Chairperson's Report 2007-2008

Since March 2001, I have been the representative of the Cree Regional Authority on the Board of Directors of the Cree Board of Health and Social Services of James Bay. After four years, as Chairperson of the CBHSSJB, I look back on the immense development achieved in health and social services, since the signing of the Cree/Quebec Health Agreement in March 2005. Without a doubt the managers have had their day-to-day work cut out for them to ensure accountability and proper reporting on the implementation of the Strategic Regional Plan, which was the basis of the development plan from 2004 to 2009.

The board of directors along with the regional implementation team play a strategic role in providing orientation and direction for the development process. The CBHSSJB has 92 managers according to the organizational chart approved by the board of directors in July 2007, and they are mainly responsible for the day-to-day administration of health and social programs and services throughout Iiyiyiu Aschii.

The roles and responsibilities of the Executive Director and the Chairperson have been clearly redefined to ensure no overlap. This was one of the conditions required before a Ministerial approval was given on November 22, 2007 for filling the full-time remunerated Chairperson position. The Cree Nation now has the capacity to elect, by general election, the Chairperson, for a four-year mandate, with elections scheduled for mid-September 2008. Thereafter, once the Chairperson is elected, the GCCEI/CRA Council/Board will appoint this person as the CRA representative on the board of directors of the CBHSSJB.

Following the legislative amendments regarding the composition of the board of directors, the board membership has been reduced from 16 to 13 members. With three seats abolished, including that of Director of Public Health, there is now one seat for the clinical staff and one seat for the non-clinical staff. The observer status for Washaw Sibi still stands along with the representation of the Executive Director on the Board of Directors.

The structural changes in the organization prompted the review of the structure and mandates of the Councils and Committees of the Board. The Moses Petawabano Commission (MPC) set up in 2001 oversees the organizational structure changes related to the S.5 law governing the Health Board, internal policies and By-law No. 8.

The Council of Physicians, Dentists and Pharmacists, and the Council of Nurses have revised extensively their structure and by-laws. The Council of Social Services, former Social Services Committee, is in the process of revising its mandate and structure, yet to be approved by the board of directors. The Council of Chisasaayuch (with proposed eight members) established a year ago, is in the process of finalizing its mandate, structure and membership. The board of directors has yet to approve this initiative for 2008-2009. All other *ad hoc* and existing committees' reviews are still ongoing. Given all the legislative amendments, the MPC still has the task of amending policies and by-laws that reflect the changes for general elections, and the composition of the Board.

As well, the major policy revisions are related to the Code of Ethics and the Complaints Policy, Structure and Process to be ready for approval in 2008-2009. With the integration of services at the local level still ongoing, and the decentralization of decision making entrusted to the local Directors, work in progress will continue to coordinate internal procedures, protocols, regulations, and other administrative processes.

The resources that were allocated for development in the five-year Health Agreement completed the operational and budget planning from 2004-2009. The challenge now is how quickly the implementation can be attained with all its multi-faceted implications. The CBHSSJB has completed its orientation on the use of its new development resources, including the large capital envelope available for new clinics, expansions and other facilities. Since August 2007, the construction of the new Wemindji CMC is underway with a completion date in December 2008. The planning of the Mistissini CMC with extended services awaits the approval of the MSSS, which is expected early this spring 2008. Planning and design are to be completed by the spring of 2009 and construction will hopefully start in the summer of 2009. The board of directors approved in December 2008, the global planning of the next new clinics in Eastmain, Nemaska, Chisasibi, along with the clinic expansions of Waskaganish, Waswanipi, Ouje-Bougoumou, and Whapmagoostui.

The effort to create a partnership with other Cree organizations for First Responders, ambulance service, adapted transportation as well as regional programs and services has created extensive dialogue amongst the partners in the past year. The Cree Regional Authority, Cree Nation Youth Council, Cree Regional Elders' Council, Cree School Board and other entities with the CHB are committed to work together on their common mandates and objectives to create a cohesive partnership.

This past year, the Leadership of the Cree Nation through the office of the Grand Chief set in place a Cree Leadership Forum process to inform one another of their respective developments and activities, with a commitment to have four meetings a year. This initiative demonstrates a positive step and a commitment to work together for the benefit of the Cree population, which we all serve according to our respective roles and mandates.

As I prepare my departure as Chairperson of the CBHSSJB, and set in place the office of the first Chairperson to be elected by the beneficiaries of the Cree Nation, I am fully conscious that it has been a great honour to have served our people in the health and social sector for the last seven years, and more so, for the last four years as Chairperson. I can say that many people supported us in these challenging times, from the Minister of Health, Dr. Philippe Couillard; MSSS representatives, Louise Montreuil and Christine Beaulieu; the Steering Committee members, who have the task of accounting to the MSSS for the use of resources for the health and social services, namely, Abel Bosum, Cree negotiator, and Me Robert Mainville, Senior legal counsel for the GCCEI/CRA; SRP Principle Consultant, Marcel Villeneuve, and Me John Hurley, CHB legal counsel, along with the Executive Director, Mabel Herodier.

I look back and say, thank you, James Shecapio, for your vision, for your firm belief and foresight of what was possible, and what could be attained, and eventually was. I dedicate this last message, as Chairperson, in memory of your endeavours that have brought much to fruition, according to your dreams of what was possible to improve in the health and social services of a our Nation. It was an honour to have followed in your footsteps.

To all previous Executive Directors who worked with me, as well as previous and present board members, you have been my inspiration and solid support. Thank you for having the patience to sit through all the long meetings, and to make major decisions in order to keep things moving forward. To the support staff of the Executive office, you are indispensable and hardworking. Thank you for your unconditional support. I know that we did not always make it easy for you, but your unshakable presence always reassured me that we would get through all the difficult moments encountered. For this, I thank you very much, from the bottom of my heart.

Last, but not least, to the dedicated staff of the Cree Health Board, who come from all walks of life, with the varied skills, expertise and experience, thank you for being there, in the frontlines to provide care to the Cree population. Your contribution is too often overlooked, yet cannot be forgotten. It is you who make the machine keep going on a daily basis. No matter what position you hold, each has contributed greatly to the overall success in the implementation of new programs and services for the benefit of the Iiyiyiuch of Iiyiyiu Aschii.

Respectfully,

Dianne Reid
Chairperson CBHSSJB

Office of the Executive Director

The least that can be said is that it has been very challenging for the management of this organization throughout this past fiscal year, as 2007-2008 was the fourth (4) year of the implementation of the terms and conditions of the Health Agreement 2004-2009.

The challenges we faced in order to deliver the results expected by first, the Board of Directors of the Cree Board of Health and Social Services of James Bay, second, the tripartite membership of the Steering Committee with the CHB, the GCCQ/CRA and the MSSS, and finally, the Ministry of Health and Social Services of Quebec, tested not only the skills and capabilities of the Executive management but their confidence and faith in themselves and their abilities and that of their respective teams and support teams mainly, the Regional Implementation Team. I am proud and truly honoured to report that they have overcome the most difficult of all these challenges and now 2008-2009 is a year planned in a manner that will allow the teams to produce positive and constructive results for the implementation process, as envisaged and anticipated in the ever-present and inspiring Strategic Regional Plan.

The first challenge was to finalize an organizational chart adhering to the terms and conditions of the funding framework and to overcome this challenge we needed to formulate a plan that would best meet the intent and purposes of the Strategic Regional Plan, the basis upon which the agreement was reached with the MSSS in 2004. Furthermore, the Board of Directors instructed management to ensure that the structure allows for the majority of the resources to be allocated to the community operations while at the same time, ensuring the means for the organization to fully implement the models for the integration of services and the decentralization of some of the administrative services and decision-making. The first phase of this challenge was accomplished in July 2007.

Organizational Chart 2007-2008:

There are three main features of the new organization design as a result of the SRP developments:

1 *Expanded services accessible to the Cree, with a focus on local services wherever possible and practical*.

- This relates to the orientations to improve both services and the overall health of the Cree. In this design, the main change from the old organization is the introduction of twenty-seven new managers in the nine (9) communities, to provide sound direction and support to community services.

2 *Bringing together, in one Group (Pimuhteheu), all program planning, program design, evaluation, quality assurance, professional practice and the legal Public Health mandate*.

- Streamlined and easily understandable management structure and responsibilities are provided in the context of expanded program and service offerings and the orientation to integrate prevention and promotion with other on-going programs and services.

3 *Bringing together under one Group (Miyupimaatisiiun) the responsibility for all service delivery.*

- To ensure effective support to service delivery, two positions, Assistants to the AED, Miyupimaatisiiun, have been created – one for programming and one for operations. The growth of scope and volume of services requires this kind of support to make the AED Miyupimaatisiiun role possible.

The second challenge was to revise the project for the construction of the "Community Miyupimaatisiiun Centre" for Wemindji and to align this with the specifications as agreed to in the capital envelope component of the agreement. We met all the conditions required, an approval was granted by the Minister of Health and Social Services of Quebec and an agreement signed with CCDC/Tawich in August 2007. Construction began in September 2007.

The third challenge was to arrive at a balanced budget for the final year of the agreement, 2008-2009. To achieve this obligation, the organization had to first produce the operational planning for the years 2007-2008 and 2008-2009. This planning had to be aligned with the results achieved as outlined in the first challenge. It was a very trying time for the organization as this exercise took a period of nine (9) months before it was completed. As management was still required to produce a balanced budget for 2008-2009 in December of 2007, we finally used the means necessary to meet this obligation without the full benefit of a complete operational plan. The revisions to the operational planning for 2008-2009 were completed in February 2008.

The fourth challenge was to develop an approach to enable management to carry out the terms and conditions of the $112 M capital project portion of the agreement, 2004-2011, and this was approved by the Board of Directors in December 2007.

Capital Envelope: 2007-2008

It was crucial to agree to and to have an approval for a global process to initiate the construction projects for the remaining eight (8) Community Miyupimaatisiiuin Centres and other smaller construction projects from the Board of Directors of the CHB by December 2007. There are six (6) main components that are integrated in this global process:

1. *Ensure that all processes and procedures were planned and organized to best oversee and manage the developments during the construction of the Wemindji Miyupimaatisiiun Centre;*

2. *Ensure full accountability of all the smaller construction projects as well as the planning and organization to realize the remaining projects;*

3. *Ensure full credibility of the second (2^{nd}) project, which is the Mistissini Community Miyupimaatisiiun Centre. Construction projected to begin in the spring of 2009;*

4. *Ensure that all steps were identified and planned for the new Miyupimaatisiiun Centres for Eastmain and Nemaska. Construction projected to begin in the spring of 2010;*

5. *Ratify the amount of square metres needed for the extensions to the Miyupimaatisiiun Centres for Whapmagoostui, Waskaganish, Ouje-Bougoumou and Waswanipi. Begin the process of planning and organizing, in partnership with the communities, how this will be accomplished. Construction projected to begin in the spring of 2010;*

6. *Ratify the three (3) options that are contemplated for the Chisasibi Community Miyupimaatisiiun Centre and the Regional Hospital. Construction projected to begin in the spring of 2010.*

The challenges indicated are significant as these were the primary steps that needed to be completed in order to allow for the organization to fully implement the Health Agreement 2004-2009.

As we move forward with all the implementation plans, we also need to concentrate on building and improving our work environment. Strong and confident teams help improve overall work performance, another component needed to successfully improve and increase services and programming in all areas and at all levels.

We will continue to hope that with each accomplishment, this organization comes closer to an "ideal" that will best support and help enable our communities and our citizens in their pursuit to improve their overall health and well-being.

We remain at your service,

Mabel Herodier
Executive Director

Reports from the Executive Director's Advisory Team

Human Resources

The Human Resources Advisor supports files and projects which are the Executive Director's responsibility. Last year's major achievement was the finalization and adoption of modifications to the organization chart by the Board of Directors in July 2007. This was required as a result of the growth and complexity of programs and services brought about by the Strategic Regional Plan. As a result of this development, job descriptions are being revised.

In the fall of 2007, the Human Resources Advisor was assigned to oversee the Masters Degree Program in Public Administration offered by l'École nationale d'administration publique (ENAP). His objectives are to establish a liaison and to support the Preparatory Program, by collaborating with ENAP in the development of a Masters program. This investment will expand the institutional capacity.

The Human Resources Advisor also participates in other files and committees, the most important one being the Regional Implementation Committee.

Peter Atkinson
Human Resources Advisor

Special Projects

The Special Projects Advisor to the Executive Director supports the administrative and management processes. Due to the extent of the work required for the full implementation of the Strategic Regional Plan, this position also includes support to the obligations of the Office of the Chairperson. It is frequently required to provide the ground-work for management before items can be addressed by the Executive Committee or the Board of Directors.

Mistissini CMC PFT

Work continued to complete the PFT (Plan Fonctionnel Technique) for the Mistissini CMC. By March 2008, 90% of the PFT was finished. The challenge of the PFT was the evolution of the organization into a new configuration of services and ensuring that the PFT reflects their description and organization, as well as technical aspects and facility arrangement.

Healing Conference

At the 2007 Annual General Assembly of the GCEEI/CRA, a resolution was adopted endorsing a Cree Nation Healing Conference. Within this resolution, a Regional Joint Committee was established and the requirements were that Cree entities would identify a representative who would be a member of this Committee. Other Cree entities and organizations expected that the Cree Board

of Health and Social Services of James Bay would take the lead on this project. Without clear direction of the Regional Joint Committee, the CBHSSJB secured the services of a coordinator under my supervisor who was given the responsibility of planning, organizing and supervising the work that was required to realize this initiative. The Conference took place on Fort George Island and was well attended.

Cree Policy on Social Wellness

The long-term goal as envisioned within the Strategic Regional Plan is to create within three (3) to four (4) years, a reference for all entities in developing social program policies and procedures that reflects a "Cree" way of social wellness. This is now referred to as a Cree Policy on Social Wellness. To ensure that we develop a policy that encompasses all aspects of wellness in every facet of Cree Life, we started an initial consultation with the Elders, Youth, the Grand Council, and the Board of Directors of the Cree Health Board, the Social Services Council, and the Cree School Board. All entities have responded well to date and have committed to continue collaborating and working in partnership with the CBHSSJB.

An overall design of the project is being prepared for the adoption by the entities. A Task Force will guide the process, which has several phases. The goal is to establish a framework of reference, which all entities and individuals can use in the development of future services and programs in the area of Social Wellness.

Non-Insured Health Benefits

The Special Projects Advisor provided assistance and worked as a team member to begin the process of a strategic review of the NIHB program. The goal in this on-going work is to have a satisfactory regime in the access and management of Non-Insured Health Benefits for all beneficiaries of the JBNQA.

Community Miyupimaatisiiun Committees

The "re-establishment" of the Local Health Committees under the auspices of "Community Miyupimaatisiiun Committees" is seen as one of the priorities of the Cree Health Board in its relationship with the communities. A draft of the Terms of Reference is to be reviewed by the Executive Committee and the Board of Directors. The intent is to work in collaboration with the communities to draft a by-law that would incorporate all issues related to health, social and public health matters deemed essential by the communities.

The Special Projects Advisor participates in certain strategic discussions at the Executive Committee, sits on particular Selection Committees as required, and represents the Cree Health Board in meetings with Federal, Quebec and Grand Council officials.

James Bobbish
Special Projects Advisor

Cree Succession

Goals in progress:

- Succession Planning Framework
- Process to identify short-term priorities
- Process to identify key management positions to be filled
- Process to identify human resources positions to be filled through recruitment and attraction of permanent positions
- Process to identify and acquire technical resources to achieve the goals.

Future challenges:

- The creation and management of constructive relationships in the shared-resources and shared-achieving objective of developing human capital
- The development and improvement of partnerships/ networks in the management and development of human resources by emphasizing the talent management strategy
- The creation of individual profiles of retained personnel and maintenance of the profiles as part of the Cree succession management.

Annie Bobbish
Cree Succession Advisor

Council of Chishaayiyuu

In 2007-2008, six members of the Regional Council of Elders were appointed to sit on the Council of Chishaayiyuu. They are Smally and Laurie Petawabano of Mistissini, Robbie and Sally Matthew of Chisasibi, and Robbie and Elizabeth Dick of Whapmagoostui. Although not officially appointed by the Cree Board of Health and Social Services in 2007-2008, the six members were involved from the beginning of their appointments. They assisted in the development of their terms of reference, which is as follows:

The Council of Chishaayiyuu is an advisory body to the Board of Directors that shares Cree Traditional Knowledge, values, philosophy and principles with the Board and ensures that it understands that Knowledge. It also has a dual role as a Governance Steering Committee to the Assistant to the Executive Director for Nishiiyuu Pimaatisiiun (Cree Helping/Healing Methods) in the development of programming in this area.

Objectives

- Define the meaning of Traditional Knowledge and to assist in the understanding and the application of that Knowledge
- Share and transfer the Cree Knowledge, values, philosophy and principles with the Board on all matters deemed pertinent by the Council and Board
- Ensure that the Board understands the Cree Traditional Knowledge, values, philosophy and principles
- Act as a Governance Steering Committee to the Assistant to the Executive Director for Nishiiyuu Pimaatisiiun in the development of programming and a Technical Functional Program (PFT) in this area
- Provide guidance and share the Elders and Traditional perspective on matters brought to it through the Executive Management and ensure that the Executive Management/Executive Director/Assistant to the Executive Director for Nishiiyuu Pimaatisiiun understands the teachings
- Play a role analogous to the Committee of Medical Doctors and Professionals
- Share the Knowledge of Cree medicines and the healing/"helping" methods to be used in the implementation of the programs to be developed
- Develop a mechanism, in conjunction with the Working Group, that will minimize any political or professional interference that may arise during the programming development and implementation phase
- Create a terminology for the Cree knowledge of the human anatomy
- Be the liaison between the Regional Council and local Councils of Elders and the Cree Board of Health and Social Services in James Bay (Cree Health Board)
- Ensure that the rights, values, and Traditional Knowledge are protected during the research phase.

The members have attended two meetings of the Board of Directors, acting as advisors and making recommendations when requested. They also attended the Special General Assembly on Health held in Nemaska in November 2007. They have assisted in the development of a framework for research in the James Bay territory, met with the researchers involved in the Traditional Medicines for Diabetes project and with the team working on the development of a Cree Social Policy.

Under the "Strategic Regional Plan to Improve Health and Social Services", there were ten (10) orientations to "guide and shape the means to be used to achieve the objective of "Building a Strong and Healthy Cree Nation". Orientation 8 was to provide integration for traditional approaches to medicine and social services (Cree Helping Methods). The Elders renamed this **Nishiiyuu Pimaatisiiun** to better reflect Cree culture.

Four objectives were described to ensure the success of this program:

- Establish a Council of Elders to act as an advisory body and Steering Committee to the Board
- Develop a framework for research of Cree healing and counselling methods
- Identify the training requirements in all services in order to implement and integrate Cree healing methods
- Develop awareness programs for the communities and both Cree and non-Cree employees of the CBHSSJB

In 2007-2008, the following was completed: terms of reference for the Council of Chishaayiyuu, a framework for research, an awareness/orientation tool entitled "The Cree and Social Impacts of Historic Events in James Bay". The identification of training requirements in all services was started. Throughout all this, the Council of Chishaayiyuu has provided the guidance and new insights into how the Nishiiyuu Pimaatisiiun program could be developed.

Janie Pachano
Council of Chishaayiyuu

Non-Insured Health Benefits

The Cree Board of Health and Social Services of James Bay is responsible for, and has jurisdiction over the provision of health and social services in Iiyiyiu Aschii. Such responsibility and jurisdiction is stipulated in Section 14 of the *James Bay and Northern Quebec Agreement* and related legislation. The JBNQA is also recognized as a modern-day treaty in the Canadian Constitution.

NIHB services are normally provided through the Federal government as applied to all eligible Native people in Canada. All applicable Federal programs, including non-insured health benefits, in force at the time of the signing of the JBNQA are to be included in the funding from Quebec as part of the operations of the CBHSSJB.

The provision of NIHB was discussed with the MSSS, as a specific issue that had contributed to important deficits of the CHB prior to the year 2000. In addition to other subjects discussed with the Ministry, the CHB arrived at a specific agreement with the Ministry regarding NIHB. In this agreement, the CHB is accountable for the good management of the Cree NIHB Program. Quebec provided a specific, protected and rectifiable budget to address the individual medical needs of JBNQA beneficiaries according to specific guidelines.

A program review has been partially completed, and an Interim Report was submitted to the Executive Committee. This Interim Report was submitted to the Board of Directors in April 2008 for information, discussion, and to get further direction. The Board authorized, within the fiscal year 2008-2009, the development of a comprehensive policy regarding the protection and sustainability of non-insured health benefits for JBNQA beneficiaries. The Board of Directors of CBHSSJB fully recognizes and acknowledges the discrete nature of NIHB as an over-arching program within its operations.
The development of a comprehensive policy will serve as a framework for future development of revised and updated operational policies; to orient managers and employees to better understand the Cree NIHB Program; and, to help determine where on the matrix organization chart the Cree NIHB Program will be situated. The policy would also serve to have a mutual understanding with the Ministry on the nature of the program, and to demonstrate that the CBHSSJB is doing all things necessary to manage the Program in an accountable manner for all concerned.

The committee working on the development of this policy will be composed of: Advisor to the Cree NIHB Program; Advisor to the Executive Director, Special Projects; Assistant Executive Director, CMC Group; Director of Planning, Programming and Evaluation; Policy Analyst Consultant as required; and, Legal Counsel as required.

Helen E. Atkinson
NIHB Advisor

Commissioner of Complaints and Quality of Services

Introduction

The CBHSSJB has retained the services of a full-time commissioner of complaints, who has held this position since September 2007. Prior to that date, a part-time commissioner was in position since 2005.

Since the CBHSSJB operates under R.S.Q. Chapter S.5 *An Act respecting Health Services and Social Services for Cree Native Persons* the organization is committed to setting up a quality control of services, which includes a quality assurance secretariat within its administration, and a revised complaints policy with the services of a Commissioner of complaints.

The primary role of the Commissioner of complaints is to review the outdated policy of complaints and propose a new policy realigned with Section 3 of R.S.Q. Chapter S-4.2 *An Act Respecting Health Services and Social Services*. In addition, the commissioner is required to provide quarterly reports to the Board of Directors.

At this point in time, the Commissioner compiles the duties of both local and regional commissioners as she receives and processes complaints for all the services of the agency.

In the process of evaluating the existing policy of complaints, it became clear that a major component required to produce an updated policy was missing. This component was the Code of Ethics which reflects the mission, values and guidelines of the organization. At the December 2007 Board of Directors' meeting, a mandate was given to the Moses-Petawabano Commission to address the issue of the Code of Ethics. In March of 2008, the Moses-Petawabano Commission mandated the Commissioner of complaints, along with legal counsel, to prepare a draft Code of Ethics which would reflect the realities of the region's populations and the dispensed services.

As the issue of the code of ethics and policy revision will require legislative amendments, all recommendations are first reviewed by the Moses-Petawabano Commission.

Contents

In the management of complaints, the new Commissioner took over the outstanding complaints as of September 2007 and began handling new complaints as of this date. The present report compiles:

- The complaints managed by both commissioners during the past year
- The complaints managed by the medical examiner
- The summary of complementary activities which are part of the commissioner's role
- The status of recommendations made by the commissioner

Table 1 Summary of complaints 2007-2008

Responsible for the treatment of complaints	Complaints outstanding at the beginning of present period	Complaints received during present period	Complaints concluded during present period	Complaints outstanding at the end of present period
Commissioner of complaints	30	42	62 (28 outstanding) (34 new)	10
*Medical examiner	3	9	1	11

* The difficulty in recruiting and retaining the services of a medical examiner has left an outstanding number of complaints in this area.

Table 2 Summary of new complaints by category 2007-2008

Area of complaint	Number resolved	Number in process
Quality of services	23	4
Organization of environment and policies	2	2
Personal conflict and unethical behaviour	8	3
Access to service	1	
Total	**34**	**9**

Table 3 Delays in treatment of complaints

Delay period	Number of complaints
1 to 10 days	5
11 to 30 days	15
31 to 45 days	6
More than 45 days	8
Total	**34**

Table 4 Outcome of interventions

Type of outcome	Number of complaints
Corrective measures	17
Improvement measures	4
Conciliation	5
Clarification	5
Intercession/liaison	3
Total	**34**

Table 5 Summary of outstanding complaints by category

Area of complaint	Number resolved
Quality of services	7
Organization of environment and policies	5
Personal conflict and unethical behaviour	12
Work performance	4
Total	**28**

Complementary Activities of the Commissioner

The Commissioner of complaints and quality of service is involved in various activities both within the organization and at the Regional level.

Internally

- Managing complaints and proposing recommendations including corrective measures and quality improvement measures
- Participating in the Moses-Petawabano Commission when required
- Proposing adequate structure for the respect of user's rights and the management of complaints

Externally

- Participating in the regional meeting of the Commissioners of Quebec
- Participating in meetings with the Quality of Services Dept. of the MSSS

Summary of interventions for 2007-2008

The commissioner of complaints has intervened in the following capacity:

Complaints

Dissatisfaction expressed by a user or his or her representative in relation to services he or she has received, should have received or is receiving.

Complaints regarding a physician, a dentist, a pharmacist or a resident

Dissatisfaction expressed by a user or his or her representative in relation to the behaviour, attitude or competency of a physician, a dentist, a pharmacist or a resident including dissatisfaction regarding the quality of an act related to the professional activity of any of the above.

Assistance

Request formulated by a user or his or her representative who aims to obtain access to a service, information or assistance in his or her communications with a staff member, or assistance in formulating a complaint with another authority.

Intervention

Action undertaken by the commissioner following information communicated to her by a person or a group when the rights of a user or several users are at stake.

Summary of activities excluding complaints

Type of activity	Number of interventions
Assistance	6
Intervention	1
Total	**7**

Status of recommendations made by the commissioner
This report does not list the recommendations made by the commissioner but rather highlights areas where recommendations were made:

- Several recommendations were made by the commissioner concerning missing protocols for various services in the organization
- Guidelines and service agreement contracts to be designed for contracted services with alternative resources
- An intranet web-site to be set up regrouping all policies for easy access for staff
- A Web site to be created providing all information on various policies and procedures for users including all procedures related to inter-agency services
- A code of ethics to be submitted for approval to the Board of Directors following consultations with target groups of staff and users

Ann Marie Awashish
Commissioner of complaints and quality of services

Introduction

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

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

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

Local Community Service Centre now called Community Miyupimaatisiiun Centres
Hospital Centre
Social Services Centre
Reception Centre

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

Public Establishments

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

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

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

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

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

Community Miyupimaatisiiun Centres

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

Waswanipi CMC
(Quebec)
J0Y 3C0
Tel.: (819) 753-2511

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

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

Waskaganish CMC
James Bay (Quebec)
J0M 1R0
Tel.: (819) 895-8833
Tel.: (418) 745-3901

Ouje-Bougoumou Healing Centre
68 Opatica Street P.O. Box 37
Ouje-Bougoumou
G0W 1C0

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

Mistissini CMC
Mistissini Lake
Quebec
G0W 1C0
Tel: (418) 923-3376

Cree Board of Health and Services of James Bay
Members of the Board of Directors
From April 1, 2007 to March 31, 2008

The Board of Directors consists of the following members:

One (1) Cree representative for each of the distinct Cree communities of the region usually served by the Board is elected for three (3) years from among and by the members of the community that she or he represents:

Denise Brown — Vice-Chairperson
Eastmain representative

James Bobbish
Chisasibi representative

George Masty
Whapmagoostui representative

Angus Georgekish
Wemindji representative

Shirley Diamond
Waskaganish representative

Bella M. Petawabano
Mistissini representative

Lily Sutherland
Waswanipi representative

Darlene Shecapio-Blacksmith
Ouje-Bougoumou representative

Stella Moar-Wapachee
Nemaska Representative

One (1) Cree representative elected for three (3) years by the Cree Regional Authority:

Dianne Reid — Chairperson
Cree Regional Authority representative

Prior to the legislative amendments regarding the composition of the Board of Directors, three (3) representatives were elected for three (3) years from among and by the persons who are members of the Clinical Staff of any establishment of the said region, with a maximum of one representative for each professional corporation:

Following the legislative amendments regarding the composition of the Board of Directors, there is now only one (1) seat for the Clinical Staff (for any of the professional corporations) on the Board of Directors. Two (2) seats have been abolished.

François Lavoie
Clinical Staff Council of Physicians, Dentists and Pharmacists

Seat abolished
Clinical Staff (Nursing)

Seat abolished
Clinical Staff (Social)

One (1) representative elected for three (3) years among and by the members of the Non-clinical Staff of any establishment of the said Region:

Vacant
Non-clinical Staff

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

The seat has now been abolished
Public Health Representative

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

Mabel Herodier
Executive Director

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

Cree Board of Health and Social Services of James Bay
Members of the Administrative Committee
As of March 31, 2008

Dianne Reid	CRA representative - Chairperson
Mabel Herodier	Executive Director
Bella M. Petawabano	Mistissini Representative
Angus Georgekish	Wemindji Representative
François Lavoie	Clinical Staff

There have been seven (7) meetings of the Administrative Committee during this period covered by the annual activity report.

Members of the Audit Committee
As of March 31, 2008

Lily Sutherland	Waswanipi Representative
George Masty	Whapmagoostui Representative
Angus Georgekish	Wemindji Representative

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

Management List

General Management

Mabel Herodier	Executive Director
James Bobbish	Management Advisor – Special Projects
Dolores Audet-Washipabano	Executive Assistant
Laura Moses	Corporate Secretary
Richard St-Jean	Assistant to Executive Director – Corporate Planning, Programming, Evaluation and Development
Janie Pachano	Assistant to Executive Director – Eenou/Eeyou Pimaatissiiun (contract)
Peter Atkinson	HRD Consultant
Annie Bobbish	Succession Planning
Helen Atkinson	NIHB Advisor
Vacant	Coordinator of Communications

Public Health/Pimuhteheu

Dr. Yv Bonnier Viger	Director of Public Health/Assistant Executive Director Pimuhteheu
Paul Linton	Director of Chishaayiyuu Miyupimaatisiiun
Manon Dugas	Director of Uschiniichisuu Miyupimaatisiiun
Bella Moses Petawabano	Director of Awash Miyupimaatisiiun Unit
Jill Torrie	Director of Specialized Services
Paula Rickard	Director – Social Professional Services and Quality Assurance (Regional) (Interim)
Hélène Nadeau	Director – Nursing Professional Services and Quality Assurance – Health
Vacant	Director – Regional Medical and University Affairs and Professional Services
Pierre Larivière	Coordinator of Pre-Hospital Services
Jocelyne Gagné	Head of Mental Health Program
Rachel Martin	Head – PH Administrative Unit

Administrative Services

Robert Larocque	Assistant Executive Director-Administrative Services
Lily Bobbish	Executive Assistant
Nancy Bobbish	Director of Human Resources
Rena Matthew	Coordinator of Human Resources Management
Jean-Pierre Charbonneau	Human Resources Advisor
Francine Noël	Coordinator – Human Resources Development Unit

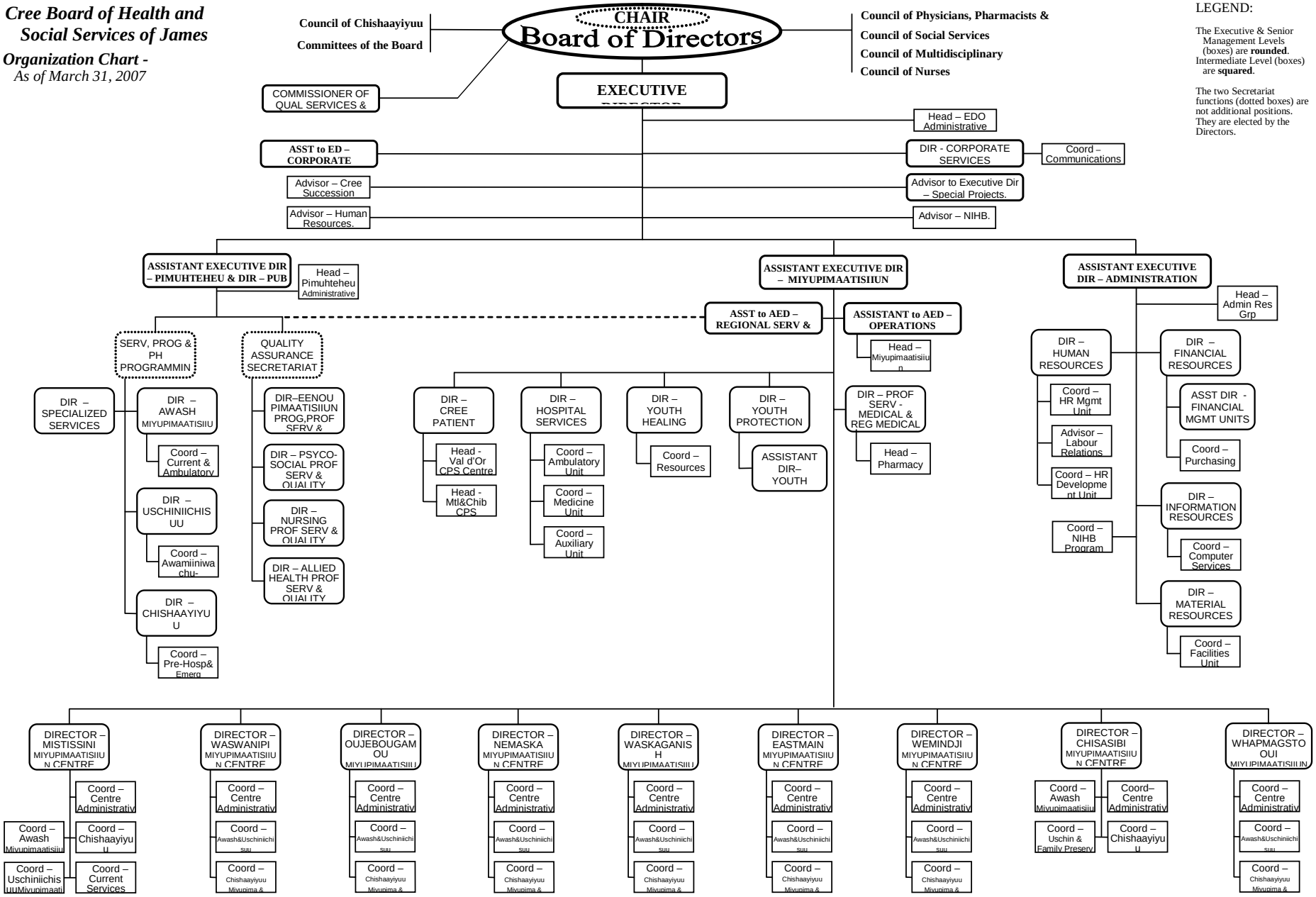
Patrick Côté	Director of Information Technologies and System Resources
Martin Meilleur	Director of Financial Resources
Vacant	Assistant Director Financial Management
Gordon Matthew	Head of Purchasing
Nora Bobbish	Head of NIHB-Program
Richard Hamel	Director of Material Resources (Interim)
Vacant	Coordinator – Facilities Unit

AED- Miyupimaatissiun

Lisa Petagumskum	AED – Miyupimaatisiiun
Janie Moar	Assistant to AED – Operations
Vacant	Assistant to AED – Regional Services
Sherry Ann Spencer	Head Miyupimaatisiiun
Louise Carrier	Head of Current Services
Janie Wapachee	Coordinator of MSDCs
John George	Local Coordinator – Whapmagoostui
Jules Quachegan	Local Coordinator – Chisasibi
Elmer Georgekish	Local Coordinator – Wemindji
Rita Gilpin	Local Coordinator – Eastmain
Bert Blackned	Director Waskaganish Miyupimaatisiiun Centre
Louie-Rene Kanatewat	Head of Administrative Unit
Beatrice Trapper	Director Nemaska Miyupimaatisiiun Centre
Alan Moar	Local Coordinator – Waswanipi
Susan Mark	Director of Ouje-Bougoumou Miyupimaatisiiun Centre
Annie Trapper	Director Mistissini Miyupimaatisiiun Centre
Paul Iserhoff	Head of Administrative Unit
Martin Nyles	Head of Current Services
Louella Meilleur	Head of Awash Miyupimaatisiiun
Taria Coon	Head of Uschinichisuu
Agathe Moar	Head of Chishayiyuu Miyupimaatisiiun
Bryan Bishop	Director of Youth Protection
Mary Bearskin	Assistant Director of Youth Protection
Caroline Rosa	Director of Cree Patient Services
Jasmine St-Cyr	Head –Val d'Or CPS
Céline Laforest	Head –Montreal and Chibougamau CPS-Interim
Louise Gagnon	Director of Hospital Centre
Guylaine Martin	Coordinator of Medecine and Support Unit
Christian Antaya	Coordinator of Ambulatory Services Unit
Marco Bissaillon	Coordinator of Auxiliary Services Unit
Gordon Hudson	Director of Youth Healing Services
Vacant	Coordinator of Resources

Cree Board of Health and Social Services of James

Organization Chart -
As of March 31, 2007



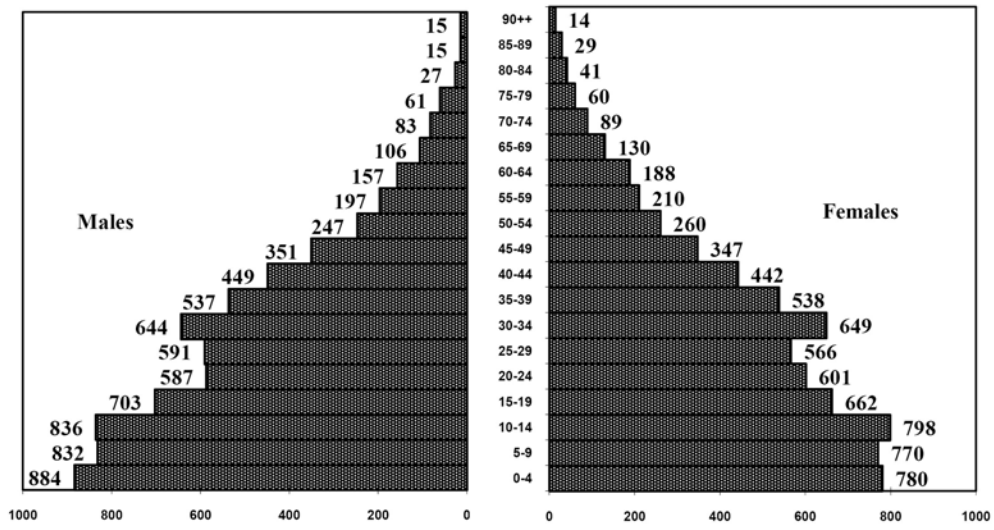
LEGEND:

The Executive & Senior Management Levels (boxes) are **rounded**. Intermediate Level (boxes) are **squared**.

The two Secretariat functions (dotted boxes) are not additional positions. They are elected by the Directors.

Cree Population Statistics

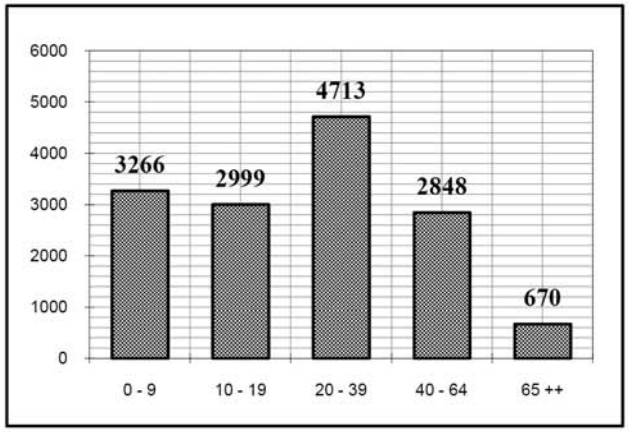
Region (resident)	MALE	%	FEMALE	%	TOTAL	% POP
0-4	884	53.13%	780	46.88%	1664	11.48%
5-9	832	51.94%	770	48.06%	1602	11.05%
10-14	836	51.16%	798	48.84%	1634	11.27%
15-19	703	51.50%	662	48.50%	1365	9.42%
20-24	587	49.41%	601	50.59%	1188	8.20%
25-29	591	51.08%	566	48.92%	1157	7.98%
30-34	644	49.81%	649	50.19%	1293	8.92%
35-39	537	49.95%	538	50.05%	1075	7.42%
40-44	449	50.39%	442	49.61%	891	6.15%
45-49	351	50.29%	347	49.71%	698	4.82%
50-54	247	48.72%	260	51.28%	507	3.50%
55-59	197	48.40%	210	51.60%	407	2.81%
60-64	157	45.51%	188	54.49%	345	2.38%
65-69	106	44.92%	130	55.08%	236	1.63%
70-74	83	48.26%	89	51.74%	172	1.19%
75-79	61	50.41%	60	49.59%	121	0.83%
80-84	27	39.71%	41	60.29%	68	0.47%
85-89	15	34.09%	29	65.91%	44	0.30%
90++	15	51.72%	14	48.28%	29	0.20%
Total	**7322**	**50.51%**	**7174**	**49.49%**	**14496**	**100.00%**



Ratio	Nb	Resident	%	% Region
Whapmagoostui	792	829	95.54%	5.78%
Chisasibi	3569	3869	92.25%	26.06%
Wemindji	1191	1262	94.37%	8.70%
Eastmain	571	617	92.54%	4.17%
Waskaganish	1856	1933	96.02%	13.55%
Nemaska	590	650	90.77%	4.31%
Waswanipi	1459	1503	97.07%	10.66%
Ouje-Bougoumou	604	670	90.15%	4.41%
Mistissini	3061	3163	96.78%	22.35%
Total	**13693**	**14496**	**94.46%**	**100.00%**

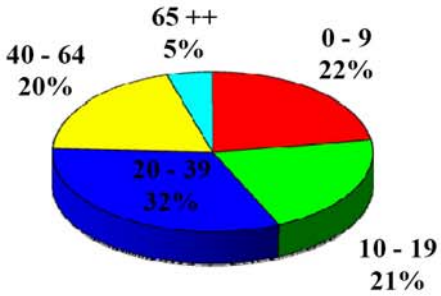
Age Groups (resident)
October 2007
Numbers

	0 - 9	10 - 19	20 - 39	40 - 64	65 ++	TOTAL
Whapmagoostui	183	218	223	162	43	829
Chisasibi	835	803	1264	781	186	3869
Wemindji	257	230	454	259	62	1262
Eastmain	109	142	200	122	44	617
Waskaganish	448	427	594	397	67	1933
Nemaska	147	114	231	135	23	650
Waswanipi	368	315	467	274	79	1503
Ouje-Bougoumou	169	143	230	108	20	670
Mistissini	750	607	1050	610	146	3163
REGION	**3266**	**2999**	**4713**	**2848**	**670**	**14496**



Age Groups (resident)
October 2007
Percentage

	0 - 9	10 - 19	20 - 39	40 - 64	65 ++	TOTAL
Whapmagoostui	22.07%	26.30%	26.90%	19.54%	5.19%	100.00%
Chisasibi	21.58%	20.75%	32.67%	20.19%	4.81%	100.00%
Wemindji	20.36%	18.23%	35.97%	20.52%	4.91%	100.00%
Eastmain	17.67%	23.01%	32.41%	19.77%	7.13%	100.00%
Waskaganish	23.18%	22.09%	30.73%	20.54%	3.47%	100.00%
Nemaska	22.62%	17.54%	35.54%	20.77%	3.54%	100.00%
Waswanipi	24.48%	20.96%	31.07%	18.23%	5.26%	100.00%
Ouje-Bougoumou	25.22%	21.34%	34.33%	16.12%	2.99%	100.00%
Mistissini	23.71%	19.19%	33.20%	19.29%	4.62%	100.00%
REGION	**22.53%**	**20.69%**	**32.51%**	**19.65%**	**4.62%**	**100.00%**



Group Ages (resident)	0 - 4	5 - 9	10 - 14	15 - 19	20 - 29	30 - 64	65-++
Region October 2007 (%)	11.48%	11.05%	11.27%	9.42%	16.18%	35.91%	4.62%

Outside Native Comm.	MALE	%	FEMALE	%	TOTAL	% POP
0-4	16	48.48%	17	51.52%	33	4.05%
5-9	42	60.87%	27	39.13%	69	8.47%
10-14	47	48.45%	50	51.55%	97	11.90%
15-19	40	45.98%	47	54.02%	87	10.67%
20-24	37	51.39%	35	48.61%	72	8.83%
25-29	37	46.84%	42	53.16%	79	9.69%
30-34	34	44.16%	43	55.84%	77	9.45%
35-39	33	52.38%	30	47.62%	63	7.73%
40-44	25	43.10%	33	56.90%	58	7.12%
45-49	21	50.00%	21	50.00%	42	5.15%
50-54	18	43.90%	23	56.10%	41	5.03%
55-59	12	37.50%	20	62.50%	32	3.93%
60-64	11	55.00%	9	45.00%	20	2.45%
65-69	3	27.27%	8	72.73%	11	1.35%
70-74	6	42.86%	8	57.14%	14	1.72%
75-79	2	33.33%	4	66.67%	6	0.74%
80-84	4	66.67%	2	33.33%	6	0.74%
85-89	1	25.00%	3	75.00%	4	0.49%
90++	3	75.00%	1	25.00%	4	0.49%
Total	**392**	**48.10%**	**423**	**51.90%**	**815**	**100.00%**

Outside Territory	MALE	%	FEMALE	%	TOTAL	% POP
0-4	23	56.10%	18	43.90%	41	10.35%
5-9	29	50.00%	29	50.00%	58	14.65%
10-14	29	47.54%	32	52.46%	61	15.40%
15-19	18	41.86%	25	58.14%	43	10.86%
20-24	18	45.00%	22	55.00%	40	10.10%
25-29	15	39.47%	23	60.53%	38	9.60%
30-34	14	41.18%	20	58.82%	34	8.59%
35-39	9	42.86%	12	57.14%	21	5.30%
40-44	9	45.00%	11	55.00%	20	5.05%
45-49	5	31.25%	11	68.75%	16	4.04%
50-54	6	54.55%	5	45.45%	11	2.78%
55-59	5	62.50%	3	37.50%	8	2.02%
60-64	2	66.67%	1	33.33%	3	0.76%
65-69	0	0.00%	2	100.00%	2	0.51%
70-74	0	0.00%	0	0.00%	0	0.00%
75-79	0	100.00%	0	0.00%	0	0.00%
80-84	0	0.00%	0	0.00%	0	0.00%
85-89	0	0.00%	0	0.00%	0	0.00%
90++	0	0.00%	0	0.00%	0	0.00%
Total	**182**	**45.96%**	**214**	**54.04%**	**396**	**100.00%**

Outside Province	MALE	%	FEMALE	%	TOTAL	% POP
0-4	0	0.00%	0	0.00%	0	0.00%
5-9	0	0.00%	0	0.00%	0	0.00%
10-14	12	0.00%	10	0.00%	22	2.95%
15-19	49	51.58%	46	48.42%	95	12.73%
20-24	50	55.56%	40	44.44%	90	12.06%
25-29	35	0.00%	39	0.00%	74	9.92%
30-34	36	52.94%	32	47.06%	68	9.12%
35-39	58	55.77%	46	44.23%	104	13.94%
40-44	39	0.00%	32	0.00%	71	9.52%
45-49	25	0.00%	29	53.70%	54	7.24%
50-54	21	0.00%	26	0.00%	47	6.30%
55-59	19	0.00%	13	0.00%	32	4.29%
60-64	10	0.00%	18	0.00%	28	3.75%
65-69	12	0.00%	11	0.00%	23	3.08%
70-74	5	0.00%	9	0.00%	14	1.88%
75-79	5	0.00%	5	0.00%	10	1.34%
80-84	1	0.00%	4	0.00%	5	0.67%
85-89	1	0.00%	4	0.00%	5	0.67%
90++	1	0.00%	3	0.00%	4	0.54%
Total	**379**	**50.80%**	**367**	**49.20%**	**746**	**100.00%**

	MALE	%	FEMALE	%	TOTAL	% POP
Grand Total Cree Pop 'Actif'						
0-4	923	53.11%	815	46.89%	1738	10.56%
5-9	903	52.23%	826	47.77%	1729	10.51%
10-14	924	50.94%	890	49.06%	1814	11.03%
15-19	810	50.94%	780	49.06%	1590	9.66%
20-24	692	49.78%	698	50.22%	1390	8.45%
25-29	678	50.30%	670	49.70%	1348	8.19%
30-34	728	49.46%	744	50.54%	1472	8.95%
35-39	637	50.44%	626	49.56%	1263	7.68%
40-44	522	50.19%	518	49.81%	1040	6.32%
45-49	402	49.63%	408	50.37%	810	4.92%
50-54	292	48.18%	314	51.82%	606	3.68%
55-59	233	48.64%	246	51.36%	479	2.91%
60-64	180	45.45%	216	54.55%	396	2.41%
65-69	121	44.49%	151	55.51%	272	1.65%
70-74	94	47.00%	106	53.00%	200	1.22%
75-79	68	49.64%	69	50.36%	137	0.83%
80-84	32	40.51%	47	59.49%	79	0.48%
85-89	17	32.08%	36	67.92%	53	0.32%
90++	19	51.35%	18	48.65%	37	0.22%
Total	**8275**	**50.29%**	**8178**	**49.71%**	**16453**	**100.00%**

Population	July 1/07
Quebec	7,700,807
Canada	32,976,026

Corporate Planning, Evaluation and Development Department

General Administration

For the 2007-2008 fiscal year, new human resources were added to the Corporate Planning, Evaluation and Development Department. Two new PPROs on temporary basis (2 years) were recruited: one related to the Cree Social Policy File and the other one to the Regional and Local Information Systems File.

For the next year, we will complete our recruitment for the Department by hiring the two last PPROs: one related to the Regional Projects and the other related to the Corporate Planning, Evaluation and Development Department's Information Systems.

Corporate Planning and Evaluation Sector

a) Activity Dashboard

In the *Strategic Regional Plan* document, a series of indicators are mentioned which measure the objectives in term of results to be obtained after the five (5) years of implementation. Accordingly, we started to identify a list of indicators to be used for the purpose of building dashboards for the Board of Directors and MSSS. A proposed reference tool has been presented to the Executive Committee and Board of Directors and was approved. We started to collect the information for some of our services and programs based on 13 periods: Dental Services, Youth Protection Department, Cree Patient Services, MSDC, and Youth Healing Services. We hope that we shall be able to cover all the other services and programs. For Year 2007-2008, a summary analysis for nine (9) periods was provided to the concerned authorities.

b) Corporate Planning, Evaluation and Development Department Operational Planning 2007-2008 and 2008-2009

The proposed operational planning 2007-2009 for our services was approved by the Executive Committee and should be approved by the Board of Directors for next year's exercise.

c) Operational Planning 2006-2009 of the CBHSSJB

We finalized the Operational Planning 2006-2009 of the CBHSSJB with the approval of the document by the Executive Committee. It should be approved by the Board of Directors for next year's exercise.

d) The PFT of the Corporate Planning, Evaluation and Development Department

As we mentioned earlier in the report, a proposed new CBHSSJB Organizational Chart has been finalized and approved by the Board of Directors. The previous PFT of our Department has to be revised in order to conform with the new chart. The revised PFT was approved by the Executive Committee and the Board of Directors in February 2008.

e) Format of the Annual Activity Report

The first version of the policies on the "Standard" and "Summarized" in the Annual Activity Report was elaborated many years ago (1987-1988). Since that time, the services and programs have expanded and the organizational chart of the organization became more complex. Furthermore, taking account the implementation of the Strategic Regional Plan, the operational planning of services and programs, new facilities (Youth Centre, MSDC...) and focusing on the communities, and the new CBHSSJB Organization Chart (July 2007), the policies have to be revised and adapted to our actual context.

A team of representatives of the Corporate Affairs and Communications Department and of the Corporate Planning, Evaluation and Development Department worked on this file and the Revised Policy on the Standard Version of the Annual Activity Report was adopted by the Board of Directors in February 2008. Next year will be focus on the summarized version of the report and the modified policy should be approved by the Executive Committee and the Board of Directors.

f) Corporate Affairs and Communication PFT

With the collaboration of the team of Corporate Affairs and Communication, we will be working on the PFT for this department. In the coming year we should submit this document to the proper authorities for the final approval.

g) Evaluation of the Strategic Regional Plan

One of the main functions of our Department is the evaluation of the Strategic Regional Plan of the CBHSSJB. We started the process by elaborating a frame of reference for this activity. In other words, we provide to the managerial staff and authorities the best tools for the evaluation of their services and programs.

The Department made a proposal regarding the evaluation of the SRP and it was approved by the RIC Committee first, and subsequently by the Board of Directors at its meeting in February 2008. As identified in the proposal, the SRP Evaluation Working Team started the process regarding the evaluation.

i) Participation in Committees and Working Teams

Our Services participated in different committees such as:

1) Executive Committee
2) Regional Implementation Committee on the Strategic Regional Plan
3) Research Committee
4) Regional and Local Information Systems Working Team
5) SRP Evaluation Working Team.

j) Other activities

- Regional and Local Information Systems Working Team (RLISWT): We revised the Frame of Reference document by improving its content of it with new roles and responsibilities of the Working Team. The document was approved by the Executive Committee. New applications were also approved.
- Evaluation of Community Initiatives: An evaluation of this program was done by our department and the document will be tabled for approval by the Executive Committee and the Board of Directors next year.
- Collection of Statistics: We continued to collect the different statistics on programs and services provided by the CBHSSJB. The revised document should be made available to the managerial staff next year.

Corporate Development Sector

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

a) Community Miyupimaatisiiun Centre in Mistissini

An external firm was requested to review the true Nordic costs for the future Wemindji Community Miyupimaatisiiun Centre. The conclusions and recommendations will have an impact on those for the future Mistissini Community Miyupimaatisiiun Centre. Consequently, we will adjust the PFT for Mistissini Centre. We hope to finalize this file in 2008-2009.

b) Community Miyupimaatisiiun Centres - Eastmain and Nemaska

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

c) Other PFT

As the new Mistissini CMC will be completed in 2009, the personnel of the actual centre have to move to the new facility. Consequently, we have to prepare a PFT for the actual setting anticipating the moving of the Public Health Department's personnel and using it as office space.

Richard St-Jean
PPED Director

Community Miyuupimaatisiiun Regional Programs and Services

Chisasibi Regional Hospital Centre

Hospital Services

The year 2007 – 2008 was a transitional year in the hospital's management and functioning. The first Cree nurse was named in June 2007 and trained with the former Health Services coordinator. A new ambulatory services coordinator was named temporarily in February 2008.

The hospital's safety and environment were improved by adding a new alarm system linked to a sprinkler system and new hallway doors. The ventilation system was also cleaned and a special attention was given to the air intake, in order to lower the amount of dust coming from the sandy surroundings of the hospital. We also replaced medical equipment in the clinic and had maintenance done on several other equipments to ensure their reliability. We also bought a freezer to store biomedical waste outside of the hospital, another major improvement of security.

The pharmacy was also entirely renovated and more renovations are to come in the next year. We are planning new offices and we also want to add two more beds in medicine.

For the next year we are going to work on renovation projects, replacement of medical equipment and review the policies and procedures of our different departments.

ARCHIVES

A. NUMBER OF ADMISSIONS	2004-2005	2005-2006	2006-2007	2007-2008
Medicine	**287**	**360**	**449**	**489**
Obstetrics	**5**	**7**	**17**	**8**
Pediatrics	**161**	**126**	**206**	**189**
Newborns	**3**	**1**	**4**	**1**
TOTAL	**456**	**494**	**679**	**688**
Chronic	**3**	**3**	**3**	**1**

There is an increase of 1.3 %.

B. NUMBER OF HOSPITALIZATION DAYS	2004-2005	2005-2006	2006-2007	2007-2008
Medicine	**1,763**	**1,807**	**2,162**	**2,555**
Obstetrics	**12**	**9**	**23**	**32**
Pediatrics	**664**	**427**	**565**	**802**
TOTAL	**2,439**	**2,243**	**2,750**	**3,389**
Newborns	**6**	**2**	**19**	**7**
Chronic	**N/A**	**N/A**	**N/A**	**N/A**

There is an increase of 23%.

C. TOTAL NUMBER OF IN-PATIENTS PER DAY	2004-2005		2005-2006		2006-2007		2007-2008	
	Total	**Average/day**	**Total**	**Average/day**	**Total**	**Average/day**	**Total**	**Average/day**
Medicine	**1,766**	**4.84**	**2,117**	**5.42**	**2,107**	**5.8**	**2,341**	**6.39**
Obstetrics	**12**	**0.03**	**9**	**0.02**	**17**	**0.05**	**13**	**0.03**
Pediatrics	**655**	**2.79**	**407**	**1.12**	**551**	**1.5**	**738**	**7.01**
TOTAL	**2,433**	**6.67**	**2,533**	**6.95**	**2,675**	**7.3**	**3,092**	**8.44**
Newborns	**6**	**0.02**	**2**	**0**	**17**	**0.05**	**7**	**0.01**
Chronic	**2,003**	**5.49**	**2,753**	**7.54**	**3,425**	**9.4**	**3,646**	**9.96**
Bed occ. rate	**45.1%**		**53.6%**		**62%**		**68%**	

The occupation bed rate is based on 27 beds available.

MEDICINE AND CLINIC

TRANSFERS TO ANOTHER HEALTH CENTRE				
	2004-05005	2005-2006	2006-2007	2007-2008
Medicine	**39**	**47**	**47**	**48**
Obstetrics	**0**	**0**	**1**	**6**
Pediatrics	**12**	**8**	**7**	**12**
TOTAL	**51**	**55**	**55**	**66**

Increase of 20%

DEATHS				
	2004-2005	2005-2006	2006-2007	2007-2008
Medicine	**12**	**10**	**5**	**5**
Obstetrics	**0**	**0**	**0**	**0**
Pediatrics	**0**	**0**	**0**	**0**
Newborns	**0**	**0**	**2**	**2**
Chronic	**2**	**2**	**7**	**7**
TOTAL	**14**	**12**	**14**	**14**

Decrease of 71%

AVERAGE STAY				
	2004-2005	2005-2006	2006-2007	2007-2008
Medicine	**6.14**	**5.43**	**4.74**	**5.6**
Obstetrics	**2.40**	**1.29**	**1.35**	**1.5**
Pediatrics	**4.10**	**3.21**	**2.77**	**4.5**
Newborns	**2**	**20**	**4.75**	**7**
Chronic	**N/A**	**N/A**	**N/A**	**N/A**
TOTAL	**5.3**	**4.7**	**4.0**	**5.2**

Increase of 30%

DEPARTURES				
	2004-2005	2005-2006	2006-2007	2007-2008
Medicine	**287**	**333**	**456**	**452**
Obstetrics	**5**	**7**	**17**	**21**
Pediatrics	**162**	**133**	**204**	**177**
Newborns	**3**	**1**	**4**	**1**
Chronic	**5**	**4**	**0**	**2**
TOTAL	**462**	**478**	**681**	**653**

Decrease of 4%

NUMBER OF VISITS TO THE CLINIC			
2004-2005	**2005-2006**	**2006-2007**	**2007-2008**
18,645	**18,245**	**17,912**	**18,513**

There is an increase of 3%.

NUMBER OF SPECIALIST VISITS			
2004-2005	**2005-2006**	**2006-2007**	**2007-2008**
1,412	**1,632**	**1,439**	**1,067**

Decrease of 26% due to a lack of specialists

OBSERVATION HOURS			
2004-2005	**2005-2006**	**2006-2007**	**2007-2008**
N/A	**744.35**	**701.66**	**1,827.26**

Increase of 160%

RADIOLOGY DEPARTMENT

	2004-2005	**2005-2006**	**2006-2007**	**2007-2008**
	Total exams	**Total exams**	**Total exams**	**Total exams**
X-rays	**2,856**	**3,032**	**2,952**	**3,180**
EKGs	**818**	**868**	**764**	**952**
Ultrasounds	**1,111**	**837**	**764**	**699**
	Total clients	**Total clients**	**Total clients**	**Total clients**
	3,576	**3,463**	**3,457**	**4,831**
	N/A	**86,979**	**74,058**	**82,923**

Increase of 12%.

TOTAL OF REFERRALS (FROM RADISSON-RECOVERY COST)				
	2004-2005	**2005-2006**	**2006-2007**	**2007-2008**
Whapmagoostui	**189**	**120**	**Included in total of clients (above)**	**Included in total of clients (above)**
Radisson	**86**	**86**	**66**	**44**

There are three (3) permanent full-time radiology technicians.

LABORATORY DEPARTMENT

	2004-2005	2005-2006	2006-2007	2007-2008
Tests done at Chisasibi	**149,573**	**179,586**	**183,945**	**205,452**
Tests done outside	**52,513**	**70,651**	**66,091**	**69,034**
Unit cost	**$1.22**	**$1.78**	**From MSSS**	**From MSSS**

Increase of 11.7% in Chisasibi and of 4.5% in tests done outside.

LABORATORY TESTS DONE FOR THE RADISSON HEALTH CENTRE – RECOVERY COST				
	2004-2005	**2005-2006**	**2006-2007**	**2007-2008**
Total of tests	**2,984**	**3,838**	**3,413**	**3,363**
Total money perceived	**8,065.90$**	**10,281.40$**	**9,722.15$**	**8,745.95$**

There are three (3) permanent full-time laboratory technicians.

HEMODIALYSIS DEPARTMENT

NUMBER OF DIALYSIS TREATMENTS				
	2004-2005	**2005-2006**	**2006-2007**	**2007-2008**
Number of clients	**Average of 13**	**Average 11**	**Average of 12**	**Average of 13**
Number of deceased	**3**	**3**	**1**	**2**
Kidney transplants	**0**	**1**	**1**	**0**
Number of treatments	**1,720**	**1,503**	**1,574**	**1,892**
Pre-dialysis clients	**20**	**42**	**58**	**50**

Increase of 20% in dialysis treatments.

Marco Bisaillon for Louise Gagnon,
Chisasibi Regional Hospital Centre Director

Genetic Counselling

Educational and Carrier Screening Program for Cree Leukoencephalopathy (CLE) and Encephalitis (CE)

Network of Collaborators

- CORHAM, Chicoutimi (Foundation from Lac Saint-Jean on hereditary diseases)
- PQMGO (Quebec's Association on rare genetic diseases)
  A link to the Eeyou Awaash Foundation (EAF) web site will be added
- Complexe Hospitalier de la Sagamie, Genetic Counselling (Chicoutimi)
- Sainte-Justine Hospital, genetic services (coaching)
- The Montreal Children's Hospital: school-based program team and genetic services (coaching)
- McGill University Genetic Counselling Program
    - Director Jennifer Fitzpatrick: review of the training prepared for nurses
    - Presentation of the Program to Genetic Services of the Montreal Children's Hospital
    - Observation with Genetic Counsellor
- Pierre-Boucher Hospital: perinatal bereavement
- CHARL (Laval): perinatal bereavement.

Development of Tools for Education and Screening

Tools for Genetic Counselling

Collaborators

- Claude Prévost, genetic counselling, Complexe Hospitalier de la Sagamie
- Jacques Michaud, geneticist, Hôpital Sainte-Justine
- Michael Lefson MD; Nathalie Ouellet, archives, Hôpital de Chisasibi

- Consent Form
- Letter for CLE positive result
- Letter for CE positive result
- Letter for CLE negative result
- Collective prescription and appendix (advice to couples)
- Terminology of genetic terms in Cree, produced by Brian Webb in collaboration with Chisasibi's CHRs, elders and EAF members

Promotional Tools

Collaborators:

- EAF
- CHRs Chisasibi
- Janick Tremblay CORHAM
- Jacques Michaud, genetist Hôpital Sainte-Justine
- Annie Capua, Montreal Children's Hospital
- Michael Lefson MD
- Dimitrios Deschènes MD

- Promotion brochure about the program
- Information brochure on prenatal diagnosis
- Educational Power Point on the program
- Questionnaire True or False (collaboration Emily Sam CHR)
- Promotional poster (being prepared by Beesum Communications)

Tools for Peri-natal Bereavement

- Order documents: *Baby Bear has died* (Préma Québec); *We've lost our baby…Why? How?* (CSSS Vaudreuil-Soulanges)
- Guideline for peri-natal bereavement follow-up

Production of a Database with the Collaboration of Pierre Lejeune (Public Health)

Promotional Activities

- Regular follow-up and collaboration with the Eeyou Awaash Foundation: shopping center, local radio, General Assembly on Fort George
- Contribution on their web site: www.eeyouawaash.com
  Coming: Power Point and brochure on the web site
- Multiple educational activities: Cree Heath Board (CHB), Cree School Board (CSB), MSDC, Day Care, Band office, Youth Center, local radio
- Participation at the Regional General Council Meeting 2007 Cree Women of Eeyou Istchee
- Article in the *Chisasibi's Community Newsletter* by Andrea Napash
- Article in Cree in the Whapmagoostui News Letters (Karen Masty), with terminology of genetic terms created by Brian Webb
- Every community was visited at least once for promotional activities with the collaboration of the CHRs, e.g: meeting with Council, Program Heath Officer, CHB employees, local radio and day care
  Coming: Organization of a symposium with the EAF.

Clinical Activities

Consultations

- Genetic consultations and screenings were performed in Nemaska, Whapmagoostui, Wemindji and Eastmain
- Creation of the CE test by Sainte-Justine Hospital (April 2007), previously only the CLE test was available
- Regular participation in the prenatal clinic at Chisasibi Community Health
- Clinical supervision for the nurses when needed
- Telephone conference consultation.

Training for CHRs

- June 2007: Annual training in Val d'Or, presentation of the program
- April 2008: Meeting with the new CHRs in Val d'Or
- Educational document included in their initiation's binder
- "Genetic aid" to help them to provide education to the population
  Coming: June 2008, presentation of the program for the new Awaash CHRs in Mistissini.

Training for Nurses

Promotion for the Program

- Document included for the initiation of all nurses
- With the collaboration of Lyse Poirier, presentation of the program to all new nurses
- Annual nurses training in Val d'Or (2007), presentation of the program.

Training for Genetic Consultation

- Development of tools for training
    - Powerpoint for genetic consultation
    - Powerpoint for the application of a School-Based screening program
    - Appendix: referral, web site list, text book
    - Genetic Aid to help nurses to provide education.

- Training of Jeannie Pelletier, Chisasibi School Health Nurse
  Coming: Training for Awaash Nurses in Mistissini, June 2008
  Training for School Health Nurses, Fall 2008.

School-Based Program

Promotion

- Fall 2007 - with the collaboration of the EAF we met the Joint Committee (CRA, CHB, CSB), Cree School Board Management Committee, PIT Committee (directors), Council of commissioners
- In December 2007, acceptance by the Cree School Board Commissioners of a School-Based Program for CLE and CE addressed to students (minimal age 14 years old) on a voluntary participation
- Visit to the nine (9) communities for the promotion of this School-Based Program, presentation addressed to CSB employees and parents committees during pedagogical days with the collaboration of the School Health Nurse and the CHRs
- A resolution for the CSB was written with the collaboration of the EAF and presented by Marlène Beaulieu, Program Officer for Healthy Schools

Development of Tools for School-Based Program

- Letter for parents
- Registration form for students
- Powerpoint for CSB employees
- Powerpoint for students
- Guideline for the organization of the School-based Program.

Update on the School-Based Screening

Chisasibi March 2008

- A letter was mailed to the parents ten (10) days ahead of time informing them about the activity
- Announcement on the radio with the collaboration of EAF Members
- 90 students (Secondary 3, 4 and 5) participated in an educational session during biology and science courses
- 60% decided to be tested
- Results given: we gave back 90% of the results
  Coming: School-Based Program for the other communities in 2008-2009.

Other Activities

- Discussion with Genetic Services of the Montreal Children's Hospital about a surveillance project on MCAD (genetic metabolic disease)
- Collaboration with the members of the Special Needs Association of Chisasibi: presentation and information on chromosomic affections.

Report – Answers from the Population

- About 300 individuals participated in educational sessions
- 94 genetic consultations (51 at school)
- 85 individuals were tested.

Report - Answers from Health Professional

- Occasional referral from health professionals (CHRs, nurses, doctors, pediatricians)

Obstacles

- Difficulties to meet all health professionals due to high turn-over
- Difficulties to assume the accessibility and the continuity of the service (sorties, visits in other communities, only one fully-trained nurse).

Recommendations: Raise the Accessibility of the Service

- Encourage health professionals to refer to the program
    - Update of the Maternal and Child Health Program about CLE and CE (Francine Brochu, PHO, Public Health was contacted)
    - Promotional poster to encourage the population to address requests to CHRs, doctors and nurses about CLE and CE (Louise Pedneault did the link with Beesum Communications)
    - Organisation of a workshop for CHRs
- Training other nurses to provide counselling
    - Encourage the training of Cree nurses to assure the continuity of the services
    - Encourage the training of Awaash Nurses, Community health nurses (at least one in Chisasibi) and School Health Nurses
    - A genetic nurse should stay in charge of the population program and supervise the consultations to maintain a standard of practice
- Educational activities
    - Promote the screening test in preconception
    - Recall that the program is not associated with a survey
    - Reach people at their work places
    - Continuation of the translation work with Brian Webb

Hélène Denoncourt, R.N
Genetic Counseling

Nutritionist

Direct Patient Care:

- 170 new outpatient clients and 110 follow up appointments
    - Diabetes, pre-diabetes, hypertension, renal insufficiency, obesity, healthy eating
- In-patient care and follow-up (acute and chronic).

Dialysis Clinic:

- Direct patient care and development of resources.

Food Services:

- On-going development and revision of summer and winter cafeteria and patient menus
- Needs assessment and implementation of guidelines for:
    - Improved food safety (temperature monitoring)
    - Inventory and ordering of food supplies
    - Recipe procurement
- Traditional Food Project
    - Participated in meetings with MAPAQ and Public Health.

Non-Direct Patient Care:

- Research into computerization of foodservice and clinical nutrition areas

Community Activities:

- Diabetes Month:
    - Organized four cooking workshops at the MSDC
    - Participated in a booth at the Commercial Center and another during Parent-teacher night at the school to raise awareness of diabetes risk factors and healthy eating
- Development and revision of nutrition related handouts used throughout Cree communities.

Youth Healing Services (YHS)

Mission Statement

To contribute to the protection and well being of Youth through the implementation of a program of accountable care that provides safety, security, and most importantly, treatment. We are committed to providing a compassionate and effective family oriented program for youth who have experienced a wide variety of difficulties.

We also believe that providing prevention strategies and resources is a key element to the determent of escalating difficulties, and are committed to investing in youths, their families, the communities, and consequently, the Cree Nation at large.

Vision Statement

Youth Healing Services Department and its respective programs, works within the following vision statement:

"The fundamental goal of the Youth Healing Services is to mentor in a highly structured setting, teaching appropriate skills, enabling youth to achieve success outside the facility."

Youth Healing Services endorses the following goals and perspectives to ensure appropriate planning and programming in order to produce mission related accomplishments:

1. ***Provide an atmosphere of warmth, consistency and predictability so that youths will have an orderly and predictable view of their environment***
2. ***Establish a relationship with the youth which will promote a sense of security, responsibility and awareness so that others can be predictable and considerate***
3. ***Develop within the youth a new sense of self worth***
4. ***Teach the necessary social and living skills***
5. ***Develop group skills so the youth can function in a variety of settings***
6. ***Provide a referral system when the needs dictate***
7. ***Act as an advocate for the rights and needs of all youth***
8. ***Collaborate with youth protection in order to establish an appropriate plan of care to address the youths' physical, emotional, developmental, spiritual, educational, religious and cultural needs***
9. ***Make program evaluations an integral part of YHS in order to provide transitional aftercare for those youths progressing into possible foster care, alternative placement or returning home.***

Introduction

The desire to bring our youth home from southern centres and be the providers of identified needs has been the driving force behind the legacy and history of residential care within the James Bay territory. Reflecting back on the many challenges and changes of Youth Healing Services, formerly known as Rehabilitation Services, allows us to measure our continual growth, to elevate our standards, and to strive to meet the goals and visions that guide our operations.

Currently, there are three (3) facilities established and operating to address some of the needs that currently exist. There are two (2) group homes, one in Mistissini and one in Chisasibi, both of which follow the house parent models. The creation of the Reception Centre, a third facility located in Mistissini, brought a new direction of operation from house parent to Childcare worker, which is a continuous challenge to all units within the Youth Healing Services based on therapeutic requirements and skill levels.

Youth Healing Services serves youths between the ages of 13 and 18 who are experiencing a variety of difficulties at home or in the community. We serve youth.

Objectives

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

Youth Healing Services is now in the process of developing a more community based service that focuses on family preservation using a more holistic based approach to care. As we continue the process of extending these services in youth programs one of the important elements is to introduce a healthy lifestyle to youths and their families.

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

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

Youth Healing Services Commitment to Care

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

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

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

- To use traditional, cultural and elders' teachings in providing service to our clientele and their families based on values, ideas and concepts.

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

- To establish partnership links within the agency services and with local and other community entities.

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

- To continue to promoting Youth Healing Services and Cree Native Childcare through workshops, and conferences.

Facilities

Upaachikush Group Home Mistissini
Weesapou Group Home Chisasibi
Reception Center Mistissini

All the facilities' programs are currently designed to run on a child care model. In 2006, Weesapou closed due to the presence of hazardous substances and the health risk to staff and clients, but managed still to participate in activities and programs coordinated by Youth Healing Services. The staff worked alongside social services to provide support and continued services to the community. On March 18, 2008, the Weesapou Group Home reopened its facility, reinstating staff and programming that worked to build a team which could effectively run and organize the group home.

Employee Growth

Training for Youth Healing Services department staff included: counselling techniques, workplace safety, Aggression Replacement Training, National Training Program and Drug Recognition and Crisis Intervention Techniques.

Administrative and Staffing Services

Youth Healing Services consists of the Director of Youth Healing Services, Planning and Programming Officer, Intake Officer, Bush Program activity organizer, Bush Program childcare workers, Elders, coordinators, clinical advisors, group leaders, childcare workers, secretarial services, maintenance, janitors, and the cooks.

Youth Healing Services is now in a better position to fulfill the necessary requirements as an agency. The youth's needs are being met through a combination of a consistent, secure care environment and a caring, supportive youth/staff relationship. We are available 24 hours per day 7 days per week 365 days a year for any and all situations that may arise in dealing with youth.

Achievements

All organized activities, both cultural and non-cultural, that were developed and implemented were done in a partnership with staff, clients and administration with the full support of the Director of Youth Healing Services. Each activity was very successful based on the measurement of mission related programming and outcome, and this was accomplished through the demonstrated teamwork that currently exists. We will continue with our programming with upcoming therapeutic and self-esteem activities planned for the upcoming year (2008-2009).

Regional Prevention/Wellness Camps 2007-2008

Cree Wellness Camps incorporate the notion of our Aboriginal Sports Camps (which have been operating in Northern Quebec for the last four (4) years) into that or the Northern Wellness Camps. The key addition being that Cree Nation Wellness Camps incorporate various aspects as healing tools, such as mandatory educational, nutritional and drug and alcohol abstinence. We work with community entities to deliver opportunities that take a holistic approach for the youth, the family and for community preservation. The camps have always had encouraging statistics that demonstrate to us that they are working. In the community of Mistissini alone vandalism decreased by 80% and school attendance increased by 30%, compared to the levels before the camp was offered. The objectives of the program are therefore to equip youth (primary target market is youth under 19 years of age who are very vulnerable to available drugs, alcohol and other dangerous substances).

As is demonstrated in the international research literature, so called "crime prevention through social development" (CPSD) initiatives have long been proven to be effective in reducing anti-social behaviour of youth, especially those CPSD strategies that focus on fundamental life skills development through the venue of sports and recreation programming. Through widely available sports and recreation programs, young people are exposed to pro-social role models; learn about the crucial life lessons of teamwork, fair play, and honesty; improve their health outcomes and psycho-social functioning; and become engaged in positive activities which necessarily divert them from anti-social ones.

Over the past four summers, YHS has organized football camps, a hockey camp and basketball camps, with each camp attracting more than 200 youths from local communities. These camps have been designed to exercise both "the body and the soul" of our young participants.

Our fundamental goal is to reduce the drug, alcohol and solvent abuse among the targeted youths. At the outset of the program, in conjunction with our public health officials, we will attempt to measure approximate utilization of these substances. Through time, as programs are delivered and support sessions are offered, it is our goal to reduce the utilization of these substances, improve the health outcomes of youths, reduce associated crime and victimizations (e.g., thefts to obtain goods for resale to support drug habits), and generally, create safer and healthier environments in the Cree Communities. All efforts will be maintained to ensure program sustainability.

In 2007-2008 over 800 youths attended the camps.*description of camps and summary of programs

Programs: April 1, 2007 to March 31, 2008

Goose break: two weeks at the end of April and beginning of May
Cultural exchange with Shawbridge – June 2007
Fishing up the lake or sometimes down the road
Canoe trip with bush program
Boating at Rupert River as part of the Bush Program
Traditional gathering up the lake, approx. 10 km
Camp Smitty
Swimming activity with youth at the beach
Moose hunting in September
Caribou hunt in November
Science and Technology Fair in Montreal
Hockey game in Ottawa
Journey of Wellness hosted by Bush Program
Tube sliding at Mont Chalco
Partridge hunting and blueberry picking

Miscellaneous

Community involvement in activities and programs
Psychologist appointments with youths in care
Football Camp with Montreal Alouettes
Conference at Ottawa (bullying)
Two YHS managers' meetings
Hockey and broomball tournaments
National Training Program (both front line workers and senior staff)
Getting drinking water down the road for the elder's home

Statistical Summary

Statistical Summary	Weesapou Group Home 2007-08	Upaachikush Group Home 2007-08	Reception Center 2007-08
Number of youths in In placement	3	76	159
Youth Protection Act	1	12	67
Youth Criminal Justice Act	0	0	14
Number of “Jours de présence”	24	1177	2088
Number of discharges	0	12	52

Gordon Hudson
Youth Healing Services Director

Youth Protection Department

Mandate

The Director of Youth Protection (DYP), (and the members of staff authorized by him/ her), has the responsibility to receive signalments and to intervene when the security and development a child (or children) is considered to be in danger. The DYP is responsible for the application of the Youth Protection Act (YPA) and the Adoption Act.

Concurrently, the DYP acts as the Provincial Director (PD) in the application of the Youth Criminal Justice Act (YCJA). The DYP also administers the Foster Home Program and Social Emergency Services in the nine Cree communities.

Functional Unit

In the CBHSSJB organizational chart, the Department of Youth Protection is located within the Community Myiiupimatsiun Group under the responsibility of the AED-Community Myiiupimatsiun.

At the regional level the department is comprised of the Director of Youth Protection, the Assistant Director of Youth Protection, and one Planning and Programming Research Officer (each) for the Foster Home and Young Offender programs.

At the regional level there is also the Access Liaison Officer (who acts as the liaison with Youth Healing Services and is responsible for casework and resource support), the Administrative Technician (mostly responsible for processing foster payments) and the Executive Secretary (Administrative Officer).

At the community level the Youth Protection Team Leader is responsible for the youth protection, young offender, as well as foster home and social emergency workers.

The ***Youth Protection Management Team*** is comprised of the nine *Team Leaders*, the *Director of Youth Protection*, the *Assistant Director of Youth Protection*, two *PPRO*s (FH/YO), the *Access Liaison Officer*, and the *Intake Worker* from Youth Healing Services.

Operational Planning 2007-08

The operational plans in 2007-08 for the Youth Protection Department included the implementation of Bill 125; the development of the foster home and young offender programs; performance appraisals and setting work objectives for staff; and continuing to collaborate with the Inuit, SOGIQUE, and the MSSS in acquiring the client management tool (Projet Integration Jeunesse – PIJ) to improve data collection. These are in addition to the main activity of the department, which is receiving and processing signalments.

Youth Protection Signalments Received and Retained

Years	***2001-02***	***2002-03***	***2003-04***	***2004-05***	***2005-06***	***2006-07***	***2007-08***
Signalled	712	904	1,079	1,141	1,169	1,121	965
Retained	630	788	952	933	1026	918	824

For the second year in a row, the statistics for the Youth Protection Department show a decrease in the number of signalments received and retained. The reduction in the number of signalments received represents a 13.91% *decrease* over the previous year and a *total reduction* of 17.45% over the last two years. In the case of the number of signalments retained, the reduction represents a 10.24% *decrease* over the previous year and a *total reduction* of 19.69% over the last two years.

The reduction in the number of signalments received could be interpreted as an indication of more up-stream support for families before their situation comes to the attention of youth protection. The reduction in the number of signalments retained could be attributed to a number of factors that includes reduced caseloads per worker and case conferencing with the goal of helping families to regain balance in their lives.

As in previous years, an analysis of the numbers indicate that the largest number of signalments received were due to neglect, parents drinking and taking drugs, and for adolescents with behavioural difficulties. The highest numbers of youth protection cases were in the communities of Whapmagoostui (142), Mistissini (138), and Waskaganish (132).

Foster Homes

The number of times that children were placed in foster care was 4,489 compared with 4,379 in the previous year, and they spent a total of 70,160 days in foster care compared with 61,624 days in the previous year. The latter numbers represent a 12.17% *increase* in the number of days children spent in foster care.

The statistics would seem to indicate that while there were reductions in the number of signalments retained, some children were, in fact, spending *more* time in foster care.

While some children are placed as a preventative measure, the numbers make it clear that more work needs to be done (in collaboration with the other integrated services) to help families re-claim their children sooner.

As in previous years a significant number of children in placement were vulnerable by virtue of age, (i.e. 0-11 years).

The Planning and Programming Officer (PPRO) for the foster home program is settling in her role to further develop the program in order to ensure that the homes we recruit are safe, and to provide technical support to the foster home workers. To this end she has begun visiting the communities and met with the some of the stakeholders, i.e. foster home workers, foster parents, etc..

She also has a mandate to work with staff in the communities to recruit committed foster parents and to give them specific training in the development of Therapeutic Foster Homes, in order to provide respite or other types of alternative care for children with special needs. At present some children with special needs have to be sent outside of Cree territory.

The PPRO is also working on the final version of the ***Foster Home Policies and Procedures*** for review by the Executive Committee and for final approval by the Board of Directors.

Adoptions

The number of adoptions regionally was 24, compared with 20 the previous year and with the highest number (11) in Whapmagoostui.

Young Offenders

The regional total number of young offenders was 210 compared to 183 cases the previous year, with the highest numbers in Mistissini (58), Waskaganish (48), Whapmagoostui (36), and Waswanipi (30). The numbers for 2007-08 represented a 12.86% increase over the previous years and a 25.71% increase over the last two years.

It is also clear (from anecdotal evidence - since the data gathering tool does not collect such data) that, not only is there a significant increase in the number of young offenders, but that the nature of their crimes is becoming more violent and involves the use of weapons.

Consistent with the operational planning for the department for 2007-08, the Planning and Programming Officer (PPRO) for the Young Offender Program is in the process of developing a holistic program that would include early risk assessment, prevention, and intervention.

The PPRO has, thus far, met with various stakeholders in the communities and has presented a draft copy of the program to the ***Youth Protection Management Team*** for review and feedback.
The next step is a review of the program by the Social Services Committee (SSC) before being submitted to the Executive Committee for final approval by the Board of Directors. Concurrently, the PPRO is providing technical support to the young offender workers.

Other Activities

Other activities carried out by the youth protection department in 2007-08 included the continued reorganization and staffing of the department, the implementation of Bill 125, performance appraisals for staff members, and PIJ.

The biggest challenge to the re-organization remains staffing positions in certain communities (e.g. YP in Nemaska and FH/YO in Eastmain) even after the job openings have been posted several times. Other positions have to be filled (permanently) in Whapmagoostui, Chisasibi, Wemindji, Eastmain, Nemaska, Mistissini, and Waswanipi. Interviews will be scheduled with Human

Resources in order to select the best candidates for these jobs. The majority of the secretarial support positions have not yet been posted, mostly due to lack of office space.

Community visits with regards to the implementation of Bill 125 were done with the communities of Waswanipi, Nemaska, Eastmain, Mistissini, and information sessions with various entities including the Daycare Directors, the CHB nurses, CHR's, the Executive Directors of the Cree entities, and the Cree School Board.

The process should continue (in 2008-09) with the other communities and other important community partners such as the police, in an effort to highlight the spirit and the main theme of Bill 125, i.e. ***Youth Protection***: ***A Responsibility to Share***. The information sessions should also continue to emphasize the principal responsibility of parents for the care, maintenance, education, and supervision of their children.

With regards to the performance appraisals, employees were met individually in the communities of Waswanipi, Ouje Bougoumou, and Mistissini. The exercise proved to be an interesting one and gave the staff the opportunity to clarify their roles and to better understand the youth protection process.

It was also an important exercise for the manager to be able identify any knowledge gaps and devise the means to fix it. This process should also continue with the other communities.

Concerning PIJ, it was clear from the beginning that the process of implementation within the CBHSSJB would be a lengthy one. This fact is confirmed in the software evaluation report prepared by CHB consultant, Mr. Mike Wong.

The program is (partially) up and running in many of the 16 jurisdictions where the working language is primarily French. The big challenge facing the Inuit and the Crees is to work in collaboration with the MSSS to have the program translated into English.

Most recently, the MSSS has agreed to share the costs of the translation with the Crees and the Inuit based on a proper evaluation of the costs involved (and since SOGIQUE was only able to provide estimated costs of translation). The cost of this evaluation is to be shared between the Crees and the Inuit.

The PIJ client management tool remains a priority for the Department of Youth Protection and with the CHB Project Management Team. Later elements of the program would require funding for the shared cost of the translation, hardware and software costs, and staff training.

Future Directions

It is refreshing to see that the year 2007-08 produced some good results for the Youth Protection Department after a steady increase of cases (60.9%) over the years 2001-02 to 2005-06.
Much credit for this must go to the front-line staff. But it is also clear that the number of signalments with regards to the safety and well being of children is excessive, since children have

the right to belong to families where they can be safe and where they can grow up to be healthy and balanced individuals.

Consequently, the work must continue to reduce the number of signalments coming to the attention of the department by collaborating with the other Community Myiiupimatisiiun teams.

The Youth Protection Department must also continue to develop a shared vision of youth protection with the community stakeholders, in order to clarify the role of youth protection and to affirm the rights of children to be safe.

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

Cree Patient Services (CPS)

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

Cree Patient Services are located in three (3) strategic localities: Chibougamau, Montreal and Val d'Or. These three (3) offices employ approximately 60 employees, including permanent and occasional employees, for 48 permanent positions. Since October 2006, Chisasibi is a liaison department for the hospital and uses the CPS computer system.

Because of the crash in the CPS computer system in September 2007, most of the data regarding medical appointments were lost and had to be put back into the system. Chibougamau, Chisasibi and Val d'Or were able to input most of the data lost. Montreal was not able to input all of the data due to lack of staff. Only the arrival dates were input. Because of this situation, statistics on arrivals were requested and not the statistics on specialties. So the statistics for the year 2007-2008 are incomplete.

The health system is constantly changing and therefore fewer specialists are practicing in the regions. CPS had to adapt to these changes by transferring the patients' medical requests to the nearest facility where services could be provided or where medical corridors are organized.

Our congratulations go to all frontline employees who are in direct contact with clients and must patiently to explain policies concerning transport and lodging.

CPS Chibougamau

This office is located in the Chibougamau hospital which has six (6) full-time employees; one (1) administrative agent, three (3) northern establishment attendants, (two) 2 liaison nurses. The positions are all filled. The head CPS Montreal - Chibougamau covers this unit from a distance. This unit receives 46% of all CPS arrivals. This year they received 7,119 clients, a decrease of 6% from last year.

CPS CHIBOUGAMAU
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08
6 307	7 533	8 287	9 002	7814	7571	7586	7119
			% INCREASE PER YEAR				
3.53	19.44	10.00	8.63	(-13.19)	(-3.11)	0.20	(-6.16)

The numeral system for the medical file was not established because of a lack of available personnel, and we are waiting for the Patient Master Index to be implemented.

The relocation of the CPS office in the Chibougamau hospital did not happen. Hopefully discussions will be resumed with the hospital management, in the next year.

Liaison Chisasibi (under hospital administration)

According to statistics, this unit received 324 clients, a decrease of 60% from last year. This decrease could be explained by the information missing from the computer system after the crash in September 2007, and/or the small number of specialists' visits to the hospital.

CPS CHISASIBI
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08
899	1224	1295	921	879	875	813	324
			% INCREASE PER YEAR				
24.86	36.15	5.80	(-28.88)	(-4.56)	(-0.46)	(-7.09)	(-60.15)

CPS Montreal

This office is located in the Faubourg Ste-Catherine, in downtown Montreal, close to several hospitals in the region. The employees working from this office are one (1) director, one (1) head, one (1) administrative technician, three (3) liaison nurses, one (1) social worker, one (1) medical secretary, one (1) receptionist, four (4) northern establishments attendants, three (3) drivers full-time, three (3) drivers part-time, as well as a few occasionals.

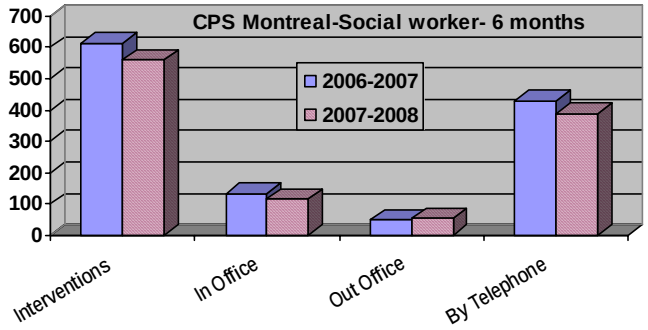
Because of a provincial difficulty in recruiting nurses, the Montreal team spent more than four (4) months understaffed, with two (2) liaison nurses instead of three (3). This had a major impact on office employees. The lack of names on the recall list, the turnover in other clerical positions and the need for holiday-replacement personnel added to the problem. From September 2007 to March 2008, there was no unit supervisor. Because of the lack of employees, certain elective medical requests were not processed during that four-month period. However, they were all processed before the end of the fiscal year. In February 2008, the director replaced the liaison nurse (sick leave) for 10 weeks until a replacement was found.

This unit received 17% of CPS arrivals, 2,591 clients, which is a decrease of 6% from last year. This decrease is explained by the lack of employees during four (4) months due to medical request processing setbacks linked to the computer system crash. Other statistics showed an average of 30 patients/day were seen in Montreal, not including family escorts.

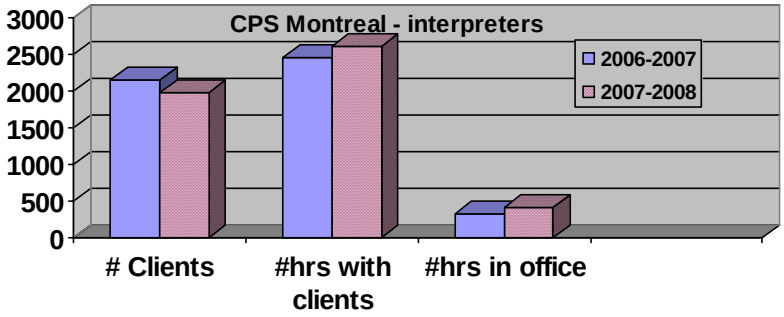
CPS MONTREAL
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08
1 756	1 852	2 052	2 093	2333	2594	2760	2591
			% INCREASE PER YEAR				
34.97	5.47	10.80	2.00	11.47	11.19	6.40	(-6.12)

The clients from our Cree communities coming to Montreal for medical reasons were able to benefit from the service of a social worker for six (6) months (same length of time as 06-07). The social worker was involved in 559 interventions this year and brings valuable assistance and support to youth protection workers, which helps decrease travel time from the communities.



The northern establishment attendants (2) went in 10 different hospitals in the region. They interpreted and visited 1,972 clients for clinic appointments and/or hospitalizations, compare to 2,156 for last year, a decrease of 8.5%. However they spent more hours with the patients: 2,616 hours compared to 2,466 hours last year, an increase of 6%. They also spent more hours helping in the office: 404 hours compared to 324 hours last year, due to the lack of employee replacements for the summer of 2007.



The new office extension accommodated employees from other departments: HRM – 1 employee for nine (9) months and IT – 1 employee seven (7) months.

The conference room was occupied 24% of the time. The future videoconference setup should increase the occupancy of the room.

Boarding houses

- Sandra House – closure September 2007
- Sunrise – opening November 2007
- Cira Dominguez – retirement March 2008

We want to congratulate two employees who retired after many years with the CBHSSJB:

- Pierre Girard (driver) in May 2007, after 21 years
- Mary Spencer (dispatch) in January 2008, after 23 years

CPS Val d'Or

The office is located in the Val d'Or hospital where we employ: one (1) head, one (1) executive secretary, seven (7) liaison nurses, one (1) social worker, three (3) medical secretaries, one (1) receptionist, three (3) northern establishment attendants, one (1) administrative agent for the computer system, one (1) secretary part-time, two (2) drivers full-time, two (2) drivers part-time and some occasional employees.

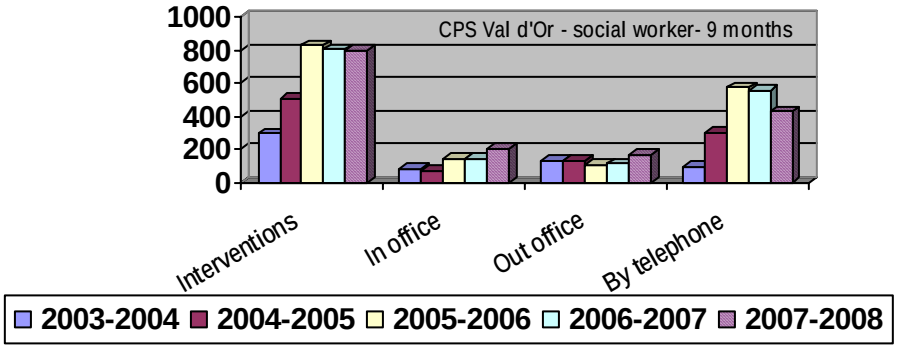
This unit received 35% of all arrivals, a total of 5,462 clients, an increase of 2.8% from last year. However, some data might be missing due to the computer system crash.

CPS VAL D'OR

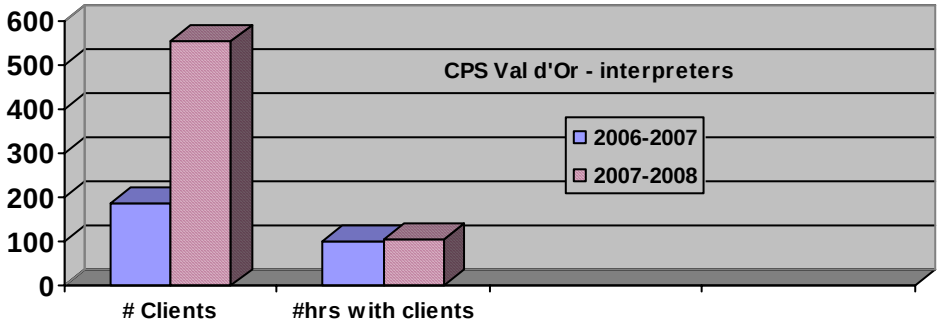
NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08
4 061	4 177	4 559	5 010	4868	5330	5314	5462
% INCREASE PER YEAR							
22.10	2.86	9.15	9.89	(-2.83)	9.49	(-0.30)	2.79

The clients from our Cree communities coming to Val d'Or for medical reasons are able to benefit from the service of a social worker. The service was provided for nine (9) months during the year, due to the departures and arrivals of employees. The social worker was involved in 794 interventions. The interventions are divided into: in-office consultations, out-of-office consultations and telephone consultations. The social worker brings valuable assistance and support to youth protection workers, which helps decrease travel time for community workers.



The northern establishment attendants (3), who also do secretarial tasks, interpret and visit patients, mainly in Val d'Or hospital. They interpreted for 555 clients who were hospitalized or during their medical appointments. With the addition of a third NEA the number of visits increased to 196%.



All Cree Patient Services

The total arrivals of patients and escorts to the three (3) CPS points and Liaison Departments in Chisasibi was 15,496, a decrease of 5.93% from last year.

The computer system crash of September 2007 affected the statistics. The lack of employees on the recall list also made it difficult to process medical requests adequately.

All CPS

NUMBER OF ARRIVAL PATIENTS & ESCORT PER YEAR

YEAR 00-01	YEAR 01-02	YEAR 02-03	YEAR 03-04	YEAR 04-05	YEAR 05-06	YEAR 06-07	YEAR 07-08
12 708	14 786	16 193	17 026	15 930	16 370	16 473	15 496
			% INCREASE PER YEAR				
11.09	16.35	9.52	5.14	(-6.44)	2.76	0.63	(-5.93)

This year the CPS Montreal and Val d'Or sent a total of 213 appointment-cancellation letters of for non-valid reasons compared to 218 for last year. The main non-valid reason is: no-show at transport. Because of these letters, 247 medical appointments had to be cancelled and most of these were not replaced because of the clients' short notice. These cancellations extend the waiting period for clients in need of the same specialist.

Since June 2006, a form entitled "Other Circumstances'' is filled out when a client requires a family escort and does not conform to the six (6) approved circumstances of the NIHB transport policy. From June 2007 to March 2008, 26 requests were received: 17 were approved and 9 refused. This year we received 122 requests: 96 were approved and 26 refused.

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

The philosophy adopted by CPS is based on respect and equality for everyone. We are promoting autonomy for all clients, and we know that an important step towards that goal is to providing them with information.

Congratulations are in order to the Clinics and CPS employees for their professionalism and commitment over the year.

Caroline Rosa
CPS Director

Dental Department

Clinical Activities

In 2007-2008, the Cree Health Board has provided dental care to more than 5,700 different clients. The department staff met clients on more than 15,550 different occasions between April 1st 2007 and March 31st 2008. These occasions include emergency visits as well as scheduled appointments.

In the addition to the clinical work of our dentists and dental hygienists, post-graduated resident dentists from three (3) different university programs visited Chisasibi. Dental specialists continued to visit the two (2) largest communities, Chisasibi and Mistissini.

With the addition of four (4) new dentists in 2005, the Cree Health Board increased its clinical activities significantly in most of the communities. In 2007-2008, we continued maintaining the service at a high level, despites increasing difficulties encountered in the hiring process of dentists and dental hygienists. We also struggled with a number of "aging facilities" issues.

Department meetings were held regularly, and dentists were involved in the various functions of the CPDP. A Dental Study Club continued to evolve, its members met five (5) times during the year (teleconference). In May 2007, a special training was held for Cree Health Board dental hygienists and dentists at McGill University. Dentists attended the CPDP congress in Val d'Or in September 2007.

The head of the department, as well as dentists based in Mistissini and Wemindji, contributed to PFTs related to the new facilities to be built in these two communities.

Community Health Activities

The dental sector continues to be an important leader in community health activities. Visits to schools and childcare centres were carefully planned and organized by local dental hygienists, in collaboration with CHRs. Malika Hallouche, program officer for dental health, is in charge of establishing the programs applied by local dental hygienists. She developed educational material, and organized a training session for CHRs and dental hygienists. She is also very much involved in recruiting dental hygienists, in collaboration with the Head of department and the Human Resources Department.

The dental hygienists' mandate includes sustainable cooperation with other health professionals, including nutritionists. For example, the Drop the Pop Challenge, in its second year, was organized in close collaboration with dental hygienists. Dental hygienists took place in various community activities, such as the Science Fair in Chisasibi

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

A dental hygiene practicum project was initiated with the *Cégep de St-Hyacinthe*. The actual activity will start in June 2008, in Chisasibi. Increased visibility for our organization is likely to help in recruiting new professional staff.

General Objectives for the Coming Year

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

The obstacles to the development of dental services can be listed as follow: office space, clinical equipment (aging), lack of housing and personnel recruiting (including professional staff – dentists and dental hygienists).

Prepared by Félix Girard, DMD
Head of Dentistry Department

Consolidation				Diagnosis			Prevention							Restoration				
	*Absolute №	* № of patien	9 y/o & –	Complete	Emergency	*Cons	*X-ray	Hyg	Prophy	Det	Fluor	PFS	Perio	Amalg	Compo	Temp	CAI	
1 Chisasibi	1941	4730	1158	951	1247	147	3901	854	792	593	460	505	65	1562	2095	207	174	
2 Whapmagoostui	341	1070	247	167	530	70	731	217	162	83	70	60	5	420	705	47	2	
3 Wemindji	490	1221	290	165	400	19	689	160	139	100	101	146	12	727	546	25	6	
4 Eastmain	121	570	96	102	196	48	411	137	114	97	48	30	9	227	527	28	2	
5 Waskaganish	877	1633	314	238	811	32	1304	300	277	229	148	135	16	403	672	173	1	
6 Nemaska	186	437	80	95	249	8	671	123	118	88	64	266	26	206	734	94	6	
7 Waswanipi	510	1351	374	343	438	13	1511	341	333	165	212	264	31	791	424	25	25	
8 Mistissini	915	3714	784	782	746	147	2712	1254	621	536	467	788	22	1023	1110	90	66	
9 Oujé-Bougoumou	328	849	204	198	132	13	662	102	193	126	101	277	11	791	437	13	70	
TOTAL	5709	15575	3547	3041	4749	497	12592	3488	2749	2017	1671	2471	197	6150	7250	702	352	
value	0	0	0	60	28	41	19	13	49	87	22	25	60	67	44	66	66	
production	0	0	0	182460	132972	20377	239248	45344	134701	175479	36762	61775	11820	412050	319000	46332	23232	

* These numbers include the patients seen and treated by:

– by the denturist in the Coastal communities

– by the endodontist in Chisasibi

– by the maxillo-facial surgeon in Chisasibi and Mistissini

	Prosthodontics						Endodontics			Surgery					Other				
	*RPP on going	FPP on going	*Rep RPP	Rep FPP	*RPP U mouth	FPP U mouth	Pulp prim	Pulp perm	On going	*Obt can	Exo prim	*Exo perm	*Exo comp	F-U	*Presc	DNA	CANC	*Ortho	
Chisasibi	123	16	71	3	92	7	220	174	9	53	343	711	278	194	741	1165	361	508	
Whapmagoostui	2	0	0	0	2	0	14	16	13	3	61	134	48	10	199	241	43	3	
Wemindji	18	0	27	0	17	0	27	62	7	1	58	180	55	32	200	202	64	4	
Eastmain	7	0	2	0	11	2	2	18	13	26	22	102	14	13	58	176	144	0	
Waskaganish	14	0	17	0	11	0	42	75	15	9	81	345	28	32	643	340	112	0	
Nemaska	6	0	1	0	12	0	21	15	28	34	26	63	20	7	41	144	31	0	
Waswanipi	1	0	0	0	2	2	64	53	11	3	90	184	26	24	218	639	369	6	
Mistissini	11	34	23	19	3	24	75	52	43	31	188	223	266	143	684	836	198	886	
Oujé-Bougoumou	1	11	3	2	5	3	35	20	15	20	43	78	17	6	30	197	55	20	
TOTAL	183	61	144	24	155	38	500	485	154	180	912	2020	752	461	2814	3940	1377	1427	
value	0	0	99	99	600	900	42	76	0	369	64	64	191	0	0	200	0	0	TOTAL
production	0	0	14256	2376	93000	34200	21000	36860	0	66420	58368	129280	143632	0	0	788000	0	0	3228944

* These numbers include the patients seen and treated by:

– by the denturist in the Coastal communities

– by the endodontist in Chisasibi

– by the maxillo-facial surgeon in Chisasibi and Mistissini

Pharmacy Department

Human resources, tools, and a growing workload have been major issues for the pharmacy department in 2007-2008.

In 2007-2008, the active pharmacy personnel was composed of one (1) chief-pharmacist, one (1) pharmacist full-time (Chisasibi), one (1) pharmacist half-time (approximately) (Mistissini) and three (3) replacement pharmacists.

The lack of pharmacists is a big issue. They are essential to ensure proper and safe pharmaceutical services to the population. Our permanent pharmacist in Chisasibi resigned in December and left her functions in March 2007. Recruiting efforts combined with our conditions do not seem to be enough of an incentive for recruitment. This phenomenon is observed everywhere in the province of Quebec.

In 2007-2008, the team of technical assistants made up of five (5) permanent full-time positions (four (4) in Chisasibi and one (1) in Mistissini), as well as three (3) with the equivalent of Occasional Status full-time (two (2) in Chisasibi and one (1) in Mistissini) divided between four (4) people in Chisasibi and two (2) in Mistissini.

Two (2) training sessions were provided for the Chisasibi technical assistants. The first one was related to mathematical concepts (9 hrs) and the second (five (5) days) on organization skills (KAIZEN).

A technical assistant retention problem exists in Mistissini, which causes problems in the quality and continuity of services. For this reason, a training program in Chisasibi started last winter. This coaching program is a two-week up-to-date training for all technicians from Mistissini.

The renovation and the installation of the new pharmacy equipment in Chisasibi were finalized in June. Most processes have been revised and the results helped to face the workload increase.

The chief-pharmacist visited the following clinics at least once: Waswanipi, Oujé-Bougoumou, Wemindji and Mistissini. At the pharmacy in Mistissini, necessary renovations and a reclassification of the products were carried out in December 2007 in order to ensure safety and continuity of services. Moreover, a workspace equipped with a laptop connected to Emergis was arranged for the pharmacist.

The members of the pharmacy committee took part in the following committees: Board, Administration Committee, Budget Meeting, Planning Meeting, General CPDP, Executive CPDP, CPDP Pharmacology, CPDP Titles, CPDP Congress in Val d'Or. They attended presentations or collaborated with the following organizations: OIIQ, OPQ, APES, CBHSSJB PHD, CBHSSJB – Emergency Measures, MSSS pandemia, ACMDP.

Statistics on pharmacy workload measurement are usually based on the number of prescriptions and the total value of medication purchased over a period of time. Figures 1 and 2 are built on these statistics. It is obvious that the number of prescriptions filled in Chisasibi and other communities and the medications purchased are increasing.

The workload is increasing over the years. (In Figure 1 (Numbers of prescriptions filled as a function of fiscal years), we can observe the effect of the implementation of the policy of 35 days services.) This provided a break in the increasing workload, but did not stabilize growth. Figure 2 shows that

the cost according to our major supplier (>95% of all our purchases) is increasing rapidly. Furthermore, there is no inflection for period where the implementation for the policy of the 35 days of service took place.

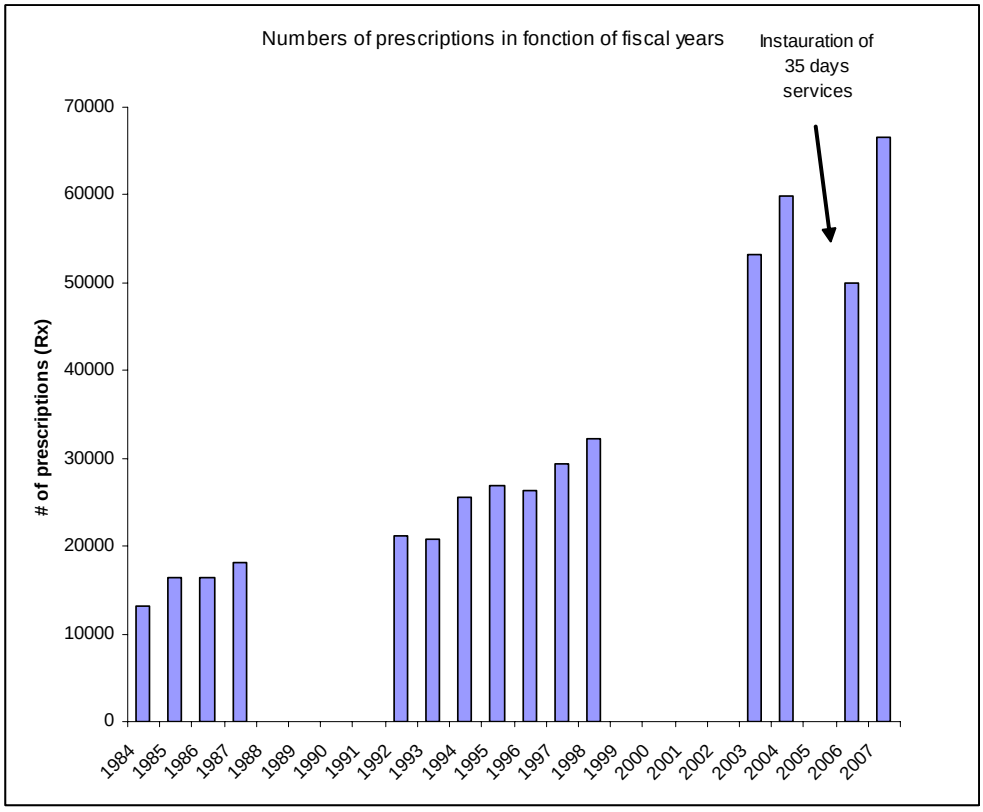


Figure 1 Numbers of prescriptions filled in function of fiscal years

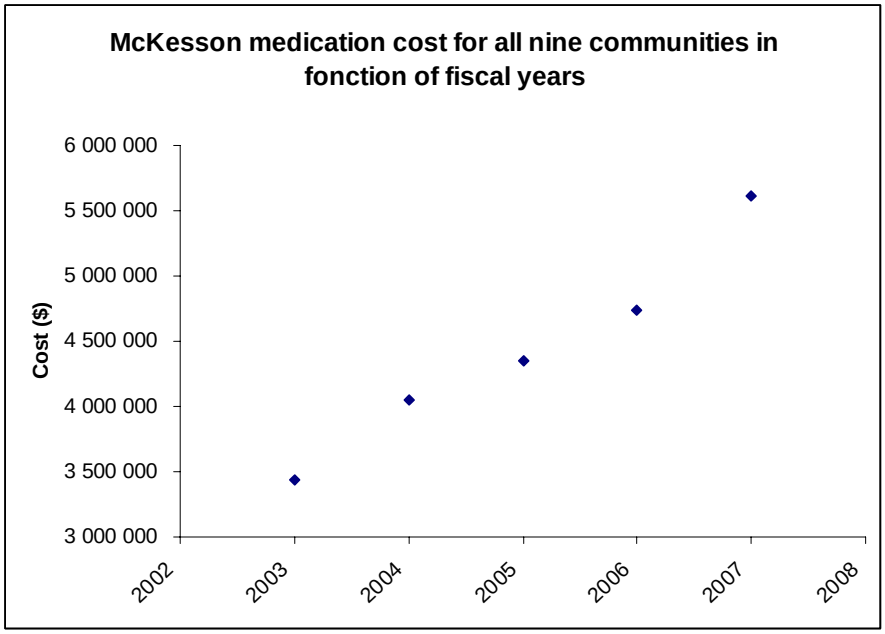


Figure 2 McKesson medication costs for all nine communities in function of fiscal years

Department of Medicine

Medical Staffing

Medical Coverage of the Territory as of March 31st, 2008

Whapmagoostoui:	Dr. Tinh Van Duong, permanent full-time Dr. Carole Laforest, permanent, half-time, hired on September 7, 2007 Dr. Helen Perreault, permanent, half-time, hired on September 7, 2007
Chisasibi:	Dr. Darlene Kitty, permanent full-time Dr. Michael Lefson, permanent full-time Dr. Barry Fine, permanent full-time Dr. Jimmy Deschesnes, permanent full-time Dr. Olivier Sabella, permanent full-time
Wemindji:	Dr. Roxana Bellido, permanent full-time doctor hired on September 5, 2007
Eastmain:	No permanent MD
Waskaganish:	No permanent MD
Nemaska:	Dr. Guy Paquet, half-time MD hired on March 7, 2008
Waswanipi:	Dr. Julian Carrasco, permanent half time
Mistissini:	Dr. Gerald Dion, permanent full-time Dr. Raffi Adjemian, permanent full-time Dr. Rosy Khurana, permanent full-time

In the last year we saw the departure of Dr. Vanessa Cardy on August 10, 2007.

In total, as of April 1 2008, the Cree Health Board employed the equivalent of 12 full-time physicians. In the last year, the CHB hired three (3) half-time physicians and one (1) full-time physician for a total of 2.5 MDs. There are 2-3 other MDs who have voiced interest in possibly taking a half-time position in the near future. Half-time positions seem to be an effective way of recruiting MDs for the North.

Last year, we were having difficulty recruiting enough replacement doctors. The overall situation this year seems to be somewhat better. The issue of problematic housing and housing administration is still present and risks hindering our efforts to recruit and retain MDs.

University Teaching Affiliation

Our medical student and resident training program, and affiliation with McGill University continue to go well. Although we also have an affiliation with Université Laval, we seem to be getting many fewer trainees from them. The teaching program has proven crucial in our recruitment efforts over the years, as most of our permanent MDs have been recruited as a direct or indirect result of our university affiliations.

Medical Examiner

Efforts are undergoing to recruit one or more medical examiner for the evaluation of complaints. We have two (2) or three (3) interested candidates. We do not currently have a medical examiner.

New Programs and Protocols Established

The genetic screening program for Cree leukoencephalitis and Cree encephalopathy is under way. Beneficiaries are receiving education, counselling and screening for these conditions.

The Von Willebrand's project is underway as well. Beneficiaries are being screened, tested and counselled for this disease.

Notable events

Our first territory-wide CMDP and conference took place in Val d'Or in September of 2007. The assembly was much appreciated by members and thought to be a success. CMDP members got the chance to meet face to face for the first time. It was a very useful venue for communication and the exchange of ideas among doctors, dentists and pharmacists of the Cree Health Board. We hope to continue this annual meeting of professionals on the territory.

Dr. Jimmy Deschesnes
Chief of the Department of Medicine

Assistant Executive Director Miyupimaatisiiun

Mission:

Team

Following the adoption of the Organizational Chart by the Board of Directors in September 2007, our team and responsibilities have greatly increased. Our original team was the Community Miyupimaatisiiun Group, which comprised the Local Coordinators. When it expanded to the Miyupimaatisiiun Group, our name got shorter, but this was the only decrease. We now comprise the largest group in the organization. The size of our group has the challenges of a large family, but we also have the strength of support and collaboration. We have a large pool of expertise, Social Work, Health, Dental, Pharmacy, Rehabilitation Services, and of course Eeyou Miyupimaatisiiun.

Original Community Miyupimaatissuin Group

Lisa Petagumskum, Assistant-Executive Director – Miyupimaatisiiun
Janie Moar, Assistant to AED – Operations
Demerise Coon, Head of Administrative Unit
Sherry Ann Spencer, Interim – Head of Administration since February 2007
Bessie House, Administrative Technician
Judy Kanatewat, Executive Secretary
Bryan Bishop, Director of Youth Protection

Local Coordinators

John George, Local Coordinator Whapmagoostui
Jules Quachegan, Local Coordinator Chisasibi
Elmer Georgekish, Local Coordinator Wemindji
Rita Gilpin, Interim – Local Coordinator Eastmain
Bert Blackned, Local Coordinator Waskaganish
Beatrice Trapper, Local Coordinator Nemaska
Annie Trapper, Local Coordinator Mistissini
Susan Mark, Local Coordinator Ouje-Bougoumou
Alan Moar Local Coordinator Waswanipi

Tactical Coordinators

Abraham Bearksin, Interim – HCCP Coordination
Marlene Etapp-Dixon,
Louise Carrier, Health Coordinator
Martin Nyles, Interim – Health Coordinator (hired as Mistissini Head of Current Services)
Evike Goudreault, Special Needs Coordinator (Federal)
Janie Wapachee, Head of MSDC/HCCP (transferred to Pimuhteheu due to change in the Org. Chart)

Additional Team Members as of July 2007

Caroline Rosa…… Director of Cree Patient Services
Gordon Hudson…… Director of Youth Healing Services
Louise Gagnon……. Director of Hospital
Vacant…….. Director of Professional Services – Medical

Although there are only four additional team members they bring along large teams and responsibilities with them.

Accomplishments:

Hiring of Personnel in Communities

The personnel required in each community have increased to some extent, but we can only accomplish full implementation in each community, once we have adequate office space. The positions have been identified in our Personnel Plan, which is almost complete.

Office Space in Communities

The construction of the Wemindji Clinic has started. This is a long-awaited project, and finally the community of Wemindji can receive health and social services in a building that meets its needs. Community members have patiently waited for this clinic and this project seems to be on schedule.

The Mistissini Technical Functional Plan has been submitted to the Ministry for approval. This project will establish health and social services in a setting that will provide high-quality care in the community.

Integrated Services

Mistissini continues to lead in terms of changes in Integrated Services. They have hired staff to complete the Awash Team. They have also hired four out of five Age Program Heads. They have reposted the position of Head of Chishaayiyuu on numerous occasions.

The other communities will soon be ready to complete their implementation plans for the next three years. The budgets and personnel plans will be synchronized with their operational plans and once this is done, it is just a matter of monitoring, supporting and adapting the progress of the implementation.

Nishiiyuu Pimatisiiun Local (Cree Helping Methods)

In the vision of the Elders, we are to ensure that Cree-based knowledge is the foundation from which we provide care to our population. While we are awaiting the plan to be finalized and adopted by the Board of Directors, we have taken the initiative to identify one position in each community for this purpose. The Council of Elders for the CBHSSJB will determine what direction we need to take with this important file, but for now, this is what we have done to date.

Multi-Service Day Centres

The hiring of staff in all the MSDCs is almost complete. A social worker still needs to be hired but most of the cooks and cook helpers have already been posted or been hired. Adapted transportation continues to be an issue that needs to be addressed in the very near future. The lease involving the Chief and Councils of each community is now being handled by lawyers, and the next step is to reach an agreement as soon as possible. The order for the required vehicles has already been placed.

Rehabilitation Services:

There is a great need to harmonize the delivery of Rehabilitation Services on the territory. The professionals who provide these services are scarce , not just in Iiyiyiu Aschii but in the whole country. We have been blessed with dedicated professionals who have taken on the challenges of providing these services without a clear direction. The priority next year will be to clarify their roles and responsibilities in each program within each activity centre.

Home and Community Care Program

We continued to support the implementation of the HCCP program in eight communities. The community of Eastmain will finally start this program. The next step is to hire their team. Health Canada has approved the Service Delivery Plan.

Youth Healing Services:

In the spirit of collaboration and improvement of services for Youth, discussions were held between Youth Healing Services and certain communities. They led to the joint funding of Wellness Camps which have greatly benefited youth. The Wellness Camps are an effective Prevention Program for our Youth and they highlight what we can achieve if we truly want to work together.

The Bush Camp Program is another achievement that needs to be mentioned. This is a program that has long been envisioned by our elders. We have always been told that the land is the best place for healing to take place, and Youth Healing Services has made this a reality for the youth of our nation. This is truly a program we can be proud of.

Youth Protection

Youth Protection has implemented most of their plans for the improvement of services. The personnel have been hired in each community. One of the key challenges is the lack of office space in some communities, and this is one of our main priorities this year. The requirement for additional office space will ensure that the needs of the personnel are properly addressed. Since staff works with the most vulnerable population in our nation, they deserve all the assistance and support we can provide.

Bryan Bishop gave notice of his retirement late in the fiscal year. He originally came up to live and work with us as a Human Relations Officer for Ouje-Bougoumou and Nemaska. His dedication and commitment to providing quality services to the population is very evident. He is an inspirational leader in the delivery of quality services, and he also is a great friend to many. His retirement creates a void that we need to fill quickly, especially with the changes in the Youth Protection Law and the Youth Criminal Justice Act.

The staff hired in the previous years for this department have provided a wider range of support for families. For the second year in a row, there is a decrease in signalments on the territory.

Hospital

The dialogue between the Chisasibi Community Miyupimaatisiiun Centre and the hospital has been initiated to identify the services provided and to ensure that they are complementary and do not overlap. We are just starting to identify ways to better support the Administration as it takes on the challenge of Integrated Services. The priority for next year is to ensure that the mission of the hospital is clearly identified and that its objectives are met.

Patient Services

Patient Services continues to provide transportation to the population for emergency and elective patients. Such a service requires full staffing, however this is not always possible; it will become next year's priority. Caroline Rosa is one of our Directors who has had to take on numerous tasks, due to the shortage of staff, that are not mentioned in her job description; from nursing to minor maintenance. On top of the additional tasks, she receives many complaints and deals with them within the established policies. We commend her diligence and appreciate her contribution to the organization.

Following recommendations from the communities, steps have been taken to ensure that the quality of services provided in Foster Homes is adequate and improved in the areas identified. This will be another priority for next year.

Special Needs

Evike Goudreault continues to be a great asset to the organization. More families are receiving the support and services they need. However, this is still not meeting the all of the needs, which we want to satisfy and we will continue to identify alternative ways to improve the support currently provided.

The Challenges for the next year involves fully supporting the implementation of the Strategic Regional Plan and managing change in our centres at the local level. We shall focus on certain previously identified areas, but we still need to maintain the supportive mechanisms we have successfully been able to build since last year. We have reported on this process. We have established the base and means to better support implementation at the local level. The support from the Executive Director and the Assistant Executive Director – Administration is greatly appreciated, especially during community tours. Questions from the local leadership are being addressed more rapidly.

Conclusion

I truly believe that as a nation, we are truly blessed to have such dedicated staff. For many years, our staff at the local level has patiently waited, and some continue to wait, for new buildings, extensions to existing buildings and additional staff, but they work with what they have and so many are near the brink of burn-out. There have been many improvements at all levels but not nearly to the extent that we had hoped for. We are counting on everyone to continue to work with the diligence that they continue to demonstrate each year.

I want to thank each and every one of our staff members at every level of the organization. Family members who patiently wait for us when we travel to our meetings also play an important role in the completion of our challenging task. We love you and thank you for being there for us.

Originally, I had planned to work for the organization for only one year, but eight years later, I am still here. I am here because I care about the health and well-being of our nation, and I am not alone. I have so many people who work with my team, and countless others who support the work we still have to do. Thank you all for your patience, contributions and support.

Lisa Petagumskum
AED – Miyupimaatisiiun

Community Miyupimaatisiiun Centres

Waswanipi

Introduction

This past fiscal year, there were two Powerpoint presentations made concerning the Waswanipi Miyupimatisiiun Center. One was made at the Special General Assembly in November 2007, in Nemaska. The other was made to the Public Health Department in Val d'Or in March 2008. Both of these presentations give an overview of the WMC and its position regarding the implementation of the Strategic Regional Plan (SRP).

The WMC has 50 permanent employees. Before the SRP there were 27 employees. In the near future we should have 80 employees according to the SRP. We are presently in the process of hiring badly needed support staff.

There are no significant trends concerning community health in Waswanipi. Diabetes is very present and the number of cases being detected is growing. This is the challenge. We have to help those that have diabetes. There is work to be done in prevention at all levels. *The challenge is to get people to change their lifestyle*, to choose a healthier one for themselves and their families.

In the social area, Youth Protection has been strengthened in the past year and we now have a team working together in Waswanipi. Efforts must now be made for the population between 18 and 45 years of age. This is the group that Social Services must now address and provide services and support for. We have only one (1) community worker in Social Services and this is not adequate to address the needs and concerns of this target group. With the local reorganization of the integration of staff, services and programs, we will be able to provide better services.

Generally, this community has and is known to have a significant drug problem. The geographic location and road access to Val d'Or and Chibougamau makes this a target community for illicit drugs. In the past year, we have noticed a significant percentage of babies born with problems related to alcohol and drug use by the mother. This signals a need for prevention. If nothing is done, the cost will be high in the near future.

The population of Waswanipi is 1,907 and the 0-to-24 age group represents 6% of the population. A large part of the population is trilingual.

Highlights 2007 – 2008

Twenty-five (25) positions were approved in the support sectors, that is:
Six (6) CHRs, 2 or 3 (2.5) secretaries, two (2) receptionists, one or two (1.5) housekeepers – light, one or two (1.5) housekeepers – heavy, one (1) pharmacy technical assistant, one (1) archivist assistant, 1 Respiratory Therapist part-time, three (3) heads, one (1) executive secretary, one (1) administrative technician, one (1) cook and one (1) assistant cook. The challenging issue continues to be office space and adequate working areas.

There continues to be fluctuations in the population of the community, mainly because of the Sabtuan Regional Vocational Center. The staff and the students come to the WMC for services.

The Local Diabetes Conference was successfully held in November 2007 and all participants are anticipating the Regional Diabetes Conference to be held in Waswanipi in 2008.

The Community Health program has provided valuable health services especially to pregnant women in the community.

Eight (8) of the sixteen (16) lodgings have been completed as of March 31, 2008. Eight (8) more are still to be completed.

The MSDC has been more involved with projects and service delivery in the community.

We continue to have regular visits from professionals such as psychologists, pediatricians, ophthalmologists, psychiatrists and other counsellors.

Programs and Services

Health

Our statistics remain approximately the same as last year, with a slight increase. We have had 9,258 visits with the nurse in the curative and 1,097 in the program sector. There were 387 doctor interventions in the curative and 1,667 interventions in the program sector. There were 4,546 visits to a specialist. Transportation was urgent in 123 cases and elective in 1,594 cases. These statistics were sent to the Health Coordinator in Chisasibi.

Personnel in place:

1 Nurse for foot care.
1 School nurse on maternity leave
2 CHRs
1 Diabetes nutritionist plans to move to Mistissini.
1 Doctor also moving to Mistsissini.

There is a big turnover of nursing staff.

Social Services

With only one CLSC community worker, progress has been difficult. There were many suicide attempts (22 listed), 116 cases of conjugal violence, 116 cases of adult counselling, 54 cases of family counselling, 56 cases of youth counselling, 19 provisions of homecare services and 86 clients were referred to specialized services. In all there were 200 interventions for 198 beneficiaries.

We have experienced a significant change of staff in homecare and this program must be rebuilt. We are in the process of hiring the required staff.

In the fall, a physiotherapist was hired and works at the MSDC with the rehabilitation monitors. We need a community worker and a nurse. A nurse was hired and trained but remained with us only a short time.

A new HRO (Human Relations Officer) was hired in January. We will have to post a vacancy for the NNADAP community worker.

Homecare Services
Five regular homecare workers continue to provide services in the community. A revision will be conducted as soon as the whole team is hired and working together. There were 47 clients, 9 were new clients, 9 post-partum clients, 25 clients with special needs, 10 non-autonomous clients, 16 semi-autonomous clients.

Escorts for Elders requiring medical service remain an issue.

Multi-Service Day Center
Lack of transportation remains an issue especially during bad weather conditions. There has been more collaboration with Homecare Services to avoid duplication of client services. Employees have made efforts to remain proactive throughout the year.

Material Resources

Buildings
We have two major service buildings, three duplexes, and one apartment building. The Waswanipi First Nation provides three (3) duplexes, two (2) units in a four-plex, four (4) trailer units, and eight (8) apartments units. Eight (8) more will finished in 2008. Living quarter requirements for outside staff have been met in 2007.

Administration

A new administrative technician was hired and has contributed in updating all the orders with the finance department and thus making the necessary corrections.

Plans and Development

1. Plans have begun to identify office and storage space needed.
2. Plans for additional support staff have been approved.
3. We have identified training needs for the housekeeping and maintenance staff.
4. Additional transportation will be required for Dialysis patients in the near future. A needs assessment will be carried.

Recommendations

The public and our staff must address the issue of no tolerance of verbal or physical abuse in our buildings. We need a code of ethics to be posted. Harassment must not be tolerated and this must be advertised in our buildings.

Conclusion

Communications between Chisasibi and Waswanipi continue to be challenging. We need good information to progress in all the files.

As stated in this report, we have to concentrate now on providing support to 18 to 45-year-olds. We will need more human resources, especially social workers, to address the problems of this important group and provide the necessary support.

Alan Moar
Waswanipi CMC Director

Mistissini CMC

Introduction

For the past year, we emphasized putting in place the human and material resources required to lay out the groundwork for integrated services for the clientele.

Administration

For the year 2007-2008, we have been successful in putting in place all the Heads of Programs of the Mistissini CMC, except the Head of Chishayiyuu Miyupimaatisiiun going on its fourth posting, but there has being someone in place on an interim basis since February 2006.

Personnel in Place

1 Local Coordinator
1 Administrative Technician
1 Executive Secretary
1 Head of Administrative Unit
1 Head of Awash Miyupimaatisiiun
1 Head of Uschinichisuu Miyupimaatisiiun
1 Head of Chisayiyuu Miyupimaatisiiun (interim)
1 Head of Current Services

The Heads of Programs have been working with the Public Health Department of the Cree Board of Health and Social Services of James Bay setting up their programs within the age group they are working with.

Awash Program

1 Social Worker “Community Organizer”
3 Nurses
4 CHRs
1 Attendant in a Northern Establishment

The personnel (only partial) for this program has been put in place to start working on the “Amskuupimatiseat Awasch”, and training has also been provided by the Public Health Department. The goal of this program is to provide support to pregnant women, their partner, and their children up to the age of 5, who are experiencing situations that make them vulnerable. The long-term goal of these integrated services is to promote intergenerational transmission of healthy life habits and family values to prevent health and psychosocial problems.

The main strategy used is the empowerment of individuals and empowerment of their community through different components:

- Provide intensive coaching to pregnant women and young parents.
- Set up suitable environments for healthy pregnancies and parenthood.
- Provide early educational support for pre-school children from disadvantaged backgrounds.

More personnel will be added to the department.

Health Services

Three (3) permanent doctors are in place with a "dépanneur" who acts as a replacement during holidays. These doctors see clients on an appointment basis and they also do a rotation in the Community Health Department.

Number of consultations: 534

They also see a good number of the clients (14,973) that come in for curative services.

Curative services are provided by the following personnel:

Personnel/Current Services

7 Nurses
1 Liaison Nurse
1 School Nurse
3 Community Health Representatives (1 from the Diabetes Program/included)
3 Attendants in a Northern Establishment
1 Secretary

Community Health

2 Nurses
(2 Nurses - on a rotation basis from the current services)
(1 Community Health Representative on a rotation basis from the current services and Diabetes Program)
1 Attendant in a Northern Establishment

1 Liaison Nurse with the help of an "Attendant in a Northern Establishment" from the current services is providing services to clients that need to leave the community for outside consultations and ensure follow-ups when they return to the community;

1 School Nurse is in place and she works at the elementary and secondary level of the Voyageur Memorial School. She has set up the school program, which is pretty much up to date. Once the "Uschinichisuu Miyupimaatisiiun" program is set up and in place, she will be transferred to it. In the meantime, she will remain with the service.

Statistics for Health Services

Number of clients seen:

1st visit: 9,594
Follow-ups: 10,306

Curative: 14,973
Program: 4,789

Number of observation hours: 143.7

Number of elective transportations: 1,924

Births: 91 (49 females and 42 males)
Deaths: 10 (10 males)

Prehospital Services

223 inter-hospital transfers
73 local calls

Number of clients seen by nursing personnel:	19,903
Number of clients seen by medical personnel:	534
Number of clients seen by CHRs:	1,660

Consultations with Specialists

Pediatrician:	183
Ophtalmologist:	316
Psychologist:	
Psychiatrist:	16
CLARA (mammograms):	147
Total number of clients:	**22,612**

Social Services

Three (3) Community Workers are in place to provide support to individuals and/or family who are in need of counselling.

Number of interventions: 487

Number of beneficiaries: 277

NNADAP

One (1) Community Worker working under the NNADAP program provides counselling to clientele with drug and alcohol abuse problems and refers them for treatments to addictions and also raises awareness in the community.

Interventions: 1,040
Number of beneficiaries: 168

Homecare services (Provincial)

1 Nurse
7.5 Homecare Workers

The hiring of a nurse for this program has helped reduce the caseload of the homecare nurse for the Federal program.

Number of clients eligible for homecare services: see statistics.

Home and Community Care Program

1 Homecare Nurse
1 Community Worker
1 Rehabilitation Monitor
1 Nutritionist
1 Occupational Therapist/Inland (was based in Mistissini but moved to Ouje-Bougoumou)

The Home and Community Care Program continues to provide adequate and continuous care to the clientele that requires homecare services. Furthermore, since the hiring of a second nurse under the provincial program, it has alleviated the workload of the nurse in the program. This year we will try to do the same for the community worker.

MSDC

1 Activity Team Leader
2 Education Monitors
1 Psycho-educator
1 Physiotherapist
2 Rehabilitation Monitors
1 Secretary

Due to the absence of an adapted transportation in the community, we have not been successful in providing services to its full potential. Action has been taken to purchase an adapted vehicle for the community; therefore we hope to have the transportation that is needed in place in the near future.

Auxiliary Services

2 Housekeeping Attendants (Light)
1 Housekeeping Attendant (Heavy)

Maintenance

1 General Aid in a Northern Establishment
1 Maintenance Worker

Transportation

1.5 Vehicle Drivers

Transportation is provided for clients who have to leave the community to receive services in Chibougamau and/or to take a connection to go farther south to Val d'Or, Montreal, etc… Due to the increasing number of clients receiving dialysis treatment at the Chibougamau hospital, we have been operating the service with two (2) full-time drivers (to cover 1.5 positions) therefore, a request for an additional .5.

Future Mistissini CMC

The PFT (Plan fonctionnel technique) for the construction of the new CMC (Community Miyupimaatisiiwin Centre) in Mistissini is finished and we are waiting for the Ministry's approval.

Within the new Mistissini CMC, a midwifery program was to be put in place. After many consultations with the community members of Mistissini, they have decided that they would prefer to have a Birthing Centre separate from the Mistissini CMC.

Conclusion

We will continue to implement the objectives of the Strategic Regional Plan to the best of our ability with the facilities that we have in place, keeping in mind that its purpose is to provide integrated services to our clientele.

We still have a long road ahead along with its obstacles that we face everyday to make it a reality but we will reach our goal, and that is to see our new "Community Miyupimaatisiiun Centre, and I believe Mistissini has a good team that can and will do it.

Thank-you to all personnel of the Mistissini CLSC and to others who have assisted us in any way, without your dedication and hard work, we wouldn't be where we are today.

Keep up the good work!

Annie Trapper
Local Coordinator

Oujé-Bougoumou CMC

Medical Health Staff

3 Full-time Nurses
2 Replacement Nurses
1 Homecare Nurse
1 School Health Nurse
1 Permanent Northern Beneficiary Attendant
1 Full-time Secretary
1 Full-time Receptionist
1 Full-time Administrative Technician
1 Community Health Representative
1 Full-time Nutritionist
1 Permanent Light Housekeeping Attendant
1 Maintenance Worker (replacement worker)
1 Vacant Heavy Housekeeping Attendant
1 Dentist
1 Dental Assistant
1 Dental Receptionist
1 Doctor (scheduled one week a month)
1 Psychologist (4 times a year)
1 Counsellor (4 times a year)
1 Head of Current Services (June 16, 2008)
1 Head of Awash and Youth (approx July 16, 2008)

Nursing

At the present moment, we employ three (3) full-time nurses who rotate on-call for after-hour duties. We do not employ a permanent head nurse. This position is filled by rotation amongst existing nurses on a weekly basis, until the Head of Current Services and the Elders' program starts on June 15, 2008.

The statistics below will indicate the increase number of clients seen from the previous year 2006.

Nurses: Total curative visits: 7,682 compared to 6,135 clients in 2006.
Total programs: 444 compared to 366 programs in 2006.

Doctor: Total curative visits: 740 compared to 1,057 in 2006.

Community Health Representative

At the present time, there has been a change in the CHR position. This has caused extra work for the nursing team and the nutritionist.

The new CHR started on November 19, 2007. She had her first official training in Val d'Or with Francine Noël in February of this year. This position has been vacant since March 31, 2005.

Dental Department

We employ one full-time dentist, one dental assistant and one secretary. The working hours vary with the dentist and we do not have a replacement dentist.

At the present time, there seems to be a backlog of clients with a waiting period of three (3) weeks, which is much better than a six-month waiting period that existed in the past.

Dental Visits: 698 cases last year

A dental hygienist is required to complete the Dental Department. I have prepared a personnel requisition for this position.

Specialists

Ophtalmologist:

Number of clients seen: unknown

An ophthalmologist gives services to our community, once a year. The Specialist sees clients who live with diabetes or other health problems

Pediatrician: Number of clients seen: unknown

Four times a year, a pediatrician from the Montreal Children's Hospital visits our community.

Patient Transportation

Requests for transportation are handled by a Northern Beneficiary Attendant. This worker also ensures that the file is complete for the clients who travel for appointments outside the community. Our patient van travels to the surrounding towns, such as Chibougamau, and takes patients to Chapais to travel on the Maheaux bus to various towns, such as Val d'Or and Montreal.

Transport: 877 elective transports

* Replacement worker didn't collect the statistics from January- August 2007.

Home and Community Care Program

At the present time, we employ the following staff: One (1) HCCP Nurse (status 2), one (1) Community Worker (Status 2), one (1) home care worker (Status 2). Throughout the year, we have provided services to the Elders who have lost their autonomy because they are physically handicapped or mentally challenged. We were not able to predict how many files would be short-term. These were clients who after surgery needed help in their homes.

Total number of home visits: 676 home visits
117 clients
1,212 hours of services given to the community of Ouje-Bougoumou

Psychologist and Counsellor Services: (Mental Health Program)

The female psychologist visits our community for five (5) days four (4) times a year and the male counsellor provides services for four (4) days four (4) times a year, for a total of thirty-six (36) days of visits in our community of Ouje-Bougoumou, which has a population of 707 Beneficiaries.

Caseloads: 233

Psychologist: 142 clients compared to185 clients in 2007

Counsellor: 91 clients compared to 174 clients in 2007

Nutrition Programs

We employ a full-time nutritionist, whose primary function is to cover the Nutrition Programs; she is also involved in the CPNP Prenatal Program, Diabetic Program and HCCP Program. The nutritionist is a resource person for programs that are created locally or with Cree Health Board employees and the Local Band Office, Cree School Board, Capissisit Lodge, Sports Complex and childcare centres.

CPNP Program:	36	clients compared to 32 in 2006
Diabetes Initiative Program:	92	clients compared to 46 in 2006
HCCP clientele:	10	clients compared to 7 in 2006
Total clientele:	138	clients compared to 85 in 2006

Maintenance and Light Housekeeping

A Status 3 full-time maintenance worker has resigned and Human Resources will post this vacant position. Both light housekeeping employees are Status 3. We are still waiting to fill the full-time heavy housekeeping position for the clinic. The light housekeeping position was changed from Status 5 to Status 1, in February 2007. The maintenance worker who was hired on April 30, 2007, resigned on April 9, 2008. The tasks are to maintain the big clinic, the two transits and apartments

for the visiting specialists and replace nurses or other CHB workers. In all, we have sixteen (16) permanent housing units for CHB personnel.

Human Relations Officer/Team Leader

This person is the liaison with the Medical and the CLSC Community worker, the Youth Protection worker and the Foster Home Care worker – Young Offenders, in addition to the Homecare Program, and the NNADAP prevention worker. This person is responsible for ensuring that all services are given to the clients of the Social Services Department.

Number of interventions from March 31, 2007 to April 1, 2008 are as follows:

Periods 1-13	Accumulated 1,522
Number of beneficiaries	Accumulated 945

By CLSC Community Worker, Judy Capissisit

Number of interventions from March 31, 2007 – April 1, 2008

Period 6-13	Accumulated 156
Number of beneficiaries	Accumulated 103

By NNADAP Worker Alice Wapachee

Here is a list of employees under the ***Direction of Youth Protection Department***:

1 Youth Protection Worker
1 Foster Home Care Worker – Young Offenders

Statistics provided for Ouje-Bougoumou Healing Centre by the Head Office of Youth Protection in Chisasibi

Multi-Service Day Centre
1Activity Team Leader
1Maintenance Worker
1Education Monitor
1Rehabilitation Monitor
1Secretary
1Occupational Therapist shared with Waswanipi
1Physiotherapist shared with Waswanipi

Presently under recruitment:
1Cook
1 Part-time/FTCook Assistant
1Psycho-educator
1Social Assistant Technician (interim)

Physiotherapy Services:

The Multi-Service Day Centre was officially opened on February 14, 2007. It was a very successful and enjoyable experience, our operations are slowly progressing, but we do have some clients. Every Wednesday our team helps to motivate their weekly clients, eliminate their loneliness and share some laughter with our disabled Elders who are mentally challenged.

Statistics from Louise Roy, PT are as follows:

MSDC	11 new referrals	4 discharged	57 visits
Homecare	1 new referral	0 discharged	3 visits
Clinic	16 new referrals	17 discharged	48 visits

The annual statistics for Ouje-Bougoumou Multi-Service Day Centre (prepared by Martha McKenzie):

Referrals: 5 clients
Referral follow-up: 3 clients
Initial contacts completed: 17
Participants: 34
Care plans completed: 9
Care plans revised: 8

Recommendations from the Clinic

- Increase the number of foster homes
- Need a shelter for both men and women
- Provide a safe home environment for the mentally challenged
- Require Additional personnel for the mental health department
- Give workers more opportunities to attend workshops that are related to their work to help them gain skills, knowledge and motivation.
- Social emergency workers to improve their writing skills and properly fill in the reports
- Cree Board of Health to pay one-week traditional leave since we do energize ourselves by going back to our culture (bush life)
- Have an Inland and Coastal director of Youth Protection

The recommendations that I strongly suggest are to have shed units built next summer for the existing transits and for the clinic.

A high rate of vandalism, which was never a problem in Oujé-Bougoumou, is costing the CHB a substantial sum of money. Flooding has occurred in one unit on more than one occasion. This past fall, we have worked in collaboration with the Police to help stop this problem.

Conclusion

In this past year, we provided the best care that we could with the resources that we have at the local level. Throughout this year, our workers were able to provide services in crisis interventions, as the workers cannot implement the prevention program due to limited time, and because we lack human resources and financial means. With the new agreement, we will implement more programs and staff to provide the necessary resources now lacking in the community.

Our building has been operational since March 14, 1994 and we lack office space for other professionals in the clinic. Compared to last year, we are creating more workspace for future Heads (coordinators) in Ouje-Bougoumou.

In the first week of June 2008, Ouje-Bougoumou held community workshops to inform the population about services and the future development that will take place within the CMC. We shall spread our wings and reach out to our clients to serve them better.

Susan Mark
Ouje-Bougoumou CMC Director

Nemaska CMC

The Nemaska CMC team:

Head Nurse	Hélène Lefebvre
Nurse	Diane Poulin
Nurse	Caroline Trudel
Replacement Nurse	Vacant
School Nurse	Vacant
Nurse HCCP	Raymonde Rheume
Nutritionist	Vacant
Beneficiary Attendant	Emily Neeposh
Beneficiary Attendant	Ella Rabbitskin
Secretary Medical	Vacant
Housekeeping	Francis Jimiken
Driver/General Aid	William Moar
CHR	Bella Jolly
Dentist	Kim Chi Ngo
Dental Assistant	Madeline Jolly
Dental Receptionist	Vacant
Team Leader (MSDC)	Evadney Mettaweskum
Rehabilitation Monitor	Linda Moar
Education Monitor	Rosie Tanoush
Secretary	Natacha Moar
Maintenance	Vacant
Community Worker (HCCP)	Marlene Jolly Pash
Homecare Worker	Hattie Moar
Homecare Worker	Ruby Tanoush
Rehabilitation Monitor	Vacant
Youth Protection Worker	Vacant
Young Offender/Foster Home	Katrina Orr
NNADAP Worker	Roger Orr
Secretary Social	April Trapper
Community Worker	Roselyn Rabbitskin
HRO/Team Leader	Kathleen Neeposh
Local Director	Beatrice C. Trapper

Programs and Services

Nursing

Presently we employ six (6) nurses, including the school nurse and the Home Community Care Program nurse. They perform various tasks within their programs, and also rotate with the after-hour on-call emergency service.

Community Health Representative (CHR)

The CHR continues to work in collaboration with the nurses, the nutritionist and the MSDC team on prevention and health promotion activities. Although, we only have one CHR, she continues to do an extremely good job with the limited resources she has.

Dental Services

There is one permanent part-time dentist for the community of Nemaska. In the past, we had the dentist from Waskaganish come to the community ten (10) days of every month. The schedule for the dental department is now on a bi-monthly basis.

Doctors and Specialists

We now employ a doctor, Dr. Guy Paquet, who comes to the community every month for a period of ten (10) days, and is well received by the community.

The other specialists who visit are the dental hygienist, denturologist, optometrist, pediatrician, psychiatrist and psychologists.

Patient Transportation

Beneficiary Attendants are in charge of patient transportation. However, we employ a full-time driver who takes patients to Chibougamau, Waskaganish, and Chisasibi for special medical appointments.

Maintenance and Housekeeping

There are four (4) employees in this department. There are three (3) office buildings, one (1) transit, and fifteen (15) personnel units that require housekeeping and maintenance.

Home Community Care Program (HCCP)

Although this program had to face obstacles, due to turnover of personnel, it is still providing adequate services. The program provides services to the elderly, persons requiring special needs, or to clients, if a referral is made either by the nurse or CHR. The HCCP presently provides continuous assistance to twelve (12) clients.

National Native Alcohol and Drugs Abuse Program (NNADAP)

The NNADAP worker continues to provide counselling to individuals with addictions, and also make referrals for clients to treatment centres.

There were 629 interventions. 13 clients have completed a treatment program.

Social Services

The social services department continues to provide aid to youth, adults, couples, families and elders.

There were 749 interventions to 338 beneficiaries.

Youth Protection

This team consists of three (3) workers under the supervision of the Director of Youth Protection.

The social emergency service department is problematic since we are unable to recruit workers.

Multi-Service Day Centre (MSDC)

The MSDC department consists of four (4) employees. It has celebrated its first anniversary of operations. It serves five (5) clients and works in collaboration with the CHR and the HCCP team.

Challenges

The challenges and obstacle are as follows:

- Escorts for medical and social service appointments
- Transportation for MSDC clients
- Office space
- Security
- Foster homes
- Hiring of additional staff
- Overwhelming caseloads
- Recruitment of replacements

Conclusion

The conversion of the transit for additional office space has been completed, we can therefore start hiring additional personnel. Our working relationship with other local departments, such as, the first responders and police is going very well. Although there are numerous obstacles and challenges, the team continues to do an excellent job with the limited resources it has.

I would like to take this opportunity to thank the local team for its continuous effort in providing services to the community.

Beatrice Trapper
Nemaska CMC Director

Waskaganish CMC

Staffing of Medical and Health

7 Full-time Nurses
2 PFT Permanent Northern Beneficiary Attendants
1 Occasional Northern Beneficiary Attendant
1 Occasional Secretary Receptionist
1 PFT CHR
1 PFT CHR Diabetes
1 PFT General Aide Worker
1 PFT Light Housekeeper
1 PFT Heavy Housekeeper
1 Permanent Dentist
1 Dental Hygienist
1 Dental Assistant
1 Dental Receptionist
6 Doctors (rotating 2 at a time)
2 Psychologist (11 visits)
1 Psychotherapist (7 visits)
1 Psychiatrist (once or twice a year)

Staffing of Social Services

1 PFT Local Director
2 PFT CSLC Community Workers
1 TFT NNADAP Worker
1 PFT Administrative Technician
1 PFT Administrative Officer Class 2
1 TFT HCCP Community Worker
3 PFT Homecare Workers
1 TFT Human Relations Officer
1 PFT Occupational Therapist
1 PFT Physiotherapist
1 PFT HCCP Rehabilitation Monitor
1 PFT Maintenance

Staffing of MSDC

1 PFT Activity Team Leader
1 PFT Administrative Officer Class 2
1 PFT Housekeeper (light)
2 PFT Education Monitors
2 PFT Rehabilitation Monitors
1 PFT Maintenance

Nursing

At the present time, we employ seven (7) nurses on full-time duty, including the school nurse, and five (5) working in the clinic. We need two more nurses to maximize services, one of which could be a link nurse for appointments outside, and hospitalized patients. The nurses rotate for after-hour duties as well as being on call. We do not have a permanent head nurse because of the enormous amount of work and pressure this position entails. Therefore, this position is rotated between two (2) or three (3) nurses on a monthly basis.

Nurses:	**Curative visits total**	**11,927**
	Program total	1,472

Community Health Representative

Currently a CHR covers both the CHR and CHR Diabetes programs. The CHR (Diabetes program) is on leave and we are in the process of filling this position on a temporary basis.

CHR Statistics:	Clinic Visits	768
	Home	31
	School (Individual)	15
	Groups	15

Dental Department

We employ a full-time dentist, dental hygienist (starting mid-June), a dental assistant and a receptionist. Most of the work comprises extracting, and filling cavities.

Dental visits	1,353

Dental Hygienist

As this report is written, we do not have a dental hygienist in place. However, a dental hygienist has been hired and will be starting in late-June to early-July 2008.

Doctors and Specialists

In the community of Waskaganish, we have two (2) doctors are in attendance on a rotating basis two to three weeks at a time throughout the appointment schedule. Both have been very well received by the clients. The team comprising of seven (7) to nine (9) doctors (including two couples) makes scheduled visits.

Specialists occasionally hold clinics. Most of them visit once to three times a year. Specialists cover: pediatrics, ophthalmology, ENT, foot-care, and optometry.

Doctors:	Curative visits	868
	Program	1,179
Specialists:	Ophthalmologist	134
	Psychiatrist	25
	ENT Specialist	101
	Pediatrician	122
	Foot care	249

Patient Transportation

A Northern Beneficiary Attendant takes care of transportation and accommodation for clients. This worker provides all the services and, who also writes the necessary documents for the clients who are going to appointments outside the community. Our community transportation services are being provided by a local taxi company. We are considering implementing a system in which taxi vouchers will be provided to patients who require the use of transportation services.

Transport:	Urgent	83
	Elective	1,164

Rehabilitation Team

Physiotherapy

We employ one full-time physiotherapist in the community who joined us on January 23, 2008. This position had been vacant since February 2007. The PT is currently providing services to out-patients and HCCP clients.

Occupational Therapy (OT)

We employ one full-time occupational therapist who joined us on January 7, 2008. It is the first time that this position is filled as a full-time position. We previously use to receive OT services approximately four (4) times/year through professionals based in Chisasibi. The OT is currently providing services to outpatients, HCCP clients, and MSDC clients. As it now stands he is currently only providing services in Waskaganish. However, we may be sharing the occupational therapist with Eastmain in the near future.

Rehabilitation Monitor HCCP

We employ one full-time rehabilitation monitor in the HCCP program. She works closely with our PT and OT on caseloads and a follows up on intervention plans established by the professionals.

Rehabilitation Statistics

	Out-Patient		HCCP		
	PT	OT	PT	OT	RM
New	24	7	9	15	13
Discharges	3	5	0	0	0
Clinic Visits	91	19	3	2	--
Home Visits	1	2	31	73	276
Childcare centres/Schools	0	7	5	0	--
Did not attend	28	7	1	2	0
Cancelled	3	3	6	0	0
Direct Care (minutes)	5,785	1,890	3,510	5,418	25,770
Non-Direct Care (minutes)	7,535	720	2,890	4,635	58,787

* Missed and cancelled appointments were not included in the number of clinic and home visits.

Home and Community Care Program

The core group of the Waskaganish Homecare department is comprised of the homecare nurse, senior homecare worker, rehabilitation monitor, and the community worker. This core group is supported by a team of two (2) permanent homecare workers and 17 occasional homecare workers. There had been a turnover of staff for the community worker position during the month of August 2007 and we have had a replacement filling in since then. The addition of the MSDC in Waskaganish has had a positive effect on this department as we have seen a reduction in homecare hours and therefore a reduction in the department's workload. One of the toughest challenges encountered by this department is the difficulty they encounter when a client (elder) passes away.

This past fiscal year, the HCCP Program has seen 35 clients and three (3) files were closed because of death.

Number of home visits	1,948
Total hours of services provided	8,337.5
Hours of services provided 75 yrs. + (included in total)	2,060

Nutrition Program

Our nutritionist resigned on June 28, 2007 and we are currently seeking to fill this position. A nutritionist came for a brief visit from March 4 to 7, 2008. Filling this position should be a priority in the upcoming year considering that we will have cooking staff in place, which will be serving meals to MSDC clients.

Housekeeping

At the clinic, we have two (2) employees in this department, one (1) permanent full-time light housekeeper and one (1) permanent full-time heavy housekeeper.

They maintain the cleanliness of our two (2) transits and clean our CHB housing units whenever they are vacated.

The housekeepers keep the clinic clean, wash walls, floors, clean nurse examination rooms, restock the medical cabinets, sterilize and clean medical equipment, store and receive supplies in storage rooms. The housekeeping staff are currently responsible for ordering cleaning and medical supplies. However, they have raised their concerns about ordering medical supplies as it seems to be taking a vast amount of their time. For the upcoming year, we will be looking to delegate the responsibility for ordering medical supplies to one of the nurses after we consult with the nurse in charge.

The housekeepers also do the overall spring cleanup of the whole clinic. This takes between three (3) to four (4) weeks to do a complete cleanup which includes, washing everything in the offices, cupboards, shelves, walls and washing, polishing and waxing floors, and cleaning windows and blinds. The housekeeping personnel have expressed their concern about the need to have an additional worker during the spring clean up.

Maintenance

The maintenance crew at the clinic comprises one (1) full-time maintenance attendant and one (1) full-time general aid in a northern establishment. The general aid's duties comprise taking care of facilities, regularly maintaining the building, vehicles and also the nurses' apartments and transits. The general aid worker also helps with the spring cleanup, plastering, painting and moving heavy furniture. He goes to the store and the post office and picks up workers as they arrive for replacement or doctors, specialists and nurses. He transports staff for home visits. The maintenance worker's main duties are to regularly maintain the building, vehicles, furniture as well as equipment. This individual also provides services to our transits and apartments and is on-call whenever any emergency maintenance is required.

Psychologist and Psychotherapy Services (Mental Health)

Throughout the year we were able to provide the services of a psychologist and a psychotherapist to clientele by regular visits from specialists. Even though these services were provided, we are not able to meet the demand for such services and this causes a backlog of clientele. The need for a full-time psychologist is seriously increasing in the community.

Multi-Service Day Center

Our MSDC personnel includes one (1) activity team leader, one (1) administrative officer Status 2, one (1) housekeeper (light), two (2) education monitors, two (2) rehabilitation monitors, and one (1) maintenance worker. The centre also received regular visits from the occupational therapist. The MSDC held an open house on February 20, 2008 and it gave the community members an opportunity to get some information on the services provided by the MSDC and meet its staff.

A grand opening of the MSDC is tentatively scheduled for June 17, 2008. A previous attempt to have a grand opening this past fiscal year was unsuccessful, due to scheduling problems with invited guests. The MSDC started offering services on Tuesdays and Thursdays from June 19, 2007 to February 14, 2008. Since February 18, 2008, they have been offering services every weekday. Since services were started, numbers of participants and the number of times they participate has been steadily increasing.

Participation June 19, 2007 to March 31, 2008

Morning Session:	309	2.38 average/day	
Afternoon Session:	373	2.87 average/day	
Total:	682	5.25 average/day	

One of the obstacles being faced by the MSDC in providing services to the elderly and people with disabilities is the lack of adaptive transportation. The MSDC staff have identified 16 potential participants that require this service. Out of this group only four (4) have found themselves transportation to the MSDC at their own expense. Our ATL is currently looking into getting some help from the local band in order to address this situation.

NNADAP

We are seeing more and more collaboration between our NNADAP worker and our Young Offender worker on various community projects. The results have been great and it is something we believe will continue in the upcoming year.

Total clients	**34**
Active (ongoing)	11
Closed	20
Open (potential) files	3
Referral to CLSC	0
Referral to YP	0
Clients having completed an Alcohol and Drug Treatment Program	9
Last-minute cancellations	2
People on waiting list	2

CLSC

The CLSC department employs two (2) community workers. It has examined 360 individuals (potential clients) seen at the CLSC department and initiated 1,566 interventions through home visits, telephone calls, office visits, or by correspondence throughout the year. At the end of the fiscal year 249 out of the 360 files were closed and 111 are still ongoing. One issue that was brought forth by one of the workers was the fact that she is always contacted by community members after working hours.

Active files	111
Closed files	249
Total files	**360**

S-5 Placements by age group:

Child/Youth (0-18 years old)	169
Adult (18 years and over)	49
Elders	9
Total Foster Placements	**227**

Long-term outside resource placements	2
Long-term placements within Cree communities	3

Youth Protection

In the Youth protection we employ seven (7) workers, one (1) Team leader, three (3) workers from the Youth Protection Community (one (1) on interim) and one (1) Foster Home worker, one (1) Young Offender worker and one (1) Secretary (interim). This past fiscal year, the Youth Protection Department was no longer covered by our HRO.

*Please note that after calling Chisasibi for case summary reports, I was notified that at the time of writing this report, these figures have not yet been compiled by the Youth Protection Department.

Recommendations of the Youth Protection Employees

- Sharing information on the new changes of the CHB concerning the department or other programs
- Workers recommend self-retreat care training every year
- A computer for all YP employees is a must. They handle a lot of confidential information and they only have access to one computer in the reception office
- Would like more forms computerized (YP registration, YP signalment, progressive notes)
- An educator is needed to plan with families on how to improve the clients' condition
- Resource materials such as a projector and laptop to do presentations

Housing

This year we acquired 10 additional housing units. This has provided some relief for our shortage of housing. It has also enabled us to pursue the hiring of additional personnel. There have been some issues concerning the responsibility for repairing some the deficiencies in some units, and it has taken some time to get this issue resolved with the local band and the contractor who build the units.

First Responders Services

The nurses work in conjunction with Waskaganish First Nation First Responders team to provide for emergencies or take patients from clinic to airport or vice versa, which is contract work for the WFN and the Health Board.

As stated in the previous annual report, there are still certain problem areas that need to be worked out. This is related to the volunteer staff of the First Nation Responders and to securing more people for the team. There were reports of incidents in which responders were under the influence of substances when on call. In addition, there have been recent problems with the ambulance. The battery has been down several times and the vehicle could not start.

In the upcoming fiscal year, the Cree Health Board is planning to give a first responder course for this program, provided the First Responders team is available.

Between April 1, 2007 and March 31, 2008, the first responders were called for 179 emergencies. At the present time, the First Responders Team has five (5) volunteer members, two (2) are drivers, and three (3) are attendants.

Summer Student Program

In the summer of 2007, we were able to employ summer students at no cost to the Cree Health Board. The Waskaganish Youth council summer Youth Employment Program agreed to place students within the Cree Health Board: secondary students for six weeks and post-secondary students for 12 weeks. We had one post-secondary student working as a receptionist/secretary for social services and another for medical personnel including the nurses and northern beneficiary attendants. A secondary student worked on maintenance and two others with the Housekeeping Department. Each of the departments has expressed a need for additional help and this program ensures that we keep up with the workload. This program removes a lot of excessive workload from some positions, especially from the Northern Beneficiary attendants as well as from Housekeeping and Maintenance attendants. This past summer, the MSDC also had the opportunity to take advantage of this program and employed a total of four students. One post-secondary student worked with the education and rehabilitation monitors. One post-secondary student worked with the secretary. One secondary student worked with the housekeeper, and one secondary student worked with the maintenance worker.

Cree Human Resources Development Department

At the end of August 2007, we were once again asked if we were interested in having individuals work for the Cree Health Board as part of the E.I. Job creation Program. This time we employed two workers in this program. One of them worked with our northern beneficiary attendants and the other was placed with the social services secretary. One of these employees was eventually laid off due to lack of punctuality and absenteeism, while the other preformed her duties really well and eventually left the CHRD program to become one of our most reliable recall workers.

Research and Special Projects

Kimaa Myiwaapitet Nitawaashiim: This is an ongoing project to support pregnant women or mothers with infants. The objective of the program is to inform mothers on how to prevent cavities in infants. This past fiscal year our dental health representative provided services under this program to 35 individuals.

Nituuchischaayihtitaau Aschii Environmental Health Project: During this past fiscal year we have been approached about the possibility of having Waskaganish participate in an environmental health project. The idea behind the project is to test the population for contaminants such as mercury and lead, and to promote as well as preserve the well-being of the population. In February the project team had approached the local Band to implement a resolution supporting the project. The project is scheduled to run from May 26 to June 13, 2008.

Chî Kayeh Program on Sexual Health

This is a partnership between the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the Cree School Board. Chî Kayeh (You too), a program on sexual health was taught to the Secondary IV students in Waskaganish. This is a sexual health course offered throughout the school year; advocating a relationship-based approach. The goals of the Chî Kayeh program are to prevent sexually transmissible infections (STIs) and HIV/AIDS, and to foster healthy sexual behaviour among the youth of Iiyiyiu Aschii.

National Addictions and Awareness Week: Activities for the NAAW were organized by our NAADAP worker and our Young Offender worker from November 19 to November 23, 2007. It was a successful campaign aimed at creating awareness about various addictions. Some of the activities included a walk to which everyone was invited, power point presentations, radio programs, and activity nights.

Diabetes Conference: A local diabetes conference was held from March 4 to 6, 2008 at which funding was provided by the Aboriginal Diabetes Initiative. The CHR assisted the coordinator of the conference by setting up evening workshops, and organized a sliding day to promote physical activity.

Conclusion

In the past year, we have observed some great changes in the services that we provide. Our MSDC has now opened its doors and is providing services to its participants. We expect to see an increase

in the number of participants once we have adaptive transportation in the community. In addition, we now have a larger team in our home and community care department with the addition of the occupational therapist and physiotherapist. We have also acquired 10 additional housing units this past fiscal year. This has greatly alleviated the housing problem. The addition of new personnel has broadened the services we can provide and we are excitingly looking forward to having the various head positions in place in the upcoming fiscal year.

Challenges

One of our main challenges is the issue of office space. We have a building which is now operating at full capacity and we will have to look at renovation projects in order to create more office space in our building. We are still waiting for the approval to renovate the old Band Office. Once available, it will accommodate about eleven (11) offices.

Storage space is also problematic, as now we have to use some of the waiting area in the clinic for new desks and filing cabinets that were ordered for the head positions.

Another challenge is the lack of an air-conditioning system at the clinic. During the summer months, the heat is difficult to bear for some of the staff and we have had to send them home on some occasions when the temperature was too high.

There is also a shortage of phone extensions at the clinic. We have no more extensions available for new personnel.

The MSDC still does not have internet access. This still causes problems because they do not receive updates that are provided on Lotus Notes.

Trainings requests

- Improving writing skills for SS staff by organizing workshops/courses in English writing
- Training on the "teamwork" with CHB organization
- Improving the knowledge of legal regulations to practice in the field of social work. Confidentiality, code of ethics, release of information
- More training for CLSC workers in areas similar to those of NNADAP workers. Example: signs of addictions, aftercare, working with families, interviewing skills, and report writing
- Computer training (Microsoft Programs, Lotus Notes)
- First Aid (CPR) Course
- Training packages on various addiction issues
- Ability to provide on-the-job training to recall workers from regular personnel
- Self-retreat care training for employees in highly stressful positions

Statistical Report for Waskaganish

Nurses:	Curative visit total	11,927
	Program total	1,472

Doctors:	Curative visit	868
	Program	1,179

Specialists:	Ophthalmologist	134
	Psychiatrist	25
	ENT Specialist (Ear/throat Specialist)	101
	Pediatrician	122
	Foot care	249

Patient Transport:	Urgent	83
	Elective	1,164

Dental visits:	1,353

CHR:	Clinic Visits	768
	Home	31
	School (Individual)	15
	Groups	15

Rehabilitation Team: Out-Patient			**HCCP**		
	PT	OT	PT	OT	RM
New	24	7	9	15	13
Discharges	3	5	0	0	0
Clinic Visits	91	19	3	2	--
Home Visits	1	2	31	73	276
Daycare/School	0	7	5	0	--
Did not attend	28	7	1	2	0
Cancelled	3	3	6	0	0
Direct Care (minutes)	5,785	1,890	3,510	5,418	25,770
Non-Direct Care (minutes)	7,535	720	2,890	4,635	58,787

HCCP Program:	Clients			35
	Closed because of death			3
	Number of home visits		1,948	
	Total hours of services provided			8,337.5
	Hrs. of services 75 yrs. + (included in total)			2,060
MSDC:	Participation June 19, 2007 to March 31, 2008			
	Morning Session:	309	2.38 average/day	
	Afternoon Session:	373	2.87 average/day	
	Total:	682	5.25 average/day	

NNADAP:	Total Clients	34
	Active (ongoing)	11
	Closed	20
	Open (potential) files	3
	Referral to CLSC	0
	Referral to YP	0
	Completed an Alcohol and Drug Treatment Program	**9**
	Last minute cancellations	2
	People on waiting list	2

CLSC:	Active files	111
	Closed files	249
	Total files	360
	S-5 Placements by age group:	
	Child/Youth (0-18 yrs. old)	169
	Adult (18 yrs. and over)	49
	Elders	9
	Total Foster Placements	227
	Outside resource long-term placements	2
	Placements within Cree communities long-term	3

Louie-Rene Kanatewat
Head of Administrative Unit

Eastmain CMC

Staff of the Medical and Health

1 Full-time Nurse
3 replacement Nurses
1 Permanent Northern Beneficiary Attendant
1 Occasional Northern Beneficiary Attendant
1 General Aide
1 CHR
1 Part-time light Housekeeper
1 Occasional Dentist (visits)
1 Dental Assistant (status 5)
1 Dental Receptionist (Status 5)
1 Doctor (visits every three weeks)
2 Psychologist (visits every month)

Nursing

At the present time, we have one (1) nurse on full-time duty and three (3) replacement nurses. The nurses perform various tasks and also they rotate being on call for after-hour duties.

We do not employ a permanent head nurse, as this position is shared by two (2) nurses who have worked for the organization for a long time. At present time, we only employ replacement nurses as of September 2007.

Nurses:	Curative Visits:	7,588
	Program Total:	656
Doctor:	Curatives Visits:	612
	Program Total:	391

Community Health Representative

At the present time, we have one CHR, who started working in March 2007, who takes care of community health and concentrates on the diabetes program, follow-up appointments with clientele requiring prenatal care and gestational clients, as well as school and bush kit programs. She works with other organizations within the community on various issues. The CHR works very closely with Nurses, Doctors, other professional workers and the NNADAP worker in implementing programs for the community. She attended several training sessions.

CHR:	Clinic:	188
	Home:	47
	School:	29
	Groups:	77

Dental Department

At the present time, there is no full-time dentist in the community. A replacement dentist visits at least once a month. We employ one receptionist (status 5) and dental assistant. We also employ a denturologist and a dental hygienist, who visit twice a year.

Dental visits: 549
Denturologist visits: 21

Doctor and Specialist

In the community of Eastmain, one doctor, who has been well received by the clients, visits every 3 weeks

Specialists occasionally hold clinics and one of them visits twice a year. They include an optometrist and a pediatrician. A foot-care nurse visits twice a year to treat the diabetic clientele.

Doctor:	Curative:	658
Specialists:	Ophthalmologist:	147
	Pediatrician:	29
	Foot-Care:	118

Patient Transportation

A Northern Beneficiary Attendant takes care of client transportation and accommodation, and also writes the necessary documents for the clients who are traveling to appointments outside the community.

Transport:	Urgent	42
	Elective	419

Maintenance and Housekeeping

There are two employees in this department, and one of them is still Status 5. The permanent worker took an early retirement at the end of November 2007.

They maintain three to four transits for nurse replacements, doctors or other CHB workers.

The housekeeping duties include keeping the clinic clean, washing walls and floors, cleansing examining rooms, restocking the medical cabinet, sterilizing and cleaning medical equipment, storing and receiving supplies in storage rooms and placing orders with suppliers.

The general aide worker's duties comprise taking care of facilities, regularly maintaining the building and the nurses' houses and transits.

The maintenance worker takes care of the spring clean up, plastering and moving heavy furniture. He also goes to the store, picking up workers as they arrive for replacement, doctors, specialists and patients traveling to and from their appointments.

Home Care Program

At the present time, the CLSC worker is responsible for the program. He/she is assisted by two (2) home care workers (status 1) and one (1) home care worker, depending on the need of the clientele.

Throughout the year, we have helped elders who need our services, those who have lost their autonomy and are referred by the medical staff.

Home care program has seen 14 clients.

NNADAP Program

The NNADAP worker was hired on February 26, 2007, worked for two weeks and went on a sick leave until the end of March 2007. When she came back she started to concentrate on the clientele and setting up programs, such as awareness of abuses related to alcohol, drugs, solvents and others.

Number of Clients:	268
Number of Interventions:	573
Participants (NAAW):	500

Staffing for CSS/CLSC

In the Youth Protection Department we employ only one (1) worker and one (1) part-time secretary and no one has yet been hired to work as a young offender/foster home worker. Although we employed three (3) replacement workers this year, all of them took time off from their jobs, leaving youth without support.

Social Emergency Services

In the past, we have encountered problems in these services people were not interested in working after working hours, sometimes the Youth Protection had no choice but to intervene.

There has been a change; we can now rely on three (3) Social Emergency workers on a rotating basis, and two (2) replacements.

MSDC
1 Activity Team Leader
1 Rehabilitation Monitor
1 Education Monitor
1 Cook (status 5)
1 Housekeeping Attendant (Status 5)
1 Maintenance Attendant

The MSDC opened its doors on October 17, 2007 and is geared to enhancing the quality of life of the elderly and adults with special needs by providing therapeutic programs and services.

Types of participants: they are intellectually, mentally, and physically challenged, socially isolated and experiencing loss of autonomy.

Promoting healthy and active living and special needs.

Interventions provided 4 days/week to 8 to 13 clients.

Number of participants: 934
Group Intervention: 140

Psychologist

Throughout the year, we were able to provide psychological services as we had one (1) psychologist and one (1) counsellor (1 female and 1 male) who came in every month.

Housing Report

We have 14 houses for CHB: eight (8) houses with three (3) rooms and six (6) houses with two (2) rooms.
Out of the 14 houses, four (4) are duplexes.

Challenges

Turnover of nursing staff.

Since September 2007, only replacement nurses have provided services to the community.

The organization has expanded but office space is not available. The housing problem persists.

Hopefully, we will be able to get a building for the local Social Services in the near future.

Conclusion

In the past year, we have provided the best services within the capability of our resources at the local level. Although there were numerous obstacles and challenges the team continues to do a tremendous job. While I was there, workers were able to provide services during crisis interventions. We are looking forward to have the heads' positions filled and new personnel in place in the near future.

Rita Gilpin
Eastmain CMC Director

Wemindji CMC

The CMC of Wemindji is currently under construction. The target date for completion is December 2008. The local administration of the current Health and Social Services is located in four separate buildings: the old clinic, the Social Services building (Blue Trailer), the Multi-Service Day Center and a transit/office beside the clinic that was renovated to house three (3) office spaces for employees. The CHR, the nutritionist and the physiotherapist do not occupy office space due to the lack of furniture; they work in the clinic basement for physiotherapy interventions and have an office at the HCCP office in the Social Services building.

CMC Staff of Wemindji

Community Health

1 Head Nurse, Vincent Carrier
1 School Nurse, Philip Tremblay
1 Home Care Nurse, Shirley Blackned
4 Nurses, Patrice Ferland, Martine Carla and 2 replacement Nurses
1 Northern Establishment Attendant full-time, Emily Asquabaneskum
1 Northern Establishment Attendant occasional, Lillian Stewart
1 Northern Establishment Attendant Part time, Margaret Ratt
1 Northern Establishment Attendant General Aide, Wyms Hughboy
1 Housekeeping Attendant (light), Shirley Gilpin
1 Physiotherapist, Lise Dion
1 CHR, Laurie Ann Georgekish
1 Human Relations Officer, Josephine Moar
1 CLSC Community Worker, Jeremy Recollet
1 NNADAP Worker, Colleen Atsynia
1 Receptionist/Secretary (Social Services) occasional, Caroline Kakabat

Dental Services

At the present time, we employ a replacement dentist. We are waiting for a full-time dentist to be hired. Denise Miniquaken is an occasional dental assistant.

Nutrition Program

Our previous nutritionist resigned in the fall of 2007. Amélie Roy Fleming was hired as a full-time nutritionist on January 30, 2008. She works in health services and nutrition programs for the population.

Youth Protection Department

1 Team Leader, Marjorie Mistacheesick
1 Youth Protection Worker replacement, Ella Visitor Kakabat
1 Foster Home Worker/Young Offender Worker, Beatrice Asquabaneskum (who is currently on sick leave since January 2008)
4 regular Social Emergency Workers, Sandra Hughboy, Brenda Bull,
5 Josephine Natawapineskum and Bridgette Asquabaneskum

Home and Community Care Program

1 Community Worker replacement, Vanessa Otter, (replacing Bernice Weistche, who is on educational leave until December 2008)
1 Rehabilitation Monitor occasional replacement, Beatrice Georgekish (who is replacing Vanessa Otter)
2 Home Care Workers full-time, Ida Stephen and Hilda Asquabaneskum
10 Home Care Workers, occasional status

Multi-Service Day Center

1 Activity Team Leader, Linda Stewart
2 Rehabilitation Monitors full-time
2 Education Monitors full-time
1 Housekeeping Attendant full-time, Debora Georgekish
1 Receptionist/Secretary full-time, Nina Bobbish-Blackned
1 Maintenance Worker full-time, Brian Mistacheesick
1 additional Worker, Clara Visitor, worked as a Dental Assistant, placed at MSDC temporarily but has been there for over a year.

Community Health – Nursing

The Community Health team in Wemindji is still operating according to the old system because the Head of Current Services/Chisaayiyuu is not as yet officially in place. The statistical data is available from Louise Carrier, the Coordinator of Health Services, coastal.

As far as the specialists' visits are concerned, the Pediatrician was in Wemindji three (3) times during the year and an Ophthalmologist once during the year However, we did not have an otolaryngologist this year. We had to close the regular clinics a few times due to a lack of personnel, but it remained open for emergency services only.

In October 2007, Jocelyne Chiasson, one of our colleagues passed away. She was a nurse who had been working at the Wemindji Clinic since 2003. The nurses want to express their gratitude for the support they received from the CHBSSJB administration and the people of Wemindji. Jocelyne is sadly missed by all those who knew her.

Community Health Representative

The CHR was hired in August 2007 for a period from August 2007 to March 31, 2008. Prior to this the CHR position was vacant. The CHR works closely with the Nursing team, School Nurse, and the Nutritionist.

Month/Activities

August 2007
Bush kit program (replacing expired medications and supplies)
3 clients – diabetes program (teaching/Glucometers/Insulin)
Information on General Health (public places/requests from other organizations/entities)

September 2007
1 client – diabetes program
2 clients – Bush kit program (distributions)
Information on General Health (public places/requests)

October 2007
Bush kit program (replacing expired medications and supplies)
4 clients – Bush kit program (distributions)
3 clients – Home visits (postpartum)
7 clients – Prenatal program (prenatal teachings)
3 clients – Diabetes program
Nutrition Workshops (school – Kindergarten/Sec. 1)
Breastfeeding Week Activities (community hall/MSDC)
Radio Shows on breastfeeding (breastfeeding week)
Information on General Health (public places and requests)

November 2007
Diabetes Month Activities
2 Healthy Cooking Workshops – kids and adults
Healthy Food tasting/distributing pamphlets and recipes (community store)
1 walk to work day
1 walk to school day
Diabetes Awareness Walks (weekly)
Fasting Blood Sugar tests
Information booth on Diabetes (school)
Information booth on Diabetes (community hall)

Other Activities
Flu Campaign (radio announcement on flu vaccinations)
Flu Shots by the School Nurse (school)
20 clients – Diabetes program
5 clients – Prenatal programs
2 clients – Home visits (postpartum)
Information on General Health

December 2007
9 clients – Prenatal program
2 clients – Home visits (postpartum)
Dental program – School Pre-K to Gr. 6
– Daycare Pre-schoolers
Information on General Health (public places and requests)

January 2008
Bush kit program (replacing/distributions)
21 clients – Diabetes program
8 clients – Home visits (pre-natal)
6 clients – Home visits (postpartum)
1 client – General health
Dental program – Daycare, Pre-schoolers
Information on General Health (public)

February 2008
3 clients – Bush kit program
3 clients – Diabetes program
3 clients – Prenatal program
3 clients – Postpartum
1 client – General Health
Smoke-free homes Survey – random
Snowshoe Walk
Information on General Health (public)

March 2008
11 clients – Diabetes program
11 clients – Prenatal program

Rehabilitation Team

Coastal CLSC Physiotherapy– Wemindji and Eastmain

Mission

Dedicated to optimizing the physical capacities of the human body and to the human function in the environment; the mission of the physiotherapy services is to provide the most comprehensive care possible to inhabitants of the James Bay coastal communities. Providing consultation, evaluation, treatment, education, and recommendations within the scope of physiotherapy, the service aims to reflect and be adapted to each individual, and as needed, to the individual's family and community. Furthermore, Physiotherapy Services function within the mission and vision of the Cree Board of Health and Social Services.

Current Key Factors for Physiotherapy in James Bay

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

Areas of Care

There are currently four (4) areas of care where physiotherapy could be involved, but physiotherapists are presently delivering services in only three (3):

1) Out-patient clinic area
2) Home and community care clients
3) Multi-Service Day Center: PT services not covered as a result of the decision made by Lisa Petagumskum, AED and Janie Wapachee, Head of MSDC.

Staffing Resources

Physiotherapy staffing includes physiotherapy professionals and non-professional rehabilitation monitors.

- Physiotherapist: one (1) full-time position, based in Wemindji, doing community visits to Eastmain.
- Rehabilitation monitor: one (1) position in Wemindji for Home and community care program; none in Eastmain.

Sharing the Physiotherapist Position

In Wemindji: Physiotherapy Services are available on a regular basis since the new PT position was filled on March 28, 2007. Five (5) community visits were made in Eastmain during 2007-08.

Physiotherapy Direct Client Care Statistics 2007-08 per Program

HOME CARE PROGRAM OUT-PATIENT CLINIC

	WEMINDJI	EASTMAIN		WEMINDJI	EASTMAIN**
New	35	All data under clinic re: no official HCCP	**New**	78	88 *including Home care clients
Discharges	16	---	**Discharges**	52	58
Clinic visits	11	---	**Clinic visits**	114	114
Hospital visits	---	---	**Hospital visits**	---	---
Home visits	120	---	**Home visits**	0	15
Day care/school	44	---	**Day care/school**	19	27
Did not attend	9	---	**Did not attend**	14	23
Cancelled	29	---	**Cancelled**	7	11
Direct Care time (minutes)	26,520	---	**Direct Care time (minutes)**	10,575	15,295
Non-Direct Care Time (minutes)	13,905	---	**Non-Direct Care Time (minutes)**	16,240	5,765

******** *Eastmain does not yet have the official HCCP program / No statistics are provided to Health Canada about rehabilitation services that should be provided under the HCCP, thus clients included in the clinic statistics.*

NB. Missed and cancelled appointments were *not included in the number of clinic, hospital or home visits.* Data are separated in order to facilitate the analysis of data.

Waiting List on April 1, 2008

- Wemindji: 78 requests
- Eastmain: 30 requests

Non-client Related Activities 2007-08

- New employees recruitment / orientation provided to three (3) new Physiotherapists, one (1) Occupational Therapist and one (1) Rehabilitation Monitor
- Telephone conference call team meetings
- Staff development-continuing education for physiotherapist and rehabilitation monitors

Rehabilitation Development

Service Areas: The Multi-Services Day centres are now in operation in all the coastal communities. As of now, PT services are being offered at the MSDC in Whapmagoostui, but not in Chisasibi, Waskaganish, and Eastmain. In Wemindji, there are no PT interventions with the participants, but the MSDC and the HCCP teams meet once a month to discuss the caseload shared by the two programs.

Lise Dion, MSc. PT.

Rehabilitation Monitor

Beatrice Georgekish, the Replacement Rehabilitation Monitor for the HCCP Program started in May 2007. The following are the statistics for the 2007–2008 fiscal year:

Month:	**No. /Hours:**
April 2007	0
May 2007	53.50
June 2007	51.75
July 2007	51.75
August 2007	57.25
September 2007	42.50
October 2007	49.50
November 2007	59.00
December 2007	26.50
January 2008	56.50
February 2008	50.25
March 2008	32.75
TOTAL:	531.25

Nutrition Program

Please note that the present nutritionist was hired in mid-February 2008. There was no nutritionist from October to February 2008.

Individual Consultations and Clinic

In all, around 170 patients were seen in nutrition (considering there was no nutritionist from October to February). The most common reasons for consultation are the following:

- Type 2 Diabetes and Impaired Glucose Tolerance
- Gestational Diabetes
- High Blood Pressure
- Dyslipidemia
- Teenage Pregnancy
- Anemia
- Weight Loss, Obesity

Home Care (HCCP)

The nutritionist also covers the homecare patients when referrals are made by the team. Six (6) patients were seen this year. The reasons of consultation vary (diabetes, dysphasia evaluation).

Prevention Activities

Clientele targeted by the prevention activities:

- Youth
- Elders
- Pregnant and breastfeeding women
- Diabetics
- Overweight youth, adults and elders

A lot of these activities were done by the previous nutritionist, but information on this wasn't transferred to the new nutritionist. The following table describes only the ones from February and March 2008.

Precise Description of Prevention Activities for Diabetes in February and March 2008

Activity	Location	Participants	Date and time	Recipe	Nutrition Subject
Healthy lunch Sec 1B	School	16 students (cooking and eating)	Tuesday March 4, 2008 10:50-13:50	Healthy Pizzas Berries Smoothie Dip and vegetables	Food label activity in class. Salubrity when cooking
Healthy lunch Sec 4-5 girls	School	15 students (cooking) 7 (eating)	Wednesday March 5, 2008 10:50-13:50	Orange Ptarmigan Berry Smoothie Dip and vegetables	How to have the four food groups in one meal. Salubrity when cooking.
Healthy lunch Sec 3	School	3 (cooking) 10 (eating)	Thursday March 6, 2008 12:-13:30	Moose Chili Berries Smoothie Dip and vegetables	It's easy and quick to make a healthy lunch. Salubrity when cooking.
Diabetes prevention and bingo	MSDC	15 (MSDC participants)	March 11, 2008 13:00-15:00		Diabetes, carbohydrates
Healthy lunch Sec 1A	Bush camp	4 (cooking) 15 (eating)	Wednesday March 12, 2008 11:00h-14:00	Whole wheat and beef macaroni Dip and vegetable Fruits	Healthy eating in the bush
Healthy snacks	Wellness centre	8 teenage girls	Friday March 14, 2008 15h10-17h	Granola bars	It is easy to make a healthy snack
Smoothies cooking workshop	MSDC	15 (MSDC participants)	Tuesday March 20, 2008 13:00-15:30	Berries Smoothie	Milk products
Easter brunch	Community hall	150	Sunday March 23, 2008 07:00-13:00	Healthy Brunch	
Fruits	Wellness centre	19 kookums	Tuesday March 25, 2008 13:00-15:00	Winter fruit crumble	4 food groups and fruit consumption
Grocery Tour	Community store	0	Wednesday march 26, 2008 14:00		
Miyumatisiittau Challenge 1st meeting	MSDC	20	Monday March 31, 2008 18:00-20:00		

Home and Community Care Program

In 2007/2008, 22 clients received homecare services.

Special Needs Clients t under the age of 10	**Handicapped/Special Needs under the age of 40**	**18-64 years of age**	**65 and over**	**Total # of clients**
5 male	2 male	1 male	4 male	12 male
2 female	1 female	1 female	6 female	10 female
7 clients	**3 clients**	**2 clients**	**10 clients**	**22 clients**

Special Needs Clients Under the Age of 10

The special needs children receive homecare services during the school year only. The homecare worker escorts each of the clients to and from school. They do not receive homecare services during the Christmas holiday, goose break and during the summer, when the school is closed. Two of the special needs children have been discharged.

Special Needs (Handicapped) Under the Age of 40

There are three special needs clients under the age of 40. Two of them receive services at home because their parents work during the day and they need close supervision at all times. They are totally dependent in activities of daily living and their hygiene.

The other client receives homecare services only for monitoring her medication. The homecare worker makes sure she takes her medication three times a day. This client is diagnosed with schizophrenia.

18-64 years of Age

The two clients received homecare services because they were at a loss of autonomy. They needed assistance with their activities of daily living. Sadly one of the clients passed away on October 22 2007. The other client became more independent and was discharged in January of 2008.

65 and Over

Nine frail elderly clients received homecare services at home five days a week and the other received monitoring medication once a day, every day. Most of the clients attend the MSDC. Unfortunately for our community, we lost two of these elders in August of 2007 and in January 2008.

Housekeeping and Maintenance

The housekeeping service in Wemindji is provided by one (1) full-time light and one (1) full-time heavy housekeeping attendant for the clinic, transits, Social Services building and the offices beside the clinic. They follow their schedules for all units they are responsible for. They do the general cleanups, and do annual complete cleanups for all the units. They are also responsible for ordering cleaning supplies. In addition, the heavy housekeeping attendant also does the maintenance and minor repairs for the Clinic, transits and the Social Services building. Once we have the new CMC in Wemindji, we will need a full-time maintenance worker and a full-time heavy housekeeping attendant.

Mental Health – Psychologist and Counsellor

A psychologist and a therapist (counsellor) visit every month of the year except in July and August. The Psychologist and Therapist alternate each month coming to Wemindji. Marie France Raymond has been the visiting psychologist since 2003; she has regular clients who have seen her for a number of years. The Therapist Dennis Windigo started coming to Wemindji last year in 2007, the people of Wemindji are beginning to know him, and the list of clients has grown. Mr. Windigo also organizes workshops for the public. Social Services plans to have him set up workshops with the frontline workers within the next fiscal year.

Multi-Service Day Centre

Personnel:
Activity Team Leader
Rehab Monitor
Rehab Monitor
Education Monitor
Education Monitor
Maintenance
Psycho Educator
Cook
Assistant Cook
Kitchen Helper
Light Housekeeping
Heavy Housekeeping
Secretary
Occupational Therapist

Vacant positions:

Community worker	Occupational therapist	Physiotherapist

Programs and Services

In April 2007, 15 assessments and care plans were completed. We first started the services at the end of the month. Only 7 staff were hired at that time and we had difficulty maintaining efficient operations.

We did a promotion of the MSDC operations to the community. We had an open house and gave out souvenirs, MSDC pamphlets and referral forms.

As of March 2008, we have 32 active files, six (6) inactive and two (2) deceased. We provide programs and services four (4) days a week and serve healthy lunches and snacks to the participants

We provided the following therapeutic programs and services: preventing and promoting activities, activities of daily living, recreation and leisure activities and healthy eating habits.

Rehabilitation services are not provided as there is no physiotherapist or occupational therapist.

Challenges

Presently, our biggest challenge is not having transportation. During the winter months, the special needs participants did not attend the centre due to a lack of transportation.

A number of requests were made to the Local Coordinator to hire a community worker on interim basis. We are waiting for HR for approval. This position should be filled as soon as possible.

Replacements: we have a hard time getting replacements; some people do not show up for work as agreed.

NNADAP

Our NNADAP Worker was hired on July 2, 2007; prior to this, we did not have an NNADAP Worker since 2004. This department did not function on a full-time basis. Occasional staff was hired annually to work on the NAAW activities and the Summer Student Program on a short-term basis.

Since the hiring of a worker in this department, we have made progress in implementing several projects in the community of Wemindji:

- Street Workers Program — July 12 to August 19, 2007
- School Projects: Presentations on bullying — January 2008
- Awareness of Sniffing — February 2008
- Gambling Workshop — August 2007 – 2-day workshop
- Domestic Violence — March 2008 – 2-day Workshop
- National Addictions Awareness Week — November 16 to 20, 2007

She also worked with the CLSC Community Worker, Youth Protection Department and the Wellness Centre Manager on some of the above-mentioned projects. She is actively involved with local entities and sits on the Anti-bullying Committee and the Social Issues Committee. One of the challenges she faces is a lack of funding to do more projects in the community.

Interventions

Total Clients	20
Active	8
Closed	12
Open (potential) files	4
Referral to CLSC	0
Referral to YP	0

CLSC

The CLSC Community Worker performs the following tasks: counselling, S-5 Placements, works in collaboration with the Youth Protection department, HCCP and MSDC Teams.

In 2007-2009 116 individuals consulted the Wemindji CLSC Department. All interventions were by home visits, telephone and office visits. Only two (2) files were closed.

Active files	**15**
Closed files	2
Total of files	116

S-5 Placements by Age Group

Child/Youth (0-18 years)	15
Adult (18 years and over)	8
Elders	2
Total of foster placements	25

Youth Protection Department

An interim Youth Protection Worker has been working in the Youth Protection Department since June 28, 2007. The first job posting for this position was announced between June 28, 2007 and July 12, 2007. A worker was hired after the first posting but resigned two months later to accept another job. The second job posting was from September 26 to October 10, 2007. There are three applicants still waiting for job interviews. It has been over a year since we had a Replacement Youth Protection Workers. The Young Offender/Foster Home Worker was a newly created position for Wemindji, and the worker was hired in 2007, but she is currently on sick leave from January 2008 to June 30 2008. There is a possibility that her sick leave will be extended. An interim Secretary was hired on October 2007 to update the Youth Protection files. The Secretary assists the Youth Protection Worker when there are many signalments.

The Youth Protection Department urgently needs a permanent Youth Protection Worker to be hired as soon as possible to ensure regular follow-up of the YP files. This department also needs a Foster Home Worker to evaluate foster homes. Since, the worker is currently on sick leave; her work has

not been consistently followed up on. This creates a big problem in recruiting foster homes creating a backlog of foster home evaluations. The Team Leader, who is not supposed to do casework, takes care of follow-ups and interventions in Youth Protection, Young Offender and foster home files, due to the lack of human resources in this department.

The Team Leader's recommendations are as follows:

1) Interviews for the Youth Protection Worker position be made a priority
2) Youth Protection Secretary position be posted
3) Young Offender/Foster Home Worker position be filled on an interim basis while the current worker is on sick leave

Housing

The Housing status of local CMC in Wemindji, has 22 lodging units.

First Responders

The Cree Nation of Wemindji provides First Responder Services to health services of Wemindji.

Summer Student Program

In the summer of 2007, one (1) Summer Student was working in the Social Services. The Student helped with filing in the Youth Protection Department and assisted the Receptionist/Secretary in her duties.

Challenges

There are many challenges within the administration of the local CMC in Wemindji. We have seen inconsistencies and lack of leadership at the local level, this lack of employee motivation in the workplace frustrates the staff. On a few occasions we had to close the clinic due to a lack of personnel for regular and general clinics, but emergency services were made available during this time. We also face the difficulty of recruiting replacement workers for all service areas.

Conclusion

Despite of the challenges and obstacles we have encountered during this fiscal year, the CMC staff of Wemindji is looking forward to the completion of the new clinic. On a brighter note, we have a responsible and committed staff at the local level dedicated to improving the health and social services for the community members of Wemindji. Although, at times, the staff are burdened with heavy caseloads, they still manage to provide adequate services to the population.

As a replacement for the Local Coordinator on a few occasions, I have learned and gained new work experience in managing the local health and social services in Wemindji. Although it is a very demanding and challenging work, it is a welcome change for me.

Josephine Sheshamush-Moar
Human Relations Officer

Chisasibi CMC

Mission Statement

The CMC mission is to ensure that all community members receive proper care and that proper services are provided.

Introduction of Departments

In the last five years, a vision became a reality by decentralizing all services and creating the following departments:

1) Awaash, this department gives service to children aged from newborn to 9 years
2) Uuschinitsuu, this department gives services to youth aged from 10-17 years
3) Chishayiyuu, this department gives services to young adults 18 years and over as well as to Elders
4) Administration, this department ensures that the administration of the CMC is well in place and also supervises the support staff of all other departments which are under the Local Coordinator.

Awaash

This sub-service is implementing programs which will benefit the children of our community. Programs such as Amiiskuupimatsiit Awaash, Maternal and Child Health Program, Prevention and Control of Nosocomial Infections, and trainings for CHRs that include eco-mapping, dental health, study of mercury and other contaminants.

Activities

Healthy eating habits (pre, during and post pregnancy), Breastfeeding techniques, Parenting, etc. Since the Head of this unit has not yet been hired, the programs and activities are limited and being implemented by the CHR and nutritionist.

Uuschinitsuu

At the present time, the Head of Uuschinitsuu has not yet been hired; however one will be hired shortly. This unit covers the age category of 10 to 17 years.

Activities

The team would consist of one (1) school nurse, one (1) social worker, one (1) nutritionist, one (1) CHR and one (1) psychologist. So far, a nurse was hired for James Bay Eeyou School. These employees would work together to improve the youth environment within the school, to develop and implement programs according to the needs of student life.

> "A child's first home is in the mother's womb". – Elder Robbie Matthew, Chisasibi

Nurse

The nurse has the responsibility to develop a sex education course on the prevention of sexually transmittable infections including HIV and AIDS, as well as teenage pregnancies. The nurse will be setting up youth clinics, giving immunization, and with the support of the school staff and the department of Public Health, she will set in place a program entitled Healthy School Approach.

Nutritionist

The nutritionist will address the problem of child obesity and work to decrease the risk for diabetes in youth; he/she will also offer individual consultations, nutrition workshops, food policy, and healthy menus in cafeterias.

Community Health Representatives (CHR)

The CHR role will be to implement physical activities such as walking to school, active school project, and fun on ice projects. He/she would help with the implementation of the Healthy School Approach. The CHR's role is not limited to this but also includes workshops dealing with prevention of bullying, assaults, suicide, tobacco, alcohol, drugs, etc., promotion of wellness, healthy lifestyles, and Cree values.

School Psychologist

This professional will help the youths to deal with the problems they are facing today, in school, at home, or elsewhere.

"In order to succeed, your desire for success should be greater than your fear of failure" – Bill Cosby

Chishayiyuu Activities

Present Situation
The Head of the Chishayiyuu program has held this position since April 14, 2008. She has been progressively taking over administrative duties for the Home and Community Care Program as well as planning the transition to the new program. The transition is taking place at two levels: moving into a new physical space and coordinating the hiring of the staff for the new program.

Consultation Process
In order to adequately assess the needs of the different parties involved in the new program, a consultation process has been initiated to gather thoughts and ideas on its development.

Physicians

Doctors presently see patients in two different community settings: 1) community health and 2) "Rendez-vous" Clinics. Patients are also seen in medicine and walk-in clinics. In the present context, a doctor can see patients of all age groups in one place, from pre-natal to Chishayiyuu. The doctor would therefore see these patients on the same day. This will not be possible under the new program, because patients will be received in a different building. It is not convenient to have doctors moving from one building to the other between patients' appointments. Another concern is the waste of time caused by patients who do not show up for appointments, since the doctor will not be in a position to help out with patient care at the clinic. To address these concerns, certain measures are suggested:

Abolishing the Rendez-vous Clinic for people in the age group of the Chishayiyuu program (29 and over) will have the advantage of centralizing services and filling in the schedule of the doctor who is present at the clinic that day. This also ensures continuity of care by allowing a patient to be followed by the same doctor and reduces duplication of services between the hospital and the community centre. The number of nursing staff may have to be revised to accommodate this increased inflow of patients. The proposed measures also include:

- Creation of medical practice groups, regrouping doctors so that patients may be followed by the same medical team
- Scheduling should be centralized to allow patients to see the doctor on duty in different community clinics
- Computer stations with Internet access should be installed to allow doctors to work between appointments

Other considerations:

- Installation of radiology and laboratory result stations three (3) to four (4) examination rooms are required for doctors, and a dirty tray room with a sink for cleaning equipment
- Ensure periodic appointments for patients not on the long-term clinic list
- Equipment required (see attached list)
- Include pre-dialysis patients in the framework of the Chishayiyuu clinics, to ensure regular medical attention

Community Health

The following recommendations have been put forward by the nurses in Community Health:

- Each nurse working in the clinic should have his/her own examination table to continue patient follow-ups
- The building and the examination rooms should have wheelchair access. This is not the case in the current Community Health setting and some patients must be examined in the waiting room
- Enlarged role status would facilitate the service delivery and diminish overtaxing the doctors for services that can be carried out by the nurses
- A supply of common medications should be available for distribution

Home Care Team

The home care team has made few requests. Above all, the team would like to stay within close proximity to facilitate interactions and planning of client care. A porter for charts is necessary, as they have in Community Health at the moment. The physiotherapist and occupational therapist would like to have a common consultation room to facilitate a growing role in the treatment of chronic diseases, such as diabetes. To ensure this, they have agreed to share an office, which leaves a free space for patient consultations.

*Note on MSDC

The Multi-Service Day Centre will continue to function similarly to the way it was functioning prior to the reorganization. It is therefore hardly impacted by the move into new office space. For this reason, it was not included in the present consultation. Consultation at the MSDC will take place in a parallel manner to the reorganization of the physical space for the rest of the Chishayiyuu program.

Planning of the Physical Space

The various recommendations brought by the consultation process have been integrated into the planning of the physical layout.

Material Needs

Material Resources have been consulted about material needs for the buildings and the furnishings required.

Minor renovations are needed to suit the change of purpose of the building. The door of room 6 should be replaced by a sliding door to facilitate wheelchair access. To maximize function, room 5 should be extended into room 6 and a new door should be built in room 6. This way, we could have two rooms of good size for examinations. A sink would be installed in the maintenance room, to clean medical equipment.

The building must be adapted for wheelchair access by adding a sliding door to one of the examination rooms. An accessible washroom would also be beneficial for patients. The washroom area would be remodelled to convert two (2) of the four (4) small washrooms into one bigger wheelchair accessible washroom.

Planning of Human Resources

Staffing Needs

All personnel under HCCP and MSDC will stay in their positions, since the nature of the work is identical.

These positions are:

1 MSDC Activity Team Leader
1 Rehabilitation Monitor (Federal)
2 Specialized Educators
1 Psycho-educator
2 Physical Rehabilitation Monitors
1 Physiotherapist
1 Occupational Therapist
1 Community Worker (Federal
1 Nurse Home Care (Federal)
3 Nurses, Home Care (1 position filled)
8 Home Care Workers (7 positions filled, 1 position posted)
1 Nutritionist (HCCP- Federal) (vacant)

After consultation with Human Resources, changes to Community Health and Social Services positions will be treated as a closure of an activity sector with the integration of these positions into a new sector of activity. These positions would be abolished and the employees would apply on available positions in the CMC according to qualifications and seniority. These measures require a 2-month notice to abolish the position, according to union guidelines.

The following positions would be affected:

1 Nutritionist – Chronic Diseases
1 Nurse – Chronic Diseases
0.5 CHR – Healthy Living in the workplace
0.5 CHR – Healthy Living in the workplace (CSST)
0.5 CHR – Environmental Health
1 Social Worker – Elders (Healthy living)
3 Social Workers
1 Psychologist
Other positions to be recruited externally:
0.5 Respiratory Therapist (0.5)

Chisasibi MSDC

Current MSDC Staff

1 full-time Activity Team Leader, Kelly Pepabano
1 full-time Secretary, Doris Duff
1 full-time Maintenance Worker, Chris Iserhoff
1 full-time Psycho-educator, Jacques Barrette
1 part-time Occupational Therapist, Anny Lefebvre
1 interim temporary full-time Community Worker, Evelyn G. Sam
2 full-time Rehabilitation Monitors, Anne Marie Snowboy and Rachel Louttit
1 permanent full-time Education Monitor, Gabriel Rabbitskin and 1 interim temporary
1 full-time Education Monitor, Patrick Bearskin
1 permanent part-time Heavy Housekeeping Attendant, Glenn Wash
1 permanent part-time Light Housekeeping Attendant, Edith Lameboy

Other Staff to be Recruited

1 full-time Speech Therapist
1 full-time Nutritionist
1 full-time Cook
1 full-time Assistant Cook
1 full-time Kitchen Helper

MSDC Participants

We employ 24 regular active MSDC participants who provide our services and have their own transportation. There are more than 72 eligible participants who have been referred to the MSDC but are unable to attend due to lack of transportation.

We have also accepted other eligible participants who arrive in Chisasibi for hospital lodging needs. Therefore, the Chisasibi MSDC has been recognized as a regional day center.

Types of Therapeutic Programs and Services Provided

Prevention and promotion activities, activities of daily living, productive activities, recreational and leisure activities, healthy eating activities, and community integration activities

Special needs services include: physiotherapy, occupational therapy, individual support and guidance. Other special needs currently not provided are speech therapy and nutritional counselling.

Kelly Pepabano,
Activity Team Leader
Chisasibi Residential Resource Centre

The four-plex is a 24/7 supervision service for the mentally ill. It has been functioning since July 1999. This service offers: security services, recreational/traditional activities.

In September 2007, mould problems arose in the building and the clients had to vacate the building. The building has been officially closed as of September 12, 2007. We had no choice but to place clients under the care of their respective family members until new arrangements have been made..

On March 3, 2008, CRRC clients were transferred to a trailer, which was provided by the CHB Security services.

Jennifer Jackson
Community Health-Nutrition

Staffing Resources

Community health, 1 full time position, Vesselina Petkova R.D. (covering also Diabetes program & Home Care and working in close collaboration with Sarah Quint, the Hospital Nutritionist)
Diabetes program, 1 full time position (vacant)
Home Care program, 1 full time position (vacant)

The community health nutritionist offers services within three (3) programs:

Awash / Maternal and child health Program / CPNP (1 day / 5)

Diabetes program (4 days / 5)

Home care program (at request only)

Nutrition - Direct Client Care

> "I can't change the direction of the wind, but I can adjust my sails to always reach my destination" – Jimmy Dean

Area of care	**New patients**
Awash / CPNP	39
Diabetes	65
Home care	1
TOTAL	**105**

The direct client care was lower than last year due to a sick leave and 3 visits in Whapmagoostui to provide service.

The community health nutritionist offers services within 3 programs:

- Awash / Maternal and child health Program / CPNP (1 day / 5)
- Diabetes program (4 days / 5)
- Home care program (at request only)
- Nutrition - Direct Client Care

Nutrition - Community activities in collaboration with CHRs

- Cooking workshops (10 for adults, 3 on home-made baby food)
- Participation in an information video on cocaine and health (produced in Chisasibi)
- Breastfeeding week September 2007
    - Live radio show
    - Breastfeeding celebration evening (over 40 participants)
    - Breastfeeding support clinic – Fridays PM, organized by Catherine Hudon (RN)
- Diabetes Month November 2007
    - 4 cooking workshops (61 participants)
    - 1 scavenger hunt (24 participants)
    - 2 information booths at school
    - 2 screening booths at the commercial center
    - 2 –days traditional feast
    - 3 fitness center demo (with physiotherapist)
    - 2 yoga/tai chi sessions (with physiotherapist)
- Nutrition Month March 2008
    - 2 information booths at the arena
    - 2 food tasting booths in the commercial center
- Drop the Pop Challenge February-March 2008 (with dental hygienist)
    - Promotion and education in all classes
    - Promotion in the community (booth at the arena, radio show, posters, collaboration of grocery stores)
- Misgoobimatesee challenge: February-March 2008

With support of physiotherapists, professional cook, dental hygienist, etc.

Participants engaged in various activities aimed at promoting active lifestyle and healthy eating, for a total of 246 participations in 24 activities.

- 2 grocery tours
- 5 cooking workshops
- 3 information sessions
- 6 snowshoe walks
- 8 activity evenings at the fitness center (with physiotherapist)

Non-client related activities:

- 6 conference call team meetings (via telephone)
- Staff recruitment – presentation at McGill's University Job Fair (January 2008)

Staff development – continuing education:

- Certification for Diabetes Educator (CDE) (May 2007)
- Annual meeting of nutritionists working in native communities in Quebec (RQDMA) (June 2007)
- Canadian Diabetes Association annual conference (October 2007)
- 6 conference call team meetings (via telephone)
- Staff recruitment – presentation at McGill's University Job Fair (January 2008)

Vesselina Petkova R.D. CDE

Community Health Representatives (CHR)

Staffing Resources:
3 full time positions (recruited)
Direct client care

Area of care	New patients
Community Health Clinic	1,942
Home Visits	261
School	1,000
Activities in Groups	702
TOTAL	**3,905**

Community activities

Diabetes:

- Diabetes screening 4 times/year
- Supporting foot-care nurse 4 times/year
- GDM workshop

Dental health school visit

Gambling and addiction (presentation)

HIV and sexual health:

- Presentation to the chief of council and PHO
- Information booth at the arena

Breastfeeding promotion: participation in a local video

4 Interviews on CBC North radio

21 Health Shows on the local radio

Non-client Related Activities

10 conference call team meetings (via telephone)
Staff development – continuing education:

- June 2007 – 2 weeks training (all CHRs)
- Sept 2007 – 2 weeks training (all CHRs)
- Feb 2008 – 1 week training (all CHRs)
- March 2008 – 1 week training (1 CHR)

Administration

The administrative unit service is still in the process of filling all positions in accordance to the plan.

Staffing Resources:

1 Head of Administrative Unit
1 Maintenance worker
2 Housekeeping (light)
1 Administrative Officer
1 Executive Secretary
1 Receptionist
1 Medical Secretary

However, once the organizational chart is finalized, this unit will have a high number of employees.

This unit ensures that the administration services are efficient and that requests are answered promptly. It also ensures that the support staff of the CMC is respected.

Jules Quachequan
Chisasibi CMC

Whapmagoostui CMC

Community Health Services

The Community Health Services assume the responsibility of nursing care, according to the needs of Cree beneficiaries and non-resident individuals. The medical and nursing staff carries out and evaluates medical care, and cooperates in the administration of preventive, diagnostic and therapeutic care.

There have been a few cases of further medical evaluation required in other specialized establishments.

Staff
1 School nurse
1 Head nurse
3 nurses
2 medical doctors sharing a Fulltime position
1 general practitioner
2 beneficiary attendants in a northern establishment
1 Community Health Representative

Trainings		
	May 2007	Public Health- vaccinations and pregnant women (5 nurses attended)
	November 2007	CMSDA – CPR (5 nurses attended)

Clinic	School	Home	First visit	F/U	Curative	Program	MD	Special	Transfer
9,870	57	0	4,158	5,422	8,465	539	234	230	234

The Community Health Representative (CHR) is a health educator for individuals or groups of various ages. CHR participates in programs in school, and provides information through the radio station and distributes pamphlets, containing essential information, such as diabetes, dental health, nutrition, Bush kit program, AIDS/HIV prevention. The main objective is to allow everyone to be, in the best of health.

Activities

April- 2007

Bush kit program and diabetes program

May-June 2007

Distribution of diabetes supplies, healthy living, post-natal, child and mother care, and sex education in the school

June-July 2007

Radio talk show, 100-mile challenge and nutrition

August-September 2007

Fall bush kits

October-November 2007

Workshops on diabetes, alcohol, tobacco
Nutrition, healthy eating, physical exercise, and suicide prevention

December 2007-January 2008

Attended to referrals from medical community

January-February 2008

Healthy eating practices, nutrition bingo, genetic counselling and healthy lifestyles

February-March 2008

Smoke free homes, and international women's day activities

A total of 903 clients participated on these various activities.

NNADAP

The worker interacts with clients of various ages, who require assistance, whether it be alcohol, drugs or other types of substance abuse. The worker identifies resources available within or outside the community. He/she may be required to do group or individual counselling. The worker may also apply preventive measures and interventions to persons in crisis, along with follow-ups.

Activities

Trauma Workshop on August 27-31 2007, parents with confidence workshop on June 14 and 15, 2007, and the Youth Gathering from July 23-August 02, 2007

April 2007- March 2008

Clients	Adults	Youth	Counselling	Treatment	F/U
117	105	12	55	3	75

Youth Protection and Social Emergency Services

These two departments have been officially transferred under the direction of the Director of Youth Protection. At the moment, no additional information is available.

Home and Community Care Program

These services are meant to promote, restore and attempt to maximize the levels of independency. These are services intended to support and to improve the care provided by family members and they are not meant to replace it. The services do not target independent clients, but only the physically and mentally challenged.

Staff	1	Homecare Nurse
	1	Rehabilitation Monitor
	1	Community Worker
	1	Homecare Worker Status 1
	6.5	Homecare Workers

Training

The only training received by the Homecare staff is from the Senior Homecare Worker. He was also instructed on statistical data gathering by the Human Relations officer from Waskaganish during the month of April 2008 and had received certification related to the e-SDRT training.

From April 2007 to March 2008

Number of clients 672

Number of hours spent on each category of services

Assisted living	Personal care	Case management	Nursing care	Total hrs.
9,033 hrs.	3.50 hrs.	10.50 hrs.	310.50 hrs.	9,357.25 hrs.

Multi-Service Day Centre (Nanaahkuu Wiichiiweukamikw)

Mission Statement

The Multi-Service Day Centre ensures the quality of life of adults with special needs and of the elderly by means of therapeutic programs and services.

The centre has adopted an integrated approach to support and maintain people in their respective communities.

It is aimed to assist individuals to stay in their communities as long as possible without resorting to external resources. This way the participants can maintain a connection to cultural activities related to their Cree way of life. The physically and mentally challenged are also welcome to participate in the scheduled activities.

Staff	1	Activity Team leader
	1	Rehabilitation Monitor
	1	Education Monitor
	1	Administrative Officer
	1	Maintenance Worker
	1.5	Housekeeping Attendant (light)
	1.5	Housekeeping (heavy)
	1	Community Worker (interim)
Vacant	1	Social Assistance Technician
	1	Psycho-educator
	1	Physiotherapist
	1	Respiratory therapist
	1	Speech therapist

Number of participants from April 2007 to March 2008

April	May	June	July	August
26 by 2 groups	21 by 2 groups	1 137 by 3 groups	183 by 3 groups	274 by 3 groups
September	October	November	December	January
181 by 3 groups	89 by 1 group	141 by 36 groups	194 by 40 groups	128 by 24 groups

February	March			
154 by 40	224 by 46			

Programs and Services

Healthy and Active Living, its goal is to provide services that help in everyday life. Recreation and Leisure, promotes healthy eating and community integration.

Special needs: physiotherapy, occupational therapy, nutritional counselling.

General Support helps the caregivers to understand the issues related to the elderly and persons with disabilities.

Activities

Sewing: baby bonnets aprons, canvas bags, and leather gloves
Wood carving: snow shovels, miniatures kitchen tools, and sleds
Knitting: wool socks, and hats
Staff parties on special occasions

Social Services

The Community Worker offers individual, family and /or marital counselling to those requiring supportive assistance in order to maintain a healthy relationship and to improve the quality of their lives. She acts as a resource person who identifies specialized resources outside the community. She works with the medical community where illness has disrupted the client's social life. She also processes intake assessments, evaluates and determines the service plan and makes further referrals, if required.

Staff 1 Community Worker
1 Secretary
1 School Community Worker (interim)

Statistical data

Interventions	Adults	Youth	S-5 Placements youth	S-5 Placements Adult
551	142	37	46	10

Administration

Staff	1	Local Coordinator	
	1	Head of Administration unit (interim)	
	1	Head of Uschinichisuu/Awaash	Vacant
	1	Head of Current/Chisaayuu	Vacant
	0.5	Administrative Technician – Human Resources	Vacant
	0.5	Administrative Technician – Finance	Vacant
	1	Receptionist	Vacant

The administration collaborates in the planning and evaluation of services. It contributes to the organization, coordination, implementation, control and reporting of the Community Miyupimaatisiiun Centre's activities facilities, operations and technology systems.

Their responsibility is carried out by ensuring the efficient management of human and material resources within its jurisdiction including: financial administration, housekeeping, operation and maintenance of facilities and equipment, communication, transportation and security systems.

Dental Services

Staff	1 Dentist
	1 Dental Hygienist
	2 Dental Assistant, Cree and Inuit rotate

Challenges

- The implementation of the 5-year Strategic Regional Plan
- Lack of residential units
- Lack of office space and material resources
- Isolation
- Increasing number of referrals for social issues
- Qualified personnel
- Lack of trained personnel
- Language barrier between natives and non-natives
- Increased cost of living

Conclusion

One major issue we face every day is the lack of workspace, however our experienced staff carry out their work in other services. This situation has created conflicts between staff members and it has not been an easy task to deal with them. The lack of residential units within the community has also had a negative impact on the employees.

An extension to the clinic or, alternately, identifying a building to renovate and turn into a working space, would most certainly alleviate some of the frustrations we experience every day.

John George
Local Coordinator

CMCs Statistics

Community Health

At the clinic we have four (4) sectors of activities: out-patient clinic, community health programs, Homecare and School Health. Five (5) communities received regularly the visit of the foot-care nurse. This year again more than 40 % of full-time positions for nurses were vacant.

The shortage of nurses in the south has a really negative impact on the northern communities. The school program is almost complete but we are missing five (5) full-time nurses in different communities.

Concerning the CHR files, we now have one (1) CHR in each community. The groups have received a few training sessions during the year.

Here are the activities of seven (7) clinics for 2007-2008:

Clinic Services - Consultations

	Nurses			Doctors		
	Curative	**Program**	**Average/Day**	**Curative**	**Program**	**Average/Day**
Chisasibi(C.H)	137	7,917	30.9 Clients	63	2,179	8.6 Clients
Whapmagoostui	9,897	804	41.2 Clients	482	279	2.9 Clients
Wemindji	9,513	1,236	41.3 Clients	754	233	3.8 Clients
Eastmain	7,588	656	31.7 Clients	612	391	3.8 Clients
Waskaganish	11,927	1,472	51.5 Clients	868	1,179	7.8 Clients
Nemaska	5,011	1,652	25.6 Clients	514	292	3.1 Clients
Waswanipi*	9,258	1,097	39.8 Clients	387	1,667	7.9 Clients

- Waswanipi pharmacy: 4,546 refills of medication

Community Health Representatives Interventions

	Intervention Clinic	**Home**	**School Individual**
Chisasibi (C.H)	1,999	259	1,233
Whapmagoostui	256	1	576
Wemindji	**233	9	227
Eastmain	*97	26	33
Waskaganish	768	31	15
Nemaska	N/A	-	-
Waswanipi	N/A	-	-

* Since Nov 2007
** Since Sept 2007

Visits to Specialists

	Foot Care	ENT	X-ray	Ophthalmo	Psychiatric	Pediatric
Chisasibi	N/A	N/A	N/A	N/A	N/A	N/A
Whapmagoostui	28	34	118	190	-	81
Wemindji	173	-	-	241	-	130
Eastmain	114	-	-	102	-	29
Waskaganish	249	101	-	134	25	122
Nemaska	-	-	-	110	9	-
Waswanipi	-	-	-	-	-	-

* Appointments (3 visits)

Transportation

	Urgent	Elective
Chisasibi	N/A	N/A
Whapmagoostui	42	181
Wemindji	16	569
Eastmain	42	419
Waskaganish	83	1,164
Nemaska	30	518
Waswanipi	123	1,594

Public Health Department – Pimuhteheu

Introduction

The Public Health Department of the Cree Territory of James Bay was created in 2002 to carry out public health functions as part of the Cree Board of Health and Social Services of James Bay (CBHSSJB) which is also Region 18 of the Ministère de la Santé et des Services sociaux du Québec. Its main duties are surveillance, promotion, prevention, protection, regulation, research and training relating to the health and well-being of the population in the territory defined through the *James Bay and Northern Quebec Agreement*. With the reorganisation this year, the Public Health Department of the Cree Territory of James Bay – which is a legal entity – became administered through the Pimuhteheu Department for the CBHSSJB.

This new Department combines all the public health functions with regional level planning and support activities for services. Consequently, each of the teams received large new mandates. Awash became responsible for current services, Uschiniichisuu for mental health services, Chishaayiyuu for prehospital services, and Specialised for all professional training associated with services. The Directors of Professional Services for Nursing and Social also joined the Department, and hopefully the position of DPS for Allied Professionals will be filled in the coming year.

During this major reorganization, the Department lost stability in its leadership in the early and later parts of the year. At the beginning of the year, the Assistant Executive Director for the Public Health Department was still serving as the Acting Executive Director and he was replaced as Assistant Executive Director by the Program Officer for Chronic Diseases. He returned as AED-Public Health, as soon as the new Executive Director was in place, as of May. Later, late December, after the Public Health Department had already been reorganized as the Pimuhteheu Department, he began a half-year educational leave, and was replaced for the remaining months once again by the Program Officer for Chronic Diseases. In February, he resigned, due for departure July 2008. As well, during this year, four staff were on long-term medical leave, and three of these were managers.

The Public Health Department had a four-day departmental meeting in Montreal in April organised by the Chishaayiyuu team around their programs. The new expanded Department had its first meeting in September at Blueberry Lake near Labelle, organised by the Administrative Team. At the meeting in September, the first plan for the anticipated move of the Department to Mistissini was announced. During the rest of the year, this plan went through many changes and revisions, adding to the lack of stability in the Department. In March, the Department members living outside of the territory were informed that they would receive a letter on April 1, 2008 to inform them to either agree to move to Mistissini by the end of the summer or be considered to have resigned. In March, the Department lost the programme officer for the Maternal and Infant Health Programme who was unable to consider relocating to the territory.

Areas of work

Within the context of Iiyiyiu society's values (spiritual, emotional, mental and physical balance), the public health component of the Department works in the areas of: infectious diseases, environmental health, health in the workplace, non-intentional trauma, community development, life habits and chronic diseases, and development, adaptation and social integration of vulnerable groups. It also coordinates all the support work for these functions (research, evaluation, surveillance, training) and coordinates the regional level planning and delivery of services in the communities under the files for current services, prehospital services, mental health services, professional training and quality assurance.

Strategies

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

Structure

The Department is divided into two units. The public health and services unit is comprised of five teams: Awash (children 0-9), Uschiniichisuu (youth 10-29) and Chishaayiyuu (adults 30 years and over), Specialized Services (which includes clinical preventive practices, communication, evaluation, research, surveillance and training), and Administrative Services. The second unit is the quality assurance unit for Nursing, Social Services and Allied Professionals.

Members of the Public Health Department - Pimuhteheu

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

Yv Bonnier Viger	Director of Public Health, AED for Public Health, working from Chisasibi until September and September to March for the Pimuhteheu Department (Acting Executive Director until May 2007; educational leave December - March 2007-8)
Michelle Gray	Acting AED for Public Health (April-May 2007) and for Pimuhteheu (December - March 2007-8), working from Oka
Elizabeth Robinson	Medical Advisor Public Health and Acting Public Health Director from December to March

Administrative Unit

Bella Blacksmith	Manager of Administrative Unit, Montreal (sick leave)
Rachel J Martin	Acting Manager of Administrative Unit, Montreal
Jacqueline Voyageur	Administrative Technician, Mistissini
Shirley Matoush	Administrative Technician, Mistissini
Dana-Marie Williams	Administrative Technician, Montreal
Karina Provost	Administrative Technician, Montreal
Lea House	Administrative Technician, Montreal
Sherry Crowe	Executive Secretary, Chisasibi
Allison Tomagatick	Executive Secretary, Mistissini
Eva Saganash	Secretary, Montreal
Maryann Pachano	Secretary, Chisasibi
Tina Iserhoff	Secretary, Chisasibi
Mary Petawabano	Acting Secretary, Mistissini
Meghann Cleary	Administrative Officer, Montreal

Awash Miyupimaatisiiun Unit

Bella Moses Petawabano	Director of Awash Miyupimaatisiiun Unit, Mistissini (sick leave from February 2008)
Anny Tremblay	Acting Director of Awash Miyupimaatisiiun Unit (from February 2008) and Program Officer – Amaskuupimatiseat Awasch, Val d'Or
Louise Carrier	Coordinator of Current Services, Chisasibi
Robert Carlin	Medical Advisor (part–time) for Infectious Diseases, Montréal

Martine Drolet	Program Officer - Mental Health and Healthy Sexuality until October 2007 and Promotion of Healthy Sexuality after October 2007, Montreal (moved from Uschiniichisuu Miyupimaatisiiun Unit in February 2008)
Melanie Fisher	Program Officer – Maternal and Infant Health Program, Montreal
Malika Hallouche	Program Officer - Dental Health, Montreal (sick leave)
Louise Pedneault	Program Officer - Immunization and Genetic Counselling, Mistissini
Juliana Snowboy	Program Officer (part-time) – Dental Research, Ottawa
Sylvie Bériault	Program Officer – Canada Prenatal Nutrition Program, Montreal (resigned March 2008)
Dany Gauthier	Certified Lactation Consultant (joined March 2008)
(To be filled)	Midwifery Advisor
(To be filled)	Program Officer – Nosocomial Infections

Uschiniichisuu Miyupimaatisiiun Unit

Manon Dugas	Director of Uschiniichisuu Miyupimaatisiiun Unit, Chisasibi (sick leave)
Marlène Beaulieu	Program Officer – Healthy Schools, St. Bruno
Isabelle Duguay	Program Officer – Healthy Schools (part-time), Montreal
Jocelyne Gagné	Head of the Mental Health and Addictions Team (sick leave)
Daisy Ratt	Assistant Head of the Mental Health and Addictions Team
Keith Best	Program Officer – Mental Health
Mary Ortepi	Mental Health Social Worker
(To be filled)	Medical Advisor (part-time) – Sexually and Blood Transmitted Infections

Chishaayiyuu Miyupimaatisiiun Unit

Paul Linton	Director of Chishaayiyuu Miyupimaatisiiun Unit, Mistissini
Solomon Awashish	Program Officer – Diabetes Prevention, Montreal
David Dannenbaum	Medical Advisor (part-time) for chronic diseases, Waskaganish and Montreal
Monique Laliberté	Program Officer – Diabetes Training, Mistissini
Laurie Lavallée	Program Officer – Environmental Health, Sherbrooke
Reggie Tomatuk	Program Officer – Environmental Health, Chisasibi
Mathieu Trépanier	Program Officer – Environmental Health, Montreal
Julie Turcotte	Program Officer – Diabetes Training, Mistissini (on leave)
Wally Rabbitskin	Program Officer – Physical Activity, Alcohol and Drugs, Mistissini (moved from Uschiniichisuu Miyupimaatisiiun Unit in February 2008)
Ron Shisheesh	Program Officer – Gambling (until February) and Tobacco, Chisasibi (moved from Uschiniichisuu Miyupimaatisiiun Unit in February 2008)
Véronique Laberge-Gaudin	Program Officer - Nutrition, Chisasibi
George Diamond	Program Officer - Healthy Communities program and non-intentional traumas, Chisasibi (moved from Uschiniichisuu Miyupimaatisiiun Unit in February 2008)
Claude Corneiller	Program Officer – Occupational Health Coordinator/Nurse
Andrée Racine	Program Officer – Occupational Health Nurse
Katherine Morrow	Acting Aboriginal Diabetes Initiative (ADI) Coordinator, Montreal
Pierre Larivière	Coordinator of Prehospital Services

Quality Assurance

Hélène Nadeau	Director of Professional Services – Health
Laura Bearskin	Director of Professional Services – Social (pregnancy leave from January 2008)
Paula Rickard	Director of Professional Services – Social (interim from March 2008)
Pauline Bobbish	Planning & Programming Agent

Specialized Services Unit

Jill Torrie	Director of Specialized Services Unit, Montréal
Anne Andermann	Acting Medical Advisor (part-time) – Training in Community Health (from September 2007, temporarily with the WHO in Geneva)
Thérèse Bouchez	Acting Medical Advisor – Training in Community Health, (as of January), Montreal
Iain Cook	Program Officer – Communications, Montreal (parental leave until July 2007)
Marcellin Gangbè	Program Officer – Surveillance and Research, Montreal
Franck Giverne	Research Dental Hygienist (half-time, temporary status)
Elena Kuzmina	Program Officer – Evaluation and Research, Montreal
Carole La Forest	Medical Advisor (part-time), Clinical Preventive Practices (from February, 2008)
Josée Laliberté	Research Clerk (temporary status)
Ménaïque Légaré-Dionne	Researcher (temporary status)
Pierre Lejeune	Epidemiology Program Officer, working from Sherbrooke
Katherine Morrow	Acting Program Officer – Communications, Montreal (from January 2007 to June 2007)
Faisca Richer	Medical Advisor – Training in Community Health (pregnancy leave from January)
Manon Sabourin	Research Dental Hygienist (temporary status)
Joy Schinazi	Researcher (temporary status)
Meredith St. John	Research Assistant (temporary status)
Jacques Véronneau	Public Health Dental Advisor, Mistissini
Tracy Wysote	Research Administrator, Montreal

With the ongoing help of:

Ellen Bobet	Consultant for report preparation, analysis and plain language versions of scientific documents, Gatineau
Katya Petrov	Consultant for editing, graphic design, layout, translation, printing coordination, Montreal

Summary of Activities

Collaboration with national and federal public health agencies and ministries

Public health physicians and professionals collaborate throughout the year with national and federal agencies and ministries such as the Institut national de santé publique du Québec, the Ministère de la Santé et des Services sociaux du Québec, Health Canada, the Public Health Agency of Canada, and Statistics Canada on permanent committees, thematic tables and ad hoc working groups and so forth. We also collaborate with other Aboriginal health organisations on a recurrent or ad hoc basis. Throughout the year, we make scientific presentations about aspects of our work at local, regional, provincial, national and, occasionally, international forums. Most of these presentations are posted on the website at www.creepublichealth.org.

Public health on-call system

365 days per year, 24 hours per day, physicians in Public Health rotate through an on-call system to respond to urgent public health situations. As well, the environmental health officer, the communications officer, and the programme officer responsible for prehospital services are also on-call for specific types of emergency responses.

This year we decided to take advantage of a one-time Federal integration and adaptation programme designed to help First Nations integrate services in the same area but from either the federal or provincial levels; and to adapt provincial services to First Nations contexts. (See Specialised Services, surveillance)

Awash Team

Amaskuupimatiseat Awasch

The goal of the Amaskuupimatiseat Awasch Services is to provide intensive and continuous interventions to pregnant women and at-risk parents. These services are known in Québec as SIPPE, “Services intégrés en périnatalité et pour la petite enfance à l’intention des familles vivant en contexte de vulnérabilité” (Perinatal and Early Childhood Integrated Services for Families Living in a Context of Vulnerability). The following activities took place during 2007-2008.

The program planning is being organised through the Awash Perinatal working group. The move towards a regional vision on integrated services in perinatality required a collaborative involvement from the different planning and programming officers in the Awash team and two external consultants. This work led to the production of a services organization model.

Two proposals were sent to Health Canada in order to access additional funds. One was for the adaptation of SIPPE to the Cree culture and particularities of the region, and another one for the integration of all the services for perinatal and early childhood clientele under the umbrella of Amaskuupimatiseat Awasch. Final approvals will come in the next coming months.

Negotiations were also initiated with Health Canada to access federal funding to support the implementation of a home visiting program in one community this year and also to proceed in asset mapping to get a global picture of every community in Iiyiyiu Aschii for future implementation. This would provide access to extra funding for the implementation of Amaskuupimatiseat Awasch in the whole region.

This year, energy was put into the design of a training curriculum for the initial trainings required to launch the home visiting program and for the production of educational tools. As well, regular working sessions were conducted with the local Coordinator of the Awash team to better orient the process of implementation of the Amaskuupimatiseat Awasch Services. Community partners and the local Awash team were involved all through the process. Also, in collaboration with the INSPQ and UQAM, a Master’s level student analyzed the needs of 20 young women in Mistissini. This information will be used to better adapt the interventions.

In order to support the local Awash team in hiring their staff, a recruitment campaign was organized in Mistissini to promote Amaskuupimatiseat Awasch services and to encourage people to become CHRs for the Awash program. This campaign was highly effective and some good candidates submitted their resumes. Also, job descriptions for the Awash social worker and psychologist were designed.

Maternal and Child Health Program

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

This year, the MCHP was implemented in 3 communities: Chisasibi, Mistissini, and Waswanapi. There is an urgent need for its implementation within all the communities to ensure access to all of its services. Complete training was provided to all nurses in November 2007, along with a refresher course to those who already have the foundation. A three-week training was also given to the CHRs that work in the villages.

An MCHP Working Group was set up with the mandate to review the actual programme and propose changes as needed. Visits were done in Waskaganish and Wemindji to enable staff to begin implementation of the program. Visits and CHR training are planned in 2008-2009.

Canada Prenatal Nutrition Program

Within the global vision of Amaskuupimatiseat Awash and the program area of the MCHP, the federal funding from the Cree Canada Prenatal Nutrition Program continued to provide prenatal training to nutritionists and the purchasing of appropriate educational materials for staff and mothers. As well, the results of the provincial research project *L'initiative des amis des bébés au Québec : niveau d'implantation dans les établissements de santé* for Iiyiyiu Aschii was made available to the CBHSSJB and some key areas were identified for immediate intervention according to BFI criteria. The implementation of the Baby-Friendly Initiative is thus initiated. First, an official breastfeeding policy that will support the BFI implementation was prepared and is to be presented to CBHSSJB executives. Second, an 18-hour breastfeeding training for all health care employees of the CBHSSSJB. The third project that was launched was the development of support groups in three of the nine communities. All three projects should be fully implemented by next year.

Baby-friendly Initiative

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

Midwifery

The midwifery mandate is to make midwifery services, available elsewhere in the province, accessible to Cree women and their families. It strives to provide quality perinatal care to women and their families, bring birth back within the communities for

low-risk mothers, and enable the provision of an aboriginal midwifery education program on site.

Two proposals were submitted through the Aboriginal Health Transition Fund to access funding for the activities needed to adapt and integrate the midwifery model to the reality and needs of the Cree population.

Work continued on building the integrated perinatal services model via the Awash Perinatal Team, the Mistissini Perinatal Committee and the Wapimaausuwin Working Group.

Meetings with the relevant entities surrounding the aboriginal midwifery education program were held at provincial, inter-provincial and national levels.

The new program also linked the CBHSSJB to relevant professional associations working on the northern model, such as the Order of Quebec Midwives (OSFQ), and the Regroupement des Sages-femmes du Quebec (RSFQ), the Canadian Association of Midwives (CAM) and the aboriginal midwives associations, along with relevant universities.

A video podcast on our project was made for the NAHO website.

A movie was made about bringing birth back into the North. It will be presented during the summer of 2008.

The curriculum for a training course for doulas was created.

Dental Health

The objectives set for work in oral health prevention and its promotion were not met this year. One of the targets for dental prevention and promotional activities was to integrate these activities into Amaskupimatiseat Awash activities and the Maternal and Child Health Program for intervention as early as possible in this highly vulnerable population. There was a delay in the implementation of the Amaskuupimatiseat Awash pilot project due to the hiring and training of CHRs. As well, the departure of the program officer responsible for Maternal and Child Health Program (MCHP) and their replacement also affected the implementation.

The pamphlets for the MCHP, to raise young mothers' awareness about oral health problems common in 0 to 5-year-olds in Iiyiyiu Aschii, are used in some communities, along with the dental kits which are distributed by nurses or dental hygienists.

Promoting dental health in childcare centres and schools was also delayed. Even though all the tools for the Dental Health Program have now been finalised (educational material, video and guidebook), the high staff turnover has prevented full involvement in the school and daycare programs, and we hope that this will not be the case by next year. DHs have begun making regular visits to childcare centres to promote toothbrushing.

13 CHRs have taken the first training (basic knowledge and public health program). As usual, the program included specific activities linked to Dental Health Month in March, the Drop the Pop Challenge and the Science Fair in Chisasibi.

Infectious Diseases

Infectious diseases were managed through surveillance-vigie, promotion/protection, prevention, and research and training. Within surveillance-vigie, we continued to maintain the regional registry to track declarable diseases (MADO) and to verify the quality of data entry. A report on declarable diseases up to 2006 was prepared, as well as a regional guide to delineate responsibilities related to declarable infections. The registry of adverse reactions (ESPRI) was maintained and we made follow-ups with clinics for any adverse reactions after vaccination. We continued to participate in International Circumpolar Surveillance (ICS) and reviewed reports produced by this group. And lastly, we reviewed data from sentinel clinic surveillance of influenza-like illness.

In promotion and protection, we were responsible for maintaining the regional call system in Public Health and responded to cases of declared disease and *ad hoc* questions related to other infectious diseases. The regional influenza pandemic plan was reviewed and we met with local clinics and band councils to explain the general principles of pandemic influenza, avian influenza and pandemic planning. Our plan was submitted to the Ministry for review.

In prevention, we responded to *ad hoc* questions related to vaccination. In research and teaching, we supervised a summer student, worked on vaccine coverage and parental attitudes to a childhood vaccination survey, and completed parts of her report, and we participated in nurses' trainings for sexually transmitted infections, contraception and vaccination.

Prevention of Infections

The PPRO resigned in June 2007, and we have been unable to fill the position although it has been posted several times. A nurse from the Chisasibi Hospital has agreed to fill in, on a temporary basis, for one day a week, some of the essential duties related to this position.

Immunization

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

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

As in the past, the program ensured that nurses received up-to-date information about immunization throughout the year. The program continued to upgrade and maintain health workers' competencies through a needs evaluation of all nurses providing

immunization, followed by the planning and implementation of a training session to address their specific needs.

As always, the program supervised the quality and control of immunizing products to ensure that Québec norms are always being respected. And the work continued from last year to support the continuing refinement of the regional and local plans to respond to an epidemic or pandemic of Influenza.

Sexual Health

The focus of the sexual health program is to promote healthy sexuality, prevent and raise awareness regarding the transmission and consequences of sexually transmitted and blood borne infections (STBI) including the harm reduction approach. Sexual violence is also part of the program.

The regular promotional campaigns were continued this year. Pamphlets and condoms were distributed at the annual Cree hockey tournament Public Health booth in December 2007, in Val d'Or. Posters, stickers, condom holders and pamphlets were distributed in each community for the annual HIV/AIDS promotional campaign. Activities were organised with the CHR and school nurses on HIV prevention in some communities. *Radio programs were broadcast throughout the week, at the regional and local radio including*: a condom usage message (done by NNADAP workers); the Alaska story, on HIV community empowerment (30 min. programs); First Nation songs on HIV prevention throughout the week. As well there was an article in *The Nation* on HIV (interview done with Amy German, journalist); a phone-in-show on HIV with CBC-North with the Mistissini CHR and radio messages about the stigma of HIV, condom use and the campaign itself, the week before and during World AIDS day.

We started to adapt culturally sensitive material on STBI prevention aimed at young teenagers about condom use in the region. A poster was developed based on several consultations with youth of the region. We were authorized to use a HIV poster thanks to a collaboration with the Inuit association. Throughout the year, work was done in close collaboration with clinics, community health, schools and with school nurses, to update materials on STI prevention.

Many activities were undertaken to support the implementation of youth clinical services and STBI screening adapted to our reality in the region. We helped organise and participated in the INSPQ-MSSSQ training on "the screening process for sexually transmitted and blood borne infections adapted for the Cree population" and "the Preventive Intervention among Persons Affected by an STI and their Partners (PIPAP). This three-day training was given to all nurses working in health centres, schools and in community health. Around 70 nurses were trained in May 2007. By the end of the year, a community health tour of each clinic was done, to follow-up on the training given in May 2007. Doctors and nurses made recommendations to improve services in the region.

Work was also started to implement the collective agreement on hormonal contraception in the region in other to prevent unplanned pregnancy and to follow the objectives of the

National Public Health Program. Training was given to all the school nurses (6) on the subject. Following this, an article was written for *The Nation* about contraception and teenage pregnancy.

Harm Reduction (drug users)

This year the development of this file advanced through planning consultations held in Val d'Or with the Pikatemps center (nurse, street worker) and the Waswanipi clinic. Some information was gathered from the MSSSQ and from another region to plan the next harm reduction approach in Waswanipi for next year.

Genetic Counselling

The Infectious Diseases Program Officer continued her role as Genetic Diseases Program Officer to support the genetic counselling program based in Chisasibi Hospital.

Sexual Violence

A working group on sexual abuse was set up in Ouje-Bougoumou. A meeting was held with local partners and regional mental health partners on this issue.

Uschiniichisuu Team

Healthy Schools

Throughout the year, the Healthy School approach continued to be promoted with partners at both the regional (CRA, CSB, Youth Council) and local levels (School Nurses, School Principals, Local Health Coordinators and Directors). The regional Healthy School joint committee met twice to develop better coordination of all services addressing the school-aged population. The CBHSSJB-Public Health also provides on-going support and monitoring among members of the regional Healthy School joint committee and those working at local levels. It ensures a direct and continuous link with the CSB for any health service, research, program, activity or project having an impact on the target population. In accordance with this approach, the following have been accomplished by Public Health following the requests from the school environment:

- Federal Adaptation Funds: a proposal was submitted to the federal government to adapt two school health prevention programs. Firstly, $ 270 000 was granted to adapt the Fluppy program, which is part of the PNSP (National Plan of Public Health). The program aims at providing direct support for students with social issues and their parents, and promoting self-esteem. As well, $ 130 000 was granted for the adaptation of a school-based bullying prevention program.
- Support in the development of in-school social services. A job description was proposed as well as liaison between the school administrations and the local health directors, to facilitate and reinforce the process of referral, follow-up and planning.
- Hiring of a regional expert in the field of social work to provide guidance, support and suggest a standardized process to coordinate school social workers and develop multidisciplinary actions among community social workers, school nurses and other school-health complementary services.
- Support and education related to the carrier-screening program for Cree Leukoencephalopathy (CLE) and Cree Encephalitis (CE) in the school environment.

Chî Kayeh: A school-based Sexual Health Education program

Chî Kayeh is an important Public Health Department initiative which started in Waskaganish and Waswanipi, with the support of the Cree School Board, to promote sexual health in schools. This program is being evaluated in partnership with UQAM, with funds received from the Canadian Institute of Health Research (IRSC). The pilot program runs through community advisory committees in Waswanipi and Waskaganish and is the result of a need expressed by schools, health professionals and community members.

This year, corrections were made to the Teacher's Guide and Student Workbook, the program-developed questionnaires and interview grids for students, teachers and parents.

This work was done in collaboration with the local representatives of the Chî Kayeh program in each community. Support was provided to the local research assistants during the evaluation process and teacher training as needed. After consultation with our CSB partners, it seems obvious that the other schools want to implement the program as well. We will do so in August 2008, at the beginning of the next school year.

In addition, various presentations to the scientific community were made during 2007-2008. We did oral presentations at the Fond de recherche en sciences du Québec (FRSQ), at the Association canadienne des fonds pour l'avancement des sciences (ACFAS) and at the Annual Conference for Public Health students of the Université de Montréal. We also had the opportunity to make a presentation at the JASP 2007, a symposium organized by the Institut de santé publique du Québec (INSPQ). A presentation and a poster were presented at the 16th annual Conference on HIV-AIDS Research. Recently, we also presented a poster at the Canadian Association on Health Research (CAHR). These types of presentation or posters aim at explaining the process, content and methodology of this program.

As well, other presentations or communications were made in I.A. public for the targeted professionals or groups involved in the consultation and decision-making process:

- Presentation, information and update session with the Chî Kayeh Advisory Committee composed of a large sample of people from the pilot communities
- Cartoon in *The Nation* about sexual health education and the Chî Kayeh program. A full article in *The Nation* as well as radio messages will be provided within a few weeks.
- Presentation to the First Nations of Waswanipi and Waskaganish.
- Presentation and constant updates to Administrative and Instructional Services of the Cree School Board (CSB), school principals, the Cree Regional Authority (CRA), as well as to the administration of the CBHSSJB and the Public Health Department.
- Presentation to the clinical staff in Waskaganish
- We had the opportunity, in partnership with the CSB, to hold a one-day workshop at the Annual CSB Symposium. We also did an interview with CBC-North radio in the Boreal Hedbo and are scheduled to do a documentary with CBC-North television for the Maamuiidauw show.

Mental health prevention in Public Health

While the CBHSSJB is in the process of beginning to develop a Preventive Mental Health Program, most of the Public Health activities took place in research projects to try to understand the issues linked to mental health, addictions and the organisation of services. The Peace of Mind Project is a survey on addictions and mental health which began in 2006-7 and continued in 2007-8. Fieldwork took place in Wemindji, Mistissini, Waswanipi and Chisasibi. The project is a partnership between participating communities, the CBHSSJB and McGill. Due to the illness of the lead investigator from

McGill, the results will not be returned to the communities until 2008-9. The project investigators will also work with the CBHSSJB to develop appropriate responses in terms of services within the Mental Health Program.

An associated project is developing community case studies of gambling and fund raising. Fieldwork for the former took place in Mistissini. Another research project on mental health services was also on-going this year to examine needs and how services are being delivered. The findings from this study will also help develop the CBHSSJB Mental Health Program.

Mental Health Services

The Team of the Regional Mental Health Program continued to ensure specialised mental health services to the region despite significant instability. The coordinator left on medical leave and during her absence there were three separate replacements for her between September and January. At the same time, the Team was still unable to recruit people for three positions: the Human Resources Officer, the clinical nurse and the psycho-educator. However, the complete services and management entire team continued to meet twice a year for updates on the program activities and continuing education through presentations from invited guests. In the coming years, we will be working to decentralise our services to the communities, while continuing to provide overall program development, support and training.

Psychological and psychiatric services

The ten most frequent reasons for people seeking services are: parent-child and family issues (349), depression (203), conjugal difficulties (201), parental skills (133), anxiety (97), simple grief (96), self-esteem and assertiveness issues (85), separation (82), substance and alcohol abuse (78), work relations (66).

This year we provided services to the nine communities through the work of six visiting psychologists, a counsellor, a social worker and a therapist. We also have an assessment/evaluation psychologist who works in all nine communities. Of these ten professionals, four are First Nations professionals.

Consultations continue to increase every year and our consultants are still over-booked in some communities. A total of 2,243 consultations, excluding case discussions, were held, with professional visits lasting from five to 15 days of the month, depending on the community. We are also noticing that as community members are slowly beginning to reveal their issues, our services are addressing different issues.

We received the same number of requests for Assessment/Evaluation as last year (9), and four different psychologists worked on these requests.

For emergency and specialty services, we continued to rely on our partners within the RUIS network outside of the region. The agreement between the CBHSSJB and the Douglas Psychiatric Hospital for services both within and outside the region was finally signed in the summer of 2007.

Other services

At least three times during the year, the Program supported traditional healing for those who follow traditional practices. We also participated on Working Groups for Cree Helping Methods (Eenou-Eeyou Pimaatisiiun) and also on the Cree Social Service Delivery Model. And we continued to consult the CBHSSJB Elders.

For the Chisasibi Independent Living Facility (CILF), previously known as the Chisasibi Residential Resource Center (CRRC) or Fourplex, the team worked with the Local Coordinator in Chisasibi on staffing and organizing services for clients to restore some level of independence and autonomy. We also developed plans for a training package.

This year we worked to establish a Human Resources Officer for Mental Health in each community and began planning for a training package for these workers.

With special funding from Health Canada, a community survey was conducted on suicide prevention activities and recommendations were made in the report which is available through the Program.

Training

We carried out staff development and training activities within the CBHSSJB including: crisis intervention and grieving; suicide prevention and self-esteem; sexuality and mentally challenged people; teen suicide; taking care of caregivers; attachment, bonding and trauma; emotional dependency; peer pressure; communication skills; limits and boundaries in interventions; bullying, health and weight issues, healthy eating: mind and body connection; specialized training in healing of past and present trauma in the community of Chisasibi. We also identified training needs for nurses.

Other Activities

Within our pilot project on continuing education with McGill University, Child Psychiatry Division, we participated in three sessions between January and March.

We continued to communicate through the mental health network set up by the Ministry that includes all of the regions. And we are still involved with the “Project Dialogue Through a strong first line in mental health” research project and received the regional report based on consultations and the documentation analysis.

Chishaayiyuu Team

Chronic Diseases

Diabetes (see also Specialised Services report)

Training around gestational diabetes was provided in each of the communities, and a one-week diabetes training session for CHRs was held in Montreal. Prevention activities concerning "Drop the Pop" in schools, and a healthy food-service program in the childcare centres were initiated. A new program on blood pressure management for patients with diabetes was developed and will be implemented in 2008. A set of pamphlets were produced: What is diabetes, Learning from your CBGM, ABCs of diabetes and What is pre-diabetes.

Funding from the ADI was used to support each community by providing diabetes prevention activities of their choice. An audit of diabetes management in the nine (9) communities was performed and will be sent to the clinics in 2008.

The Cree Diabetes Network continued its regular conference calls to plan for diabetes awareness and prevention, especially during Diabetes Awareness Month and through the local diabetes conferences held in each community. This year a new healthy living strategy called 3-0-30 is being developed.

Quebec Provincial Cancer Program

The Québec Provincial Breast Cancer Screening Program is managed at the regional level through the Chishaayiyuu Team and we are the link between the communities and clinics and the Ministry. This year, a new regional logo was developed and a campaign was held in October. The mobile "Clara" unit visited Mistissini and Waswanipi in January for screening. We also helped organise care for women who had received abnormal results from their screening.

Tobacco Cessation

Tobacco Cessation is encouraged at the community level by smoking cessation counsellors who also training in how to organise and maintain a Tobacco Action Group (TAG). This year, we visited Oujé-Bougoumou and Eastmain to review and revise their local action plans.

As usual, we launched the "Stay Quit to Win Challenge" in March and April, produced smoking cessation posters, and edited a manual for youth called: "Smoking Sucks Kick Butt". We participated in presenting prizes for the school smoking cessation challenge with a Hydro Québec representative.

Environmental Health

These activities are part of the environmental health section of the Regional Action Plan for Public Health. They were all discussed and agreed upon in the Environmental Health Working Group (within the Chishaayiyiu team). (The composition of various working groups is in transition since the integration of the Public Health Department into a larger department, Pimuhteheu, in September 2007).

Testing pregnant women for contaminants (lead and mercury)

This activity began in April 2006 as part of the Public Health Department's activities related to assessment, management and communication of risks due to environmental contaminants. Other persons collaborating are the program officer for the maternal and child health program in the Awash team, and the Epidemiology Program Officer in the Specialised Services Team. During 2007-2008, the implementation was completed in all the communities, mainly through training sessions for CHRs and nurses, and community visits by the Awash program officer. Material on contaminants testing for pregnant women was sent to all the communities. An interim report of results for the first year was finalized.

Lead levels declared to the Public Health Department

Other than infectious diseases, some environmental and occupational diseases and contaminant levels must be declared to Public Health by doctors in the region or by laboratories analyzing blood or other biological samples. Since the late 1990's, the Public Health Team has been dealing with a number of reports each year of slightly elevated blood lead levels from the community of Whapmagoostui. In August, members of the Chishaayiyuu and Specialised Services Teams visited the community and, in collaboration with the Cree Nation Council's Public Health Officer and the clinic's Community Health Representative, spoke to many of the individuals whose blood lead levels were declared to Public Health in the past three (3) years. They also participated in a community meeting about the topic, which was well attended by people concerned, including the CNC, the Cree Trappers Association and the Wildlife Officer.

In December, we provided information to Community Health Representatives in the communities about lead in children's toys.

Activities related to fish contamination by mercury

A presentation on how Hydro-Quebec and government agencies develop advice on how much fish people can eat in order to avoid consuming too much mercury was given to the Public Health team in April 2007.

A person was hired on contract to update a literature review of mercury in order to update fish-consumption advisories. We obtained a $15,000 grant from the National Collaborating Centre in Environmental Health to also have her review quantitative methods for integrating the benefits of eating fish into the assessment of risks of contaminants reviewed.

A map and pamphlet on fish mercury levels and safe fish consumption were finalized in collaboration with the Niskamoon corporation.

Assessing health impacts of development projects

Public health departments, and in particular their environmental health teams, have a mandate in this area. A public health committee was organised in September 2007. It finalized a proposal for funding by Hydro-Quebec to carry out the mandates given to the Cree Board of Health in accordance with the Quebec Environment Ministry's certificate of authorization for the Rupert River diversion project in November 2006.

Drinking water safety in Iiyiyiu Aschii

A working group was set up to support the work on this file. A community medicine resident drafted a procedure for our department related to drinking water contamination. She suggested that the Public Health Department sign a memorandum of understanding with the communities, to clarify the role of the Cree Health Board, mentioned in community by-laws. The procedure and suggestion are now being reviewed by the working group.

Other environmental health activities

As usual, environmental diseases and contaminant levels that must be declared to public health, were entered into the provincial database. The CBHSSJB's position on the Selbaie Mine was developed.

We responded to *ad hoc* requests concerning problems related to indoor air quality (mostly mould) in public buildings, and offered support to the communities' housing department. We are working with the regional tripartite housing committee – Health and Safety Working Group (CHMC, AFNQL, INAC) – in order to heighten the need for home (Occupant), community and First Nation leadership to deal with the mould problem and provide tools to eliminate or prevent its presence, A presentation about moulds and their health effects was made at the Chisasibi housing conference.

The team was involved in assessing the implications of the Ouje-Bougoumou Integrated Risk Assessment report for the region.

Nituuchischaayihtitaau Aschii Multi-community Environment-and-health Longitudinal Study in Iiyiyiu Aschii – see Specialised Services, Research

Healthy and Safe Communities Program

At the Regional Healing Conference, we presented an interactive activity illustrating the need to work together with better communications to tackle our many social issues and concerns at the local level.

This year, as part of our community tours for the Healthy & Safe Communities Program, we made presentations to the Chief and Council of Waskaganish along with the members of Washaw Sibi. As there is little activity at the community level on adopting a healthy and safe community program, we decided to focus on Injury Prevention.

We did some work on developing a dog control program in Chisasibi that other communities can adapt to their local situations.

A presentation was made to the Board of Directors of the Cree Trappers Association explaining why Public Health could not support the CTA in their request for an exemption from the use of helmets on ATVs and snowmobiles for their members.

At the Miyupimaatisitaau Committee Workshop at the Regional Health Conference in Nemaska, we worked with participants to draft the overall roles and responsibilities of these committees.

Nutrition

Collaboration with Chisasibi Hospital to implement serving traditional food to hospital patients

Members of the PH department participated in a working group with hospital personnel which in 2006 was instrumental in obtaining official approval from the Ministry of Agriculture, Fisheries and Food of Quebec (MAPAQ) to serve traditional food at Chisasibi hospital. Under Quebec regulations, all meat served in provincial hospitals must be inspected by a Canadian or Quebec government veterinarian, but the hospital was granted an exemption to be able to serve caribou, on condition they follow a strict protocol with respect to safe procedures for hunting, transporting, handling and cooking game meat. During 2007-2008, the working group met with MAPAQ, drafted a report to MAPAQ which was sent by Louise Gagnon, the hospital director, and developed draft protocols for other game meat and birds. There is interest in serving Cree traditional food in the MSDCs and other CHB facilities. However, we have problems getting a supply of bush food for the hospital that has been hunted and butchered according to MAPAQ criteria.

Childcare Centres

Work with the childcare centres focussed on developing healthy menus with no junk food and improving the pediatric nutrition awareness of educators and cooks. In terms of the food served, this means lower fat, sugar and salt, more whole grains, adequate and appropriate liquids. In the future, we hope it will also involve promoting traditional

foods in childcare centres. In terms of the educational focus, the work involves many varied topics, including:

- Assessing menus and food ingredients, workplace layout, safety, equipment, sanitation aspects, procedures for production, distribution and purchasing
- Helping staff understand how to create a pleasant and positive ambiance during meals
- Developing a policy and screening process for awareness of food allergies and choking hazards
- Making the kitchens in our childcare centres healthier and safer work environments

We also encourage school-age student helpers for lunch time and develop activities with healthy foods and snacks for childcare centre children and the after school program.

Drop the Pop Campaign

The Drop the Pop Campaign continued with improvements that had been suggested after last year's campaign. The documentation was made more user-friendly with a more concise text and more interesting educational activities. We also collected data on the impact of the campaign and this will be available through the report.

Promotion of Physical Activity

This year we continued many of the same projects as in previous years. We ran the Active School Project between February and June 2007 receiving proposals and distributing funds to 9 schools. Between July and August, we ran the Summer Active "100-Mile Challenge". And the Fall Active in October focussed on the theme "Walk to school". These were based on the Winter Active we held last year between January and March, 2007.

We publicised physical activity and "Drugs in Sport" with ads in *The Nation* and had our annual display booth at the regional hockey and broomball tournament in December. We worked with CBC Maamuitaau on public discussions about obesity in schoolchildren. In August, we prepared a workshop on addictions for the Wellness Conference in Waswanipi and returned to discuss the history of physical activity during Diabetes Month in November. We also made this last presentation in Mistissini.

We participated in the Healing Lodge working group and attended the Kino-Québec annual meeting, this year in Rimouski.

Occupational Health and Safety Program

Regional public health departments in Quebec have a mandate to deliver occupational health and safety programs to certain groups of employers and for certain types of work-related health problems. The budget for these activities is from the Quebec Workplace Health and Safety Commission (Commission de la Santé et Sécurité au Travail; CSST). In 2006, the Public Health Department succeeded in obtaining a budget for a pilot project for two years in our region. During 2007-2008, a program officer (occupational health

nurse) was recruited and began planning the program, which we expect to submit for approval in 2008-9.

The goal is to eliminate at source the dangers to the health, safety and physical well-being of workers and to prepare and apply a specific health program for each establishment according to the CSST priority which is, in order: construction, forestry, sawmill, mine, transportation, municipality workers and so forth.

This year, we verified and corrected the **pr**ovincial database for the occupational health program (SISAT) for our region, and introduced the planned program to the Cree Nations of Chisasibi and Mistissini with a leaflet explaining the program, a press-release in *the Nation*, and a letter to all businesses in the communities.

As well, an occupational health doctor is working with our Department to prepare a literature review on the problems experienced by aboriginal workers on industrial worksites in remote areas (e.g Hydro projects, mines etc.), as part of her Master's degree project at McGill.

Book: "The Gift of Healing – Health Problems and their Treatments"
(see Specialised Services Research)

Emergency Prehospital and Emergency Preparedness Services

Emergency Prehospital Services:

Equipment

The standardization of ambulance vehicles was undertaken, however, the Automated External Defibrillator (AED) and pulse oximeter are still missing.

Another project relating to equipment is in progress with the cooperation of Dr. Colette Lachaîne and the doctors in Chisasibi. This is to review the material required for an emergency room and to attempt to standardize all our emergency rooms.

Training

A Triennial Plan for training was prepared for the Executive prior to being sent for approval to the MSSS.

Initial training for first responders and refresher courses were given in most of the communities in 2007. For 2008 we are planning an initial training of 64 hours to be offered in all nine (9) communities. As well, this year we planned the SADM-C training, which will be given to the nursing staff for recertification as well as to the new nurses. The AS-805 form has been put in use to collect data used for follow-up after the refresher courses and for quality assurance.

A number of important meetings were held during the year. In August, Dr. Colette Lachaîne and Pierre Larivière presented **Emergency Prehospital Services** (EPS) to the Fire Chiefs and the Public Safety Officers (PSO) in the nine Cree communities. In October in Chibougamau, Regions 10 and 18 met on the **Integrated procedure for the direct transfer of trauma cases** and drew up a procedure which will be implemented in April, 2008.

In November, the **Medivac Services** between the CBHSSJB and Air Creebec met in Val d'Or.

Emergency Preparedness Services:

We attained many objectives in emergency service this year and our planning for future training, equipment and cooperation will help us to achieve many more in the future.

The main concern for this year was the preparation of a regional pandemic plan, based on recommendations and documents received from the MSSS. CBHSSJB representatives visited six (6) of the communities. The remaining three (3), Waskaganish, Nemaska and Eastman, will be visited in 2008-9. The regional pandemic plan will be presented to the CMDP, Executive Committee and Board of Directors and then to the MSSS.

The Ministry requested that Region 08 (Abitibi-Témiscamingue), Region 10 (Northern Québec) and our Region prepare a supra-regional northern plan for an influenza pandemic. A final version should be tabled by June 2008.

In planning for isolation measures, Multi-service Day Centres will be turned into ambulatory *SNT*S, i.e., all clients with flu-like symptoms would go to this centre to avoid contact with other clients. The provision of N-95 masks for health professionals and emergency supplies was also discussed. Planning to train social services managers in the psychosocial aspects was organised for 2008-9.

Forest fire directives

Each local director was sent a document entitled *Implementation of an operational algorithm regarding forest fires* along with identification vests, etc. to ensure control of the population during an evacuation procedure. Once a new position in Emergency Preparedness has been hired to assist the Coordinator, they will implement the Fire Emergency Plan, plan a casualty collecting unit (CCU) for each airport on the territory, and make a contingency plan in the case of a plane crash. For Nemiscau, the Hydro-Québec plan and (CCU) have already been set up

Specialised Services Team

This year the Specialised Services Team assumed the responsibility for planning and coordinating the CBHSSJB response to the Federal Health Transition Fund Programme. This one-time programme funds projects to develop ways to integrate federal and provincial programmes which are operating in the same thematic area in First Nations. In total, we developed five comprehensive Integration proposals in the areas of: Amaskuupimatiseat Awasch, Midwifery, Mental Health and Addictions, Surveillance Infrastructure and Health Determinants. The value of these projects will be over $2.25M for two years and they are expected to play an important role in helping reorganise health services in the communities.

In this same initiative, five Adaptation proposals were developed for two school-based programs (bullying and self-esteem), a community tool for youth activities, a diabetes self-management video, tools for Amaskuupimatiseat Awasch, and training for midwifery. This package is worth about $1M and is designed to better adapt provincial programmes to the reality of providing services to First Nations.

Although unexpected, the concentrated planning required in order to develop these project proposals was of great help in clarifying the overall goals and objectives of the programmes themselves. We are treating this as a useful learning experience in how we might best plan new programmes and programme components in the future.

Program for clinical preventive practices

Preventive health care in clinical practice has been a recurrent hot topic. Recommended by the Clair Commission, it is prescribed by the Quebec Public Health Law and it constitutes an integral part of the *Quebec Public Health Program 2003-2012*.

Although we have had a half-time position for the programme for the past five years, we were only able to fill the position this year with the appointment of Dr. Carole Laforest in February 2008. Dr. Laforest works the other half of her time in the community of Whapmagoostui.

Now that the CBHSSJB has made this significant organizational commitment towards a Clinical Preventive Services Program in Iiyiyiu Aschii, Dr. Laforest's mandate is to promote and to support the integration of preventive health care in clinical practice on our territory.

As a first step, she will perform a need assessment including practitioners' previous experiences, perceived needs of support, knowledge, attitudes and expectations. A program should be ready for implementation in the 9 communities by 2009.

Training

With the reorganization of the Department this year, the training mandate of Specialised Services was expanded from responsibility for public health competencies to responsibility for all professional training involved with services. Apart from some planning meetings involving this new enlarged role, there were no specific activities this year, as the budget will only be available in 2008-9.

Training activities continued for public health competencies as before. At the group level, a three-day training session in communications and the media was organized last spring in Montreal and attended by 13 persons. A series of monthly lunchtime presentations, with teleconferencing, was started in February 2008.

At the individual level, ongoing support to program officers continued to be provided on a demand basis.

The working links with the Core Competencies Programs of the Institut national de santé publique du Québec and the Public Heath Agency of Canada, have been tightened to better answer the needs of our staff. Their perceived training needs, according to the evaluation conducted last year, have increased. Objective criteria to better define these needs at the individual level are being defined in order to develop a method for assessing public health competencies. Finding time for training, as well as the translation of newly acquired skills into action remains a challenge, especially for managers.

Oral health

This year, our research dental hygienists received two two-day training sessions on a method to detect early caries for the evaluation of the outcomes of the Varnish Research Project and the CreeC Research Project. Subsequently, a total of 398 young children (47% of the sample of the Varnish Project) were evaluated. We completed the recruitment for the varnish project at the very beginning of the year with the help of some of the community dental hygienists (who work half-time in public health, either on research or in programs). We also analysed the outcomes from the control group of the Varnish Project and presented the findings to the Board of Directors and at a parental information session at the Mistissini Childcare Centre. Basically, this control group of children who did not receive any special treatment showed that they are continuing to suffer from caries intensely. We also prepared a protocol for a “Wipes Project” which, with the support of parents and childcare centre authorities, we hope to submit for external financing. We collected specimens of saliva in order to analyse the extent of bacteria which cause decay. This project is being done in partnership with the laboratory at the Montreal General Hospital. This project is enabling us to estimate, for the first time, the degree of infection among different age groups.

As a prelude to planning a comprehensive dental epidemiological survey in the region, we carried out a pilot project during which we collected data on overall dental health and potential risk factors. This was possible because of the portable dental examination chairs, which the CBHSSJB purchased last year. We examined about 75 participants in

six age groups (aged 6 to 90 years old). This report will help us estimate the number of participants that we will need to examine in each age group, the length of time needed for these examinations, and the method for recruiting and meeting study participants within the communities.

As usual, our dental consultant organised the annual day of continuing education (with professional credits) for dentists working in Iiyiyiu Aschii This event is organised immediately before Québec's annual dental conference. He also provided ongoing support to the regional dentists and dental hygienists in evidence-based practices and research methods.

The baseline results of our CreeC Project on dental education to young mothers were presented at the International Association of Dental Research.

Public Health Surveillance

The popular reports from the 2003 Canadian Community Health Survey for Iiyiyiu Aschii were released this year and we paid to have them distributed to every household in each of the nine communities. We also put them on our website along with podcasts. Unfortunately, in November, we discovered that the reports had not been distributed to the households in one of the communities. The technical reports were completed and translated this year and will be released early in 2008-9.

Each region in Québec must either adopt the national surveillance plan in total or prepare a justification for the parts that will comprise a regional plan. In our region, we are undertaking intensive work to prepare our own plan, which we hope to finally submit for ethical review in 2008-9.

Our work on the regional surveillance plan was delayed due to the demands of coordinating the Federal Integration and Adaptation proposals mentioned earlier. One of these proposed projects will help us develop the comprehensive infrastructure for public health surveillance that takes into account both Quebec and federal planning in this area. The other project proposes to establish a comprehensive framework for developing a research programme on the social factors which determine the state of the populations health (see Research below).
This year we began planning for a comprehensive dental epidemiological survey of all age groups – the first time the dental health of all ages have been assessed – and working to secure funding for it. The last survey of children's dental health led to funding from Québec for the special dental blitz, to attempt to reduce waiting times in the region. Useful data for planning was found from analysing the data from the clinical charts of the children in the control groups for the varnish and CreeC on-going research trials. These give us a picture of the state of dental health in children.

We participated actively with the *Table de concertation national en surveillance* and in several provincial surveillance working groups on northern issues. At the federal level, we are a member of the permanent working group at Statistics Canada responsible for overseeing the Aboriginal Children's Health Survey.

As usual, we responded promptly to many ad hoc requests from people within our Department, from other Departments and from other Cree entities. This is a type of direct service which provides very fast and complete assistance to many people. Some of the types of help given this year included:

- Developing a Research Projects Database
- Updating population, birth and mortality databases with MSSS information and responding to many specific requests for information
- Calculating the space needed in planning community cemeteries
- Preparing an updated infant mortality report
- Collaborating with the communities concerning their profiles of Health and Well-being
- Continuing work on the annual update and other requests from the declarable diseases database (MADO)
- Carrying out special analysis to identify diabetic nephropathies and rapid decliners from the CDIS database
- Analysing the Quit to Win data
- Identifying variables needed for reporting breastfeeding and building an Excel database for data entry
- Identifying variables needed to evaluate the program for genetic counselling as well as building an Excel database for data entry.

And lastly, the Epidemiology Program Officer continued to play the central role in ensuring that the data from the *Nituuchischaayihtitaau Aschii Multi-community Environment-and-health Longitudinal Study in Iiyiyiu Aschii* is maintained within the CBHSSJB where it will become part of our long-term surveillance strategy.

Cree Diabetes Information System (CDIS)

The annual diabetes report (technical version) was produced and will be distributed to the main stockholders and the communities in early 2008. A popular version of the annual diabetes report will also be prepared for the communities. Within the CDIS database, information on new cases of diabetes, changes in diagnosis and death were updated on a regular basis. We are also working to identify errors and gaps in the database.

An automated data linkage system between the CDIS and the Omnitec lab system at the Chisassibi Hospital has been developed for the coastal communities. The final merge for the inland communities was postponed until September 2008. However, a one-time data merge was performed to update the CDIS data for the inland communities.

A new graphical user interface (GUI) project was started in December 2007. The objective of this project is to change the CDIS into an interactive and user-friendly clinical management program for use in the clinics. This involves some modifications in the functionality as well as the optimization of the CDIS data. The official launch of the new program in the clinics is planned by September 2008. We are also encouraging management to place computers in each of the patient examination rooms to maximize the use of the CDIS as a tool for diabetes care between health care workers and patients.

This year we published one new paper: Dannenbaum D, Kuzmina E, Lejeune P, Torrie J, Gangbè M. Prevalence of diabetes and diabetes-related complications in First Nations communities in Northern Quebec (Iiyiyiu Aschii), Canada. Canadian Journal of Diabetes. 2008; 32(1):46-52.

Evaluation

Support in developing evaluation frameworks and plans was provided by the Public Health Evaluation Working Group to the Maternal and Infant Health Program, the diabetes education project with health care professionals , and the Drop the Pop project.

According to the framework of the continuous quality improvement program of the Regional Diabetes Program and as a pilot project of the Canadian First Nations Diabetes Clinical Management Epidemiology Study (CIRCLE), the "Evaluation of regional diabetes surveillance and clinical management on the Cree territory of Eeyou Istchee" project was developed and carried out in 2007. Analyses are in process. The results of the project will be available in July 2008 and will provide a profile of the successes and failures of diabetes management in each of the clinics and for the region as a whole.

Research

Presently, there are approximately 50 on-going projects at different stages (planning, fieldwork, data analysis, report distribution, etc). These projects touch on many health topics, such as diabetes, cancer, kidney disease, mental health, dental health, sexual health and environmental health. Many of these projects are possible with the collaboration of university partners and dedicated researchers.

As mentioned above, the surveillance team prepared a proposal requesting Federal Integration funds for a research programme based on examining the social determinants of health (e.g. understanding the role of factors such as income and employment, environment, housing etc. play in people's health). This is also one of the requirements of the CBHSSJB identified in Section 6.1 of the Certificate of Authorization for the Rupert and Eastmain 1A diversion project. Approval of this initiative will only happen in 2008-9.

This year, we managed four multi-year, multi-partner projects: the anti-diabetic plant project, the environment and health project, the dental education project, and the dental varnish project. We also ran a complex mental health and addictions survey called Chiya may'timun a ndu'chischay'tak'nuch Abitsiwin (In Search of Peace of Mind Project) which carried out fieldwork between 2006-7 and 2007-8 in Wemindji, Mistissini, Waswanipi and Chisasibi and will be reporting to the communities in 2008-9.

CIHR Team in Aboriginal Anti-diabetic Medicines

The Anti-Diabetic Plant Project, of which the formal title is: Rigorous scientific evaluation of selected anti-diabetic plants: Toward an alternative therapy for diabetes in the Cree of Northern Québec, involves the CBHSSJB, Mistissini and Whapmagoostui, three universities and about eight laboratories. This is our most complex project and we

recognised the need this year to put more of our resources into the coordination of the project.

The project finalized the complex research agreement this year, which will provide protection to the extent permitted under Canadian law for traditional knowledge and intellectual property rights of Eeyou Healers (see Research Committee).

This year, the entire project team, including Healers and Elders from Mistissini and Whapmagoostui as well as from other communities, along with all the scientists and their students, met twice. The project began a project with patients in Mistissini that is the first step in working to integrate traditional medicine practices in clinical care. All of the project materials were produced in plain language English and in coastal and inland Cree syllabics. Importantly, this project has worked out the details of how to return results to the communities for feedback before they are finalized. Look for more publications from this project in the new year.

The Gift of Healing – Health Problems and Their Treatments

This 150-page book was started in the 1990s as a research project of the Cree Board of Health to document traditional approaches to health problems and injuries among Chisasibi elders – because people were saying that traditional healing skills were being lost due to the Health Board's Bush Kit program. The book was finalised in September 2006 through the coordination of a public health physician with the Chishaayiyuu Team, who worked with an advisory committee composed of members of the Public Health department, other Cree Health Board employees and persons working for the Cree Nation Council of Chisasibi. 2,500 copies were printed and made available to Health Board personnel and persons immediately involved. An official launch took place during the Healing Conference at Fort George in August 2007. However, the distribution of the book has not been completed. The advisory committee is somewhat divided as to how this should be done. A PDF copy exists but it has not been distributed nor put on the Public Health Department's website.

Oral Health Research

As discussed above, this year we began the outcome collections for our two on-going multi-year research projects in dental health: the Varnish Project, ending in 2010, and the CreeC Project, which will end in 2009. As well, our oral health scientific consultant planned a formal financial demand, which will be submitted to CIHR in 2008-9 for a research project targeting prevention in early childhood and in primary schools. And, as mentioned earlier, we are planning a comprehensive epidemiological survey of dental health, which will help to plan services in the region for the coming decade.

Nituuchischaayihtitaau Aschii Multi-community Environment-and-health Longitudinal Study in Iiyiyiu Aschii

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

The Epidemiology Program Officer has build the structure for and maintains up-to-date the data bank for this study. This ensures that the data remains within the CBHSSJB. This year, all of the questionnaires were revised and restructured and are now managed electronically on Tablet PCs. As a result, the training of the professional and community interviewers is now done for administering electronic interviews. As usual, there was extensive work to corrent and revise the Master population lists supplied by the communities and prepare the lists from which the random samples are drawn.

The project took place in Eastmain and Wemindji in 2007-8 with the development of improved modules for interviewer training and much more attention on the dynamics of the community partnerships. Individual results were returned to participants in early 2008. Planning began for fieldwork which will take place in Chisasibi and Waskaganish in the summer of 2008.

This year, the report from the Mistissini pilot project in 2005 was finalised in draft and will be sent out in 2008-9. This involved a great deal of data management on the part of the public health surveillance team.

Washaw Sibi Health Needs Assessment

The Washaw Sibi Health Needs Assessment Report was completed this year through a collaboration between the Washaw Sibi Administration with technical support from Specialised Services. The report recommended including Washaw Sibi in the planning for all new CBHSSJB programs and services, even if those for Washaw Sibi would only be implemented at some future time; to focus on Mental Health and Addictions services, Social Services, Youth Protection and prevention programs; to plan a participatory needs assessment of people with disabilities; to plan a participatory needs assessment of people with chronic diseases; and for the CBHSSJB to encourage the involvement of the CSB and the CHRD in preparing training programs and employee readiness programs for the people of Washaw Sibi.

Research Committee

The Research Committee supports the mission of the CBHSSJB by co-ordinating and evaluating research on health and well-being in Iiyiyiu Aschii. It does this by encouraging and facilitating pertinent research that meets the objectives of methodological rigour, high ethical standards, community participation, transparency and intellectual freedom, while being carried out for the long-term benefit of the Iiyiyiu Nation. The Committee is always sensitive to the need to safeguard the special heritage of the Iiyiyiuch of Iiyiyiu Aschii and to promote the development of the region. Several years ago the Committee invited all communities to send representatives. At present, five communities are represented.

The Research Agreement for the Anti-diabetic plant project was worked out with the assistance of the Grand Council this year in order to build in protection for traditional knowledge and intellectual property, and to ensure Cree interests are represented in the event of any commercial outcome from research. This agreement is now the standard for all

such agreements signed by the CBHSSJB. The Research Committee also began work on drafting an intellectual property policy which will be completed in 2008-9.

Communications

This year our proposal to build a communications team in the Department was accepted and team members are expected to be hired early in 2008-9.

This year, our principal activities include managing the Departmental website and relationships with the Cree media including CBC North, Cree Regional Radio (JBCCS – James Bay Cree Communication Society) and *The Nation*; being responsible for the diffusion of public health advisories and health promotion materials produced by the Ministry; providing strategic advice to the rest of the organization for implementing the communications aspect of public health promotion and prevention campaigns; and coordinating the Communications Working Group, which provides oversight on all public health materials developed for use with the general population.

The public health website (www.creepublichealth.org) continued to act as an information portal for the general public (Cree-language podcasts), the media, and health professionals. An online project management software was installed to help facilitate collaboration on various projects and research activities. Activities under the Integrated Communications Plan included the hiring of a media researcher to undertake a survey of Cree audience and media-use with a focus on new media and youth (research to be done in the spring and fall of 2008); the purchasing of radio airtime and production services from JBCCS; the hiring of Cree radio producers for the production of radio programming on JBCCS and podcasts; and the hiring of a Cree illustrator for monthly ads in *The Nation*.

Monthly health promotion ads on various themes using story telling continued to run in *The Nation*. *The Nation* also began publishing phone-in numbers for various crisis lines, in its classified ads section. As well, we coordinated extensive work on various aspects of promoting and communicating about several large research projects and surveys, including the results of the Community Health Survey, the 2007 Nituuchischaayihtitaau Aschii project and preparation for the Nituuchischaayihtitaau Aschii 2008 project.

This year communications training was provided to Public Health Department PPROs. A separate communications training was given to Community Health Representatives. Communications planning tools were developed to support PPRO communications activities. Press releases and promotional materials were prepared for various activities, including the launch of the DVD *A Mother's Love – Breastfeeding in Iiyiyiu Aschii*, the launch of the Amaskuupimatiseat Awasch program in Mistissini, and the launch of *The Gift of Healing* book.

Partnerships with regional media entities were strengthened, with closer collaboration between the Public Health Department and regional media entities. JBCSS broadcast public service announcements produced by the Department on themes such as the annual influenza inoculation program, sexual health, diabetes, and the Drop the Pop campaign.

Using the Public Health Department website as a primary source for story ideas and contacts, CBC North carried out numerous phone interviews with various Department representatives. As well, we coordinated the publishing of numerous health-related stories in *the Nation*.

Administration

The Administrative Support Team continued to provide high-quality administrative support to the Public Health Department, despite being short-staffed throughout most of the year.

DPS Medical/Regional Direction of Medical and University Affairs (DRAMU)

Several events in 2007-08 marked the DPS-Medical services. To begin with, Dr. Alain Gagnon did not renew his DPS-M contract and left the Cree Health Board on June 16, 2007. His departure combined with the departure of Dr. Guy Bisson, Director of Regional Medical and University Affairs (DRAMU) at the end of February 2007, resulted in reducing the momentum given by them in formalizing the "corridors of services" with partner establishments located in the Abitibi/Témiscamingue, Chibougamau and Montreal regions. The window of opportunity to formalize the existing network of services into a written form with Chibougamau and Val d'Or hospital centres slowed gradually during the reporting period, due to the successive departures of the DPS-Medical in both concerned establishments. These posts are still vacant at the time of writing this report. In addition, the CBHSSJB has recently posted a combined DPS-M/DRAMU position. Its job description was finalized at the end of January 2008 in accordance with the organizational chart approved by the Board in July 2007. However, the aforementioned events did not prevent the DPS-Medical office from identifying, following up, renewing, moving forward or concluding service agreements or outcomes in areas such as:

- April 2007 – Drafting and submission of the financial report to the MSSS regarding the FMR program related to funding framework guidelines for monetary and training incentives to recruit or retain doctors in isolated regions

- July 2007 – Appointment of Dr. Charles Dumont to represent the CBHSSJB on the MSSS Inter-regional medical committee mandated to coordinate the FMR program

- July 2007 – Finalization of signatures for a Psychiatry Services contract with the Douglas Mental Health University Institute

- August 2007 – Drafting and submission of financial report to the MSSS regarding the PFMD program related to the medical resident training program in Region 18

- September 2007 – Review of services contracts with associated health establishments in preparation for a visit and meeting in Chisasibi between CBHSSJB and RUIS McGill health network representatives held, on October 10, 2007

- September 2007 – Discussions with McGill University Health Centre to include hematology laboratory services in the existing Blood Bank Services Contract (ongoing)

- October 2007 – Signing by concerned parties of an agreement related to the "Transfer of severely traumatized victims'' to the McGill University Health Centre

- January 2008 – Drafting and signing of a services contract with an optometrist to conduct eye refraction examinations in coastal communities

- January 2008 – Finalization of a draft Agreement in principle with Chibougamau Hospital Center, related to the scope of health-related services provided to the CBHSSJB (signatures pending)

- February 2008 – Recruitment of a full time psychiatrist in association with the Douglas Mental Health University Institute (Psychiatrist to start work for Region 18 in August 2008)

- February 2008 – Proposal submitted to the MSSS in order to enable CBHSSJB physicians to prescribe devices which compensate for a physical disability

- March 2008 – Signing a service agreement with concerned parties regarding Microbiology, to ensure respect of recognized quality control standards at the Chisasibi Hospital Centre laboratory

The DPS – Medical office also managed to maintain representation and active participation in some major files such as tele-health, in association with RUIS McGill. The tele-health goal is to offer associated regions improved access and continuity regarding specialized services, especially in remote areas, such as the Cree territory. Céline Laforest replaced Dr. Bisson in the tele-health coordinating committee (meetings held on average every 6 weeks) in order to address the needs of the Cree Board of Health and eventually develop a comprehensive tele-health plan for the region. Current tele-health applications in the Chisasibi Hospital Centre (remote reading of X-rays and electrocardiograms, nephrology consultations, tele-conferences) already contribute to reducing the need for beneficiaries to seek care and services away from home. Preliminary discussions with concerned health professionals on other specific tele-health applications in the medical field, such as obstetrics, ophthalmology, psychiatry and pediatrics were initiated in 2007-2008. The development and implementation of related applications are expected in 2008-2009.

The DPS – Medical Office was fortunate in 2007-2008 to be able to rely on the continuing presence and experience of Dr. Félix Girard, Head of the Dentistry Department, François Lavoie, Head of the Pharmacy Department, and Dr. Jimmy Deschesnes Head of the Medicine Department. They oversee the planning and delivery of care and services in each of their particular fields of responsibility. Their respective activity reports for 2007-2008 have been completed and tabled. I must also underline the continuous hard work, commitment and dedication of the support staff, Danielle Lebeau, Jacinthe Tondreau and Catherine Sam, towards addressing the many administrative needs and requirements generated by part-time and full-time health professionals (doctors, specialists, dentists, pharmacists, medical residents, summer medical students, etc.) as well as by concerned governmental agencies (RAMQ, MSSS, etc.) and associated health establishments. In view of increasing the efficiency and efficacy of the administrative and

clerical support, a review of activities and capacities will be carried out in 2008-09 so that appropriate actions can be taken.

Last but not least, the DSP-M/DRAMU Office recognizes that quality medical, dental and pharmaceutical care is directly dependant on the CBHSSJB's capacity to recruit and retain interested and qualified health professionals. The organization is constantly competing with other remote regions to recruit the few available candidates that can meet the needs and expectations of the population. It is sad to say, that even though accommodations have greatly improved for full-time or long-term employees in the last several months, some locum doctors including short-term visiting specialists have reduced their number of visits or completely stopped providing services in the region on account of inadequate short-term lodging facilities. It goes without saying, that with more than 400 arrivals and departures of short-term health professionals in a period of 12 months, we must spend more time and effort to find and put forward creative ways and means to attract and retain the visiting medical staff, who maintain much needed first line health services. It is also regrettable to say that in the absence of competitive incentives all of the four full-time pharmacist positions are vacant and that we are just barely managing to ensure essential services by replacement pharmacists. Thus, pressing discussions are warranted between the CBHSSJB, the MSSS and concerned professional pharmacist associations (OPQ, APES) to set out long-term competitive incentives and benefits for pharmacists so that the population may receive the services they are entitled to.

Much has been done. Much more is required. The year 2008-2009 will be a very challenging one, especially for consolidating what has been achieved in view of providing a solid base to further develop quality health and social services to the population of Iiyiyiu Aschii.

Michel Plouffe
Director of Professional Services - Medical

Direction of Professional Services – Nursing (DPS)

The establishment of the new organizational plan in the summer of 2007, and my first year with the Cree Board of Health and Social Services of James Bay has been a dynamic and enriching experience. My role involved participating in the following activities.

Permanent Residents Training and Mentoring

Whereas the administrative committee resolution CBHSSJB # 02/04/9/07 states:

"No experience will be required for all candidates who are permanent residents of the territory. In this case, the mentoring will be increased to one (1) year whereby part will be provided in the hospital and part will be provided by community health. This year of training/mentoring will be organized in the communities where the resources are available and will take into account the candidate's choice of location."

The development, implementation and improvement of this program were the priority this year and remain so for the coming years.

McGill Integrated University Health Network (IUHN)

Discussions were held throughout this year with the McGill IUHN in order to establish a partnership to meet the various needs of clinical support for nursing, continuing education and research. Many efforts were made in order to determine the support and services they will be able to offer.

Efficiency Assessment

The significant number of interveners' arrivals and departures complicates quality assurance. The Secretariat on Quality will be looking into the evaluation of tools and processes to ensure an exemplary practice.

Council of Nurses Executive Committee (CNEC)

This committee had a few meetings. Communication is difficult because of the distance between its members. In addition, as it is impossible to find replacements, those who remain find themselves burdened with extra work, thus preventing their participation. Establishing a meeting schedule for the elected members is a priority.

Computerized Nursing Method (CNM)

Created by the Québec Association of Health and Social Services Facilities, the use of this site is beneficial to quality assurance.

McGill Conceptual Model

Efforts to use this model in all nursing sectors on our territory are continuous. The follow-up process must be set up and supervised. Once all DSP – Health and Quality Assurance positions are filled, a nursing philosophy should be determined.

Work Reorganization

This task was transferred to Michelle Gray's team within the framework of the integrated services approach.

Info-Santé Health Hotline and Info-Social Hotline

The assessment of these two client services was discussed with Pierre Larivière, Coordinator of Prehospital Emergency and Preparedness Services. This needs an analysis and should continue throughout the next year.

National Training Program

The knowledge gained through this program will allow us to better communicate about our roles and responsibilities, in order to establish clear, more concise and specific mandates in relation to our mission. The success of this sharing should improve the efficacy and efficiency of our services, while taking into account available resources and their instability.

Complaints Management

Establishing a policy and procedures will help us clarify the role of each person in order to increase our efficiency in this field.

Communications

The development and implementation of a communications system are essential to ensure the follow-up of patient care and the prevention of incidents/accidents, as well as education to promote maximum well-being and health conditions for our clientele. This will be a priority for the coming years.

Secretariat on Quality

The vacant positions at DSP – Health and Quality Assurance do not foster the proper operation of this committee. The implementation of the Accreditation Council process is needed to carry out this committee mandate.

Hélène Nadeau
Director of Professional Services-Health and Nursing Quality Assurance

Direction of Professional Services - Social (DPS)

Activities and Results

Social Services Committee

Two face-to-face meetings were held on June 5-7 and November 28-30; two teleconferences were held on September 20 and October 24; and the Terms of Reference were revised.

Social Services Sub-Committees

The *Cree Social Services Delivery Model Working Group* held one face-to-face meeting on April 18 to revise the Traditional Healing Proposal; the *Filing System Working Group* held three face-to-face meetings on July 13-14, October 24-25, and November 26 and two teleconferences on September 20 and November 6 to begin the process of improving social services case-management. The *Statistical Tool Working Group* held one teleconference on July 24 to begin the process of revising and updating statistical recording forms. The *Sexual Abuse Working Group* held two face-to-face meetings on August 7-9 and October 26, and one teleconference on September 21 to begin the development of a strategy for sexual abuse intervention.

Filing System

To support this file, a consultant was hired to develop a draft *Reference Guide to Record Keeping*.

Computerization of Social Services Files

This file is now linked to the Filing System.

Statistical Tools

Two standardized forms were drafted to improve data gathering for statistics.

Social Services Emergency Worker Manual

A consultant was hired to develop a draft *Social Services Emergency Worker Manual*, which has been completed.

Suicide Intervention Manual

A consultant was hired to develop a draft *Suicide Intervention Manual Suicide Intervention Manual*, which has been completed.

Sexual Abuse Intervention Strategy

The Sexual Abuse Working Group was formed to begin the development of a strategy for sexual abuse intervention.

School Social Work Program

Research material was gathered to begin the development of a framework for school social workers and this file was transferred to the Ushchiniichisuu Director of the Public Health Department.

Social Services Reference Manual

Forms used by social services were compiled in a binder.

Revision of Social Services Policies and Procedures

A consultant was hired to identify policies and procedures that need revision or need to be developed, and to transfer the hard copy of existing policies into an electronic version.

Cree Social Services Delivery Model

One face-to-face meeting of the Working Group was held to revise the Traditional Healing Proposal.

Other

The DPS participated in scheduled face-to-face and teleconference meetings with Pimuhteheu management and staff. The PPRO participated in an Evaluation Workshop on June 19; assisted in coordinating emotional and social support services at the Cree Nation Healing Conference; attended and observed at Special General Assembly on November 13-15; visited Jewish Hospital on December 3-4 to learn more about the RUIS McGill Model, which is a collaborative approach in conducting assessments; and participated in the Youth Healing Services meeting held on December 18-20.

2008-2009 Objectives

Social Services Committees

Coordinate four meetings during the year; transform the Committee into a Social Services Council; finalize the Terms of Reference for the Social Services Council; Restructure the membership of the newly-formed Council.

Continue with sub-committees' work and create new sub-committees, as needed; establish new working relationships to proceed with further action and development of the various files; conduct a final review of the protocol, procedures and forms with the

Social Services Committee, and provide recommendations to the Executive Committee and the Board of Directors for approval.

Filing System

Assess the status of the filing systems in the Chisasibi and Nemaska CMCs; determine culturally adapted procedures to be used when destroying files; determine a process for computerizing social services files; conduct review of draft *Reference Guide to Record Keeping* with the Social Services Committee, and provide recommendations to the Executive Committee and the Board of Directors for approval; and ensure that the Reference Guide is integrated into each CMC.

Statistical Tools

Conduct further review of and finalize statistical recording forms; conduct final review of statistical recording forms with the Social Services Committee, and provide recommendations to the Executive Committee and the Board of Directors for approval; and ensure that new finalized statistical forms are integrated into each CMC.

Social Services Emergency Worker Manual

Hire a consultant to review, revise and finalize the *Social Services Emergency Worker Manual*; conduct final review with the Social Services Committee, and provide recommendations to the Executive Committee and the Board of Directors for approval; and ensure that the Manual is integrated into each CMC.

Suicide Intervention Manual

Hire a consultant to review, revise and finalize the draft *Suicide Intervention Manual*; conduct a final review with the Social Services Committee, and provide recommendations to the Executive Committee and the Board of Directors for approval; and ensure that the Manual is integrated into the hospital, reception centre, group homes, and each CMC.

Sexual Abuse Intervention Strategy

Hire a consultant to develop the draft *Sexual Abuse Intervention Protocol*; conduct a protocol review with the Social Services Committee, and provide recommendations to the Executive Committee and the Board of Directors for approval; and ensure that the Protocol is integrated into the hospital, reception centre, group homes and each CMC.

School Social Work Program

Define a process to maintain the working relationship for the development of a School Social Work Program.

Social Services Reference Manual

Determine if all forms have been collected with the assistance of Human Relations Officers; reconstitute electronic versions of lost forms; standardize forms and draft instructions for their completion where necessary; conduct a final review with the Social Services Committee, and provide recommendations to the Executive Committee and the Board of Directors for approval; and distribute the binder of standardized forms to each CMC.

Revision of Social Services Policies and Procedures

Determine a process for the revision and development of policies and procedures.

Cree Social Services Delivery Model

Establish new working relationships to proceed with further action and development of the Cree Social Services Delivery Model.

Quality Assurance

Determine a process for the development of quality assurance in collaboration with the Quality Assurance Secretariat staff and other departments.

Others

Continue to collaborate with other program areas and staff members to enhance knowledge and further advance the development of the Quality Assurance Secretariat.

Paula Rickard
Interim Director of Professional Services - Social and Quality Assurance

Administration Services

Assistant to Executive Director - Administration

Administration Services includes the Material, Financial, Human and Information Resources departments including the Non-insured Health Benefits. Fiscal year 2007-2008 marks the fourth year of the Strategic Regional Plan (SRP) and the five departments under the umbrella of the administration sector achieved most of their objectives.

Needless to say, the real challenge for the CBHSSJB to fully implement the SRP is in the area of Human Resources. The labour market in Québec is not favourable at this time and this challenge increases when it comes to recruit in Eeyou/Eenou Istchee. In spite of this challenge, we managed to reach most of our objectives.

As for the departments under the direction of Administrative Services, the highlights of their activities and the planned objectives for the next fiscal year are in the sections which follow. Presently, the activities under the responsibility of the Assistant Executive Director - Administration for 2007-08 are summarized below:

First, as outlined in the funding framework of the SRP, there is a need to build approximately 50 residential units on an annual basis for non-resident employees. Due to the need to assess capacity at the local level, it was decided to construct houses in Mistissini only to support the transfer of Public Health activities. This fiscal year, 41 residential units were constructed in that community, to be ready in the summer of 2008.

Another important file related to capital expenditures is the construction of the Wemindji clinic. The first dig happened in the fall of 2007, and the construction is going very well. We are on target with the work schedule, and we expect that the clinic should be ready at the beginning of 2009.

Construction of the Mistissini Community Miyupimaatisiiun Centre is also under way. This spring, the MSSS approved the construction of the clinic at a cost of $26.4 million. The first step of the project is to hire the professionals and this was done in the summer of 2008.

For the coming year, a few objectives were established for the administrative level. They are as follows:

- Finalize the construction of the new residential units allocated in the SRP
- Finalize the construction of the Wemindji Community Miyupimaatisiiun Centre
- Begin the construction of the Mistissini Community Miyupimaatisiiun Centre
- Plan the construction and extensions of the other clinics
- Improve the effectiveness and efficiency of the operations in each department under the umbrella of Administrative Services.

- For the Administrative Services group, it was another year presenting great challenges. The construction of the new residential units, the construction of the Wemindji clinic and the approval of the construction of the Mistissini Community Miyupimaatisiiun Centre will greatly improve health and social services. We believe that with the professionalism of our employees, and with the improvement of our facilities, we will see healthier communities in the years to come.

Robert Larocque, CGA
Assistant Executive Director - Administration

Financial Resources

The Finance department is responsible for maintaining the financial records of the Cree Board of Health and Social Services of James Bay (CBHSSJB), ensuring that all debts are promptly satisfied, safeguarding assets and generally providing financial information and support to management and to the Board of Directors. To fulfill these responsibilities, the department is in charge of establishing and maintaining an internal control structure designed to ensure that the assets of the CBHSSJB are protected from loss, theft or misuse and that adequate accounting data are compiled to allow the preparation of financial statements which are audited by an independent firm of Chartered Accountants. The budget established by management is the control tool employed and referenced throughout the year by the CBHSSJB. The services, programs, revenues and expenses contained in the budget reflect the methods and use of resources, by which staff intend to accomplish the goals and objectives of General Management and the Board of Directors in compliance with the conditions of the Strategic Regional Plan (SRP).

The past year was as challenging as the past years. First, the former director of financial resources was promoted to the AED, officially in September 2007. The department was without an assistant to the finance director and I acted as the interim financial resources director. Second, the management of the organization was more focused on the implementation of the Strategic Regional Plan, since the funding agreement with the MSSS is due to be renegotiated as of March 2009. This situation creates a need for more specific information. The biggest challenge was to isolate the development of services and cost since the beginning of the funding agreement in April 2004. Fortunately, changes in the accounting structure, the adaptation of the financial statements as per the funding agreement, the incorporation of the budgets in the financial statements, the addition of staff and the renovations are things of the past.

Even under these difficult circumstances, finances services were able to accomplish the following:

1. As always, there was collective great effort made by all management staff to finalize the annual budget and have it adopted in time as required.
2. The department has clarified issues regarding taxation. The CBHSSJB has claimed more than $800,000 of GST and QST from previous years. Furthermore, GST and QST are now claimed at 100% on certain type of expenses.
3. The finance department is also questioning the contribution to the Québec Health Services Fund. If the CBHSSBJ is recognized as a non-commercial organization offering services intended for the greater welfare of the Crees, it will then be exempted from this contribution. This represents savings of more than $3 million of contributions per year.
4. Almost half of the CHB staff is still part-time or occasional and this still creates additional work for the payroll department. Software allowing the processing of an electronic time sheet was found and will eventually be used. The software will allow time for the payroll staff to work on other important files.

5. The payroll employees also had to cope with software and hardware problems from December 2007 to February 2008. The staff were often seen at their station after 11 pm many nights. I want to take this opportunity to express my appreciation to all the payroll staff and especially Rose Bearskin – Paymaster for her enormous contribution.
6. The payroll department was also awarded extra funding over a 3 years period to complete the reorganization of the payroll department. We also found a payroll specialist who will be in place in 2008-2009. Not only will she be responsible for the reorganization of the department, but also for the training and transfer of knowledge to the staff in place.
7. A new software for accounting was chosen in December 2006, and the implementation has started in 2007. The software will be implemented in 2008-2009. The software will increase the reporting capabilities to management and allow the nine (9) communities, the three (3) Cree Patient Services Centers, and the public health department to process requisitions for goods and service directly from their site. It will also increase internal control capabilities and offer a standardized budgeting tool for managers, especially when it comes to the planning for additional human resources. Other features will allow direct payments to suppliers, employees' travel claims, and will be compliant with the new compensation procedures of Revenue Québec.

As reported in the financial statements that follow, the CBHSSJB has generated an accumulated surplus of 14 million as of the end of March 2008. The total funding went from $111 to $124 million. The finance department still has the responsibility to secure the surpluses for the development of projects, and to maintain the capital envelope for the construction of projects as negotiated in the agreement of the SRP.

To conclude, Finance services continue to dedicate their support to all CBHSSJB managers and employees, and to the acquisition and development of new working tools will raise this support to a higher level.

Martin Meilleur, CGA
Financial Resources Director

Human Resources Department

The Human Resources (HR) plays an important role in helping the CBHSSJB to attain its objective in "*Building a Strong and Healthy Cree Nation*" and through the implementation of the *Strategic Regional Plan*.

As stated in the *Strategic Regional Plan*, we are driven by the following two (2) guidelines in order to reach our objectives:

- Guide and support the First Nations in their effort to promote their own professional growth, acquire skills, and realize their dreams. (Orientation 9)
- Attract and retain the required personnel by having a work environment that supports their well-being. (Orientation 10)

The HR functions as a centralized support system for the whole organization. The department consists of two (2) sections: Human Resources Management and Human Resources Development.

Human Resources Management (HRM)

The following is a portrait of the Human Resources Management team responsible for providing a high quality service:

- 1 Coordinator of Human Resources Management
- 1 Labour Relations Advisor
- 1 Health and Safety Officer
- 3 Recruiting Agents
- 8 Administrative Technicians
- 1 Administrative Officer.

The role of this service is to serve the CBHSSJB by developing and implementing policies, services and programs which:

- Attract and retain employees
- Promote effective management practices
- Promote fair and equitable treatment of employees
- Comply with all collective agreements and applicable legislation.

Recruitment Activities

Every employee goes through what could be termed an employment life cycle, which moves from the attraction phase, to selection, to the establishment of terms and conditions of work, to the fulfillment of those terms and conditions, and ending with retirement, resignation or sometimes termination. Planning for recruitment must be a dynamic and flexible activity, which we continuously strive to achieve while improving our internal recruitment procedures. Plans and strategies need to change in response to changing organizational needs. The ability to change direction quickly as results and conditions vary, will determine the success of both recruiting plans and recruiting efforts.

To reach our objective, we are continuously focusing on the following activities:

- Communication with youth and adults to pursue health and social services careers by building awareness tools and attending education and career fairs
- Basic training for those hired without academic qualifications
- Management training program
- Fostering vertical mobility of those with management talent through succession planning

The recruitment initiative includes promoting the CBHSSJB within the communities and outside of Iiyiyiu Aschii. The recruitment process is carried out by attending education and career fairs in the communities, as well as at Cégeps, Universities and professional conventions.. In total, we participated in 20 fairs in the Quebec region (additional 9 compared to the previous year).

2007 - 2008 Statistics April 1, 2007 - February 2, 2008
Native and Non-Native, Male and Female Personnel and by Status

All Employees	Number
Total number of employees	2,169
Total number of Females	1,478
Total number of Males	691

Native	Number
Total number of Native Employees	1,765
Total number of Native Females	1,183
Total number of Native Males	580

Non-Native	Number
Total Number of Non-Native Employees	404
Total Number of Non-Native Females	295
Total Number of Non-Native Males	111

All Employees	Number
Status 1 - Permanent Full-Time	520
Status 2 - Temporary Full-Time	201
Status 3 - Permanent Part-Time	49
Status 4 - Temporary Part-Time	9
Status 5 - Occasional	1,390

Native	Number
Status 1 - Permanent Full-Time	15
Status 2 - Temporary Full-Time	1,113
Status 3 - Permanent Part-Time	279
Status 4 - Temporary Part-Time	314
Status 5 - Occasional	0

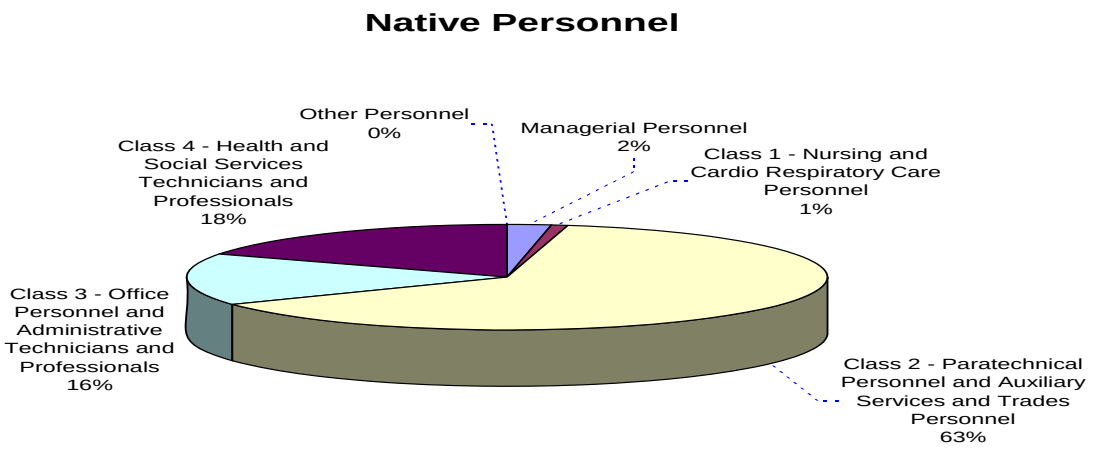
Non-Native	Number
Status 1 - Permanent Full-Time	187
Status 2 - Temporary Full-Time	20
Status 3 - Permanent Part-Time	36
Status 4 - Temporary Part-Time	113
Status 5 - Occasional	20

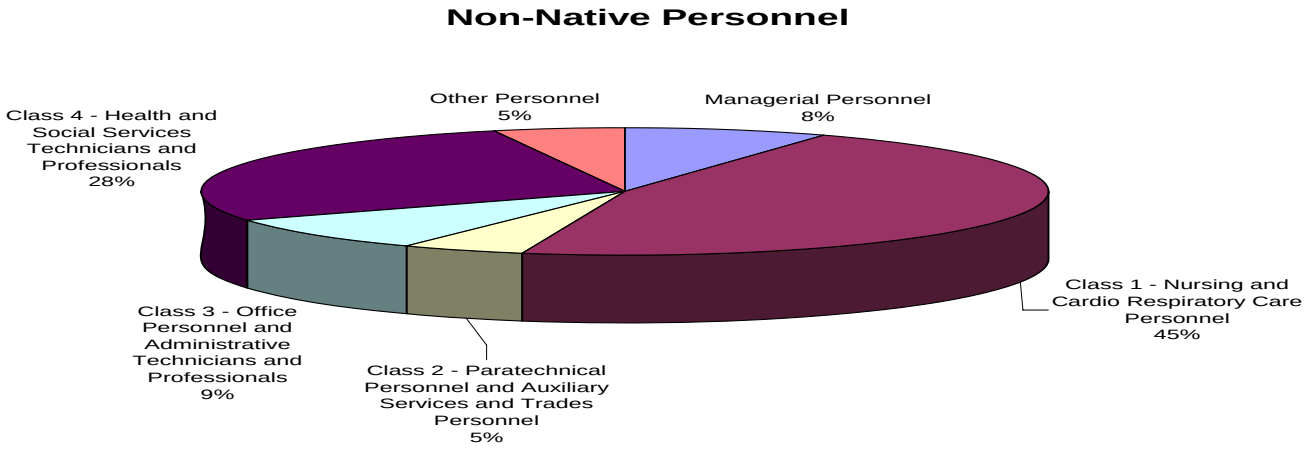
DATA FOR CHARTS

	Native Personnel
Managerial Personnel	**40**
Class 1 – Nursing and Cardio Respiratory Care Personnel	**15**
Class 2 – Para-technical Personnel and Auxiliary Services and Trades Personnel	**1,113**
Class 3 – Office Personnel and Administrative Technicians and Professionals	**279**
Class 4 – Health and Social Services Technicians and Professionals	**315**
Other Personnel	**0**
TOTALS	**1,762**

	Non-Native Personnel
Managerial Personnel	**32**
Class 1 – Nursing and Cardio Respiratory Care Personnel	**187**
Class 2 – Para-technical Personnel and Auxiliary Services and Trades Personnel	**20**
Class 3 – Office Personnel and Administrative Technicians and Professionals	**36**
Class 4 – Health and Social Services Technicians and Professionals	**112**
Other Personnel	**20**
TOTALS	**407**

	Employees
Managerial Personnel	**72**
Class 1 – Nursing and Cardio Respiratory Care Personnel	**202**
Class 2 – Para-technical Personnel and Auxiliary Services and Trades Personnel	**1,133**
Class 3 – Office Personnel and Administrative Technicians and Professionals	**315**
Class 4 – Health and Social Services Technicians and Professionals	**427**
Other Personnel	**20**
TOTALS	**2,169**





Labour relations and Health and Safety

HR was involved in a variety of activities in labour relations: implementation and follow-up on the *Equity Act*, more specifically for Nurses; salary adjustments; through the implementation of the *Strategic Regional Plan* and the approval of the organizational chart in July 2007 by the Board of Directors, application of new job titles and update of the job roster; establish labour relations with both Unions (FIQ and CSN) and grievance settlements; in addition to giving advice to managers and employees on the application of internal and external rules, regulations and legislation.

Update on **health & safety** files for 2007 - 2008:

Work Absence Rates	2006 - 2007	2007 - 2008
Injury on Duty	7 open files	8 open files
Preventive withdrawal from work	22 open files	15 open files
Wage loss insurance plans	175 open files	182 open files
Deferred leave	6 open files	6 open files
Anticipated leave	n/a	7 open files
Maternity leave	n/a	33 open files
Paternity leave	n/a	1 open file

Local Negotiations

After months of preparations and negotiations, the CSN and FIQ collective agreements on local matters were concluded and signed on September 17, 2007 in Chisasibi.

The new rules will consolidate the personnel's presence by improving services rendered (accessibility and quality); the ability of personnel to intervene (stability and continuity) and by offering services to meet the population's needs (flexibility).

Colette Fink, Negotiation Team Leader led the negotiations along with her team. All were present during the signing ceremony. For the CBHSSJB, Dianne Reid, Chairperson, Mabel Herodier, Executive Director, and Nancy Bobbish, Director of Human Resources represented the employer in signing both collective agreements. Rebecca Swallow, President, Lily Bobbish, Vice-President and Alyne Blacksmith, Grievance Officer signed the CSN local collective agreement. Suzanne Rousselle, President and Sebastien Thibault, Vice-President signed the FIQ local collective agreement.

Following the signing, the Negotiation Team began the implementation process. Its goal is to familiarize the staff with the terms and conditions of the local collective agreements.

Through validation and approval by Executives and managers, the action plan's priorities, objectives, indicators and schedule have been established:

- Ensure that managers understand the collective agreements on local matters
- Transfer of their knowledge to the HR employees
- Support managers by creating appropriate tools. Information sessions are planned in 3 phases: staffing, integration and management

Employee Assistance Program (EAP)

Competent human resources management not only motivates but also mobilizes personnel to attain organizational objectives. The first steps to introducing an Employee Assistance Program began in 2007. Our EAP is a confidential counselling service administered by the Human Resources that will be accessed by all staff at any time (24/7). The program will be in full operation in 2008.

Human Resources Development (HRD)

Training and development represents an investment. It enables us to increase the competencies and productivity of our workforce while also improving the quality of our services. Consistent with the vision statement of the CBHSSJB, the organization is striving to create an environment where all staff strives for excellence and where development is seen as essential to the achievement thereof. We recognize that people are our most important strength.

The following is a portrait of the Human Resources Development team that provides quality services:

- 1 Coordinator of Human Resources Development
- 1 Program, Planning and Research Officer – Social
- 1 Nurse Counsellor – Community Health Representatives Training Program
- 1 Administrative Technician

We continue to provide a wide variety of programs to help staff develop and enhance their knowledge and skills, holding more than 24 varied training programs. Here's a summary of some of the main training activities that took place this fiscal year:

- Nurses' Annual Training – over 130 participants
- National Training Program (managerial, professional and support staff) – 3 groups with an average of 15 participants per group ranging from 1 to 5 training session per group
- ASIST Training Program (suicide prevention) – average 12 participants
- CHR in various community health programs – 13 participants, 3 training sessions
- Young Offenders Training – 18 participants
- Varied training sessions were organized to meet specific employee or departmental needs

Community Health Representatives (MW/CHR) Program

To meet recruitment challenges and to reach our goal of a Cree staffed organization; HRD is currently working on one of the priorities identified by the organization. A partnership with the post-secondary institution of Cégep Abitibi-Temiscamingue in Val d'Or has been established to develop a training program for future Community Health Representatives.

Our communities are growing rapidly; the needs for prevention, education and health promotion also increase according to the needs of the population. Our goal is to provide the MW/CHRs greater knowledge and the possibility to develop new skills, and to facilitate their integration in other health professions. Preliminary work began in December 2006 and is ongoing. Discussions, evaluations and assessments of the roles and needs of MW/CHRs and health professionals took place throughout 2007.

Discussions with the Cégep in Val d'Or for the development of the MW/CHRs training program are ongoing. A document defining the objectives and standard practices is currently being prepared. This document is to be presented by the Cégep to le Ministère de l'Éducation in order to obtain a Collegial Study Attestation for all candidates who will be enrolled in the MW/CHRs training program in Val d'Or.

Public Administration Master's Program

In link with the CBHSSJB succession planning, the organization continues to support the "Access to a Public Administration post graduate training and a graduate degree from l'École nationale d'administration publique (ENAP)" initiative. The first phase has begun. A group of 29 employees are currently participating in a preparatory training program with ENAP. Ongoing assessment and development of this program will continue in 2008-2009.

The organization has since reviewed its training and development activities. Human Resources along with other key actors will be reviewing the delivery of these services to meet the evolving needs of the organization.

Once again, we would like to thank the Cree Human Resources Development for their continued support.

Conclusion

Continued efforts for improvement are envisaged for the next fiscal year:

- HR initiatives: Review and improve HR policies, programs and services linked to our objectives
- HR transformation: Improve service delivery systems
- Organizational relevance: Ensure that human resources plans and solutions are relevant and strategic in addressing or supporting the CBHSSJB challenges during the implementation of the *Strategic Regional Plan*

The 2007-2008 has been quite challenging. Recruitment and retention continue to be identified as a priority for the organization. Human Resources will continue playing its support role to managers and will continue improving its services rendered to employees and external clients.

Nancy Bobbish
Human Resources Director

Information Technology Department

The Telecommunication department has 1 Director, 3 computer technicians, 2 administrative technician, 6 computer analysts and 1 Engineering student for a total of 13 employees.

The Telecommunication department gives services to all 9 communities including Montréal, Val d'Or and Chibougamou. After negotiating several agreements with outsourcers, we are able to be on site within 24 - 48 hours, in order to provide service when it is not possible to do it remotely.

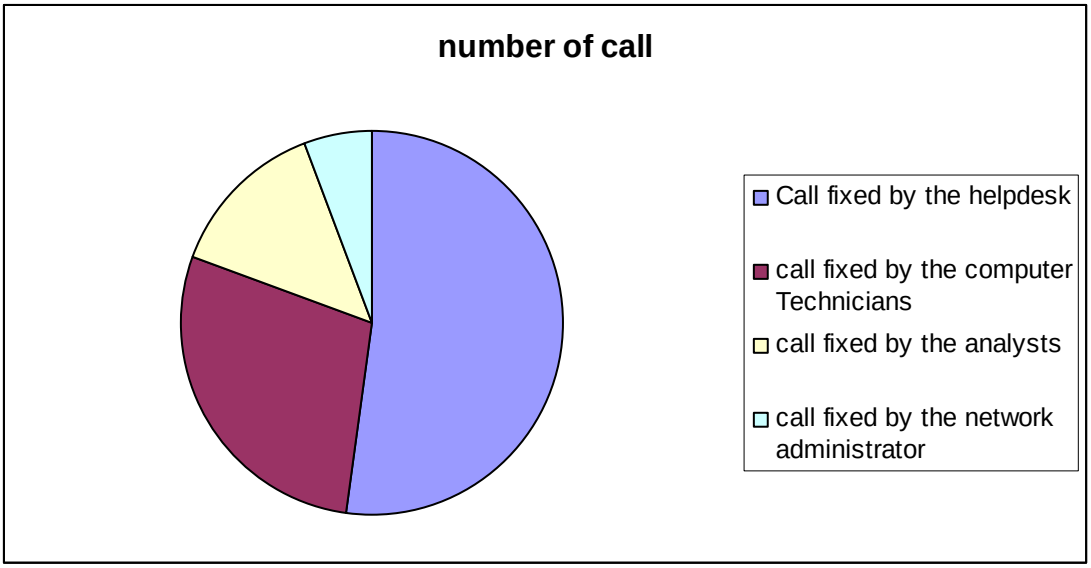
This year, telephony and photocopier services have been added to the department role.

Statistics

1) Number of calls received at the IT department

As you will see, the helpdesk has successfully achieved its first goal, which was to answer and fix more than 50% of all calls received. Compared to last year, the volume has increased by more than 50 %.

Call assigned to	Number of calls	%
Calls fixed by the helpdesk	1,924	52.1%
Calls fixed by the computer technicians	1,048	28.4%
Calls fixed by the analysts	510	13.8%
Calls fixed by the network administrator	211	5.7%
Total calls received	**3,693**	**100%**



2) Inventory of the IT department

Total number of computers: 655
Number of new desktop computers: 24
Number of new laptop computers: 83
Number of new printer-scanners: 10

Almost the entire inventory is recent and up-to-date (between 0 to 3 years old).

3) License

Number of Microsoft Office licenses installed: 535
Number of Microsoft Project installed: 110
Number of Visio installed: 37
Number of Microsoft Window installed: 622
Number of Microsoft Servers installed: 40
Number of Lotus Notes: 614

4) IT requisition

More than 181 IT requisitions have been answered.

5) Cell phone: 186

Projects achieved

Dentistry

Virtualization of the server, update

Radiology

*Medirad, Virtualization of the server
*Radstore/Radworks, problem related to applications was solved.

Hemodialyses

Nephrocare, update of the application

Public Health

CDIS, update of the application, virtualization of the server

Network

A new solution implemented with Wi-Fi (microwave) point to point connection. Negotiations with the Ministry concerning the new network (upgrade should be in June 2008).

Helpdesk

Plans are being made to have a partnership with the region 08 in order to transfer our helpdesk to their TCR. The helpdesk will answer all calls from our region and region 08, while training a new helpdesk analyst to work in the communities.

Security

We are working on different projects in order to respect the GSAI (Gestion de la securité des actifs informationnels). The first phase was the creation of the Security Policy and Directive that was approved. Training on the policy and 15 security measures was completed. Informational asset categorization was completed and the Security director plan will be prepared.

Cell phone

New policy and Directive have been completed, as well as negotiation for better rates.

Telephony

Negotiations to revamp the entire network are in progress.

Photocopier

Optimization of all photocopiers, printers, scanners and faxes is in progress.

Backup system

Almost all systems are on backup automatically.

Future Plan

- Implementation over the next 3 years of the prioritized applications as determined by the IT committee
- Implementation of the C2 platform (helpdesk)
- Creation of a back store in order to accelerate the delivery of computer to user
- Virtualization of the entire server in order to reduce space and accelerate the resolution of problems
- Reorganization of the server room at the Hospital and at the Administration office

- The FTP Server will give us the opportunity to make a massive transfer of files. This will lower the traffic of Lotus Notes and increase efficiency. Furthermore, it will be faster and easier to make remote backups using this Server
- Secondary server for Lotus Notes
- Video conferencing and training
- Air conditioning and UPS system
- DRP, Disaster recovery plan
- Other projects related to the improvement of the network

Patrick Côté
Information Technology Department Director

Non-Insured Health Benefits Program (NIHB)

Within the CBHSSJB, the Cree Non-Insured Health Benefits Program is responsible for the management of non-insured health benefits for beneficiaries of the JBNQA, ordinarily residing in one of the nine Cree communities. It is responsible in delivering necessary non-insured services prescribed by a medical specialist.

Non-insured health benefits managed by the CBHSSJB include:

- Prescription drugs
- Over-the-counter drugs and proprietary medicines
- Medical supplies and equipment
- Transportation for health reason (including authorized escorts, interpretation services, meals and lodging)
- Vision care services, including eyeglasses and contact lenses where medically necessary
- Dental care and orthodontics
- Hearing aids
- Emergency mental health services (short-term basis only)
- Reimbursement of dispensing fees
- Repatriation of the deceased.

There are some ineligible costs which are not covered under the Cree NIHB program. These are:

- Private or semi-private room requested by the patient
- Surgery and other care for purely aesthetic reasons (cosmetic surgeries)
- Pharmaceutical, dietetic or cosmetic products not insured within Quebec's health insurance regime (RAMQ) OR which are not on Health Canada's NIHB program list of recognized benefits
- Treatment received outside of Canada, if it has not been pre-approved by the Régie de l'assurance maladie du Québec (RAMQ)
- Artificial insemination and *in vitro* insemination
- Services provided by a private clinic
- Benefits not prescribed by a CBHSSJB physician or health professional

There are other residents on the territory, who are not covered by the Cree NIHB program for their non-insured benefits, but they are covered through another source, whether it is private insurance or by First Nation and Inuit Health Branch under Health Canada.

Activities and Highlights

At the beginning of the fiscal year, Helen Atkinson, Interim NIHB Program Manager was still in place for the first three months. She then went on as the NIHB advisor to do work on the legal framework of the program, and to provide some recommendations on the

sustainability of the NIHB program. After that, Nora Bobbish returned as program manager on a full-time basis.

In April 2007, a presentation on the NIHB program was made to the board. The board members were very pleased with the presentation and they were able to understand more about the program and about some new members on the board of directors.

A reorganization of the organizational chart was accepted by the board in July 2007, this resulted in the change of the job title from program manager to coordinator of NIHB.

In relation to the exceptional medication review process, discussions were held to streamline the application of special medications. The Pharmacy department established an internal review process using an interim form for prescriptions.

For JBNQA beneficiaries living temporarily outside of the Cree territory, our department assisted in dealing with the supplier to ensure they receive the benefits which they are entitled to. There were also some reimbursements to clients for out-of-pocket expenses.

In November 2007, the coordinator participated at the Special General Assembly on Health and Social Services, which was held in Nemaska, Quebec. Both the advisor and the coordinator did a presentation on NIHB, and handed out brochures and copies of the presentation.

The board of directors approved the purchase of NIHB software, a computerized system to manage costs related to NIHB. This internal control tool will be developed by the firm Sogescom which specializes in developing software and websites. The first phase of the project completed in March, included some analysis of the program and related expenses. The other phases will be completed in the next fiscal year. The expected implementation of the software is fall 2008.

Future Direction

The implementation of the NIHB software is expected to be fully functional in all the Cree communities. Training will be provided to users of the program sometime in the fall.

Information on vision care, medication and dental services will be provided to students going to school down south; this is in collaboration with the Cree School Board Post Secondary Program.

The terms of reference of the NIHB committee will be reviewed after some interruption for more than a year. It will be up and running in the next year. The committee will have the responsibility of reviewing and approving the NIHB policies and procedures. Video conferencing and telephone conferences will be utilized for such meetings.

Our department will continue to work with various departments, as well as with external suppliers to ensure that JBNQA beneficiaries receive non-insured services when they are temporarily outside the Cree communities for reasons of education, training, medical or working for a Cree entity.

Conclusion

In closing, I wish to express my sincere gratitude to all managers in the different sectors of the organization, for their support and interest in developing working relationships that ensure the accessibility of non-insured services to the JBNQA beneficiaries. Furthermore, I wish to thank all frontline workers for providing the best care to the clients.

Nora Bobbish
NIHB Coordinator

Material Resources Department

Strategic Regional Plan Projects

The construction of the new Wemindji CMC has started and is scheduled to be completed by December 2008. The Technical and Functional Plan of the Mistissini CMC was deposited at the MSSS before Christmas.

Main Projects on existing Facilities and CHQ Audit

The other main projects done or completed include repairs in the Eastmain Clinic, and the Wesapou Group Home. Major renovation was also carried out at the Youth healing services facilities in Mistissini. Renovations of the Head office in Chisasibi have reached the preliminary completion.

For the fiscal year 07-08, the department has introduced a new Capital Management Framework setting up the rules and guidelines to spend capital money for the Maintenance of Assets, and Minor Functional Renovations based on the Replacement Value of the organization's assets. For the existing facilities, deficiencies brought up in the 2002-2003 CHQ Audit are now corrected through this Framework, as well as the existing equipment.

Residential Units

Many new houses were completed in 07-08 and are leased from the communities. These are: 32 new units in Chisasibi, 10 new units in Wemindji, 10 new units in Waskaganish, 20 new units in Waswanipi, including 6 transit units, and 20 new units in Mistissini.

Human/financial/material resources

The Department has hired a first Establishment Advisor to manage projects, and an Administrative Agent responsible for inventories.

General results of activities and general objectives for the coming year

The Wemindji CMC will be completed and the staff will move into their new facility in early 2009. We will start to replace older units in Chisasibi. We will recommend and support the communities for Capital Projects under the Maintenance of Assets and Minor Functional Renovations. The hiring of staff to complete our roster will continue, in order to enable this Department to complete many more projects.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

FINANCIAL STATEMENTS

MARCH 31, 2008

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
FINANCIAL STATEMENTS
MARCH 31, 2008

TABLE OF CONTENTS

PRATTE, BÉLANGER

PRATTE, BÉLANGER COMPTABLES AGRÉÉS INC.
PRATTE, BÉLANGER CHARTERED ACCOUNTANTS INC.

AUDITORS' REPORT

To the Board of Directors of
the Cree Board of Health and Social Services of James Bay

We have prepared the balance sheets of the Operating Fund, Long-Term Assets Fund and Assigned Fund (including the Non Insured Health Benefits Program) of the Cree Board of Health and Social Services of James Bay as at March 31, 2008 and the following statements for the year ended March 31, 2008 (note 14):

- Statement of changes in fund balance of the Operating Fund;
- Statements of revenue and expenditure of the Operating Fund and of the Long-Term Assets Fund;
- Statements of revenue and expenditure and of fund balance of the Assigned Fund.

These financial statements have been prepared from information contained in the annual financial report (Form AS-47l) of the Cree Board of Health and Social Services of James Bay for the year ended March 3l, 2008 on which we have issued an auditors' report dated May 16, 2008, including certain restrictions as outlined in Appendix I.

In our opinion, these financial statements fairly summarize the financial information contained in the annual financial report (Form AS-471) of the Cree Board of Health and Social Services of James Bay for the year ended March 31, 2008.

Pratte, Bélanger

Pratte, Bélanger Chartered Accountants Inc.

May 16, 2008

1240, AVENUE BEAUMONT, BUREAU 100
MONT-ROYAL (QUÉBEC) CANADA H3P 3E5
TÉL. : (514) 731-5353 • FAX : (514) 731-4833 • www.pb.ca

AUDITORS' REPORT (CONT'D)
APPENDIX I

I) Development expenses

As described in note 3, development expenses, if any, were not identified and recorded separately and could be part of the Board's operating expenses.

II) Funding allocations

As described in note 4, funding receivable from MSSS was recorded prior to obtaining the appropriate confirmations, for an amount of $29,054,475 in relation to the NIHB and specific allocation, and for an amount of $4,831,284 in relation to the capital expenditure.

III) Quantitative Data

Measuring units are not available for any of the activity centers within the Establishment. In some cases, certain statistic data was collected, however, the Establishment did not pursue periodic and annual compilation of the quantitative data.

V) Non-Insured Health Benefits

- In general, it was not always possible to match the names on the beneficiaries list with the names on the invoices and airline tickets. The absence of a reference to the beneficiary number, on almost all the invoices, complicated the matching of names, especially in cases where the family names were missing, cases with similar family names or cases where maiden names were used;

- For patients' transportation, the prescribed rates for mileage and lodging were not respected. In addition, it was not always possible to distinguish the escort, especially since the doctors authorization for an escort was not always available;

- The charges related to medication are recorded via inventory adjustments. As a result, it was not possible to identify the beneficiary. The related reports are not produced and reconciled on regular periodic basis;

- Non-insured health benefits provided to non Crees, during the last forty two (42) months, were not claimed to the Federal Government;

- Due to the absence of the appropriate documentation, it was not possible to verify the renewal frequency for eye glasses, orthesis, prosthesis and medical supplies and equipment of handicapped people;

- The statistics and quantitative data of the Non-Insured Health Benefits Program were not compiled.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
BALANCE SHEET
MARCH 31, 2008

	2008 $	2007 $
ASSETS		
CURRENT ASSETS		
Accounts receivable (note 5)	46,517,312	26,429,531
Prepaid expenditure (note 6)	428,656	722,413
Inventories (note 7)	613,329	529,812
Due from Long-Term Assets Fund (note 8)	6,240,947	6,240,947
	53,800,244	33,922,703
LIABILITIES		
CURRENT LIABILITIES		
Bank overdraft (note 9)	17,284,648	11,196,544
Accounts payable and accrued charges	9,043,655	12,157,670
Wages and fringe benefits payable	2,642,348	1,240,620
Due to Assigned Fund (note 8)	2,059,906	1,823,786
Deferred revenues (note 10)	3,300,028	2,007,289
	34,330,585	28,425,909
FUND BALANCE		
SURPLUS	19,469,659	5,496,794
	19,469,659	5,496,794
	53,800,244	33,922,703

ON BEHALF OF THE BOARD:

_____, Board Member

_____, Board Member

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2008

	2008 $	2007 $
BALANCE - BEGINNING OF YEAR	5,496,794	(2,323,587)
Excess (deficiency) of revenue over expenditure	13,972,865	7,820,381
BALANCE - END OF YEAR	19,469,659	5,496,794
The fund balance can be detailed as follows:		
As of March 31, 2004		
Adjusted balance, after M.S.S.S. analysis, prior to the application of the new funding agreement	(18,647,933)	(18,647,933)
Subsequent years		
Excess (deficiency) of revenue over expenditure 2004-2005	(4,717,687)	(4,717,687)
Excess (deficiency) of revenue over expenditure 2005-2006	21,042,033	21,042,033
Excess (deficiency) of revenue over expenditure 2006-2007	7,820,381	7,820,381
Excess (deficiency) of revenue over expenditure 2007-2008	13,972,865	-
Accumulated unconfirmed surplus as of March 31, 2008	38,117,592	24,144,727
	38,117,592	24,144,727

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
OPERATING FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2008

	Budget 2008 $	Actual 2008 $	Actual 2007 $
REVENUE			
M.S.S.S. - General Base - Operations	86,616,869	81,739,937	67,168,775
M.S.S.S. - Development	-	7,850,000	9,477,700
M.S.S.S. - Specific allocations	-	29,378,129	28,757,936
M.S.S.S. - Special allocations	-	664,083	687,840
M.S.S.S. - Additional surface	-	2,851,272	-
M.S.S.S. - Retro salary equity pay	-	651,577	3,808,997
Family allowances (Federal Government)	-	354,041	325,684
Cree Regional Authority	-	-	349,218
Hydro-Quebec		50,000	50,000
Education, Loisir et Sport	-	35,600	35,600
Others	-	281,667	282,375
	86,616,869	123,856,306	110,944,125
EXPENDITURE (Appendix A)			
General Base - Operations	86,616,869	74,582,111	70,412,696
Specific allocations	-	29,378,129	28,757,936
Special allocations	-	664,083	687,840
Uses of surplus (note 11)	-	5,259,118	3,265,272
	86,616,869	109,883,441	103,123,744
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	13,972,865	7,820,381

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
BALANCE SHEET
MARCH 31, 2008

	2008 $	2007 $
ASSETS		
CURRENT ASSETS		
Grants receivable - M.S.S.S. (note 4 b))	41,835,871	37,416,925
Other receivables	87,436	87,545
	41,923,307	37,504,470
CAPITAL ASSETS	87,884,508	79,746,390
LONG-TERM PORTION OF GRANTS RECEIVABLE - M.S.S.S.	23,870,663	25,492,904
	153,678,478	142,743,764
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued charges	28,642	32,250
Temporary financing - CHQ	35,382,347	30,638,414
Due to Operating Fund (note 8)	6,240,947	6,240,947
Current portion of bonds payable (note 12)	1,622,240	1,947,227
	43,274,176	38,858,838
BONDS PAYABLE (note 12)	23,870,663	25,492,904
	67,144,839	64,351,742
FUND BALANCE		
SURPLUS	86,533,639	78,392,022
	86,533,639	78,392,022
	153,678,478	142,743,764

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
LONG-TERM ASSETS FUND
STATEMENT OF REVENUE AND EXPENDITURE
YEAR ENDED MARCH 31, 2008

Long-Term Assets - Acquisition

	2008 $	2007 $
REVENUE		
Corporation d'hébergement du Québec - Claims	4,432,966	3,057,366
Corporation d'hébergement du Québec - Interest	1,832,504	1,904,281
Contribution from Operating Fund	3,705,152	2,246,727
	9,970,622	7,208,374
EXPENDITURE		
Interest charges	1,832,504	1,904,281
Building	6,773,671	3,271,305
Computer and softwares	659,402	398,334
Furniture and equipment	448,384	1,206,797
Medical equipment and furniture	336,801	415,631
Capitalized interest	(80,140)	12,026
	9,970,622	7,208,374
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	-	-

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND
BALANCE SHEET
MARCH 31, 2008

	2008 $	2007 $
ASSETS		
CURRENT ASSETS		
Due from Operation Fund (note 8)	2,059,906	1,823,786
	2,059,906	1,823,786
FUND BALANCE		
SURPLUS (DEFICIT)	2,059,906	1,823,786
	2,059,906	1,823,786

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND - STATEMENT OF REVENUE AND EXPENDITURE AND OF FUND BALANCE
YEAR ENDED MARCH 31, 2008

	Fund Balance - Beginning of year $	Revenue $	Expenditure $	Fund Balance End of year $
PROVINCIAL FUNDING				
Strategic regional plan - Paix des Braves	78,215	-	-	78,215
Doctors in Remote Areas	(34,026)	-	-	(34,026)
Summer Training and Residents	(3,272)	-	-	(3,272)
Installation Premium	790,083	-	-	790,083
Kino-Quebec	162,076	-	-	162,076
Smoking Action Plan	156,132	-	-	156,132
Community Health	26,091	-	-	26,091
Nobody's Perfect	4,928	-	-	4,928
Hepatitis C Vaccination	3,029	-	-	3,029
Prenatal Services	4,056	-	-	4,056
Public Health Project	20,294	-	-	20,294
SICHELD	168	-	-	168
Training kit - Abuse Victim	28,713	-	-	28,713
Meningo Vaccination	1,228	-	-	1,228
Health Network Services Training	5,175	-	-	5,175
Research Ethics	29,030	-	-	29,030
Specialized Equipment	547	-	-	547
Technical Help	20,397	-	-	20,397
First Responders	214,264	-	-	214,264
Alcoholism and Drug Addition	46,462	-	-	46,462
Implementation Technology System	9,082	-	-	9,082
Training on Aids	6,238	-	-	6,238
Physical Deficiency	120,023	-	-	120,023
Intellectual deficiency - Organization	132,201	-	-	132,201
Intellectual deficiency - Development	37,108	-	-	37,108
	1,858,242	-	-	1,858,242
FEDERAL FUNDING				
National Native Alcohol and Drug Abuse Program	13,916	591,456	(591,456)	13,916
Building Healthy Community - Solvent Abuse Program	(54,106)	110,831	(110,831)	(54,106)
Canada Prenatal Nutrition Program	(11,730)	221,070	(221,070)	(11,730)
Aboriginal Diabetes Initiative	70,333	366,012	(366,012)	70,333
First Nations and Inuit Home and Community Care - Phase 3	(309,274)	1,907,330	(1,907,330)	(309,274)
First Nations and Inuit Home and Community Care - Capital	(616,820)	-	-	(616,820)
Aboriginal Health Human Resources Initiative	-	1,566	(1,566)	-
Fetal Alcohol Spectrum Disorder	-	207,231	(207,231)	-
Leader	-	19,848	(19,848)	-
Tobacco	(32,744)	-	-	(32,744)
	(940,425)	3,425,344	(3,425,344)	(940,425)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
ASSIGNED FUND - STATEMENT OF REVENUES AND EXPENSES AND OF FUND BALANCE
YEAR ENDED MARCH 31, 2008

	Fund Balance Beginning of year $	Revenue $	Expenditure $	Fund Balance End of year $
OTHER FUNDING				
Donations	937	31,012	(9,142)	22,807
Doctors Recruitment	(35,150)	-	-	(35,150)
Breast Cancer	16,508	-	(12,050)	4,458
Salt Fluoridation Study	29,772	-	-	29,772
Influenza Vaccine Program	111,986	-	-	111,986
Mercury Exposure - Literature	(6,022)	-	6,022	-
Mercury Exposure - Coordinator	19,904	-	-	19,904
Mercury Exposure - Environmental Feasibility Project	(4,862)	-	4,862	-
Fish Consumption	(415)	-	415	-
Health and Services Statistics	34,424	-	-	34,424
Map/Geographic data base	26,100	-	-	26,100
CLMB training - French immersion	5,583	-	-	5,583
Quit to win Challenge	5,334	2,423	(2,216)	5,541
Environmental Health Contaminants	515,312	1,226,289	(1,299,159)	442,442
Dental Evaluation Project	43,442	127,448	(35,791)	135,099
Nutrition Security Program	7,151	-	-	7,151
Foster family week	1,849	-	-	1,849
CRA - Training for Accounting/Administration	66,833	-	(66,833)	-
Youth Street Project	4,800	-	-	4,800
Haemodialysis Education Fund	5,296	6,288	-	11,584
CRA - Home Care Worker Training	75,345	-	-	75,345
CRA - Dental Assistance Program	61,715	-	-	61,715
Chiiyikiyaa Evaluation Study	59,849	100,000	(119,083)	40,766
Chiiyikiyaa - Program	39,234	-	-	39,234
State of Emergency - Fire	(54,028)	-	54,028	-
Gambling Studies	(124,928)	-	(29,119)	(154,047)
McGill - English Courses for Nurses	-	31,956	(31,956)	-
CSST - Health Program	-	304,612	(53,886)	250,726
	905,969	1,830,028	(1,593,908)	1,142,089
	1,823,786	5,255,372	(5,019,252)	2,059,906

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2008

1. NATURE OF ACTIVITIES

The Cree Board of Health and Social Services of James Bay was incorporated on April 20, 1978 and operates, as authorized by a permit issued by the "ministère de la Santé et des Services Sociaux" , a multidisciplinary health facility consisting of a regional board, a hospital, a long term care facility, health dispensaries, a readaptation center and a childhood and youth protection center.

2. SIGNIFICANT ACCOUNTING POLICIES

The present financial statements are prepared in conformity with Canadian generally accepted accounting principles and with the special guidelines of the Ministère de la Santé et des Services Sociaux, as outlined in the "Manuel de Gestion Financière".

Accrual accounting

Accrual accounting is used for both financial (monetary) and statistical (quantitative and operational) information. However, the following are exceptions to this policy:

- liabilities for annual vacations, legal holidays and sick days not recorded as at March 31.

Fund accounting

The Cree Board of Health and Social Services of James Bay adheres to the principles of fund accounting. The following funds appear on the financial statements and are therefore especially important.

Operating Fund

Includes all current operating transactions.

Long-Term Assets Fund

Includes transactions with respects to capital assets, current and long-term debt, grants and all other types of funding relating to such assets.

Assigned Fund

Includes all grants and subsidies received by the Cree Board of Health for the purpose of carrying out specific programs and for the delivery of special services.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2008

2. SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. Actual results could differ from those estimates.

Measuring units

A measuring unit is a quantitative element and not a financial one, which is compiled specifically for an activity center or sub-center in order to give an indication of its activity level.

Inventory

Inventory is valued at the lower of cost and replacement cost. Cost is determined using the first in, first out method.

Capital assets

Capital assets are recorded at cost in the Long-Term Assets Fund and are not amortized.

3. DEVELOPMENT EXPENSES

As it was the case in previous years, the eligibility and completeness of the development expenses could not be tested. Contrary to the requirements of the funding agreement, the development expenses were not isolated or accounted for separately. These expenses, if any, are part of the 2007-2008 general base - operating expenses of the Board. Management is still in the process of identifying the development expenses incurred by the Board, however this exercise was not completed and the information was not available in time to be audited and disclosed in the present financial statements.

4. FUNDING ALLOCATIONS

a) General base and specific allocations

Based on the conditions of the funding agreement (chapter 2), certain accounts receivable, related to NIHB and the specific allocations for the financial year ended March 31, 2008, have been recorded in the present financial statements without the appropriate confirmations from M.S.S.S. The details of these, are as follows:

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2008

4. FUNDING ALLOCATIONS (CONT'D)

	2008 $	2007 $	2006 $	2005 $	Total $
Non Insured Health Benefits	5,474,952	3,361,758	-	1,122,810	9,959,520
User fees and local or municipal taxes	1,213,649	2,182,624	-	459,580	3,855,853
Employee outings set out in working conditions	923,931	849,232	-	18,451	1,791,614
Interest on short-term loans	615,499	507,411	-	62,065	1,184,975
New residential facilities	-	-	-	-	-
Leases previous to April 1, 2004	1,367,056	1,367,056	-	-	2,734,112
Target deficit	-	-	3,608,592	5,919,809	9,528,401
	9,595,087	8,268,081	3,608,592	7,582,715	29,054,475

During the year, the MSSS reimbursed a portion of the amounts receivable for 2005-2006, not including the budgetary target deficit. As per related correspondence, the MSSS is presently awaiting for responses to various questions resulting from the analysis of the 2004-2005 and 2005-2006 financial reports as well as for claims and details related to Specific Allocations.

Should future discussions with the M.S.S.S. result in the non-reimbursement of the above amounts, the fund balance will be adjusted accordingly.

b) Capital expenditure

Contrary to the conditions of the funding agreement (chapter 2), certain accounts receivable, related to capital expenditure for the financial year ended March 31, 2008, were recorded in the present financial statements without the appropriate confirmations from M.S.S.S. Therefore, in the long-term assets fund, the unconfirmed receivable from the M.S.S.S. amounts to $2,956,520 for 2005-2006, $1,874,764 for 2006-2007 and $0 for 2007-2008 for a total of $4,831,284 as of March 31, 2008.

5. ACCOUNTS RECEIVABLE

	2008 $	2007 $
Operating Fund		
Unconfirmed		
M.S.S.S. - 2007-2008 funding not cashed yet (note 4 a))	9,595,087	-
M.S.S.S. - 2006-2007 funding not cashed yet (note 4 a))	8,268,081	8,268,081
M.S.S.S. - 2005-2006 funding not cashed yet (note 4 a))	3,608,592	6,823,556
M.S.S.S. - 2004-2005 funding not cashed yet (note 4 a))	7,582,715	7,582,715
M.S.S.S. - Previous years analysis	1,404,479	1,404,479
Subtotal carry forward	30,458,954	24,078,831

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2008

5. ACCOUNTS RECEIVABLE (CONT'D)

	2008 $	2007 $
Operating Fund (cont'd)		
Subtotal	30,458,954	24,078,831
Confirmed		
M.S.S.S. - SBFR	32,750	26,299
M.S.S.S. - Additional surface	2,851,272	-
M.S.S.S. - 2007-2008 development funding not cashed yet	7,850,000	-
M.S.S.S. - Retro pay - salary equity	495,848	-
Health Canada	3,466,632	1,221,099
Deferred leave - employees	91,029	207,489
Employee advances	201,203	134,734
Insurance claim	55,988	87,261
Federal goods and services tax	655,400	182,729
Provincial sales tax	566,036	142,453
CRA - CHRD	-	326,350
Others	289,201	312,482
	47,014,313	26,719,727
Provision for doubtful accounts	(497,001)	(290,196)
	46,517,312	26,429,531

6. PREPAID EXPENDITURE

	2008 $	2007 $
Research project	144,119	202,098
Deposits on housing units	-	244,237
Anticipated sick days	9,760	1,168
Service contracts on equipment and housing and office rent leases	274,777	274,910
	428,656	722,413

7. INVENTORIES

	2008 $	2007 $
Medications	262,108	209,618
Medical supplies	252,374	209,803
Maintenance and office equipment	98,847	110,391
	613,329	529,812

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2008

8. INTERFUND ACCOUNTS

The Cree Board of Health and Social Services of James Bay operates one bank account that is used for the Operating Fund, the Capital Assets Fund and the Assigned Fund. At year-end, inter-funds transactions are accounted for and presented as "Due to" and "Due from" one fund to the others.

9. BANK OVERDRAFT

The Cree Board of Health and Social Services of James Bay has an authorized credit margin of $22,800,000 bearing interest at bankers prime rate minus 1%.

10. DEFERRED REVENUES

The deferred revenues are detailed as follows:	2008 $	2007 $
Operations		
M.S.S.S. - Special allocation - Tobacco	55,000	55,000
M.S.S.S. - Special allocation - Public Health - Study and evaluation	139,590	63,844
M.S.S.S. - Special allocation - Public Health - Communication	17,500	17,500
M.S.S.S. - Special allocation - Public Health - Traditional food	32,750	-
M.S.S.S. - New residential facilities	2,911,069	1,457,733
M.S.S.S. - Retro salary equity pay	-	155,730
Hydro-Quebec subsidy - Research Program	144,119	202,098
CSST - Health Program	-	55,384
	3,300,028	2,007,289

11. PREVIOUS YEARS' ANALYSIS

The M.S.S.S. analysis of the 2003-2004, 2004-2005, 2005-2006 and 2006-2007 financial reports were not available at the time of issuance of the present financial statements. Any adjustments resulting from these analysis will be reflected in the 2008-2009 financial statements.

Since the application of the new funding agreement as of April 1, 2004, an accumulated surplus was generated and amounted to $38,117,592 as of March 31, 2008. Despite the absence of the appropriate M.S.S.S. confirmations, as described in note 4 a), a portion of that surplus, amounting to $5,259,118 ($3,265,272 in 2007) was used during the year. The related expenses are outlined in Appendix A.

12. BONDS PAYABLE

The details of the bonds payable are as follows:	2008 $	2007 $
Bonds, issued December 19, 2000, for the financing of the long-term assets, bearing interest at 6.476% and maturing on January 16, 2023. The related interest is payable on a semi annual basis	7,827,912	8,262,796
Bonds, issued April 1, 2000, for the financing of the long-term assets, bearing interest at variable rate and maturing on March 31, 2023. The related interest is payable on a semi annual basis	1,651,490	2,045,067
Bonds, issued July 17, 2003, for the financing of the long-term assets, bearing interest at 4.888% and maturing on October 25, 2012. The related interest is payable on a semi annual basis	941,118	1,004,107
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.993% and maturing on July 16, 2029. The related interest is payable on a semi annual basis	11,389,461	11,907,163
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.66% and maturing on July 16, 2018. The related interest is payable on a semi annual basis	660,000	720,000
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.147% and maturing on July 15, 2011. The related interest is payable on a semi annual basis	1,472,801	1,841,002
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.702% and maturing on July 16, 2019. The related interest is payable on a semi annual basis	1,550,121	1,659,996
	25,492,903	27,440,131
Less: current portion	1,622,240	1,947,227
	23,870,663	25,492,904

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2008

13. COMMITMENTS

The following commitments are not recorded as of March 31, 2008:

	2008 $	2007 $
Annual vacations	1,360,900	1,152,288
Sick days	195,377	161,289

In addition, the aggregate payments to be made under operating agreements signed by the Board over the next five (5) years are as follows:

		$
2009		3,714,271
2010		2,117,597
2011		2,022,869
2012		2,022,869
2013	and following	34,581,801

14. FINANCIAL STATEMENTS

The present financial statements were prepared upon the request of the Management, for internal use only. The official financial report of the Cree Board of Health and Social Services of James Bay is the AS-471 in conformity with the requirements of the Department of Health and Social Services.

15. BUDGET

For the financial year 2007-2008, the Board of Directors approved, non-detailed, expenditures limits for the base operating expenses.

16. USER FEES

The Board is disputing the User Fees charged on Board's properties and rental units in all nine Communities. In fact, for the years 2004-2005 to 2007-2008, the Board is not in agreement with the amounts charged by the Band Council's with regards to the rates as well as the square footage used to calculate the charges. The amount recorded in the present financial statements ($1,722,222) is merely the total of various down payments issued by the Board with regards to User Fees. It does not represent the actual cost of User Fees for the financial year 2007-2008.

As a consequence, since 2004-2005, the cost related to the new residential housing units does not include the totality of the user fees related to these units.

Management will attempt to communicate with the Band Councils in order to resolve this issue during the financial year 2008-2009.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2008

17. CONTINGENCIES

The Cree Board of Health and Social Services of James Bay and other parties are subject to a claim instituted, during the 2006-2007 financial year, by an individual amounting to $3,215,000 plus interest and additional indemnity and costs.

This claim is presently administered by "Le regroupement des programmes d'assurance du réseau". The outcome of this matter was unknown at the time of issuance of the present financial statements. Any related adjustments will be recorded at the time of their occurrence.

18. COMPARATIVE AMOUNTS

Certain comparative amounts were reclassified in order to better reflect changes in the current year's presentation.

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
APPENDIX A - OPERATING FUND - STATEMENT OF EXPENDITURE
YEAR ENDED MARCH 31, 2008

	Budget 2008 $	Actual 2008 $	Actual 2007 $
GENERAL BASE - OPERATION			
General administration of the board	12,704,401	10,164,772	13,354,094
Hospital services	10,337,207	9,090,620	8,519,758
Cree Integrated health and social services Centers	36,433,646	30,106,251	26,189,986
Multi services centers	5,072,346	4,660,763	3,315,091
Youth center	13,363,848	12,688,980	11,042,246
Improvement of personnel and installation premiums	2,119,643	976,071	1,600,278
Operation and maintenance	1,362,461	1,975,553	1,875,893
Electricity and heating	1,005,000	970,937	942,140
Public health	4,218,317	3,948,164	3,573,210
	86,616,869	74,582,111	70,412,696
SPECIFIC ALLOCATIONS			
User fees (note 16)	-	1,722,222	2,691,198
Employees travel and transportation	-	923,931	849,232
Interest on short term loan	-	615,499	507,412
New residential facilities	-	3,087,296	3,817,774
Previous leases	-	1,302,637	1,278,970
Non Insured Health Benefits Program (Appendix B)	-	21,726,544	19,613,350
	-	29,378,129	28,757,936
SPECIAL ALLOCATIONS			
P.A.P.A. - Mistissini Community	-	639,760	623,426
Public Health - Study and evaluation	-	24,323	43,414
Tobacco Law	-	-	21,000
	-	664,083	687,840
USES OF SURPLUS			
Operating Fund			
Training on HIV	-	2,675	34,133
Training public health	-	129,665	29,802
Training Amaskuupmatiseat Awash	-	169,251	31,400
Training school nurse	-	-	35,859
Training dental hygienist	-	66,480	58,185
Training Cree health representative	-	107,977	23,138
Training E.N.A.P.	-	350,746	140,762
Training	-	-	-
Community initiatives program	-	46,000	260,892
Help Desk	-	-	125,309
Local Negotiations	-	249,985	157,386
National training program	-	226,109	114,485
Communication proposal	-	14,540	-
SRP Implementation team	-	145,301	-
Cree policy project	-	2,534	-
Mistissini trailer	-	42,703	-
Head office renovations	-	-	7,194
	-	1,553,966	1,018,545

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
APPENDIX A - OPERATING FUND - STATEMENT OF EXPENDITURE (CONT'D)
YEAR ENDED MARCH 31, 2008

	Budget 2008 $	Actual 2008 $	Actual 2007 $
Contribution to long-term assets Fund			
Minor Capital	-	1,228,880	1,756,552
Eastmain clinic renovations	-	202,183	96,833
Renovation of Chisasibi group home	-	397,879	52,260
Mental health office renovations	-	-	9,990
Head office renovations	-	700,000	-
Head office renovations - furniture	-	311,884	331,092
FIS Implementation	-	129,346	-
NIHB software development	-	18,387	-
CIC Wemindji construction	-	716,593	-
	-	3,705,152	2,246,727
	-	5,259,118	3,265,272
	86,616,869	109,883,441	103,123,744

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY
APPENDIX B - NON INSURED HEALTH BENEFITS PROGRAM - STATEMENT OF EXPENDITURE
YEAR ENDED MARCH 31, 2008

	2008 $	2007 $
Salaries and benefits	3,500,104	3,099,461
Contracted services	261,554	198,377
Deceased persons	12,029	46,199
Dental expenditure	1,316,366	1,472,849
Drugs	6,149,431	5,067,373
Eye glasses and examinations	270,935	228,895
Freight expenditure	78,590	55,156
Maintenance and repairs	146,323	178,017
Material and supplies	5,805	9,561
Medical equipment and supplies	118,194	84,688
Office expenditure	43,089	56,270
Office rental	151,249	148,112
Orthesis and prosthesis expenditure	35,395	40,196
Telecommunication	49,536	60,573
Transportation of patients	9,525,598	8,802,108
Travel and accommodation - Employees	40,492	32,871
Vehicle rental	7,755	18,010
Others	14,099	14,634
	21,726,544	19,613,350