



Contents



Chairman's Message	2
Executive Director's Message.....	4
Introduction.....	5
Board of Directors, Administrative Committee, the Audit Committee	6
Organigram	7
Managerial Personnel	8
Cree Population – Demographic Profile	9
Translation Services	10
Planning, Development, Information Systems & Technological Services	11
Services	13
Assistant Executive Director	13
Inland CLSC Administration.....	16
Coastal CLSC Administration.....	18
Readaptation Services	23
Medical Services.....	25
Council of Physicians, Dentists and Pharmacists	28
The Department of Youth Protection (DYP).....	29
Cree Patient Services	31
Public Health Module	33
Administrative Services	39
Finance	39
Purchasing	40
Communications	41
Facilities, Operations and Maintenance	41
Human Resources Development	42
Human Resources Management.....	43
Financial Statements	45

Chairman's Message

Watchiya.

I am pleased to submit this year's report on behalf of the Cree Board of Health and Social Services of James Bay.

The year in review has been encouraging for the Cree Health Board. Collaborative efforts between our board and the Grand Council of the Crees have generated much needed development with Quebec and eliminated past barriers that failed to address the inadequacies of our health and social affairs. We have established a relationship with Quebec that had been absent since our inception. This breakthrough, of course, would not have been possible without the advocacy and political will of the Minister of Health and Social Services of Quebec, Pauline Marois, and her associates.

We have every reason to celebrate our accomplishments this past year and to take the time to acknowledge our shortcomings as an organization. We recognize the importance of continuity and persistence.

Our highlights of the fiscal year 1999-2000 vary in these sectors:

Organizational

The Cree Health Board has been operating its services based on a medical model established by the province of Quebec, a bureaucratic model established on basis to receive clientele, but failing to concentrate on mental health. It has no real vision and continues to build its bureaucracy throughout each year. This has caused health boards across the province to waste their energy fighting with the health system and spending less time to deal with the issues in their respective regions.

As an organization, the report from the Special Assembly on Health and Social Services has been much of the reason why we have taken a particular interest in adjudicating our current system and determine how we can adjust to new ways in providing service to our population.

It has been difficult to maintain a model that is foreign to us. This model does not focus on the healing of the human spirit and the four elements of the human being, but it does have its strengths and advancements. There is not a perfect health and social services model in the world, but we cannot allow this fact to discourage us from seeking a design that can deliver the appropriate health and social services in our region.

The board recommended assessments in various departments throughout this year. In March 1999, the board mandated me as Chairman of the board to implement a 'needs determination exercise' on the entire organization – a major step towards a complete review on the health board.

The board has lacked the capacity to do the job properly and thoroughly in the past, but this will no longer be an obstacle nor our excuse. We have decided to move forward. It's not a matter of choice whether we should do this or not. It as to be done. We have every reason to believe that

Quebec's notion on 'needs' will be narrow and mainly financial, but we are determined to continue working with them until both parties are satisfied.

Our other highlights include switching bank services from CIBC to First Nations Bank that should be in effect by mid-summer of 2000.

- The hiring of highly motivated and skilled individuals in management positions – a major plus for the organization
- Approval of other key positions for the communities
- The approval of Council of Physicians Dentists and Pharmacists By-Law and Quality Assurance Program
- The approval of CBHSSJB Managers' Appraisal System. Approval of Patient Transportation Policy
- Funding for Prehospital Services for Wemindji and Whapmagoostui
- Funding for the Waswanipi Clinic
- Construction of Readaptation Centre in Mistissini
- The approval of 20 lodging units in Chisasibi
- Federal funding to continue the assessment on people in loss of autonomy in partnership with eight communities

Political

Several meetings took place early in the summer of 1999, which led to the signing of the Terms of Reference on November 10, 1999 by the Health Minister, Pauline Marois and representing the board, myself. This agreement has accelerated some of our demands and continues to be our main source through the appropriate departments in Quebec.

We have managed to secure federal funding to complete the assessment on people in loss of autonomy, a file under the M.O.U.

Bill 107: "An Act to provide for balanced budgets in the public health and social services network" was introduced, but the board requested that the Ministry be left out until our budget parameters have been dealt with.

Community Tours

As Chairman of the Board, one of the required tasks from the communities is to tour the communities to hear their concerns and wishes. I have visited five communities during my first term and will continue my tour in the coming year only if I remain in my position. A report will be presented once the tour has been completed.

Social Services

One of our main focuses has been to secure funding for the BSW training. The board has committed itself to insure that the training will be completed as scheduled.

Chairman's Message

Health

A breakthrough between the nurses and the health board on working conditions was achieved and discussions will continue to ensure consistency.

Medical

The CPDP By-Law and Quality Assurance have been approved by the board and will be implemented in the coming months.

The hiring of a consultant on Prehospital Services will implement projects in two communities and continue on to all other communities.

Capital.

The construction of the Readaptation Centre in Mistissini will begin early in the summer and will be completed some time this fall. The announcement of funding for the Waswanipi Clinic by the Minister has been one of our main achievements. Others include the 20 lodging units in Chisasibi and the possible 12 in Mistissini.

We will be expecting news on the funding of the Treatment Centre as it was expressed by an assembly years ago. We will attempt to secure a commitment for clinics in Wemindji, Mistissini, and Nemaska, and see if the clinic in Eastmain is adequate.

Closing

There may be other information I may have forgotten, but the important point is that we are making progress.

And although our progress may seem slow, we feel confident that our decision to carefully plan ahead will provide our board with great results.

As we embark on this period of restoration, we realize the challenge up ahead. As we continue to examine our current system, our health and social issues will continue to escalate. We will not allow ourselves to manage only the crisis; we will become organized, restore stability and introduce ourselves to freedom – the freedom to choose our destiny for us and for our children. We have chosen to get better.

In closing, I wish to thank all the managers who continue to share with us their knowledge and skills; the staff for their patience and keeping our services going for the people; the Board of Directors for their direction and strong support; our head negotiator and the team; Minister Marois and her associates for their understanding; my wife, children and the Creator. May we all continue to work together as we have this past year. God Bless.

Bertie Wapachee



Executive Director's Message

The fiscal year 1999-2000 has been one that showed promise to address many required changes at the Cree Health Board. For many years we have tried to manage with inadequate resources both at the planning and service levels. Having one main avenue of source of funding is frustrating when that source does not acknowledge your situation. In November, 1999, our Chairman signed a Terms of Reference with the Minister of Health and Social Services, Pauline Marois, to address major issues relating to health and social services as it affects the mandate of the Cree Health Board. With the negotiating team formed with the collaboration between the Cree Health Board and the Grand Council of the Crees (E.I.), we had a good opportunity in January, 2000 to present our situation to a senior Ministry appointee along with her colleagues from various Ministry departments.

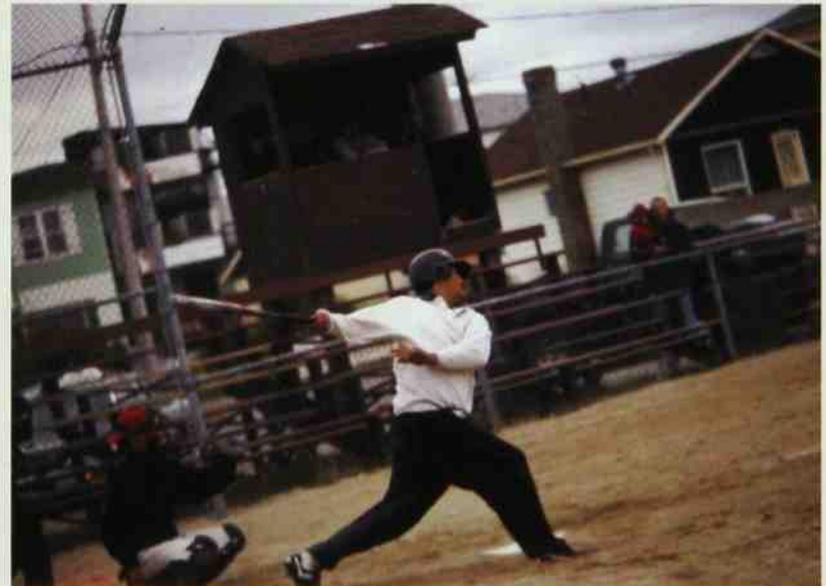
Up to now, the exposure of our situation (by documented statistics, reports and tours of facilities) has brought attention and action from different sectors of the Ministry of Health which has helped to consolidate several key areas of the Cree Health Board organization. With a bit more time and hopefully in the year 2000/2001, we will see if there is an opportunity to see real development in terms of new programs and a different approach of how we give services. One deals with an appropriate level of sources and the other is more of a qualitative question of what we need to do to give services in a socio-culturally appropriate way. These issues were expressed at the Oujé-Bougoumou Special General Assembly (February, 1999) and it requires a thorough examination of both ourselves as individuals and of the organization. In the past year, the Cree Health Board has worked in collaboration with the Cree leadership of the Cree communities, the Grand Council of the Crees and Cree Business and Service entities.

Examples:

- Pre-Hospital Services
- Assessment of Elderly and people in loss of autonomy (MOU)
- Lodging for Health Board personnel
- Capital Projects
- Facilities for the Elderly (Cree communities)
- Negotiations with the Ministry of Health and Social Services (Grand Council of the Crees, E.I.)
- Cree School Board /Cree Health Board Protocol (Cree School Board)
- Guarantee of seats for patients on flights (Air Creebec)

There are others that many of our departments associate with on a daily or periodic basis. And of course there are many institutions in Val d'Or, Amos, Montreal, Chibougoumou, Dixville and elsewhere we deal with as external resources based on the requirements of the clients. These working relationships are a combination of political and administrative procedures. This is certainly a trend we wish to follow and this kind of direction was also given at the Special General Assembly. It was stressed that the health and well being of the people can only be met with the collaboration of all sectors of Cree society. Because of all these developments, the staff of the Cree Health Board have had to do extra work besides their normal routine and are to be commended for their efforts. The management staff has also had consistent and solid direction from the Board of Directors which makes us feel secure in the many challenges we have to face.

James Bobbish



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 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 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 described by the Act, can maintain public establishments in one or more of the following categories:

- Local Community Service Centre
- Hospital Centre
- Social Services Centre
- Reception Centre

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

Public Establishments

Regional Hospital Centre

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

Cree Social Services Centre

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

Weesapou Group Home

Chisasibi
James Bay (Quebec)
J0M 1E0
Tel: (819) 855-2681

Upaahchikush Group Home

Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel: (418) 923-2260

Coastal CLSC

Chisasibi
James Bay (Quebec)
J0M 1E0

Inland CLSC

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

Rehabilitation Centre

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

Coastal Service Outlets

Whapmagoostui Clinic

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

Wemindji Clinic

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

Waskaganish Clinic

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

Eastmain Clinic

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

Inland Service Outlets

Waswanipi Clinic

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

Nemaska Clinic

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

Ouje-Bougoumou

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

Members of the Board of Directors

**From April 1st, 1999
to March 31st, 2000**

The Board of Directors consists of the following members:

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

Mr. James Bobbish
Executive Director

Dr. Robert Harris
Public Health Representative

Annie Trapper
Non-Clinical Staff

Dr. Lucie Papineau
Clinical Staff

Vacant
Clinical Staff

Bella Moses-Petawabano
Mistissini Representative

Alice Mianscum
Ouje-Bougoumou Representative

Vacant
Waswanipi Representative

Bertie Wapache Chairperson
Nemaska Representative

Bert Blackned
Waskaganish Representative

Edward Georgekish
Wemindji Representative

Bella Moses
Eastmain Representative

Charles Bobbish
Chisasibi Representative

Laura Moses
Corporate Secretary

Three representatives elected for three years from among and by the persons who are member's of the clinical staff of any establishment of the said region, with a maximum of one representative for each professional corporation.

Dr. Helen Smeja
Council of Physicians, Dentists and Pharmacists

Mrs. Brigitte Andres
Clinical Staff

Mr. Joseph Neeposh
Clinical Staff (Social Services)

One representative elected for three years among and by the members of the non-clinical staff of any establishment of the said region.

Ms. Mary Spencer
Non-clinical staff

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

Dr. Elizabeth Robinson
Montreal General Hospital

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 Director:

Mr. James Bobbish
Executive Director

Members of the Administrative Committee

As of March 31, 1999.

Mr. Bertie Wapachee

Mr. James Bobbish, Executive Director

Mrs. Caroline Andre

Dr. Helen Smeja

Ms. Nellie Pashagumskum

Members of the Audit Committee

As of March 31, 1999

Mr. Bertie Wapachee

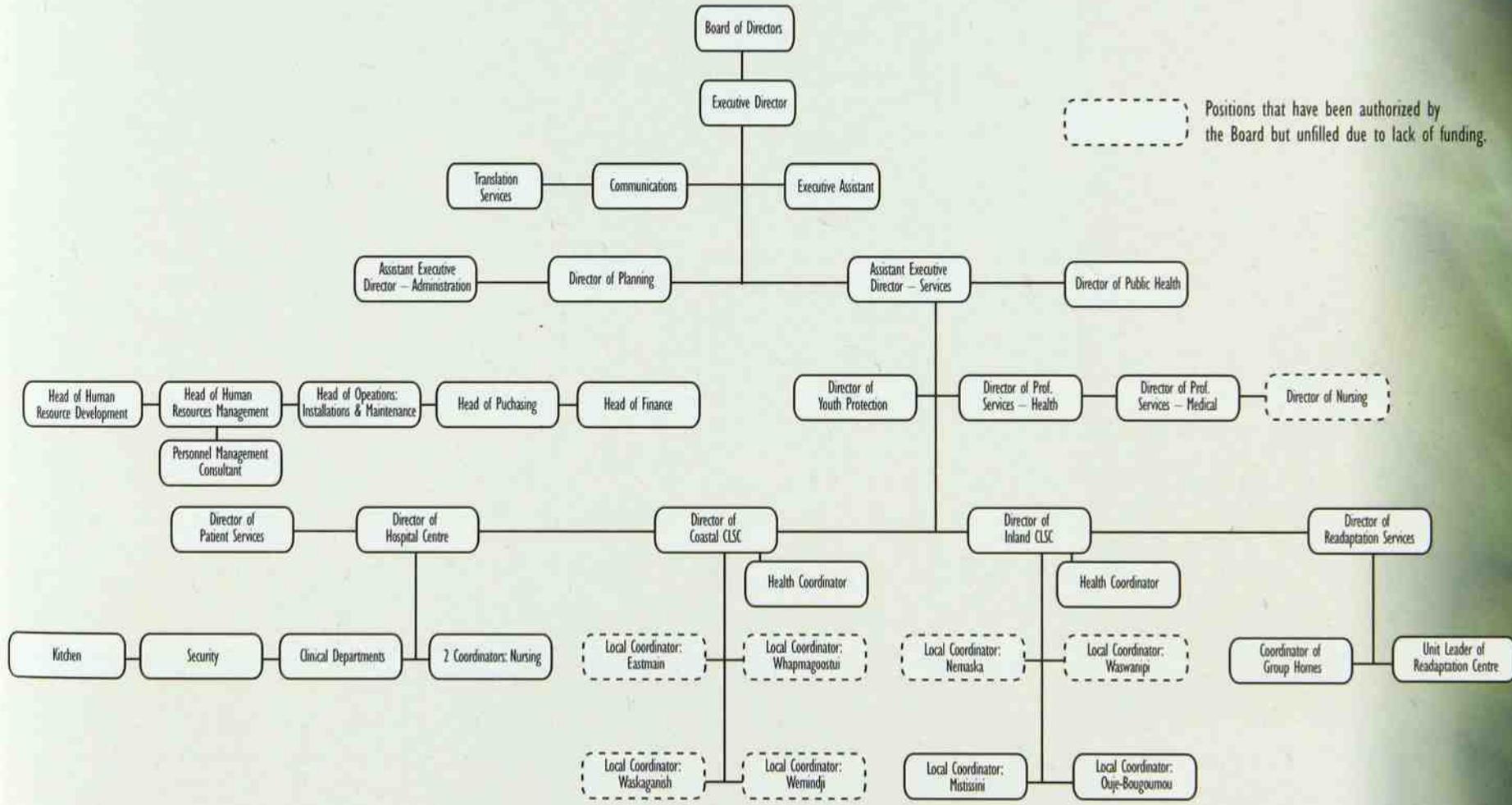
Mr. Charles Bobbish

Edward Gerogekish

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



Organigram



Managerial Personnel



Executive Director
Executive Assistant
Assistant Executive Director - Services
Director of Professional - Medical
Director of Professional Services - Social
Director of Youth Protection
Director of Inland CLSC
Health Coordinator - Inland CLSC

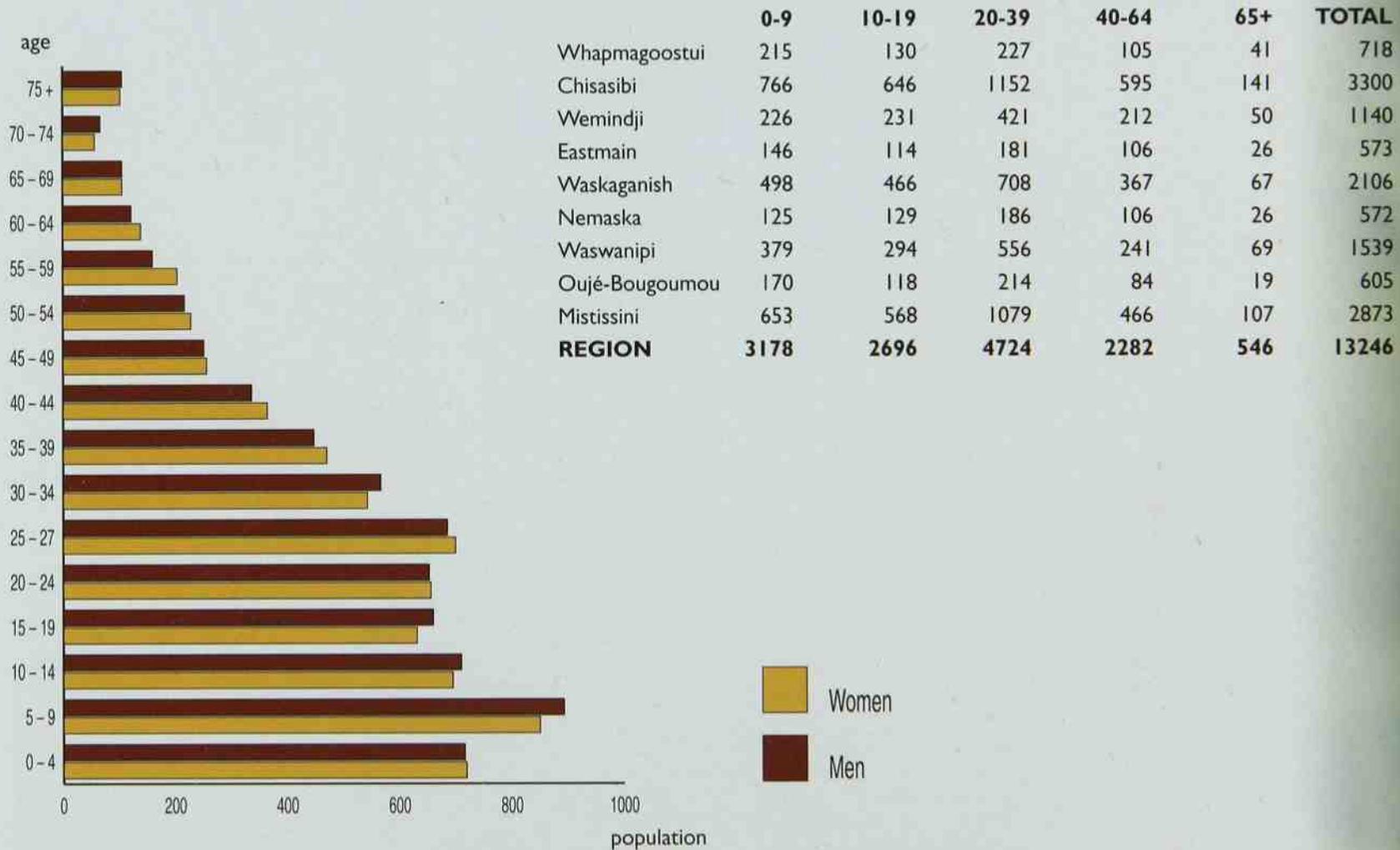
Local Coordinator - Ouje-Bougoumou
Director of Coastal CLSC
Health Coordinator - Coastal CLSC
Director of Readaptation Services
Unit Leader - Reception Centre
Group Home Coordinator Coastal-Inland
Director of Cree Patient Services
Director of Hospital Centre (Chisasibi)
Unit Coordinator - Nursing
Unit Coordinator - Training
Ass. Executive Director, Administration and Finance
Head of Purchasing

Head of Accounting and Finance Services
Head of Human Resources Management
Personnel Management Consultant
Head of Facilities, Operations and Management
Head of HR Development
Director of Planning and Development
Director of Public Health

James Bobbish
Laura Moses
Camille Rheaume
Dr. Marc Saint - Pierre
Christiane Guay
Marlene Dixon
Allan Moar
Danielle Allaire
Paul Linton (I)
Bob Imrie
Louise Carrier
Vacant
Roderick Petawabano
Joseph Neeposh
Jane Cromarty
France Côté
Louise Gagnon (I)
Claire Rousseau (I)
Danielle Babin (I)
Clarence Snowboy
Gordon Matthew
Reggie Neacappo (I)
Annie Trapper (I)
Lawrence Potter
Annie Bobbish
Rosemary Matches (I)
Hugo Georgekish
Ernest Spencer
Richard St.Jean
Dr. Robert Harris

Cree Population

Distribution by community according to age groups (N)



Population of Region 18, as of July 2000

Translation Services

During the last fiscal year, the translator took a six month differed leave and she was replaced by Mr. Sylvain Lortie from December 1, 1999 to May 20, 2000. During the recruitment process of her replacement, the translator was part of the selection committee and she participated in the interviews in Montreal on November 9 and 10, 1999.

The table below presents the quantity of work produced by the translators in 1999-2000. The telephone consultations have once again increased substantially this year, and we still do not know to what we should attribute this phenomena.

Month	Consultation	No. of documents	No. of pages
April	Absent	Absent	Absent
May	46	59	283
June	45	55	295
July	18	60	355
August	45	66	445
September	46	67	588
October	30	48	504
November	37	40	318
December	2	29	71
January	2	42	64
February	16	39	79
March	2	16	45
TOTAL	289	521	3047



This year we were finally linked to the rest of the planet through the Internet. With the electronic mail we can easily get in touch with the people working at the Montreal offices, get or send documents in WordPerfect or Word without any problems. The translator is pleased mainly by the fact that she can enter the documents she is sent, review them and then send them back to the client. This was not the case before the Net: either they were faxed and she had to retype them, or the disk was sent and she was at the mercy of the internal mail. Thanks to modern technology, forwarding documents and communicating outside can be done now in a flash. Moreover, where it is possible, the fax does not have to be used, which means more savings for the service. One additional advantage that delights the translator is that she can have direct access to documentation, to governmental information, to organizations and agencies, and terminology data banks. It is my pleasure to provide you with my e-mail address in case you need any information: msaddik@cancom.net

Planning and Development, Information Systems and Technologies Services

General administration

During the fiscal year 1999-2000, some changes have occurred in our services with regards to the staff and the development of the current information systems. These changes have contributed to the reorganization of the tasks and responsibilities assumed by the employees of our services through the year.

The position of Computer Analyst was filled in June 1999 by a new incumbent who was able to properly capture the nature of the various projects in progress within our Information Systems and Technologies Services. No additional staff was affected in Planning and Development Services.

As for the budget, our services have maintained excellence with respect to expenditure control, showing a surplus for the year 1999-2000.

Planning and Development Services

We have participated in the first steps of the frame of reference of the Cree Board, regarding the financing by the MHSS of the various provisions of Section 14 of the James Bay and Northern Quebec Agreement, from both a historical and a current services perspective with respect to the administration and delivery of health and social services to the Cree population.

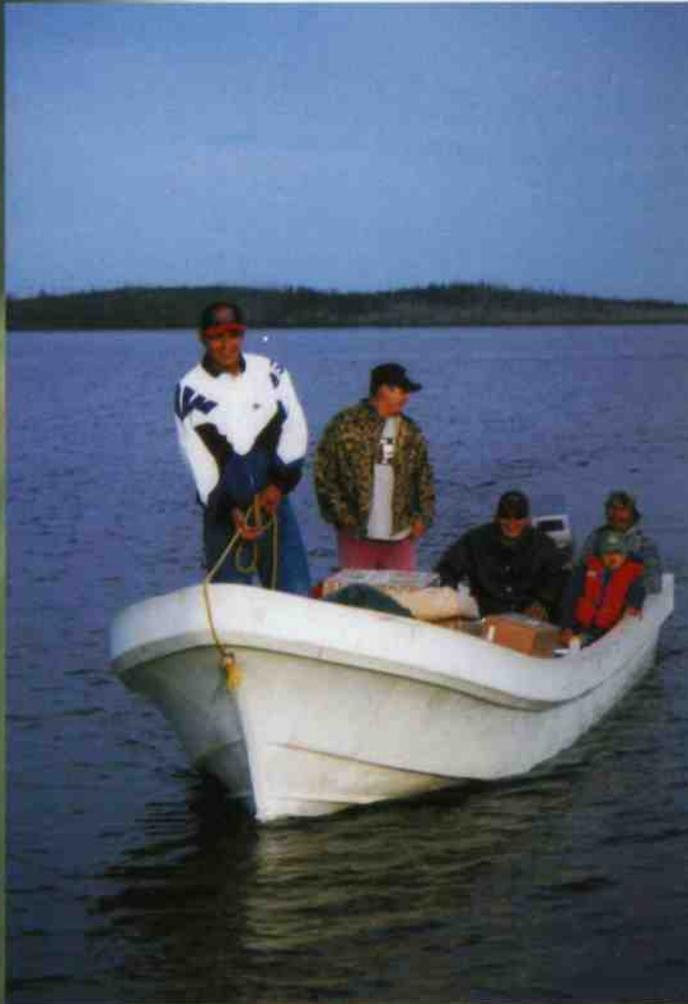
No other planning and development project has been realized during the year 1999-2000. Because the computer services did not have the necessary human resources, most of our activities were dedicated to these services.

Community health programs

Since the person in charge of the community health programs is temporarily absent, no activity report has been produced for the year 1999-2000.



Planning and Development, Information Systems and Technologies Services



Information Systems and Technologies

This year was marked by several projects with regards to the strategic planning of the information resources, the systems development, the increase of computer equipment, along with the major project of Y2K compliance of our computer systems.

The development of the Patient Services system progresses slowly but surely. Several modifications have been made to the original plan, so the consultation and development process has taken longer than expected. However, we believe this system will be operational by the next fiscal year.

A second project, that is the computerization of the social services, has also made progress. After bringing many refinements to the system, we are planning its final implementation for Summer 2000.

As to acquisitions, the computer equipment inventory continues to grow. On one hand, new systems have been acquired following the authorization of some users' requests by various branches. Besides, the Cree Board received \$65,000 from the MHSS for the upgrading of the equipment and software that needed to be Y2K compliant. Currently, our services manage about 125 computers and other peripherals. It is then crucial to have sufficient financial and human resources to efficiently manage our computer equipment. This reality will become more and more critical with the acquisition of new application systems by the Cree Board.

Great pressure is still being exerted with regards to the Internet and Lotus Notes (electronic messaging and other functions). Thus, the health professionals, the administrative services and the managers show a growing interest in this respect. The Socio-sanitary Telecommunication Network - *Réseau de télécommunication sociosanitaire (RTSS)* - has been implemented in all the socio-sanitary regions in the province. Sooner or later, our region will embark on this system. This is a very cost-efficient system, which should be available to us by the Summer 2000, should we have the computer infrastructure allowing our connection.

We have also dedicated ourselves to the Y2K compliance of all the biomedical, computer and technical equipment used by the Cree Board. This project required a major time investment to make an inventory of the equipment, perform their upgrading and ensure monitoring when passing to Year 2000. This process has been a success, since no problem has occurred so far.

ASSISTANT EXECUTIVE DIRECTOR - ORGANIZATION & COORDINATION OF SERVICES.

The managers in charge of health and social services are listed on the Managerial Board list. The list denotes the departmental and program responsibilities for each manager.

The Challenge of the Year 1999-2000

The CBHSSJB experienced the same difficulties as the whole Quebec Health Network, but sometimes in a more dramatic fashion.

The Board spent a great deal of time, energy and money to recruit qualified health professionals and we were not always successful.

In the Nursing sector, the shortage became so severe that we might have closed several points of service. The CBHSSJB played an important role to mediate the situation with the unions, the MHSSQ, and the Essential Services Council. The conflict could have affected the Northern Health Network, the North-South Shore, and the Hudson Bay and Ungava territories.

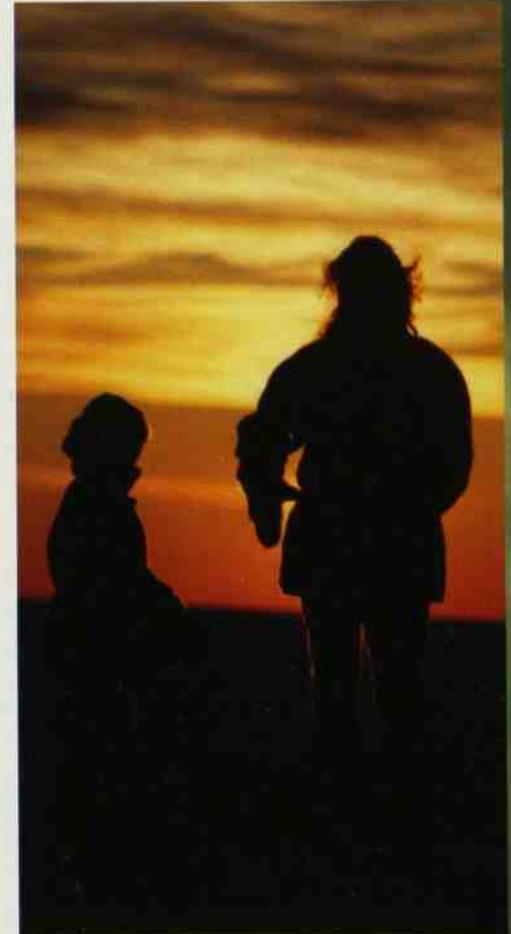
The following graph shows the positive impact on recruitment and staff retention following the mediation process. However, the impact on staff retention was not as important as expected.

Comparison Table: Before and after the retention & inducement premium

	1998-1999	1999-2000
Received curriculum vitae	90	120
Hiring	26	32
Final terminations	15	19
Various leaves (Differed, sick leave, education, etc.)	15	12
Number of uncovered weeks	50	36
Number of weeks covered by employment agencies	44	54

The recruitment was also very difficult regarding the X-ray technicians, the archivists, the occupational therapists and the doctors.

High employee turnover rate has also affected the program and services management team. Indeed, out of fourteen managers, eleven have left their position or were replaced during the year. This is 78% of the positions.



Services

Positions

Director of Professional Services-Medical
 Assistant-Executive Director-Services
 Director of Chisasibi Hospital Centre, interim
 Health Coordinator interim-Inland CLSC
 Coordinator of Hospital Services, Chisasibi Hospital
 Coordinator of the Mental Health Program
 Coordinator of ambulatory and prehospital services, interim, Chisasibi Hospital
 Health Coordinator – Coastal CLSC
 Director of Professional Services-Social
 Director of Coastal CLSC
 Director of Inland CLSC

New position holder

Dr. Marc St-Pierre
 Mrs. Camille Rhéaume
 Mrs. Louise Gagnon
 Mr. Paul Linton
 Mrs. Danielle Babin
 Mrs. Aline Sabbagh
 Mrs. Claire Rousseau
 Mrs. Louis Carrier
 Mrs. Christiane Guay
 Mr. Normand Levy
 Mrs. Suzanne Roy

Arrival date

April 1999
 October 1999
 October 1999
 November 1999
 June 1999
 September 1999
 October 1999
 December 1999
 February 2000
 Planned for May 2000-08-09
 Planned for May 2000-08-09

The recruitment was also very difficult for X-ray technicians, laboratory technicians, archivists, occupational therapists and doctors.

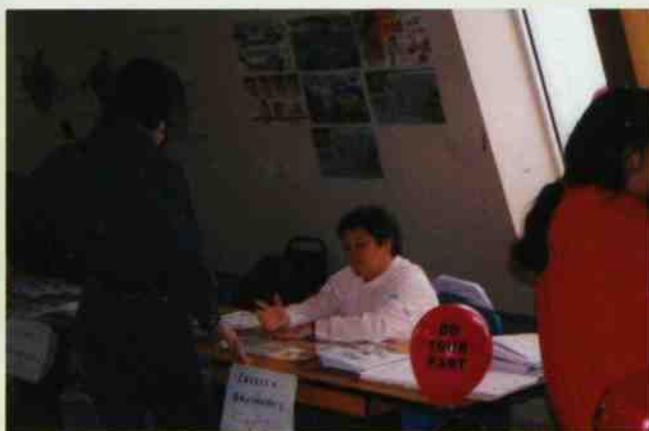
There was a high turnover rate in the program and services management team. These changes will be noted in the general version of the Annual Report 1999-2000.

In the Year 2000

We had prepared for this event in the autumn of 1999. The inventory priority classification of equipment was done. An on-call system was set up for all services from December 27, 1999, to January 4, 2000.

Optional Review

Last year, we did two in-depth operational reviews on food and housekeeping services. Recommendations on these services are now being implemented.



Services

Expectations for 2000-2001

Define and Establish Services

The new reception centre will be built and therefore it will be critical to take into consideration the cultural values and beliefs of the Cree people. Our programs will be culturally oriented to fill the needs of our clientele. We need proper organization and structure rather than crisis management. "We need to promote prevention and awareness, not ignorance and lack of understanding of destructive behaviour and negative habits."



Policies and Procedures

We have set up a committee to revise and update existing policies and procedures. This was costly, but we will finish the job we started.

Admission Procedures

There are no standard admission procedures right now. A 'document' is currently in circulation among all departments concerned, and we hope to finalize this document soon.

We also had a review of the Medical lab, and the Mental Health program. Improvements and changes will continue next year.

A review was also done on the National Native Alcohol and Drug Abuse program. An action group will implement the recommendations soon.

Discussion Table of the MHSSQ, CBHSSJB & Grand Council of the Crees.

In November 1999, the Minister of Health, Mrs. Pauline Marios, signed an agreement with Mr. Bertie Wapachee, Chairman of the CBHSSJB's Board of Directors, regarding the terms of reference for a Discussion Table on health and social issues for the James Bay Cree territory.

We will continue to support the efforts of the Discussion Table, 2000-2001, with the Ministry, because we feel it is important and that it will have an impact on CBHSSJB.

We hope to improve the services offered to the Cree population as follows;

- Supporting and guiding the new management team
- Organizing the visit of the Lebon committee regarding services to youth
- Reviewing a new model for DYP services, which corresponds more to the Cree culture
- Supporting the Discussion Table
- Completing a needs assessment within the Memorandum of Understanding (MOU) in cooperation with Health Canada
- Reviewing and implementing the policies and procedures of the Homecare program
- Implementing the operational reviews from the Mental Health Program, the Medical Lab and the NNADAP
- Supporting Executive Management in its restructuring and re-organization
- Setting up five working groups to review the memorandum of Understanding regarding integrated services between the CBHSSJB and the Cree School Board
- Implementing pre-hospital emergency services in Wemeindji and Whapmagoustui
- Preparing the emergency/disaster plan for CBHSSJB establishments
- Implementing the "Child Care Model" for the Misstissini Group Home
- Adjusting the rehabilitation services and other programs offered in the new Reception Centre that will be inaugurated in 2000

Services

Inland CLSC

Closer to you

To assure a response to the local population, the Inland CLSC is available to provide you with a wide range of health and psychosocial services in their clinics, as well as home care services. Every day, including holidays and weekends for emergencies, the clinics are open from 9:00 am to 5:00 pm. For further assistance, do not hesitate to call us.

Our territory in the Inland of James Bay

To respond to the evolving needs of the four communities: Misstissini, Nemaska, OujéBougoumou and Waswanipi, the health and social teams work hard 365 days a year. The quality of the CLSC'S services is assured by some 80 skilled and committed health and social professionals, essential players in an organization dedicated to the welfare of the population it receives, listens to and cares for.

Management team

The year 1999-2000 was marked by the continuing of a period of movement of the management team. The Director of the Inland CLSC finished his mandate in March 2000. The nomination of the Director of the Inland CLSC, Mrs Suzanne Roy, is for a four year period, effective May 1st, 2000. Mr. Paul Linton is acting as interim Health Coordinator since November 1999. Mr. Robert Imrie is acting as Local Coordinator for the OujéBougoumou Healing Centre.

Mission

The mission of the Inland CLSC is to offer, at the primary level of care, basic health and social services of a preventive or curative nature and rehabilitation or reintegration services.

To that end, the CLSC sees to it that the persons who require such services are contacted, their needs assessed and the required services are dispensed to them at the CLSC's facilities or in the person's own environment, sometimes in the bush. When necessary, the CLSC sees to it that these persons are referred to organizations best suited to assist them.

Values:

- Personal dignity
- Empathy
- Personal autonomy
- An approach encouraging the individual and his family to take their responsibilities in their regard
- Mutual respect

1999-2000 HIGHLIGHTS

NEMASKA

There have been significant improvements to Social Services in Nemaska during the past year. This included additional office space (in the renovated nurse's residence), new office furniture, equipment (fax machine and photocopier), an additional Youth Protection worker, and the new professional support worker based in Nemaska.

The new working environment is certainly conducive to building a strong team and to enhancing social service delivery in the community. Some evidence of this is the monthly newsletter which is designed to demystify the role of social services and to keep the community informed about social welfare issues. In addition, there has been some collaborative work with the school and with the Band Council to prevent children from becoming involved in Youth Protection.

OUIJÉ-BOUGOUMOU HEALING CENTRE

Oujé-Bougoumou has a full time nursing staff, social services administrative and support staff to provide services to this community of 600 people.

We have been fortunate to have a consistency of staff to provide these services. With the addition of a third nurse, in the fall of 2000, we will be able to provide curative health, as well as placing a greater emphasis on community and preventive health.

To combat the high rate of diabetes, the Community Health Representative (CHR) has initiated a diabetes support group in addition to her regular work in the community and the school. Nurses work one-half day per week at the school during the year. They also conduct routine clinics at the elders' home. Medical and social services staff meet together on a weekly basis to conduct rounds. These meetings provide all staff with a comprehensive understanding of the needs of the client in order to have integrated services.

The staff of the centre are supported by a Professional Support Worker (shared with Nemaska) and by the Inland CLSC administration staff in Misstissini. Two members of the social services team are enrolled in the Bacc Social Work (BSW) program and all staff are encouraged to participate in local professional development workshops within the community. When it is appropriate, the staff encourages and accompanies clients to attend the same workshops.

WASWANAPI CLINIC

Chaque jour, différents programmes préventifs sont incorporés à la clinique curative, notamment les programmes suivants:

- clinique prénatale et post-natale, contraception, clinique pap test
- vaccination
- suivi des patients diabétique, hypertension et différentes maladies chroniques

Services

- programme scolaire: vaccination contre l'hépatite B
- visite à domicile des personnes âgées avec autonomie réduite
- dépistage de la tuberculose

Tous ces programmes sont suivis conjointement avec la représentante en santé communautaire. Elle s'occupe aussi des programmes de nutrition et dentaire à l'école. De plus, elle participe activement aux différentes activités telles la semaine nationale du tabac, le programme MTS et sida, l'addiction awareness week (drugs and alcohol), les rencontres prénatales à chaque trois mois en collaboration avec brighter future, la mise sur pied d'un groupe d'entraide pour les personnes ayant des problèmes de diabète, la Sadie's Walk, le programme Bush Kit, le dépistage du diabète (janvier à mars 2000), des appels conférence sur le Cree diabetes network.

Depuis plusieurs années, la population compte sur la RSC pour tout ce qui concerne la carte d'assurance maladie dont les cartes expirées ou perdues. Pour les personnes qui ont besoin de soins de santé, elle doit contacter la Régie de l'Assurance Maladie afin de procurer à ces personnes une attestation temporaire.

MISTISSINI

En santé communautaire, nous poursuivons nos activités régulières. De plus, quelques changements ont été apportés par l'équipe dans le but d'accroître l'efficacité de nos services (horaire des patients, organisation de la salle de travail). On note également une collaboration des patients, de même qu'une amélioration dans le suivi des suggestions de l'équipe.

Un système de triage a été instauré. Il s'agit d'un moyen efficace pour prioriser les besoins des patients. Nous diminuons ainsi le temps requis dans l'attente d'un examen. Les informations de base sont rapidement recueillies dont la raison de consultation. Par la suite, les services professionnels sont dispensés avec diligence, les informations de base étant déjà inscrites.

Les salles d'examen ont été réorganisées afin de rentabiliser et d'optimiser l'espace. Nous avons aussi installé le bureau du médecin plus près de la santé communautaire pour faciliter les consultations.

Il va sans dire que l'ensemble des soins et services déjà offerts se poursuit et que l'équipe de la clinique demeure ouverte aux suggestions pour améliorer les services à la population.

Nous disposons d'une nouvelle ambulance pour répondre aux besoins de la population de Mistissini.

REGIONAL SERVICES

Nutritionist

The inland CLSC Nutritionist is mandated to deliver activities throughout the four following communities: Mistissini, Nemaska, Oujé-Bougoumou and Waswanipi. Claudia Lacoste was hired in January 2000. These community activities were done during April 1st 1999-March 31st 2000:

- 1- Two prenatal information sessions (Mistissini – Waswanipi)
- 2- Act as consultant: Visit of the Childcare centre (Mistissini)
- 3- Act as consultant: Visit of the local grocery store (Mistissini)

Other involvements:

- 1- CHR nutrition training session held in Chisasibi for one week: 11 CHRs participated.
- 2- Collaboration re: ongoing anemia study with Noreen Willows
- 3- Nutrition counselling was offered in Mistissini. Five patients were seen by the nutritionist
- 4- Attended a CPNP meeting held in Ste-Foy, Quebec
- 5- Member of the Public Health Team – Montreal.

Les activités en ergothérapie

Les services en ergothérapie ont été assurés sur une base ponctuelle entre septembre 1999 et février 2000. Par la suite, nous avons engagé Cathy Lemire qui dessert les quatre communautés du CLSC de l'Intérieur. La fin de février 2000 a été marquée par des visites plus fréquentes de l'ergothérapeute et du physiothérapeute du Montreal Children's Hospital (MGH).

La clientèle desservie est principalement les personnes âgées en perte d'autonomie, les adultes ayant des besoins spéciaux et les enfants ayant des retards de développement. Les principales interventions sont constituées par les visites dans le milieu de travail pour déterminer les besoins et faire des recommandations.

Différents suivis sont assurés dans l'attribution des aides techniques et concernant les recommandations en matière des besoins en maintien à domicile (services sociaux, services infirmiers et services médicaux). Nous collaborons avec le Band Office pour les aménagements domiciliaires et nous assurons des services de support conseil en milieu scolaire, à la garderie ainsi qu'en milieu de travail.

Les partenaires de l'ergothérapeute sont d'assurer la satisfaction de la clientèle, de maintenir une approche de travail en équipe avec les partenaires et d'intensifier la collaboration avec le Band Office concernant les adaptations de domicile.

Autres services spécialisés

Le lecteur pourra lire avec intérêt dans les rapports spécifiques le détail de plusieurs autres services notamment en santé mentale et en santé dentaire.

Suzanne Roy, directrice

CLSC de l'Intérieur

Services

CLSC COASTAL - ADMINISTRATION

With the presentation of this report, CLSC Coastal can look back with pride at another year of growth and advancement in our continuing efforts to provide high quality health care and social services to the five coastal communities. The year 1999/2000 was a year in which we saw another significant increase in the number of beneficiaries seen in both the health and social service sectors.

The CLSC Coastal offered health, social and community services to all those who live in Chisasibi, Whapmagoostui, Wemindji, Eastmain and Waskaganish communities. Our services included preventive, curative as well as those of rehabilitation and reintegration. The services offered were available to persons of all ages (infants, children, youth, adults, and the elderly). Our services were offered at our clinic, office, at home, at school and in the community and the primary approaches of doing so was to:

- assist vulnerable individuals and families to care for and support themselves;
- steadily improve the overall health and well-being of individuals in the community;
- provide basic information, support, treatment and follow up concerning health or psychosocial problems to improve quality of life;
- protect children from abuse, neglect and abandonment;
- support independent community-based care for those in need;
- work with those in conflict with the law.

In March, we celebrated the official opening of our Waskaganish Clinic, providing a large waiting area, increased operational space for staff and a much improved patient/client flow pattern. After working out the bugs of the new configuration, we were privileged to have the Board of Directors and other invited guests attend an Open House and help us officially dedicate the new clinic.

The overall intent of our services was to ensure that the needs of each individual were evaluated and that their expectations were met by providing them with the necessary and appropriate services.

HEALTH SERVICES

Throughout the year, we encountered an ongoing problem in recruiting nurses to fill vacant positions resulting from voluntary departures, and the planned absences (study leave, holidays, illness or pregnancy). Despite this, we were successful in filling all the needs for replacements using the recall list; nurses from agencies; or redeploying certain full-time nurses where the needs were the most urgent. This ongoing nurse shortage brought a great deal of worry, uncertainty and instability to the work teams. Nevertheless, thanks to the tremendous collaboration and hard work of the support

teams, the clients received the competent and quality service they were entitled to have.

In February, the Nurses and the CHRS from the nine communities, Chisasibi Hospital, and the Cree Patient Services attended the annual training session in Val d'Or. Almost 100 employees attended training sessions that discussed Diabetes, HIV, pulmonary diseases, drugs, breast-feeding, communication, team work, and ways to teach clients, just to name a few. The goals that they pursued were to increase knowledge and understanding, and to develop teamwork and communication.

The Nutritionist, who among her many activities provided Nutritional Education Programs, Adult Health on Obesity, Diabetes, Diabetes Month, in addition to seeing individuals for dietetic counselling.

This year, we continued to improve standards of care, which means that better service was provided to our clients.

THE SERVICES

Transportation of clients is a very important part of the service we provide. In the following table, you will see the service activity for the last two years.

TRANSPORTATION - 1998/1999

Community	Urgent	Elective	Total	Births
Whapmagoostui	51	288	349	21
Wemindji	38	324	362	20
Eastmain	12	176	188	14
Waskaganish	32	432	464	42
Coastal Totals	133	1,220	1,363	97

1999/2000

Community	Urgent	Elective	Total	Births
Whapmagoostui	76	290	366	27
Wemindji	20	408	428	27
Eastmain	18	183	201	17
Waskaganish	40	266	306	42
Coastal Totals	154	1,147	1,301	113

*These statistics do not apply to Chisasibi

Services

The following tables show the number of interventions carried out globally by the Nurses, CHR's, and Doctors. You will note the overall increase in the number of interventions in the year 1999/2000.

COMMUNITY HEALTH SERVICES

1998/1999	Nurse		CHR's (Community Health Representatives)				Doctor		Other Specified Specialist
	Curative visits	Program visits	Clinic visits	Home visits	School visits	Group Interventions	Curative	Program	
Community									
Chisasibi	607	6488	427	7	21	48	77	1891	NA
Whapmagoostui	8011	949	491	177	104	269	629	349	567
Wemindji	6893	1031	202	5	61	1098	341	316	352
Eastmain	4871	680	334	65	146	710	326	284	307
Waskaganish	9765	1820	119	37	146	124	1412	1061	725
Coastal Totals	30,147	10,968	1,573	291	478	2,249	2,785	3,901	1,951

1998/1999	Nurse		CHR's (Community Health Representatives)				Doctor		Other Specified Specialist
	Curative visits	Program visits	Clinic visits	Home visits	School visits	Group Interventions	Curative	Program	
Community									
Chisasibi	427	5875	321	36	374	177	262	1920	NA
Whapmagoostui	8629	799	466	81	131	504	853	311	504
Wemindji	7099	1381	318	16	58	789	662	520	314
Eastmain	6069	747	458	117	73	787	335	458	306
Waskaganish	9125	1915	131	142	69	199	1006	1123	662
Coastal Totals	31,349	10,717	1,694	392	705	2,456	3,118	4,332	1,786

Services

SOCIAL SERVICES

CLSC provided a broad array of human service programs for residents who had social and emotional needs. We served on the front line of intervention, assessment, service provision, and/or referral to appropriate agencies and organizations. Our program offered support, hope and healing to persons desiring change or experiencing hopelessness, confusion and pain. The employees, who consisted of CLSC Community Workers, Youth Protection Workers, NNADAP Workers and Emergency Workers, dealt with the following issues:

- personal struggles with anxiety, depression, loneliness, anger, or lack of fulfillment;
- suicidal thoughts or feelings
- spousal abuse (family violence);
- couple and family conflicts;
- difficult relationships with children or with parents;
- loss, adjustment and rebuilding issues, i.e., (separation, divorce, bereavement);
- alcohol and drug abuse;
- youth experiencing difficulties with the legal system;
- child protection (neglected, abandoned, abused children);
- etc.

These problems are among the most common in our communities. The workers were provided dependable and efficient support from the Professional Support Workers.

The following table reflects the activities in the social service sector.

SOCIAL INTERACTIONS

Community	Number of Beneficiaries		Number of Interventions	
	1998/1999	1999/2000	1998/1999	1999/2000*
Chisasibi	432	320	1887	2052
Whapmagoostui	166	188	913	1100
Wemindji	214	173	881	777
Eastmain	89	93	352	388
Waskaganish	339	300	1972	1025
Coastal Total	1,240	1074	6005	5342

*Although there was a drop in the number of interventions in 1999/2000, the workers dealt with more complex problems and spent more intensive work and time with each client.

Services

HOME CARE SERVICES

One of the major developments in the Coastal communities has been in the planning of home care services. These services were provided for the disabled, the elderly who have lost their autonomy, the chronically ill, individuals convalescing and some people in the terminal stage of their illness.

We were keen to provide home support to promote independence by developing daytime assistance to improve their quality of life. The Home Care Workers assisted in providing the following services:

- personal hygiene services (bath, hair care, etc);
- house cleaning;
- meal preparation (made at home with the family's food);
- community support (shopping, getting medications at the clinic, other errands).

The Occupational Therapist worked with the home care clients and others in the communities affected by functional problems and to preserve or improve their level of autonomy.



Services

The following table shows the number of beneficiaries, the percentage of time spent on specific activities and the number of interventions carried out by the Home Care Workers during the last two years.

HOME CARE SERVICES – 1998/1999

Activities	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish
Number: Clients	25	22	14	16	13
Number: Interventions	2787	1892	1981	1967	2355
Hours: Hygiene	3010.51 56.4%	297.75 11.4%	2538 51.0%	1106.75 31.6%	920.5 20.9%
Hours: Psychosocial	43.5 89%	116.75 4.4%	132.5 2.6%	404.5 11.55	309.25 7.2%
Hours: Housecleaning	2282.25 42.5%	2209.25 84.2%	2308 46.4%	1996.3 56.9%	3157.25 71.9%
Total Hours	5334.75	2626.5	4965.75	3503.5	4386.25
Average Time Per Visit/Client	1.91	1.39	2.5	1.78	1.86

1999/2000

Activities	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish
Number: Clients	25	24	14	17	16
Number: Interventions	2860	1814	2277	2029	2445
Hours: Hygiene	3010.50 54.1%	294.50 11.5%	2509.50 41.6%	843.75 16.2%	1285.25 26.1%
Hours: Psychosocial	119 2.1%	64.50 2.6%	258.75 4.2%	464.75 9.0%	344.50 6.9%
Hours: Housecleaning	2570.50 43.8%	2169.50 85.9%	3267 54.2%	3879 74.8%	3311.50 67.0%
Total Hours	5733.50	2524	6031.25	5179	4939.75
Average Time Per Visit/Client	2.00	1.39	2.64	2.55	2.02

THE YEAR AHEAD

Any reflection upon the struggles and triumphs of the past year also obliges us to look to the future. We anticipate an exhilarating and challenging year ahead. Among the activities we anticipate in 2000/2001 are to ensure that we:

- work in partnership with each other to integrate service delivery;
- increase collaboration and develop/maintain partnerships with community entities to provide better and integrated services for our clients;
- increase the level of mental health services provided to our clients;
- work to sustain, strengthen, and build the well-being of our clients;
- develop a memorandum of understanding with the local police services to jointly deal with spousal abuse;
- have a Professional Support Worker in place to assist the employees if Wemindji and Eastmain;
- find ways and means to incorporate traditional healing methods in the way we deliver services;
- increase our involvement in schools in providing preventive health education programs and services;
- increase access to health and social services and programs, which safeguard the health and well being of the people of the coastal communities.

CLSC is committed to taking care of our needy, whoever they are and whatever the situation. That is why we offer comprehensive health and social services for all ages.

Norman Lewsey
Director, CLSC Coastal

Services

READAPTATION SERVICES 1999-2000, MISTISSINI

The CBHSSJB administers Regional Rehabilitation services to youth (ages 7 to 12), who may need protection, stability, and structural intervention. It provides services to the nine Cree communities.

There are service centres in Mistissini and Chisasibi that are considered 'open units' meaning that youth can have home leaves, day passes, and take part in community events.

A reception centre in Mistissini is more rigid with closer supervision for youths ages 14 to 17 years.

Readaptation services is adopting a standard system known as the 'child care model' system.

In its mission statement, the Cree Nation sees youth as an "integral and essential part of Cree society. Using Cree customs will give youth the respect for love, honour, respect for the Creator, other and self."

We are advocating a more holistic approach for youth in difficulty.

Objectives

- Intervention plans for youth should be directed towards the youth's own milieu, their family, and their community.
- There should be more involvement of significant people like parents, grandparents etc.
- Shared responsibilities should always be encouraged (chores) within the daily life of youth in rehabilitation services.
- There should always be a re-enforcement of a youth's respect for family, others and the community.
- Counseling and treatment needs should be for individuals and groups.
- There needs to be regulated supervision.
- If needed, there needs to be intensive supervision to ensure stability and crisis recovery.
- There needs to be access to community services.
- Educational and traditional programs are essential.
- Individualized intervention plans are needed.
- Immediate health care services should always be available.

Significant Events and Developments

Group parents are now known as "child care" workers (Chisasibi). Training was given to workers to make this transitional procedure a success.

Construction of a New Reception Centre

We hired a new contractor in April 2000, and the work on the new centre has been progressing well, and should be completed in October 2000.

Bachelor of Social Work Program

This program will be completed in November 2000, and about 50 people have applied to take this program.

Therapeutic Crisis Intervention

All child care workers took training in April 2000. This program will give the workers skills, techniques and awareness needed to help youth in major crises.

Meeting with Batshaw (Youth & Family Services)

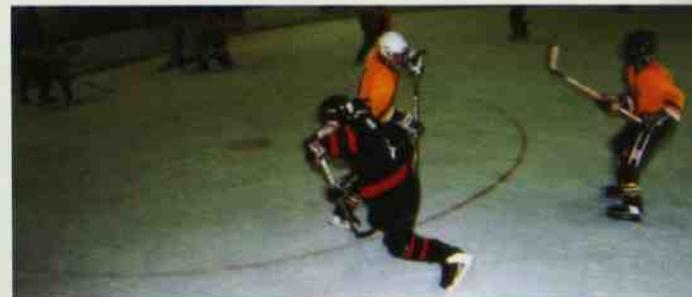
We met with the people from Batshaw in March 2000, and discussed ways to do networking with these people. It would be helpful to have support from a group that is a larger service provider.

Training on the Aboriginal Shield Program

This program was developed for aboriginal youth and is directed towards prevention programs on alcohol, drugs, substance abuse, and peer pressure. We have asked for this program without much success, but since prevention remains one of the greater expectations of all Cree people and the CBHSSJB, we hope that we can incorporate this program with our services.

Therapeutic Crisis Intervention

This training should be mandatory and given annually for the three centres. "It takes a whole community to raise a child." It will take an enormous amount of preparation to begin the new millennium in our new centre.



Services

STATISTICAL SUMMARY:

	Weesapou	Upaachikush	Reception Centre
Total number of Youth in placement	16	17	24
Boys & Girls (8-12 yrs old)	3	0	1
Boys & Girls (13-17 yrs old)	13	17	23
Youth Protection Act Article 47-Urgent Measures 79- (a)Urgent Measures 79(b)-Provision Foster Care Article 54- Voluntary Measures Article 38- Court Order/Placement	16	17	19
Young Offenders Act (open custody)	0	0	2
Bush Activity / days	61 days	31 days	103 days
Hospitalization	26 days	3 days	103 days
AWOL (leave without authorization)	12 days	3 days	4 days
Back-up to the Reception Centre / or other centres	36 days	8 days	54 days
Home leaves	533 days	221 days	760 days
Total days presence	1820 days	884 days	2015 days
Number of clients discharged	10	11	8
Average number of clients per day	5	2	6
Transferred to Group Homes or other Rehabilitation Centres	1	7	6
Transfer to Foster Home	23	0	0
Operating Permit	9	8	10
What is the average length of placement (months)	7 months	10 months	10 months



Services

Medical

During 1999-2000, five family physicians left, and others are expected to leave soon. A major recruitment campaign launched months ago was not successful. The MSSQ is expected to help solve this very serious issue.

Mental Health Programs

A new Mental Health coordinator has been appointed. She visited the nine Cree communities and assessed the effectiveness of existing psychological services. A needs assessment stresses the high expectations and needs of people and the shortage of funding for this program.

Several hospitals and group homes have agreed to provide psychological and re-adaptation services.

Psychologists and other mental health professionals are working on:

- offering psychological services to individual groups and families in each community and three visits
- intervening in crisis situations
- telephone consultations upon request
- psychological evaluations
- working with social service workers, physicians, nurses and other organizations (group homes, reception and wellness centres)

The Program on Diabetes

We were saddened by the illness and early death of Mavis Verronneau, the former Diabetes Coordinator, but our community clinics and Public Health Dept. have continued to work together in the area of Diabetes. Here are some Diabetes activities in the last year:

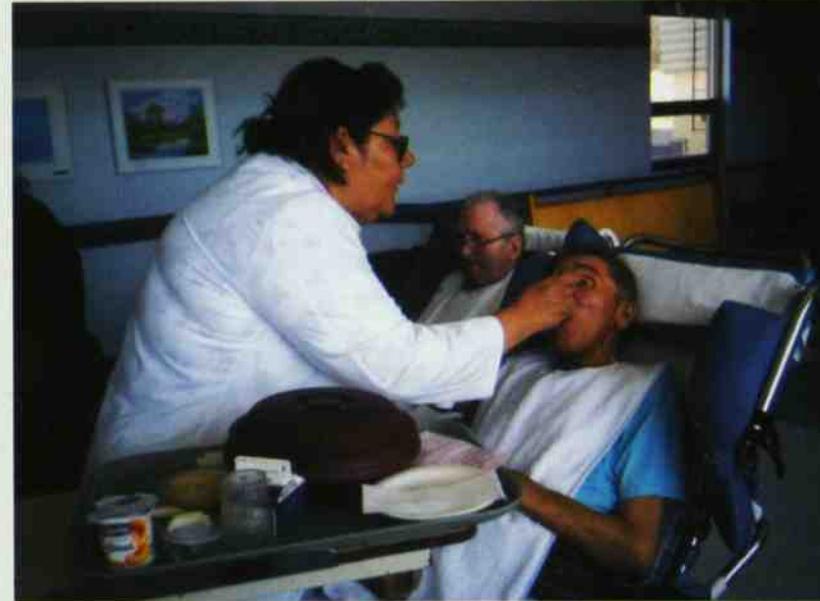
- The Diabetes Task Force meets regularly, and is currently focusing on hiring a Diabetes Coordinator and two positions of Diabetes Educators - Nutritionists
- The Diabetes Registry did an annual report for 1999, and also a four page regional report
- A correspondence course was offered to 26 health workers from the communities
- A diabetes Special Screening Project was done in Eastmain and Waswanipi. These results will be presented at the Special General Assembly this summer. Sadie's Walks continue to raise diabetes awareness and the importance of activity.

Presentations were done on Diabetes Projects at the Canadian Diabetes Association annual meeting in Ottawa, October 1999, Members of the CBHSSJB, and Public Health went to the Aboriginal Diabetes Strategy meeting in Montreal.

The Cree Diabetes Network continues to be a resource to media and other Non-CBHSSJB parties, interested in diabetes.

The Public Health Module has worked research projects like:

- the Diabetes Registry, Diabetes Special Screening Project and Studies in Gestational diabetes.
- Diabetes Education (evaluation of diabetes education in clinics)
- Diabetes and mental health
- Nutrition projects (market food and the Cree diet)
- Birth Sizes, eg. Gestational Diabetes.



Services

Other Activities Included:

- Intensive recruitment campaign for physicians
- Hiring a consultant to review laboratory services and update the state of equipment and equipment purchases. This person will also implement new protocols and procedures.
- Preparing funding representations for pre-hospital emergency services, Tele-medicine, Laboratory and radiology equipment. Some equipment for all clinics, new dialysis and endoscopy equipment
- Adoption of by-laws and Complaints Policy procedures by the CPDO

Objectives for 2000-2001:

- Continue recruitment of physicians
- Review delegated Acts by the CPDP
- Implement pre-hospital emergency services in the nine communities
- Upgrade the Mental Health Program
- Improve activities in the Diabetes program with the arrival of the new Diabetes Coordinator and Diabetes Educators
- Revision of the terms of reference of the Diabetes Task Force
- Implement Tele-medicine
- Renew all equipment for the lab and radiology departments



Dentistry

We did not make visits to the territory, this year because of time and budget constraints, but we could follow the functioning of dental services in the Cree communities through telecommunications services.

We had a visit from the M.S.S.S. last year. Mme Louise Montreuil paid us a visit and we were able to discuss issues as follows:

- Long waiting lists - 8-12 months for regular appointments, 18-24 months for special treatment under general anaesthesia. This is normally 6-10 months in the South
- High number of cavities. 75% - 93%, but 20% in the South
- High population growth. There is a high dentist-patient ratio

Dental patients should be seen not more than 12 months for recall appointments. More time can be spent with patients to promote dental hygiene and prevention.

The population is positive about our services, and our department members are earnest, hardworking and dedicated.

The Staff

Dr. Claude Brazeau is the permanent dentist for Wemindji and Eastmain. In February 2000, Dr. Jacques Verroneau, worked as the half-time Public Health Dentist.

Dr. Hilal Sirhan continues to head the Dentistry department. He is responsible for budget management, quality dental care and supervising the schedules of all dental health workers, as well as his regular clinic hours.

Dr. Marc Parenteau manages a list of ten replacement dentists during the year. This gives the population continuous dental services.

The new dental hygienist for the Inland CLSC is Enneide Charles, and Nadine Girard is back from her educational leave.

The Equipment

The blue prints for the new clinic in Wemindji and Waswanipi were finalized last year, and the infra-structure has begun. More funding is needed to finish these clinics. There will be an operating room for each clinic, along with state of the art equipment.

The Mistissini clinic has an operating room, and two other rooms have new equipment.

Some of the new equipment obtained are: Root Zx Apex locators (root canal treatment); touch and heat appliance (heating materials used in root canals); Quantec Endodontic System (root canal - filing teeth). All of these help to provide quality treatment.

We had problems with some of our orders for equipment supplies, due to outstanding payments reaching \$50,000.00.

Services

The Treatment Rendered to Beneficiaries Outside the Territory

There are more beneficiaries living off reserve for education and employment who need dental treatment.

The dentist in each village and our finance department look after the dental claims for off reserve patients.

A computerized system is needed to keep track of dental services outside the communities. A special budget is needed for these services.

The New Services

Dr. Jacques Verronneau, a Public Health dentist, is doing research and pilot projects and will integrate these into the CBHSSJB.

Measuring and Statistics

New statistics include the total number of patients seen last year. These data show the limited capacity of the dental department's resources.

There was an increase in missed or cancelled appointments. The data also show hardworking and preventive work of the dental team. Dr. Marc Parenteau added up the overall statistics for the two previous years.

Training

Our dentistry team organized a dental study clinic called, "Excel-Dent," which has been approved by the Order of Dentists of Quebec. This club promotes high standards in dentistry by promoting continued education in dental medicine.

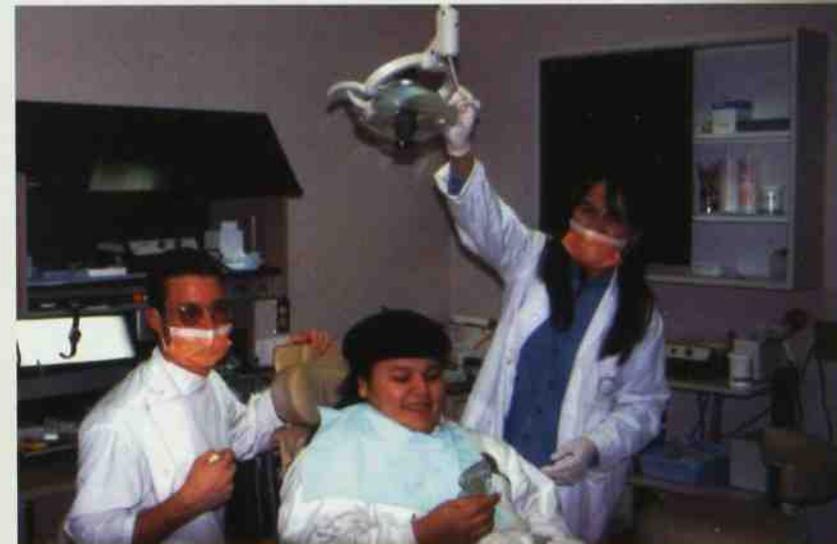
The Dental Assistant Training program modules are being prepared and will be submitted for approval. The final implementation of this program will be done through each village.

The Upcoming Year

Plans for next year include a new clinic in Waswanipi. A senior clerk position in Mistissini is needed because of the increasing needs of patients and office management, in the Inland communities.

A third dental hygienist is needed to help in the dental health needs of the region.

The Public Health dentist will help to establish research and epidemiology, which will increase dental manpower from a curative and preventative aspect. Findings and statistics would be submitted to the MHSS. This data shows that we need more human resources in the dentistry department.



Services

Council of Physicians, Dentists and Pharmacists

Election

The Executive committee of the CPDP has had a change of Chairman over the past year. The past Chairman, Dr. Schellenberg, resigned from the Cree Health Board in December 1999 and the Vice-Chairman, Dr. Papineau, took over as acting Chairman. At the General Assembly of the Council held in May 2000, nominations for the Chairman and Vice-Chairman were made. Following the according procedure stipulated in the by-laws, nominations and result were compiled. Dr. Lucie Papineau was elected by acclamation as Chairman and Dr. Gérald Dion as Vice-Chairman for a mandate of two years. Dr. Lucie Papineau was also elected as the Board representative.

Bylaws

One of the main projects that had begun the year previously was the complete revision of the bylaws of the CPDP. A special committee was formed to revise the entire bylaws. After a long process, the bylaws were completed and adopted at the March 2000 Board meeting.

Committee

In accordance with the bylaws, all of the obligatory committee were formed and they were all very active in assuming their duties throughout the year. There were various subject proposals submitted from which each committee had to pick their project for the year.

Evaluation of the Act

The evaluation of the Act committee worked on the standardization of the flow sheet for the medical chart. The committee collected all the existing flow sheets for each community and prioritized which ones they wanted to work on. This project is still ongoing because consensus has to be obtained from all health care professionals implicated.

While evaluation the flow sheet, the committee recognized the importance of having a process in place for the future creation or modification of standardized flow sheets. They created a complete procedure to this effect.

Pharmacology

The Pharmacology committee worked on numerous different projects. A complete revision of all emergency drugs and the crash cart medication was done. A very detailed document was created defining each medication and where to put it.

There were also a few protocols with the appropriate delegated act for nurses that were presented. This is in relation to another project held by the committee: a thrombolysis protocol. This project is still ongoing.

There was another protocol created for the use of Versed medication in light conscious sedation cases. This is at the final stage of approval as we speak.

Qualifications

This committee has done its duties in checking out all referrals for new members.

One of its members, Dr. Hilal Shirhan with the help of Dr. Eddy Kalajian, created a study club for the dental department. Each dentist has to pick a subject, research it, and find out the latest development. Thereafter, every month, one dentist makes a presentation to the entire group and it concludes in a group discussion on the topic.

This is an initiative that not only allows dentists to review different subjects but most importantly gives them the opportunity to discuss their clinical difficulties and help them to find solutions as a group.

Executive Committee

The Executive committee has launched one main project this year: the revision of the therapeutic guide for nurses.

The CPDP is responsible for ensuring the quality of all medical, dental, and pharmaceutical acts made in the Cree Health Board. One may ask why then work for nurses, a group that is not a part of the CPDP. The answer is that the reality of our region allows nurses to provide medical care to the population. In this setting, the Executive committee felt it was mandatory to provide a well-defined tool that would guide the nurses in the accomplishment of their duties. The actual guide was outdated and this was becoming an urgent matter to address. This project is still ongoing but we are expecting a final document some time this year.

Conclusion

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

Dr. Lucie Papineau
CPDP Chairman

The Department of Youth Protection (DYP)

Administration

New positions:

This past fiscal year the Board of Directors has approved eight new positions for the Department of Youth Protection. These will be in charge of recruiting families and evaluating foster homes, carrying out the follow-ups or placements of children and youths. Moreover, the incumbents will assess the reports and carry out any other related tasks the Director of Youth Protection (DYP) requires. We are still in the process of hiring the new staff and we will be completing the process during the next fiscal year.

Caseload evaluations

During June 1999, the DYP and Mrs. Clara Cooper (Professional Social Worker) carried out the evaluation of the caseloads in the Inland communities with the Youth Protection Workers. They both traveled to Eastmain, Nemaska, Ouje-Bougoumou and Mistissini. They found that the Youth Protection Workers were overwhelmed by heavy caseloads, and that the load of social problems had grown more complex and difficult in the past ten years. Such is the case with the referral of children who are victims of sexual abuse. Moreover, they found that the caseloads in Mistissini were well organized because of the great support the workers get from the Professional Support Worker, Mrs. Agathe Moar.

Staff meetings:

The DYP staff held their first staff meeting in Val d'Or on November 30, 1999. Overall, the staff was satisfied with the outcome of the meeting. Most of all they were happy to share information on issues such as the problems and difficulties encountered in the work place. They made recommendations, and as of today some of these have been implemented to address some issues and concerns. Moreover, it was decided that a general meeting of the DYP staff should be held at least once a year to continue the dialogue and to ensure communications and good teamwork. In March 2000, we held a staff meeting that included the Professional Support Workers. Among the issues we discussed were their role and their responsibilities. As a result, we find that teamwork has improved.

Training

The program of the Bachelor of Social Work (BSW) has been active during this past fiscal year. The Youth Protection Workers have attended the course sessions four times a year for ten days each session (40 days in total). The program will be completed in 2002.

While the Youth Protection Workers were absent from work for their course sessions, they were replaced by competent workers. These workers received a great deal of support from the Professional Support Workers and the Human Relations Officers.

In April 1999, the DYP's attorney, Mr. Robert André Adam, provided a training session in Val d'Or for all DYP staff (20 persons). The session was on the Youth Protection Act (YPA). In total, about 95% of the DYP staff has received training in the YPA and the Act Respecting Health Services and Social Services.

Further training on the YPA was planned for March 2000 in Chisasibi, but it was cancelled.

Psychological and Psychiatric Services:

This past year the DYP has received requests from the Superior Court for psychosocial expertise. As our Youth Protection Workers are not trained to provide this service, these requests were transferred to the psychologist working for the Mental Health program (MHP). The experts are required to assess parenting skills and children's needs, and to make recommendations to the Court on custody and on access to the children.

Back-up Services

The major crises encountered at the DYP occur when our Rehabilitation Centres are full and we cannot place our children and youths. In these situations we have to find back-up services.

Such a service is provided by the Batshaw Youth Centres in Montreal. The CBHSSJB is presently developing an agreement with the Centre to provide services adapted to the Cree clientele.

Services



The Statistics of the DYP:

You will find in the following pages the tables containing the statistics of the department of Youth Protection.

Caseload Summary.

Foster Home Summary 1999-2000/08/11

Ages:	0 to 4	5 to 11	12 to 15	16 to 17
Children:	654	651	253	112
Adults:	107			
Elders:	55			
Total placements: 1,832				

Youth Protection

Community	Caseload	Adoption	Young Offender	S-5 Child/ Adult/elderly
Chisasibi	145	1	0	33
Eastmain	28	0	5	2
Mistissini	90	5	34	36
Nemaska	12	0	0	6
Oujé-Bougoumou	13	0	0	6
Waskaganish	108	1,0	15	39
Waswanipi	66	4	1	46
Wemindjii	42	0	1	18
Whapmagoostui	57	0	16	16
Grand Total	561	1,0	88	214

Services

Cree Patient Services

The computerization of Cree Patient Services is still in progress and we look forward to its completion.

Dr. Louise Vannasse helps us out in Val d'Or when there are many patients and with other requests in the office. Dr. Joanne Morel will be replaced by Dr. Kent Saylor when she takes her leave of absence.

In Chibougoumou, a Cree-French translation service has been organized for hospitalized patients. This is on a on-call basis. We moved into new offices in 2000, and we also bought a new computer.

The CPS office in Chisasibi received a new fax machine and a new computer. Renovations were done to our office area.

CPS - Montreal has two new vehicles for patient transportation and a new photocopy machine was also bought for the office. There are also three new computers and a new printer. Our computer equipment is now Y2K compatible.

A new administrative nurse position is open in Val d'Or. There is help for our secretaries three days a week.

Julie Lefebvre, our part-time social worker left us in February 2000, and our Director, France Côté, took sick leave in March of this year.



Services

TOTAL FOR ALL CLPS

CPS	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
Montreal	38	52	63	44	41	62	74	77	83	42	N/A	N/A	N/A	576
Chisasibi	23	9	67	70	34	76	35	33	57	11	63	24	27	529
Chibougoumou	330	265	376	380	357	370	398	425	446	335	281	385	451	4799
Val d'Or	150	184	177	161	177	223	173	183	184	214	108	218	233	2385
Total	541	510	683	655	609	731	680	718	770	602	452	627	711	8289

NUMBER OF ESCORTS BY PERIOD FOR EACH SERVICE

CPS	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
Montreal	24	28	30	25	24	29	44	42	56	16	N/A	N/A	N/A	318
Chisasibi	11	2	21	15	24	21	12	5	22	5	24	11	18	191
Chibougoumou	93	73	111	37	65	69	90	120	129	81	118	106	141	1293
Val d'Or	51	68	68	64	59	89	71	46	88	100	31	98	108	941
Total	179	171	230	201	172	208	217	213	295	202	173	215	267	2743

NUMBER OF PATIENT AND ESCORT BY PERIOD FOR EACH SERVICE

CPS	1	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL
Montreal	62	80	93	69	65	91	118	119	139	58	N/A	N/A	N/A	894
Chisasibi	34	11	88	85	58	97	47	38	79	16	87	35	45	720
Chibougoumou	423	338	487	477	422	439	488	545	575	416	399	491	592	6092
Val d'Or	201	252	245	225	236	312	244	229	272	314	139	316	341	3326
Total	720	681	913	856	781	939	897	931	1065	804	625	842	978	11032

*For CPS MTL

1996-97 1066 clients

1997-96 1177 clients

1998-99 1342 clients

Because of the missing report on period 11-12-13, we can extrapolate and say that CPS MTL received the same number plus 100 as of last year. So it will give a total of 1442 clients in the year 99-00.

With our big total would be of 11 580 clients in our 4 CPS.

Public Health

THE PUBLIC HEALTH TEAM

"THE PUBLIC HEALTH TEAM...

STRIVING TO MAINTAIN AND PROMOTE THE HEALTH OF OUR PEOPLE!"

The mandate of the Public Health Team is to develop programs to prevent disease, promote and protect health and monitor the frequency of diseases and risks to health and well being in the James Bay Cree communities. Our goal is to contribute to healthy communities by facilitating community development. We work at a regional level in collaboration with other CBHSSJB personnel in each community, with our community members and organizations and with Eeyou regional entities.

Historical Background

The Community Health Department of the Montreal General Hospital was given a mandate in 1978 to carry out the functions of community health (monitoring the population's health status and developing disease prevention and health promotion programs) in the Cree region, in collaboration with the CBHSSJB.

The Community Health Department of the Montreal General Hospital set up a unit in Montreal combining "Patient Services" and public health functions. The public health team consisted of doctors, a researcher, nurse or health promotion officer and a secretary.

With the new law, in 1994 community health departments of hospitals became the public health branch within regional health boards. In 1995, "Patients Services" were transferred to the CBHSSJB, and the public health team became the Cree Public Health Module.

Although the Cree Public Health Module is officially part of the Montreal Island Public Health branch within the Montreal Regional Health Board, its work is incorporated within the organization of the CBHSSJB. In the transition period before becoming a department of the CBHSSJB, and with the opening of a unit in Chisasibi, the public health group has adopted the name of Public Health Team. In practice, the director of the Public Health Team receives his mandate from the Executive Director of the CBHSSJB.



To Our Community Members, Colleagues and Supervisors

Your Public Health Team is going through an exciting time. In the process of officially becoming a member of the CBHSSJB, we have the task of developing a vision of what Public Health should be for our region in the coming years.

The Special Regional Assembly on Health gave us a strong mandate through the Vision Statement on Health for Eeyou Istchee. The Vision clearly describes a healthy nation, not only physically and mentally, but also emotionally and spiritually, within the context of a strong national Eeyou government in control of its land resources. This vision compels our Public Health Team to frame all our work within the greater goal of community development.

There have been some exciting additions to our team in the last year. Our team has been active at the local, regional, national and even international levels. In the year to come, we look forward to letting you know all our activities through a weekly regional radio show and a periodic newsletter.

We are still a small team, with a large mandate. This is why our focus will be on networking, on becoming agents of change. We want our Team to become useful to all of you. Please let us know how we can serve you better, because you, the people, are the reason we exist.

Sincerely,

Robert Harris

Director Public Health Team

Cree Board of Health and Social Services of James Bay

Public Health

MISSION STATEMENT

The Mission of the Public Health Team of the Cree Board of Health and Social Services is to contribute to the Eeyou Nation Vision of developing responsible, healthy communities.

We will focus on prevention through the tools of:

- Research, statistics, and evaluation
- Health Promotion
- Support of Clinical Prevention services
- Advocacy for healthy environments and public policy

We will work in partnership with other departments of the CBHSSJB and their funding agencies, the local and regional Cree governments, other local and regional entities and institutions and community organizations and individuals.

We will strive to maintain and promote the health of our people.

Your Team Members

Solomon Awashish

Health Promotion
Officer, based in
Montreal

Claudette Beloin

Community Health
Nurse, based in
Chisasibi

Gaetane Berubé

Secretary, based in
Montreal

Bella Blacksmith

Office Manager,
based in Chisasibi

George Diamond

Health Promotion
Officer, based in
Chisasibi (joined team
in August, 2000)

Robert Harris

Public Health
Physician, Team
Director, based in
Chisasibi

Joanne Matowahom

Health Promotion
Officer, based in
Chisasibi (left the team in
July, 2000)

Elizabeth Robinson

Public Health Physician,
Specialist in Community
Health, based in
Montreal

Christina Smeja

Public Health Physician,
based in Montreal

Jill Torrie

Researcher, based in
Montreal

Jacques Verroneau

Public Health Dentist,
based in Montreal

Organization

In March of 1999, the Board of Directors of the CBHSSJB gave Robert Harris the mandate of leading its Public Health Team. Robert has been working as a Family Physician in Chisasibi since 1993 and he added Public Health Physician duties in 1997. The founding director of the Public Health Module, Elizabeth Robinson, had returned to clinical practice. Luckily, she is still able to work three days a week for our Public Health Team and we can benefit from her knowledge and experience. In May of 1999, Solomon Awashish joined our team as a Health Promotion Officer, based in Montreal. In September of 1999, Bella Blacksmith became our Office Manager in Chisasibi. In October of 1999, Joanne Matowahom became our first Health Promotion Officer based in Chisasibi. However, in July of 2000 she returned to her job as a Community Health Representative. In December of 1999, Jacques Verroneau became our first Public Health Dentist, working half time with us. Jill Torrie continued her work as a Research Consultant. Gaetane Berube is the secretary in Montreal. Christina Smeja is one of our Public Health Physicians, working 3 days a week in Montreal. In March of 2000, Claudette Beloin was transferred to our team as a Programming Agent. She is a Community Health Nurse who had been working with the planning department of the CBHSSJB for several years. In August of 2000, George Diamond became our Health Promotion Officer in Chisasibi.

Public Health

Summary of Activities

HIV-AIDS and Sexually Transmitted Diseases (STD)

The Public Health Team's HIV-STD Working Group attended national conferences to learn the latest developments in the field. Their work ranged from local workshops at schools and drama productions to participation in strategy meetings of the Assembly of First Nations of Quebec and Labrador. They helped the Community Health Representatives in their efforts to prepare the HIV/AIDS Awareness Week. The Hepatitis A and B vaccination campaigns were organized, in particular that for school children. Statistics were compiled for HIV anonymous testing.

Motor Vehicle Injury Prevention & Drinking and Driving

The Public Health Team initiated and supported the formation of a Regional Coalition on Drinking and Driving. This group includes representatives from NNADAP, Public Health Officers, Public Safety Officers and the regional media. It meets monthly by conference call to plan activities to reduce drinking and driving and to prevent motor vehicle injuries. Activities of the coalition's members included: local awareness events in some communities; a kiosk at the Val d'Or tournament; a second full page ad in The Nation; a letter to the Quebec automobile insurance and safety board to request funding; regional radio messages by Cree leaders and family members of victims.

Young Children's Health

The Public Health Team played a key role in providing professional and technical support to the parents and relatives of children affected with Awaash Aakusuwin (Cree Leukoencephalopathy and Cree Leukoencephalitis) in their efforts to form the Eeyou Awaash Foundation (EAF). The goals of the EAF are to support parents and relatives of the affected children, to educate the communities about the disease and to carry out research to find the cause and eventually the cure of this disease. The team appeared in a CBC North Maamuitao documentary about the EAF.

Tobacco

The Public Health Team's Tobacco Working Group supported the CHR's in planning and carrying out Non-Smoking Week activities. They sent educational materials including videos and stickers. Health care workers were given a workshop in smoking cessation and the region was informed about Quebec's new smoking laws. Nicotine patches are paid by the Public Health Team as part of a smoking cessation program available to all community members.

Alcohol and other drugs

The Public Health Team participated in the CBHSSJB Solvent Abuse Project through conference calls, by writing a proposal for a regional Radio Drama initiative and by designing pamphlets in Cree, English and French. In addition, a presentation and radio show on drugs were made during the Chisasibi Youth Week (February 13 - 19, 2000).



Public Health



Diabetes

The focus of the Public Health Team is on the Prevention of Diabetes and of its complications. This work is done through the Cree Diabetes Network (CDN, formerly the Diabetes Awareness and Action Network), a coalition of health care workers, media representatives and interested community members. They coordinate their work through monthly conference calls, for which the Public Health Team provides logistical support. The main regional activities of the CDN are:

- Sadie's Walk, a walk to raise diabetes awareness.
- Healthy Special Menu Day in honour of National Diabetes Month (November 30)– 4 restaurants participated.
- A Day Without Your Vehicle, in which community members are encouraged to walk all day.

In addition, the Public Health Team participated in the technical committees for the regional diabetes registry, and the diabetes screening projects in Eastmain and Waswanipi, and provided on-site support with an awareness campaign using radio shows and call-ins, posters and meeting individuals & groups. The team participated in the activities of the CBHSSJB's Diabetes Task Force. Team members made several regional and national presentations on Gestational Diabetes, and participated as members of the Board of Directors of the National Aboriginal Diabetes Association, which included organization of the First National Conference on Diabetes and Indigenous Peoples. In addition, team members met with Cree Nation Regional Recreation Directors to discuss their mandate, diabetes, physical activity & benefits, and presented at the Canadian Diabetes Association Annual Scientific Conference in Ottawa, October 1999 and at the National Community Health Representative conference in Calgary, September, 1999.

Immunizations and Infectious Diseases

The Public Health Team is available to answer ad hoc questions from nurses in the communities about vaccines, contact tracing of STDs, tuberculosis rabies prophylaxis, pre-travel vaccination and other infectious diseases. They were able to obtain a \$17,000 grant to provide more nurses for vaccination for Influenza and Pneumococcus in all communities. They worked on tracking reportable diseases and ensure that the vaccination program is run without problems, including ordering vaccines and implanting quality control measures.

Health Promotion

The Public Health Team organized a Radio Drama Workshop held in Chisasibi. A live radio drama was performed and work is ongoing to make it into a self-sustained activity. There are plans to expand regionally. A kiosk was set up at the Val d'Or arena during the tournament (Dec. 15-18, 1999). In addition to our Public Health Team members, Alice Desjarlais (NNADAP - Chisasibi), Susan Mark-Mianscum (CHR -

Public Health

Ouje-Bougomou), Frances Diamond (CHR-Waskaganish), Rose Iserhoff and Lily Napash (CHRs - Chisasibi) stopped by to help.

Environmental Health

The Public Health Team conducted a Lead research project in Whapmagoostui. They worked with Dr. Tom Kosatsky, environmental health specialist, and the Whapmagoostui Nation Council (represented by the public health officer, Robert Wynne). Some samples of ptarmigan have been tested for lead and work is ongoing. Concerned about drinking water quality issue, team members attended the hearings of the Quebec water management commission regarding water management in the communities and then dealt with a request from the Wemindji Nation Council regarding testing of spring water for uranium.

Housing and Health

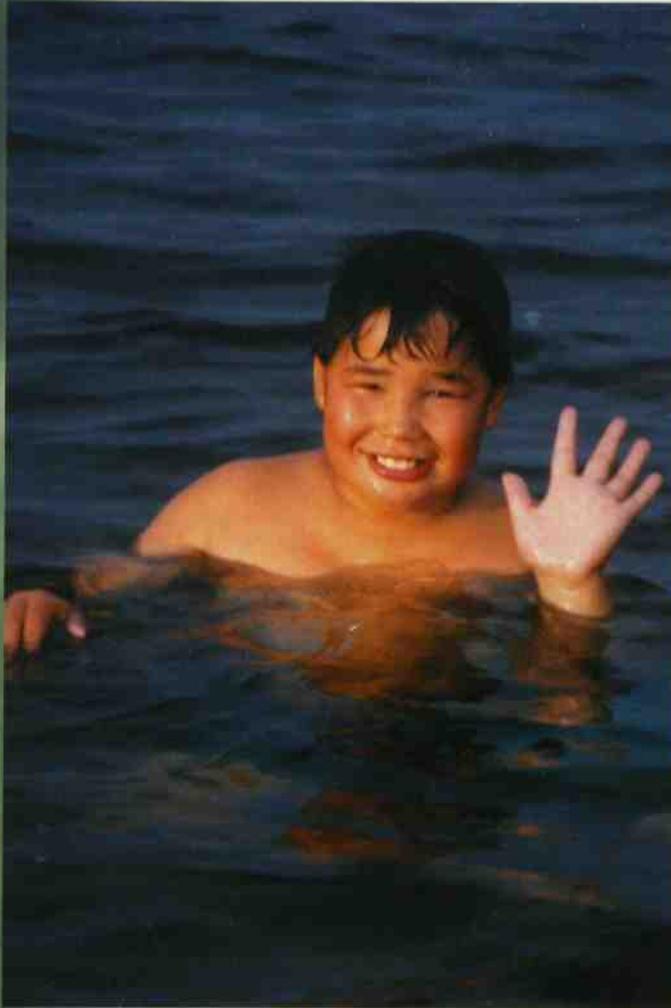
The Public Health Team supported the Grand Council of the Crees and the Cree Nation of Chisasibi in their efforts to obtain healthy housing conditions for the people. The study "Housing and Health in Chisasibi" was presented in National and International conferences. At the request of Grand Chief Ted Moses, team members attended a meeting with Robert Nault, the Federal Minister of Indian and Northern Affairs in Ottawa to explain how poor housing is adversely affecting health in the communities. A house-to-house survey was conducted in Chisasibi to document the problem using a Community-Based Participatory Research approach.

Research and Teaching

Public Health Team members were named members of the thesis committees of doctoral candidates and masters candidate doing projects in our region and have been asked to review articles for scientific publications (Chronic Diseases in Canada and Canadian Family Physician). A project is underway to develop a health profile of our region that will include data from all studies done in the past. This profile will be easily and continuously updated. Our team administers the Public Health Research Grants Program (PSSP) and acts as a



Public Health



clearing-house for proposed, new and existing research projects (arranging contacts, making decisions about reports and dissemination, editing reports, etc.). They set up a process for a working group of the Child and Family Services Committee to write an editorial comment on the gestational diabetes article for the Canadian Medical Association Journal. They support to ongoing research projects: Eastmain Breakfast Project, Mistissini Family Violence Project, Market Foods Study, Analysis of the Head Start Child Health Survey and produced the newsletter *Miyupimaatisiwin Research Update* Winter 1999-2000: Volume 1, Number 2.

Negotiations between CBHSSJB and MSSSQ

The Public Health Team participated in information gathering sessions with the negotiating team. To plan the future Public Health Department of the CBHSSJB, a meeting was held with Richard Masse, Assistant Deputy Minister for Public Health in Quebec City on February 21, 2000 - James Bobbish, Elizabeth Robinson, Richard Lasarre and Robert Harris were present. Team members also participated in the International Consultation on the Health of Indigenous Peoples, World Health Organization (WHO), Geneva, November, 1999, at the request of the Grand Council of the Cree. Products included the Geneva Declaration on the Health and Survival of Indigenous Peoples and the Draft WHO Policy on Indigenous Peoples.

Others

The Public Health Team is involved in many other activities, including:

- Radio Health Shows are done every Tuesdays at 2:00PM in Chisasibi.
- Presentation on Public Health Programs at Cree Women's Association Conference (Ouje-Bougomou - Oct. 23, 1999).
- Met with the officials of the Cree School Board on September 1 to discuss the future of the Cree Wellness Curriculum.
- Supervision of Medical Students during the Summer.
- Logistical and technical support of the Cree Nation Palliative Care Initiative.

Administrative Services

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

The Administrative Services Department consists of five distinct departments:

- Finance Department employs eleven people on a permanent basis and some on a part-time basis.
- Purchasing Department has three full-time employees and one part-time.
- Personnel Department known as well as Human Resources Management has six employees under its payroll.
- Facilities, Operations and Maintenance (FOM) Department has two employees having both local and regional mandates along with three permanent status and a couple casual workers contributing to maintenance of our facilities locally.
- Human Resources Development Department has on its roster four full-time employees (two still under recruitment).
- Administrative Services Department is under the direction of the Assistant-Executive Director, Administration and Finance, also working in that department are an administrative technician and an executive secretary.

Going into the new millennium, we were very involved both at the regional and local level. As part of our work, the Administrative Services are involved in organizing or attending management meetings. We also attend all Board meetings to provide information and to give support to the Board of Directors of C.B.H.S.S.J.B. in its decisions.



The following are some of the files we worked on during the year:

- We were involved in discussions in regards to Cree banking and made a recommendation to our Board to switch our banking services from CIBC to First Nations Bank of Canada. The transfer is expected to happen later this year.
- We are still working to relocate the offices of Social Services (Chisasibi and Mistissini).
- We assisted in the implementation of the new communications system in all Cree communities (Comtois & Carrignan Report)
- We presented a plan for office occupancy space and requested additional office space to Chisasibi Centre for the head office in Chisasibi.
- We reviewed and recommended some policies to the Board of Directors (Housing and maintenance policy, Managers appraisal policy and Disposal of assets policy). There are some others which we will be reviewing this year.
- We managed some renovation projects as approved by the Board of Directors.
- We managed purchases of minor capital assets.
- We contributed as well in the advancement of capital projects such as the New Readaptation Centre in Mistissini, the planning of the Enlargement of the Mistissini Clinic, the study of the Wemindji Clinic, the 20 lodging units in Chisasibi.
- We started to plan for a schedule to renew our float of vehicles; we will submit a request for funding to MSSSQ for this plan to be implemented.
- During the course of the year, the organization has hired Cree Construction and Development Company as project manager to help manage four capital projects. (New Reception Centre project in Mistissini, The enlargement of the Mistissini Clinic project, the New Waswanipi Clinic project and the new Wemindji Clinic project)

Financial Issues

On the finances, the Board has approved another deficitary budget for the fiscal year 1999/2000 of about 1.5M\$ above the budget we receive from the Ministry (MSSSQ) of Health and Social Services (of Quebec). There are still unresolved budget matters, which the Cree Board of Health has with the Ministry, as an example, cutbacks to our base budget dating back to 1994 in the recurrent amount of \$432,700. These cutbacks, the deficitary budget and the deficit registered at the end of this fiscal year result/contribute to problems to our cash flow.

Administrative Services

Additional Funding (recurrent and non-recurrent)

The organization received additional credits from MSSSQ for the year that were to be added in our operational budget in the amount of \$1,914,563. After receiving this confirmation from MSSSQ, we realized that some of these new credits were already earmarked for something, either for indexation of systems, leap year, or specific programs. We concluded that only about 1.1 M\$ was available for "development". As we did the year before, the managers were asked to assess their needs for development of services. We reviewed all requests at the Budget Committee established by the Board, all requests totalled over five 5M\$. As the year before, requests were very relevant, so being unable to meet all demands, we recommended another deficitary budget and the Board approved it. There were other additional credits received from the Ministry, particularly in regards to the deal reached between the Government and the union representing our nurses. This new funding is recurrent. Other credits such as programs to youth activities are also recurrent, the only funding not recurrent was the amount of \$75,000 we received for the Integrated Services funding.

Year end results

Regarding the results of this year, the organization finished the year with a deficit of \$3,594,797. The Ministry of Health (of Quebec) will finance the deficit once they approve our audited financial statements through a financial analysis. The major areas contributing to the deficit are particularly in respect to services to the population. These areas are: the purchase of medication or drugs, client transportation, home care services, operation of both hospital and clinics, laboratory services and communication. These amounted to over a five million dollar operating deficit. However, some other departments finished with surpluses that lessen the possibility of an even bigger deficit. Once the departments in surplus carry out their mandates as approved by the Board of Directors, and if there is no adjustment to the base budget received from MSSSQ, and services are maintained at the same level, we can conclude that our financial position will not be improving.

Human resources of our service

On the human resources, we would like to welcome our new Head of HRD, Mr. Ernest Spencer. He started working with us at the beginning of the new year (January 5). On behalf of Cree Board of Health and Social Services of James Bay, welcome and all the best in your new post. This year was very active for HRD. During the course of the year, the position of the Head of the department was vacant, so in recruitment process, and so were the two professionals in training previously approved by the Board. The organization decided to put as interim Ms. Rena Matthew. She worked in the department for many years. With her critical contribution, the department functioned well despite the vacancies. The organization would

like to thank Ms. Rena Matthew for her efforts in keeping the department in good order during all the vacancies.

Purchasing

At the Purchasing Department, our Head of the department was on extended leave of absence. We had appointed Mr. Reggie Neacappo as interim at the beginning and then, we appointed Ms. Annie Trapper from Mistissini later on, both of them contributed to the best of their ability to the functioning of that demanding department. Mr. Matthew is expected to come back in July.

In closing, for the upcoming year, we will be working on some unfinished projects such as:

- adequate lodging for all staff,
- relocation and/or improvement of office space,
- renewal of vehicles based on our plan and schedule of renewal,
- acquisitions and improvement of tools required by staff (computers, minor capital expenditures)

Finally, we will be working hard on important files such as finances, recruitment of personnel, review of policies and purchase of equipment. We are very confident that we will be improving our support services to the rest of the organization and, as a result, contributing to better services to the population.



Administrative Services

Communications

In the past year, the CBHHSSJB has made some improvements regarding information services. More people are asking for Internet service to enhance their individual or collective job functions.

This year, we have added to our collection of health and social services bulletins, Aispich Chakwan, with some interesting, and we hope helpful, topics intended for individual and collective health. For example, we published two bulletins about the Residential School issue, Palliative Care, Diabetes, and the Journey Through Eeyou Ischee. We also have one bulletin, maybe two, on the topic of gambling. Bingo-nan-nou!

We also had some magnetic stickers printed, so that people in Chisasibii can call the hospital for emergencies. The number is 855-9011. Sometime ago, we gave out information about emergency ambulance services. We gave the conditions that are considered emergencies by doctors and other medical professionals. The conditions for calling the yellow ambulance are the same conditions needed to use the emergency number, which is mentioned formerly.

We have definitely entered the computer age, and this enhances the way we work, the way we communicate at work, and most certainly the expediency with which we communicate with the outside world.

Facilities, Operations and Maintenance

There were a number of projects realized for this fiscal year, the end of this millennium. The Telecommunications Project was completed. All the communities have a radiotelephone system which is used to contact personnel on call for medical and social emergencies after working hours. The hospital has the Companion Telephone system which is used by doctors and medical personnel who respond to emergencies. Direct Inward Dialling (DID) system was installed in Chisasibi to allow for clients to call directly to the medical staff in an emergency. This system was also installed to relieve congestion of incoming calls at the reception. Some non-medical staff also have DID numbers.

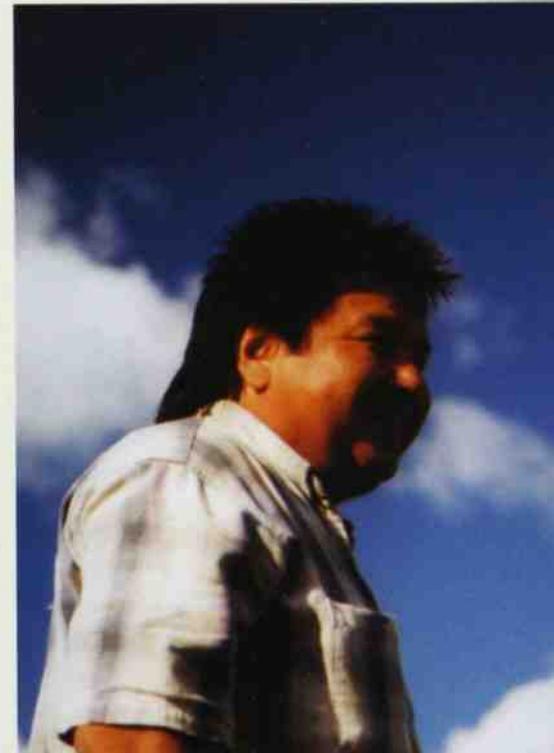
One new clinic was built in Waskaganish with thirteen new residence units. The new space was welcomed by all staff from health and social sectors.

At the close of the year 1999 various tasks had to be completed in anticipation of the so-called "millennium bug". All equipment and facilities had to be verified for compliance. From this exercise, we now know that our equipment is in working order and will not likely suffer from the problems associated with the year 2000.

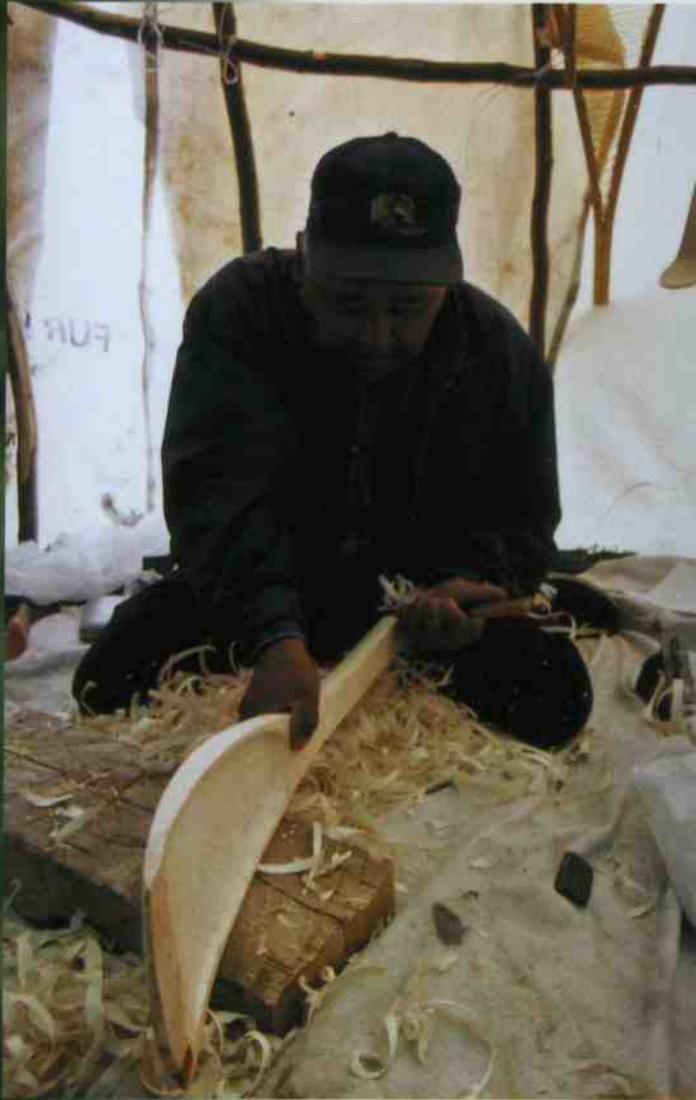
Various projects were started such as the renovation of the Nemaska clinic. The apartment was vacated and transformed into office space for the social services staff who were located in various buildings in the community. They were located in Band buildings used for different purposes. This renovation does not adequately serve all the space needed for this community. Along with the office space for social services, some alterations were made on the clinic side. A small pharmacy was installed and some cabinetry.

In Chisasibi at the hospital, some works were completed. The receiving area was cumbersome, and it was difficult to receive merchandise because of the necessity to lift merchandise. This area was transformed to better receive merchandise and allow the handling of pallets. The ambulance garage was also improved with a new automatic door.

A submission for additional housing was made to the MSSS and we are awaiting a positive response for the coming year.



Administrative Services



Human Resources Development Department

The mandate of the human resources development consists is to develop the skills and knowledge of all employees of Cree Health Board. The following is a summary of the activities during the year:

- Continuation of our Bachelor of Social Work Program. This program is successful because all people involved are very committed. We are looking forward to its completion, expected in the spring of 2002. We still have over fifty people enrolled and continuing in this program. Most of these "students" are employees of Cree Health Board. The program is running at four courses per year, but this year, we managed to do only three courses due to an unforeseen unavailability of the scheduled professor for a particular course. We will probably be doing five courses in the coming year to make up. The organization would like to encourage all students to work as hard in the coming months as they have since they started. This is the key for the success of both students and the organization. In closing, gratitude is given and expressed to all students, University of Quebec Abitibi-Temiscamingue (UQAT), organizers, management of the CHB and especially, the Board of Directors of CHB for their vision in initiating and believing in this program.
- Another training and development activity has started this year with UQAT. This one is in the Administration area. There are two Certificate programs (Accounting and Administration) being offered. These programs are in partnership with other entities.
- In the process of transforming the Childcare model from the outdated house parent model at the Group home(s), intensive training was provided to the newly recruited Childcare workers at the Weesapou Group home.
- The organization provided some training on LEGAL ISSUES for the benefit of employees of the Group Home(s), Reception Centre particularly Childcare workers. This training allowed for the trainees to be aware of the confidentiality and legal parameters of the respective clientele
- Youth Protection Act training took place this year in Val d'Or. This focused on the interpretation/meaning of the Act.
- Social Services Information Systems as it is called. Computer training took place for the Youth Protection employees.
- The annual training for nurses, Community Health Representatives, Beneficiary Attendants and Cree Patient Services was being held in Val d'Or.
- Other training were in the form of attending seminars

For the upcoming year, we will be working closely with all managers of the organization to plan for training activities. We concur that needs in training are enormous throughout the organization. We will maximize funds made to our disposal in accomplishing as much as possible in developing our employees' skills and knowledge so that the overall effect is to benefit the betterment of our services to the population. We are also working on a general orientation program for the organization and we will be doing complete needs assessment in training and development to be used as a guide in planning and organizing future training at the Cree Health Board.

Administrative Services

Human Resources Management

We are very proud to present the mission statement for our department:

"Our fundamental goal is to provide our clients with excellence, quality and professionalism with our utmost respect in a consistent and timely manner."

Our objective is to provide continuity in the delivery of quality services to our users. Although we have had turnover of our personnel, we strive to work towards this goal.

Human resources is made up of six employees;

- 1 Head of Human Resources Management
- 1 Personnel Management Consultant
- 1 Recruiting Agent for nurses
- 2 Administrative Technicians
- 1 Executive Secretary

Human Resources Management - the staff

Movement of personnel within the department has been another challenge while trying to maintain the continuity of services we offer to the organization. The Personnel Management Consultant has been temporarily replaced internally by a member of our team. The Executive Secretary has been undertaken clerical matters, also helped out in the Administrative Technician's function as regards the application of certain policies such as moving and storage as applied regionally as well as housing allocations in Chisasibi.

This action has been taken to motivate, maintain, and retain our staff members in order to achieve a team-building spirit. We were fortunate to receive the services of an assistant nurse at the hospital as the recruiting agent to enable our team to function more adequately. As part of our achievement in maintaining and developing the human resources, the staff followed courses in administration starting in the fall of 1999, which will lead in their obtaining a certificate in administration and graduation is expected to take place in the year 2002.

During the year, recruitment activities have played an extensive and a very intensive role as in previous years, particularly in the hiring and retention of nursing personnel. Attracting and retaining nurses is our biggest difficulty as in recent years.

Staffing

Last year we reported 218 Permanent Full-time, 32 Permanent Part-time, 86 Replacing or Temporary employees, 520 casual workers.

This year we report 236 Permanent Full-time, 34 Permanent part-time, 98 Temporary Full-time,

7 Temporary Part-time, 695 casual workers.

Last year we advertised 59 positions in all categories of workers; this year we posted 70 positions. We filled four managerial positions during the year:

- Director of Professional Services - Medical
- Director of Professional Services -Social
- Head of Human Resources Development
- Assistant Executive Director - Services .

The restructuring of certain services and the consolidation of positions explain the trend of the increase in numbers of the permanent positions.

Shortage of Nurses

As a result of the critical shortage of nurses from the previous years due to an early retirement program introduced by government. Certain measures needed to be taken to address this serious situation. In April 1999, the government was obligated to introduce premiums as an incentive to attract and retain nurses to the northern areas including our own territory, Eeyou Aistchee. Here is a table produced by our recruiting agent for our nurses on what impact the retention and attraction premiums have had in terms of recruiting.

Administrative Services



Comparison Table: Before and after the retention & attraction premium.

	1998 - 1999	1999 - 2000
Received Curriculum vitae	90	120
Hiring	26	32
Resignations	15	19
Various leaves (deferred, sick leave, education, etc.)	15	12
Number of uncovered weeks	50	36
Number of weeks covered by placement services	44	54

Labour Management relations

We are constantly improving the relations with the unions for better working conditions in the northern region. For example, union/management meetings are regularly held. We conduct at least two meetings a year for each union. We are making progress in terms of settling outstanding grievances. As another example, a collective grievance regarding moving practices submitted in April 1994 by the nurses was settled out of court this year.

As a regular activity we provided advice and support to other various departments in dealing with daily labour relations with their respective staff.

Policies Revision

Lodging and Manager Evaluation policies were reviewed. These were approved by the Board of Directors this year. As of June 1999, we now have housing allocation and housing maintenance policies. The performance appraisal of Managers is still to be implemented as job descriptions are not finalized yet.

Future Challenges

We are working on our long term objectives to introduce new issues in promoting a safe and healthy working environment for the organization. We plan to increase our manpower in this area.

- implementation of Health and Safety program
- creation of Health Service
- offering a more comprehensive Employee Assistance Program

We would like to improve in the management of information systems as part of our goal in achieving total quality management (TQM).

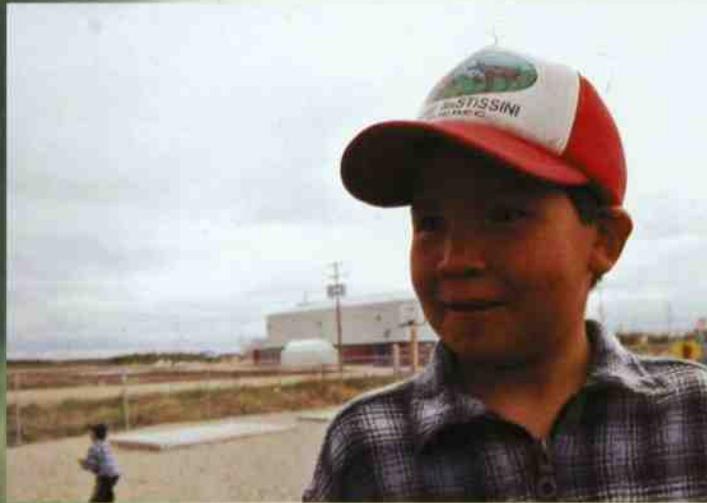
Financial Statements

Year ended March 31, 2000

	2000	1999
Revenues:		
Ministry of Health and Social Services	\$36,266,526	\$31,542,359
Patients	110,251	79,325
Complementary activities	1,287,352	1,244,520
Other sources	1,041,916	1,941,624
	<u>38,706,045</u>	<u>34,807,828</u>
Expenses:		
Salaries	16,487,074	14,141,391
Social benefits	5,193,633	4,941,569
Drugs	2,618,373	2,306,928
Medical and surgical supplies	577,843	535,229
Dietary	146,881	241,912
Administrative services	6,578,138	5,182,469
Maintenance, security and operation of facilities	3,783,064	3,434,193
Other	6,915,836	6,834,521
	<u>42,300,842</u>	<u>37,618,212</u>
Excess of expenses over revenues before the reimbursement of the deficit by the M.S.S.S.	(3,594,797)	(2,810,384)
Revenue M.S.S.S. - reimbursement of the deficit	3,594,797	1,394,904
Excess of expenses over revenues	- \$ (1,415,480)	- \$



Financial Statements



Year ended March 31, 2000 Statement of Surplus - Operating Fund

	Principal activities	Other activities	Total
Balance, beginning	\$1,534,163	\$(1,534,163)	\$-
Prior period adjustments	453,203	-	453,203
Excess of expenses over revenues:			
- principal activities	-	-	-
- other activities	-	-	-
	453,203	-	453,203
Balance, ending	\$1,987,366	\$(1,534,163)	\$453,203

Statement of Capital - Plant Fund

	2000	1999
Balance, beginning	\$17,576,243	\$16,634,383
Government grant for fixed assets	768,618	1,039,060
Interest on long-term note	(91,800)	(97,200)
Balance, ending	\$18,253,061	\$17,576,243

Financial Statements

Year ended March 31, 2000

Balance Sheet

	2000	1999
Assets		
Operating Fund:		
Cash	\$123,405	\$471,620
Due from the Ministry of Health and Social Services	5,385,025	3,240,079
Due from other fund	1,702,025	1,416,093
Other accounts receivable	1,322,466	1,015,599
Deferred holiday treatment	272,558	232,508
Prepaid expenses	278,382	295,525
Inventory of supplies, at cost	385,367	342,232
	<u>\$9,469,228</u>	<u>\$7,013,656</u>
Plant Fund:		
Cash	\$638	\$638
Due from the Ministry of Health and Social Services	958,633	806,267
Land, building and equipment	31,332,495	29,329,925
Other assets	524,751	201,248
	<u>\$32,816,517</u>	<u>\$30,338,078</u>
Special Funds:		
Cash	\$5,001	\$3,888
Due from other fund	1,461,753	2,328,907
	<u>\$1,466,754</u>	<u>\$2,332,795</u>

	2000	1999
Liabilities		
Operating Fund:		
Due to Special Funds	\$1,461,753	\$2,328,907
Deferred revenue	514,558	31,913
Deferred holiday treatment	174,454	240,551
Other accounts payable	6,865,260	4,412,285
	<u>9,016,025</u>	<u>7,013,656</u>
Surplus	453,203	-
	<u>\$9,469,228</u>	<u>\$7,013,656</u>
Plant Fund:		
Accounts payable	\$-	\$12,405
Due to other fund	1,702,025	1,416,093
	<u>1,702,025</u>	<u>1,428,498</u>
Long-term debt - note	960,000	1,020,000
Other long-term debts	11,901,431	10,313,337
	<u>12,861,431</u>	<u>11,333,337</u>
Capital	18,253,061	17,576,243
	<u>\$32,816,517</u>	<u>\$30,338,078</u>
Special Funds:		
Designated funds not allocated	\$1,461,753	\$2,328,907
Funds held in trust	5,001	3,888
	<u>\$1,466,754</u>	<u>\$2,332,795</u>

Financial Statements

Schedule 16

Year ended March 31, 2000 Supplementary Statement of Expenses

	2000	1999
Principal activities:		
Assistance and support to youth and families	\$2,377,550	2,110,783
Accommodation/rehabilitation center for youth	2,940,227	2,518,716
Health care administration	306,771	223,808
Short-term nursing care	1,746,950	1,392,227
Mental health - day hospital	341,682	487,303
Ambulatory services	1,085,722	921,089
Family type resources - allowances	157,682	108,610
Household aid	1,140,656	1,040,478
Occupational therapy and natural medicine	80,835	90,955
Preventive dental care	109,968	109,845
Curative dental care	1,096,330	1,074,217
Psychosocial services	933,293	963,363
External services	8,543,086	7,022,967
Laboratories	828,211	814,051
Hemodialysis	294,770	195,692
Pharmacy	488,360	428,885
Radiology	191,666	169,044
General administration	4,974,338	4,248,505
Technical services administration	98,761	125,279
Technology	286,937	220,682
Patient transportation	6,157,897	5,538,498
Reception, medical archives and communications	1,029,352	909,739
Dietary	458,683	462,732
Laundry and linen	55,338	51,494
Housekeeping	683,572	627,837
Operation of facilities	2,246,034	2,094,539
Maintenance of facilities	853,458	711,817
Special activities	993,903	1,555,493
Expenses not distributed	874,912	245,605
Transfer of general expenses	(118,018)	(115,757)
	41,258,926	36,348,496
Other activities	1,041,916	1,269,716
	\$42,300,842	37,618,212



