between Youth Readaptation Services staff and regional managers (ED, AED, DPS - Social, Assistant DPS - Social and DYP) to initiate a review of programs and services. A sub-committee was created to develop an action plan. Unfortunately in October 2001, a fire within the Reception Centre resulted in a temporary closure of the facility. The youth placed at the Reception Centre were relocated (Batshaw Centre, Mistissini and Chisasibi Group Homes). At that time, it was agreed that the internal difficulties encountered by the staff and managers in the operation and delivery of services was becoming critical to a point where we found it urgent to get external expertise to properly assess our services. This propelled discussions with the Ministry of Health and Social Services to get funding to hire an external consultant. The consultant produced a document entitled "Into the Circle."

Batshaw Contract

A process started in the previous year, to initiate discussion in order to bridge the gaps between our two organizations, ended up in negotiating a services contract that will better answer the needs of the Cree children and youths. The contract which is about to be signed is the result of ongoing good communication and willingness from both parties.

The Team

Christiane Guay
Lisa Petagumskum
Anny Lefevbre
Wally Rabbitskin
Abraham Bearskin
Kelly Pepababano
Demerise Coon

PROGRAMS AND SERVICES

Department of Youth Protection

NEW POSITIONS:

Paul Cormier was hired in 2001 as the Human Relations Officer to cover the two communities of Whapmagoostui and Wemindji. We thank Paul for his support and assistance. As of April 1, 2002, Paul was then hired as the Local Coordinator for Whapmagoostui Clinic.

In Whapmagoostui, Ms. Gloria George, secretary/receptionist for the Social Services Department, and Mr. John George, a Youth Protection worker, are back with us. We have welcomed both to our team.

Regretfully, we had difficulties fulfilling the positions for three additional community workers in Youth Protection for the two communities of Whapmagoostui and Chisasibi.

Sinclair Neeposh, our Youth Protection worker in Waswanipi, has moved on to a new position. He is now a full-time worker for the NNADAP program. Mr. Neeposh has been working with us in the Youth Protection Department for eleven years. We wish him success with his new challenge and thank him for his work in the betterment of our people.

Emily Mianscum resigned as the foster home worker in Waswanipi. We will miss Emily's commitment and ability to work well in a team. We wish her great success in her future endeavours.

CASELOAD EVALUATIONS:

This past year, three communities –Waswanipi, Nemaska and Ouje-Bougoumou– were visited for caseload evaluations. We were unable to visit the other communities due to our busy schedules.

DIRECTOR OF YOUTH PROTECTION ON-CALL AFTER HOURS:

Most of the Human Relations Officers and two workers –Marjorie Mistacheesick and Bella Hester– were delegated as D.Y.P. on-call after working hours and on weekends. This system is working very well. In years past, Mary Bearskin, Assistant Director of Youth Protection and Marlene Etapp Dixon, Director of Youth Protection, took turns being on call. This became overwhelming at times when we were only two people taking turns. Now there is more rotation between the schedules and fewer days for each person. This has given the time to attend to our administration duties. We thank all those involved for their continued support.

TRAINING:

This year is the final stage for the Bachelor of Social Work course. The students will be graduating in the month of November 2002. This has been a very successful challenge for all the students. They have put in so much effort and have sacrificed their time in leaving their families. It has taken determination to be available to work and find the time to do the homework required for the courses. This is a great success for all of them.

In 2001, no further training was given to our Youth Protection Department, due to the existence of the Bachelor of Social Work Program.

This past year, it was very difficult to find replacement workers to cover Youth Protection during the period when the regular workers were on their field placement. The support provided by the Human Relations Officers is greatly appreciated, as are the replacement workers who have done their best to provide needed services.

LE BON COMMITTEE:

Le Bon Committee was mandated, in the year of 2000, to make recommendations for the needs of Youth Services for the Cree Board of Health and Social Services of James Bay. The mission of Le Bon Committee is still ongoing. Negotiations are continuing between the Minister of Health and Social Services of Quebec and the Cree Board of Health Director and Grand Council of the Crees.

FOSTER HOMES:

Recruiting foster homes is a difficult problem for some Cree communities, particularly in the smaller communities. One of the reasons for this is that more Cree families are employed than in previous years and are not available to provide this support service. When foster homes are not available for the child or youth within their own community, the foster placements must be done outside the community.

This year, the Youth Protection workers were told to rely more on the Human Relations Officers for support and case consultations. The two directors were spending about 80% of their time doing case consultations with the workers. But if urgent situations or crisis cases occur, then we are available for consultations. This change has improved our service and has had a positive impact on our working relationships and teamwork.

READAPTATION SERVICES:

The Readaptation Services in Mistissini were temporarily closed in the month of November 2001 until the end of January 2002 due to fire damage. Those in placement experienced this crisis: Some of the youth who were required to stay in placement had to be transferred to Batshaw Youth Centre. Family Centres in Montreal were used as back-up services. We appreciated the great support received from Batshaw Youth and Family Centre. Many youth were placed in foster homes in the Cree communities when possible.

STATISTICS:

The Youth Protection Department has provided the statistics each year and for the year of 2001-2002.

Social Services Statistics

Year: 2001-2002

1 - Number of placements in foster homes:

Placements	Regular	Special	Rehabilitation	Emergency	Adoption	Special Needs
Children						
Ages 0-4	497	36	3	256	75	50
Ages 5-11	636	60	73	219	60	76
Ages 12-15	308	3	47	69	0	38
Ages 16-17	226	0	22	10	0	38
Total children	1,667	99	145	554	135	202
Adults	135	18	42	43	0	0
Elders	52	9	2	2	0	0
Grand total	1,854	126	189	599	135	202

Grand total of placements: 3,179

Stand-by families: 264

2 - Number of days of placements in foster homes:

Placements	Regular	Special	Rehabilitation	Emergency	Adoption	Stand-by
Children	27,294	1,566	2,768	1,554	3,731	-
Adults	1,560	311	884	117	0	-
Elders	1,133	152	19	6	0	-
Grand total	29,987	2,029	3,671	1,677	3,731	2,792

Grand total of days of placements: 43,961

PROGRAMS AND SERVICES

3 - Number of caseloads (active files):

Caseloads	Youth Protection	Adoption	Young Offenders*	S-5 Child/Adult/Elder
Chisasibi	36	6	4	43
Eastmain	17	0	5	26
Mistissini	64	4	37	93
Nemaska	36	0	16	29
Ouje-Bougoumou	4	0	0	36
Waskaganish	85	2	15	132
Waswanipi	109	3	1	71
Wemindji	14	0	4	30
Whapmagoostui	86	2	16	57
Grand total	451	17	98*	517

Grand total of active caseloads:	1,083
Signalements retained:	630
Signalements not retained:	82

4-Number of measures:

Community	Voluntary Measures	Court Order Measures	Total
Chisasibi	30	8	38
Eastmain	15	1	16
Mistissini	27	13	40
Nemaska	25	6	31
Ouje-Bougoumou	9	0	9
Waskaganish	56	14	70
Waswanipi	41	23	64
Wemindji	14	0	14
Whapmagoostui	41	22	63
Grand total	258	87	345

5-Number of placements in group homes

Community	Placements
Chisasibi	7
Eastmain	3
Mistissini	36
Nemaska	7
Ouje-Bougoumou	2
Waskaganish	34
Waswanipi	8
Wemindji	3
Whapmagoostui	2
Grand total	102

* Young Offenders data is not accurate for this year as it was not all included in our information system due to a bug in the module. This will be resolved next year since the module is now operational.

PROGRAMS AND SERVICES

Introduction: Readaptation Services

The Cree Board of Health and Social Services of James Bay, through Readaptation Services, administers regional "readaptation" services to youth (12-17 years old) who are deemed in need of protection, stability and structural intervention. It provides readaptation services to youth in the nine Cree communities who encounter major adaptational difficulties and whose situations require individualized intervention and structural placement, in accordance with the existing laws and statutes (Y.P.A. & Y.O.A.).

There are three centres in the region. There is a group home –Upaachikush (seven-bed capacity) and a Reception Centre (15-bed capacity)– located in the community of Mistissini. There is also another group home –Weesapou (nine-bed capacity) in the coastal community of Chisasibi. All three centres are regarded as "open units," meaning the youth in placement are entitled to privileges and liberties (home leaves, day passes, involvement in community events, etc.). The group homes maintain a less rigid environment and are reserved for the younger clientele (12-15 years of age) with lesser degrees of behavioural manifestations. The Reception Centre maintains closer and more regulated supervision on a 24-hour basis. It also accommodates youth 14-17 years of age whose situations are considered to be more detrimental.

Mission:

The Cree Nation has always regarded and envisioned the youth as an essential and integral part of Cree society. Therefore, in working with youth it is our duty to advocate and promote a safe and secure environment and to respect the identity, self-worth and dignity of every youth.

Philosophy:

The philosophy of Readaptation Services is based on the principles and aspirations of the Eeyou Nation: Every individual is created uniquely with spiritual, intellectual, emotional and physical needs.

Readaptation Services promotes harmonious families, interacting holistically and contributing positively to healthy communities.

- The active involvement and support of the total community (families, relatives, service providers, entities etc.) toward the overall development of the youth
- The promotion of healthy lifestyles and environments through the pursuit of traditional values, practices and resources

Beliefs:

- In the context of these principles it is our belief and understanding that the concepts of intervention and programming should respect and reflect the cultural values and beliefs of the Cree people
- It is also our understanding that parents have full responsibility over their children but at the same time these youth must realize and learn to accept responsibility for their own actions and behaviour. Therefore the involvement and support of significant people (parents, grandparents etc.) is essential in working with youth encountering difficulties
- It is also our full understanding that every youth needs to be treated with all fairness, courtesy and respect and that intervention should be designed to reflect the identity and culture of the youth
- It is also our belief that the removal of a child from his/her own family/community environment is not a solution in itself. Therefore the "whole situation" (family, school, community, etc.) must be fully evaluated so that appropriate measures are taken to ensure the active involvement of families and communities.
- In respect of family unity and in order to prevent family disruptions (removing of youth), we believe that interveners should put more emphasis on working with the entire family. The removal of a child from his/her own environment should always be the last measure.

SIGNIFICANT EVENTS AND DEVELOPMENT:

- The Bachelor of Social Work program is nearing its completion. This is a major accomplishment for all workers involved in this program and will certainly enhance their abilities in working with youth.
- The completion of the basic child-care training for the Weesapou group home (Chisasibi) is another significant development
- Although considered a pilot project, the Alternative Education Program between the Reception Centre, Voyageur Memorial School and the Mistissini Band Administration is a positive step in the integration of local services for our youth. Basically, the alternative program is a vocational program that integrates wood-working with math and language (English/French) as a learning process. The objective of this program is to utilize community resources and facilities and develop vocational programs for youth experiencing difficulties academically and socially. It is our mutual intention to pursue and modify this program for the benefit of the youth.
- Readaptation Services was also very fortunate to have youth and workers participate in both the diabetes awareness and healing journeys (regional and local). Our compliments and appreciation to both youth and workers for this major undertaking. Our full appreciation goes to Mr. Jimmy Etapp, Mr. Louie Mianscum and Theresa Longchap for their willingness to give their time and for making it possible for these youth to be part of this prestigious event.
- Beside the other cultural activities (goose-break, moose hunt), the canoe excursion program is an interesting activity we wish to expand and develop. The workers organized a one-day canoe excursion in August that was appreciated by both youth and workers.

PROGRAMS AND SERVICES

- The youth in our care also had the opportunity to attend a career symposium in Ottawa geared specifically for native youth
- In February 2002 the process of evaluation and assessment of our services was initiated. We have always maintained that the Reception Centre, in particular, was never properly structured when it was established in 1994-1995. The process was well received by all workers and we welcome the opportunity to take ownership of our own services. The defining of services and programs that are reflective of the values, beliefs and culture of the Cree people will be most challenging.

GOALS 2002-2003

- It is our intention to have all Readaptation Services youth workers undergo the basic child-care worker training as a foundation
  * This is outlined in greater detail in the overall comprehensive training plan for Readaptation Services
- To pursue and explore ways to integrate services with other entities in the community, for the benefit of our youth
- To place emphasis and better organization on cultural activities that enhance learning and interaction between youth/elders/workers
- To identify and promote the values, beliefs, principles and concepts that should guide us in working with youth
- To continually advocate the critical need of implementing the action plan,"Part of the Circle" by Thom Garfat. Our respect and appreciation goes to Mr. Garfat for his insight, contributions and his willingness to work with us!

CONCLUSION:

The year was both difficult and a learning experience for Readaptation Services as we experienced some unfortunate events throughout this period. We commend the Directors involved in recommending a full assessment of Readaptation Services. We have always been under the impression that we were not offering the kind of services that our youth deserve. The assessment has confirmed that impression and has also made specific recommendations to improve the quality of services and the overall functions of Readaptation Services.

We realize the amount of work that needs to be done to ensure quality services but the anticipation of a better future is very positive and encouraging.

Readaptation Services will play a critical role in taking ownership of the programming and establishing partnerships with other service providers and communities.

We have a great opportunity to change our present concept of care (restrictive and isolated) to one that is more integrated and linked to all communities (the outreach concept of care).

We look forward to these interesting and healthy challenges!

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Statistical Summary

	Weesapou	Upaachikush	Reception Centre
Total number of youth in placement	16	17	24
Boys and girls (8 - 12 yrs. old)	3	0	1
Boys and girls (13 - 17 yrs. old)	13	17	23
Youth Protection Act			
Article 47- Urgent Measures			
79-(a)Urgent Measures			
79-(b) Provision Foster Care			
Article 54 - Voluntary Measures			
Article 38 - Court Order/Placement	16	17	19
Young Offenders Act (open custody)	0	0	2
Bush activity/days	61 days	31 days	103 days
Hospitalization	26 days	3 days	10 days
AWOL (leave without authorization)	12 days	3 days	4 days
Back-up to the Reception Centre / or other centres	36 days	8 days	54 days
Home leaves	533 days	221 days	760 days
Total days presence	1,820 days	884 days	2,015 days
Number of clients discharged	10	11	8
Average number of clients per day	5	2	6
Transferred to group homes or other Rehabilitation Centres	1	7	6
Transfer to foster home	23	0	0
Operating permit	9	8	10
Average length of placement (months)	7 months	10 months	10 months

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CREE PATIENT SERVICES

This year, we noticed an increase of 16% in the number of patient/escort arrivals at the four points of Cree Patient Services. We greeted 14,786 patients and escorts, compared to 12,708 last year, an increase of 2,078. This year, the points of service in Montreal and Val d'Or were stable for the number of arrivals. The marked increase was noted in Chibougamau and Chisasibi. The statistics provided will show the number of arrivals at the Patient Services from each community by financial period.

As we can see again, the CPS Chibougamau received the majority of patients and escorts. Almost all their patients and escorts arrive in the morning and leave in the afternoon. This could be explained by the close proximity of their communities and the transport arrangement made by each community with the clinic vehicle. For CPS Chisasibi-Montreal-Val d'Or, the patients and escorts stayed for a minimum of one night: This brings a greater number of patients and escorts per day to each service. The majority of patients arriving at CPS came from the communities of Mistissini (38%) and Waswanipi (17%).

CPS Chibougamau

The total number of arrivals of patients and escorts to Chibougamau was 7,533, an increase of 1,226 (19%) from last year. For this year the Chibougamau hospital gave services to their maximum of eight patients for hemodialysis. They are in the process of creating more space and personnel to accept more patients. The communities provided the transport three times a week for the patients to go to their treatment and return to their family the same day. In January 2002, one additional position was created. It remains very difficult to recruit occasional employees for Chibougamau.

BIRTHS PER YEAR

98-99	99-00	00-01	01-02
90	77	136	99

The number of births decreased by 27% from last year.

CPS Chisasibi

The total arrivals of patients and escorts to Chisasibi was 1224, an increase of 36% from last year. Depending on the availability of the physician specialists who come to Chisasibi, some periods were very busy. The employees' travel reservations were transfered to Human Resources Management in October 2001. This way, the CPS can concentrate on travel accommodations for the patients and escorts. The number of births is not available for this service. Because of a shortage of physicians in Chisasibi, most of the women were sent to Val d'Or to deliver their babies.

CPS Montreal

An increase of 35% last year and 5% this year of patient and escort arrivals caused certain nursing tasks to be neglected (such as teaching to patients and visits of patients to the hospital). Since there were more appointments to take, the nurses spent more time on the telephone, and this took time away from their usual nursing tasks. Because of that, we temporarily had an additional nurse four days a week but that was not enough. We hope to have a secretary to take care of the clerical work from the nurses so that they can do their work with the patients. Also, recruitment for office employees in Montreal is difficult. Since June 2001, a third vehicle was added to transport the patients/escorts to their appointments. The number of births is not available to this service.

CPS Val d'Or

This year, 4,177 patients and escorts came to Val d'Or, an increase of 2.8%. Because of the 22 % increase last year, we improved Patient Services by adding a full time secretary. Because of the shortage of nurses (still ongoing), we were not able to provide more nursing services to the patients. Each of the three nurses sees an average of 17 patients and escorts per day among their other tasks. They teach the patients, they give information about their consultations and treatments, and they follow up before the patients return to their communities.

For a short period at the end of the year 2001, the office could not cope with the numbers of arrivals and consequently the quality of service to the patients was affected. We had to slow down on the elective arrivals because of a shortage of employees (sick leaves and no occasional employees to replace) to maintain a good quality of services. As soon as the shortage ended, we returned to normal with all appointments.

The position of social worker has been vacant since February 2000. We were able to fill the position for five months. During that short period, the social worker helped a lot of the clientele coming to Val d'Or. We are still working to fill the position of social worker as we know that it is an important part of the patient/escort service. More improvements need to be made to optimize this service to the patients.

BIRTHS PER YEAR

98-99	99-00	00-01	01-02
171	181	149	184

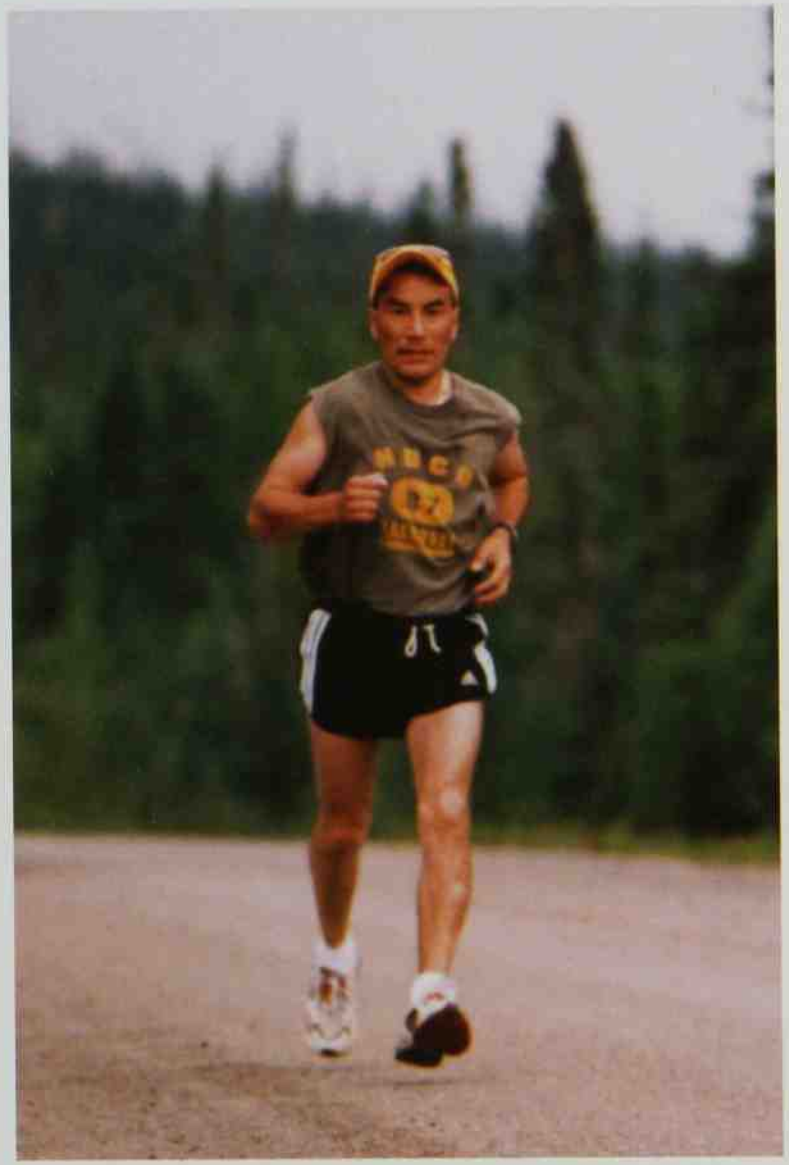
The number of births increased by 23% from last year.

Computer System

The four services received training for the new computer program. CPS Chibougamau and Val d'Or started to partially use the program in April 2001 and completely by June 2001. CPS Chisasibi started to make complete use of the program at the end of the year. For CPS Montreal, problems with computers and a shortage of office employee recruits prevented the start of the program. We hope to start it in the summer 2002.

The employees of each service worked very hard as a team to meet the needs and offer good services to patients. Each year we try to improve the quality of services for the patients of the James Bay area, and we will continue to do so.

Caroline Rosa
Director of Cree Patient Services



NIHB PROGRAM

Profile of the Non-Insured Health Benefits Program (NIHB)

Introduction

We are reporting on the second year of operation, however this is the first year with a Program Manager in place. During the first year we removed all the non-insured health expenses from the global budget and created a separate NIHB budget.

We did this so that we could separately account for these NIHB expenses and provide a report to the Ministry of Health concerning all non-insured health benefits.

Originally the NIHB-related expenses were taken out of the board's global budget. A large amount of the expenses were for patient transportation and medications. These activities were increasing at a faster rate than our budget. This was directly related to the increase of drug prices and transportation costs. As a result, it put tremendous pressure on the rest of our budget and did not allow us to expand services in other areas.

The creation of the NIHB program was a legitimate way for us to account for non-insured health benefits while at the same time have the separate global budget dedicated to providing other types of services.

The New Program Manager and Her Role

On October 1st, Reine St-Louis was nominated as the Program Manager for this program. Since this was a new program, Reine was busy dealing with the following activities. She:

- Coordinated the implementation of the program for the CBHSSJB
- Finalized program policies and procedures through collaboration with the key users (staff) of the program
- Provided interpretations of policies and procedure as well as overall policy guidance and support and advice to staff and clients regarding the implementation of the program
- Reported and evaluated the program activities in conjunction with the managers and the financial unit processing the invoices
- Collaborated with the Head of Finance in the development, interpretation and implementation of financial policies, procedures and tools
- Prepared briefing notes for staff to better understand the program
- Liased with officials from both the federal and provincial government in order to have a better understanding of the government policies regarding NIHB activities
- Provided training sessions to the front-line staff that will be involved in NIHB activities with respect to the clients they serve

Program Objectives

There are three major objectives of the program.

1. To provide information regarding the non-insured health services to which the beneficiaries are entitled.
2. To establish the funding rules and arrangements governing the delivery and payment of non-insured health services to Cree beneficiaries.
3. To establish the funding rules and arrangements governing non-insured health services for the following:
   - Within the Cree territory
   - To non-Cree beneficiaries who qualify for certain non-insured services under the federal government NIHB program or under the Quebec government NIHB arrangements for Inuit or Naskapi

What the Program Means

The Non-Insured Health Benefits program provides coverage to eligible beneficiaries of the James Bay and Northern Quebec Agreement. The regulations stipulate the general categories of non-medical services insured under the plan. These include:

- Prescription drugs
- Over the counter (OTC) drugs and proprietary medicines
- Medical supplies

NIHB PROGRAM

- Transportation for health reasons, escorts, interpreters, lodging
- Vision care, including eyeglasses and contact lenses where medically necessary
- Dental care
- Hearing aids
- Mental health services (short-term mental health services)
- Reimbursement of dispensing fees

The specific policies and procedures for each of these categories were developed, approved and implemented.

Since this was the first year of full operation, it is important for us to establish a benchmark with respect to total expenditures and provide this information to the government. When the interim report was done, it became clear that we would need more money than originally allocated because of the increase in activities.

Who is Eligible to Access the CBHSSJB NIHB

The framework for service delivery primarily concerns the Cree beneficiaries of the JBNQA regardless of their place of residence. Generally speaking, this means:

- All persons on the official JBNQA Cree Beneficiaries List
- Registered Indians and Recognized Inuit who qualify under the federal NIHB program
- Naskapi Indians who are on the North Eastern Quebec Agreement (NEAQ)

Conclusion

We trust that our NIHB program has been valuable to the Cree population. We commend all employees on their hard work which has allowed this program to function effectively and efficiently. We would like to thank the staff for their time and assistance while we implemented this program and effected changes to existing policies and procedures.

The Program Manager will be available to answer questions and provide assistance to staff as the NIHB program is further developed.

PUBLIC HEALTH

The Public Health Department

The Cree Board of Health and Social Services of James Bay (CBHSSJB) and the government of Quebec officially recognize that the Public Health Department (PHD) is a department of the CBHSSJB. Appropriate legislation is being processed in order for the PHD to be legally created. The PHD focuses on awareness, disease prevention and health promotion. Its mission/goal is to protect the health of the population as a whole and report on the health status of the Eeyouch. The Public Health Department has experienced numerous changes during this past year as it has taken steps towards increased regional autonomy and begun to consolidate the team in Chisasibi.

Historical Background

Since the beginning of the Cree Board of Health and Social Services of James Bay (CBHSSJB), public health services in the Cree region have been delivered from Montreal. For many years, the CBHSSJB has sought to transfer public health to the Cree territory in order to obtain jurisdiction over public health, facilitate its administration and fulfill the needs of the population. This transfer of public health responsibilities is consistent with the general orientation of the JBNQA towards Eeyou control and responsibility for their health programs.

This issue was raised at the negotiating table with the MSSS in 1999. The MSSS/Cree negotiating team set up a side table on public health and appointed a working group to assess the needs in the Cree region. The Ministry of Health and Social Services (MSSS) accepted the working group report in June 2001 and the CBHSSJB now has the budget to implement and develop all the core public health programs. This will allow the Cree Health Board to develop Cree expertise in health promotion and disease prevention.

We are presently recruiting Health Promotion Officers for youth and schools, for Cree traditional health practices/wellness, a Programming and Planning Agent in infectious disease, an Environmental Health Officer and a Surveillance and Evaluation Agent. Robert Harris, who had coordinated the public health programs since 1999, left us in July 2001. We wish him all the best for his future. In March 2002, Richard Lessard, the Director of Public Health in Montreal, joined our team as the interim Director of Public Health. Manon Dugas, who was the Coordinator of the Public Health Needs Assessment Working Group, is now in charge of implementing and managing the department. Reggie Tomatuk joined our team in May 2002 as secretary, and Malika Hallouche joined as a Research Agent in Dental Health. Claudette Beloin, our Programming and Planning Agent, left us in January 2002 for a one-year leave of absence. Finally, Robert Carlin replaced Christina Smeja, our physician coordinator for infectious disease, in October 2001.

Members of the Public Health Department

Solomon Awashish	Health Promotion Officer, Montreal
Gaétane Berubé	Secretary, Montreal
Robert Carlin	Public Health Physician, Montreal
Malika Hallouche	Research Assistant, Dental Health
Richard Lessard	Public Health Director (interim), Montreal
Jill Torrie	Researcher, Montreal
Jacques Véronneau	Public Health Dentist, Montreal
Elizabeth Robinson	Public Health Specialist, Montreal
Claudette Beloin	Community Health Nurse, Chisasibi (left in January 2002)
George Diamond	Health Promotion Officer, Chisasibi
Manon Dugas	Implementation Public Health Manager, Chisasibi
Reggie Tomatuk	Secretary, Chisasibi

Summary of Activities

1. Public Health Protection

Infectious Diseases

• Vaccination programs

The meningitis vaccination campaign began in the fall of 2001 and continued in 2002 throughout Quebec, including Region 18. Current vaccination coverage rates reveal an overall coverage of the target population of 94.4% as well as 89.0% of students in our region. Despite the fact that the vaccination campaign has ended, eligible individuals will still be able to receive the vaccine as long as vaccine stock remains on hand. The Public Health Department would like to thank the clinics in the region for all their hard work.

The 2001-2002 influenza vaccination campaign resulted in an overall coverage for the region of 77.9%. There was a wide range in coverage, though, from village to village (55.4% to 94.2%).

A review of the data concerning the possible use of Prevnar in the territory was carried out. Our territory has a significantly higher rate of invasive streptococcal disease and could benefit from the introduction of this vaccine.

• Reportable infectious diseases (MADO's)

MADO cases were dealt with on a case-by-case basis. This included follow-up of several tuberculosis cases and their contacts. Also, an investigation of declared hepatitis C cases was carried out to look at underlying risk factors seen in the region. All data for 2001 was entered into the provincial system. A review of invasive streptococcus pneumonia cases since the inclusion of our region in the International Circumpolar Surveillance program was carried out.

• STDs, HIV, and viral hepatitis

Information on declared hepatitis C cases was gathered for our territory. Information was also circulated to the clinics to encourage the continued systematic screening of all pregnant women for HIV. The province plans to introduce a centralized system for the anonymous reporting of HIV cases in the province and information concerning the clinics of our region was provided to facilitate this program. As well, an integrated service for HIV, viral hepatitis and STD testing is being implemented throughout the province and this needs to be tailored for application in our region.

A slide PowerPoint presentation was developed and used to sensitize the Cree leadership about this epidemic that could affect the Cree Nation. The presentation was done in Nemaska at the CRA/GCCQ General Assembly to all the Chiefs and delegations. The information given was up-to-date and accurate. A case study, which addresses questions that any Cree community might face in the event that a positive HIV case becomes known, was done. The objective of the presentation was achieved and the comments we received from the audience were beneficial and encouraging. A plan to further this awareness and education campaign was drafted. Because of the time spent on the Winter Wellness Journey 2002, plans to implement this in the communities have been deferred to 2002-2003.

• Other activities

A review of the provincial protocol for post-exposure prophylaxis was done for the CCSSSBJ and recommendations were forwarded to the doctors on the territory. Bilingual information leaflets were also provided to the territory. The implementation of this program is to be carried out by the doctors on the territory. A study of rubella coverage and serology results in pregnant women was proposed and accepted by the Research Committee. The study will be carried out in the summer of 2002 with the help of a summer medical student.

Environmental Health

A follow-up on high lead levels in one Cree community and activities related to this were carried out. Also, discussions were undertaken with the CRA and Region 10 regarding the fish contamination with mercury in the Chibougamau region. The Regional Public Health Department became involved with the Ouje-Bougoumou file dealing with the potential impact on human health of mine tailings in that area. In conjunction with the MSSS, we gave the Quebec National Institute of Public Health (INSPQ) the mandate to undertake a study under the direction of Dr. Eric Dewailly of the INSPQ and Dr. Evert Nieboer of McMaster University. This study will be carried out this year. We also produced a report on drinking water quality in the Cree region and made recommendations to the Cree Nations in light of the new law on drinking water in Quebec. We have ongoing discussions with the CRA regarding the roles of the various entities involved with environmental health in the Cree region.

Diabetes

• Miyupimaatisiitaau Winter Wellness Journey 2002 for diabetes awareness and prevention

At the beginning of January 2001 we started our planning for the Winter Wellness Journey. We figured out how much funding and manpower we needed for the whole journey. We calculated that the journey would take 70 days and cover 1400km throughout all nine Cree communities in Eeyou Istchee. We had received much financial funding from various organizations and companies, as well as individuals who supported the journey. All administrative work was completed: correspondence, financing, provision of manpower and equipment. We received letters of support and encouragement from all nine Cree First Nations that we can begin the Winter Wellness Journey.

The Winter Wellness Journey began in January 19, 2002. Our Public Health Team went to Waswanipi to meet the walkers and further

PUBLIC HEALTH

preparations. During the whole 63 days we had an average of 45 walkers who joined the journey from each community.

Walter Hester Jr. of Waskaganish, our main radio announcer, provided updates of the Journey. Our awareness and promotion campaign was very well received in all the Cree communities. The expertise of Paul Linton must be acknowledged because he brought much needed medical credibility to our campaign. Solomon Awashish, the Health Promotion Officer, was our leader in promoting and creating diabetes awareness among the people of Eeyou Istchee.

The Journey motivated people to be more active in their daily lives and practice healthier lifestyles. The Winter Wellness Journey 2002 for Diabetes Awareness and Prevention reinforced traditional Cree values in Eeyou Istchee.

Visit our website at www.miyupmaatisiitaau.com.

Tobacco

Our team developed a strategic plan on tobacco reduction for our region. For the Tobacco Week Campaign, we sent promotional materials to Cree communities and promoted the Quit to Win Challenge. We completed a draft of terms of reference for a Cree Committee on Tobacco Reduction this spring. Some say, "Tobacco issues and concerns are a low priority on the health agenda within the Cree Nation." Our goal and aim is to turn this around so we can tell our people about the ill affects of tobacco and start programs that include strategies for cessation and prevention, etc. for all ages of the Cree population. We have already approached the Cree School Board about setting up a Youth Coalition Against Smoking as a pilot project in schools. We obtained their approval to start this project in the fall of 2002 in Chisasibi.

Physical activity

- **Annual Sadie's Walk 2001 – Diabetes Awareness Campaign**

Together with all the CHRs, PHOs, and other interested individuals, we had teleconference calls about the organization, structure and activities that each community would have for their people. The main coordinator at the local level was the CHR or PHO. Promotional materials and articles were given to all participants. In Chisasibi, people attended the walk despite the fact that it was competing with a kindergarten graduation, a bridal shower and a special supper. Each one received a certificate of participation. We also promoted physical activity, such as walking, in the Cree region, through the Winter Wellness Journey.

Alcohol and drugs

With researchers from Laval and McGill, we submitted a proposal to a Quebec research funding agency to obtain financing for a research project that would survey all of the communities on gambling, alcohol and drug use. However, we will not know if we have been successful until the fall of 2002. We also did a radio show on FAE/FAS, in collaboration with the Headstart program representatives.

Young children's health

Public Health has been involved in the study on Cree leucoencephalopathy and Cree encephalitis (CLE/CE) to find the cause of the disease. With the generous help of Dr. Michael Lefson, we coordinated the collection of the blood samples and sent them to the researchers. We also supported the EAF (Eeyou Awaash Foundation) during the research process by communicating regularly with the researchers and popularizing their scientific papers on CLE/CE.

Dental Health

The dental public health situation this year was improved in terms of knowledge and human resources. We finalised the needs assessment report presenting data on the dental health of over 1,200 young children in Eeyou Istchee. With this, we have for the first time a real picture of our dental health situation. With the Director of the Dental Department, we made some presentations about this report to committees and authorities in Eeyou Istchee. We also used this data to initiate negotiations regarding the options to improve dental services and the dental health indicators. We also participated in recruiting new dental hygienists in order to build the team devoted to dental public health issues. So, even if it is just a beginning, we are now in a much better situation for working on population health issues related to dental health.

The current year was productive in terms of activities. We carried out consultations in some communities around the report and possible solutions to the problems. We first generated interest in the issues by producing a pamphlet and this helped to increase participation in the consultations. In each community, we linked to the community through the CHR and dental clinic staff. We presented the situation to the CHR meeting in Montreal in the context of diabetes training. We also carried out consultations with the professional dental committee of the dental clinics in Eeyou Istchee. Finally, we made a presentation of the results of this consultation to the Cree Health Board and to the authorities that reviewed the first draft of the recommendations. After the Board adopted dental health as a priority, we had their support for the recommendations on both dental public health issues and on clinical dental issues. Finally, during the year, we had to train the new dental hygienists about dental public health issues and strategies. We also completed the first draft of a protocol for a potential learning experience for early dental intervention to prevent childhood tooth decay.

Breast cancer

We participated in the provincial meeting on the prevention of breast cancer and gave information to those who are responsible for services in our region.

Other health promotion and disease prvention activities

- Information Booth at Cree Nation Invitational Hockey Tournament in Val d'Or
  - ✦ Diabetes: information concerning the Winter Wellness Journey 2002
  - ✦ Drinking and driving, safe sex and STDs, HIV/AIDS, healthy foods and nutrition, physical activity, and condom distribution
- Radio shows on different issues such as: influenza prevention, tobacco, FAE/FAS.
- Presentation to the GCC about the health situation in Eeyou Istchee
- Contribution in writing the joint resolutions adopted by CHB and GCC on diabetes, local health and wellness committees and on an emergency plan in case of contamination

Research, evaluation and surveillance

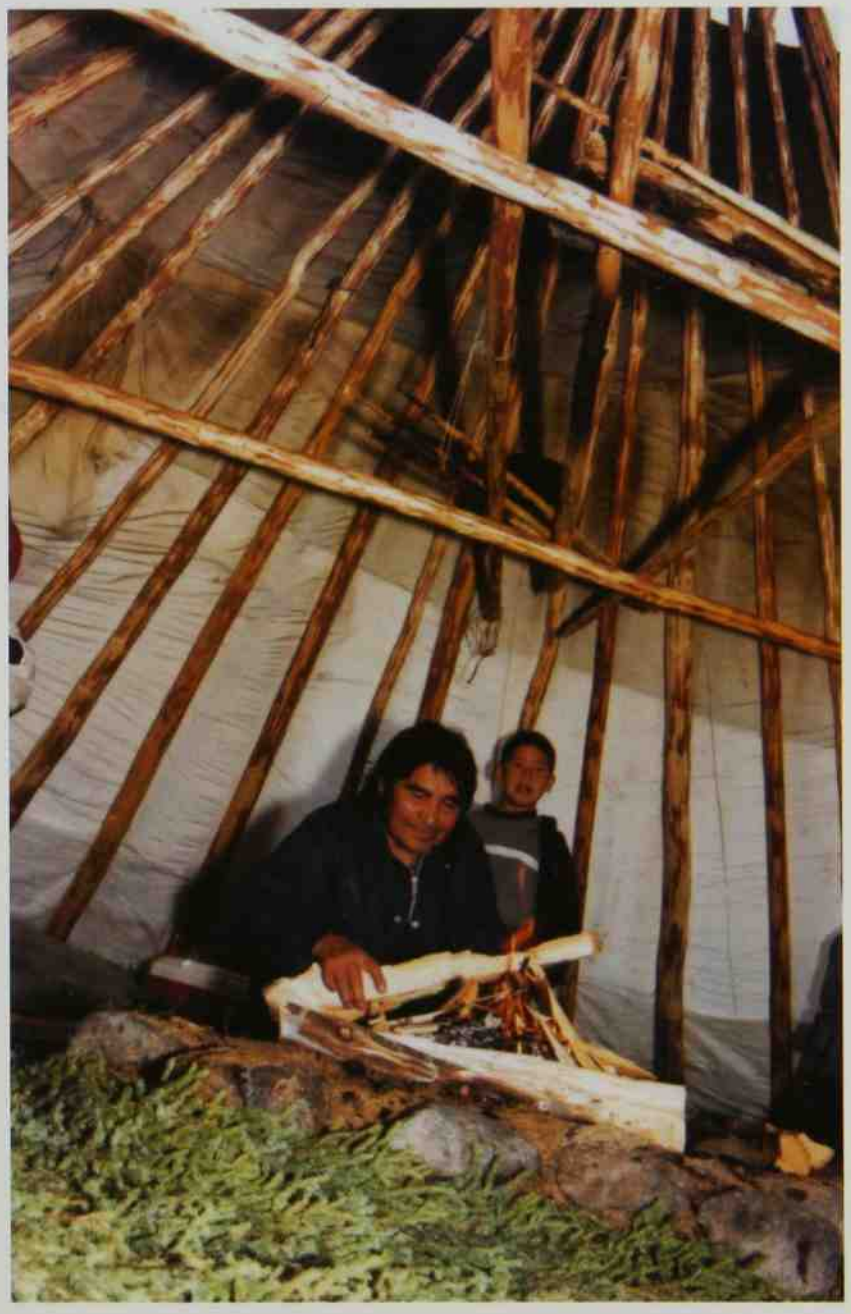
New Projects

In 2001-2002, the CBHSSJB and the Quebec Ministry of Health approved five research projects for Public Health Research Grants. A sixth project was developed but has not yet been financed. As well, the Dental Health Program developed an ambitious plan for evaluating preventive approaches for young children's dental health. The national Canada Prenatal Nutrition Program carried out an evaluation in several communities but we were not directly involved.

The Food Services Project (also called the Restaurant Project) grew out of two previous projects carried out in collaboration with the University of Montreal, Department of Nutrition. This past year, two chefs who have won awards for their healthy approach to cooking made three trips to Mistissini and Eastmain to work with community partners who serve food to the public. A Masters student evaluated the intervention and the project benefited from the work of a public health nutritionist from Montreal Public Health. Later in the year we obtained extra funds from the Cree Diabetes Program and Health Canada to finance work on the catalogues of the principal food suppliers in the Cree region and to prepare a cookbook-manual with recipes from the visits of the chefs.

During the summer of 2001, medical students interviewed people in Chisasibi and Waskaganish about how they have successfully controlled their blood sugar levels. In early 2002, we hired a Cree researcher who will carry out consultations in three or four communities to help us understand how people in the communities see teenage pregnancy. The results of these consultations will be used to develop health promotion approaches.

A small project looking at models for community nursing is being completed by a nurse with many years of experience working for the CBHSSJB. We hope the report from this project will help the CBHSSJB to consider community-nursing models for community health programs.



PUBLIC HEALTH

In early 2002, we teamed up with researchers from the universities of McGill and Laval and submitted a proposal to a Quebec research-granting agency in a special competition for projects on the socio-economic implications of gambling. If that proposal is successful, it will lead to a two-year survey on gambling and alcohol and drug use in all the communities. At the same time, the CBH, through a Public Health Research Grant, funded a preliminary project for the fall of 2002 that will develop case studies to describe patterns of gambling in the Cree communities.

New reports

During the year, a number of projects were completed. These reports will appear in 2002-2003: children's dental health, literature review on diabetes and mental health, the implementation of the Cree School Health Project in Wemindji, macrosomia, controlling diabetes, children and breakfast, family violence, child health survey, housing, health status of the Cree, and a summary of the findings from the anemia project. We also reviewed the Research Procedures Manual and prepared a booklet for the Cree Nation Gathering that was held in Chisasibi on public health research and diabetes research.

Other research and evaluation activities

This year, we were quite involved with public health nutrition planning while continuing to organise the annual regional evaluation for the MSSS national public health priorities (1997-2002). We signed our first formal Research Agreements with a university partner and negotiated two others. The Research Committee met four times and drafted, but did not complete, their terms of reference.

The CBHSSJB was represented through five verbal and three poster presentations at conferences on aboriginal diabetes, rural health research, public health and bioethics. The presentations were about the diabetes registry, diabetes surveillance, diabetes research, health research and services, collaborative services, and a community review in genetic research. We also helped prepare research training for the BSW students, including an information package.

The CBHSSJB was represented during the year on the Quebec Committee on the Public Health Research Grants Program and the Research Committee for planning the health survey with the Commission on Health and Social Services of the First Nations of Quebec and Labrador. We continued our affiliation with the Native Mental Health Research Team and joined the new Canadian Association of University Research Ethics Boards.

Surveillance

Since surveillance activities came under the responsibility of the Research Office in late 2000, three primary projects have been under surveillance: the compilation of existing Cree health statistics as a baseline for planning a surveillance system; planning for a health survey; and the linking of the Cree diabetes registry (on a one-time basis) into the Quebec diabetes surveillance system. Information on health and what affects it in the Cree communities of Eeyou Istchee was widely disseminated. This report is the basic document from which we are now developing long-terms plans for dental health surveillance, infectious disease and surveillance of the vaccination rate and other health surveillance. We are now required by the new Quebec law on public health to work these plans into a regional plan. We also informed the Commission on Access to Information of our three public health registries and are awaiting their response.

Planning for a health survey was held up early in the year because of the Cree-MSSS negotiations, but we participated in the planning of the First Nations and Inuit Regional Health Survey. Three Cree communities were selected to be part of that national survey and we are exploring the feasibility and desirability of extending that survey to the region.

The Research Office continued to support the production of the diabetes registry report and organized a one-time link of the diabetes registry into the Quebec diabetes surveillance system. The report will show whether a permanent link into the Quebec system could provide important information about complications and hospitalizations.

During the year, a pilot project to measure elementary school children's heights and weights was carried out as a partnership in two communities. The report, which will be completed in the summer of 2002, will show whether this kind of data could be a useful indicator of children's health.

The CBHSSJB was represented on the Quebec Committee on Surveillance and a special working group on surveillance planning, as well as the Aboriginal Working Group and the Data Access and Publications Working Group of the National Diabetes Surveillance System.

ADMINISTRATION AND FINANCE

Administrative Services

"Our mission is to serve and support all departments of the organization with professionalism, efficiency and accountability, helping deliver health and social services to all people residing in the territory."

Administrative Services consists of:

1. The office of AED-Administration and Finance, Executive Assistant and Executive Secretary;
2. The Finance Department: Head of Finance and thirteen full-time staff and replacements in Chisasibi;
3. Human Resources Management (Personnel);
4. Human Resources Development;
5. The Department of Facilities, Operations and Maintenance (FOM);
6. The Purchasing Department

The fiscal year of 2001–2002 was very busy. Our services were required in all areas of the organization: operations, planning for future projects, and implementation of approved projects during the year.

Our responsibilities include providing administrative and technical support to the Board of Directors and its committees. We were present at most of the meetings held during the year.

Administrative Files

1. Job descriptions of all Cree Health Board managers have been reviewed and will be finalized in the following year.
2. In the process of reviewing job descriptions, we are also reviewing the structure of the organization and drafting a policy reflecting the relationships between various levels of responsibility
3. The end result is the reclassification of managers. We also needed to be present at various tables, including the Board of Directors meeting.
4. The organization has seen some big developments this past year, and the new departments and programs demanded our involvement in the implementation stages. We had a tremendous task to answer the ever-increasing needs related to these new developments. To give some examples, we need additional lodging for new staff, we have to recruit more staff than usual, we need additional office space and new equipment for new staff. Here are some developments or new programs implemented this year: the Diabetes program, the Public Health department, and the Home and Community Care program (a federal program). These developments demanded lots of attention from our staff and I strongly believe that we have responded quite well. I report this knowing that, what with the lack of new lodging and office space, and the fact that we had no increase in staff in any of my departments–Finance, HRM, Purchasing or FOM–the resources we have to work with were grossly insufficient. I want to thank all my staff for their continuous effort.
5. We provided administrative and technical support at Board and Administrative meetings.
6. Negotiations between Crees and Ministry of Health and Social Services of Quebec were ongoing this past year. We were required to assist and give information on various files and issues from time to time. The major accomplishments from this table were the Public Health Departments and Diabetes program. Both files required hiring new staff but we still did not get new lodging units to build as of March 31st, 2002. This is a major obstacle to hire these new resources. Our review of our administrative services is still ongoing; we had to put it on hold for now due to other urgent matters. This task is important; we intend to finish with it this year. We are working on this. We realize that more things need to be reviewed, such as computer systems in the finance department.
7. We are also planning to do a complete assessment of the training and development needs of the organization. This will be another major file; we will invest time and energy on this in the following year. We are looking towards immediate and long-term goals in the process. The immediate or short-term goals are related to training staff to do their work more efficiently. As for the long-term goals, we want to develop a plan on how we meet organizational needs in terms of future employees such as Cree nurses, professionals and possibly physicians (doctors) and of course other social services and support staff. This long-term vision will most likely involve other partners in the region or from southern establishments.
8. The capital investments of the organization has been another file coordinated through our office. We still had the Cree Construction and Development Company as our project manager for several projects. We did some repairs and renovations throughout the territory, especially in lodging units. We made some acquisitions also: We bought trailer offices that will be installed in Mistissini for the Diabetes program and acquired some lodging units and offices for the new Home and Community Care Program. We did renovations in some communities to accommodate this program's needs. We also acquired minor capital equipment and furniture, but this, as always, is never sufficient to answer all needs of the organization. We are intending to overview the needs of the computer services in the following year because the organization's plan is to transfer the responsibility of Information Systems and Technologies from the Department of Planning to Administrative Services.

ADMINISTRATION AND FINANCE

Office space

1. We have purchased a trailer/office for the new Diabetes program. It will be installed in Mistissini.
2. In the contribution agreement with Health Canada, we received funding to acquire office space. We purchased trailer/offices in these communities: Chisasibi, Nemaska and Mistissini. These offices are to be installed in early spring. In the other communities we are doing renovations to accommodate the new Home and Community Care program.
3. Due to the exceptional growth of our organization, we are faced with an extreme shortage of office space in all the communities. Even the newly constructed clinics are already short of office space.
4. At the head office in Chisasibi, we still have to resolve the issue of the expansion of our offices. We are faced with limited office space and at times the situation becomes intolerable. We have sent some funding requests to the Ministry and are hopeful that this issue will be resolved in the coming year.

Lodging

1. This year, in close collaboration with the Cree Nation of Mistissini, we acquired twelve new lodging units in Mistissini. This was our major accomplishment in lodging this year.
2. Still in Mistissini, we are renovating the apartment building in front of the clinic. This will be completed this summer.
3. We acquired, through the contribution agreement with Health Canada, four lodging units to house the staff working in the new Home and Community Care Program. This funding helped us to alleviate the need for more lodgings. But this came up short when you consider the agreement, which states that we have to hire at least one nurse in each community. If we were to fulfill this requirement alone, we would need eight lodging units.
4. An overall assessment of needs has been conducted in the past year. Over 170 lodging units are needed to answer all our needs. This is a major obstacle in recruitment. This file has been forwarded to our negotiators, who are tasked with coming up with a funding plan. We are hopeful that some concrete solutions will be found to alleviate our lodging crisis.
5. As mentioned above, we have a crises in staff lodging ,so throughout the year we have come up with some solutions for individual cases while working on an overall plan or long-term solution.

Financial information

As reported last year, the new Non-Insured Health Benefits regime has been implemented and is a recurrent program in addition to our regular operational budgets. The Ministry of Health and Social Services of Quebec is the source for both of these budgets. There are also several assigned funds that we have received. Other sources of funding are the Health Canada (federal) contribution agreements. These amounts are reported in our Finance Department section.

Year-end results

The overall result for fiscal year 2001/2002 was a deficit of $1,953,880. More details are in the Finance Department reports.

Human resources of our services

As the Head of HRM was still on her medical leave, the organization appointed Ms. Marie-Andrée Bourdeau as interim Head of HRM. Ms. Rena Matthew was confirmed as our new Head of HRD during the year. We are still trying to hire a Coordinator of Finance to help out the Finance Department. There are also some vacancies due to office and lodging shortages.

Future challenges

There are a lot of ongoing files as well as newer ones to work on in the coming year:

- Resolve office space issues
- Resolve lodging needs
- Implement approved renovation projects
- Finalize ongoing files such as job descriptions, re-organization, and salary reclassification
- Start an overall assessment in training and development
- Revisit master plan on computerization and take into account new needs everywhere in the organization
- Continue the process of prioritizing the safety and security of our facilities
- Ensure that we maximize our limited resources in all areas—human, financial and material

In conclusion, this past year went by very fast. We were always kept very busy and had a lot of files to work and follow-up on. We like the challenges, especially coming up with concrete solutions with the resources we have. Finally, I wish to extend my sincere appreciation and thanks to the Board of Directors for giving us support when needed. And thanks especially to my staff: The organization is very fortunate and thankful to have you as employees. Thank you very much. Your daily work and sacrifices make this organization a success.

ADMINISTRATION AND FINANCE

HUMAN RESOURCE MANAGEMENT SERVICE

Because of the huge development in services to the clientele during the year 2001-2002, Human Resource Management (HRM) faces many challenges. Not least among these was the replacement of the position of Head of the service, which was filled on an interim basis for the year. As well, six employees were engaged in training for the completion of a Certificate in Administration. Four new permanent positions were created in the department, plus two temporary positions, to help the department to face the music! New mandates have also been attributed to HRM: air transportation for employees and the management of the transits.

In this organizational framework, recruiting, selecting and hiring for more than sixty new positions took place. We provided support and counselling to management for the development of the following new programs: NIHB, Home Care, Elderly and Disabled (MOU), Diabetes and Public Health in the territory.

In December 2001, HRM stated its concerns and needs. Fair teamwork and personal involvement did the rest. Despite the inadequate facilities and the stressful environment, HRM was able to determine its concerns and perspectives for 2002-2003, which are related to the CBH Strategic Action Plan. They can be summarized as follows:

Reorganization and development

The huge operation of posting and recruiting new positions has been monitored on a regular basis by HRM during the past three months, especially because of the lack of lodging and office space. The managers have been regularly informed of the prevailing situation. Last year, we processed 83 hirings: 17 nurses, 13 professionals, eight managers and 45 non-professionals.

With our consultant, Mr. Peter Atkinson, we have also been closely involved in reclassification and job descriptions for managers' files.

We approached the Cree School Board (Eeyou School in Chisasibi) with the aim of developing joint programs to promote various career opportunities for secondary level students. We expect to sit on a steering committee next September with this entity, where the health and social needs of students could also be expressed to the organization.

In the coming months and years, we plan to be involved in this restructuring and to develop partnership programs with Native educational entities.

HRM's management philosophy

HRM's management philosophy is oriented as much on quality of life at work as it is on quality of services to the population. Nativization objectives and subsequent programs will be set, and a code of ethics for employees is to be promoted in the organization. By encouraging employee input on various levels (consultations, better communications, lodging committee, pre-negotiations with unions), we feel labour relations are improving, but still, many actions need to be taken to this effect.

Numerous topics have been discussed and counsel was provided to high-level management namely regarding: lodging conditions and policies, adequate office space, contracts, EAP Programs, managers' working conditions, communications, selection committees with Cree representation, etc.

We continued also to promote HRM's role throughout the organization in regard to our mission and changes to come, mainly in the HRD area. We informed the personnel and managers about HRM employees' roles and responsibilities, and those of the Facilities, Operations and Maintenance Department.

Dedicated to the management of working conditions, sane labour relations and respect for various collective agreements, decrees and laws, we expect to be more and more focused on the instrumentation of managers in their respective management roles (training sessions, selection tools, advice and support). To this effect, the decentralization of some of our activities is also foreseen with the objective of a greater accountability.

Support and assistance to employees experiencing personal problems

We provided counsel to management regarding the Employee Assistance Program. We insist on the major importance of this confidential tool for employees. While providing support, we expect to see the implementation of such a program in the very near future. As a preventive approach, respecting the employees and caring for their situation, we are convinced that an EA Program would decrease the high level of long-term invalidities, burnouts and various physical and psychological disorders amongst CBH employees. As an indication, during the past three years, 36 employees required medical expertise, 31 of which were for psychological reasons.

Also, with 113 leaves of absence to manage during the year 2001-2002, a position of Health and Safety Officer had been granted to our department, but could not be filled yet because of the lack of lodging and office space in Chisasibi.

Support managers in their role: HR plan, labour laws, HRM, etc.

A training session for managers on labour matters took place in January 2001. A second one will take place next fall. Also, we intend to develop training and support sessions in the areas of selection and evaluation. By providing tools such as interview guides, job design templates, and evaluation tools, HRM will continue to support managers in their roles. A consultation process is also to be started next fall to address their needs for support in the framework of HRM responsibilities.

ADMINISTRATION AND FINANCE

Need for improvement in lodging conditions for all the communities

There is an acute lack of lodging units resulting mainly from our huge expansion, but also because of the renovations to be done to numerous units. A joint Lodging Committee has met twice, focusing primarily on allocation terms and the impact of the lodging shortage.

As lodging is a major tool for the attraction and retention of employees, we intend to continue to highlight the close link between quality of life and employee performance, which leads to better quality services in every community.

We are in the process of assembling an animated guide and promotional tools to encourage the recruiting of professionals from outside communities. The reality of our lodging situation makes it tough for us to compete with other employers. This preoccupation also includes the day-to-day management of lodging policy in Chisasibi (75 units) and the management of transits for Chisasibi (24 units), even though these responsibilities are not directly related to our mission as a service department for the CBH. We are however confident that requests to government will bear fruit. As additional information, 17% of permanent units in Chisasibi are presently occupied by Cree employees, which is an indication that CBH attracts Cree employees from other communities or outside the territory, and also that the organization is moving towards Nativization.

Improvement in communications

For the sake of developing efficient recruiting tools, we strongly believe that a Web site for the CBH is of very great importance. Even though communication is not one of our specific mandates, HRM intends to invest in this kind of promotional material.

In order to provide updated information to the organization, HRM wishes to maximize the use of the Internet, namely for posting purposes, and for communication with managerial staff and communities. Management tips, newsletters, together with various articles regarding HRM administration could then become interesting means of support to managers and of communication with employees. To be able to sustain and cope with the development of new technologies such as telemedicine, we are strongly convinced that the administration team needs to improve their communication tools, namely the Internet and Lotus Notes, within the organization.

Regarding communication with Cree communities, a Web site together with a steering committee with schools will promote careers in CBH and contribute to attracting more local candidates.

Closer communication with communities will also support the empowerment of Crees in their health network organization. This also addresses HRM concerns regarding the Nativization processes.

ADMINISTRATION AND FINANCE

Promotion of cross-cultural relations

HRM is concerned with cross-cultural relations. Although the basic conditions of integration of non-native employees have not been reached yet (i.e. lodging), we will pursue our objective of promoting Cree culture through various means. The integration of HRD will become an organizational means to reach this perspective.

We want to welcome non-native employees in the communities: HRM intends to support every Cree initiative towards a better understanding of their reality. In regards to this, room and board formulas in communities, for example, could assist in the non-natives' integration process.

Improvement in the quality of services of HRM

To support CBH development and orientations, the number of employees have considerably increased during the last year, from six to ten regular positions, plus two long-term temporary resources. Doubling the pieces of the puzzle, an internal reorganization had to take place, and various tools were developed and implemented. Without the authentic dedication, personal input and motivation of HRM employees, we assume that the quality of services in the department could have not been maintained and enhanced.

But still improvements need to be made, especially at the level of information systems. We expect in the near future to be linked directly to the pay system and thus, to be able to manage efficiently all data pertaining to employees and positions.

Since HRM is involved in numerous consultation processes at various levels of the organization, a proactive management attitude could be developed, namely in terms of labour relations and development of services in the CBH. Even so, we know that such a preventative approach does not settle in itself every lack in the HRM management system. Focusing on information tools and processes within and outside our department, there is still a need for the creation, implementation and adaptation of efficient tools. In this perspective, specific training will take place for technicians, such as courses in Excel, in order to enable HRM to be more autonomous and fulfill its specific needs.

A planning and orientation session will take place in September in the department, especially in the scope of the eventual integration of HRD mandates in our department. Reaffirming our role as support department, priorities will be evaluated and revised within the team, and many perspectives could be foreseen, for example a supportive decentralization of some policies through the organization.

Many thanks to every HRM employee and also to the management for their constant support.

The workforce of the regional board is as follows:

Managers, full-time:	37
Managers, part-time:	5
Managers with stability:	32
Staff:	
Regular, full-time:	283
Regular, part-time:	36
Regular with security:	319
Hours worked:	
By occasionals:	323,466.5
Total equivalent full-time:	177

Marie-Andrée Bourdeau
Head of Human Resource Management Department (interim)

ADMINISTRATION AND FINANCE

Human Resources Development

As always, we have been very busy with the development of our employees, in order to improve our services and attain our goals.

In September 2001, I was nominated as the Head of Human Resources Development (HRD). Under my direction are the Human Resources Development Professional - Social, Human Resources Development Professional - Health and the Administrative Technician.

Since April 2001, the position of HRD Professional has been vacant. Recruiting for this position was put on hold due to limited housing available to our employees. From October 2001 to March 2002, our HRD Professional in Social worked at the Cree Patient Services in Val d'Or as a social worker due to the extent and need of these services. During this time, we had limited resources but still tried to meet the expectations of the organization. I would like express my thanks and appreciation to all our staff for all their hard work.

We were very fortunate to have Mrs. Pauline Lepine, a registered nurse, as coordinator for the Annual Nurses' training. This activity was a success, even though we were limited in time and budget. My most sincere appreciation goes to Mrs. Lepine and Mrs. Louise Carrier.

Ongoing programs such as the Bachelor of Social Work (BSW) and the Accounting and Administration Certificate Programs are at the final stages of completion.

For the BSW program, the field practicum (stage) is the final course. Three groups will have a 12-week internship. The first group started their placement on November 26, 2001, the second group started March 4, 2002, and the final group will start May 13, 2002. The three groups are staggered so that we do not jeopardize services.

Most of these placements are done outside of the territory at different agencies. The students' response to their stage at the agencies was very good. Some students were even asked to stay and work there.

Accounting and Administration Certificate Programs

These programs were also coordinated by our department in collaboration with other entities in Chisasibi (Cree Nation office and Chee-Bee).

Five courses were held during the year. Sixteen of our employees are enrolled in the programs.

Expected graduation for the successful candidates will be held in November 2002 for all three programs. The success rate is very high in all programs.

Rena Matthew
Head of HRD

ADMINISTRATION AND FINANCE

Purchasing Department

This was a very busy year for us at the Purchasing Department.

The construction of a new clinic in Waswanipi was completed in December 2001. A lot of time was spent acquiring medical, office, cleaning and rehab equipment. The staff moved into the new building after the new year.

Under the new Home and Community Care Program, new trailers to be used as offices were bought for all the Cree communities except for Eastmain. Brand-new equipment was bought to furnish these offices.

At the Chisasibi Hospital, major renovations were done in the Radiology and Laboratory Departments. New equipment and sophisticated technologies were acquired for these two departments. We can now say that the hospital has one of the best-equipped X-ray and lab departments in Quebec for a hospital of our size.

The Diabetes program was moved to Mistissini from Montreal. We purchased a new trailer to be used as offices and new office furniture to set up the offices.

In Chisasibi we bought new rehab equipment for the new physiotherapist who works at the hospital.

Major renovations were done to the apartment complex in Mistissini and new furniture was bought after completion.

There are still three full-time employees in our department: the Head of Purchasing, the storekeeper and the intermediate clerk.

Gordon Matthew
Head of Purchasing

Facilities, Operations and Maintenance

This past year saw a critical housing shortage for the organization. As in other years, the staff increased significantly as new programs and services were implemented. However, there was no corresponding increase in housing units. Many residence units are old and in dire need of proper repairs. More resources need to be placed here. Fortunately, the organization received twelve new housing units in Mistissini where the need was especially apparent. Many of the older units were renovated with whatever resources were available. These units cost too much to heat and maintain because they no longer meet today's norms.

The clinics, too, face the same problems as the residence units. Many are old and crowded. Services increase yearly but the clinic space remains the same. This is especially true of the hospital at Chisasibi. This hospital has been modified many times to rearrange the space inside to accommodate more services. It is absolutely critical to have more space. The plan to increase the size of the dialysis unit with more machines will necessitate moving the maintenance shop out of the hospital to accommodate the ergotherapy unit. The dialysis unit will then expand to the space now used by ergotherapy. Various new, modern pieces of equipment (for radiology and the laboratory) were bought this year, which also necessitated changes in the physical structure. When this hospital was built many years ago, the regulations respecting ventilation, aeration and exhausting of contaminated particles from substances, agents, samples and reagents of today were not considered. There were very few tests conducted then and today virtually all types of tests are conducted here. At the Mistissini clinic, there is a need for more space to properly provide services. The population has increased dramatically since the construction of this clinic. More services have been implemented than originally intended and with these additional services and programs come additional staff.

One new clinic was built and opened for services in Waswanipi. The staff are very happy with the new space and equipment. Six new residence units were included in this project. These, too, were a welcome relief.

Furniture in the older units, both clinics and residences, needs to be replaced. Frequent repairs cost money and are a source of frustration for the staff. This frustration is one of the contributing factors in the high turnover of staff.

Hugo Georgekish
Head of Purchasing

ADMINISTRATION AND FINANCE

FINANCE DEPARTMENT

August 1, 2002... finally! This is the date we started a separate unit within finance to deal solely with non-insured health benefits (NIHB) payments and accounting.

This was one of the early steps in the implementation of the agreement with the Quebec Ministry of Health. We are now giving ourselves the means to do a separate cost concentration of such expenses, which account for almost one quarter of CBHSSJB spending.

NIHB costs are subjected to a separate audit and to funding adjustments from year to year, which assures full reimbursement.

The unit has a role of cooperation and support to the Program Manager by providing data relevant to the program. It also will be instrumental in the preparation of information packages destined to various clienteles.

The *new regime* financial results have been compiled separately over two years and now allow for comparison. They are integrated in the statement of operations. However this does not highlight the full cost of the program for each respective year. Year 2000-2001 recorded expenses of $11,844,322, inclusive of all salaries and benefits. This year the cost increased to $12,945,389. New program management costs of $303,746 were added for a total of $13,249,135. The open-ended funding feature of the MSSSQ – CBHSSJB Agreement covers the funding shortfall in actual cash transfers during the year or through temporary credit lines.

Core budgeted activities account for the other part of operational financial statements, which resulted in a deficit of $1,953,880, nearly doubling that of the previous year. This result further confirms that even with the Ministry indexation formula, funding is still insufficient to meet northern costs and other factors particular to Cree health and social service delivery. Formal negotiations are still ongoing to identify and to agree on an appropriate funding level and adjustment formula to reflect our reality.

Lawrence Potter
Head of Finance

FINANCIAL STATEMENTS

Cree Board of Health and Social Services of James Bay

STATEMENT OF OPERATIONS

Year ended March 31, 2002

	2002	2001
Revenues:		
Ministry of Health and Social Services	$ 50,015,147	$ 46,160,434
Other establishments	38,538	60,100
Patients	87,674	133,927
Complementary activities	3,030,194	1,279,534
Other sources	2,109,955	1,466,062
	55,281,508	49,100,057
Expenses:		
Salaries	22,175,716	19,363,132
Social benefits	7,723,956	6,489,372
Expenses - non-insured health benefits excluding salaries and social benefits	10,931,485	9,947,963
Expenses - assigned funds excluding salaries and social benefits	1,214,586	800,222
Medical and surgical supplies	504,706	571,894
Dietary	178,901	157,704
Administrative services	3,664,622	3,638,510
Maintenance, security and operation of facilities	3,987,296	3,175,722
Other	6,854,120	6,015,499
	57,235,388	50,160,018
Excess of expenses over revenues	$ (1,953,880)	$ (1,059,961)

FINANCIAL STATEMENTS

Cree Board of Health and Social Services of James Bay

STATEMENT OF SURPLUS - OPERATING FUND

Year ended March 31, 2002

		Principal activities		Other activities		Total
Balance, beginning	$	2,035,895	$	(2,594,124)	$	(558,229)
Prior period adjustments		1,432				1,432
Excess of revenues over expenses (expenses over revenues):						
-principal activities		-		(1,964,498)		(1,964,498)
-other activities		-		10,618		10,618
		1,432		(1,953,880)		(1,952,448)
Balance, ending	$	2,037,327	$	(4,548,004)	$	(2,510,677)

STATEMENT OF CAPITAL - PLANT FUND

		2002		2001
Balance, beginning	$	17,792,652	$	18,253,061
Government grant for fixed assets		2,617,610		146,400
Federal project contribution		701,156		-
Interest on long-term debt		(1,373,182)		(86,400)
Prior year adjustments		163,807		-
Other		-		(520,409)
Balance, ending	$	19,902,043	$	17,792,652

FINANCIAL STATEMENTS

Cree Board of Health and Social Services of James Bay

SUPPLEMENTARY STATEMENT OF EXPENSES

Year ended March 31, 2002

	2002	2001
Principal activities:		
Assistance and support to youth and families	$ 2,708,776	$ 2,775,503
Accomodation/rehabilitation centre for youth	4,898,053	3,724,914
Health care administration	255,035	260,114
Short-term nursing care	1,836,558	1,861,241
Mental health	659,049	512,531
Public health	363,157	162,026
Programs management and support	3,782	18,750
Ambulatory services	768,004	753,412
Family type resources - allowances	105,758	122,351
Homecare	1,430,077	1,447,046
Occupational therapy and natural medicine	185,124	109,704
Preventive dental care	79,278	140,449
Curative dental care	691,996	613,845
Psychosocial services	1,438,011	1,162,960
External services	7,860,422	7,458,787
Laboratories	646,233	803,032
Hemodialysis	405,449	421,351
Pharmacy - hospitalized patients	608,104	619,595
Radiology	247,324	230,007

SUPPLEMENTARY STATEMENT OF EXPENSES (continued)

Year ended March 31, 2002

	2002	2001
Principal activities (continued):		
General administration	6,678,643	6,237,109
Technical services administration	172,437	154,241
Information systems	457,709	339,463
Patients transportation	60,044	-
Reception, medical archives and communications	1,221,676	1,183,450
Dietary	583,256	493,822
Laundry and linen	49,766	51,007
Housekeeping	738,671	714,166
Operation of facilities	3,277,357	2,737,762
Maintenance of facilities	1,193,980	893,265
Special activities	1,238,326	1,234,228
Non-insured health benefits - administration expenses	303,746	-
Non-insured health benefits - direct services to patients	12,992,189	11,844,322
Physicians	306,304	310,115
Transfer of general expenses	(248,482)	(510,084)
	54,215,812	48,880,484
Other activities	3,049,576	1,279,534
	$ 57,265,388	$ 50,160,018

FINANCIAL STATEMENTS

Cree Board of Health and Social Services of James Bay

BALANCE SHEET

Year ended March 31, 2002

	2002	2001
Assets		
Operating Fund:		
Account receivable - Ministry of Health and Social Services	$ 6,170,961	$ 9,477,538
Other accounts receivable	2,091,660	1,459,333
Prepaid expenses	677,283	378,470
Inventory of supplies, at cost	373,024	398,073
Due from Plant Fund		34,604
Deferred holiday treatment	207,668	275,882
	$ 9,520,596	$ 12,023,900
Plant Fund:		
Account receivable - Ministry of Health and Social Services	$ 2,590,708	$ 438,862
Other accounts receivable	8,380,167	-
Land, building and equipment	44,860,544	39,723,730
Other assets	534,652	534,652
	$ 56,366,071	$ 40,697,244
Special Funds:		
Cash	$ -	$ 12,885
Due from Operating Fund	1,628,918	1,725,120
	$ 1,628,918	$ 1,738,005

BALANCE SHEET

Year ended March 31, 2002

	2002	2001
Liabilities		
Operating Fund:		
Bank loan	$ 2,601,673	$ 4,584,215
Other accounts payable	8,387,893	6,074,032
Due to Special Funds and Plant Fund	366,750	1,725,120
Deferred revenue - federal projects	492,873	62,565
Deferred holiday treatment	182,084	136,197
	12,031,273	12,582,129
Surplus	(2,510,677)	(558,229)
	$ 9,520,596	$ 12,023,900
Plant Fund:		
Bank loan	$ 2,100,000	$ 3,000,000
Due to Operating Fund	1,262,168	34,604
Current portion of long-term debt	1,531,969	-
	4,894,137	3,034,604
Temporary financing	6,172,612	758,555
Long-term debt - obligation	10,782,332	11,772,100
Other long-term debts	14,614,947	7,339,333
	31,569,891	19,869,988
Surplus	19,902,043	17,792,652
	$ 56,366,071	$ 40,697,244
Special Funds:		
Designated funds not allocated	$ 1,628,918	$ 1,725,120
Funds held in trust	-	12,885
	$ 1,628,918	$ 1,738,005