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ANNUAL REPORT

2020-21
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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY



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

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misiinâpiskihîkin

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Editor — Katherine Morrow
Copy Editors — Patrick McDonagh, Jennifer Morrow, Alison Scott
Layout & design — Alison Scott Design

Cover photos: Twelve sections of a banner quilt (one for each month) made by CBHSSJB employees in Mistissini, documenting a year of working together during the COVID-19 pandemic. The quilt is installed in the Public Health building in Mistissini. Photos by Alexandra Fortier and retouching by Tatiana Philiptchenko.

Photography & photo editing — Tatiana Philiptchenko, with the exception of the following:

Page 6: James Napash, Virgina Wabano, Morgan Kennedy, Joshua Kawapit, Nishiyû and Natasia Mukash artwork

Pages 10 & 11: provided by Marcel Grogorick

Pages 17, 68 & 98: Marcel Grogorick

Pages 12 & 67: Rodolph Beaulieu Poulin

Page 15: provided by Nishiyû

Pages 16, 102 & 103: Morgan Kennedy

Page 20: Eric House (of Eric House)

Pages 20 (of April Georgekish), 25, 41, 43 and 46: Katherine Dehm

Page 27 collage of nurses: Jeraldine Coon, Tommy Daigle, Elijah Mianscum, Marie Jacinthe Plouffe, Morgan Kennedy, Brenda Forward, Willy Bosum, Rupert Stream, Katherine Dehm, Joshua J. Kawapit, Marcel Grogorick, Catherine Jolly, Corinne Smith, Maitee Saganash

Page 35: Joshua Loon

Page 37: provided by Marlene Kapashesit

Page 47: Willy Bosum

Page 51: Taylor Coonishish

Page 53: provided by CBHSSJB Public Health

Page 54: provided by Jocelyne Cloutier

Page 58: Alexandra Fortier

Pages 60, 62 & 63: Jennifer Morrow

Page 65: provided by Richard Shecapio

Page 68: Mohammed Hassan

Page 78: Rachel Danyluk & Melissa Sealhunter

Page 107: Sylvie Deschamps, Louis Vincent Parent (CBHSSJB Chair in Kahnawake) and Sylvain G  linas (CBHSSJB Chair visiting Espresso Hotel)

Page 119: artwork by Natasia Mukash

Annual Report of the Cree Board of Health and Social Services of James Bay, 2020-2021

   2021 CBHSSJB

Box 250, Chisasibi, QC J0M 1E0

ISSN 11929-6983 (Print)

ISSN 1929-6991 (Online)

Legal deposit — 3rd trimester 2021

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



ABOUT OUR COVER

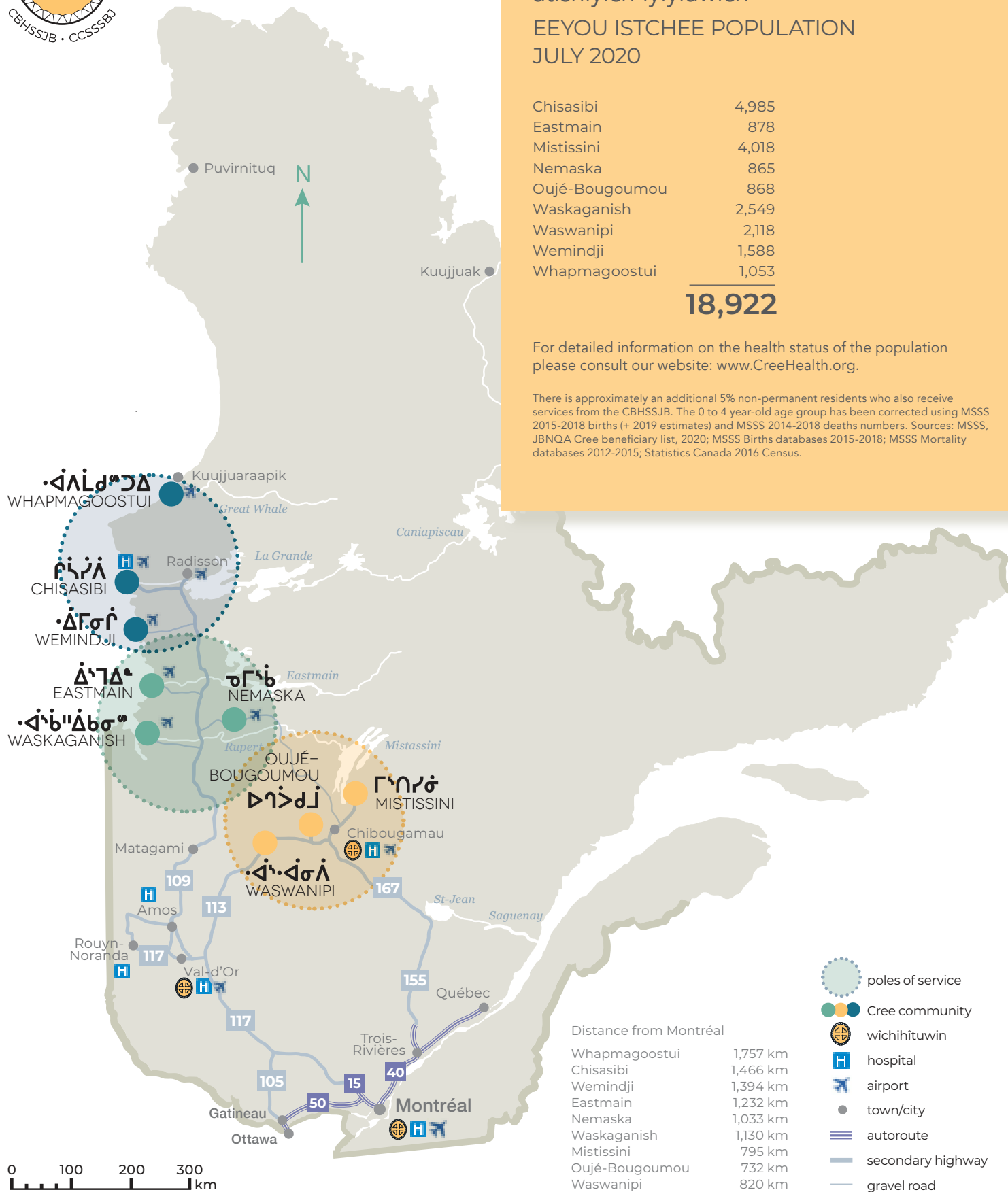
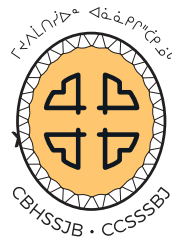


An innovative project...and a beautiful quilt

The first COVID-19 mask prototypes were created by a team of seamstresses—Louise Gunner Rabbitskin, Laurie Rabbitskin, Emily Rabbitskin, Juliette Neeposh, Annie Mapachee, Stephanie Sicard-Thibodeau, Nicole Boulanger, Adrienne Roseberry and Jos  e Quesnel—using textiles donated by Nishiy  . From these prototypes, more than 1,000 homemade masks were made and distributed to users of our health care services throughout the communities and W  chihituw  n in Montreal.

One of the originators of the project, Mae Lafrance, kept the original prototypes made: she wanted to make sure this historical moment would not be forgotten.

Reflecting the first year of the pandemic, the quilt pays tribute to these amazing masks and their role in protecting our population from COVID-19. It is an incredible work of art that reflects the beauty of Eeyou Istchee spirit and strength during what continues to be a challenging global pandemic.



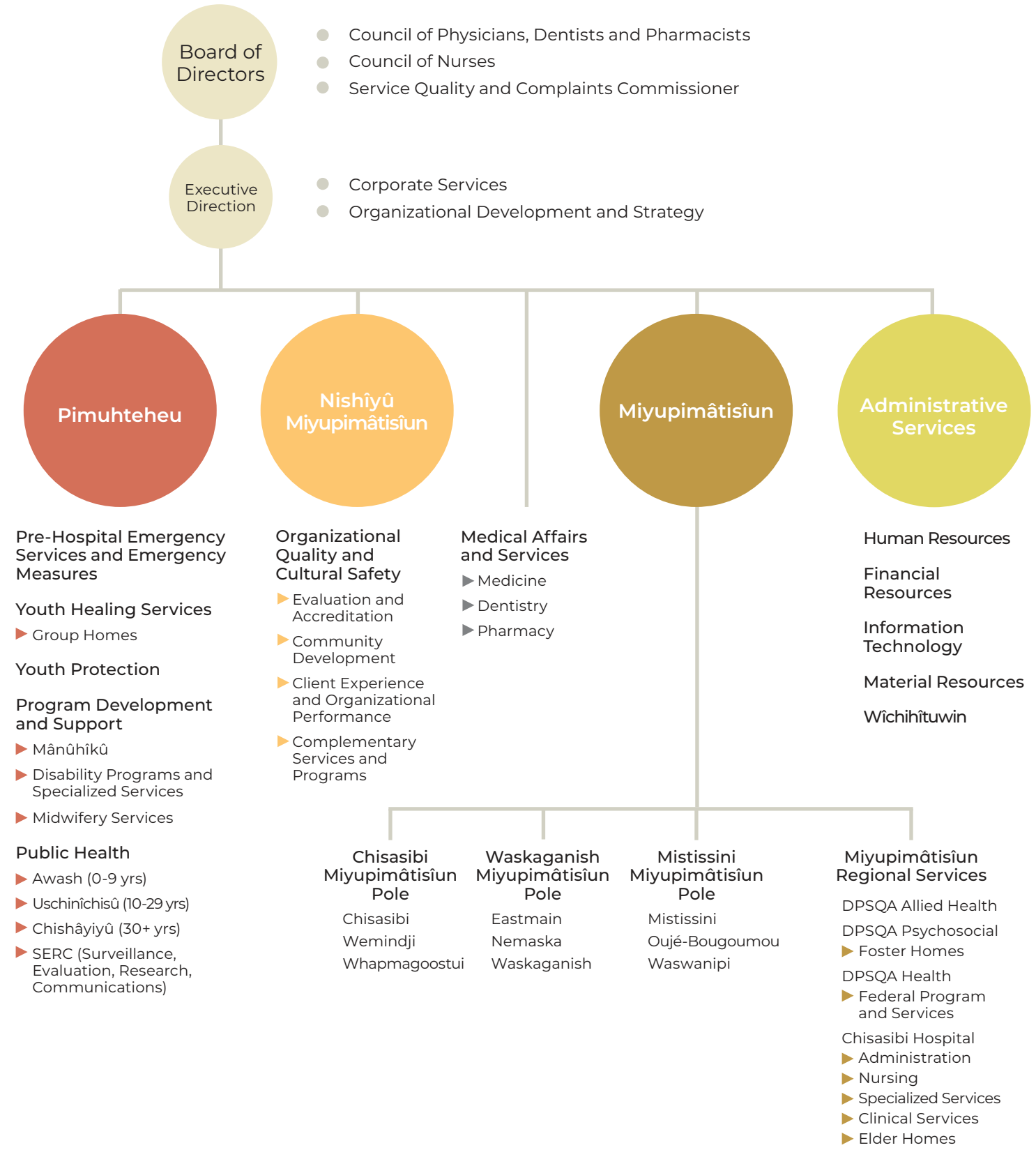
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 EEOU ISTCHEE POPULATION
 JULY 2020

Chisasibi	4,985
Eastmain	878
Mistissini	4,018
Nemaska	865
Oujé-Bougoumou	868
Waskaganish	2,549
Waswanipi	2,118
Wemindji	1,588
Whapmagoostui	1,053
Total	18,922

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

There is approximately an additional 5% non-permanent residents who also receive services from the CBHSSJB. The 0 to 4 year-old age group has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and MSSS 2014-2018 deaths numbers. Sources: MSSS, JBNQA Cree beneficiary list, 2020; MSSS Births databases 2015-2018; MSSS Mortality databases 2012-2015; Statistics Canada 2016 Census.

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A year of working together: a pandemic in six seasons

The following pages tell the story of how the Cree Board of Health and Social Services of James Bay (CBHSSJB) successfully rose to the challenge of a global pandemic. Together with our partners and with the support and sacrifices of our population, our organization mobilized around the goal of protecting Eeyou Istchee from COVID-19, in a way that was always reflective of the core values of Nishîyû. As of the June 17, 2021 Board of Directors meeting when this text was presented, the Cree Nation had zero active cases, 115 individuals have recovered, and four Eeyou Istchee residents have died of the disease. At least six other Eeyouch/Eenouch living outside the territory also passed away after contracting COVID-19. They are not reflected in our official numbers as the CBHSSJB is not always aware of deaths that occur outside our region. In June, 2021, the Cree Nations lifted mandatory self-isolation requirements for fully vaccinated travellers entering the communities, almost 9,000 people are now fully vaccinated, and the youth vaccination campaign is rapidly achieving its targets.

WINTER 2020 — MOBILIZATION

In December 2019, as the world became aware of the emergence of a new coronavirus, the Department of Public Health alerted management and the CBHSSJB connected with the MSSS to ensure that we were prepared to identify and manage the virus, then known as 2019 nCoV, should it appear in our region. It became clear that the disease could have devastating consequences if it arrived unchecked in small, isolated communities with no surgical capacity, many people per household, and a high level of pre-existing conditions in the population. In January 2020, information was shared with the public on the CreeHeath.org website and social media. Following established infection prevention protocols,

the organization began ordering personal protective equipment (PPE) and other equipment and reinforcing training among front-line staff.

During this phase, under the guidance of Director of Public Health Dr. Faisca Richer, the CBHSSJB established internal coordination groups and knowledge management systems to ensure smooth coordination for the duration of the crisis; these structures remain in place today and were fundamental to the success of our efforts. There were two coordination platforms for the pandemic response in Eeyou Istchee: the Emergency Response Core (ERC) group met daily and ensured regional coordination across CBHSSJB departments, and a regional Leadership group met three times a week during the first wave, then twice and finally once a week during subsequent months. This group was convened by Grand Chief Dr. Abel Bosum and the Cree Nation Government and includes Cree Nation Councils, the Cree School Board and CBHSSJB directors. After each meeting, the Cree Nation Government and CBHSSJB issued a public update, and the CBHSSJB ensured that these updates were broadcast in Cree on regional radio.

SPRING 2020 — FIRST WAVE

The whole organization as well as its network of partners became mobilized with the declaration of a global pandemic on March 11. The first test of Eeyou Istchee's preparedness came on March 23, when organizers of the mining sector Prospectors & Developers Association of Canada (PDAC) Annual Conference announced that several delegates were diagnosed with COVID-19. Delegates from Eeyou Istchee were asked to quarantine at home or delay their return to the community. The first wave in Quebec was precipitated by the return of March Break vacationers, and the first

COVID-19 case reported in Eeyou Istchee was a traveller returning from outside Canada, diagnosed on March 24. It was quickly contained. Coordination among regional entities, transparent and culturally safe public education, strong travel measures, and robust contact tracing and testing emerged as the key components of the strategy to protect Eeyou Istchee. Jurisdictional issues were quickly worked out as the self-governing Cree Nations established community gates staffed by local public safety officers to control movements in and out of the community. Local and regional entities and businesses acted in a coordinated fashion to follow the scientific guidance of Public Health authorities in implementing measures tailored to the reality of the region. Public Health issued its COVID-19 Pandemic Response Plan for Eeyou Istchee in March 2020. The main goals of the plan were to:

- Reduce morbidity and mortality associated with COVID-19
- Limit virus transmission within the region
- Ensure access to health services in all communities
- Prevent and limit social disruptions associated with the epidemic

On March 17, Chairperson Bella Moses Petawabano, Executive Director Daniel St-Amour and Director of Public Health Dr. Faisca Richer briefed the Cree Nation leadership and the population of Eeyou Istchee in a session livestreamed and broadcast on regional radio JBCCS. During this phase and throughout subsequent months, CBHSSJB Chairperson Bella Petawabano played a very important leadership role in ensuring that the population, particularly Cree-speaking elders, understood both the disease and the precautionary measures. She worked tirelessly to

facilitate coordination between different levels of government and led a process of linguistic consultation to find the Cree term to describe the new disease: *yehyewâspinewin e âshûmî-tunânûch*. Special attention was paid to ensure people could continue with traditional activities on the land, and Public Health issued easy-to-understand guidelines on how to stay safe during Goose Break and the spring hunting season.

As the situation worsened throughout Quebec, particularly in Montreal, very strict isolation measures were put in place in CBHSSJB medical transportation and at patient lodgings at Espresso Hotel. To date, there has not been a single case of transmission of COVID-19 at Espresso or on Air Creebec charter flights. As the aviation sector shut down, the CBHSSJB charter became a vital lifeline to the communities for essential cargo and personnel.

A total of 10 cases were reported within Eeyou Istchee's population during the first wave, most from outside the region (internationally or from Montreal). The CBHSSJB, with our partners, successfully limited the impact of the first wave.

SUMMER 2020 — PHASED DECONFINEMENT

In early May 2020, Eeyou Istchee lost an elder to COVID-19, the first known Eeyou-Eenou death from the disease.

As Quebec emerged from the first wave of confinement measures, Cree leadership moved Eeyou Istchee forward cautiously on a distinct and regionally-appropriate deconfinement path. Eeyou Istchee followed a different approach to deconfinement because of the potential risks of COVID-19 in the context of the region's sociocultural reality, higher incidence of chronic diseases in the population, and limited health care system.



The Cree Nation Government tabled a Mandatory Self-Isolation Law adopted by all Cree communities, requiring a 14-day isolation period for anyone travelling from an area of risk. It has been one of the most useful measures for controlling travel within and outside the region. Its targeted use requires continued risk analysis of other regions where community members are most often circulating.

Eeyou Istchee followed a gradual five-phase deconfinement plan to lift restrictive measures and resume certain social and economic activities, while protecting the population and communities and safeguarding health care services. Phase 1 of the deconfinement plan was adopted on June 9, 2020.

Public Health monitored daily case numbers and other important indicators as certain restrictions gradually lifted through each phase. As the situation evolved over the summer, the CBHSSJB provided reliable information through leadership and communication channels to relay the reasons for and practical implications of changes. Long-term measures, including physical distancing and hand hygiene, remained in place. Wearing a mask or face covering became mandatory in public indoor spaces and worksites.

FALL 2020 — SECOND WAVE

In order to document successes, challenges and ideas for improving collective efforts for the next waves of the pandemic, Public Health led a regional consultation from July to September 2020 with the main emergency response stakeholders. Consultation participants included the Emergency Response Coordination Group, Public Health, health care services (COVID-19 clinical management and provision of non-COVID related

essential services), psychosocial services (internal for staff and external for population), communications (within the organization and externally with local and regional stakeholders) and administrative support (human, material, information and financial resources). Lessons learned from this consultation provided guidance to adjust and update the CBHSSJB's Pandemic Response Plan in preparation for the anticipated second wave.

One key lesson from the first wave was the need to document the pandemic's psychosocial impact, including access to social services, and to reinvigorate support for mental health and well-being. Calls to the Wìchihîwâuwin psychosocial line, launched in April, provided clear evidence of this, and the Wìchihîwâuwin Helpline played a significant role in supporting mental well-being throughout the pandemic.

The Wìchihîwâuwin Emergency Steering Committee (WESC)—a collaboration across Nishîyû, Pimuchtehu (Public Health and Mânûhîkû), Human Resources and Miyupimatisiun (DPSQA-Psychosocial) departments—was created to coordinate the psychosocial component of the Second Wave Pandemic Response Plan, including supporting staff who have been working hard to protect and serve the Cree Nation.

The collective efforts and actions in the first part of the pandemic are a testament to the incredible strength and collective resilience of the Cree Nation in times of crisis.

Other lessons allowed the CBHSSJB to better adapt measures to the realities of each community. The pandemic's first wave provided an impetus to rapidly improve processes in many areas of health care, including public health service delivery and coordination. Collaboration improved within the CBHSSJB and with external Cree entities (more than ever before), allowing the rapid implementation of precautionary measures by staff as well as the general population.

Decisions about precautionary measures were discussed with all Cree entities during regular Cree Nation Government conference calls, and information was disseminated publicly in a coordinated manner (a public update by leadership, then presented on regional radio).

A COVID-19 Info-Line provided a direct link to public health professionals, who were available to answer questions and note emerging areas of concern for community members.

The collective efforts and actions in the first part of the pandemic, which are a testament to the incredible strength and collective resilience of the Cree Nation in times of crisis, continued throughout the fall and winter seasons.

In the second phase of the pandemic, the CBHSSJB prioritized three objectives:

- Limit COVID-19's transmission and impacts on the population and health care system
- Protect the most vulnerable people from COVID-19, and limit the psychosocial impacts of the pandemic within these groups
- Limit the social and economic impacts of COVID-19 on Eeyou Istchee as a whole

These goals involved finding the right balance of health protection measures intended to prevent and control outbreaks in order to protect the population while limiting their impact on the health and well-being of the general population.

The CBHSSJB's Selective Reconfinement Plan provided a stepwise response to future COVID-19 risk levels so measures could be scaled up or down according to our region's priorities and essential services.

A cluster of three cases at Montreal's Espresso Hotel in September 2020 affected Wìchihîtuwin patients and escorts. Public Health activated its outbreak prevention and control strategy to isolate people with confirmed infections and reach close contacts through contact tracing. Public Health worked with the Montreal Department of Public Health to deploy a mobile testing unit to Espresso, and infection spread was quickly contained thanks to the efforts from Wìchihîtuwin staff and Public Health.

As students returned to school in the fall, Public Health's Infectious Diseases team worked closely with the Cree School Board to establish COVID-19 protocols for students and staff, including daily health checks and other precautionary measures.

WINTER 2021 — AN OUTBREAK AND EARLY ACCESS TO MODERNA VACCINE

In December 2020, Health Canada authorized the use of Pfizer-BioNTech and Moderna, two of the first COVID-19 vaccines, and in January 2021, the CBHSSJB worked with Air Creebec, the Cree Nation Government, and the Cree Nations of Eeyou Istchee to deliver thousands of doses of the Moderna vaccine to inland and coastal communities. The first dose campaign for adults 18 and older launched just as Eeyou Istchee faced its first outbreak on the territory, so vaccines were initially distributed in the communities directly affected by the outbreak.

Several cases were reported in three inland communities in a short period of time, causing great concern and stress. Public Health's contact tracing team worked closely with CMC staff and community partners to trace potential chains of transmission. More than a thousand people across Eeyou Istchee were reached through the contact tracing investigation and hundreds were asked to self-isolate and get tested. Local leadership implemented the most restrictive phase of the Selective Reconfine-ment Plan to minimize activities and support efforts to contain the outbreak, which amounted to 69 cases in total. The outbreak investigation concluded in early February as the last individual recovered.

During the outbreak period, thousands of people were vaccinated across Eeyou Istchee. This successful first dose campaign was wholly due to the tremendous efforts, dedication and collaboration, in every Cree community, of Cree leadership and entities, CMC staff and community groups, vaccination ambassadors, and to the engagement of each person who chose to get their COVID-19 vaccine. The CBHSSJB

acknowledges the invaluable contributions of every individual and group that has supported the vaccination campaign. Over 70% of the eligible population had received their first dose of the vaccine by early February.

As the vaccination campaign advanced, the pandemic continued to evolve and we learned more about the virus, the emergence of variants of concern, and the effectiveness of precautionary measures.

SPRING 2021 — YOUTH VACCINATION, CONTINUING VIGILANCE

In March 2021, a Wìchihìtuwin staff member in Val-d'Or tested positive for a COVID-19 variant case. Contact tracing quickly identified 60 people (clients, escorts and staff) considered to be contacts, all of whom entered preventive 14-day isolation. Some of these had returned to their home communities, where they carried out their quarantine; others remained in Val-d'Or and isolated in facilities there, with support from Wìchihìtuwin and Public Health.

The virus took the lives of four Eeyouch/Eenouch who had their primary residence in Eeyou Istchee. At least six more Eeyouch-Eenouch who were living outside Eeyou Istchee also passed away. They and others were honoured on March 11, 2021, which the Government of Canada declared a national day of observance for those who died of COVID-19; the date marked the first year anniversary of the official declaration of the pandemic. CBHSSJB managers and staff in every community, as well as local and regional partners across Eeyou Istchee, were invited to observe one minute of silence at 1 pm to honour victims of the pandemic, and flags in the communities were lowered to half mast.

Public Health launched ad hoc consultations with different groups and stakeholders to gauge the benefits and impacts of restrictive measures during the pandemic. These consultations are intended to prepare Eeyou Istchee for future phases of the pandemic, in which a critical percentage of the adult population is fully vaccinated.

The fiscal year ended just as the second dose campaign was getting underway, with the confirmation in late March of the delivery of second Moderna doses. The vaccine doses arrived in Eeyou Istchee over the Easter weekend (April 5, 2021), and the official second vaccination campaign was launched April 7, 2021 in all communities. Since the launch of the second campaign, over 50% of the eligible population

We emerge from this experience stronger than ever, and very proud of what we have achieved together with our partners.

of Eeyou Istchee has received a second dose of the vaccine. Early into 2021-2022 the good news arrived that youth aged 12-17 would be eligible to be vaccinated. With the prospect of wide vaccination coverage in all communities on the horizon, the Cree Nation looks forward to a gradual reopening. We emerge from this experience stronger than ever, and very proud of what we have achieved together with our partners.



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anânâkichihtâkinûch ûtîyimûwin

MESSAGE FROM THE CHAIR (CONTINUED)



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ûtîyimûwin

MESSAGE FROM THE EXECUTIVE DIRECTOR

To be elected exactly 21 years later is telling. I am determined to finish what I couldn't, to attend to the electors' calls, the organization's needs and the people's wishes.

I want to acknowledge our own government for their continued support, and the office of every Minister of Health since the turn of the last millennium. Without the support of the Quebec and federal governments, our progress would not have been as advanced as it is today.

To conclude, improving services, administration and management and maintaining good governance for our health and social services is a daily task. It is challenging but we will only get better.

This past year's pandemic is one to remember. We are fortunate with the work led by our Public Health department, our front-line workers, our entire staff, medical team, the CMCs, and every department of the CHBSSJB who managed to maintain services during this world pandemic.

To everyone who has contributed to the fight against COVID-19, especially the Cree Leadership, the communities and local teams, and everyone who made sacrifices and made great effort to protect our communities, we say THANK YOU!

We have not won the battle yet, but we are getting close and yes—we are all anxious. To win the fight against COVID-19 and its variants, we must continue doing our part by following the measures and protocols.

The anticipation of a COVID-free life is at the core of our daily thoughts from the time we wake up. It give us the opportunity to reflect on the changes we want to see in our lives, in our families, communities and Nation.

And, as we reflect on these, we can see that there are cycles we need to break, actions and behaviors that we no longer need. It is a good time to act on them. We, the Cree Board of Health and Social Services of James Bay, will do our part.

Thank you, Meegwetch, Merci,

Bertie Wapachee
CBHSSJB Chair

This past year has been defined by the COVID-19 global pandemic and I want to acknowledge the commitment and dedication of Cree Health Board employees at all levels in working effectively and efficiently to keep the people of Eeyou Istchee safe. We have kept low numbers of infection, managed outbreaks effectively, and have achieved a vaccination rate right now of over 80% for first doses, and over 60% for second doses. I am very proud to say that we are well ahead of the curve compared to other regions.

COVID-19 has changed the way we have been providing services, and this will have a long-lasting impact. We have had to rely on telework and telehealth, especially for specialists. As a result, we were able to reduce the number of people going to Montreal. The pandemic has in effect accelerated our adoption of telehealth technologies.

One thing that has not changed is our planning for improvements in the provision of care, and a big part of this is our capital projects. So the planning for the hospital is on target. Three Elders' Homes will be under construction this summer, and we're on target for those as well. And we have continued planning for 80 transit units in Chisasibi, which have been approved by the Ministry and will start construction this summer. The transit would be modeled like a hotel, with transport, a reception centre and perhaps even activities organized for weekends. We have created a Project Management Office (PMO) to support our projects, as unlike other health regions in Quebec, we manage our projects on our own.

We have also reorganized our structure around three regional service poles (Chisasibi pole, with Wemindji and Whapmagoostui; Mistissini pole, with Oujé-Bougoumou and Waswanipi; and Waskaganish pole, with Nemaska and Eastmain). Instead of addressing the needs of one big region, we will have three poles that will enable us to focus resources for specific needs more effectively. In addition, we have launched an optimization audit. We are implementing many important projects so we need to take a good look internally and ensure that we are organized in such a fashion that we are well-prepared to achieve what we set out to achieve with these projects.

We also enhanced our emergency readiness, purchasing three inflatable tents from the Red Cross and also purchasing 600 deployable rooms. During an emergency—such as the fire near Eastmain several years ago that caused us to evacuate people to Val-d'Or—we could deploy these rooms to provide temporary accommodations for displaced people elsewhere in Eeyou Istchee.

As you will read, we've accomplished a lot this year, despite the challenges we faced as we worked to provide the best services possible to the people of Eeyou Istchee during the COVID-19 pandemic. I am very proud of how well the CBHSSJB staff responded to these challenges and has continued to advance the care of the people of Eeyou Istchee.

Daniel St-Amour
CBHSSJB Executive Director

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BOARD OF DIRECTORS

Bertie Wapachee¹ • Chairperson
Christine Petawabano • Vice Chairperson
Daniel St-Amour • Executive Director

REGULAR MEETINGS

4

Community Representatives

Eric R. House² • Chisasibi
Jamie Moses • Eastmain
Christine Petawabano • Mistissini
Stella Moar • Nemaska
Darlene Shecapio-Blacksmith • Oujé-Bougoumou
A. Thomas Hester • Waskaganish
Jonathan Sutherland • Waswanipi
April Georgekish³ • Wemindji
Allan George • Whapmagoostui
vacant • Washaw Sibi (Observer status)

SPECIAL MEETINGS

11

Clinical Staff Representative

Dr. Robert Tremblay

Non-Clinical Staff Representative

Nicholas Ortepi

Youth Observer

Kaitlynn Hester Moses

BOARD COMMITTEES

Administrative/HR Committees

Bertie Wapachee
Daniel St-Amour
Christine Petawabano
A. Thomas Hester
Allan George⁴
Nicholas Ortepi
Liliane Groleau (HR Committee)
Marie Blais (HR Committee)

MEETINGS

4

Audit Committee

Stella Moar
Jonathan Sutherland
Eric R. House⁴

MEETINGS

4

Vigilance Committee

Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Darlene Shecapio-Blacksmith

MEETINGS

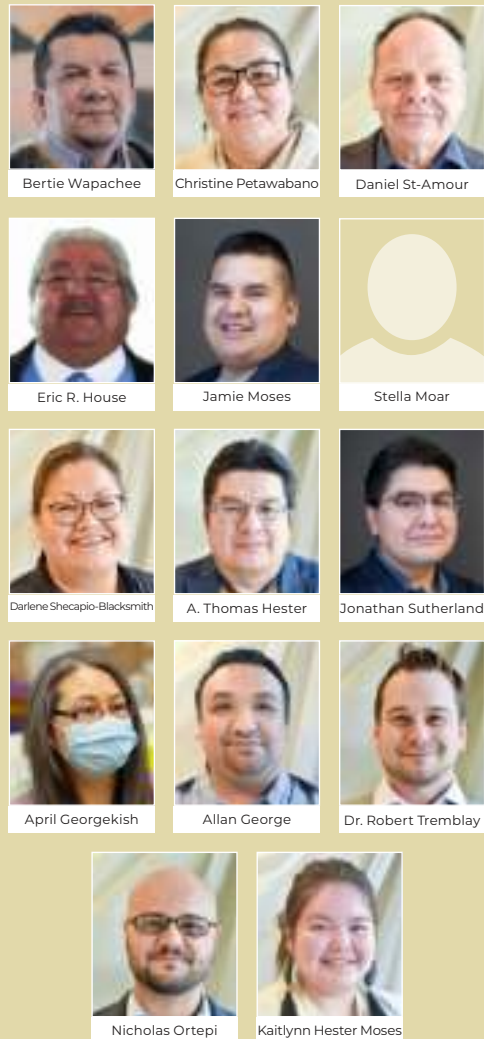
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Governance Advisory Committee

Bertie Wapachee
Christine Petawabano
Jamie Moses
A. Thomas Hester

MEETINGS

4



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EXECUTIVE AND SENIOR MANAGEMENT

Office of the Chairperson	Commissioner of Service Quality and Complaints Assistant Commissioner of Service Quality and Complaints	Sarah Cowboy Nancy Shecapio-Blacksmith
General Management	Executive Director Assistant to the Executive Director Director of Organizational Development and Strategy Director of Corporate Services Director of Medical Affairs and Services (DMAS) Assistant Director (AD) of DMAS	Daniel St-Amour Paula Rickard Justin Ringer Laura Moses Dr. François Charette Mario Barrette
Pimuchtehu	Assistant Executive Director (AED) - Pimuchtehu Director of Youth Protection (YP) AD of Youth Protection - Clinical AD of Youth Protection - Foster Homes and Youth Criminal Justice Act Director of Youth Healing Services (YHS) Director of Program Development and Support Director of Public Health (DPH) Assistant DPH - Awash Assistant DPH - Uschinîchisû Assistant DPH - Chishâiyû Assistant DPH - Surveillance, Evaluation, Research and Communications (SERC)	Taria Matoush Marlene Kapashesit Minnie Loon Ashley Iserhoff Vacant Anne Foro Dr. Marie-Jo Ouimet ¹ Dany Gauthier Kymberly David Paul Linton Isabelle Duguay
Nishîyû Miyupimâtisiun	AED of Nishîyû Miyupimâtisiun Director of Organizational Quality and Cultural Safety AD of Evaluation and Accreditation	Laura Bearskin Julianna Matoush-Snowboy Gertie Shem
Miyupimâtisiun	AED of Miyupimâtisiun Regional Proximity Director - Quality Assurance and Service Delivery Regional Proximity Director - Chisasibi Pole Regional Proximity Director - Mistissini Pole Regional Proximity Director - Waskaganish Pole Director of Professional Services and Quality Assurance (DPSQA) - Health Assistant DPSQA - Health DPSQA - Allied Health DPSQA - Psychosocial Director of the Regional Hospital (Chisasibi)	Richard Shecapio Michelle Gray Christina Biron Virginia Wabano Holly Danyluk Karine Jones (I) Karine Jones Adelina Feo Chloe Nahas Philippe Lubino
Community Miyupimâtisiun Centres (CMCs) Local Directors	Chisasibi Eastmain Mistissini Nemaska Oujé-Bougoumou Waskaganish Waswanipi Wemindji Whapmagoostui	Jeannie Pelletier Rita Gilpin Alan Moar Beatrice Trapper Louise Wapachee Bert Blackned Eleanor Gull Rachel Danyluk Hannah Kawapit
Administrative Services	AED of Administrative Resources Director of Financial Resources AD of Financial Management Units Director of Human Resources AD of Organizational Development and Staffing AD of Labour Relations and Administration Director of Information Technology Director of Material Resources AD of Material Resources Director of Wichihîtuwin AD of Wichihîtuwin - Clinical AD of Wichihîtuwin - Administration	Liliane Groleau Jean-François Champigny Nora Bobbish Nathalie Roussin ² (I) Virginie Hamel Julie Lepage ³ (I) Pino Virgilio Luc Laforest Charlie Alisappi Helen B. Shecapio-Blacksmith Martine Constantineau Emanuelle Lambert

1. Dr. Faisca Richer until October, 2020
2. Replacing Marie Blais
3. Replacing Nathalie Roussin

I = Interim

1. Bertie Wapachee was elected as Chairperson in the run-off election of November 10, 2020, replacing Bella M. Petawabano.
2. Eric R. House was appointed as Chisasibi representative at the March 9-11, 2021 Board of Directors meeting, replacing L. George Pachanos.
3. April Georgekish was appointed Wemindji representative November 2020.
4. L. George Pachanos was replaced by Allan George on the Administrative/HR Committee and by Eric R. House on the Audit Committee.



â wich wiyipiyihtâkinuwîyich âpitisîwinh misînihîchâkamikw

CORPORATE SERVICES

Corporate Services supports the Board of Directors and associated governance functions of the CBHSSJB, and coordinates communications, administrative records management and translation services.

The CBHSSJB Chairperson is an elected office in Eeyou Istchee. The election was delayed due to provincial *order-in-council 177-2020*, which suspended all health network elections as part of the pandemic's general state of emergency. *Order-in-council 2020-005* (August 5, 2020) enabled the election to proceed, with a returning officer appointed August 19, mandated by the Board to ensure precautionary measures at all polling places. Mr. Bertie Wapachee was elected to a four-year term November 10 in a run-off election. He replaces Bella Moses Petawabano, who served two terms as Chairperson (2012-2020). General Management, jointly with Corporate Services, organized an intense orientation for the incoming Chairperson on the CBHSSJB governance model, described in *Consolidated By-law no. 8*, and on the current legal, management and administrative functioning of the organization. The new Chairperson was inaugurated November 27, 2020 in Chisasibi. Due to in-person gathering restrictions, the event was livestreamed.

Corporate Services adjusted to the pandemic reality by transitioning Board and Committee meetings to secure videoconferencing.

Meetings organized by Corporate Services

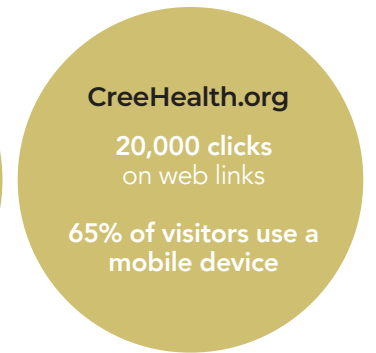
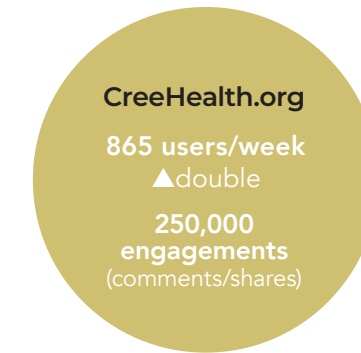
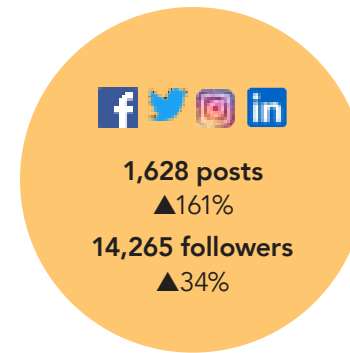
- 11 special meetings
- 4 3-day BOD quarterly meetings
- 4 each: Administrative/HR Committee, Governance Advisory Committee (formerly MPAC), Audit Committee and Vigilance Committee

James Napash joined Corporate Services in July as administrative process specialist, and assumed his role as recording secretary for meetings of the Board and its committees.

The Code of Ethics and Conflict of Interest Policy applicable to Board members were combined into an Ethics and Conflict of Interest Policy. Training was provided to the Board with the Policy adopted, after adjustments, at the July Board meeting. In November, the Moses Petawabano Advisory Committee (MPAC) was renamed the Governance Advisory Committee, and now includes the Executive Director. Board-reviewed policies include the following policies: S-5 placements; Mistreatment of Vulnerable Adults; Phone Call Recording; Cloud Computing; Working Conditions; to Promote Respect and to Counter Discrimination, Harassment and Violence in the Workplace; Mobile Devices; Housing, as well as amendments to the Risk Management By-law and adoption of the Governance Advisory Committee By-law.

The CBHSSJB translates an average of 500,000 words per year between English and French, far exceeding the full-time translator's capacity. *Services Linguistiques Versacom* won a public tender to continue to supply translation and other language services for a three-year period, with an option to extend for one year.

Corporate Services oversees administrative records management in collaboration with IT and other departments. Alfresco, a secure, searchable document repository on the internal network, proved essential for managing the large volume of documents associated with the response to COVID-19. Corporate Services offers training sessions for staff every two weeks and provides ongoing user support and assistance with Alfresco.



Meegwetch to the Regional Communications Team, under the leadership of Katherine Morrow, Coordinator of Communications, for their continuous commitment and endless hours of hard work to keep everyone safe in Eeyou Istchee!

COMMUNICATIONS

Despite the challenges of the pandemic, the Communications Team had a remarkably productive year. The group has an unusual structure: the coordinator and four members are part of Corporate Services, with seven others in other departments—all working seamlessly as a regional team that coordinates external and organization-wide internal communications.

Assuming a leadership role in a successful pandemic response, team members in Public Health used strategies adapted to different age groups to ensure that the population was kept informed on precautionary measures, travel protocols, testing, outbreak management, vaccination and psychosocial supports (e.g. 24/7 Wîchihîwâwin Helpline). The team coordinated CBHSSJB participation in a series of livestreamed Q & A sessions with the Cree Nation Government, Cree School Board and Cree Nation Youth Council. Each community designated a COVID-19 Communications Lead to ensure coordination between regional communications and local outreach efforts such as local radio call-in shows. This "Comms Leads Network" met 41 times with the regional communications team—an important forum for sharing knowledge, addressing myths and misinformation, and giving community members the knowledge needed to make the right decisions for themselves and their families.

In addition to rising to the challenge of COVID-19, the team delivered several major projects, transferred skills, implemented new systems, solidified partnerships and found new and creative ways to reach audiences, especially in the areas of video production and webinar-style events.

The redeveloped CreeHealth.org website was launched late October. The trilingual site prioritizes information relevant to clients, includes Cree language audio and video, and showcases photography from our bank of almost 20,000 images.

@creehealth social media presence continued to grow thanks to a steady output of relevant, engaging content. A social media management tool implemented this year provides detailed insights into audience engagement with our social media content.

Community radio remains an important information source in Eeyou Istchee. The Communications unit in Public Health works with JBCCS to produce the bimonthly regional radio show *Miyupimâtisîun Tipâchimuwin*. This year, in addition to this broadcast, the team prepared more than 50 scripts for the Chairperson or Vice-Chairperson to use to update the population about the changing COVID-19 situation.

Internal communications is an important focus of the team's efforts. A monthly internal newsletter *Tipâchimûn Misinihîkan* was launched late 2020, with contributions from all departments and features such as a Cree Word of the Month.

Communications priorities for 2021-2022 include hiring three Information Officers, updating policies and guidelines, and integrating live virtual events and instructional design support into our toolkit of approaches to serve the digital transformation of the organization.

ORGANIZATIONAL DEVELOPMENT AND STRATEGY

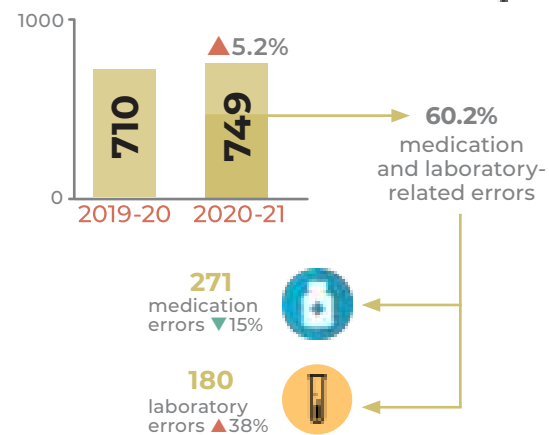
As the organization continues to grow and evolve, so does the role of the Organizational Development and Strategy Department.

This past year, a team was created to support the new Electronic Medical Record (EMR) pilot project to provide easy and secure access to up-to-date client health information at any time from anywhere in Eeyou Istchee, to improve the delivery of health and social services.

The department partnered with Nishiyû to recruit a new regional Quality Improvement Advisor, responsible for training, supporting and coaching teams at all levels of the organization to implement projects to improve clinical and administrative processes.

The Risk Management team continues to focus on promoting and supporting the development of a safety culture across the organization. The team has led and facilitated work groups to address risks within the organization, allowing the team to further improve our ability to identify, measure, analyze, mitigate and monitor clinical and non-clinical risks.

Number of Declared Events



INCIDENT/ACCIDENT INCREASE IN REPORTING

The past year's increase is a positive indicator of the growing comfort with reporting incidents and accidents and is, in part, due to increased awareness and training, and knowing that declaration lead to improvements. There is a marked improvement in completing and closing reports by all involved. This year only 25 reports required the team's support to complete and close, compared with 130 last year.

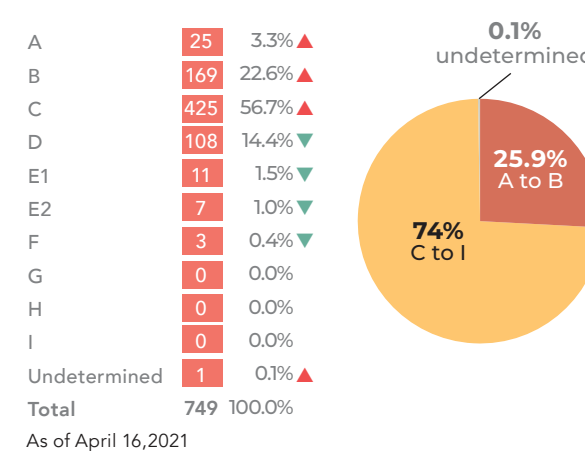
The Risk Management team reviews each incident with the local team to identify root causes of the incident and recommend improvements. For medication and laboratory declarations, new protocols and work processes are being developed to address the root cause.

2020-21 Reported Events

A	Fall	28	3.7% ▲
A	Near fall	6	0.7% ▲
B	Medication	271	36.2% ▼
B	Treatment	96	12.8% ▼
B	Diet	2	0.3% ▼
C	Laboratory	180	24.0% ▲
C	Imaging	1	0.1% ▼
D	MDR*	0	0.0%
E	Material	50	6.7% ▲
E	Equipment	5	0.7% ▼
E	Building	4	0.7% ▼
E	Personal effect	0	0.0%
F	Assault	1	0.1% ▼
G	Other	105	14.0% ▼
Total		749	100.0% ▲

As of April 16, 2021
*Medical Device Reprocessing

2020-21 Reported Events by Severity Level



Overall, this year we have more reported incidents and fewer reported accidents when compared with last year.

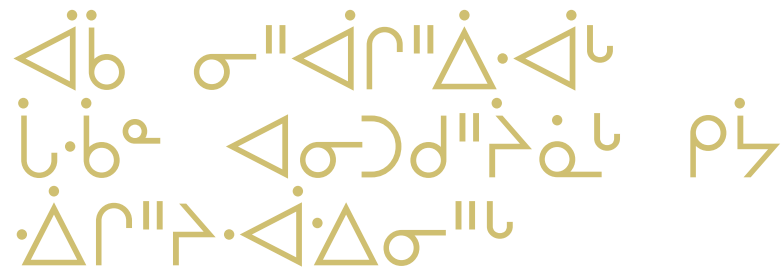
NEXT STEPS

The activities of team members will continue to expand to further support the organization's development. Major focuses for the coming year include establishing the Board of Director's Risk Management Committee and developing the ability to identify and address administrative (non-clinical) risks.

Increased support will help teams implement their own quality improvement initiatives, and an initiative to increase our organization's internal capacity for quality improvement will be launched. Work will continue with internal partners to deploy the EMR system to other communities and support other strategic initiatives that are part of the CBHSSJB's digital transformation.

The team will facilitate the creation of the next Strategic Regional Plan (SRP) to determine priorities and guide development for the next five years (2022-2027).





anitukuhyînâch kiyâ wîchihyiwâwinihch

SERVICE QUALITY AND COMPLAINTS COMMISSION

2020-2021 has been a challenge given the pandemic's impact on both professional and personal lives. Despite this, the Service Quality and Complaints Commission (SQCC) team remained in touch with each other and with internal and external partners, through Zoom meetings. The team—Sarah Cowboy, Nancy Shecapio-Blacksmith and Kristen Iserhoff—adapted and continued to function on a daily basis, whether working from home or office.

The Policy on Mistreatment of Vulnerable Adults, which governs all CBHSSJB staff, was approved by the Board of Directors. It will help our elderly clients and vulnerable adults fight against mistreatment. The Regional Committee to Combat Mistreatment of Vulnerable Adults was established to develop a collaborative intervention process with partners. They include the Psychosocial Team, the Nishîyû Council of Elders, the Eeyou Eenou Police Force, the Cree Nation Government's Justice department through CAVAC, the Social and Cultural department, including the Quebec Youth and Human Rights Commissioner, and the Quebec Curator as well as partners at the local level. The 2022-2027 Action Plan to Counter Elder Abuse was sent to the Minister of Health and Social Services. Many thanks for Brenda House, PPRO for Elder Abuse, and her contribution to the consultation paper.

Training on the Complaints Process and Code of Ethics was provided to the Youth Protection Department, with further training scheduled for all CMCs, including MSDC and Wîchihîtuwin staff. Given the pandemic, all training is done online to ensure everyone's safety.

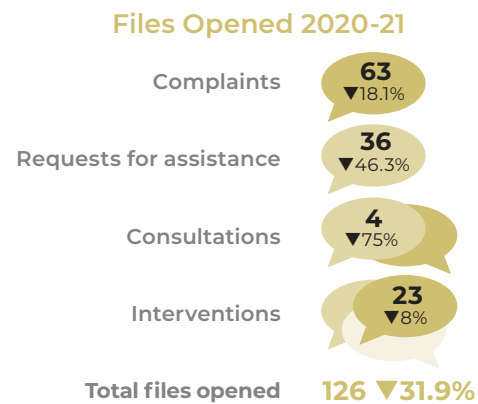
The Code of Ethics, in revision, will be presented to the Board of Directors for approval before being available to staff in the coming year.

The new Chairperson, Mr. Bertie Wapachee, was welcomed at the November Vigilance Committee meeting, and his inauguration was attended by the SQCC. The team is looking forward to working with him in his new role.

Complaints decreased given the reduced appointment attendance. Appointments were cancelled by both clients and Wîchihîtuwin staff in Montreal to prevent the spread of COVID-19 and local clinics only accepted urgent medical cases. Many appointments were by phone with a nurse or doctor, given precautionary measures.

We'd like to acknowledge the Vigilance Committee for its guidance to the SQCC. Also, thanks to clients, family members and employees who courageously take the time to report situations, helping improve the overall quality of care.

Meegwetch mistee!



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



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

MEDICAL EXAMINER

The number of complaints referred to the Medical Examiner increased this year. 15 formal complaints were analyzed. This was a busy period with several complaints concerning members of the Council of Physicians, Dentists and Pharmacists (CPDP) and requests for help from the Service Quality and Complaints Commissioner (SQCC). Although we were in a pandemic with several changes in the way medical, dental and pharmaceutical services were rendered, there were no formal complaints related specifically to this difficult aspect. Several interventions were made with the SQCC, avoiding at times a formal complaint. It was difficult to respond to all complaints within the expected time frame due to difficulties in reaching patients, obtaining files and meeting professionals. It is a challenge to meet timelines.

Most complaints were related to the perceived attitude of professionals. Understanding each other is not always easy for many reasons, not only language and cultural differences. Physicians have shown openness to adjusting and accepting recommendations. Patients generally accept that at times they may have misunderstood situations. Two complaints were related to relatively rare pathologies that were not recognized initially. A memo was written to all physicians to inform them of these two cases so they can be more alert in diagnosing them.

A disciplinary committee was dismissed following the CPDP resignation of the physician involved. A note, in collaboration with Human Resources, was sent to all complainants concerned.

A few responses to complaints were difficult, with frustration expressed with the analysis. The Medical Examiner has considerable authority in managing complaints—e.g. the ability to dismiss complaints judged futile or vexatious. Based on analysis, motivations are written up for conclusions and shared with both complainant and professional. To support appealing decisions, the Complaint Review Committee is constituted as per by-laws that govern the process, with two CPDP-assigned members and one Board member. Upon request from a complainant, the committee reviews the Medical Examiner's response and decides if complaint analysis was adequate. The committee generally meets both complainant and Medical Examiner. A review committee will be assigned in early 2021-2022.

The Medical Examiner analyzes complaints involving a CPDP member. Each complaint must be reviewed within a precise timeframe and leads to a written report to the complainant. At times, simple missed communication creates misunderstanding between professional and patient, and can be remedied through short explanations. In other cases, a significant issue necessitates review of files and interviews (health care workers, family, other patients) to make adequate recommendations to avoid future issues. Quite often the complainant wants to point out a problem and hopes that, by officially filing a complaint, the situation will be addressed and not repeated. For this reason, the Medical Examiner is grateful for the opportunity to hear directly from patients about issues they confront.

Complaints

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

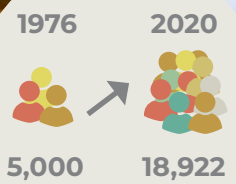
The confidential toll-free number for complaints (1-866-923-2624) is connected to voicemail, so it is essential that the caller state their name, phone number and community so that the Commissioner can call back.

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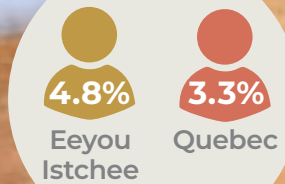
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POPULATION HEALTH PROFILE

Population



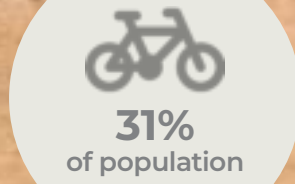
Growth rate



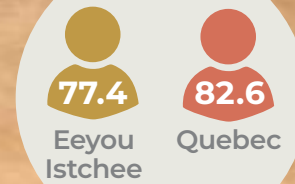
Cree speakers



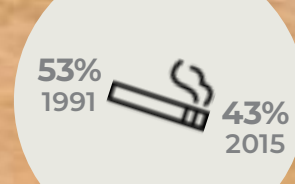
Youth under 15



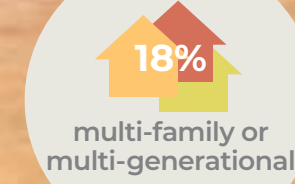
Life expectancy



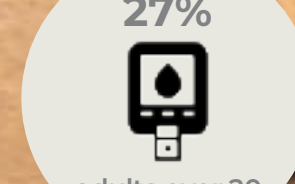
Smoking rate



Households



Diabetes prevalence



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EMERGENCY MEASURES

COVID-19 response

The Emergency Response Core (ERC) group held 74 meetings to coordinate the emergency response to the COVID-19 pandemic. The unit played a critical coordination role, ensuring that Cree enterprises were aware of and adapting to public health and safety measures. The coordinated response on the ground in each community was the result of a strong relationship between the CBHSSJB, Public Security Officers and Band Councils.

BUSH KIT PROGRAM

The Bush Kit Program, a partnership with the Regional Cree Trappers' Association, Niskamoon and Apatisiwin, saw the following in 2020-2021:

- Refreshed list of medications, with CPDP approval
- New manual published
- Initial program redesigned to include three types of Bush Kit
- Two Bush Kits currently functioning
- Training courses built for Bush Kit Representatives

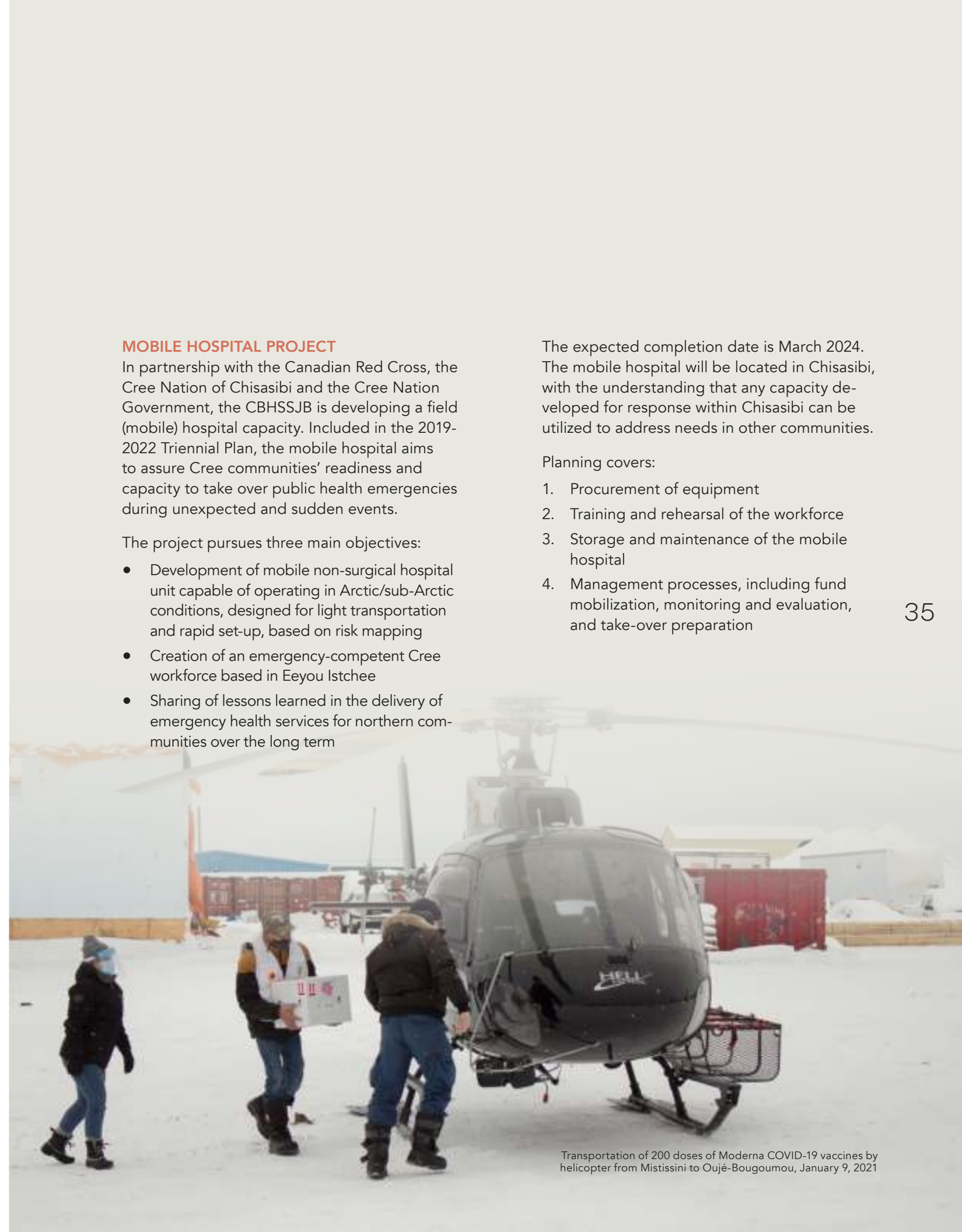
EMERGENCY COLOUR CODES

The current state of emergency colour codes in each community was assessed. Each community has a Code Orange and Code Silver on paper; gaps were identified pointing to the need for ongoing orientation sessions for new personnel.

Training tools were developed for the Codes Blue, Pink, Yellow, White, Black and Brown, and work began on the template protocol for Code Grey.

Emergency calls for 2020-21

Chisasibi	441
Eastmain	118
Mistissini	1,157
Nemaska	130
Oujebougoumou	109
Waskaganish	510
Waswanipi	151
Wemindji	235
Whapmagoostui	208
Total	3,059



The expected completion date is March 2024. The mobile hospital will be located in Chisasibi, with the understanding that any capacity developed for response within Chisasibi can be utilized to address needs in other communities.

Planning covers:

1. Procurement of equipment
2. Training and rehearsal of the workforce
3. Storage and maintenance of the mobile hospital
4. Management processes, including fund mobilization, monitoring and evaluation, and take-over preparation

MOBILE HOSPITAL PROJECT

In partnership with the Canadian Red Cross, the Cree Nation of Chisasibi and the Cree Nation Government, the CBHSSJB is developing a field (mobile) hospital capacity. Included in the 2019-2022 Triennial Plan, the mobile hospital aims to assure Cree communities' readiness and capacity to take over public health emergencies during unexpected and sudden events.

The project pursues three main objectives:

- Development of mobile non-surgical hospital unit capable of operating in Arctic/sub-Arctic conditions, designed for light transportation and rapid set-up, based on risk mapping
- Creation of an emergency-competent Cree workforce based in Eeyou Istchee
- Sharing of lessons learned in the delivery of emergency health services for northern communities over the long term

Transportation of 200 doses of Moderna COVID-19 vaccines by helicopter from Mistissini to Oujé-Bougoumou, January 9, 2021

uschipimâtisîwinh â mîninwâchihtâkinuwihch

YOUTH HEALING SERVICES

Youth Healing Services (YHS) has been through many challenges this past year and significant changes have been made in order to maintain best practices and ensure quality services.

YHS contributes to the protection, rehabilitation and well-being in all aspects (physically, mentally, emotionally and spiritually) of all youth in our care, through the implementation of programs that provide safety, security and, most importantly, treatment.

All placements are referred from Youth Protection and come from all nine Cree communities. The majority of the youth are placed under the Youth Protection Act (ordered or voluntary measures) and a few of them under the Youth Criminal Justice Act (open custody). YHS and Youth Protection hold continuous meetings and updates to ensure both are on the same page with clients in placements.

YHS operates three facilities 24/7—Mistissini's Upâchikush Group Home and Reception Centre, and Chisasibi's Weesapou Group Home. The new Reception Centre was inaugurated successfully March 6, 2020. Unfortunately, the Boscoville graduation, planned for March 25, 2020, had to be postponed due to the pandemic and has yet to take place.

The Cree School Board provides a teacher for youth residing at the Reception Centre in Mistissini, while Upâchikush and Weesapou Group Home residents attend the public schools. There were times where extra staff needed to be hired to supervise our youth, most of whom were at the high school. Some at the elementary school also needed close supervision, and some at the centre could not attend school for various reasons, including suspensions. The Cree School Board and YHS are working on a partnership agreement to improve educational services.

The Bush Program, an important component of YHS, offers a holistic land-based program with camps for both inland and coastal communities, teaching cultural and traditional Cree life skills. Cree Elders participate in developing the program and delivering traditional knowledge. Though activities were limited due to COVID-19, the canoe brigade, whitefish scooping in Waskaganish, the Journey to Nitchiquon and other land-based activities for youth and families still took place.

Most employees received training this past year, and ongoing meetings and training with Boscoville continued according to schedule. Employees were trained in Joint Clinical Process and *Projet intégration jeunesse* (PIJ) case management software, with many receiving training through Disability Programs Specialized Services and land-based training in collaboration with Nishîyû.

YHS experienced a COVID-19 outbreak that saw seven employees and one client contract the virus. The outbreak was managed by having everyone who could work from home do so, but with two managers on site and restricted access to the affected unit. Most clients were in the bush, except the one with the virus.

awâshish sikîschâhyitimuwin a ihtûtâkiniwiwich

YOUTH PROTECTION

Youth Protection's (YP) mandate is to ensure the safety and development of children under age 18, in collaboration with families, communities and appropriate services, in accordance with the Youth Protection Act. The majority of children are followed while living at home or with relatives. If children need to be placed elsewhere, the goal is to reunite children with their families as soon as possible once their safety and development can be assured, and to keep all children in the territory to maintain language and cultural lifestyles. Assessment and follow-up services are provided for youth who have committed offences under the YCJA. YP works closely with Youth Healing Services (YHS) as well as Cree Justice to provide custody and rehabilitation services.

The *Réception et traitement des signalements* (RTS) service includes Cree-speaking staff who respond to reports by community members and professionals about situations of child endangerment or neglect. If the situation warrants further evaluation, RTS refers the case to the YP community team where the child resides or to a specialized YP team if it is a situation of physical or sexual abuse. The YP worker meets with the child, family, significant others and service providers to determine the best orientation for each child. If needed, the case will be followed under an agreement on Voluntary Measures or court order.

In the past year, tremendous efforts have been dedicated to evaluating situations for which a report had been retained by RTS, in order to determine whether the security and development of the child was really in danger and if the YP intervention was necessary: 686 evaluations were completed, but YP intervention was necessary in only a third of these. At every step of the process, the YP department encourages referral to support services—in the CBHSSJB or community.

As of March 31, 2021, a total 297 children were being followed under the Youth Protection Act (either under a court order or an agreement on Voluntary Measures). This includes children who have been followed for many years as well as those being followed for just a few weeks.

The Youth Criminal Justice Act (YCJA) team provides services in evaluation, probation and extra-judiciary sanctions, as well as rehabilitation in cases of open and closed custody to youth under 18 years old who have been found guilty of committing an offense. During 2020-2021, 62 cases were opened under the YCJA.

A lot of work has been done this year to consolidate the YP department in order to better support staff and improve services. Two new assistant Directors of Youth Protection (DYPs) have recently been nominated, Ashley Iserhoff and Minnie Loon, as well as an advisor to Director Allysa Mark. Specialists are being added to the team as well, including a YP trainer, Anne Maltais. Additional clinical positions were created, opening the door to more Cree people contributing to the protection of children.

The implementation of the PIJ case management system is proceeding well, with the next phases of implementation in YCJA, YHS, Foster Care and Adoption already being explored. This data management system allows for secure storage and management of clients' files, as well as the generation of statistics.



Marlene Kapashesit, Direction of Youth Protection



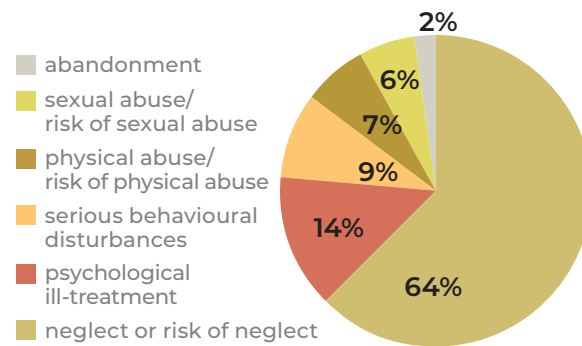


Because of the complexity of the situations and the particular needs of the children who receive services under the YPA and the YCJA, the entire team needs to join efforts and work collaboratively. The YP department maintains close ties with many internal services such as YHS, Foster Care and CMC services, through joint clinical processes and monitoring committees. The full implementation of these joint clinical processes is underway in several communities. The Protocol for the Joint Provision of Services to Youth by the Cree School Board and the CBHSSJB was revised and signed in May 2020. This year will see the development of intersectoral teams at the regional and local levels.

The YP department is also an active participant at provincial committees and in the Task Force that was mandated by the CBHSSJB Board of Directors to advise it on how to better adapt youth protection and youth criminal justice matters under the authority of the CBHSSJB to the specific needs and realities of the Cree context. The intervention of the YP department should be limited as much as possible, in favor of strong preventive programs as well as effective support and therapeutic programs, in order to ensure the best possible development of our children.

An exciting step in this direction is the upcoming implementation of the Customary Adoption/Guardianship program at the Cree Nation Government level, which may give the opportunity to many children currently placed in long-term foster homes to have a more permanent and culturally adapted life plan. The YP department is working closely with the Cree Nation Government in order to contribute to the certification of adoption/guardianship plans.

2020-21 Retained reports*



*801 cases retained out of 1,664 reports received (48%)

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apitisiwînh châ chi miyûpîtahkinûwich kiyâ âîhîkiskîhkinuwich PROGRAM DEVELOPMENT AND SUPPORT

Program Development and Support (PDS) felt COVID-19 took a toll on the accomplishment of its mandate. Despite this, PDS provided support to other departments and adapted services in different units.

The Pre-Hospital Emergency Services and Emergency Measures team has played a key role in COVID-19 preparation and management in Eeyou Istchee. They worked tirelessly to support public health measures and maintain links with communities and other local entities, and to ensure the preservation of life for those suffering medical emergencies, accidents or disasters.

Mânûhîkû further developed remote intervention approaches with telepsychology and telepsychiatry, and helped increase access to services through the Wîchihîwâuwin Helpline (1-833-632-4357), in collaboration with Nishîyû and Miyupimâtisiun departments. Support to communities for workshops and psychosocial emergencies was also provided.

The department of Disability Programs and Specialized Services adapted to continue providing remote support to local teams and clients with physical and intellectual disabilities, including an online training week for Disability Services. Despite the pandemic, progress has been achieved with projects such as Land-based Healing with Nishîyû and Jordan's Principle.

Chisasibi's Midwifery team, after working hard for the return of births to Eeyou Istchee, strengthened its services with birth assistants. Next year's priorities will be to consolidate and extend service coverage to communities in the Chisasibi regional pole. A project manager for the Cree midwives training program has joined the team, contributing to the future of Midwifery Services.

PLANNING TEAM COLLABORATIONS WITH PUBLIC HEALTH AND MIYUPIMÂTISIUN

- Needs assessment and estimates of PPE for health care professionals
- Mobilization of volunteers for homemade masks—an initiative that generated a beautiful quilt made from mask prototypes
- Nursing support to Mistissini CMC's Chishâiyû team
- Support for screening/monitoring employees
- COVID-19 mass vaccination
- Implementation of COVID-19 measures at the Mistissini Elder' Home

EXISTING PROJECTS ADVANCED

- Two clinical plans for special needs and mental health homes
- Completion of the evaluation of Waswanipi's regional addictions pilot project and expending resources for youth outreach activities in other communities
- Training as part of the implementation of recommendations for Home Care Services
- Continued data collection for status report on CMC capacity to provide an integrated approach to front-line services
- Continued data collection for chronic disease management programs
- Continued collaboration on joint Optilab project for Eeyou Istchee and Nunavik
- Development of online training for the new Bush Kit program
- Compilation and analysis of data on First Responder services
- Update of region's resource directory



mânûhîkû
MENTAL HEALTH



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

This year has been challenging given the COVID-19 pandemic, complicated by mandatory self-isolation laws and various phases that limited activities. Mânûhîkû team members have been involved in frequent meetings in the past year to address COVID-19 related concerns, and the pandemic remains the focal point of much activity, especially given the mental health issues associated with it.

Many mental health services moved to telehealth, delivered through video platforms such as Zoom or by telephone. This has meant that some therapies (e.g. art therapy with children, group therapy) have ceased entirely, while others have been reasonably successful. The reduction of in-person interactions has worsened the mental health of some clients, especially those with Post Traumatic Stress Disorder (PTSD) or in situations of domestic violence or extreme conflict. Clients with special needs and physical disabilities are finding the remote work approach especially difficult. The most-reported issues include anxiety and panic, depression, and abuse—issues including complex trauma and PTSD, addiction and substance abuse, and family relationship conflicts.

Interestingly, therapists report greater continuity of care in some cases, with better communication among mental health and other health care professionals, and thus greater "flow" of relevant information about clients. Unfortunately, the turnover of administrative staff and labour shortages has dampened some of these positive benefits.

A number of initiatives carried on. Suicide prevention activities have involved developing outreach and community partnerships; work has taken place on developing best practices in suicide prevention. Virtual conferences on a range of mental health topics were held, including conferences on explaining mental health and miyupimâtisiun, on traditional teachings related to mental health and on other topics. There were also initiatives associated with annual events like National Suicide Prevention Month in September and World Mental Health Day in October. Planning for a Healing Lodge in Chisasibi continues.

The *Âschihkuwâtâuch*/ACCESS Open Minds project in Mistissini has officially ended but Mânûhîkû continues to provide assistance and support to the Cree Nation of Mistissini to enable the service, so clinical services related to *Âschihkuwâtâuch* remain in place and are delivered virtually. Sustainability and transition to a longer term service remains a top priority, but the scaling up of *Âschihkuwâtâuch* to other communities is currently on hold.



**INDIAN RESIDENTIAL SCHOOLS/
 RESOLUTION HEALTH SUPPORT PROGRAM**

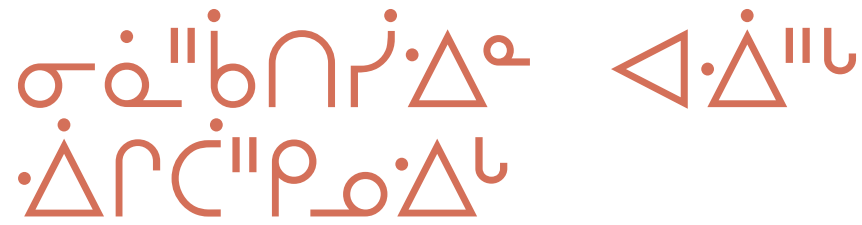
As intergenerational trauma is passed down through the families, former students as well as their family members receive emotional and cultural support under this program. This past year, 29 former students and 73 family members received emotional support interactions, while 97 former students and 147 family members benefited from cultural support interactions.

**MISSING AND MURDERED INDIGENOUS
 WOMEN (MMIW)**

There were 44 interactions with MMIW family members under emotional support and four interactions under cultural support. People are just beginning to deal with missing loved ones, and have difficulty in processing their grief due to the circumstances, according to the main worker on this file. The number of interactions has gone down this year because of the pandemic. Clients are increasingly requesting traditional approaches to healing.

2020-21 Mânûhîkû Services Provided

	# visits	# clients seen	# no shows	# appointments	# telehealth sessions	# psychiatry services	# pedo-psychiatry
Chisasibi	9	862	264	1,416	274	327	1
Eastmain	9	104	37	258	168	70	1
Mistissini	6	142	138	395	282	254	44
Nemaska	5	479	263	877	178	130	1
Oujé-Bougoumou	4	157	243	711	340	8	21
Waskaganish	1	-	45	25	79	30	-
Waswanipi	0	732	524	1,437	358	86	44
Wemindji	2	262	37	-	-	323	-
Whapmagoostui	10	115	36	251	178	391	5
Montreal	-	225	65	278	225	-	-
Total	46	3,078	1,652	5,648	2,082	1,619	117



ninâhkâtisîwin awîhch wîchitâhkinuwich

DISABILITY PROGRAMS AND SPECIALIZED SERVICES

The Disability Programs and Specialized Services (DPSS) of the CBHSSJB is responsible for the development and delivery of quality culturally relevant services to those affected by disability. The clientele includes case workers and community staff servicing residents of the Cree territory living with a temporary or permanent disability that may negatively affect their desired lifestyle. DPSS offers these same services to Cree individuals living with a disability outside of the territory.

Throughout the pandemic, DPSS continued to provide a full spectrum of services through various media. The goal has been to ensure that the Cree population can access these services while remaining as close to their homes as possible. DPSS connected with, and delivered services to, the communities in several ways.

COMMUNITY-BASED SERVICES

In collaboration with Allied Health, community-based services are delivered through local CMCs and MSDCs. Services include case management and local rehabilitation, as well as services provided by Special Needs Educators (SNE). DPSS collaborated closely with these partners to adapt services in the context of COVID-19.

Since April 2020, the Coordinator of the Disability Programs has traveled on three occasions for a total of 18 weeks to meet and initiate collaboration with local partners. She is currently planning a community tour to receive guidance from the communities and ensure the DPSS action plan reflects their realities.

REGIONAL SERVICES

A team leader, six clinical advisors, and a behavior analyst make up the DPSS intervention team. Its mandate is to support the acquisition of knowledge and skills required for communities to independently develop and maintain quality services for clients. Clinical Advisors offered regular support calls for local case managers, Occupational Therapists and Speech-Language Pathologists, as well as punctual individual support for complex or problematic situations. In 2020-2021, the team supported 72 local employees with the follow-up of clients.

The Cree Neurodevelopmental Diagnostic Clinic (CNDC) continues to be on hold due to a lack of resources and challenges presented by the pandemic. The research partnership with the CNDC and McGill University came to fruition with the publication of *Stories of Pediatric Rehabilitation Practitioners Within the Indigenous Communities: A Guide to Becoming Culturally Safer*.

In November, an additional PPRO was hired to support the Jordan's Principle team. Four presentations and one webinar were delivered throughout Eeyou Istchee targeting community members and CBHSSJB staff, with over 200 individuals attending.

56 applications* approved for a total of \$898,699.18

*33 individual and 23 group

1. mcgill.ca/spot/files/spot/stories_of_pediatric_rehabilitation_practitioners_within_indigenous_communities_a_guide_to_becoming_culturally_safer.pdf



Jesse Moses doing a tactile activity (dried beans in a bin) with client Miigwin Visitor, Wemindji MSDC

Special Needs Educators (SNEs) continued to provide support and deliver services to those affected by disability within local communities. Several communities launched awareness campaigns, led by their SNE, to advocate for those living with disabilities. Social media and local radio stations have expanded the SNEs' capacity to deliver special needs awareness and education. As front-line workers, SNEs are witnesses of community realities. By collaborating with DPSS and participating in trainings, SNEs continue to guide DPSS in developing tools for gaining knowledge and skills to support communities.

A framework for the SNE position is currently being developed in consultation with CBHSSJB coordinators and SNEs. It will provide a model for those communities wanting guidance on the set-up and support of the SNE position.

Throughout 2020-2021, 18 clients were living outside of the Cree territory in contracted residential resources to support their complex needs. Several procedures remained in place to maintain connections with family and culture for those living outside of Eeyou Istchee. Due to COVID-19 health and safety regulations, in-person visits to external resources were temporarily replaced with virtual visits (e.g. voice/video calls); one resource installed Wi-Fi specifically for clients to maintain contact with family and community. Family communication by video instead of phone is encouraged, and liaison support is offered to improve communication between Eeyou Istchee teams, families, clients and resources. Case managers joined these calls where possible to provide support to the client and family. DPSS collaborated closely with case managers on territory to ensure that external clients continued to receive quality, culturally-adapted services.

External clients' care/treatment plans are reviewed every 6-12 months—or depending on needs—in cooperation with families, case managers and DPSS staff. DPSS continues to inform and support community teams, clinical advisors and clients who are considering out-of-region placement, ensuring that all alternatives are exhausted before proceeding.

The *Jiwâhtaû* Project (Client Community Integration) aims to identify resources needed within the Cree communities to return clients placed off-territory to Eeyou Istchee. Once services are identified, built and stabilized, communities would have the tools to support clients with disabilities within their communities so external clients could safely return to Eeyou Istchee. This project has three phases; Phase 1, an overview of service gaps, community needs, and current offerings to external clients from off-territory resources, has been completed.

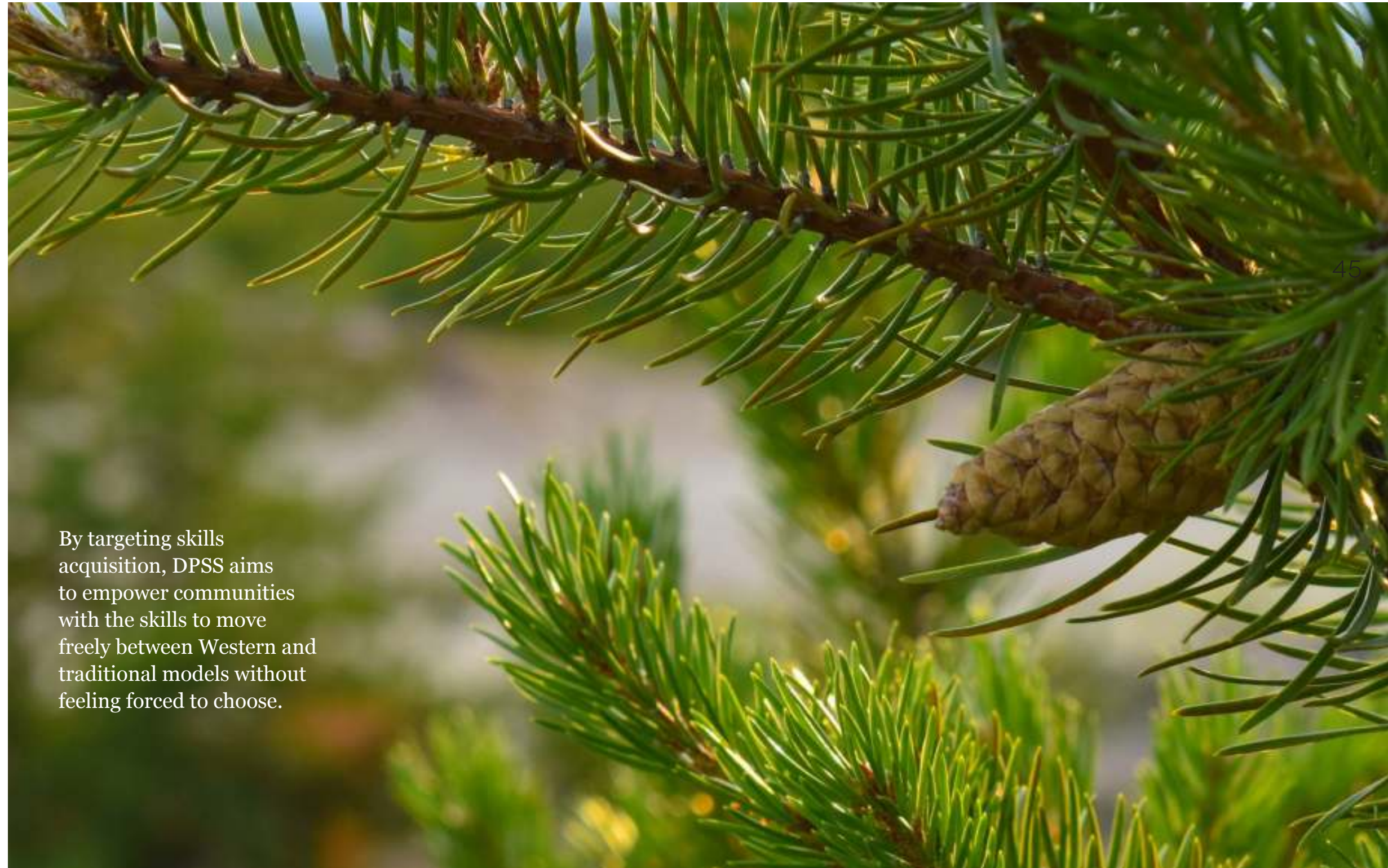
The Land-based Healing Project is a joint initiative between the DPSS and Nishîyû. Its goal is to create and adapt land-based activities to make them accessible to people living with disabilities.

In March, Nishîyû organized retreats for youth across Eeyou Istchee. DPSS attended the youth retreat based at K.A.W. (near Whapmagoostui). The goals of the project's second phase were twofold: first, to observe how participants with no declared disabilities experience the land, the traditional activities and the camp; and second, to assess the accessibility of the camp and make recommendations for renovations that will allow for anyone (clients with or without disabilities, pregnant women, parents with children or elders) to move freely and perform daily activities more easily.

The Eastmain Respite Project is a collaboration between the CBHSSJB and the community, for a regional nine-bed short-term respite home for clients aged 10-17 with disabilities. A clinical plan has been developed and will be sent to the Board of Directors for approval.

DPSS was able to develop and host a five-day webinar training series open to anyone, consisting of eight knowledge-sharing sessions on different disabilities as well as two evening sharing circles. Attendance at all the webinar series exceeded expectations with 848 participants, most attending more than one session. This series formed the first step for equipping local staff (CBHSSJB, CSB, Cree Nation Government) and families with basic knowledge and tools to safely serve individuals with disabilities and their loved ones. Clinical Advisors also offered 21 workshops/presentations and teachings to community workers and SNEs, supported on an as-needed basis throughout the year.

The DPSS team is in the process of developing specific programs to better supplement services. The short-term vision of this project is to service clients in ways that immediately inform them of safe, evidence-based tools (i.e. build knowledge on topics and interventions). The long-term vision is to support clients by teaching them how to use these tools to independently produce and stabilize positive changes in the lives of their clients (meaning the person, their family, caregivers and community). By targeting skills acquisition, DPSS aims to empower communities with the skills to move freely between Western and traditional models without feeling forced to choose.



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AWASH 0-9

The Â Mashkûpimâtsît Awash (AMA) Program provides ongoing health and psychosocial support services tailored to families. Linked with the Maternal and Child Health Program (MCHP), this umbrella program proposes an integrated way of delivering individualized services that addresses families' needs and priorities on the path to miyupimâtsîun. Given COVID-19, no on-site AMA support or coaching was offered. New front-line workers were trained online in AMA, though this was delayed in Eastmain and Whapmagoostui. Collaboration with DPSQA-Health and Midwifery Services continued, including the Perinatal Coordinating Care Working Group. MSSS measures on deconfinement in perinatal care, translated and adapted to local services, were presented to Awash team members.

MCHP supports local Awash teams with counseling and coaching skills, home visits, and promotion and prevention through evidence-based guidelines in maternal and child health interventions and activities. Teams received clinical support and training for AMA/MCHP via community visits, working groups and monthly staff phone meetings. MCHP updated materials and tools in collaboration with programs (Prenatal Classes Framework, daycare toolkit, CHR teaching tool on healthy lifestyle for postpartum mothers).

AMA also supports the development of local, regional and provincial partnerships to promote better coordination of existing services and to create complementary community-based projects. Collaboration with community partners—Nurturing College in Waskaganish, Waswanipi, Oujé-Bougoumou, Mistissini and Chisasibi; Come-Unity in Waswanipi, and Fly Families in Wemindji—were put on hold due to the pandemic. Community organizers were extensively called upon to work on pandemic measures.

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

Regional partnerships with the *Mâmû Uhpichinâusûtâu* Committee were pursued despite an end to *Avenir d'Enfant* funding. The Public Health-Awash team and Child and Family Services (CFS) regional offices collaborated on a regional early childhood initiative, creating tools and learning opportunities for young families. During the pandemic, Public Health supported CFS daycare centres in staff training and COVID-19 protective and preventive measures.

The Cree Leukoencephalopathy and Cree Encephalitis (CLE/CE) Program aims to increase awareness, inform on screening availability, and support carrier couples in reproductive choices. Most activities were postponed given school closures and travel measures, though 160 new patients were screened. Teaching and information tools for clinicians and patients were developed, and a Mistissini-based pilot project is underway to integrate screening results into electronic medical records. Database revision is ongoing in collaboration with Sainte-Justine Pediatric Hospital and CMCs for 2,600 patients.

The *Miyû-Ashimishush* Program, helping pregnant women access healthy food, continued in Oujé-Bougoumou and Waskaganish, and will begin in Chisasibi, Whapmagoostui and Nemaska. Over 200 food coupons were distributed.

The Breastfeeding Program aims to increase Eeyou Istchee breastfeeding rates, implementing the Baby-Friendly Initiative (BFI) within regional health services, and supporting local initiatives that promote and support breastfeeding. The BFI provided two-day breastfeeding training for 27 CMC front-line workers (nurses, CHRs, community workers), birth assistants and Head Start program workers. A breastfeeding workshop, organized with Regional Hospital nurse counselors, was

given to 21 nurses from the Emergency Department and Medical Unit. Five front-line workers received clinical support through case discussion. Three breastfeeding workshops have been developed specifically for the Cree Nurturing Program, the Gestational Diabetes Guidelines' breastfeeding information was updated, and three communities supported in local initiatives.

The Immunization Program continued to support and coach all local vaccinators, reducing pandemic-related delays for infant and school vaccinations. A new flu vaccination campaign was developed in partnership with the CMCs, leveraging social media, printed materials and radio.

The Dental Health Program welcomed a new Dental Advisor, a position vacant since 2015. The temporary closure of schools and childcare centres cancelled activities planned by dental hygienists. Preventive services resumed in schools under MSSS measures, and preventative dental follow-ups (fluoride and sealant application) continued, though in decreased numbers. 2020-2021 saw an estimated 80% reduction in users and 75% in the number of acts. A poster on oral health tips during COVID-19 was aired as part of the *Miyupimâtsîun Tipâchimuwin* radio show.

The goal of the *Pour une maternité sans danger* (PMSD) program is that pregnant women are not exposed to occupational risks that could negatively affect their pregnancy. Some 155 requests were processed and analyzed, and compared to standard provincial guidelines on physical, biological, ergonomic, chemical and psychosocial risks during pregnancy. The CBHSSJB PMSD nurse, who joined the team during the COVID-19 pandemic, provided necessary support for the physician, including follow-up with pregnant women and their employers.

Eeyou Istchee Vaccination Program

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

DCaT-HB-VPI-Hib



RRO-Var



Figures below report overall vaccination coverage.

Hepatitis B



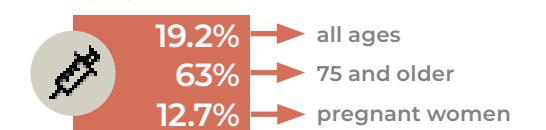
HPV



Considered protected from measles



Influenza³



1. On-time vaccination window is target age + 14 days
 2. Missing proof of vaccination from staff
 3. The flu campaign was halted January 9, 2021 due to low number of flu cases and roll-out of COVID-19 vaccine

DCaT-HB-VPI-Hib = diphtheria, pertussis, tetanus, hepatitis B, poliomyelitis and Haemophilus influenza b (Hib) infections
 Men-C-C = meningococcal disease
 RRO-Var = measles, mumps, rubella



USCHINÎCHISÛ 10-29

PROVIDING ADAPTED SERVICES FOR YOUTH

The Healthy Eeyou Youth Project (HEY) facilitates access to psychosocial and clinical services for youth. During 2020-2021, HEY halted all activities due to the pandemic. In November 2020, readjustments were made to the work-plan and data collection is set to begin shortly in the remaining communities by Uschinîchisû and the Planning and Support Services team.

Waswanipi's outreach pilot project—A Desire to Heal One's Self—led to six permanent youth outreach worker positions across Mistissini, Waswanipi, Wemindji and Chisasibi. Outreach workers have been trained to act as pivots in their communities, providing youth with mentorship, support and upstream prevention strategies to help reduce harm, health issues and crises. They also serve as short-term psychosocial supports. Pilot review and evaluation is underway.

Presentations on anxiety, depression and coping skills were delivered in seven communities as part of summer youth outreach training.

In 2020-2021, a partnership began with the Cree Nation Youth Council to disseminate public health information targeted to youth. Creative media—memes, videos and social media—have been developed to cover themes on hygiene, parenting, mental health, substance use, physical distancing, emotions and self-regulation.

The Dependencies and Addictions Program delivered training on substances and harm reduction in Eeyou Istchee to various CBHSSJB staff and partners, including Community Health Representatives (CHRs), National Native Addictions and Drug Program workers, youth outreach workers and new nurses. Awareness programming regarding Cree healthy lifestyles and harm reduction

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

was co-developed. A harm reduction policy and supplementary documents were drafted for review by CBHSSJB management and Board of Directors. In-school collaborations with the Cree School Board (CSB) were halted due to pandemic-related restrictions, and the Cannabis Regional Awareness Prevention Project also paused this past year, with plans to resume in the remaining seven communities in 2021.

In September 2020, the PPRO – Community Development and Healthy Environments was mandated to support community organizers in Eeyou Istchee to create and mobilize partnerships to meet the needs of the general population. Community organizers foster collaboration and serve as a liaison between the CMC and external entities, identifying community needs, gaps in service, and duplication of services and activities to create joint action plans with partners. Bi-weekly meetings help to support and link community organizers. In April 2021, community organizers received virtual training on building peaceful non-violent communication and on coping with anxiety, as well as a refresher on their role as community organizers.

PROMOTING HEALTH AND WELL-BEING IN SCHOOLS

In collaboration with the CSB, COVID-19 school pivots were created to liaise between Public Health and elementary schools, secondary schools and adult education programs when school resumed in fall 2020. Community pivots responded to requests from schools on COVID-19 information and measures. As a team, school pivots met weekly to share documents and tools and to discuss local situations and solutions. Over 40 requests were recorded and regular follow-ups took place, including several

question-and-answer meetings with the schools and communities. Educational materials, such as activities on COVID-19-related subjects, were also created and disseminated.

School kits were distributed to all preschool, elementary and high school students in the nine communities. The goal of these packages was to support the schools in ensuring that every student and family had access to helpful and accurate COVID-19 information. School kits included resources on where to find thermometers, reminders of the ongoing measures, what-if scenarios, a magnet with essential contact information and COVID-19 helplines, two three-ply face coverings for students in grades 5, 6 and high school, and a reusable snack bag.

Various wellness workshops are being developed to cover topics for elementary students (expressing emotions, self-care, coping skills, healthy lifestyles, promotion of positive relationships and prevention of self-injury) and secondary students (coping with anxiety, dealing with deadlines, healthy lifestyle, harm reduction, girls' club) in partnership with school nurses. Additionally, the department is working on a series of video capsules for well-being and positive mental health, beginning with anxiety and coping skills.

An agreement with Voyageur Memorial Elementary and Secondary Schools in Mistissini was initiated before the COVID-19 pandemic to host Uschinîchisû in school three days a week as part of a pilot project. The project aims to facilitate safe haven rooms, workshops and collaboration with Youth Fusion. During the pandemic, in-school support paused but plans are underway to re-establish this resource when appropriate.



The School Health Program provided support and training as needed to school nurses, with plans to return to full-capacity operations in 2021-2022. The *Chî Kayeh Iyâkwâmîh* (You Too Be Careful) program on relationships and sexual health was not implemented this past school year; however, ongoing collaboration between the CSB and Public Health will support implementation in the coming years.

INJURY PREVENTION

The *Be Careful! Your Head!* ᐱᐱᐱᐱᐱᐱ! ᐱᐱᐱᐱᐱᐱ! *Ayâkwâmi! Chishtikwân!* safety awareness campaign—promoting helmets for sports, riding bikes, scooters and off-highway vehicles—was halted in many communities due to pandemic-related delays. The campaign targets children and youth through influential role models and will resume with its summer campaign in all communities in 2021. Waskaganish and Nemaska had successful summer campaigns and reached more than 100 youth and community members—providing them with helmets, posters and flyers—using materials leftover from the previous year.

Safety tips for Eeyou Istchee were developed for winter travel and activities aligned with COVID-19 in collaboration with Awash and Chishâiyû.

In 2020-2021, most team members were re-assigned to COVID-19 files. Even though the pandemic has greatly affected community projects, various health promotion activities were organized according to the regional health promotion calendar.

The team promoted the adoption of healthy lifestyles throughout the year, in addition to communicating health and safety messages—including ice, boat, driving and firearm safety—through local and regional media channels. Seasonal activities, such as running and sports events, walking challenges, and snowshoe walks, took place, as well as various nutrition activities, including gardening and local plant harvesting workshops and videos.

The team also promoted healthy living and diabetes prevention by providing funding through the Healthy Environment Active Living Program (HEAL). In total, 26 small grants were awarded to various community groups who requested financial assistance for their projects (nutrition and diabetes awareness months, *Drop the Pop*, cooking workshops, community walks, after school programs, snack program, family challenge, health fair, harvesting of traditional food, and other physical activity/nutrition projects). Ten additional initiatives were also funded through the Food Security Fund. These initiatives included meal and snack programs for youth, Meals on Wheels for elders, a community fridge, plant harvesting and gardening initiatives, and grocery discount programs.

Promoting healthy lifestyles and preventing chronic diseases for adults and elders

Since visits to the communities were limited, the *No Butts To It* smoking cessation and prevention initiative was also adapted to a distance model. The team produced five fact sheets accompanied by posters and pamphlets to share on social media, followed by a quiz or a call-in radio show and a Facebook livestream for National Non-Smoking Week.

The Chishâiyû team continued to participate in some of their regular committees and working groups. The Committee on Access to Nutritious Food worked on supporting local harvesting initiatives, developing community freezers and water fountain projects, planning food engagement sessions, submitting funding proposals, and collaborating to financially support various local and regional food security initiatives.

Training and support continued to be offered to daycares and CBHSSJB food services to help manage food services, develop menus, implement the Traditional Food Program, and cover food safety and hygiene practices. Kitchen permits for the 16 CBHSSJB food services were renewed. Material specific to food allergy management and special needs nutrition were developed and presented to childcare employees.

To bring awareness to lateral violence present in our communities, lateral kindness workshops were offered to local groups and entities. The *Eeyou/Eenou Family Values* booklet was developed as an opportunity to recognize and share these important values, based on a collection of 19 family values from community members and Elders. The team was also involved in the planning and development of a virtual regional *Miyumâmitunâyihimuwin* series related to mental health and wellness in collaboration with Mânûhîkû (Regional Mental Health Department).

The team continued to work on diabetes-related files and resources, with patient teaching tools translated into coastal and inland Cree and French. The Train the Trainer Program aims to increase health care providers' knowledge on diabetes management through training, mentorship and support. Training delivery was adapted from on-site to virtual teachings. The Diabetes Helpline was used extensively to support local health care providers and CMC programs were adapted for virtual counselling. Improvements to the Cree Diabetes Information System helped local CMC programs prioritize patient follow-up. Additionally, new glucometer models and a mobile application were implemented in all CMCs. Peer support continued for youth living with diabetes.

The team presented the results of the 2017-2018 project *Patient Partnership Approach to Chronic Care in Eeyou Istchee: Exploring Barriers and Facilitators* at a virtual international conference on health care quality. The conference was organized in the framework of an international project titled *Kazakhstan: Supporting the Health Care System through Quality Management*.

Monique Laliberté retired in the spring of 2021 from her role as nurse and diabetes educator after 16 years in this position and 32 as a CBHSSJB nurse.



Monique Laliberté

Chishâiyû is involved in planning and coordinating the cancer screening program, including colorectal, cervical and breast cancer. This year, training on women's health was offered to health care providers. Breast cancer screening is available every two years for all eligible women. In early 2021, the Clara Bus breast cancer screening mobile unit went to Eastmain, Wemindji and Chisasibi. Women from Whapmagoostui were also offered screening in Chisasibi. Visits to the remaining five communities are being planned for the second half of 2021.

The team integrated a self-service blood pressure kiosk into existing services at the Chisasibi CMC as part of a pilot project in which clients can measure their own blood pressure without an appointment. In addition, the team was involved in developing a project to give access to home blood pressure machines by prescription.

ENVIRONMENTAL HEALTH

Environmental Health within Public Health aims to inform and protect our people from the effects of harmful substances in indoor and outdoor air, water and food. It is also concerned with reducing negative health impacts of resource development projects, encouraging healthy and safe community environments and addressing environmental emergencies.

In 2020-2021, the team continuously reviewed water quality test results and assisted communities with preventative measures to ensure safe drinking water. The team also supported communities with radon testing.

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tâkish nâkitiwâyih tikûch kiyâ shash â chi nituchîschâyî takinuwich âhat îyîyamwâhîwâch châkwân

SURVEILLANCE, EVALUATION, RESEARCH AND COMMUNICATIONS

SERC is a hub of transversal expertise within Public Health providing support to key functions in the CBHSSJB: surveillance, evaluation methods, research, public health communications, knowledge translation and public health capacity building.

The SERC team has played a key role in CBHSSJB’s response to the pandemic, providing the Director of Public Health and other decision makers with rapid and detailed surveillance and analysis of related data. SERC led activities related to COVID-19 investigations, case management and contact tracing. As part of our communication mandate, SERC developed culturally safe materials to inform and support policymakers and the public. In the coming year, COVID-19 will continue to be a focus, and ongoing projects in other areas will resume or continue.

In 2021, new positions will be added to better sustain health protection needs in the long term and assist ongoing COVID-19 response efforts. This will also prepare us for more comprehensive regional management of emerging infectious diseases and improve control of existing ones (like influenza, invasive streptococcus, water- and food-borne illnesses, and gonorrhoea).

SURVEILLANCE

The surveillance team is mandated—by both Orientation 1 of the Strategic Regional Plan (SRP) and Quebec’s Public Health Plan—with the ongoing systematic reporting of population health status and underlying determinants. The team collaborates with other professionals and departments to provide health information to support planning and decision-making processes and expertise in survey designs, data collection, data management and analysis.

The past year presented a unique challenge and opportunity, with all non-COVID-19 files reduced to prioritize pandemic response. The team has been pivotal in the response by developing regional data collection tools, correcting regional data on provincial platforms, and providing daily reporting to the CBHSSJB management committee, regional and local Cree entities, and provincial health authorities. The team also has been involved in training clinical and non-clinical staff regarding various information system platforms developed by provincial bodies.

The team is currently analyzing potential excess mortality and psychosocial impacts of the pandemic. A survey for the population or clinical staff regarding psychosocial impacts of COVID-19 is being developed.

EVALUATION

For most of the year, evaluation team members were mobilized to work on COVID-19, with a community-based participatory evaluation of the January outbreak in Eeyou Istchee underway. This evaluation will help CBHSSJB’s response to future outbreaks, and ensure that updated training and resources are readily available for employees. The team is currently working on an evaluation of the COVID-19 mass vaccination campaign, to assess its success and inform future mass vaccination efforts.

RESEARCH

Due to the pandemic, all meetings and activities were postponed until February 2021—allowing for reflection on organizational processes surrounding research and its role. The current focus has been on updating the Procedural Manual for Researchers for those conducting public health research with CBHSSJB and restructuring the

A project on climate change, funded by Health Canada and supported by the *Institut national de santé publique du Québec* (INSPQ), continued, to assess climate change impacts on health and propose a health adaptation plan.

In the context of the *Plan Nord* action plan, the team completed the mandate given by the MSSS to review the integration of health and well-being in environmental and social impact assessments conducted in Eeyou Istchee for the Windfall Lake project.

The team provided health and safety information to workers during visits to construction sites and various businesses. They also participated in discussions related to psychosocial risks with six other health regions, the INSPQ, and the MSSS in an effort to propose a new service offer for the Public Occupational Health Network at the National Occupational Health Concertation Table. Collaboration with several new companies and entities will facilitate the team’s interventions in the future.

Jocelyne Cloutier retired in January 2021 from her position as nurse counsellor, which she has occupied since 2009.



Jocelyne Cloutier

OCCUPATIONAL HEALTH AND SAFETY

This year saw a new occupational health team formed, with a new technician and occupational health nurse. The team’s mandate remains to protect the health of workers by preventing occupational diseases and injuries.



Research Committee and Research Advisory Panel to become one entity. The team also reviewed Ownership, Control, Access and Possession principles as part of longer-term restructuring and planning. A research coordinator will be hired to guide forthcoming projects.

Current projects include research on promoting healthy pregnancies, pediatric dermatology, and a birth data linkage study. The team continues to focus on ensuring that all research is done for and with Eeyouch and Eenouch.

COMMUNICATIONS

The communication team works closely with the regional communications team, including Corporate Services, to plan, create and disseminate information about collective and individual wellness—miyupimâtisiun. The team provided critical and strategic support to the pandemic response by regularly updating the organization, community partners and the public about important COVID-19 prevention measures and other key information. The team also provided extraordinary community mobilization support in pivotal moments, such as the January outbreak, and mass vaccination campaigns.

The team produces public health promotion campaigns linked to monthly themes identified by different Public Health programs and services for website, social media and print. 26 bi-weekly episodes of *Miyupimâtisiun Tipâchimuwin* on JBCCS radio were produced. Interviews on health topics were pitched, planned and coordinated with Cree media partners, including CBC North and The Nation, and other regional and national French and English media outlets. Due to the growing and broader communication needs within Public Health, a temporary communications advisor position was created.

COVID-19 RESPONSE

A case investigation and contact tracing team was built with seconded Public Health staff, to prevent community spread. Nurses and physicians from other departments were trained to manage investigations, cases and contacts. Ramped-up DPSQA-Health and Laboratory Services support enhanced testing capacity and deployed new technology with Communications and Surveillance teams, and community stakeholders.

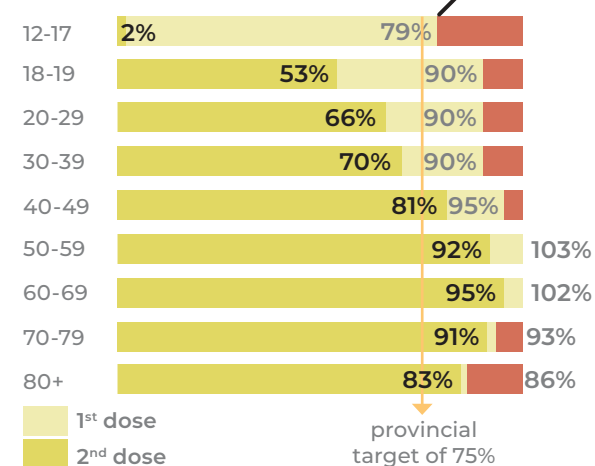
The team worked with CMCs and Public Safety Officers, staging simulations to prepare communities for outbreak response. They also worked with community agencies on COVID-19 health protection and prevention protocols for events and settings (schools, daycares), and developed roles to tailor support to individual communities. Ongoing support is provided to other departments—CMCs, Wîchihîtuwin, Northern Operations Centre, Youth Healing Centre, Laboratory Services.

The team managed several investigations during the pandemic, notably at Wîchihîtuwin sites in Montreal and Val-d’Or, and large community outbreaks in early 2021 in Oujé-Bougoumou and Mistissini. The team frequently collaborates with other regional public health departments when an event affects multiple jurisdictions. Recently, the team led intersectoral community consultations to hear populational priorities moving forward in the COVID-19 response.

In January 2021, major work was done by local and regional teams to begin vaccination, with Moderna offered to those eligible through mass vaccination campaigns and appointments. An effort was made to ensure everyone had important information and timely access to the vaccine. Community training was provided on vaccine management, record keeping and reporting.

COVID-19 VACCINATION RATES

January 5 - July 11, 2021



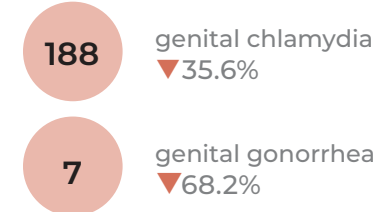
Eeyou Istchee age 18+ vaccination rate (as of July 11, 2021): 94% for first dose and 77% for second dose.

>100%: denominator based on *Institut de la Statistique du Québec* (possibly underestimating community numbers and excluding staff and non-permanent EI residents who were vaccinated).

SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBIs)

The Sexual Health Program supported local clinicians in the investigation and management of patients with STBBIs and their sexual contacts. The pandemic resulted in non-urgent CMC visits being discouraged (possibly reducing preventive activities such as routine screening) and likely reduced cases of genital chlamydia and gonorrhea.

2020 STBBI CASES



As in Quebec, genital chlamydia infection remains the most reported infectious disease in Eeyou Istchee, mostly affecting ages 15-24. These figures highlight the importance of increasing screening, especially among young men and asymptomatic youth.

OTHER REPORTABLE INFECTIOUS DISEASES

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

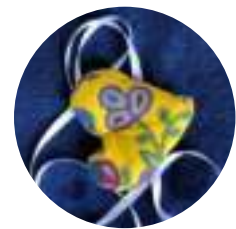
Eeyou Istchee is considered a low incidence jurisdiction for tuberculosis (TB), though May 2020 saw a second cluster. The team worked closely with affected communities and other regional and extra-regional partners, including the Public Health Department of Nunavik, to manage cases and contacts. The cluster was controlled, with no related cases since. Those affected by active TB have completed treatment and most TB contacts with latent TB infection have finished their recommended therapy.

Several cases of invasive bacterial infections—mainly invasive group A streptococcus and invasive haemophilus influenza Type A (Hia)—were investigated by Public Health. Working with partners like Manitoba’s National Microbiology Laboratory (NML), the Infectious Disease team investigated a cluster of severe Hia in one community. Analysis of strains from Eeyou Istchee, Nunavik and Quebec revealed that a certain Hia species (ST23 clone) is likely endemic to Eeyou Istchee (similar to other Northern Indigenous jurisdictions) and carried by asymptomatic individuals. After discussions with the local community and partners, such as the Circumpolar Surveillance group, Public Health recommended post-exposure prophylaxis to all close contacts of patients with severe Hia. Public Health is planning to revise prevention and management protocols for invasive Hia in collaboration with various partners, and work to promote Hia vaccine development.

COMPLIMENTARY SERVICES & PROGRAMS AND COMMUNITY DEVELOPMENT

The focus for Complimentary Services and Programs has been responding to community needs for traditional healing during COVID-19. It was a challenge to adjust programs and services, but all Public Health protocols and guidelines for safe activities were met, as per the phases of the pandemic plan in communities. The Community Development team has supported the Nishiyû response to the pandemic in activities and programs under Complimentary Services and Programs as well as supporting initiatives under other CBHSSJB departments.

The department heard communities' voices asking for guidance and support with *Eeyou Intihkuûn* and traditional healing. COVID-19 required new and creative ways to communicate and share knowledge and teachings about *Eeyou Intihkuûn*. Information cards were developed, and workshops on harvesting and preparing ingredients for traditional medicines with local Traditional Healers and herbalists took place. Community members were connected with Elders and Traditional Healers for individual consultations and traditional healing activities. All activities were carried out respecting Public Health guidelines for safe gatherings.



1,591
Eeyou Intihkuûn (traditional medicine) pouches distributed to all staff

EYYOU INTIHKUÛN HIGHLIGHTS

- Eeyou Intihkuûn provided to 22 clients (three families and other individuals) in Gatineau, and two patients in isolation in Montreal
- 1,591 Eeyou Intihkuûn Pouches distributed to all CBHSSJB staff
- Eeyou Intihkuûn cards—Cedar, White Spruce, Tamarack, Sage, Tobacco, Balsam Fir, Sweetgrass
- Eeyou Intihkuûn provided to community members during an outbreak in Inland communities
- Tanya Bearskin (PPRO, Traditional Medicine) welcomed a new baby girl to her family, and Jennifer Jackson-Sutherland joined the team with Tanya on maternity leave



Eeyou Intihkuûn (traditional medicine) cards

EYYOU MÎNIWÂCHIHÎWÂUWIN (TRADITIONAL HEALING)

Eeyou Nhdûkûhîwâsûch (Traditional Healers) work with the land and the four elements (earth, wind, water, and fire) and have extensive knowledge with Eeyou teachings on achieving miyupimâtisûn. Traditional healing consultations were coordinated with Eeyou Nhdûkûhîwâsûch in response to professional referrals and self-referrals received. A protocol was developed as a guideline for Nishiyû and other departments when engaging Eeyou Nhdûkûhîwâsûch in CBHSSJB programming. It outlines the roles and responsibilities of Eeyou Nhdûkûhîwâsûch and offers guidance on how to define programming with traditional knowledge and support. A Sacred Code of Conduct and Service Agreement were developed for working with Traditional Healers.



The team provided land-based projects that respected the COVID-19 protocols and guidelines. In collaboration with other departments, the team was able to respond to requests from individuals and organize small group projects. The challenges faced by all in the pandemic were recognized, particularly amongst youth, who were offered land-based healing retreats through the Youth Healing Project. The project included eight land-based retreats which occurred simultaneously at eight different sites within Eeyou Istchee.

The pandemic made progress with the *Wâpimâusuwin* file challenging. In collaboration with Midwifery Services and the Awash program, baby bundle giveaways with teachings from the Elders went ahead. A Memorandum of Understanding with Midwifery Services was drafted and will be signed at the upcoming opening of the Birthing Centre in Chisasibi.

CULTURAL SAFETY

Cultural safety aligns all CBHSSJB services with Cree cultural values and realities, a process supported by consultation with the Nishiyû Council of Elders (NCOE), providing cultural safety training to different CBHSSJB groups. Given the pandemic, Board of Directors training was adapted, with the first virtual session February 2021. The Cultural Safety Working Group reviewed many public health documents and videos developed to convey important COVID-19 information to the communities, and supported other departments with COVID-19 communications. In February 2021, Carmen Chilton was welcomed as the new PPRO for Cultural Safety.



35
participants in youth land-based retreats



ACCREDITATION & EVALUATION

The Accreditation and Evaluation team worked in collaboration with other Nishiyû team members and Nishiyû Management to conceptualize a model for Nishiyû. The aim of this model is to assist in department planning, promoting collaborative partnerships within the team and with other departments to facilitate access to traditional healing approaches.

The team also developed an evaluation plan to monitor different activities, initiatives and collaborations undertaken by the department during the COVID-19 pandemic. Working with the Client Satisfaction Working group, the team began planning improvements, drawing on the results of the client satisfaction survey. This work will continue in the upcoming year, with a focus on developing continuous approaches to monitoring client satisfaction.

NISHIYÛ COUNCIL OF ELDERS

The department recognizes the value of Cree Elders' knowledge, wisdom and experience and entered into a formal collaboration with the NCOE. At the December meeting of the Board of Directors, the CBHSSJB and NCOE signed a Collaboration and Contribution Agreement to implement programs relating to *Nishiyû Chis-chaihtimuwin* (Nishiyû traditional knowledge), *Iyimichum* and *Nishiyû minwâchihîhkûsîwin*, including recommendations related to their protection.

WÎCHIHÎWÂUWIN EMERGENCY PSYCHOSOCIAL STEERING COMMITTEE

The Wîchihîwâuwin Emergency Steering Committee (WESC) is a collaboration across five CBHSSJB departments: Nishiyû, Pimuchteheu (Public Health and Mânûhîkû), Administration (HR) and Miyupimâtisiun (DPSQA-Psychosocial). Led by Nishiyû Miyupimâtisiun, it was created to ensure the coordination of psychosocial, mental health and traditional healing support to community members and CBHSSJB staff.

The committee was very active, providing funds and support to many initiatives, especially during the recent outbreak:

- Increased Wîchihîwâuwin Helpline services, with additional Cree-speaking helpers and traditional healers
- Facilitation of access to specialists (therapists, psychologists, psychiatrists)
- With the Psychosocial Response Team, support to local CMCs and communities to alleviate impact on front-line workers
- Funding of Youth outreach workers in eight communities
- Support for school administration/staff to manage anxieties and worries, coping skills
- Mobilizing of partnerships with the local band to offer funds and psychosocial support (grocery shopping, food security, housing, etc.)

NISHIYÛ MIYUPIMÂTISIUN COLLABORATIONS

- NCOE — development of the Service Agreement to support various files
- Public Health and CPDP — Research Committee and Research Advisory Panel
- Public Health — validation of COVID-19 related documents and other media
- Regional Miyupimâtisiun — Wîchihîwâuwin Helpline
- Mânûhîkû — linking clients with traditional healers and cultural support
- Mânûhîkû — Sexual Assault Working Group (SAWG)
- Planning and Programming — Weesapou Land-based Healing Program

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MEDICAL AFFAIRS AND SERVICES

The Direction of Medical Affairs and Services (DMAS) oversees the activities of the Departments of Medicine, Dentistry and Pharmacy and has functional responsibilities for the Archives and Laboratory sectors. DMAS also oversees the student and internship programs.

The past year has been challenging due to the pandemic. In collaboration with Public Health and following MSSS directives, our physicians, dentists and pharmacists adjusted their work to continue to provide services while still taking great care to protect patients from COVID-19.

66 Impressive work was performed at the Laboratory to allow testing in ever increasing numbers, enabling us to understand our regional epidemiology and survey the communities for positive cases.

A limited number of visits from medical and dental specialists took place during the pandemic, although special precautions were put forward to allow a few visits. Patient travel outside the territory was reduced significantly, as telemedicine allowed contact with patients for general and specialized care. However, procedures such as scans, MRIs, endoscopies and biopsies require physical presence; at the end of this fiscal year there will be catching-up to do.

The Medical Department has a motivated team of family physicians working to expand the current services and emergency care with true family care programs. Especially in larger communities, it has been difficult to develop ongoing continuity of care with physicians responsible for families. Optimization of care for all is the goal, and a review of services provided and how to improve them has begun, with the report anticipated for the end of 2021.

The development of electronic medical records (EMRs) is underway with progressive deployment. Mistissini will be the first community moving from paper to EMRs, with all communities to be using EMRs by 2022-2023. EMRs will improve patient follow-up, facilitate contacts between physicians in and outside the region and obtain precious data on the overall health of the communities.

DMAS continues to organise services with the goal of more autonomy for the Cree people. Recruiting specialists to visit is preferable to having patients travel outside the land for services. New installations (Elders' homes, renovated CMCs, the new hospital building in Chisasibi, among others) will help to meet the care needs of the communities.

Overall, the members of the Council of Physicians, Dentists and Pharmacists have shown great resilience considering the changes imposed on their practice during this pandemic year. They have continued to come to Eeyou Istchee, isolate when requested to do so, and pass COVID-19 tests. DMAS is grateful for their dedication and enthusiasm in providing care.

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â nûtâpitâsûwânanûwich
DENTISTRY

The Dentistry program aims to provide quality general and specialized dental services throughout Eeyou Istchee.

Accomplishments over the last year include implementing a new position for a Dental Wichi-hîtuwin (CPS) administration process specialist, implementing a CBHSSJB dental assistant training program (with five newly trained dental assistants in Nemaska, Mistissini and Waswanipi), and implementing all COVID-19 exceptional measures, including the installation of air filtration systems in all dental treatment rooms.

There have been challenges over the past year. The COVID-19 pandemic led to the closure of dental clinics for four months, eventually reopening to address emergencies. This has created a huge gap in services. In addition, the recruitment of dentists is at an all-time low, and many positions remain unfilled, creating a crisis situation.

2020-21 OBJECTIVES:

- Implementing digital radiography in four remaining clinics without this service
- Issuing a call for tenders for new dental software
- Planning for new dental clinics as part of new CMC construction for Oujé-Bougoumou, Waskaganish and Whapmagoostui



1. 2,936 different patients
2. 126 children sent outside the region for dental care under general anesthesia





â mâmu wichihtâkinuwiyich
(DPSQA) ALLIED HEALTH

DPSQA-Allied Health is mandated with ensuring the quality and availability of Allied Health services. These include nutritional services, occupational therapy, physical therapy, respiratory therapy, speech-language pathology and audiology and rehabilitation assistants. The quality assurance for psychoeducators, psychologists and psychotherapists was transferred to DPSQA-Psychosocial this past year.

Allied Health services are key in ensuring that:

- special needs clients continue living in their communities
- elders stay home as long as possible
- clients return home faster following an episode of care out of the territory
- the deterioration of function due to chronic diseases is prevented

ALLIED HEALTH COVID-19 RESPONSE

Pandemic and isolation measures have had a direct impact on services. Traveling services were severely limited given isolation requirements with in-community services reduced as well, forcing many services to re-invent themselves. Calling clients to monitor progress became acceptable for certain clientele, allowing more time for those seen in person. Teleconsultations were developed in nutrition and speech-language pathology, allowing clients to be seen by clinicians both on and off territory; this opened up possibilities for different services in the future. Allied Health professionals contributed to COVID-19-related initiatives—screening and vaccination campaigns, prevention of deconditioning of vulnerable clients and participation in contact tracing. Nutritionists championed the issue of food security to diminish the added burden to the families of Eeyou Istchee.

The Allied Health team continued to support front-line staff by reviewing COVID-19 guidelines for practice and ensuring proper communication of the situation.

MSDC services were severely impacted by the pandemic, and caregivers of elders and people with special needs reported feeling the burden caused by the decrease in day activity and respite. Group activities were limited and physical space was often needed for other mandates. Phone calls and wellness visits supported the MSDC teams to continue interventions to prevent deconditioning and social isolation. A new MSDC PPRO joined the Allied Health team to continue supporting MSDC teams.

REGIONAL PROJECTS

Access to services and support to clinicians continues to be the priority, developing a service structure more flexible and responsive to changing situations. The regional team is reviewing the referral process and the triage system to ensure more equity in access to care and to remove some of the mental load of wait list management from front-line clinicians. The reflection is advanced and re-organization of the referral system should be complete in 2021.

A new mobile physiotherapy service was deployed in early 2021, providing temporary relief to communities who have vacant positions and some coverage during vacations. This will mean reduced wait times and reduced out-of-territory travel for treatment.

A project is underway to streamline equipment management for allied health clinicians, from purchasing and inventory to preventive maintenance. This will improve logistics so clients receive equipment needed in a timely manner.

REHABILITATION ASSISTANTS

A participative consultation process to better understand the needs of the rehabilitation assistant began. The Social Analysis System, an approach emerging from community-based rehabilitation, defines issues and finds solutions appropriate to the communities' cultural context—a participative approach to continue to support rehabilitation assistants.

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Allied Health welcomed a new Planning and Programming Research Officer (PPRO) for Speech-Language Pathology (SLP) Services, working to develop the SLP and Audiology service. The service had been struggling in 2020 given numerous vacancies. The PPRO was active in reviewing referral processes and ensuring that the service thrives in the future, including active recruitment and set-up to welcome new SLPs to the territory. Telehealth services are being designed and tested to provide an additional means of offering this service. With these new measures in place, there is confidence that the service will start again in 2021, and that the main needs of the communities will be addressed.

RESPIRATORY THERAPY

The pandemic was challenging for the Respiratory Therapy (RT) team, with services intermittently stopped. But other processes did not slow down, and two RTs were hired to provide services in Chisasibi and Mistissini. The team made sure that CMCs had all the necessary knowledge and equipment should there be an outbreak requiring respiratory intervention. This included the purchase, deployment and training of clinical staff on new oxygen delivery devices acquired for COVID-19 as well as the purchase, deployment and training on new Airvo 2 ventilator and suction devices. All CMCs received training on the new ventilators, with training videos to ensure sustainability. A preventive maintenance plan for compressed gases and suction systems was developed. The RT team participated in the vaccination campaign and supported COVID-19 testing efforts. The much-awaited service in sleep apnea was also developed and is scheduled to start in 2021.

2021 will welcome new speech-language pathologists for this much-needed service as well as the new sleep apnea services provided by the RT team. The new referral and triage system for Allied Health services will be applied to reduce the administrative burden on clinicians and to provide equitable and timely access to care.

Allied Health - Summary of Group Activities 2020-21

	Physiotherapy	Occupational Therapy	Speech-Language Pathology	Nutrition	Rehabilitation monitors	Regional team
Group activities	7	45	0	236	n/a	n/a
Participants	14	146	0	5,734	n/a	n/a



chisasibi nituhkuyinikimikw

CHISASIBI REGIONAL HOSPITAL

The COVID-19 global pandemic has had a heavy impact on the Chisasibi Regional Hospital's operations this past year. Early in the pandemic the hospital implemented a Hot Zone for patients with COVID-19 related symptoms and a Cold Zone for all other patients. This created some organizational complications: for instance, in the first months of the pandemic, staff working in the hot zone at the beginning of their shift could not work elsewhere in the hospital. Another challenge involved managing isolation for staff going outside of Eeyou Istchee to higher risk areas.

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In order to protect vulnerable elders in long-term care in the hospital, at the end of March 2020 they were moved from the hospital to a temporary Elders' Home created in the MSDC. During the summer, as the pandemic continued, the hospital received a permit to designate the MSDC formally as a 16-bed long-term care facility. However, on September 23 a fire in the MSDC necessitated an evacuation of the residents back to the hospital. The hospital team then worked with the Canadian Red Cross to establish temporary long-term care in tents at the banquet hall in Chisasibi. So less than a month after the fire, all elders were relocated to this site. They will remain there until the MSDC is prepared to properly house them again.

The hospital's Hemodialysis Unit has expanded to be open six days a week, from the previous three days a week. This opens the door to having more hemodialysis clients in the hospital. The service is not yet fully booked; the hemodialysis schedule is being ramped up gradually, as the hospital needs to align staff resources to accommodate the projected increase of patients.

The Laboratory Department has had a particularly busy year, as its services have been a key element in addressing the pandemic on the prevention side, actively participating in testing and screening for COVID-19, as well as in responding to a COVID-19 outbreak last January. The laboratory has implemented new protocols, initiated new equipment and developed its capacity with the addition of the Technician B role (not a medical laboratory technician, but a professional able to work under the supervision of the medical laboratory technician). Tech Bs have been key members of the team as they have been dedicated to COVID-19 test analysis, which is critical in ensuring a high level of service in addressing the pandemic.

The Regional Archives Department has been another key element in the pandemic as they had to manage many new forms of documents that were driven by the pandemic, keeping pace with the needs of other hospital and community services. In addition, Archives continued work on important strategic projects such as master index for patients and the Electronic Medical Records pilot project based in Mistissini.

The hospital reinforced some departments to face challenges related to COVID-19. Social Services, for example, added a community worker in the team to help support vulnerable groups. A new pre-triage team was also created for people coming into the hospital.

The Maintenance Department was active in adapting the hospital to deal with COVID-19. A negative pressure room and a private triage room were created in the Hot Zone; additional lighting was also provided in the Hot Zone crash rooms. Among other initiatives, all hospital kitchen employees received training for a new combination oven and a new adaptive vehicle was purchased to provide service for hemodialysis patients.

“The pandemic had an impact on our daily operations and we have been challenged to juggle resources,” says Philippe Lubino, director of the Chisasibi Regional Hospital. “I would like to commend and acknowledge the tremendous efforts done by all employees and managers to manage through the year.”

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Chisasibi Regional Hospital

Activities	2020-21	Variation
Admissions	397	▼ 20.3%
Hospitalization days	3,731	▼ 50.0%
Transfers to other health centres	39	▼ 40.0%
Deaths	11	▲ 37.5%
Average stay in acute care (days)	8	▲ 13.9%
Bed occupation rate	56.8%	▼ 22.2%
Clinic consultations	16,082	▼ 10.9%
Observation hours	509	▼ 85.9%
Radiology technical units	137,179	▼ 10.6%
Laboratory tests	309,561	▼ 2.3%
Dialysis treatments	2,706	▲ 2.8%



CHISASIBI

	Population	
awash 0-9 ¹	883	▼ 4.5%
uschinichisû 10-29	1,855	▲ 2.8%
chishâiyû 30+	2,247	▲ 2.5%
TOTAL²	4,985	▲ 1.3%

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2015-2018 births (+ 2019 estimates) and 2014-2018 MSSS deaths.
 2. Does not include 349 Inuit, Métis and/or non-aboriginals.
 3. In Chisasibi, many clinical services are offered at the hospital. See page 74.

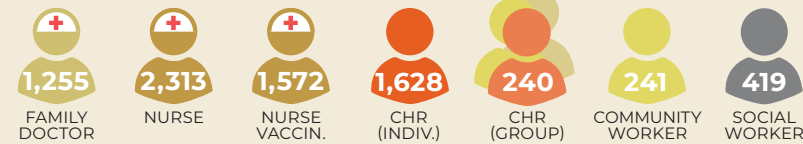
Medical Evacuations



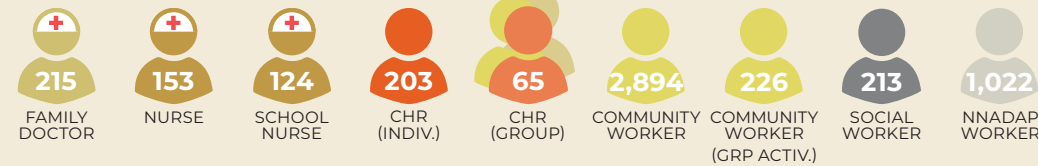
Current Services



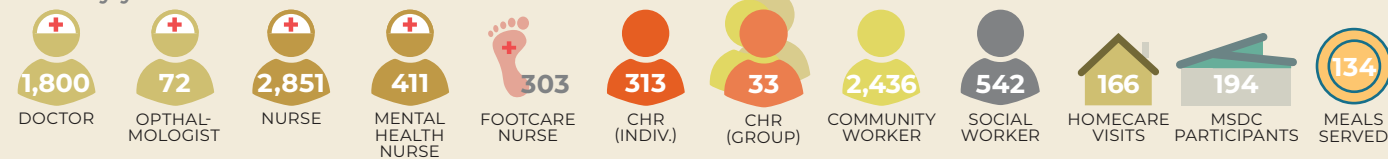
Awash



Uschinichisû



Chishâiyû



“In the midst of this pandemic, we found many opportunities to collaborate and mobilize locally,” says Chisasibi CMC’s local director Jeannie Pelletier. “The Cree School Board loaned us housekeeping staff and helped us respond to the crisis. We also began unfolding the Cree word *Miyupimâtisiun*: we want to live up to the name, implement a more holistic approach to life at work, so we’ve been incorporating wellness into our day-to-day activities.”

Given COVID-19 mobilization efforts and new implementations, some aspects of Chisasibi’s *Miyupimâtisiun* Core Team pilot—like telehealth visits by phone or Zoom—were accelerated. This is not likely to change as there are fewer no-shows for visits, although the team required support from IT to be properly equipped.

The Chisasibi MSDC was converted into a long-term care facility to accommodate elders who were moved out of the hospital to protect them from COVID-19. However, a fire at the MSDC meant the elders temporarily relocated again to facilities in the banquet hall.

The Awash unit welcomed a new coordinator, psycho-educator and another community worker during the year. The community also welcomed 111 new infants, 43 of whom were born in Chisasibi under the care of the midwives.

The Uschinichisû team, working with Administration, centralized all psychosocial files for clients followed under the CMC. They received training during the year in crisis intervention, managing anxiety and new COVID-19 guidelines.

Chishâiyû welcomed a new coordinator, four new nurses and a new CHR to the team. Highlights for the year included a major adaptation of services in light of both the pandemic and the MSDC fire. MSDC services became mobile, with bus tours for the participants and home visits for rehab exercises, with gifts of appreciation given to each participant to show that they were not forgotten.

Meals on Wheels cooked 134 meals for 55 clients, working with Nishiyû to provide Labrador and cedar tea, and traditional food such as fish when available. An initiative created by social worker Natalie Paré (who sadly passed away this year) saw clients take a grocery shopping tour in our adaptive bus.

The hiring of an additional OT and physiotherapist now makes the rehab team complete. Staff were trained in culturally adaptive approaches to mental health first aid and also helped at the COVID-19 swabbing trailer.

Over 200 women were screened for breast cancer through the Clara Bus. A very successful COVID-19 vaccination campaign is still underway.

Successful health promotions took place, including a nutrition radio show, healthy snack distribution during Bingo, free drive-by healthy snacks, and social media educational videos on kidney failure, carbohydrates, influenza and diabetes.

The Administration unit encountered challenges with workforce stability and is working with HR to ensure more local replacements. HR worked with the psychosocial leader to create a tool based on the Cree Medicine Wheel and a living document called *TIPÍ teachings*, both of which can be used as a development and orientation guide for new CMC workers. Three new positions were created for Home Care Services—driver, administration officer and home care worker—and a new team leader and home care nurse were also hired.



EASTMAIN

	Population	
awash 0-9 ¹	170 ▼	2.3%
uschinichisû 10-29	315 ▲	2.9%
chishâiyû 30+	393 ▲	2.9%
TOTAL²	903 ▲	4.8%

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

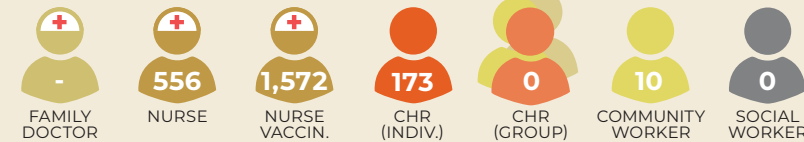
Medical Evacuations



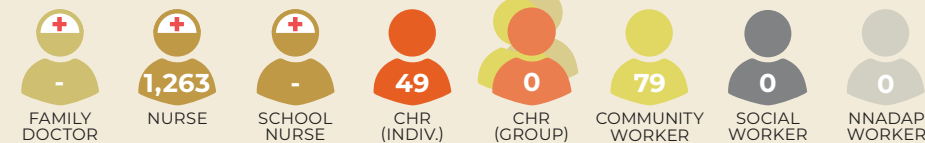
Current Services



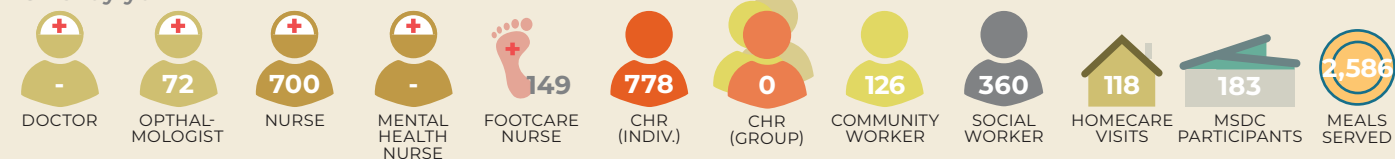
Awash



Uschinichisû



Chishâiyû



“A highlight for this year has been the efforts of our Special Needs team, which worked hard to continue providing services during the pandemic. For instance, the team planned activities and events for special needs clientele for the whole month of December: sliding, crafts, movie night, games night, Christmas photo shoot, gingerbread-making, cookie-decorating and a Santa parade,” says Rita Gilpin, Eastmain CMC’s local director. “This really helps the well-being of the individuals and their families.”

Medical coverage in Current Services and Chishâiyû has remained at full capacity during the COVID-19 pandemic. Changes were made on how to meet patients’ needs through telehealth and in-person appointments, with pre-triage procedures in place. Nursing staff included one assistant head nurse, two permanent full-time current nurses and one temporary full-time nurse, with minimal replacement coverage due to the pandemic. The year saw an overall decrease in clientele. The Chishâiyû nurse worked continuously through telehealth and with the CHR to meet the needs of clients with diabetes or renal disease. Telehealth services also became a big part of our reality for psychosocial, psychiatry, nephrology and ophthalmology, decreasing patient travel to the south. The Clara Bus visited, providing breast cancer screening.

Dental Services were reduced given the pandemic and ventilation problems in the dental clinic. Towards the end of the summer, services resumed and the CMC shared dentistry resources with Nemaska.

The Pharmacy team deployed a new procedure for dispensing medications to community members. The pharmacy assistant technician has lightened the load on nurses and reduced traffic within the pharmacy.

The community worker, rehabilitation monitor and three permanent full-time health and social aides have served 20 home care clients. Sadly, five clients passed away this year. The positions of home care nurse (vacant since June 2018) and replacement-hours Chishâiyû/home care nurse still need to be filled.

The MSDC limited itself to six healthy clients to ensure safety. The position of physiotherapist, vacant since August 2018, has not been filled. The occupational therapist, a shared position, has a positive impact on clients with disabilities.

The nutritionist has been out since February 2019, which has reduced services; we will be looking to bring in help for this program.

The Awash/Uschinichisû team developed skills in delivering services remotely and fine-tuning collaboration with community partners. Special Needs services focused on speech-language therapy, as the team worked via Zoom with a speech-language therapist. Community mental health has been another focus, as there has been an increase in anxiety, depression, suicidal ideation and unhealthy relationships. The psychosocial team and mental health nurse have been addressing these issues. Although there have been challenges, the Awash/Uschinichisû team has identified areas of growth and worked to ensure services continue as well as they have.

The Administration team focused on protecting employees and users through COVID-19 protective measures. Housekeeping received training on COVID-19 cleaning and disinfecting, including how to don and doff PPE. Maintenance had extra responsibility with reorganizing some areas of the CMC, identifying Red Zones and modifying the clinic’s entrance. Three temporary positions were added to the housekeeping team to help clean and disinfect high-touch areas. Two administration officers were hired: one to work on pre-triage at the CMC entrance and another to keep track of PPE and to help in other departments.



MISTISSINI

Population

awash 0-9 ¹	635	▼	1.4%
Uschinichisû 10-29	1,512	▲	1.4%
Chishâiyû 30+	1,871	▲	1.7%
TOTAL²	4,179	▲	5.2%

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

“Congratulations go to all CMC and MSDC staff for enduring the difficulties and challenges of this COVID-19 year,” says Alan Moar, local director of the Mistissini CMC. “This was an incredible year of learning and coping with all the changes to the regular routine. We are now more than ready to test, vaccinate and work on prevention.”

The COVID-19 pandemic has been the focus of the past year, with much effort given to planning, organizing and directing the COVID-19 response. Many regular COVID-19 meetings were held throughout the year. A full-time COVID-19 lead was identified, as well as a communications lead and psychosocial lead for the CMC. The CMC worked very closely with the Mistissini First Nation and other entities on communication and prevention, and shared pertinent information on developments throughout the year. While most training was put on hold, COVID-19-related training (e.g. training in PPE use) was provided for staff.

The Current Services nursing team was responsive to changes as a result of the pandemic, facilitating adaptations across departments. The team provided COVID-19 testing at the public recreation centre, and January saw the first dose of vaccinations. The psychosocial team also mobilized with an after-hours on-call system. Red and Green Zones were established and maintained, and two negative pressure rooms were prepared. The hemodialysis clinic remained open throughout the year.

The Awash unit welcomed 77 new infants this year, and continued to support clientele throughout the year. The team moved to the MSDC in April and back to the CMC in August after the first wave. Awash organized a massive delivery of food baskets to families in need and participated in the COVID-19 vaccination campaign.

Uschinichisû programs and services were maintained by telephone and Zoom. The team focused on outreach, connecting with youth in general, and supporting those struggling with addiction, anxiety or suicidal ideation. The team held its annual Youth Day in July, with activities, prizes and traditional foods. The NNADAP staff

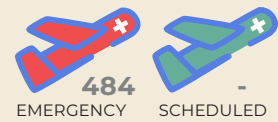
held National Addiction Awareness Week in November, with workshops and other initiatives to address addictions. In March 2021, Mental Health Awareness Week featured Zoom workshops on a range of issues.

The Chishâiyû unit expanded, taking over Administration’s old office space. Telehealth services increased, with consultations via telephone or Zoom. In-person visits were restricted to those needing follow-up or urgent care. Telehealth made it possible to continue specialist services during the pandemic. Home and Community Care Program (HCCP) services were maintained and Meals on Wheels continued, but the MSDC was closed because of COVID-19. HCCP maintained a steady follow-up with clients in the Elders’ Home, and a facility audit took place.

The Administration unit moved to the offices formerly held by Youth Protection which, in turn, moved to the second floor of the old Youth Healing building. The team was active in CMC pandemic adaptations, setting up Red and Green Zones, constructing the negative pressure rooms and spaces to don and doff PPE, and transforming an examination room into a dedicated COVID-19 emergency room.

Objectives for the coming year include prioritizing mental health, continuing with the EMR (Electronic Medical Record) project, building on the use of telehealth technology to access specialists, continuing work on the Youth and Family Empowerment Pilot Project, supporting the local Miyupimâtisiun Committee, and continuing work with Nishiyû to promote traditional medicine and cultural values.

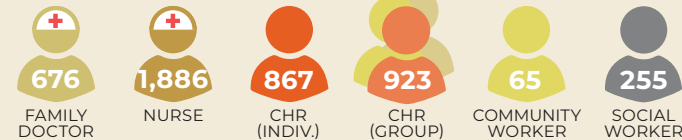
Medical Evacuations



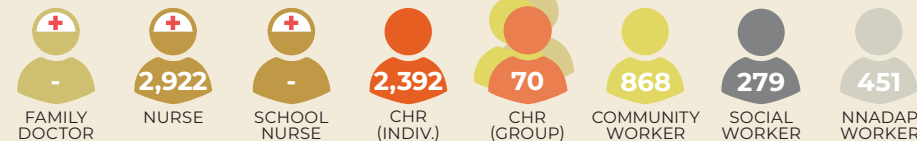
Current Services



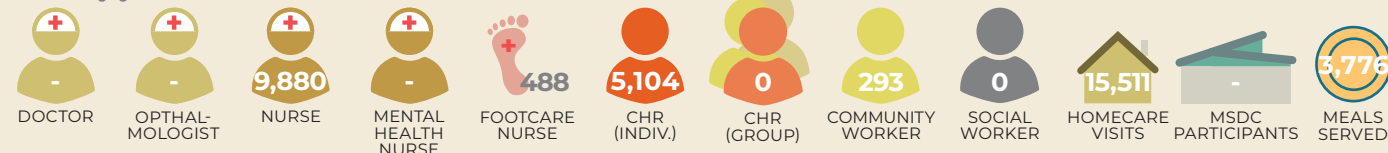
Awash



Uschinichisû



Chishâiyû





NEMASKA

	Population	
awash 0-9 ¹	178	▲ 2.9%
uschinichisû 10-29	277	▲ 0.4%
chishâiyû 30+	410	▲ 1.7%
TOTAL²	865	▲ 1.5%

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

Medical Evacuations

72 EMERGENCY 544 SCHEDULED

Current Services

1,871	0	121	3,023	588	849	1,969
FAMILY DOCTOR	SPECIALIST MD	OTHER SPECIALIST (DENTIST)	NURSE (WALK-IN)	NURSE (MED. REFILL)	LABO	PHARMACY

Awash

-	1,213	383	11	523	63
FAMILY DOCTOR	NURSE	CHR (INDIV.)	CHR (GROUP)	COMMUNITY WORKER	SOCIAL WORKER

Uschinichisû

-	163	-	512	11	168	79	0
FAMILY DOCTOR	NURSE	SCHOOL NURSE	CHR (INDIV.)	CHR (GROUP)	COMMUNITY WORKER	SOCIAL WORKER	NNADAP WORKER

Chishâiyû

-	-	176	-	45	652	0	0	0	1,014	142	1,546
DOCTOR	OPHTHALMOLOGIST	NURSE	MENTAL HEALTH NURSE	FOOTCARE NURSE	CHR (INDIV.)	CHR (GROUP)	COMMUNITY WORKER	SOCIAL WORKER	HEMOCARE VISITS	MSDC PARTICIPANTS	MEALS SERVED

“Our staff provided services through a period that has been very challenging. It was really hard to know we couldn't visit our loved ones,” says Beatrice Trapper, Nemaska’s local director. “But everybody pulled together, collaborating with local entities to share information and support the community.”

The Nemaska CMC had to address Eeyou Istchee’s first COVID-19 outbreak in March 2020 and, throughout the year, provided services according to recommendations from Public Health and the Cree Nation Government.

The Current/Chishâiyû unit had two nurses move to Awash, so these positions, along with that of head nurse, need replacing. Three permanent nurses—two on pre-retirement—and additional agency nurses maintained services. Telehealth services supported specialist consultations across disciplines. Nemaska has one permanent and four part-time physicians; the addition of a part-time physician resulted in better medical coverage and an increased number of consultations. The occupational therapist is shared with Oujé-Bougoumou. Dental services are provided by a full-time hygienist and monthly visits by incoming dentists. Two local dental assistants were trained to support the visiting dentist, but many visits were postponed given the pandemic. The community is in need of a permanent dentist.

The pandemic caused an initial reduction of Chishâiyû services, with many consultations done by phone though some in-person activities resumed with protective measures. Tele-ophthalmology services were not provided; this was too difficult to manage while dealing with the pandemic. The Home and Community Care Program (HCCP) has a stable caseload of 13-15 clients. The MSDC reduced services, providing Meals on Wheels to HCCP clients. The MSDC also supported the CMC during the vaccination campaign, with over 76% of the community being vaccinated.

The Awash/Uschinichisû unit welcomed 26 new babies this past year. Nurses and CHRs maintained follow-ups with mothers and infants, continuing the Well-Baby Clinic. Programs were maintained following pandemic measures. A number of activities were supported, including the delivery of food baskets to families in need, activities promoting nutrition and physical activity, and healing circles. The first and second land-based program and canoe excursions were held this past year. In December, National Addiction Awareness Week included workshops, presentations, sweat lodge ceremonies, drumming teachings, sharing circles and traditional teachings. A social worker and community worker (mental health) joined the team.

The Administration unit saw many activities reduced or stopped as attention turned to supporting preventative health measures for the CMC and the community. The six-plex unit on Partridge Road was completed this spring, so new personnel can now be hired and housed. A new truck was purchased for maintenance, and a new maintenance worker hired.

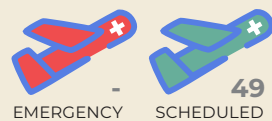


OUJÉ-BOUGOUMOU

	Population	
awash 0-9 ¹	172 ▲	2.3%
uschinichisû 10-29	348 ▼	0.6%
chishâiyû 30+	343 ▲	0.9%
TOTAL²	868 ▲	5.8%

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

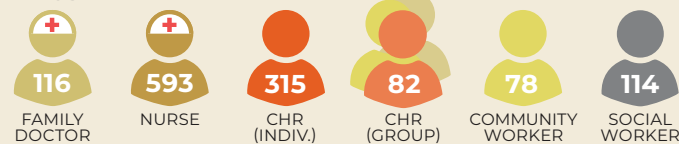
Medical Evacuations



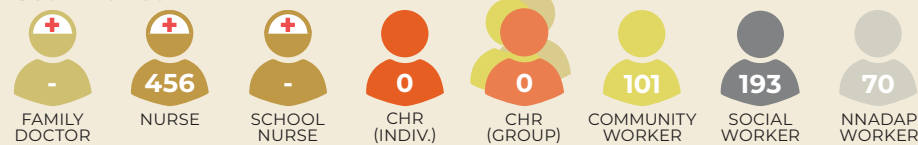
Current Services



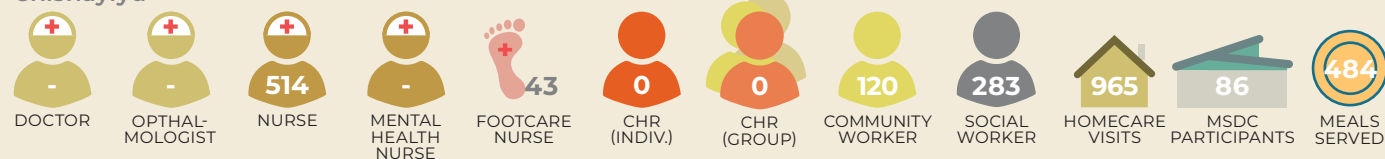
Awash



Uschinichisû



Chishâiyû



“The Oujé-Bougoumou CMC team has proven to be resilient during the pandemic and appreciates the collaboration from the local partners such as the CSB, daycares and the band council,” says Janie Wapachee, interim local director. “Their support has ensured a continuity of services throughout the crisis.”

The past year saw great challenges, given the arrival of the COVID-19 pandemic. The Current Services/Chishâiyû team increased telephone consultations and reduced CMC visits as much as possible.

At the beginning of January, the community was hit by 29 COVID-19 cases. Local staff ran an outpatient screening clinic supported by reinforcements from Mistissini and Waswanipi, and the outbreak was quickly controlled. On January 9, we received 200 Moderna vaccines, and set up a vaccination clinic immediately; over the next three days the community’s most vulnerable individuals were vaccinated. Regular programs are carefully resuming after being in slow motion for several months. Contact with clientele continues to be maintained via telephone follow-ups and some services, such as physiotherapy, are offered through the MSDC.

Although Awash/Uschinichisû offices were transformed into a Red Zone for the COVID-19 clinic, the department continued to provide services following the required measures. In-patient and group programs were carried out according to the community’s deconfinement measures. Awash prenatal programs continued, including *Miyû-Ashimishuh* (providing basic healthy food to expecting mothers), Welcome Baby Food Baskets for new mothers, and the *Wâpimâusuwin* (baby bundle) Project. Some programs ran with the support of Nishîyû. A collaboration with local partners addressed food security for low-income families, and the Special Needs Wabinjuksh Camp was delivered with strict safety measures. Family kits were assembled to encourage quality time for families, and psychosocial services reached out to those in isolation. On-call social services after regular working hours began in April 2020. The NNADAP program continued to provide support through phone calls and the internet, respecting public health measures.

The Administration unit has worked with other departments to ensure the health and safety of clientele. Last year saw the completion of new triplexes, and it was good to see new employees moving into these dwellings. Housekeeping staff received additional COVID-19 protocol training, which helped ensure proper hygiene in the CMC’s Red Zone. All administrative staff were trained in new safety measures and adapted to new procedures implemented given COVID-19 precautions.

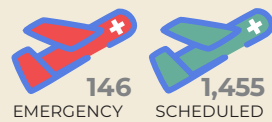


WASKAGANISH

	Population	
awash 0-9 ¹	518	▼ 2.4%
uschinichisû 10-29	942	▲ 1.5%
chishâiyû 30+	1,089	▲ 3.7%
TOTAL²	2,549	▲ 1.6%

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

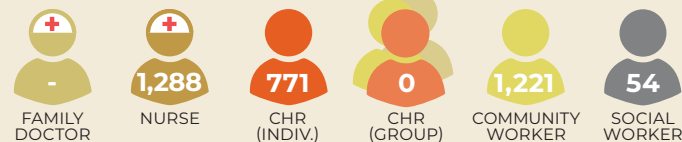
Medical Evacuations



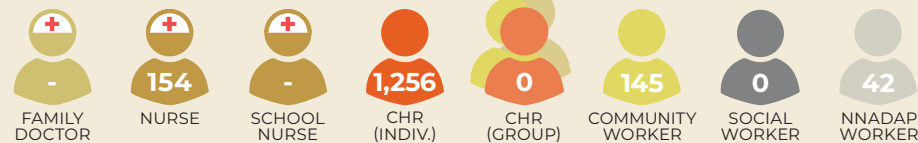
Current Services



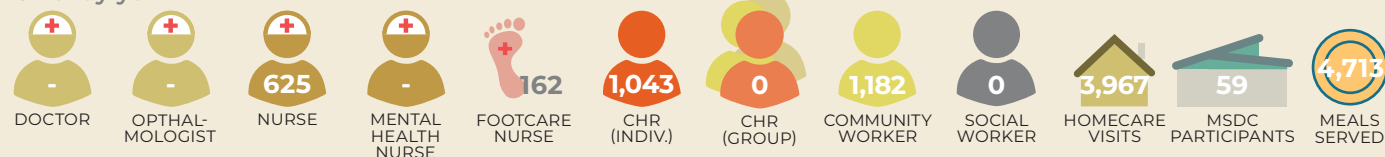
Awash



Uschinichisû



Chishâiyû



“This year has been really challenging with COVID-19, but we worked hand in hand with First Nations government departments to address these challenges,” says Bert Blackned, Waskaganish CMC’s local director. “We have a lot of nursing positions we haven’t been able to fill because of the housing shortage, but our staff worked diligently to support the community.”

With COVID-19, staffing Current Services has become challenging. The nursing team has experienced greater turnover and recruitment has been difficult. The physician team is stabilizing and their schedule has been full, providing excellent service to the population. CMC staff have been role models as community members adapted to the pandemic.

Awash, with a full nursing team and new social worker, welcomed 52 babies. Staff adjusted to patient follow-up by phone but missed personal interactions. Community workers moved to the administration trailer to allocate space for the Red Zones. They collaborated with Waskaganish First Nation to ensure those on low income received food coupons. The nutritionist presented workshops in baby food making and nutritious snacks for young parents, with some young fathers attending. The CMC invested in outreach for special needs clients; the client list was updated with a patient intervention plan and, in the summer, a respite day program was offered to five families/caregivers. The special needs educator, occupational therapist and school CHR collaborate on programming and work with elementary and high schools and daycares to assist with special needs programs.

Last summer, the Uschinichisû team hired three youth outreach workers who organized physical activities and promoted nutritional awareness. They have established community initiatives and activities in collaboration with local partners to encourage healthy lifestyles and support mental well-being. This year’s goal is to reconnect to clients through home visits and clinic visits.

In Chishâiyû, the nutritionist—a Waskaganish food security program lead—continues to host Healthy Snack and Meal Workshops. The

rehabilitation team has been addressing chronic disease processes, increasingly focused on home adaptation and palliative care. The Home and Community Care Program (HCCP) team has been busy given the aging population and a lack of referral centres for short-term and long-term respite. Long-term care centres and mental health centres are needed for clientele.

The MSDC has been closed, but the team provided telephone outreach to clientele and all vulnerable community elders, and delivered Meals on Wheels to vulnerable elders. This year the program will be reviewed to devise new recruiting strategies.

This year is the Robin Nest’s second in providing shelter for women experiencing domestic violence, with 29 women supported. The team remains stable, with no staff turnover. An open house to promote the shelter drew over 100 visitors. A social worker joined the shelter’s team and our community partner, Waskaganish Wichiwewin Centre, is helping support women by providing one-on-one counselling and hosting healing workshops. Since this is a new facility, protocols and procedures are still being created, but could be completed this year.

The Administration team works collaboratively to support the CMC. One main objective has been to ensure safety protocols within all facilities during the pandemic. The housekeeping team added a temporary employee, as housekeepers have been busy maintaining the health and safety standards during the pandemic. Material Resources installed home alarm systems in all housing units. One reoccurring challenge is the shortage of housing, limiting our ability to hire new employees.



WASWANIPi

	Population	
awash 0-9 ¹	424	▲ 1.4%
Uschinichisû 10-29	819	▲ 1.0%
Chishâiyû 30+	875	▲ 2.6%
TOTAL²	2,138	▲ 2.7%

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

Medical Evacuations

156 EMERGENCY
2,968 SCHEDULED

Current Services

1,439 FAMILY DOCTOR
0 SPECIALIST MD
29 OTHER SPECIALIST
4,655 NURSE (WALK-IN)
5,473 NURSE (MED. REFILL)

Awash

- FAMILY DOCTOR
1,706 NURSE
908 CHR (INDIV.)
0 CHR (GROUP)
304 COMMUNITY WORKER
277 SOCIAL WORKER

Uschinichisû

- FAMILY DOCTOR
60 NURSE
- SCHOOL NURSE
0 CHR (INDIV.)
0 CHR (GROUP)
154 COMMUNITY WORKER
0 SOCIAL WORKER
421 NNADAP WORKER

Chishâiyû

- DOCTOR
- OPHTHALMOLOGIST
1,091 NURSE
- MENTAL HEALTH NURSE
60 FOOTCARE NURSE
0 CHR (INDIV.)
632 CHR (GROUP)
405 COMMUNITY WORKER
0 SOCIAL WORKER
2,727 HOMECARE VISITS
725 MSDC PARTICIPANTS
4,555 MEALS SERVED

“Our CMC’s focus is on quality care of services, so we’re working to improve the processes and the pathways, and also to build further team collaboration,” says Eleanor Gull, interim local director of the Waswanipi CMC. “We want to be working as efficiently and effectively as possible.”

The Waswanipi CMC staff responded to the challenges of the COVID-19 pandemic with dedication and commitment. In collaboration with other Waswanipi First Nation community entities, the CMC has shown great leadership. Staff took action to address COVID-19 medical and psychosocial issues and continue to provide valuable services to clientele. New seating for waiting rooms was purchased.

In Current Services, the pandemic response involved working closely with regional support to protect the community. Collaboration continues with the Emergency Measures planning committee and local leadership. In laboratory services, blood sampling information technology is needed to improve care. Laboratory requisitions have been given to clients to promote health care collaboration and responsibility.

The Awash/Uschinichisû unit has restructured services in response to the pandemic. The psychosocial team addressed the effects of COVID-19 and, with the support of DPSQA-Psychosocial, team leaders are working to close service delivery gaps. The department now has a permanent Youth Outreach Worker for *Uschinichisû* clientele supported by PPRO from Public Health. National Addictions Awareness Week took place in March 2021. Robin’s Nest, which celebrated its second anniversary in September, continues to provide a safe haven for women in Eeyou Istchee who experience domestic violence. Nursing turnover has posed challenges but also inspired working collaboratively and sharing resources between communities and professional disciplines. Staff have participated in virtual trainings to strengthen knowledge and skills.

Chishâiyû is working to enhance collaboration, resourcefulness and programming. Primary health care is the priority, although the department faces a lack of nursing services. The home hemodialysis project is proving successful, with four clients. Four beneficiary attendants were hired for the Ashûkin services, with training to come in the fall of 2021. MSDC services have been aligned with the deconfinement phases to reduce community transmission among elders.

Administration functions are constantly changing to ensure the efficient operation of the CMC. The pandemic necessitated the reorganization of daily transport of hemodialysis clients and other patients to appointments in Chibougamau. Other means of transport were created for clients travelling to appointments in Montreal or Val-d’Or, resulting in an increase in taxi usage. All CMC housekeeping staff received COVID-19 hygiene training. Additional housekeeping help was hired, as well as a security guard to cover the pre-triage zone at the clinic’s main entrance. Additional resources were requested to address laboratory backlogs, requisitions bookings, archives, *Wichihitwin* and maintenance. Triplex units from two years ago are occupied and more housing is needed to fill vacant positions for nurses and professionals.



WEMINDJI

	Population	
awash 0-9 ¹	233	▼ 9.9%
uschinîchisû 10-29	558	▲ 3.1%
chishâiyû 30+	797	▲ 1.5%
TOTAL²	1,588	▲ 0.4%

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

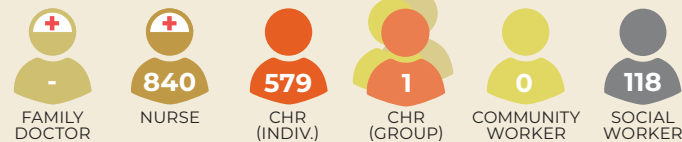
Medical Evacuations



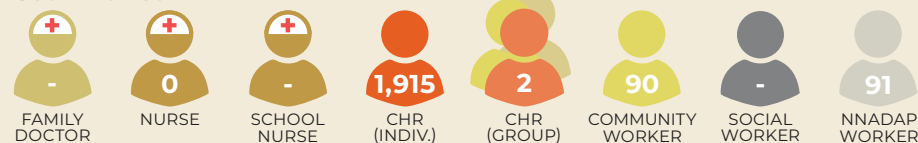
Current Services



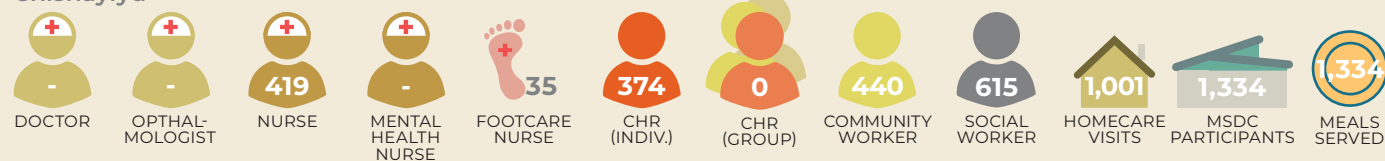
Awash



Uschinîchisû



Chishâiyû



“We did a lot of outreach for the vaccination campaign, often contacting people personally if they had any fears or questions, and the doctor went on the radio and Facebook to answer questions,” says Rachel Danyluk, Wemindji’s local director (interim). “We decided not to hold a two week vaccination clinic but a rapid one over a few days, and we vaccinated over 1,000 people.”

Willie Matches Memorial Miyupimâtisiun Centre

The pandemic forced Current/Chishâiyû to adapt services, creating Red and Green Zones for clients and staff. For the first quarter, clients had telephone consultations with nurses, doctors, the nutritionist, occupational therapist and psychoeducator. A permanent nurse returned to work in May, but one nurse transferred to another community and two resigned. Two Cree nurses from Ontario were hired and another permanent nurse arrived in February, but the unit still relied on agency and Recall List nurses throughout the year. All nursing staff had PPE and ventilator training. In January, three vaccinators and four administration workers were trained to administer the first dose of Moderna for the January vaccination campaign.

Since Phase 4 of the COVID-19 Pandemic Plan, service delivery at the clinic has increased. The most severely affected service has been ophthalmology, with no retina screening and no optometrist or ophthalmologist visits since February. Daily activities decreased at both clinic and MSDC, with MSDC client attendance fluctuating since January. Home and Community Care Program (HCCP) services continued for all clients. The community worker did daily or weekly phone consultations for those who didn’t require services when the community was locked down.

Awash/Uschinîchisû services ran according to the community’s deconfinement phase during the pandemic. Most employees took on additional tasks and responsibilities. As restrictions lessened, the team caught up on a backlog of appointments. Awash welcomed 22 babies this year; expectant and new mothers were supported through the Canadian Prenatal Nutrition Program and the Maternal and Child Health Program.

Uschinîchisû ran a number of outreach programs: the Eeyouth Strong Challenge with Cree Nation Youth Council, a lunch program in collaboration with the Justice Department and Cree Nation of Wemindji, COVID-19 vaccination campaign awareness outreach, National Addictions Awareness Week with the NNADAP program, Healthy Eeyou Youth, a 14-day photo challenge, broomball games at the outdoor rink, blueberry picking and Winter Active events, among others. The community organizer planned food security initiatives in collaboration with the Cree School Board and Public Health. The team hired a new social worker and a new CHR.

The Administration unit consists of 22 full-time employees with all positions filled. At the beginning of the year, the team provided the CMC and MSDC with new chairs, a staff coffee room, and a TV for the CMC main lobby. Office occupancy doubled or tripled to make room for new employees given a lack of office space. Maintenance and general helper staff assisted with transporting clients and staff from the airport. Two students, one from the CBHSSJB Summer Student Program and another from the Cree Nation of Wemindji’s Summer Student Program, assisted the receptionist and secretaries. A shortage of transits and residential units continues to be a problem, as does finding and training qualified replacements for employees on long-term leave.

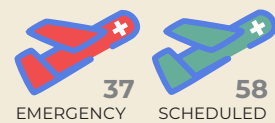


WHAPMAGOOSTUI

	Population	
awash 0-9 ¹	206	▲ 3.9%
uschinîchisû 10-29	405	▼ 0.1%
chishâiyiyû 30+	438	▲ 3.0%
TOTAL²	1,053	▲ 1.6%

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

Medical Evacuations



Current Services



Awash



Uschinîchisû



Chishâiyiyû



“Things are starting to move from when everything was in lockdown,” says CMC local director Hannah Kawapit. “We’ve learned a lot about how to work with other groups in the Cree Health Board and entities in the community.”

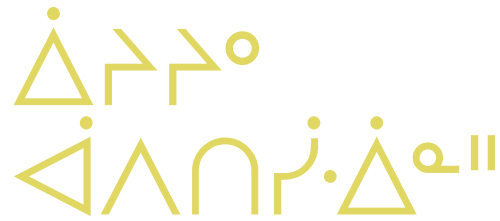
Addressing the COVID-19 pandemic was a priority in Whapmagoostui this past year, as the CMC team was a central participant in the community’s initiatives to control the virus. The CMC held its vaccination campaigns for the first dose in January and the second dose at the end of March. The CMC also added two isolation units for patients with COVID-19-related symptoms.

The Current/Chishâiyiyû team ran a Meals on Wheels program for MSDC clients and community elders, supporting 30 clients. The team also organized a number of initiatives for elders, including an activity package, a Christmas party and Easter fruit baskets. The CMC and MSDC worked with the Cree Nation of Whapmagoostui and other CBHSSJB departments on food security programs such as food coupons for people in isolation. In March, the women of the community took charter flights to Chisasibi for breast cancer screening on the Clara Bus; the alternative would have been to wait until the necessary screening equipment could be brought by boat to Whapmagoostui.

The CMC hired a new community organizer, Louisa Wynne, former Chief of Whapmagoostui, who organized a number of initiatives, including an Elders Virtual Talk show in February that gave Elders the opportunity to address the community and share their views on the pandemic, on healing and on taking the opportunity to reconnect with family and the land. The community response to the event was very positive. Louisa also organized *Wêchhiedîdao* Awareness Week in March, which included presentations and workshops on a range of issues, from COVID-19 to residential schools and traditional stories and teachings.

The Awash/Uschinîchisû unit hired a new coordinator, Johanne Appoleus, this year. The team continued to run its programs, although many services were slowed or reduced due to the pandemic. Activities for National Addictions Awareness Week were held in November and for the Youth Outreach Program in January.

The Administration unit acquired furniture for the MSDC and the CMC’s sensory room. In order to support CMC and MSDC staff in fitness breaks, a treadmill and a stationary bicycle were ordered. Two transit units are being renovated; slow internet connections remain an issue.



îyiyiu âpitisîwînh

HUMAN RESOURCES

In the past year, the Human Resources Department continued its work with all clinical and administrative departments in order to respond effectively to their staffing needs and to support good practices in their resource management. The workforce remains precarious in certain clinical sectors, and this, coupled with the population's growing health needs, particularly during the COVID-19 pandemic, required additional effort from all Human Resources teams.

Human Resources has deployed several initiatives to take care of staff, support managers, develop skills and promote a healthy and attractive working environment: the policy and procedure aimed at promoting respect and countering discrimination, harassment and violence in the workplace, the policy on the working conditions of managers, the talent development program, and adoption of agreements on adapting work schedules to the needs of different environments.

The HR team also managed and facilitated various projects related to COVID-19:

- Performing over 3,000 pre-departure evaluations over the past year
- Distributing 50 Employee Bulletins
- Ordering and distributing uniforms
- Analyzing, interpreting and implementing the various Ministerial Decrees (more than 140 since March 13, 2020)

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety department continued its reorganization, opening a new position as personnel management officer in case management; in addition, two positions (including an occupational therapist) were created in the prevention sector to offer programs in return-to-work support and holistic ergonomics. Once again, fall 2020 saw the annual flu vaccination campaign for all employees. Fit-Test adjustments to N-95 masks continued throughout the year.

LABOUR RELATIONS

From day one of the pandemic, the Labour Relations team ensured that daily meetings were held with the CBHSSJB's two unions, FIQ and CSN, to keep them informed of developments. These meetings ensured a close link between the parties and facilitated an efficient flow of information relevant to the employees. The team also worked on interpreting and applying the various decrees and *arrêtés* issued by the MSSS. Ongoing support was offered to managers to help them respond to the particular challenges created by the pandemic.

STAFFING

The past year saw 72 development positions filled. The pandemic has given us the opportunity to review our recruitment and hiring strategies, and a number of new practices for recruiting applicants and hiring staff have been developed. For instance, the team now uses online interviews to meet job candidates. The CBHSSJB website redesign meant we could launch a new career page that allows us to promote vacancies and the services and benefits offered by the organization. Candidates can more easily find information about employment and application processes. We also use social networks for recruiting: all of our workforce needs can be found on the CBHSSJB's Facebook and LinkedIn pages, allowing us to reach candidates all over the world.

In September we launched the Welcome and Integration Program: tools were developed to integrate new employees, and 10 information sessions were presented to 65 new employees.

Finally, the team took part in 17 job fairs, participating in one in-person and three virtual fairs in Eeyou Istchee, and 13 virtual fairs in other communities.

Despite the pandemic we maintained the student employment program in the communities, hiring 42 students to support our teams.

HUMAN RESOURCES DEVELOPMENT

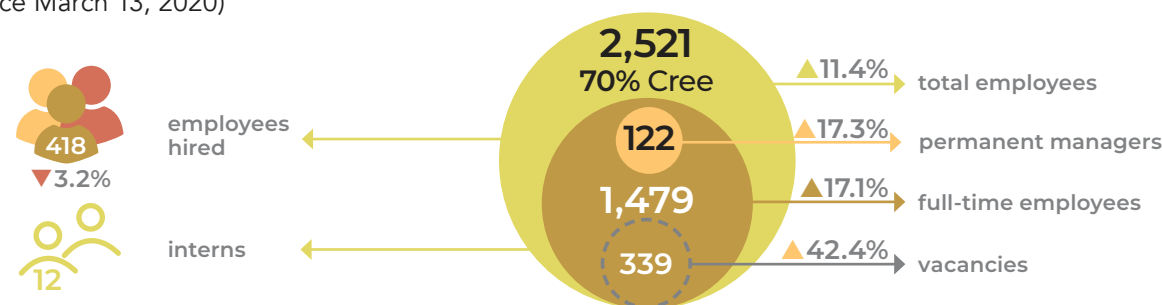
This past year, the team had to adapt to the pandemic, so HRD focused on addressing the new priorities the teams were facing. Trainings were delivered with creativity and many planned on-site trainings were replaced by online trainings.

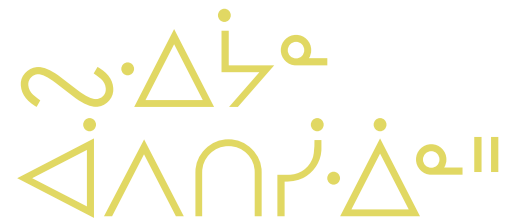
In 2020-2021, 29 employees completed the Attestation of College Studies in Communication in Helping Relationships and the Attestation of College Studies in Communication in Administration given in partnership with CÉGEP Marie-Victorin on the territory.

A number of organizational development initiatives also emerged in 2020-2021:

- The Integration Program for new employees, launched in June 2020, facilitates the integration of new employees and supports them to become autonomous as quickly as possible
- Climate analysis and diagnostics have been carried out in some areas of the organization. These processes are always accompanied by potential courses of action and constant support from the HRD team
- Tools and surveys have been developed and deployed to provide information on employee satisfaction
- The Managers Tool-Kit program, launched in January 2021, consists of six training modules designed to develop and enhance essential management skills required to increase work effectiveness and collaborations. The program also includes an individual assessment and coaching sessions to explore key opportunities for individuals to grow as managers

The HRD team continues to promote the Cree Succession Leadership Framework to enable employees to move into key roles within the organization. The unit works with the Cree School Board to develop educational programs based on current and future hiring needs.

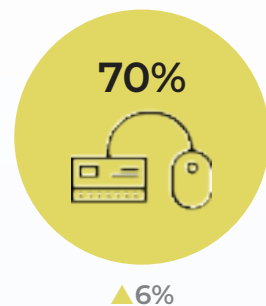




shuwiyan âpitisîwînh
FINANCIAL RESOURCES

The Financial Resources team continued its efforts to improve the quality and efficiency of the services it provides. These include reorganizing our payroll structure, which allowed the creation of a coordinator of payroll position and an administrative officer position. The Procurement Unit continues to work closely with the COVID-19 and Vaccination teams to support activities related to supply chain management and logistics. The Cree Non-Insured Health Benefits (CNIHB) team continues to work in committee to finalize the CNIHB Program Framework to the MSSS.

Payments by electronic transfer



nânitûhwâpichikan nânitûhchischâyihimuwin
INFORMATION TECHNOLOGY RESOURCES

The Information Technology (IT) department is responsible for the technical infrastructure of the CBHSSJB and implements solutions and systems that meet the organization's operational and strategic needs. The department's objectives are linked to the Strategic Regional Plan and critical to the expansion of health care services in Eeyou Istchee. The department maintains a complex IT infrastructure that enables the CBHSSJB to meet local needs and align with CBHSSJB and MSSS objectives.

The COVID-19 pandemic highlighted the importance of stable and reliable technology and timely technical help. In response to the urgent need to communicate to the population at large, IT set up new numerous technologies to support the organization with this new reality. With staff working from home and unable to meet clients and colleagues, IT deployed communication technologies like Zoom and Microsoft Teams. In addition, all necessary upgrades to the infrastructure were implemented to enable all health care workers to continue to provide specialized, non-specialized, administrative and support services during a particularly stressful time.

INFORMATION TECHNOLOGY'S HELPDESK AND SUPPORT SERVICES

The IT team responds to requests for information, incident reports, problems, change requests or service requests related to software applications, computer security or network technology assets. In operation 24 hours a day, 365 days a year, this centre takes care of various requests and ensures they are processed within the agreed upon timeframe. The number of requests to the Service Centre is constantly increasing. 85% of last year requests were processed and closed. Customers can track the progress of requests online, view those in progress or closed, and know what solutions have been made to their previous request.

IT will continue to improve the quality of service by further streamlining and standardizing its processes and practices, while working closely with all CBHSSJB departments to better support their quality improvement goals and the objectives defined in the SRP. The success of our services relies on many factors, such as hiring professionals who are experts in their specialty, selecting the best information systems and technologies, and ensuring the quality of the implementation of these systems. Ensuring the success of IT's long-term vision requires talented and dedicated staff, and more project managers and administrators need to be hired to meet this goal.

2020-21
HELPDESK
REQUESTS

8,081



RECALL LIST

The Recall List team aims to support the CBHSSJB in managing long-term (more than five days) temporary replacement needs. The primary objective is to ensure the effective management of the recall lists to facilitate the replacement of employees and allow the CBHSSJB to provide quality services on a continuous basis. This year, the Recall List team managed over 1,700 requests for temporary replacements.

COMPENSATION AND BENEFITS

The Compensation and Benefits team continues to oversee the administration of employee files, including determining and monitoring their compensation and their benefits packages. This year, the team proceeded with a restructuring and re-evaluation of its mandate to ensure organizational alignment so that the team can serve clients more efficiently. The team has also been involved in the development and upcoming deployment of a training on employee retirement. Finally, the team continues to support the deployment of the VIRTUO-GPRH project.



WĪCHIHĪTUWIN

Wichihituwin, which means "helping each other", provides an essential function by coordinating access to medical and social services not currently available in Eeyou Istchee. Wichihituwin coordinates regional transportation, accommodation, local travel, meals and appointments for thousands of clients a year transiting through one of four points of service: Chibougamau, Chisasibi, Montreal and Val-d'Or.

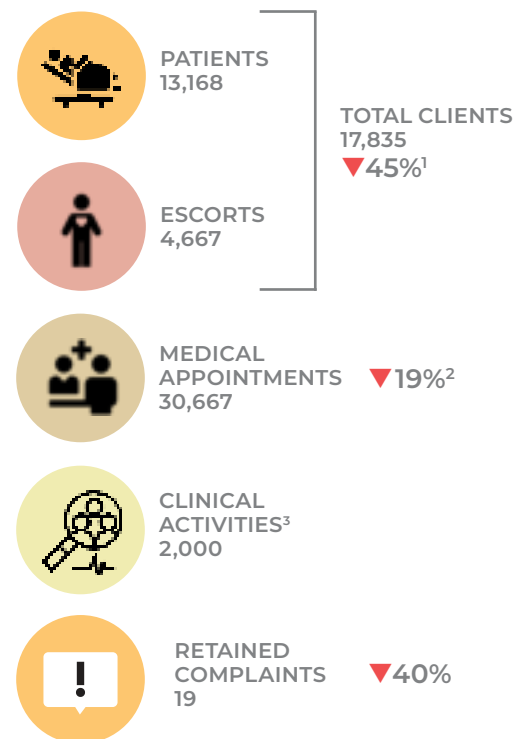
Thanks to the sustained efforts of the management and employees, and collaboration of clients and families, there has not been a single case of transmission of COVID-19 in Wichihituwin points of service since the beginning of the pandemic. It was necessary for over 4,500 clients to remain in strict isolation during their stay to reduce the risk of spreading the virus. Three lockdowns were declared during the year to ensure the health and safety of our clients. Wichihituwin management ensured that all the long-term clientele were vaccinated as early as possible.

Wichihituwin revised its management structure to create assistant directors in two different but complementary areas: clinical and logistical. The new position of Assistant Director - Clinical will ensure best practices for patients, in partnership with the CMCs and hospital partners.

To support the process of continuous improvement, a client officer position was created. This person will improve client satisfaction by ensuring clients are well-informed about policies and procedures, listening to concerns, troubleshooting and directing clients to the right resources to ensure any misunderstandings or quality concerns are addressed.

Patient safety is at the heart of Wichihituwin services. A team of security guards was added in Montreal and Val-d'Or in order to ensure the safety of the premises and respect for COVID-19 precautionary measures. There are now guards on duty 24 hours a day, seven days a week. Two drivers were hired in Chibougamau, and efforts continue to optimize ground transportation.

In spite of the challenges of the pandemic, work is continuing to improve the quality of food and food services, a key objective. At the beginning of the year, a process was started to optimize meal service at Espresso Hotel in Montreal.



1. Total for the CBHSSJB's four points of service.
2. Despite a 45% decrease in client travel, thanks to Wichihituwin telehealth's coordination and reorganization.
3. Provided by the nursing team directly with clients staying at the points of service.

The Ashtum program was created to attract and retain Cree employees in order to improve services in Cree for clients and to connect them to urban Indigenous cultural and linguistic communities. Also, this program will help Cree Wichihituwin employees to overcome cultural and geographic isolation.

Bertie Wapachee's Visit to Mohawk-Cree Teepee in Kahnawake (Daniel St-Amour, Bertie Wapachee, Bob Cross, Dennis Diabo and youth: Wyatt, Edith and Norah Cross)



Bertie Wapachee and Daniel St-Amour visit Hotel Espresso



Wichihituwin driver Titus Metabie, Hotel Espresso



Anita Gaze dispatch office, Hotel Espresso



Esperanza Rojas (Admin Tech) Wichihituwin, Montreal



Olivia Barrois and Angelique Allaire Sevigny — snack delivery at Hotel Espresso



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

BREAKDOWN OF GROSS EXPENSES BY PROGRAM

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	\$19,601,381	6.30%	\$2,580,286	0.89%
General Services - Clinical and Assistance Activities	11,343,177	3.65%	18,437,880	6.37%
Support for Autonomy of the Elderly	7,417,059	2.38%	5,740,872	1.98%
Physical Disability	8,690,382	2.79%	8,148,970	2.81%
Intellectual Disability and Autism Spectrum Disorders (ASD)	883,594	0.28%	47,409	0.02%
Youth in Difficulty	28,024,905	9.00%	25,426,117	8.78%
Dependencies	0	0.00%	504,293	0.17%
Mental Health	2,750,719	0.88%	4,113,097	1.42%
Physical Health	142,047,862	45.63%	141,503,689	48.85%
Support Programs				
Administration	48,664,340	15.63%	42,420,449	14.64%
Support to Services	12,130,589	3.90%	11,543,593	3.99%
Management of Buildings and Equipment	29,758,088	9.56%	29,202,851	10.08%
TOTAL	\$311,312,096	100.00%	\$289,669,506	100.00%

BUDGETARY BALANCE

Under sections 3 and 4 of the Act to provide for balanced budgets in the public health and social services network (CQLR, chapter E-12.0001), the Cree Board of Health and Social Services of James Bay shows a deficit of \$ (2 794 243), which is offset by the accumulated surplus and therefore respected this legal obligation.

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2021

	Budget	Operations Cur. Yr. (R.of P358 C4)	Capital Assets Current Yr. (Note 1)	Current Year Total C2 + C3	Prior Yr. Total	
	1	2	3	4	5	
REVENUES						
MSSS Grants	1	315 873 879	308 256 499	11 968 087	320 224 586	300 821 797
Government of Canada	2	11 000 000	9 225 327		9 225 327	9 990 066
User contributions	3	750 000	852 715	XXXX	852 715	713 998
Sale of services and recoveries	4	1 620 392	1 689 744	XXXX	1 689 744	2 035 030
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8			(83 121)	(83 121)	
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	800 000	880 110		880 110	680 502
TOTAL (L.01 to L.11)	12	330 044 271	320 904 395	11 884 966	332 789 361	314 241 393
EXPENDITURES						
Salaries, benefits and payroll taxes	13	161 396 716	180 358 792	XXXX	180 358 792	154 850 106
Medications	14	14 500 000	16 544 487	XXXX	16 544 487	14 710 363
Blood products	15	100 000	152 107	XXXX	152 107	182 690
Medical and surgical supplies	16	5 271 600	5 366 446	XXXX	5 366 446	4 710 781
Food products	17	880 500	1 161 744	XXXX	1 161 744	875 810
Honoraria paid to non-institutional resources	18		256 127	XXXX	256 127	
Financial charges	19	8 700 000	610 322	4 450 608	5 060 930	7 143 709
Maintenance and repairs, including non-capital costs related to capital assets	20	4 879 660	4 037 699		4 037 699	3 634 198
Bad debt	21			XXXX		
Rent	22	7 045 714	7 308 192	XXXX	7 308 192	6 993 533
Capital asset depreciation	23	9 850 000	XXXX	10 228 601	10 228 601	9 022 208
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures	27	120 020 081	105 108 479		105 108 479	111 612 980
TOTAL (L.13 to L.27)	28	332 644 271	320 904 395	14 679 209	335 583 604	313 736 378
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)	29	(2 600 000)	0	(2 794 243)	(2 794 243)	505 015

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2021

	Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year	
	1	2	3	4	5	
REVENUES						
MSSS Grants	1	303 923 879	308 245 652	10 847	308 256 499	289 677 233
Government of Canada	2	11 000 000		9 225 327	9 225 327	9 990 066
User contributions	3	750 000	852 715	XXXX	852 715	713 998
Sale of services and recoveries	4	1 620 392	1 689 744	XXXX	1 689 744	2 035 030
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	800 000	523 985	356 125	880 110	680 502
TOTAL (L.01 to L.11)	12	318 094 271	311 312 096	9 592 299	320 904 395	303 096 829
EXPENDITURES						
Salaries, benefits and payroll taxes	13	161 396 716	174 185 759	6 173 033	180 358 792	154 850 106
Medications	14	14 500 000	16 544 487	XXXX	16 544 487	14 710 363
Blood products	15	100 000	152 107	XXXX	152 107	182 690
Medical and surgical supplies	16	5 271 600	5 366 446	XXXX	5 366 446	4 710 781
Food products	17	880 500	1 161 744	XXXX	1 161 744	875 810
Honoraria paid to non-institutional resources	18		256 127	XXXX	256 127	
Financial charges	19	4 000 000	610 322	XXXX	610 322	2 479 202
Maintenance and repairs, including non-capital costs related to capital assets	20	4 879 660	4 035 943	1 756	4 037 699	3 634 198
Bad debt	21					
Rent	22	7 045 714	7 297 192	11 000	7 308 192	6 993 533
Transfer expenses	23					
Other expenditures	24	120 020 081	101 701 969	3 406 510	105 108 479	111 612 980
TOTAL (L.13 to L.24)	25	318 094 271	311 312 096	9 592 299	320 904 395	300 049 663
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)	26	0	0	0	0	3 047 166

CBHSSJB
STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) | 31 MARCH 2021

	Operating fund Current year 1	Capital assets Fund Current year 2	Current Year Total (C1 + C2) 3	Prior Yr. Total 4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	7 091 635	33 815 074	40 906 709	40 401 694
Accounting changes with prior year restatement (specify)				
Accounting changes without prior year restatement (specify)				XXXX
ACCUMULATED SURPLUS (DEFICIT) BEGINNING ADJUSTED (L.01 to L.03)	7 091 635	33 815 074	40 906 709	40 401 694
SURPLUS (DEFICIT) FOR THE YEAR		(2 794 243)	(2 794 243)	505 015
Other changes:				
Inter-institution transfers (specify)				
Interfund transfers (specify)	(766 926)	766 926	0	
Other items applicable to private establishments under agreement (specify)		XXXX		
	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	(766 926)	766 926		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	6 324 709	31 787 757	38 112 466	40 906 709
Consisting of the following:				
External restrictions	XXXX	XXXX		
Internal restrictions	XXXX	XXXX	6 487 934	
Unrestricted or Unrestricted balance (L.11 - L.12 - L.13)	XXXX	XXXX	31,624,532	40 906 709
TOTAL (L.12 to L.14)	XXXX	XXXX	38 112 466	40 906 709

CBHSSJB
STATEMENT OF FINANCIAL POSITION | 31 MARCH 2021

FUND	General 1	Capital assets 2	Current Year Total (C1+C2) 3	Prior Yr. Total 4
FINANCIAL ASSETS				
Cash on hand (overdraft)	5 895 491		5 895 491	15 271 539
Short-term investments	XXXX	XXXX	XXXX	
Receivables - MSSS	195 530 760	1 260 800	196 791 560	139 070 327
Other receivables	3 726 034	898 128	4 624 162	5 953 671
Cash advances to public institution	XXXX			
Interfund receivables (payables)	24 443 727	(24 443 727)	0	0
Grant receivable (deferred grants) - accounting reform	5 620 243	(20 669 803)	(15 049 560)	(15 492 769)
Portfolio investments				
Deferred debt issuance costs	XXXX	XXXX	XXXX	
Assets for sale	XXXX			XXXX
Other items	2 195 642		2 195 642	2 404 635
TOTAL FINANCIAL ASSETS (L1 to L12)	237 411 897	(42 954 602)	194 457 295	147 207 403
LIABILITIES				
Short-term debt	176 300 994	7 937 832	184 238 826	138 300 422
Accounts payable - MSSS				
Other accounts payable and accruals	32 602 408		32 602 408	31 443 653
Cash advances - decentralized envelopes	XXXX			
Accrued interest payable	48 654	1 260 800	1 309 454	1 472 320
Deferred revenue	9 412 289		9 412 289	6 179 198
	XXXX	XXXX	XXXX	XXXX
Long-term debts	XXXX	122 894 788	122 894 788	124 597 377
Liability for contaminated sites	XXXX			
Liability for employee future benefits	16 015 651	XXXX	16 015 651	11 951 470
	XXXX	XXXX	XXXX	XXXX
Other items	634 482		634 482	623 456
TOTAL LIABILITIES (L.14 to L.25)	235 014 478	132 093 420	367 107 898	314 567 896
NET FINANCIAL ASSETS (NET DEBT) (L.13 - L.26)	2 397 419	(175 048 022)	(172 650 603)	(167 360 493)
NON FINANCIAL ASSETS				
Capital assets	XXXX	206 835 779	206 835 779	204 415 965
Supply inventory	2 046 075	XXXX	2 046 075	2 233 082
Prepaid expenses	1 881 215		1 881 215	1 618 155
TOTAL NON FINANCIAL ASSETS (L.28 to L.30)	3 927 290	206 835 779	210 763 069	208 267 202
SHARE CAPITAL AND CONTRIBUTED SURPLUS		XXXX		
ACCUMULATED SURPLUS (DEFICIT)	6 324 709	31 787 757	38 112 466	40 906 709

CBHSSJB
STATEMENT OF VARIANCE OF NET FINANCIAL ASSETS/DEBTS | 31 MARCH 2021

	Budget	General Fund	Capital Assets Fund	Total Current Yr. (C2+C3)	Total Prior Yr.	
	1	2	3	4	5	
NET FINANCIAL ASSETS (NET DEBT BEGINNING ALREADY ESTABLISHED)	1	(173 178 340)	3 240 398	(170 600 891)	(167 360 493)	(160 058 464)
Accounting changes with prior year restatement	2					
Accounting changes without prior year restatement	3					
NET FINANCIAL ASSETS (NET DEBT BEGINNING ADJUSTED (L.01 to L.03))	4	(173 178 340)	3 240 398	(170 600 891)	(167 360 493)	(160 058 464)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5	(2 600 000)		(2 794 243)	(2 794 243)	505 015
VARIANCE DUE TO CAPITAL ASSETS:	6	(17 500 000)	XXXX	(14 387 152)	(14 387 152)	(16 467 526)
Acquisitions	7	9 850 000	XXXX	10 228 601	10 228 601	9 022 208
Annual depreciation	8		XXXX	1 738 737	1 738 737	
Gain/loss on disposal of assets	9	XXXX	XXXX	XXXX	XXXX	XXXX
Proceeds of disposition	10		XXXX			
Bad debts	11		XXXX			
Capital asset adjustments	12	XXXX	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14	(7 650 000)	XXXX	(2 419 814)	(2 419 814)	(7 445 318)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES:	15	(2 250 000)	(2 046 075)	XXXX	(2 046 075)	(2 233 082)
Acquisition of supply inventory	16	(1 650 000)	(1 881 215)		(1 881 215)	(1 618 155)
Acquisition of prepaid expenses	17	2 233 082	2 233 082	XXXX	2 233 082	2 039 700
Use of supply inventory	18	1 618 155	1 618 155		1 618 155	1 449 811
Use of prepaid expenses	19	(48 763)	(76 053)		(76 053)	(361 726)
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	20		(766 926)	766 926	0	0
Other variance in accumulated surplus (deficit)	21	(10 298 763)	(842 979)	(4 447 131)	(5 290 110)	(7 302 029)
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	22	(183 477 103)	2 397 419	(175 048 022)	(172 650 603)	(167 360 493)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)						

CBHSSJB
CASH FLOW STATEMENT | 31 MARCH 2021

	Current Year	Prior Year	
	1	2	
OPERATING ACTIVITIES			
Surplus (deficit) for the year	1	(2 794 243)	505 015
ITEMS NOT AFFECTING CASH FLOW			
Provision tied to portfolio investments and loan guarantees	2		
Supply inventory and prepaid expenses	3	(76 053)	(361 726)
Loss (gain) on disposal of capital assets	4	83 121	
Loss (gain) on disposal of portfolio investments	5		
Amortization of deferred revenue related to capital assets:			
- Government of Canada	6		
- Other	7		
Capital asset depreciation	8	10 228 601	9 022 208
Capital loss	9		
Amortization of debt issue costs and management	10		
Amortization of bond premium or discount	11		
MSSS grants	12	(7 517 478)	(6 480 060)
Other (specify)	13		
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.02 to L.13)	14	2 718 191	2 180 422
Changes in financial assets and liabilities related to operation	15	(50 506 018)	47 140 027
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.01 + L.14 + L.15)	16	(50 582 070)	49 825 464
CAPITAL ASSET INVESTMENT ACTIVITIES			
Cash outflow related to capital asset purchases	17	(11 759 678)	(15 590 569)
Proceeds of disposition of capital assets	18	1 655 616	
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.17 + L.18)	19	(10 104 062)	(15 590 569)
INVESTMENT ACTIVITIES			
Variance of short-term investments	20		
Portfolio investments (effectués)	21		
Proceeds of disposition of portfolio investments	22		
Portfolio investments (réalisés)	23		
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.20 to L.23)	24		

CBHSSJB
CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2021

	Current Year 1	Prior Year 2
FINANCING ACTIVITIES		
Long-term debts - Debts incurred		
Long-term debts - Debts repaid		
Capitalization of discounts and premium on debt instruments		
Variance of short-term debts - generated fund	45 100 000	(33 901 624)
Short-term debts incurred - capital asset fund	6 210 084	9 916 536
Short-term debts repaid - capital asset fund		
Variance from government sinking fund		
Other (specify P297)		
CASH FLOW RELATED TO FINANCING ACTIVITIES (L.01 to L.08)	51 310 084	(23 985 088)
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)		
	(9 376 048)	10 249 807
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	15 271 539	5 021 732
CASH AND CASH EQUIVALENTS, END OF YEAR (L.10 + L.11)	5 895 491	15 271 539

CBHSSJB
CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2021

	Current Year 1	Prior Year 2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:		
Receivables - MSSS	(57 721 233)	48 959 137
Other receivables	1 329 509	649 928
Cash advances to public institutions		
Grant receivable - accounting reform - employee future benefits		
Deferred debt issuance costs	XXXX	XXXX
Other assets	208 993	7 128 197
Accounts payable - MSSS		
Other accounts payable and accruals	(1 468 719)	(3 822 141)
Cash advances - decentralized envelopes		
Accrued interest payable	(162 866)	(129 609)
Deferred revenue	3 233 091	(226 049)
Liability for contaminated sites		
Liability for employee future benefits	4 064 181	1 806 607
Other liability items	11 026	(7 226 043)
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.14)	(50 506 018)	47 140 027
OTHER INFORMATION:		
Capital asset acquisitions included in accounts payable as at March 31	5 168 557	2 541 083
Proceeds of disposition of capital assets included in receivables as at March 31		
Other items not affecting cash and cash equivalents (specify P297)	(7 517 478)	(6 480 060)
INTEREST:		
Creditor interest (revenue)		
Interest received (revenue)		
Interest received (expenses)	5 060 930	7 143 709
Interest spent (expenses)	727 514	2 598 239



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Regional Administration

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

Chisasibi Regional Hospital

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

Recruitment Centre

1055 René Lévesque Boulevard East
7th floor
Montreal, QC H2L 4S5
1-877-562-2733
jobs.reg18@ssss.gouv.qc.ca

Public Health Department

168 Main Street
Mistissini, QC G0W 1C0
418-923-3355
Montreal 514-861-2352

Wìchihîtuwin

Chisasibi Hospital
819-855-9019

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

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

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

Youth Healing Services

Reception Centre

282 Main Street
Mistissini, QC G0W 1C0
418-923-3600

Youth Protection Hotline

1-800-409-6884

COVID-19 Info-line

866-855-2811

Wìchihîwâuwin Helpline

833-632-4357 (HELP)

Robin's Nest Women's Shelter

855-753-2094

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COMMUNITY MIYUPIMÂTISIÛN CENTRES (CMCS)

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302 Queen Street
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ᑦᑦᑦᑦ Nemaska CMC

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819-673-2511

ᑦᑦᑦᑦ Oujé-Bougoumou CMC

68 Opataca Meskino
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1 West Aspen
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60 Maquatua Road
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ᓴᓐᓴᓐ Whapmagoostui CMC

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



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

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