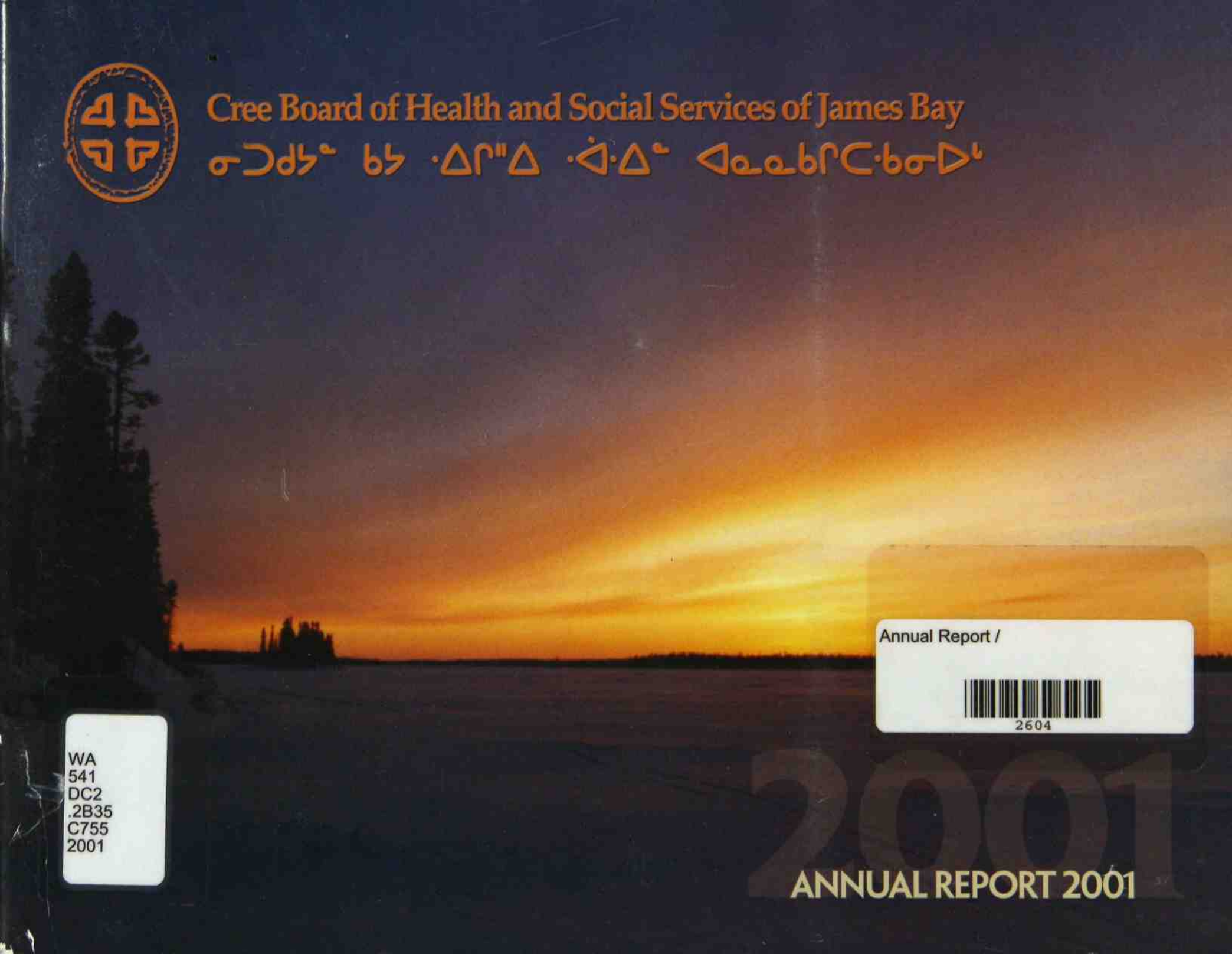

Cree Board of Health and Social Services of James Bay

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ANNUAL REPORT 2001

CONTENTS

CHAIRMAN'S MESSAGE

Watchiya.

I am pleased to submit the 2000/2001 Annual Report of the Cree Board of Health and Social Services of James Bay on behalf of the Board of Directors.

It is my hope that this report will capture all the important events that have taken place over the course of this past year. These events include the unprecedented settlement and full commitment to the Non-Insured Health Benefits by the Ministry of Health and Social Services of Quebec.

Our discussions with the Ministry have so far been done in good faith. It is our hope as a Board that these discussions continue in that same manner as they have been since the signing of the Terms of Reference in November 1999 with the then Minister Pauline Marois.

The new Minister for Health and Social Services, Mr. Remy Trudel, has assured our Board that we will continue in partnership to address the issues in our region and that the discussion table with the MSSSQ will continue.

Our alliance with the Grand Council of the Crees has proven to be a valuable asset in our efforts to settle certain elements in Section 14 of the JBNQA. We appreciate the Grand Council's support and hope our partnership will continue to address larger issues that will soon appear.

The Eeyou Vision Statement on health and social services declared more than two years ago has played a significant role in our decision-making as a Board, and has been the leading statement of all our proposals submitted to the MSSSQ and Health Canada.

We have made every effort as a Board to be as consistent as possible with the recommendations from the 1999 Special Assembly on Health and Social Services. We will continue to follow-up on the wishes of the people as we are moving forward to address some of the immediate and outstanding issues on health and social services.

The dealings with the Ministry and our everyday operations may forever be a continuing cycle, but not all of it will serve the real purpose of having a health and social services that is suitable and consistent with the present and future needs of the Cree Nation.

I wish to conclude on this point by concentrating on some of the issues that the Cree Nation has yet to face.

We are a proud Nation that stands together whenever there is an external threat to our lands, our culture, our language, our health and most importantly, our children's future.

We waste our valuable time on present threats, when we could be building a stronger Nation for the future and protecting our children at the same time. We speak a lot about how we will solve our issues and leave it at that. We bring up issues as they arise and leave them unsolved. It is my belief that our inaction and actions are becoming a much bigger threat than the external ones.

Some of the issues we have yet to address and bring to closure continue to have influence on our overall health and social well-being. Issues that include the impacts of residential schools; sexual and other abuses that continue to scar our younger generation; lateral violence and the oppression we now inflict on each other; violence in general; alcohol and drug abuse which continue to have a toll on our families; and our overall health. These issues remain untreated and, as it has been repeatedly said in the past, will remain so until we begin healing or until the entire Nation takes responsibility.

New and arising issues such as gambling and new forms of drug abuse are a few issues forthcoming when we have yet to settle our past. Alone, the Cree Health Board cannot address or take full responsibility for these issues. We are trying our best with what we have but this is not enough to meet the present needs of the people.

Traditional healing is becoming a popular demand and we have yet to offer this type of service. There are many issues at all levels and they will continue to escalate if there is no firm action taken by individuals, families, communities and our Nation as stated in the Eeyou Vision Statement (1999).

The Cree Health Board has its challenges as does an individual, a family, a community or our Nation. We will continue to face our challenges as an organization. We will continue in our efforts improve, modify, and develop new programs and to provide services to Eeyou Istchee. We have our responsibilities, as individuals, families and communities. Together we make up a Nation that is responsible for providing a future for our children.

Diabetes is still on the rise and showing signs of social impact amongst the individuals affected and their families. It is becoming a bigger issue as the years go by. FAS will be one of our greatest challenges when our Nation is ready to face the issue. I urge each of you to begin taking responsibility for your health and social well-being for your own benefit, as well as your family's and friends'. And please take good care of our Nation's future, your children.

We know there is much to improve to meet the needs of the Cree Nation and we will continue advancing towards meeting those needs as much as possible. The interactions between the CBHSSJB and the communities have improved largely because of the involvement and the support from the Chiefs and their Councils.

May the Creator be with all of you and may He bless all your families.

Bertie Wapachee
Nemaska Representative
Chairman
Cree Board of Health and
Social Services of James Bay

EXECUTIVE DIRECTOR'S MESSAGE

I am proud to present the annual activity report for the year 2000-2001.

I would like to express my appreciation to all the staff that contributed to our accomplishments in the past year. These accomplishments were done with many hours of work and many personal sacrifices.

Operating and managing health and social services is not easy. It is a daily service of all the days in a year at every hour. We have many challenges that we deal with and many others that we need to learn to deal with.

It has helped us greatly to have a good response from the Cree leadership both from the local and the regional levels.

Despite all our challenges, we are getting interest from other nations on how we are structured and operating.

We will continue to face our many challenges and look more on how we can incorporate the wisdom and knowledge of the Cree culture in making our services evolve closer to our people.

We count on the continued support and partnership of our leadership and skills and perseverance of our staff.

All my relations,

James Bobbish
Executive Director, CBHSSJB

INTRODUCTION

Laura Moses -
Corporate Secretary

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

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

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

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

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

Public Establishments

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

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

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

Upaahchikush Group Home
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel: (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

BOARD OF DIRECTORS

The Board of Directors, as of March 31, 2001, consists of the following members:

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

Mr. Bertie Wapachee
Chairman – Nemaska representative

Mr. Charles Bobbish
Vice-Chairman – Chisasibi representative

Ms. Daniel Mark Stewart
Eastmain representative

Mr. George Masty
Whapmagoostui representative

Mr. Edward Georgekish
Wemindji representative

Mr. Bert Blackned
Waskaganish representative

Mrs. Bella Petawabano
Mistissini representative

Ms. Irene Neeposh
Waswanipi representative

Mrs. Alice Mianscum
Ouje-Bougoumou representative

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

Mr. Abel Bosum
Cree Regional Authority representative

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

Dr. Lucie Papineau
Council of Physicians, Dentists and Pharmacists

Mrs. Isabelle Thibeault
Clinical staff (Nursing)

Mr. Laurent Brunet
Clinical staff (Social Services)

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

Ms. Annie Trapper
Non-clinical staff

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

Dr. Robert Harris
Public Health Representative

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

Mr. James Bobbish
Executive Director CBHSSJB

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

Members of the Administrative Committee as of March 31, 2001

Mr. Bertie Wapachee, Chairperson
Mr. James Bobbish, Executive Director
Mr. Edward Georgekish
Ms. Alice Mianscum
Ms. Annie Trapper
One seat vacant

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

Members of the Audit Committee as of March 31, 2001

Mr. Charles Bobbish
Mr. George Masty
Mr. Edward Georgekish

MANAGERIAL PERSONNEL

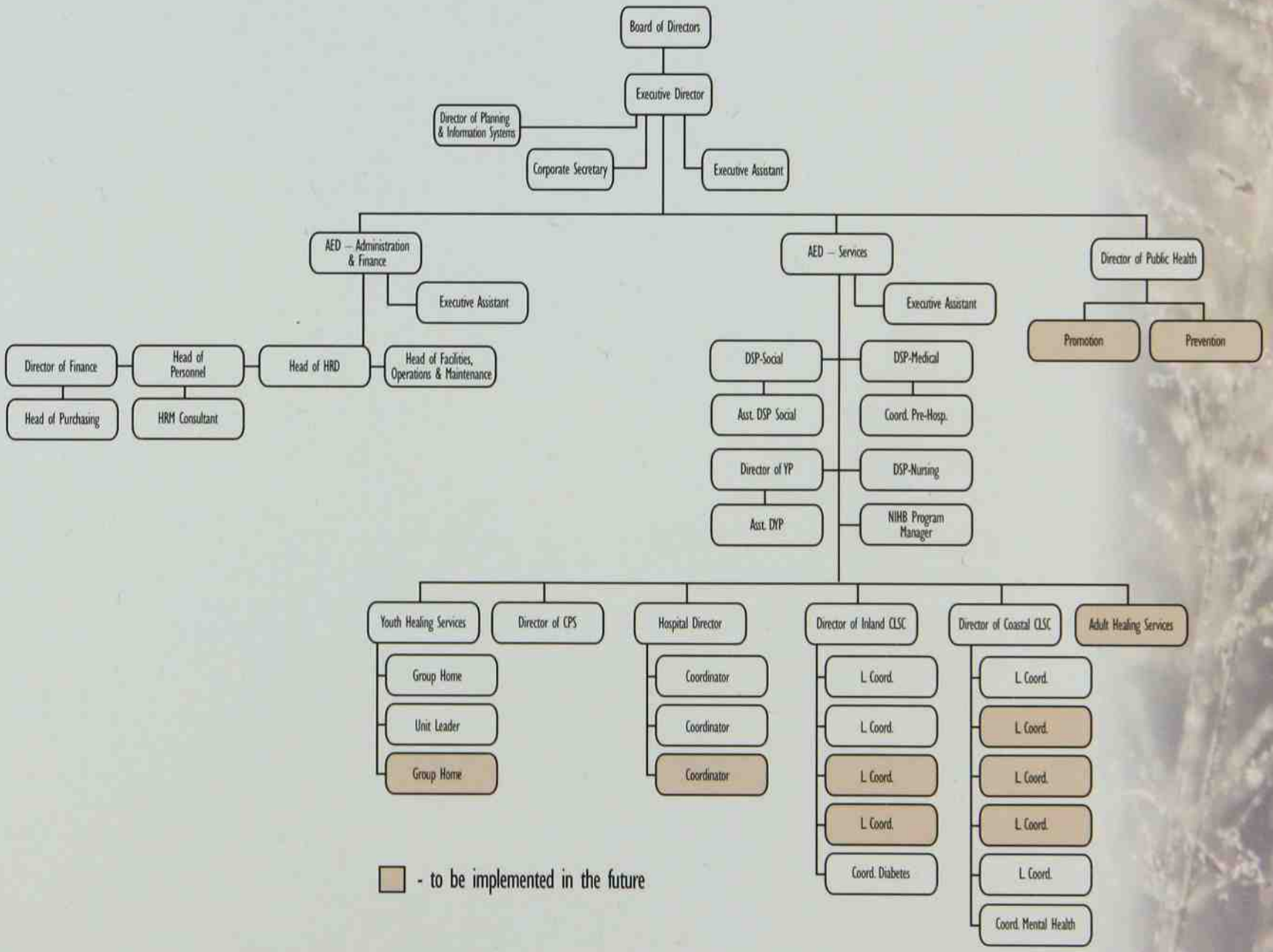
as of March 31, 2001

Executive Director	**Mr. James Bobbish**
Executive Assistant	**Ms. Dolores Audet**
Corporate Secretary	**Ms. Laura Moses**
Assistant Executive Director - Administrative Services	**Mr. Clarence Snowboy ***
Executive Assistant	**Mrs. Janie Moar**
Assistant Executive Director - Services	**Mrs. Camille Rheaume**
Executive Assistant	**Mrs. Nora Bobbish-McKee***
Director of Planning, Programming and Research	**Mr. Richard St-Jean**
Director of Hospital Centre	**Mrs. Louise Gagnon**
Director of Coastal CLSC	**Mr. Norman Lewsey**
Director of Inland CLSC	**Mrs. Suzanne Roy**
Director of Professional Services - Medical	**Dr. Marc Saint-Pierre**
Director of Professional Services - Social	**Mrs. Christianne Guay**
Director of Youth Protection	**Mrs. Marlene Dixon**
Assistant-Director of Youth Protection	**Mrs. Mary Bearskin**
Head of Personnel	**Mrs. Annie Bobbish***
Personnel Management Consultant	**Mrs. Colette Fink**
Head of Human Resource Development (interim)	**Mrs. Rena Matthew**
Head of Finance	**Mr. Lawrence Potter**
Head of Purchasing	**Mr. Gordon Matthew**
Head of Facilities, Operations and Maintenance	**Mr. Hugo Georgekish**
Coordinator - Patient Services	**Mrs. Caroline Rosa**
Group Home Coordinator (Regional)	**Mrs. Jane Cromarty**
Unit Coordinator	**Mrs. Claire Rousseau**
Unit Coordinator	**Mrs. Danielle Babin**
Health Coordinator - Coastal CLSC	**Mrs. Louise Carrier**
Health Coordinator - Inland CLSC	**Mr. Paul Linton**
Local Coordinator Ouje-Bougoumou Healing Centre	**Mr. Robert Imrie**
Director of the Rehabilitation Centre	**Mr. Roderick Petawabano**
Unit-leader - Reception Centre (Mistissini)	**Mr. Joseph Neeposh**
Local Coordinator	**Ms. Annie Trapper**

Note: * Mr. Clarence Snowboy, who has been on a six month leave starting February 2001, was replaced by Mrs. Janie Moar. Mrs. Annie Bobbish, who has been on leave since January 2001, was replaced by Mrs. Colette Fink. Mrs. Nora Bobbish McKee, who is on maternity leave, was replaced by Darlene House as of January 2001. (These replacements were still ongoing.)

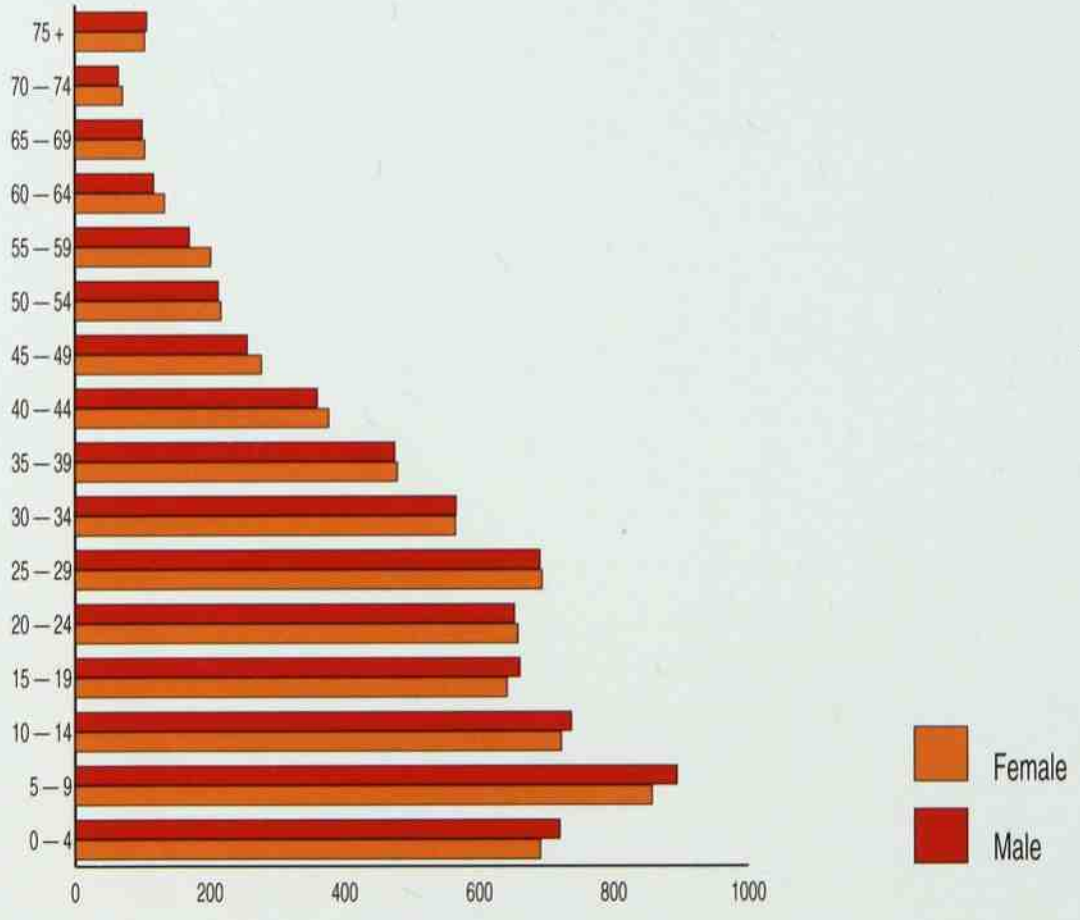
ORGANIGRAM

CHB Organizational Chart as of March, 2001



CREE POPULATION

Population of Region 18, as of April 2001



General Administration

For the 2000-2001 fiscal year, several changes occurred in our services regarding staff and the development of information systems. These changes have led to the reorganization of tasks and responsibilities shouldered by the staff in our services over the past the year.

A position of information analyst for the implementation of the Socio-sanitary Telecommunications Network (SSTN) and the Lotus Notes software was filled (temporary for one year) at the beginning of October 2000, by a person who is knowledgeable in that area. The position of Planning and Programming Officer for Community Health was transferred to the Public Health Module of the Cree Health Board on April 1st, 2000. After more than 13 years, the organization will administer its own public health services and programs. Finally, in November 2000, the position of Executive Secretary was lent to the Assistant-Executive Director-Services. No new human resources were added to the Planning and Development Services.

Planning and Development Services

Several functional and technical plans were updated:

a) The Cree Treatment Centre (Healing Centre):

With the participation of the Task Force team on the healing program for the future centre, we have updated some data on the clientele, the population and the spaces required for the future centre. This project should be finalized in 2001-2002.

b) Reception and Shelter Centres for the Elderly

Three functional and technical plans are in progress presently: Two are in the communities of Mistissini and Waswanipi. The blueprints have already been approved by these communities. For the future centre in Chisasibi, the file should be finalized this coming year. Finally, for the community of Waskaganish, the planning process will begin next year.

c) Health and Social Services Centres - Eastmain and Nemaska

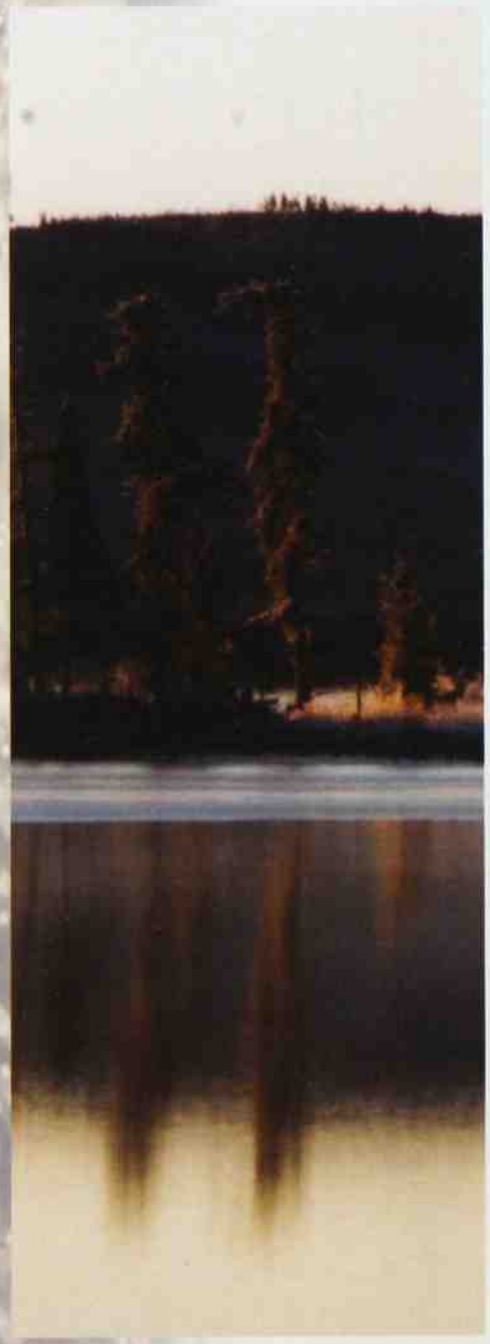
The preparation of the functional and technical plans for a future health and social services centre for Eastmain and Nemaska is underway with the collaboration of management, health professionals and staff. A consultation will take place with the communities for the approval of these functional and technical plans. And finally, approval by the CHBSSJB Board of Directors.

d) Health and Social Service Centre in Wemindji

The functional and technical plan for the future centre in Wemindji that was approved by the Board of Directors in 1998 was recently updated and we are waiting for the MHSS' approval to start construction.

e) Health and Social Services Centre in Mistissini.

The functional and technical plan regarding the enlargement of the Mistissini centre has also been updated and we are waiting for the MHSS' approval.



Information Systems and Technologies

The last fiscal year was marked by several projects on the strategic planning of information resources, the planning and development of information systems, the increase of the computer users, and the deployment of the SSTN and Lotus Notes.

In September 2000, following an internal review, the EDP master plan (1998-2003) was changed and submitted to the Board of Directors for information on the changes brought to the plan.

The implementation of the computerized system for the Cree Patient Services has advanced slowly but surely. Several changes were made to the original plan, which delayed the consultation and development process. Nevertheless, we believe that this system will be operational for the next fiscal year.

The second project, on the computerization of the social services (foster families, youth protection, young offenders), is also progressing well. After refining the system several times, we hope to see the implementation for the summer of 2001.

As for the third project, the Cree Health Board has identified priority sectors regarding the computerization of the Chisasibi Hospital. These are respectively: the Medical Archives, the Outpatient Clinic, Radiology, the Laboratory and Dentistry.

The first sector to implement is the Medical Archives (Phase 1 of the project). Indeed, this sector is the basis for the Hospital's patients index. For 2000-2001, this project should be realised to the satisfaction of all concerned interveners. Concurrently, the telemedicine project for the Cree Health Board was started with the development of various elements to ensure the successful implementation of this project.

For the fourth project, the integration of the CLSC, the Cree Health Board has taken steps with Sogique regarding the feasibility of implementing the computerized system used by almost all CLSCs in the Québec network. If the English version of this system is accessible to us, the first implementation steps should be completed for the next fiscal year.

The computer users of the Cree Health Board continues to increase. New systems were purchased following the approval by various departments of the requests made by the concerned users. Presently, our services manage about 175 computers and other peripherals, an increase of 40% compared to the last financial year. Therefore, it is essential to equip ourselves with the necessary financial and human resources to assist our computer users efficiently. This reality will become more critical with the purchase of the new application systems for the Cree Health Board.

Great pressure is still being exerted regarding Internet and Lotus Notes (electronic messaging and other functions), therefore, the health professionals, the administrative services and the managerial staff exhibit their growing interest in that regard. The SSTN (Socio-sanitary telecommunications network) is implemented in most of the province's socio-sanitary regions. After several years of waiting, our region has finally received financing ($350,000) from the MHSS to implement this network and Lotus Notes. Consequently, we have carried out this implementation by starting with the Cree Health Board head office in Chisasibi. For 2000-2001, this implementation will be finalized for all service points of the CBHSSJB.

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

Richard St-Jean

ASSISTANT-EXECUTIVE DIRECTOR • SERVICES

Introduction:

2000-2001 for the sectors of the Programs and Services in the Cree Board of Health was very active and productive. Remaining aware of the huge work that remains to be done to meet the view of the Cree Nation in health and social services matters, we will set here a brief picture of some of the accomplishments for the previous year. Please consider this summary as just an overview since many other small and large improvements are not listed here.

Make room for the parade of good news from the CBHSSJB.

ACCOMPLISHMENTS.

1. Improved services and staffing:

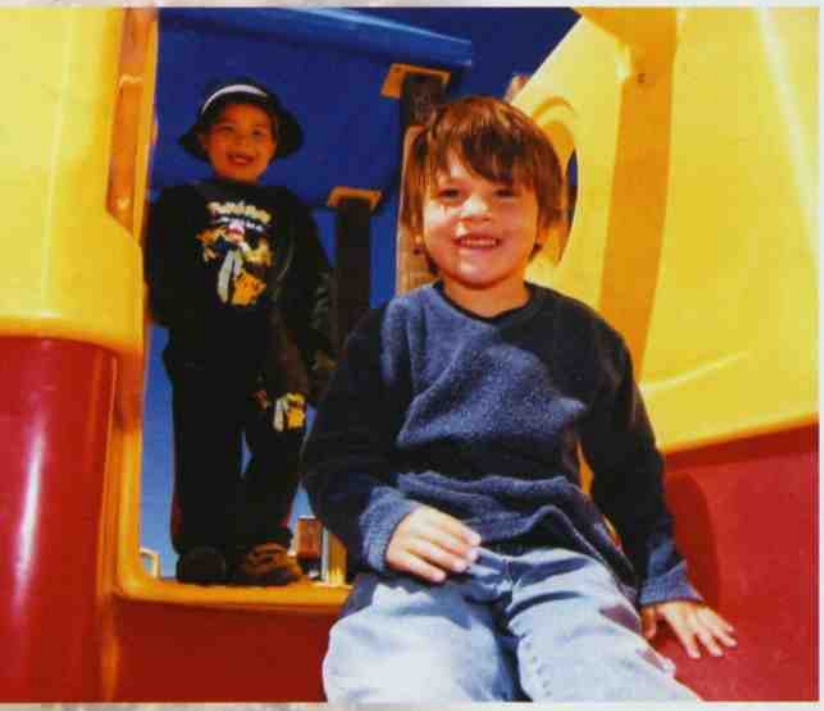
- In the Mental Health Program, the frequency of the psychologists' visits increased in each community, going from three to seven visits per year.
- Three new positions of Local Coordinator were created in Mistissini, Waskaganish and Whapmagoostui in order to decentralise management and bring the communities closer. Mrs. Annie Trapper was appointed Local Coordinator in Mistissini. The two other positions have yet to be filled.
- One position of nutritionist-dietician was created and filled for the Chisasibi Hospital Centre. This addition partially fills the flagrant lack of nutrition resources within the Cree Health Board.
- Last December, the administration of the Professional Services - Social, under the responsibility of Mrs. Christiane Guay, acquired an assistant, Mrs. Lisa Petagumskum. This measure stresses participative administration centred on Cree values.
- In June 2000, the Board of Directors accepted two new positions of Executive Assistants for the Assistant Executive Directors: Mrs. Janie Moar was named assistant to Mr. Clarence Snowboy and Mrs. Nora Bobbish was chosen as assistant to Mr. Camille Rhéaume. The latter was replaced during her maternity leave by Mrs. Darlene House.
- In May 2000, Mrs. Suzanne Roy and Mr. Norman Lewsey were respectively appointed as Director of the Inland CLSC and Director of the Coastal CLSC. They each demonstrate initiative improving the operation of the services.
- The Diabetes Program has hired a new coordinator and three educators. A subsidy from Health Canada will help increase the services offered by this program.
- A position of physiotherapist was allocated to the Coastal CLSC. Mr. Mark McFadden will provide the physiotherapy services needed that are presently nonexistent and yet indispensable. Thus, saving on the cost of patient transportation since the services are provided here.
- Last year, we authorized the addition of a third full-time nurse for the communities of Eastmain and Ouje-Bougoumou in order to improve the quality of life for the nurses who were constantly on call and the quality of services offered to the population.
- To insure the replacement of the nursing staff in the nursing stations, we have created a nurse's pool at the Chisasibi Hospital Centre. These are trained for the extended role necessary in the nursing stations. This measure increases the number of available replacements, helps avoid using nurses from agencies, develops and uses the potential of the present staff and increases personnel retention.
- A new care distribution model has been introduced in the Medicine Unit at the Chisasibi Hospital Centre. It is the Primary Care Model.
- The Board of Directors has approved the creation of a position of Director of Professional Services - Nursing. Presently, we are in the recruitment process. This position adds to the two other corresponding positions for social and medical services. The primary role of this position is to ensure quality care by applying and monitoring the practice's standards.
- A third dental hygienist is added to the present dental team to alleviate the huge dental needs. This intervener will cover the communities of Waskaganish, Nemaska and Eastmain.

Camille Rheaume-
Assistant Executive Director-Programs and Services

2. Improved equipments and technologies:

- For the Chisasibi Hospital centre and all nursing stations, the Ministry of Health and Social Services allocated $ 2,000,000 dollars for the purchase of equipment such as the following:
- Monitors-defibrillator;
- New radiology machines at the forefront of the technology: A system of numeric imagery and a portable ultrasound machine;
- Equipments for telemedicine, telenephrology and teledermatology;
- New machines for the hemodialysis service;
- New machines for the medical laboratory: Two for biochemistry, two for haematology, and a new centrifuge. This equipment allowed an increase in the number of tests done in the Chisasibi Hospital Centre and thus decreased the lab's expenses.
- We have obtained permission from Health Canada to participate in the Health Information System Program. It allowed us to acquire ten computers for the nursing stations and the Hospital Centre. The installation and the training were included. In addition, a very interesting program is included and we have started using the section related to immunisation.
- Dr. Marc St-Pierre, Director of Professional Services - Medical, has recruited consultants and telemedicine experts from the Sherbrooke Hospital Centre. The file is advancing with great strides and this technology will allow the medical staff to perform more precise diagnosis and therefore, recommend treatments as soon as possible.

ASSISTANT-EXECUTIVE DIRECTOR • SERVICES



- In April 2000, the action plan for our Pre-hospital Emergency Services was partially financed by the MHSS, the network communication system called the Sociosanitary Telecommunications Network (SSTN) was connected in Chisasibi. This Intranet Lotus Notes system allows one to communicate internally and externally with the network's interveners in an efficient, fast, and an economical manner.

3. The new installations:

- The staff of the Social Services in Chisasibi and Mistissini have moved into new offices, thus improving their work environment.
- The construction of twenty-two housing units in Chisasibi allowed an increase in the number and quality of housing offered to the staff. This project was carried out under the administration of Mr. Clarence Snowboy, Assistant-Executive Director-Administration.
- Presently, in Waswanipi, a new clinic and six housing units are being built. These were expected for a long time, and the official opening is tentatively set for September 2001.
- A new facility for the Reception Centre was inaugurated in Mistissini in March 2001, greatly improving the living conditions for the youth.
- A project for twelve additional housing units in Mistissini is in progress.
- A project for a Treatment Centre, the Miiniwaachihiwaaukimikw Centre, will be built on the territory and was approved in theory by the MHSS. A special committee is planning the project, the programs and the required installations. The person in charge of the planning for this project is Mr. Wally Rabbitskin.

4. Improved training:

- The Youth Protection staff and the CLSCs' Community Workers have received training on the protocols for sexual abuse.
- In-house training was provided to the Emergency Workers of both CLSCs regarding the various laws, regulations, policies and procedures related to their work in order to improve their knowledge and provide them with the tools required to carry out their roles efficiently.
- An annual meeting of the Cree Health Board Interveners was held in Val d'Or in February 2001. 160 participants attended training sessions on prevention, disease, care and treatment, as well as health promotion.
- For the very first time, we were able to provide training to the Youth Protection interveners on foster homes. This session was given by educators from the Batshaw Centre of Montréal. It was well appreciated and it will be very useful.
- The nursing staff has received training on advanced cardiac care. New protocols on cardiac defibrillation have been implemented.

5. Improved coordination - sharing information and management:

- A regional meeting of the Community Workers from both CLSCs was held in Montréal in May 2000. This initiative was very appreciated by the participants and allowed them to discuss various subjects related to their practice and receive training at the same time.
- A conference on Integrated Services was held in June 2000. It was mainly sponsored by the CBHSSJB from a subsidy of $ 75,000 received from the MHSS.

- A meeting of all Youth Protection Workers was held in Chisasibi during the summer. It allowed the interveners to share the difficulties they encounter and to establish solution paths.
- Representatives of interveners and managers from all the programs and services related to the prevention and treatment of drug and alcohol abuse were grouped under a single committee called the Wellness Action Group. It is headed by Mrs. Christiane Guay, Director of Professional Services - Social. This group helps in having a single, common viewpoint and an action plan in this field.
- The Memorandum of Understanding (MOU) was reactivated regarding the services offered the elderly and the disabled. The report will be tabled in September 2001. This was made possible with the cooperation of Health Canada and its Home and Community Care Program, Phase I.
- In July 2001, the Lebon Committee, a group of experts on clinical organization in relation to youth, visited five Cree Communities. Last year, this committee produced reports on the state of the situation for the province. The same process has been undertaken for the Cree territory. The report was tabled at the Board of Directors in March 2001. The budget planning regarding the implementation of the recommendations is in progress.
- Meetings were held with the Batshaw Youth Centre to establish an agreement for services. This organization has a regional mandate to provide services to youths in difficulty who speak English and thus it regularly shelters young Crees.

6. Improved administrative and management systems:

- A new budget committee was set up by Mr. Clarence Snowboy. This committee has the mandate to do the budgetary planning to allow a decentralized participative management.
- The review of the Therapeutic Guide: An essential tool for the nursing practice in the nursing stations, it was partially reviewed by a special committee. It was re-edited and training was provided to the staff in February 2001. Dr. Lucie Papineau, President of the Council of the Doctors, Dentists and Pharmacists, was in charge of this long-awaited review.

Conclusion

There is certainly a great deal more to do in order to achieve the vision and mission of the CBHSSJB. However, with each passing day, efforts are made to maximize the present resources and to take decisions centered on the clientele, and to ensure that steps are taken in the right direction. These little steps become good news.

Suzanne Roy-
Inland CLSC Director

INLAND CLSC

The Inland CLSC consists of four community-based health facilities that provide a wide variety of primary and preventive health services, health promotion, community development and social services to the communities of Mistissini, Nemaska, Ouje Bougoumou and Waswanipi.

Our contribution to the development of services

The Inland CLSC has participated in the process that eventually set out and defined the vision of a full CLSC. This is reflected in what has become the jargon of CLSCs: concepts like

community-based, multi-service, interdisciplinary, team approach, health promotion, community development, staff involvement, community involvement and others.

Today, the Inland CLSC shares the knowledge and experience gained over its history in a number of ways. Its staff (managers and professionals) sit on many Boards and Committees of the organizations.

We have ben involved in major projects - the MOU process, the hemodialysis project, the diabetes project and other needs assessment project, such as the Cree Treatment Centre.

Past Review

The period between April 1st 2001 and March 31, 2001 was quite demanding for everyone due to the degree of overload in every department. We want to share some of this information.

The Budget Committee was able to provide an adequate budget to the Inland CLSC so that it can respond to the health needs of the local population. However, we have identified a need for a full budget review. The financial situation of the Inland CLCS has to be matched with others CLSCs in the province.

The number of nurses in Nemaska and Ouje Bougoumou has increased from two to three nurses. And we also added a full time replacement nurse in Ouje Bougoumou. We will continue to look at the distribution of resources on the Cree territory during the next fiscal year.

We still faced inconsistencies during the past year with the provision of doctors' services. The services that we received are excellent, however, due to the shortage of doctors, the Inland communities are serviced by replacement doctors. This is difficult for community members and for the nursing staff.

The social services team remains in place with few staff changes. This remains true for the three Professional Support Workers who have provided consistent and quality services and direction to the social team. Many of our social team members continue with their enrollment in the BSW program as offered by the University of Quebec of Abitibi Temiskaming.

During the past year, we have been able to upgrade the quality of services in patient transportation with the lease of three new vans, one in Ouje Bougoumou, and two in Mistissini, including a specific one for the hemodialysis patients.

We have completed some renovations in the apartments for non-resident employees. In Ouje Bougoumou, these included painting, flooring, repairs of appliances and in some cases, new furniture was purchased. In Mistissini, new furniture was bought for some apartments. In Nemaska, some major alterations were done at the social services and the clinic. And of course, a new clinic is being built in Waswanipi and 6 new residential units for non-resident employees.

During the past year, the Inland CLSC was not able to provide an adequate transit service for visit staff. Many times, people had to be lodged at the hotel or with a friend. The housing shortage remains critical at the Cree Health Board.

The Executive Director of the CBHSSJB was able to assist us in dealing with some of the complaints. These complaints primarily dealt with the following: 1) accessibility and continuity of services (waiting time for appointments, communication); 2) service delivery (organizational difficulty); 3) interpersonal relations (respect of the individual, attributing responsibility, communication with user's relatives; 4) personal rights (confidentiality of user records).

Accomplishments

In general, since April 2000, our activities can be grouped into the following areas:

- developing and improving the management team with the recruitment of local coordinator in Mistissini;
- collaborating in the project management of construction of the new clinic and lodging units in Waswanipi;
- participating in the housing study for the Inland communities and the office space requirements in Mistissini;
- evaluating the high turn over rate of the nurses, doctors and other professionals.

The activity report gives you a good picture of the CLSC during the past year. We are proud to say that we have achieved these accomplishment with the collaboration of all employees. The staff continues to develop teamwork, a multidisciplinary and prevention oriented approach and continues to maintain links with the communities and a concern for the citizens.

Norman Lewsey-
Coastal CLSC Director

COASTAL CLSC

Introduction

The Coastal CLSC is committed to the health and well being of all people within the coastal communities: Chisasibi, Whapmagoostui, Wemindji, Eastmain and Waskaganish. The CLSC offers health and social services that respond to the ever-changing needs of community members and that are accessible to all. Through guidance and support, CLSC fosters the active participation of individuals and groups in a common effort to build healthier communities.

The year 2000 – 2001 has become another in a long line of exciting years for the Coastal CLSC. The responsibility of providing high quality health care and social services to the population of the five coastal communities continues to provide its share of remarkable challenges.

Providing Quality Health Care and Social Services

During the year we:

- provided services consistent with our available resources;
- provided services which were appropriate to demonstrated needs;
- provided an integrated approach to planning and delivery of programs and services;
- integrated as much as possible traditional healing with current treatment methods when requested.

Once again our health and social services staff have seen and visited an increased number of patients/clients in homes, offices, clinics, schools and communities. We are very proud of our staff members who are working hard everyday to bring high quality health and social services to the citizens of the coastal communities.

CLSC Administration

Staff turnover during 2000/2001 had a considerable impact on Coastal CLSC personnel and service delivery. In some cases it was necessary to function without the benefit of permanent replacements. Thanks to the flexibility of the staff, we adapted to frequent changes and maintained the programs despite minor problems. The Director of Coastal CLSC, the Health Coordinator and the Executive Secretary worked especially hard to ensure there was an even flow of programs and services.

Technology

First Nations and Inuit Health Information System

This year a new computerized statistics-keeping system was introduced within each Community Health Clinic. Each Clinic received a computer and laser printer from Health Canada. We are now part of the First Nations and Inuit Health Information System. The majority of the communities are using the system for tracking immunizations. The staff is very satisfied with what it can do for them. An undoubted long-term benefit will be an accurate database on health interventions. We hope to take advantage of many other program applications.

Internal Computer System

The four communities outside Chisasibi received two computers each, one for Community Health and the other for Social Services. During the next year we plan to link all the computers together so that we can communicate via e-mail.

Training and Personal Development Activities

The training and development of staff is integral to maintainance of the skills and knowledge necessary for effective work performance. During the year, many groups benefited from training activities: the nurses, CHR's, beneficiary attendants, and drivers; social emergency workers and foster home workers; the Fourplex personnel in Chisasibi; and, for the first time, Community Workers had a meeting/training activity.

Foster Home Workers

We were fortunate to hire two Foster Home Workers (Chisasibi and Waskaganish) whose job was to find, assess and maintain a list of foster home parents for a range of community needs. We still have problems finding sufficient foster homes to fill the ever-increasing needs and demands in each community.

Team Building

The effort to build viable working teams was vital. The staff meet on a regular basis to:

- discuss and resolve internal issues;
- participate in 'in-service' training;
- discuss patients/client challenges;
- discuss and develop an integrated treatment plan for a client/patient;
- provide support for each other;
- share information about each other's job.

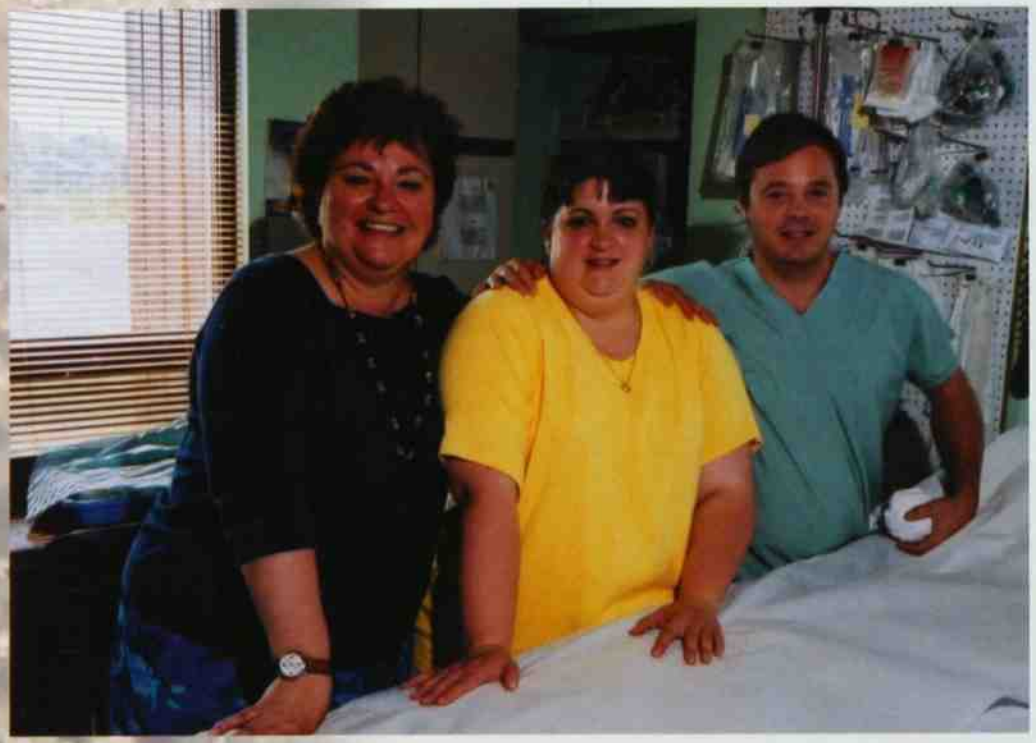
The next challenge is to have these regular meetings take place between the health and social services staff to ensure greater integration of services. Feedback from the staff about these meetings is positive.

Social Emergency Workers

We hired and trained part time Social Emergency Workers in all communities. This gave the full time staff a break from having to perform social emergency duties in addition to their regular job tasks. This move improved staff morale.

Local Radio

In most of the communities, the staff provided a weekly or monthly health show on different topics pertaining to health and social issues currently faced by the community. This initiative was both popular and successful.



Nursing

We still encountered difficulties in having a full complement of nurses in the communities.

There was movement of nurses in some communities at the beginning of the year. We were successful in increasing the complement of nurses in Waskaganish to five, and to three in Eastmain.

General Assembly

The staff in many of the communities participated in their local general assembly and presented a brief summary of the services of CLSC. This gave the community a better appreciation and understanding of the work we can and cannot do.

Human Relations Officer (Professional Support Worker)

The role of the Human Relations Officer is to support, guide, provide information and mentor the social services staff in their day-to-day activities. After a one and a half year vacancy, we hired a Human Relations Officer to provide this support for Waskaganish and Eastmain. The Human Relations Officer who worked in Wemindji and Whapmagoostui moved to Chisasibi, and was replaced.

New Social Services Building in Chisasibi

The new building, five adjoining trailers, is situated behind the hospital. As a result of the move, the new building is handicap accessible and all the staff of the CLSC Social Services unit is housed in one location. The new building has a proper office for each employee, two interview rooms and a desperately needed conference room. The proximity to the hospital means greater integration with the staff of the CLSC Community Health Unit.

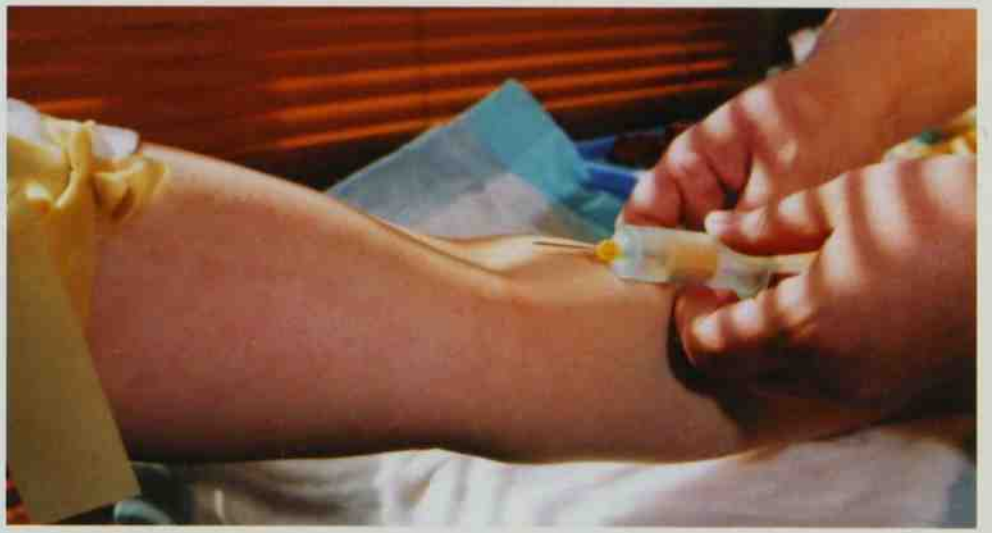
The CLSC Social Services Unit consists of these services:

Mental Health	Home Care
Youth Protection	Community Support
Foster Home Care	Occupational Therapy
Social Emergency	Physiotherapy*
NNADAP	Professional Support

*Future service

Community Health

The Community Health Clinics provides a community-wide health care service to the five coastal communities. Currently the staff spend two thirds of their time on curative care, immediate health care issues such as medical care and emergency transportation. One third of their time is spent on health promotion and prevention, which is done through individual consultation, education, group activities and referrals.



Patient Transportation

Patient transportation continues to be a very important part of the services we provide. There was a general increase from last year in the number of patients being transported out of the communities.

Community	Urgent		Elective		Total		Births		Deaths	
	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999-2000	2000-2001	1999 2000	2000-2001
Chisasibi	*	*	*	*	*	*	86	103	10	16
Whapmagoostui	76	52	290	313	366	365	27	16	1	2
Wemindji	20	36	408	376	428	412	27	21	4	3
Eastmain	18	19	183	204	201	223	17	17	2	1
Waskaganish	40	47	266	334	306	381	42	47	14	8
Totals	154	154	1,147	1,227	1,301	1,381	199	204	31	30

*These statistics do not apply to Chisasibi community health as these services are done through Chisasibi Hospital.

Program Services

The following tables show the number of interventions carried out globally by the Nurses, CHR's and the Doctors. You will note the overall increase in the number of interventions in the year 2000 – 2001.

1999 – 2000

Community	Nurse		Community Health Representatives				Doctors		Other
	Curative Visits	Program Visits	Clinic Visits	Home Visits	School Visits	Group Interventions	Curative	Program	Specified Specialist
Chisasibi	540	5,875	321	36	374	177	65	1,728	NA
Whapmagoostui	829	799	466	81	131	504	853	311	504
Wemindji	7,099	1,381	318	16	58	789	662	520	314
Eastmain	6,069	747	458	117	73	787	335	458	306
Waskaganish	9,125	1,915	131	142	69	199	1006	1,123	662
Coastal Totals	**31,462**	**10,717**	**1,694**	**392**	**705**	**2,456**	**2,921**	**4,140**	**1,786**

2000 - 2001

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

*CHR vacancies in two communities for several months.

Nutritionist-Dietician

One Nutritionist/Dietician served the five coastal communities, giving priority to nutrition prevention and promotion through educational programs.

The Nutritionist/Dietician acted as a consultant and a resource person for both health professionals and workers from other organizations. She was also the resource for clinical nutrition and food services for the Chisasibi Hospital until March 12, when a new Clinical Nutritionist/Dietician was hired to take on those duties.

Nutrition Prevention and Promotion

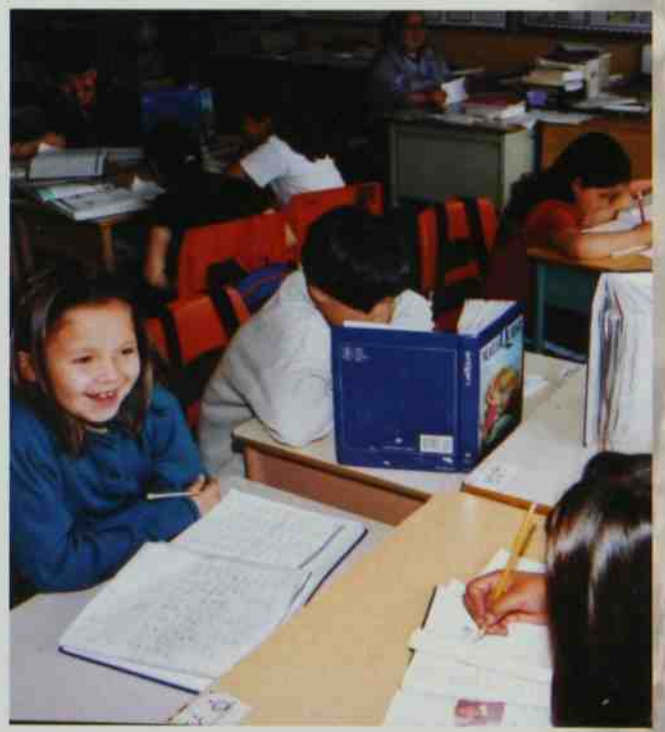
1. School Nutrition Education Program Adapted to the Cree lifestyle

(Established for kindergarten to Grade 6)

Some CHR's carried out the program, presented in Cree, in the school. For each level, there is an average of ten proposed activities for the teachers and two to three visits by the CHR.

2. Canada Prenatal Nutrition Program

As Coordinator of the Canada Prenatal Nutrition Program, the Nutritionist/Dietician dedicated more than 50% of her time and efforts to this program. This federal initiative provides the funding to hire the Inland CLSC Nutritionist/Dietician. The Nutritionist/Dietician was responsible for the planning, implementation and evaluation of the program. This required intensive administrative accountability to Health Canada, which took some time away from direct client service.



During the year, many of the programs focused on pre and post-natal nutrition services. These activities targeted pregnant women, breast feeding mothers and other mothers, as well as infants under 12 months old.

3. Highlights

- A two hour nutrition training session was offered to each new nurse, when the schedule permitted.
- Nutritional assessments, education interventions and daily nutritional follow-ups were done at the Chisasibi Hospital for a five-month old baby who was born with a congenital malformation, "Gastroschisis." This condition results in an aversion to oral liquid feedings, so tube feeding is necessary. The nutrition services were provided over a six-month period.

4. Community Visits

Whapmagoostui	September 3 – 13, 2000
Eastmain	November 6 – 10, 2000
Wemindji	November 20 – 24, 2000

The following activities were done in each of these communities:

- continuing education with CHR;
- prenatal nutrition and dental health information sessions were held for both pregnant women and their families;
- visits to the childcare centre to meet with the Director. Discussed future nutrition training session for the cook. Met with the cook, evaluated the childcare menu and made some recommendations to better meet the children's nutritional needs;
- follow-up was done on the anemia study with the local store managers. Assessments were done on the availability of iron-rich food and recommendations given to the managers;
- infant nutrition session held for new parents, sometimes with the attendance of the Native Early Childhood Educator Program students and trainer.

Community Consultation

Year 2000 – 2001 Participants

Individual Nutrition Assessment, Counselling, and Education	34*
Prenatal Nutrition Information Sessions for Pregnant Women	25*
Breast Feeding and Infant Nutrition Education	41*

*The number is the total for the five Coastal communities.

Occupational Therapist

The Occupational Therapist aimed to provide a holistic approach to the rehabilitation and care of the individual. The emphasis was on helping individuals to function independently within their own environment. Between April and September, the Occupational Therapist saw 88 clients. From September to the end of March, the position was vacant. However, the Occupational Therapist from the Inland CLSC spent some time in Eastmain, Wemindji and Waskaganish and saw 57 clients.

Social Services

CLSC continues to offer help for individuals, families in the five Coastal communities within the values and tradition of the Cree people. The personnel. which consist of Community Workers, Youth Protection Workers, Foster Home Workers, NNADAP Workers, Home Care Workers and Social Emergency Workers, are responsible for providing a range of accessible social services that assist the individuals, families and communities in acquiring the skills to live healthy and independent lives. This involves individual/family, counselling, crisis intervention, documentation, information giving, facilitating treatment and support plans, and making representations and referrals to others where appropriate. The most common concerns include of the following:

- family violence (spousal abuse);
- substance abuse (alcohol, drug or gambling addiction);
- personal struggles (with anxiety, depression, loneliness, anger or lack of fulfillment);
- suicidal thoughts or feelings;
- family and couple conflicts;
- personal loss - adjustments and rebuilding issues (i.e. separation, divorce, bereavement);
- relationship problems with children or with parents;
- child protection (neglected, abandoned or abused children); etc.

Social Interventions

The following table reflects the activities in the social services sector during the last two years.

Community	Number of Beneficiaries		Number of Interventions	
	1999 - 2000	2000 - 2001	1999 - 2000	2000 – 2001*
Chisasibi	320	320	2,052	1,521
Whapmagoostui	188	204	1,100	829
Wemindji	173	199	777	962
Eastmain	93	97	388	393
Waskaganish	300	317	1,025	889
Coastal Total	1,074	1,137	5,342	4,594

*Although there was a drop in the number of interventions in 2000 – 2001, the workers continue to deal with more complex problems and spend more intensive work and time with each client.

Home Care Services

Home Care Services continues to be a major and growing initiative. Home Care refers to a range of personal support, physical, and social health services needed by individuals who must have help to live as independently as possible. We provided more service as reflected by the extraordinary increase in the number of interventions during this past year. These services were provided for the disabled, the elderly who have lost their autonomy, the chronically ill, individuals recovering from surgery and individuals in the terminal stage of an illness.

The dedicated Homecare Workers work hard and tirelessly to provide a range of services that improve the quality of life for the individual in the home setting. Some of these services include:

- assistance with daily living activities;
- assistance with the preparation of meals and special diets;
- help to the degree required in performing household tasks including house cleaning, etc.;
- emotional support to the individual;
- technical and nursing procedures carried out by qualified nurses;
- treatments and procedures that are carried out according to the instructions of a health professional.

Home Care Service Activities

The following table shows the number of beneficiaries and interventions carried out by the Home Care Workers during the last two years.

Community	Number of Beneficiaries		Number of Interventions	
	1999 - 2000	2000 - 2001	1999 - 2000	2000 – 2001*
Chisasibi	25	30	2,860	4,090
Whapmagoostui	24	41	1,814	3,857
Wemindji	14	18	2,277	2,043
Eastmain	17	21	2,029	2,436
Waskaganish	16	19	2, 445	2,286
Coastal Total	96	129	11,425	14,712

Conclusion

We have worked very hard to evolve an efficient and effective Coastal CLCS. This has not been an easy task in times of such uncertainty but there is clear commitment to proceed.

We have been blessed with dedicated staff who faced some overwhelming tasks this past year as we embarked on a new era in health care and social services. We are doing the job, and we are committed to doing it ever better in the years to come.

We look forward to continuing to serve the citizens of the coastal communities in the years ahead.

Norman B. Lewsey
Director Coastal CLSC

DENTAL HYGIENE - COASTAL CLSC

Since the arrival of Dr. Jacques Verronneau, part-time Public Dental Health Dentist, the programs have been reviewed and the process will probably be continued next year (2001-2002). Therefore, for the two dental hygienists 2000-2001 has been a year for implementing pilot-projects. Nevertheless, the Community Health resources have continued applying the existing dental school health programs.

For 2000-2001, the community of Waskaganish was served by the dental hygienist from Mistissini. The dental hygienist from Chisasibi served therefore the communities of Whapmagoostui, Wemindji and Eastmain.

Pilot-Projects

Training provided in June 2001 by Dr. Verronneau

The dental hygienists were trained and calibrated for the following:

- to get the indicator of dental cavities for four-year-old children and older (dmff*);
- to get the Green and Vermillion debris indicator (OHIS);
- to determine the clear need of treatment (CNT);
- to apply the provincial classification criterion for children at high cavities risk;
- to get the dmff on children between 11 and 24 months old;
- to provide the information to the parents of children between 11 and 25 months old.

The pilot-project for Pre-K and kindergarten children in all the communities

The dmff, OHIS and CNT was carried out on all children as well a classification according to the provincial criterion for children at high risk for cavities. The preventive follow-up was applied for these children. This follow-up consists of a presentation on how to brush ones teeth, the application of the fluoride tooth varnish and hygiene and eating instructions (the information could not be given when there was no interpreter).

The prevention follow-up was redone in the winter for the children at high risk. In addition it was carried out in Chisasibi and Whapmagoostui.

The pilot-project for 2nd grade children in all the communities

Getting the dmff and the CNT was carried out as well as the classification according to the provincial criterion for children at high risk for cavities. However, the follow-up was not carried out.

Pilot-project for 6th grade children in all the villages

The dmff and CNT were done.

Percentage of children (Pre-K, kindergarten, 2nd and 6th grades) who had a clear need of treatment (CNT) from the four communities served by the dental hygienist of the Coastal CLSC:

Chisasibi	77%
Whapmagoostui	82%
Wemindji	82%
Eastmain	79%.

Pilot-project carried out only in Chisasibi and Mistissini

Individual prevention kit (IPK):

The parents whose children are between 11 and 24 months old were called to the clinic to meet the dental hygienist. All the parents answered a questionnaire and all the children were examined visually. A classification was made according to the pre-established criteria to determine which children were at high risk for cavities. The dental hygienist met 51 families out of a possibility of 87. Thirty-seven children were found to be at high risk.

These children received an individualized prevention kit (IPK). Moreover, information was provided to their parents as well as educational material.

Two weeks before meeting with the dental hygienist, a questionnaire was administered on the telephone to the parents who have children at risk. The dental hygienist reached 28 parents out of 37.

The parents of children at risk came with their children to meet with the dental hygienist three months after the first visit. Twenty-five families came out of a possibility of thirty-seven.

Adapted fluor-therapy

An adapted fluor-therapy was carried out for ten kindergarten children who have a very high rate of cavities. These children were called to the dental clinic for three consecutive weeks to apply the fluoride gel:

- two children came to the three appointments;
- five children came to two appointments;
- three children came only to one appointment.

*The dmff is an internationally known indicator used to compare the dental health of populations. Its acronym means the following: "d" for decay, "m" for extracted tooth because of cavities, therefore missing, "f" for filling, and "f" for the faces of the tooth.

Dental tour

The first tour was in the villages of Whapmagoostui, Wemindji and Eastmain. During that visit, in addition to applying the pilot-project, the dental hygienist visited the daycares, carried out meetings with pregnant women and brought a list of products to the stores who needed them.

During the second tour, the dental hygienist visited only the communities of Whapmagoostui and Wemindji. During this visit, she applied the pilot-project. Because of lack of time, she could not go to the community of Eastmain.

As for Chisasibi, the dental hygienist visited the daycare twice, once in the autumn and a second time in the winter.

Dental School Program Applied by the Community Health Representatives and CSB.

The teacher's handbook

The teacher's handbook was distributed in all the classrooms of the elementary level.

Distribution of the fluoride pills

The fluoride pills were distributed daily by the teachers for all pre-K up to 4th grade children.

In-class tooth-brushing

In-class tooth-brushing is done in most pre-K, kindergarten and 1st grade classrooms. Some classrooms of other levels in the elementary sector carry out in-class tooth-brushing.

The Dental Health Month - April 2000

1. A contest on good dental habits was organized for the children of the elementary level. Three prizes (short sleeve sweaters) were allocated per school.
2. A contest was organized also for the high school students. They had to correctly complete a questionnaire to have the chance to win an electric toothbrush. One toothbrush per community is allocated.
3. Place mats were created the previous years by the dental hygienists and the nutritionist. These were reprinted and distributed in the restaurants of the nine communities (two restaurants per community).
4. Kits containing a leaflet, a toothbrush, dental floss and tooth paste were distributed in Chisasibi for the teachers of the elementary level.
5. Radio advertisements were broadcasted by the community radio (in English and Cree) in the nine communities.
6. Health messages on foods were posted in the grocery stores in the nine communities.

MENTAL HEALTH PROGRAM

INTRODUCTION

The Mental Health Program team has been in place now for almost six years (since October 1995). Since August 2000, the Mental Health Program has been under the direction of the CLSC Director (coastal). In 2000 - 2001, we believed it was important to define what mental health is. The holistic definition incorporates the whole person: the physical, emotional, mental and spiritual. Based on the definition that takes into account culture, we were able to give clear orientation and develop various actions and services within the Mental Health Program. Indeed, four priorities were retained to improve the service offered by the Mental Health Program. They were the following:

1. The global intervention incorporating promotion, prevention and treatment.
2. The multi sectorial interventions
3. An Employee Aid Program (EAP)
4. Services for people affected by severe and persistent mental problems.

In this report we will first assess the activities for each priority that was identified for 2000 - 2001. But before the assessment, we will provide a short description of the Mental Health Program's current services.

The current services

The Mental Health Program's current services are a set of first line psychological services for the nine James Bay Cree communities. The current services group a team of seven psychologists who offer consultation services, psychological evaluation, prevention and promotion services. Moreover, the services of traditional interveners are requested by the clients from time to time. The services of psychiatrists, pediatric- psychiatrists, or neuropsychologists are occasionally required for evaluation and consultation services.

Therefore, a team made up of six psychologists travels every six to seven weeks to their assigned communities to meet the needs of the community members and organizations.

Psycho-legal evaluation services (psychology and psychiatry) are ensured each time the referral is made by the Director of Youth Protection.

Psycho-social assistance services for crisis situations are offered each time a tragedy hits and disturbs the community members.

THE PRIORITIES FOR 2000-2001

1. Global Intervention

Global intervention means offering preventive and curative services, and promoting the health and welfare of the individual and the community.

Thus, the psychologist carried a minimum of six visits to each community. For group workshops (two for the Coastal and two for the Inland communities) were offered. Holistic interventions comprised of traditional healing rituals and ceremonies were offered to the community members. These assistance services were provided on a regular and continuous basis, and this had a beneficial effect on the population.

However, the number of requests for consultations and treatment is high, leaving very limited time for prevention and group interventions. From this observation, we can conclude that the needs expressed are mainly of a therapeutic aspect and therefore of treatment. Some preventive activities were carried out. Indeed, radio shows were made to explain the effects of gambling and stress on the community members.

We also carried out Mental Health promotion activities, such as the publishing of a leaflet in Cree, English and French. It gives a description of a person in good mental health (*Iyiyuu Maamuu Pimatisiiwin*). In this leaflet we also provided information on the various activities and services the program can offer. We also had the chance to promote mental health on the community radio.

Statistics on the regional level of clientele

In the past year of 2000 - 2001, there were a total of 1,351 persons seen by psychologists psycho-therapists, and traditional healers.

2. Multi sectorial Interventions

This year, the coordinator of the program met several people from various organizations in all the communities (Band Councils, police organizations, day-cares, schools, etc.) in order to improve communications. Moreover, the Mental Health Program interveners have cooperated regularly and continuously with the various community authorities. Indeed, case discussions with the CLSC's community workers, the reception centres, the school interveners and the Wellness Centre interveners were held. In addition, cooperation with the police bodies with debriefing session, stress management workshops and information on various psychological problems were discussed. Integrating our respective resources is appreciated and accepted.

In the course of the year, we had to participate in various meetings, such as the task force on the future treatment centre, provincial meetings on suicide prevention, civil security with an aspect on Psycho-social problems, and the commission on health and social services of Quebec's and Labrador's First Nations. Moreover, we held information exchanges with other First Nations organizations.

Finally, a joint invitation from the Ministry of Regions and the French Consulate allowed the Mental Health Program Coordinator and a CLSC Community Worker to attend a conference held in St-Malo (France) on family and youth in difficulty. This participation was very enriching professionally and personally.

3. Employees Assistance Program (EAP)

This program was initiated by the Mental Health Program. The mental health interveners are often called upon for help by the CBHSSJB staff. A large number of employees express clearly to the interveners working in Mental Health the need to meet for consultations. The interveners meet that request in spite of the conflicting role (colleague-consultant) that this situation could generate.

This year, a working group made up of the Human Resources Management staff, the Directors of the CLSCs and a representative of the Health and Safety Committee met on two occasions to start the discussion in order to develop services for the Employee Assistance Program. Being in a remote area makes the task complex. This year, we have mainly explored the various shapes this program may take in the CBHSSJB. We have consulted various persons and organizations. We explored various intervention paths for the EAP. We became aware of the ethical importance of this file.

4. Services for persons affected by severe and persistent mental problems

A Working Group made up of a psychiatrist, a doctor, a DSP-medical, a DSP-social, the directors of the CLSCs, the community workers, elders, the hospital director, nurses, security guards and family members of people with severe and resistant mental problems met in 2000-01 on several occasions.

In a common agreement, we decided to hire two recreational activity officers for five days per week, four hours per day. They will carry out sport, cultural and artistic activities with the clientele of the fourplex, the hospital and those who live with their family. Moreover, we have offered a three-day-training session for the security guards and the activity officers. We did research on the training we could offer the medical staff. It was decided that the training would be done jointly with the elders of the communities and the professionals. We agreed on the necessity of establishing clear protocols with certain Montreal hospitals. Moreover, a representative of the Mental Health Program met the people in charge of the Independent Living Centre at Kahanawake and provided us with a report on the services they offer to this clientele. It has brought us new thoughts.

CONCLUSION

Several basic services, such as the services for persons affected by a severe and persistent mental problem, the promotion of mental health, the continuity in the curative treatment, the start of an Employee Assistance Program, etc., have taken shape and developed so that in the future they will be consolidated. However, the needs and requests are great in comparison to the existing resources. To meet adequately and minimally the needs of the population, we strongly recommend opening a third position for a full-time assistant who would be based in Mistissini. We believe that three full-time persons will be able to pursue efficiently and appropriately the Mental Health Program's mandate.

DEPARTMENT OF YOUTH PROTECTION

Administration

New Positions

This past year four additional workers were hired for the foster home program in the following Cree Communities: Chisasibi, Waskaganish, Mistissini and Waswanipi.

Mrs. Thelma Moore was hired in April 2001 as the Human Relations Officer to cover the two communities of Waskaganish and Eastmain.

Mr. Stephane Valleé, Human Relations Officer was transferred to Chisasibi as of 1st April 2001. Previously based in Wemindji and also covered Whapmagoostui in the past year.

Social Emergency workers have been hired for all the Cree communities and are on call after working hours and on weekends.

Mrs. Sheila Napash was hired as the Executive Secretary for the social services, replacing the late Mrs. Doris Hester who passed away on December 12, 2000. She was with us for many years and is greatly missed by all who worked with her.

Mrs. Norma Spencer, Secretary/Receptionist for the Social Services Department was hired. We welcome both Mrs. Napash and Mrs. Spencer to our team.

Caseload Evaluations

During the past year Marlene Dixon, Director of Youth Protection and her assistant, Mary Bearskin, visited the communities of Waskaganish and Whapmagoostui to do a caseload evaluation. In the following months, Ms. Mary Bearskin went to Eastmain to continue the caseload evaluation. Due to our busy schedules, we were unable to visit the rest of the other communities to complete the evaluations.

Training

The Bachelor of Social Work will be completed in August 2001 and the last course will be in Waswanipi. After that, recuperation courses will be offered to those who need any. Then, in September 2001, the students will begin their field placements for a total of 400 hours.

In the month of February 2001, the new foster home workers received training. The training was given by the Batshaw Youth and Family Services Centre and went on for two weeks.

In the week March 10, 2001, training was held in Val d'Or for Social Emergencies by trainer Bill Mussell. Robert Andre Adam, legal advisor and lawyer, provided the training on legal issues. All emergency workers and on-call staff attended the training. At that time, a special guest, Mario Gauvin of the Human Rights Commission, was invited to give information regarding his job and the Charter of Human Rights.

In the fall of 2000, a joint meeting with the Readaptation staff and Youth Protection was held in Val d'Or. This meeting was held towards a better working relationship vis a vis responsibilities for services provided by the Readaptation Centre and Youth Protection Centre. Also, our lawyer/advisor Robert Andre Adam gave update training on the Young Offenders and Youth Protection Acts.

In March 2001, Nikki Garwood, a psychotherapist from Montreal, gave a workshop and training on sexual abuse in Mistissini and Chisasibi. The CLSC, Youth Protection Workers and the Human Relations Officer from the other communities attended the training.

In June 2000, a workshop on the integration of services study project was held in Chisasibi for the Cree School Board, Cree Health Board and other entities. The youth protection workers and CLSC were invited to attend. This project is still active and hopefully will become a success.

In the month of November 2000, the Director of Youth Protection was invited to attend a meeting in Val d'Or with the Chiefs of the Cree police. This meeting was held to improve the services and responsibilities of the Readaptation Centre and Youth Protection Centre. Furthermore, this meeting was the first to be held between the Director of Youth Protection and the Cree police. As a result, the meeting was well appreciated by everyone and an agreement was made to invite the Cree police to attend our future training on the laws of the Youth Protection and Young Offenders Act in order to encourage good teamwork.

Lebon Committee visits

In the month of July 2000, a special visit from the Lebon Committee was held in our James Bay region. This Lebon committee is known as the expert group on clinical organization for the youth. Their mandate was to make recoomendations in regarding the needs of the Youth Services for the Cree Board of Health and Social Services of James Bay, Quebec. The committee visited five Cree communities: Chisasibi, Waskaganish, Waswanipi, Ouje-bougoumou and Mistissini. They were also scheduled to visit Whapmagoostui but the visit was cancelled due to bad weather. During their visits the committee met most of the staff from NNADAP, CLSC, Youth Protection, Readaptation, and the police.

Readaptation Services

In the month of January 2001, the new Readaptation Centre was officially opened.

Psychological and Psychiatric Services

The Director of Youth Protection would like to take this opportunity to compliment the good services of the Mental Health program. Ms. Aline Sabbagh, the coordinator and Daisy Ratt, assistant coordinator, maintained good teamwork with the Youth Protection Department.

Back-Up Services

The Batshaw Youth and Family Centre in Montreal still provides services for youth in major crisis or when our resources are full (such as readaptation and two group homes). Usually these placements are for short term only.

The development of an agreement with the Batshaw Youth & Family Centre to provide services for the Cree Youth is still being developed. Hopefully, by the month of September 2001 this contract will be signed.

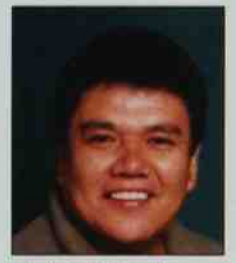
Unavailability of statistics

Please note that the department is not able to provide the statistics at this time due to technical problems. These will be made available as soon as we can.

Marlene Etapp-
Director of
Youth Protection

Mary Bearskin-
Assistant Director of
Youth Protection

READAPTATION SERVICES



Roderick Petawabano-
Readaption Services

Jane Sam-Cromarty-
Coordinator, Group Homes
Readaptation Services

Introduction

The Cree Board of Health and Social Services of James Bay, through Readaptation Services, administers regional "rehabilitation" services to youth (12-17 years old) whose situation require protection, stability and structural intervention. It provides rehabilitation services to the James Bay region composed of the following nine Cree communities:

1. Mistissini
2. Ouje-bougoumou
3. Waswanipi
4. Nemaska
5. Waskaganish
6. Eastmain
7. Wemindji
8. Chisasibi
9. Whapmagoostui

There are three main points of rehabilitation services/Centres being operated from the two larger communities of Mistissini and Chisasibi. Mistissini maintains a fifteen-bed reception centre and a group home (six beds). In Chisasibi there is a second group home with a capacity to accommodate eight clients. All three centres are regarded as "open units," meaning the youth in placement are entitled to privileges and liberties (home leaves, day passes, involvement in community events, etc.). The group homes maintain a less rigid environment and are reserved more for the younger clientele (12-15 years of age) with lesser degrees of behavioral manifestations.

The Reception Centre is regarded as being more structural, maintaining closer regulated supervision on a twenty-four hour basis. It also accommodates youth of 14-17 years of age whose situations are considered to be more detrimental.

It is worth noting that Readaptation Services is in the process of adopting a standard system for both group homes similar to the system utilized at the reception centre, the childcare model system.

Mandate

Readaptation Services has the mandate to provide "rehabilitation" to youth (12-17 years of age) encountering major adaptation difficulties and whose situations require individualized intervention and structural placement, in accordance with the existing laws and statutes (Y.P.A. & Y.O.A.).

(For all intents and purposes, intervention is designed to protect the youth and enhance his/her opportunities of being restored to his/her own natural environment and community).

Mission

The Cree Nation has always regarded and envisioned the youth as an essential and integral part of Cree society. Every youth has been created uniquely with spiritual, emotional, intellectual and physical needs. According to Cree customs

these same needs require proper development in ensuring the values of love, honour and respect for the Creator, others and self.

Philosophy

The philosophy of Readaptation Services is based on the principles and aspirations of the Eeyou Nation:

- Every individual is created uniquely with spiritual, intellectual, emotional and physical needs
- The promoting of harmonious families, interacting holistically and contributing positively to healthy communities
- The active involvement and support of the total community (families, relatives service providers, entities etc.) towards the over-all development of the youth
- The promoting of healthy lifestyles and environment by pursuing traditional values, practices and resources.

In the context of these principles, it is our belief and understanding that the concepts of intervention and programming should respect the cultural values and beliefs of the Cree nation, thereby advocating a more holistic approach to rehabilitation for youth in difficulty.

It is also our understanding that parents have full responsibility over their children, but at the same time these youth must realize and learn to accept responsibility for their own actions and behavior. Therefore, the involvement and support of significant people (parents, grandparents etc.) is essential in working with youth encountering difficulties. It is also our full understanding that every youth needs to be treated with all fairness, courtesy and respect and that intervention should be designed to reflect the identity and culture of the youth.

It is also our belief that the "removing" of a child from his/her own family/community environment is not a solution in itself. Therefore, the "whole situation" (family, school, community, etc.) must be fully evaluated and appropriate corrective measures taken to ensure the youth's successful reintegration.

In respect of family unity and in order to prevent family disruptions (removing of youth) we believe that interveners should put more emphasis on working with the entire family. The removal of a child from his/her own environment should always be the last and final measure.

Brief History

The Weesapou group home in Chisasibi was the first centre to be established in the Cree territory in 1985.

In 1987, a second and temporary group home was established in the town of Chibougamau. During this same period, plans were underway to construct a more suitable group home in Mistissini.

In 1989, the Upaachikush group home in Mistissini was completed, thereby increasing the much needed rehabilitation services to the Cree youth.

In 1994, a significant event occurred in which the Cree Nation/Cree Health Board took steps in repatriating the Cree youth from non-native centers (L'etape, Batshaw). In anticipation, the youth at the Upaachikush group home were re-located into a local residence and the group home became known as the Reception Centre.

The new Reception Centre was completed in December 2000 and the new facility became operational in January 2001.

Goals & Objectives

- Social re-integration into youth's own milieu (family, community) through individualized intervention plans
- The involvement of significant people (parents, grandparents, relatives etc.) in the development and elaboration of intervention plans
- The promoting of shared responsibilities while accommodating and maintaining the youth (daily routine activities, chores, etc.)
- Educational and traditional programs
- Health care services
- A community and culturally oriented program of activities
- Promoting the importance of having boundaries (rules & regulations) in re-enforcing the youth's respect of others, family and community
- Physiological and observation assessments
- Counseling and treatment oriented sessions adhering to individual and group needs
- Regulated supervision
- Intensive supervision to ensure stability and crisis recovery
- Access to community services

Achievemnets & Developments

Construction and completion of new Reception Centre

The construction of the new centre resumed in April 2000, and was completed in December 2000. The new centre became operational in January 2001. March 14, 2001 signifies the official opening of this new facility, thereby increasing by 25% the treatment beds available for youth in difficulty.

Therapeutic Crisis Intervention

The T.C.I. training was offered to all the childcare workers and supporting staff in April and May 2000. The training consisted of two groups and the objective was to provide the skills, techniques and knowledge needed to help and control youth in major crises and difficulties.

S.A.S.S.I. Training

(Substance Abuse Subtle Screening Inventory) The training is basically on a "working tool" that can be used to identify the degree and severity of social issues: substance abuse, suicidal ideation, impaired functioning, etc. The training was provided to ten workers (clinical advisor trainees and childcare workers) from the three centres.

EXPECTATIONS 2000

• Define and Establish Services and Programs:

With the completion of the new centre, it is even more crucial to have programs in place that are culturally oriented. One of our goals is to define and establish a bush program that is cultural, educative and therapeutic in nature.

Our greatest need and expectation is to eventually instill "proper structure" (services, programs, training, personnel needs) to all the three centres. In order to accomplish this we call upon the full support of the organization for the following:

- Re-structuring of the group home in Mistissini
- Revision and updating of policies and procedures
- The need to have three full-time clinical advisors
- The need for preventive programs (Aboriginal Shield Program)

CONCLUSION

2000 has certainly been a significant year for Re-adaptation Services. Development-wise we saw the construction and completion of the new reception centre, which is a major achievement for the whole organization and Cree Nation. We have the sincerest gratitude for this major accomplishment and to all those who were involved.

It is one of the most unique architectural centres in the province and the fact that it is located in Cree territory and operated by Cree people adds to its uniqueness.

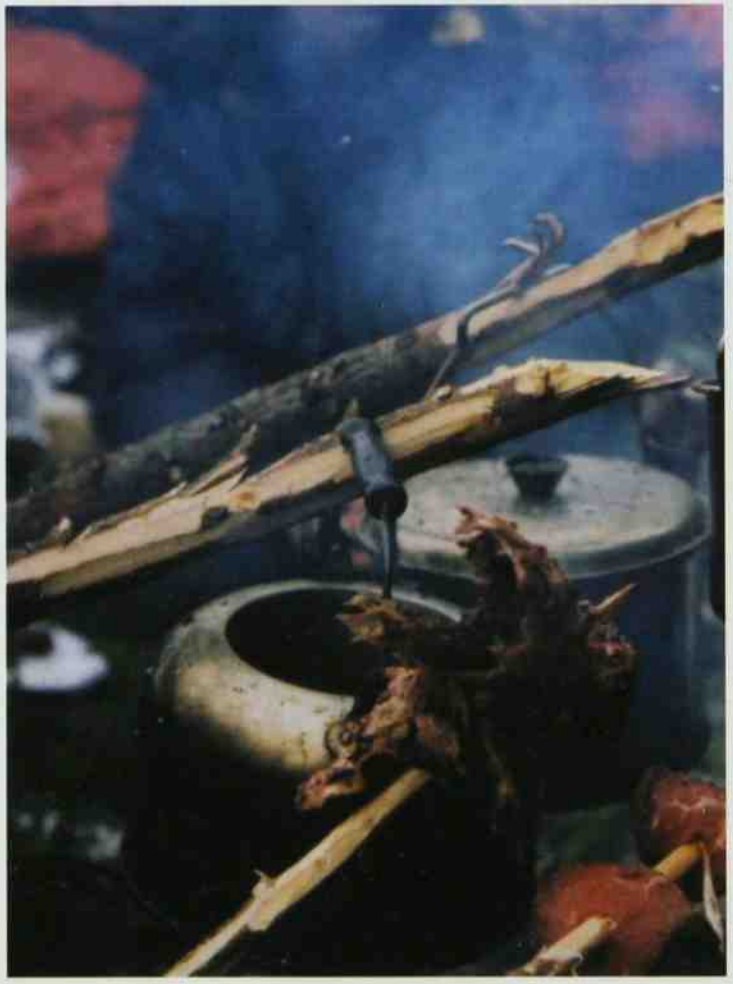
But as we are all aware a beautiful facility does make a centre. It is the programs, resources and personnel within that make it a rehabilitation centre. In this regard there are still some major obstacles to overcome in ensuring a safe, secure and controlled environment for both clients and workers.

We owe it to the youth to create and promote a safe, secure and favorable environment for all.

SERVICES

STATISTICAL SUMMARY

	Weesapou	Upaachikush	Reception Centre
Total number of youth in placement	25	24	33
Boys & Girls (8 - 12 yrs old)	3	13	0
Boys & Girls (13 - 17 yrs old)	20	11	33
Youth Protection Act			
Article 47- Urgent Measures	23	23	31
79-(a) Urgent Measures			
79-(b) Provision Foster Care			
Article 54 - Voluntary Measures			
Article 38 - Court Order/Placement			
Young Offenders Act (open custody)	2	1	2
Bush Activity / days	77	22	100
Hospitalization	11	0	5
AWOL (leave without authorization)	54	38	46
Back-up to the Reception Centre / or other centres	19	104	230
Home Leaves	460	146	943
Total days presence	1315	821	1751
Number of clients discharged	12	6	16
Average number of clients per day	4	2	5
Transferred to Group Homes or other Rehabilitation Centres	10	10	7
Transfer to Foster Home	0	0	0
Operating Permit	9	0	15
Average length of placement (months)	11	7	11



Marc Saint-Pierre-
Director of Professional Services-Medical

DEPARTMENT OF PROFESSIONAL SERVICES - MEDICAL SERVICES

During 2000-2001, an important change occurred in the administration of the professional services - medical. As a major development was imminent within the Diabetes Program and the Mental Health Program, a transfer of the administration for these two priority programs was necessary. This is why both CLSCs were entrusted a new mandate.

Moreover, two new pharmacists have filled the vacant positions on the territory and will help carry out an in-depth review of our pharmaceutical services.

The recruitment of doctors

The situation of the permanent medical staff has remained very preoccupying during this last year. The medical services were ensured by an imposing number of replacement doctors, which is not a desirable average and long term situation. A new program of incentives is presently planned for the following year to make sure this problem is resolved.

The medical laboratory of the Chisasibi Hospital Centre

The laboratory's equipments have been completely renewed and improved, and the organization has been restructured according to the "Core Lab" concept, which makes this lab one of the most modern of its category in the province of Québec.

The new ultra modern equipment will allow us from now on to accomplish 95% of all tests prescribed by the doctors, while ensuring performance and efficiency.

The future computerisation of the lab will be the final phase of the modernisation of the Chisasibi Hospital Centre medical laboratory.

Numeric radiology at the Chisasibi Hospital Centre:

The complete refurbishing and renewal of the equipment for the radiology department of the Chisasibi Hospital Centre will be completed in August 2001 at the cost of one million dollars. These equipments will be the corner stone of teleradiology

The Hemodialysis of the Chisasibi Hospital Centre

The financing for the renewal of the dialysis machines was obtained and it will allow usto face the rapidly growing demand in that area, while being the corner stone of teledialysis.

Equipment in all the nursing stations on the territory

Semiautomatic cardiac monitors-defibrillators were purchased, and in addition infusion pumps and fetal monitors will be purchased shortly for the prenatal services for each nursing station on the territory.

Prehospital Emergency Services

During the year, Dr. Collette Lachaîne was retained as consulting doctor and medical coordinator for the Prehospital Emergency Services. Dr. Lachaîne and her team of educators proceeded with the training and certification of our nursing staff regarding the use and application of the cardiac defibrillation protocol and intubation technique with Combitube.

Dr. Lachaîne has written and supervised the protocols used in the territory within the framework of our continuous program for quality assurance in the prehospital emergency sector.

Moreover, during the year we have actualised a prehospital emergency service according to the first respondent model for the communities of Whapmagoostui and Wemindji. Vehicles appropriate for the transportation of patients were purchased for these two communities.

Telemedicine

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

The teleradiology will start its activities in September 2001 and an agreement with the radiology department of the Sherbrooke University Centre is impending.

Teledialysis will link the Chisasibi Hospital Centre to the Hemodialysis Department of the Montreal General Hospital during the autumn of 2001.

Videoconferencing and teledermatology were targeted as priorities by the interveners of the nursing stations on the territory. This is why we are working on the future realisation of this area of Tele Health with the end of the autumn of 2001 as a deadline.

The medical educational activities are ongoing. Administrative conferences, as well as telepsychiatry will be preferred thanks to the possibility of multiple site interconnections.

The objectives for 2001-2002:

- Completing the recruitment of permanent doctors
- Realising our plan of prehospital emergency services in the communities not yet organised
- Ensuring the continuous training of the staff in preshospital emergency to maintain and increase their level of competency
- Ensuring the follow-up of our prehospital emergency quality assurance program;
- Pursuing the realisation of our Telemedicine global plan
- Renewing and improving the ophthalmology equipment on the territory within the framework of our Telemedicine program, but also for the early detection and treatment of diabetes ophthalmic complications
- Purchasing modern digestive endoscopic equipment
- Computerisation of the Chisasibi Hospital Centre Medical Laboratory
- Promoting and participating to the development of an integrated computer system of all medical sectors of the Cree territory

THE DEPARTMENT OF DENTISTRY

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

1-Excessive waiting lists:

- 8-12 months for regular appointments (usually two months in other areas of the province),
- 18-24 months for treatment under general anesthesia (usually six to ten in other areas of the province);

2-High incidence of cavities:

- 5-93 % of the population is at risk, according to the Public Health Department (usually 20 % in other areas of the province)

3-High population growth:

- Very high patient-dentist ratio: 1750:1 (usually 1500:1 in other areas of the province)

As a result, the dental department is forced to see patients at a minimum of 12 month intervals for recall appointments. Treatment plans are limited for the most part to very basic dentistry and insufficient time is spent with patients to promote hygiene and prevention. In general, the capacity for patient flow has reached a maximum.

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

The staff

Changes to the staff in 2000-2001 included the long-term replacement of Dr. Benoit Giordanno by Dr. Daniel Bergeron during the summer of 2000. Furthermore, the transfer of Dr. Albert LeRoy and Dr. Daniel Bergeron from their original communities to their respective communities occurred in the autumn of 2000. Despite some difficulties, these changes to the Department of Dentistry have been very well received by patients and staff alike.

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

This year the recruitment and nomination of replacement dentists continued to be extremely positive. Dr. Marc Parenteau continues to maintain an available list of approximately 20 very qualified replacement dentists throughout the year, thus allowing the department to provide continuous services throughout the communities.

The Dental Assistants and Receptionists remained hard working, dedicated and very available this year. The initial training of backup dental assistants has proved useful and overall very productive. Presently, there are replacements available in all communities.

A small budget was allotted to the department toward the end of the fiscal year, thus permitting the temporary acquisition of services of a much-needed dental hygienist in Waskaganish and a senior clerk in Mistissini. These additions to the staff were extremely well received and appreciated. The Board of Directors has resolved to accept permanent positions in the new fiscal year.

The equipment

The new clinic of Waswanipi was completed this year and the dental equipment budget was considered insufficient to ensure that the highest standards of services will be available in this community. Further negotiations will take place in the upcoming fiscal year. The new clinic is designed to include two new dental operating rooms with state of the art equipment. This will improve the dentist's efficiency in a village with a rapid population growth. Also, this will allow the hygienist, denturist and eventually dental specialists to visit the community even when the dentist is present.

Renovations and maintenance of every village's dental equipment ensured proper function and efficiency throughout the territory. A total of four visits to the territory by dental equipment technicians satisfied the maintenance contract made with the Patterson Dental Supplies.

More specialized state-of-the-art dental equipment was obtained such as Root ZX Apex Locators and Touch and Heat appliances, and distributed to each of the villages. The purchase of one more Statim autoclave also proved useful with the great need for replacement autoclaves in all villages. All these combine to provide an increase in the quality and rapidity of treatment provided for the population.

Occasional difficulties in attaining orders were mostly related to the supply companies' hold on equipment and supplies. These actions by supply companies stem from outstanding payments reaching $40,000 at times.

The treatments rendered to the beneficiaries outside our territory

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

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

Steps have been taken to ensure a specific budget to accommodate the increasing financial demands stemming from these services. Eventually, a basic computerized system, such as those used in private clinics or in insurance

companies, should be developed in order to follow and control dental services rendered out of communities.

The new services

Dental Public Health: As soon as the first advisory dentist in public dental health took up his position with the CBHSSJB, an in-depth review of all current dental prevention activities on the territory was carried out. A pilot-project was started to document better the feasibility of a joint action plan, and to specify the present dental health condition of the Cree children (Epidemiological data). The two dental hygienists working for the CBHSSJB were trained to that effect: Program specifications were developed to specify the new tasks of the two interveners. We are in the process of completing the data input and the analysis will be done shortly. Parallel to this work, a wide consultation was carried out in the communities to pinpoint the expectations of the dental and medical players, as well as those of the decision makers regarding the upcoming action plan. During the training sessions in Val d'Or and during provincial meetings, representations were made regarding the special needs of our region. Moreover, an active participation was made when prioritizing the public health team's objectives. Dental health was brought to the fore for the upcoming intentions. Finally, discussions were started with the government authorities to inform them of our present needs and the planned innovative solutions.

The first year of the Multi-disciplinary Rotation Pilot-Project for Dental Residents has been very positive. In association with McGill University, the University of Montreal and the University of Laval, a total of four dentists were selected and arrived on the territory in the past year. These dentists follow postgraduate training and rotate through the CBHSSJB's Department of Dentistry. As a result, the region's population has benefitted from having promising future candidates aid the CBHSSJB in reducing the tremendous waiting list of patients requiring treatment.

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

The training

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

One of the three curriculums of Dental Training Program Modules was drafted and presented to the department for review and approbation. Unfortunately, a budget for the implementation of the program has not yet been accepted by the Human Resources Development Department. It is hoped that the final implementation of the program will either be done in each village, or during a regional training session in accordance with the Journées Dentaires du Québec, or both.

The upcoming year

Plans for the upcoming year involve the construction of new clinic in Wemindji with state-of-the-art equipment. A resolution from the Board of Directors for a senior clerk position in the village of Mistissini has been accepted and will be put in effect to address the increasing needs for patient and office management in the Inland communities. This employee will be working part-time and her duties will entail receptionist functions, patient scheduling, coordinating visits for replacements and specialists, and others.

Moreover, the resolution for a third hygienist position has equally passed. The presence of an extra chair in six out of the nine communities would accommodate the three dental hygienists. In addition, this would help in the attempt to satisfy the dental health needs of the region.

Surveys and studies in the department at the functional and epidemiological levels, focusing on the need to increase dental manpower, both in a curative and preventive aspect, have been submitted to the MHSSQ. This research, along with the findings and statistics acquired over the past five years, clearly demonstrates the definitive need for additional human resources in the CBHSSJB's Dentistry Department.

The measuring units and the statistics

The report on statistics this year is detailed in the following table. Changes compared to last year's are indicated in the last row. A five percent increase in the total number of appointments has been determined, yet the number of missed appointments has increased accordingly. New statistics include the total absolute number of individual patients seen for the year. Interpretation of the statistical data likely demonstrates that, despite the limited capacity of the Department's resources, team dedication and hard work has accomplished more than can be expected. We recognize Dr. Parenteau's diligent work on the tabulation of the overall statistics during this last year.

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

Election

The election for the Council of Physicians, Dentists and Pharmacists took place and all the committees were formed. Unfortunately, not long after that, most of our physicians left the territory, leaving us with very limited manpower to continue the activities of the obligatory committees. The Executive Committee managed to maintain its composition. No new members were given permanent privileges over the past year.

Obligatory Committees

In the past year, because of the shortage of doctors, the functions of the obligatory committees were suspended. The Executive Committee took over the overall functioning of all those committees and was successful in completing a certain number of projects.

Executive Committee

The Executive Committee has launched one main project this year: the revision of the therapeutic guide for nurses. A committee was formed with two physicians and three nurses to produce and evaluate the new therapeutic guide. We adopted four chapters out of a possible ten, in January 2001, and an official presentation was made at the Nurses Training in Val d'Or in February 2001. The Committee has set a new deadline, September 2001, for the completion of the project. The CPDP is hoping that with the completion of the guide a better standard of care will be established.

Creation of a binder: CPDP approved Protocols and guidelines

All the CPDP approved protocols and guidelines will be made available in each clinic and to all staff. Official binders for all of the past protocols and guidelines as well as the new ones adopted this year have been prepared.

We also included a memo explaining the procedure for the revision or the submission of a new protocol. It was officially presented at the Nurses Training in February 2001. We made it clear to the nursing staff that they should not consider any medical protocol unless it was stamped with CPDP approval.

This will ensure that all the medical staff within the Cree Health Board will have the same access to all the adopted protocols. The use of new unofficial protocol will be avoided, thus ensuring better overall work performance.

Revised and adopted Protocols and Guidelines

We have adopted many new protocols and guidelines that were new or simply revised over the past year. Here is the complete list: thrombolysis protocol, heparine, dopamine, nitroglycerine IV and protoamine protocols, streptokinase protocols, newborns and post partum orders, palivizumab protocol, a complete revised emergency drug list and a documents to standardize the crash cart in all the clinics and the hospital, a guideline for vaginal exam during pregnancy, a palliative care guideline, a protocol for the use of midazolam on pediatric patients and, finally, the defibrillator-combitude protocol.

Project 2001-2002

The CPDP intends to complete the revision of the new therapeutic guide and present it to the Board of Directors sometime this year for final adoption. We also have started the revision of and will make recommendations for the standardized file for all the clinics as well as the hospital. This will be our second priority 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 within the Cree Health Board

Dr. Lucie Papineau
CPDP President

CREE PATIENT SERVICES

This year, we noticed an increase of 11 % for the patients/escorts arrivals to the 4 points of CPS. We greeted 12 708 patients and escorts compared to 11 439 last year, a difference of 1269. This increase could be explained by the shortage of doctors, the turnover of nurses and the lack of followup of services by replacement physicians and nurses. The lack of specialists in Val d'Or and Chibougamau brought a higher number of consultations to Montreal. The employees of each service worked very hard as a team to meet this increase and give the patients good service.

As we can see, the CPS Chibougamau received the majority of patients and escorts. Due to the proximity of the Cree Communities, the patients and escorts arrive in the morning and are able to return home the same day. For CPS Chisasibi-Montreal-Val d'Or, the patients and escorts stayed for a minimum of one night and this brought a greater number of patients and escorts per day to each service. The majority of patient arrivals to CPS are from the communities of Mistissini, Waswanipi and Ouje-Bougoumou.

Mrs France Côté left her position as director of CPS in the fall 2000 and was replaced by Mrs Caroline Rosa who worked as a nurse for 11 years in the community of Waskaganish. The position was transferred to Montreal.

CPS Chibougamau

The total arrivals of patients and escorts to Chibougamau was 6307, an increase of 215 (3.53 %) from last year. In April 2000, a part time nurse was added to the team. With the opening of the Chibougamau hospital hemodialysis unit in January 2001, this nurse became full time, optimising the service to those patients. Seven patients treated by dialysis in Montreal and Val d'Or (some for many years), were reintegrated to their own communities, since they can have their dialysis in the Chibougamau hospital. The communities provide transportation for the patients to the hospital three times a week so they can return to their homes after each treatment.

# BIRTHS PER YEAR	98-99	99-00	00-01
	90	77	136

The number of births increased by 76 % from last year.

CPS Val d'Or

Because of a 22.10% increase tof visits by patients and escorts to the CPS Val d'Or, we improved the service to the patients by adding a nurse and a secretary full time. Each nurse sees an average of 17 patients and escorts per day. They give information to the patients about their consultations, treatments and follow up before they return to their communities. On the other side, we were not able to replace the social worker who left in February 2000. The nurses have deal with the social problems of their clients. We are still working to fill the position of social worker as we know that it is an important part of the patients / escorts services. More improvements need to be made to optimise patient service.

# BIRTHS PER YEAR	98-99	99-00	00-01
	171	181	149

The number of births decreased by 17 % from last year.

CPS Montreal

A 35.66 % increase of patient and escort arrivals caused certain nursing tasks to be neglected (teaching patients and visits of patients to the hospital). Since there are more appointments to take, the nurses spend more time on the telephone organizing them then doing their nursing tasks. Because of that, we temporarily added a nurse who works two days a week but this is not enough. We are planning to add a third vehicle for the summer of 2001 to improve the patient /escort transportation in Montreal. The CPS Montreal office was relocated and renovated. It remained at the same address at the Faubourg Ste-Catherine. We are still looking for more boarding homes in Montreal. The number of births is not available for this service.

CPS Chisasibi

Depending on the availability of the physician specialists who come to Chisasibi, some periods are very busy. An increase of 255.26 % was noted in the eighth period. This year there was a 24.86 % increase of patient and escort arrivals for this CPS . The employees also make the reservations for the employees's travels. This task will be transferred to the Human Resources next year. This way the CPS can concentrate on accommodations for the patients and escorts. The number of births is not available for this service.

Computer system

The first phase of training on the computerized system for the CPS Chibougamau and Val d'Or employees was done in February 2001 and the program is expected to start in April 2001. The training for the employees of CPS Chisasibi and Montreal is planned for the summer 2001.

Each year we tried to improve the services to the patients of the James Bay area, and we will continue to do so.

CHISASIBI HOSPITAL CENTRE ADMINISTRATION.

Louise Gagnon-
Director of Chisasibi Hospital Centre

Introduction

As the Chisasibi Hospital Centre is in constant evolution, technologically and operationally, we have had a year filled with developments.

The hospital has a 32-bed capacity, among which 27 are set and shared between acute and long-term care. With a budget of approximately five million dollars and 85 permanent employees, the year 2000-2001 was mainly centred on two aspects: Medical personnel retention and the installation of new high technology equipment in the Medical Laboratory and the Imagery Department.

1. Administrative Activities - New Positions

The hospital's administration comprises one Director, two Coordinators, one Executive Secretary and a new position of an Administrative Technician. This new position provides us with important assistance to improve the services given to the staff, and allows the coordinator to be concentrate on clinical activities.

Out of a total of 22 nurses we had during the year, 55% were new nurses, among which 32% only stayed for a few weeks. With the large flux of orientations, we started a special project on November 13, 2000, the position of Nursing Instructor. This person is in charge of all new employees, from their arrival up to their probation evaluation after three months. She supervises them and supports them in their work as well as in their integration into the community. From November 2000 to April 1, 2001, she has oriented twelve new nurses. Moreover, she is in charge of training on the job. The employees are very pleased as the quality of orientation and follow-up has improved notably. We believe that this initiative has had a direct effect on personnel retention.

On March 19, 2001, we welcomed into our team Mrs. Arlette Marcotte, Dietician-Nutritionist. After only a few months, we can already feel the expected benefits among the population, the hospital's clientele and the staff.

As we obtained from the MHSS, an additional $105,000 dollars for the Hemodialysis Department, we have created a third permanent nursing position.

2. A comparative table of the activities

	2000-2001	1999-2000	1998-1999
Percentage of bed occupancy/day			
Acute care	58.6%	68%	66.6%
Long-term care	76.6%	66.6%	76.6%
Percentage of observation hours/day	31.3%	43.8%	74.6%
	7.5 h/d	10.5 h/d	17.9 h/d
Deliveries done at the Chisasibi Hospital Centre	28	31	29
Newborn babies in the Community	81	72	74
Number of clients who received services in the Outpatient Clinic	14,837	14,921	15,218
Number of visits to the specialists	1,542	1,523	1,560

3. The Medical Services

The Hemodialysis Service

In order to improve and increase the services provided to the population, the MHSS has granted a recurrent subsidy of $105,000 dollars for the year 2000-2001, and $140,000 dollars for the following years.

Presently, we have five clients and we foresee an increase of two or three more clients. Our colleagues at the Montréal General Hospital came to visit us in order to reinforce our partnership ties, among other things.

We are in the process of implementing an action plan to increase the services, such as a pre-dialysis clinic.

Two new nurses were trained, and we are expecting five new dialysis units and the physical expansion of the premises will start shortly. We are also developing the telenephrology aspect.

The Medical Imagery Department

With the arrival of high technology equipment, this service has renewed itself. We have purchased, for $1.5 million, new high performance machines of highly advanced technology without film. We will soon be ready for teleradiology.

We continue to provide the services of medical imagery in Whapmagoostui about every two months. The Radiologist travels to that community instead of the clients having to travel to Chisasibi saving a lot on transportation costs. With a share of these savings we are renovating the limited space at the Radiology Department in the hospital; this will improve the technical quality of the films as well as the services to the population.

A comparative table of the activities

	2000-2001	1999-2000	1998-1999
Medical Imagery	2,539	2,726	2,182
Electrocardiograms	546	605	527
Ultrasounds	602	565	668

The Medical Laboratory

This service was also the object of a complete refitting. Following a subsidy of $1.5 million dollars from the MHSS, we have purchased a complete pool of high performance equipment. Moreover, an adjustment of the activities helped us lower our unit cost to $1.38, comparatively to the $2.10 dollars of last year. With the arrival of the new equipment, the improvement of services is notable regarding quality as well as access to new analyses previously unavailable.

A comparative table of the activities

	2000-2001	1999-2000	1998-1999
Analyses done in Chisasibi	201,487	158,394	101-135
Analyses done elsewhere	N/A	11,250	N/A

4. Auxiliary Services

The most important project in these services was the computerization of the Medical Archives Services. The Médi-Solution enterprise will carry out the complete installation of the patients' index.

We are in the process of reviewing and assessing other areas, such as the food services, the laundry services, and the housekeeping services.

Conclusion

2000-2001 was a year filled with interesting developments that will moreover continue. Every single person has made the effort to optimise all the necessary elements to attain a healthy, pleasant and performing working environment.

Christine Guay-
Director of Professional Services-Social

DEPARTMENT OF PROFESSIONAL SERVICES- SOCIAL

Mandate

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

Team

The year 2000-2001 was marked by the recent appointment of Christiane Guay, who joined the organization as the Director of Professional Services at the end of the previous fiscal year, and by the nomination of an Assistant Director of Professional Services, Lisa Petagumskum from Whapmagoostui, who joined the team in December. The team is also composed of one Planning and Programing Officer, Wally Rabbitskin, and one Information Officer, Abraham Bearskin.

In addition to this permanent team, Anny Lefevbre, Occupational Therapist from the Coastal CLSC, Doris Bobbish, Community Worker from Chisasibi and Mary Ortepi, Human Relations Officer (Professional Support) from Waswanipi, were appointed to work on the Memorandum of Understanding (MOU) on the Elderly and disabled of the Cree Nation.

Activities and Project

During the year 2000-2001, different activities were undertaken by various members of the Social Services Committee, which included the process of exploring ways to integrate services. It resulted in a report that was presented at the Conference on Integrated Services, held in Chisasibi in July 2000. We were also involved in the visit of the Lebon Committee. The report from this visit is completed and it will serve as a negotiation reference in the future.

Following are the major mandates of the Department:

Youth Services

It was acknowledged that the youth of the Cree Nation needed better services than they were currently receiving. Batshaw Centre, which has a Provincial mandate on residential services for youth, was identified as a source of service which needed further clarification to reflect the Cree reality. A process was undertaken to initiate discussion on ways to bridge the gaps between our two organizations. This process is still ongoing and it should result in a services contract which could be signed in the very near future.

Eeyou Miiyuupimaatisiiwin Action Team - Regional Wellness Action Team (on Alcohol and drug Addiction)

In the year 1999-2000 a review was done on the National Native Alcohol and Drug Program (NNADAP). As a result a new regional committee was established to implement its recommendations. The Regional Wellness Action Group meets

four times a year. Its mandate is to promote leadership and partnerships through a continuum of care and services aiming at contributing to the well-being of the Cree Nation of James Bay. During its first year of existence the committee worked on the establishment of its Terms of Reference and its five-year Planning Grid which was presented at the NNADAP staff meeting in February 2001.

NNADAP & Solvent Abuse Program

The National Native Alcohol and Drug Abuse Program (NNADAP) saw this year's objectives start off with some difficulties and limited time for implementation, but with perseverance NNADAP managed to overcome the barriers.

The year 2000-2001 saw four meetings throughout the year with the Eeyou Miiyuupiimatiisiwin (Cree Wellness Action Team). Some NNADAP were involved in the National NNADAP Conference held in Montreal in October 2000. This conference saw participants from all across Canada promoting regional and national teamwork, project sharing and developing together a National Framework for NNADAP.

Three out of nine communities implemented activities for National Addiction Awareness Week in the month of November and three other communities did theirs in February and March 2001. Drinking and Driving campaigns were done during hockey and broomball tournaments, and before high school graduations and the Christmas festivities.

The NNADAP staff were also involved with activities for the Solvent Abuse Project, such as the drama workshop conducted by the Health Promotion Officer from the Public Health Module and its facilitator from Concordia University. Under the Role Model Project, training was provided to some Cree Role Models from the coastal communities in Chisasibi on March 2001, but there were time constraints for the training in the Inland communities. The Youth Street worker Program was implemented in seven out of nine communities July/August 2000 and five out of nine communities during the Christmas Holidays. The year ended with a training session on anger, stress and time management and a meeting for the NNADAP staff on March 2001.

MOU Project

In May 1995, a Memorandum of Understanding was signed between Quebec and the Crees on five major issues. One of the five issues was the implementation of resources designed to respond to the needs of the elderly and the disabled.

Major work was done on the assessment for this particular clientele but due to circumstances beyond our control, the process was stopped. In 1999-2000, we completed the assessment process with funding from Health Canada.

The objective of the assessment process was to identify the needs of people requiring immediate, short and long-term care in order to make recommendations and to identify resources. The targeted clienteles were the elderly, the physically and intellectually impaired who have single or multiples disabilities. A total of 600 persons in eight communities were assessed. The results of the needs assessment were summarized in a report (one for each community) and presented

in each community to get feedback from the Band Councils and the community members. As a result, the reports were modified and presented to Health Canada.

Finally, the outcome of the needs assessment was presented to the Provincial Government. A final report will be prepared by September 2001 for negotiations purposes.

Healing Centre Project

For many years now, the Cree Health Board has been pursuing both governments (Québec and Canada) to approve a project for the development of a Treatment Centre (which we call Healing Centre) in our territory.

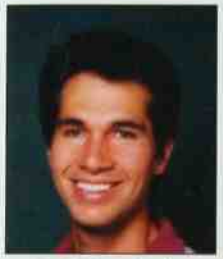
In June 2000, the Ministry of Health (Quebec) approved a study to finalize a concept for such a Centre. The CHB Administrative Committee and the Board of Directors mandated the DPS Department to do an update the Functional Plan that was accepted in 1990.

It was recommended that a consultation process would involve the Medical and Social Services (including Mental Health) as well as community members, Chief and Councils and various groups in each community that deal with healing and social issues.

NNADAP involvement was a crucial asset in getting the consultation tours organized. Community input was greatly appreciated through questionnaires submitted to community members, former treatment clients, community focus groups and Social Service staff.

The consultation tours conducted by Wally Rabbitskin and Abraham Bearskin with the participation of the NNADAP Workers were a success. As a result, we are presently in the process of planning the programs and designing the infrastructure of the Healing Centre.

Christiane Guay
Anny Lefevbre
Wally Rabbitskin
Lisa Petagumskum
Edith Gull
Abraham Bearskin



Dr. Robert Harris-
Director of 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 keep developing teamwork with other departments of the CBHSSJB and the local and regional Cree governments, other local and regional entities and institutions and community organizations and individuals in respect to the vision of our mission statement.

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

The Public Health Team

The Public Health Team is a unit of the Cree Board of Health and Social Services of James Bay (CBHSSJB) that focuses on the health of the population as a whole.

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 in the Cree territory, in collaboration with the CBHSSJB.

With a new law passed in 1994, community health departments of hospitals became the public health departments within regional health boards. Although legally it is part of the Montreal Regional Health Board, in practice it is a unit that is dedicated for the CBHSSJB and the Cree People.

In 1997, we started an office in the Cree territory. Our goal has always been to officially become the Public Health Department of the CBHSSJB. In the transition period, we call ourselves the Public Health Team of the CBHSSJB, a team with units in Chisasibi and Montreal. We receive our mandate from the Executive Director of the CBHSSHB.

Members of the Public Health Team

Solomon Awashish	Health Promotion Officer, Montreal
Gaetane Berube	Secretary, Montreal
Christina Smeja	Public Health Physician, Montreal
Jill Torrie	Researcher, Montreal
Jacques Veroneau	Public Health Dentist, Montreal
Elizabeth Robinson	Specialist in Community, Montreal Health/Public Health Physician
Claudette Beloin	Community Health Nurse, Chisasibi
Bella Backsmith	Office Manager *, Chisasibi (left in January 2001)
Demerise Coon	Assistant Coordinator — Public Health Needs Assessment
George L. Diamond	Health Promotion Officer, Chisasibi
Manon Dugas	Project Coordinator — Public Health Needs Assessment
Robert Harris	Public Health Physician/
Director	Public Health
Lily Napash	Administrative Technician*, Chisasibi (left in spring 2001)

With our new anticipated budget, we will be able to offer permanent positions that will help us keep permanent positions and to retain our staff and to recruit for other positions.

We are dedicated as much as possible that the Public Health Department of the Cree Health be operated out of the Cree territory.

Summary of Activities

HIV-AIDS and Sexually Transmitted Diseases (STD): A new health priority for the CBHSSJB

One important milestone was reached when the Board of Directors of the CBHSSJB identified HIV and AIDS prevention as a health priority. The objective is to prevent an HIV/AIDS epidemic in our region by developing effective prevention strategies. Our rate of Chlamydia, a sexually transmitted disease, is 10 times greater than the rate for the rest of Quebec.. ANYONE AT RISK OF GETTING CHLAMYDIA IS AT RISK OF GETTING HIV/AIDS. Action is needed now.

Action is happening. Our Chairman of the Board of Directors, Bertie Wapachee, was mandated to be the main spokesperson for our HIV/AIDS prevention campaign. We will design a comprehensive campaign and seek partnerships for specific components. Materials such as pamphlets and condoms are supplied at many public conferences and functions.

Statistics show a drop in the number of Chlamydia cases reported in 2000 (64 cases in total) as compared to previous years (84 in 1999, 135 in 1998): unfortunately, this news is not as favourable as it might seem. It was identified that this drop was due to a problem with the reporting of cases. It is not because there are fewer cases of STD; it is a problem with keeping track of statistics. This has now been resolved, but it shows that care and attention must be used when interpreting statistics.

The number of HIV tests done according to the anonymous testing protocol dropped compared to previous years (63 in 2000-2001, 146 in 1999-2000, 93 in 1998-1999). Some communities are not doing any anonymous tests at all. Again, this is not necessarily bad news. The nurses report that more HIV tests are being done, but people do not feel the need to get them done anonymously. People may be asking for HIV tests to be done nominally (using their own name)

because they realize that treatments are available for those infected with HIV and that health professionals respect their confidentiality.

Injury Prevention

Our team worked with other regional entities on gun safety promotion. The radio drama workshops and family week activities included promotion of non-violent relationships. Our physician specialist in Community Health was invited to participate in the scientific committee for the world conference on Injury Prevention and Control, which will be held in Montreal in May 2002. This involved contacts with other First Nations working in injury control across Canada. We also communicated with experts in the US and Canada about the safety of transporting babies in "waspsouyans" in vehicles.

The Public Health Team would like to support an increase in the activities of the Regional Coalition on Drinking and Driving. This group includes representatives from NNADAP, Public Health Officers, Public Safety Officers and the regional media. With our increase in human resources, these activities will be increased in magnitude and frequency.

Young Children's Health

The Public Health Team continues providing professional and technical support to the parents and relatives of children affected with Awaash Aakusuwin (Cree Leukoencephalopathy and Cree Encephalitis). The Eeyou Awaash Foundation (EAF) supports parents and relatives of the affected children, educates the communities about the disease and coordinates research to find the cause of this disease. The Public Health Team supports the EAF in their quest to maintain control of the research process, so that community priorities are respected and community genetic material is not used for commercial purposes.

We have also collaborated with researchers looking for ways to improve the nutritional status of our young children.

Tobacco

The Public Health Team's Tobacco Working Group supported the CHRs in planning and carrying out our Non-Smoking Week activities. They sent educational materials including videos and stickers. We had a wildly successful poster, poem and story competition among young people, the Stop Smoking Contest. The contest was a good example of partnership; the prizes were entirely financed by donations from entities in our region. Non-smoking week activities included a full-page article in the Nation on facts and myths about smoking.

Although we do not have recent figures, many Cree, especially youth, appear to be hooked on nicotine. The Assembly of First Nations has made smoking one of seven urgent health priorities: they state that "tobacco misuse among First Nations youth is on an epidemic scale and long-term prevention is urgently needed." This year the public health team continued to promote smoke-free houses and the good news is that most families are making changes. 87% of houses in Chisasibi are smoke-free; 20% of these made the change in the last five years.

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). A member of our team helped design the questionnaires used in the community survey and consultation carried out for the new addiction treatment centre. Our health promotion officers continued to visit the communities for workshops on radio drama. In partnership with the Social Services of the CBHSSJB, our team is planting the seeds so that radio drama eventually becomes a self-sustained event, for entertainment and to voice community concerns in a safe and respectful way.

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), 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 Menu Day in honour of National Diabetes Month
- A Day Without Your Vehicle, in which community members are encouraged to walk all day

New this year was the 30-kilometre walk, held in Mistissini and Chisasibi. Endurance walkers spent from six to 10 hours completing this marathon. They raised money to pay for the costs of Sadie's Walk.

Our team members participated in the Diabetes Needs Assessment Working Group. A side-table of the Cree-MSSSQ negotiation table, it developed an action plan that includes the resources needed to truly eradicate the diabetes epidemic facing our region.

In addition, the Public Health Team participated in the technical committees for the regional diabetes registry, and in the completion of the reports of the diabetes screening projects in Eastmain and Waswanipi. The team participated in the activities of the CBHSSJB's Diabetes Task Force.

Team members made several regional and national presentations on diabetes, including the First National Aboriginal Diabetes Conference and the Canadian Diabetes Association Annual Scientific Conference. We are proud to have Solomon Awashish as a member of the Board of Directors of the National Aboriginal Diabetes Association.

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. We tracked reportable diseases and ensured that the vaccination program ran without problems. We ordered vaccines and implanted quality control measures.

Health Promotion

We promoted the celebration of National Family Week in our region. In addition, a kiosk was set up at the Val d'Or arena during the December tournament.

Environmental Health

The occurrence in May 2000 of eight deaths due to contaminated drinking water in the small town of Walkerton, Ontario, served as a wake-up call for public health teams across the country to examine their role with respect to the surveillance of drinking water quality. Our team members have met with representatives of the CRA and the Ministry of the Environment. We attended a training session with the local environment administrators in the Cree communities.

The public health team has continued to monitor lead levels in goose, ptarmigan and people in Whapmagoostui and will soon report the results back to the community.

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 at the Canadian Public Health Association Conference in Ottawa. The study was then presented to Abitibi-James Bay-Nunavik Federal Member of Parliament Guy St. Julien during his November 2000 election campaign. This led to a promise to solve the housing crisis by April 2001. Mr. St. Julien urged the Standing Parliamentary Committee on Aboriginal Affairs and Northern Development to initiate an enquiry into the housing conditions in Aboriginal communities. Our team members testified at this enquiry. They were accompanied to Parliament Hill by the Chiefs of all nine Cree communities, by the Grand Chief Ted Moses, by community members whose health is affected by poor housing and by Dr. Erica-Irene Daes, the United Nations Commissioner on the rights of Indigenous Peoples. In April of 2001, Robert Nault, the Federal Minister of Indian and Northern Affairs, visited Chisasibi, where our team members again presented the study results and led him through several of the affected houses. This resulted in an emergency grant of 2.1 million dollars for housing repairs, not a solution, but a start in the quest for better housing conditions for our people. The Public Health Team looks forward to collaborating with all communities in our region and with the Grand Council in this quest.

Research, Evaluation and Public Health Monitoring

Most of the research, evaluation and surveillance activities that happen within the CBHSSJB are the responsibility of public health. These public health activities are co-ordinated through the Research Committee of the Board of Directors, which recommends all new projects and oversees current projects.

PUBLIC HEALTH

Research is carried out to improve the health and well being of the people of Eeyou Istchee, by delivering comprehensive, effective and efficient health and social services. We support research that is designed to:

- Respect and strengthen healthy community traditions and encourage understanding of community strengths;
- Promote an Eeyou perspective;
- Promote community, family and individual well-being and healthy lifestyles;
- Describe the health status of community members and understand our determinants of health;
- Find what protective features exist when there is good health, healthy lifestyle choices and social harmony;
- Study issues related to poor health, unhealthy lifestyle choices, and social problems to understand how to prevent and change these situations;
- Improve the capacity of the CBHSSJB and its partners to meet our responsibilities and obligations to the people of Eeyou Istchee. This is done through training and through collaboration with local governments and other organisations.

We regularly publish bibliographies of research.

This year, members of the Research Committee worked with a Special Working Group of the Cree Regional Child and Family Services Committee to prepare an editorial comment on the gestational diabetes article for the Canadian Medical Association Journal. This was the first time that Eeyouch had responded to a research article about them in that same professional journal.

Projects approved in 2000-2001 were:

An investigation of obesity and overweight in children (until 2003);

Infant feeding practices and beliefs in Chisasibi (until 2003);

Evaluation of Children's dental health pilot project (until September 2001);

Evaluation of an intensive family intervention pilot project (until 2002);

Evaluation of the school health curriculum, Wemindji pilot project.

The Team continued work on other studies:

- The Eastmain Breakfast Project;
- Mistissini Family Violence Project;
- Market Foods and Quality of the Cree Diet Study;
- Analysis of the Head Start Child Health Survey;
- Lead Study in Whapmagoostui;
- Chisasibi Housing Study;
- Diabetes and mental health literature review;
- Study of macrosomia;
- Statistics on Health and What Affects It in the Cree Communities of Eeyou Istchee.

Reports on mental illness and school health were distributed this year, along with summaries of professional reports on children's anaemia and gestational diabetes.

Our team participates in the following research, evaluation and surveillance committees:

- Research Committee of the First Nations of Quebec and Labrador Health and Social Services Commission
- National Collaborative Table on Surveillance and Knowledge of Health and Well-being (Quebec)
- Committee on the Public Health Research Grants Program (Quebec)

School health

At the request of the school principal, the public health team supported a pilot project in Wemindji. The Cree Wellness Curriculum was implemented. We organized two workshops with teachers to support health teaching from kindergarten to secondary two levels. We plan to hire a health promotion officer to concentrate on young people, specifically focusing on the advocating and the implementation of a health curriculum in all schools in the region.

Others

The Public Health Team was involved in many other activities. These include the following:

- In collaboration with the CRA, the public health team organized a meeting in November 2000 with public health officers working with the Cree Nation Councils. Team members facilitated workshops on smoking, diabetes and HIV-AIDS prevention.
- Members of the public health team set up a kiosk with various health promotion and research reports at the regional conference for integrated services for children in Chisasibi in July 2000.
- Radio Health Shows are done every Tuesdays at 2:00PM in Chisasibi.
- Supervision of Medical Students during the Summer, including a study on the effects of stress on diabetes and a study on factors that enable people to control diabetes.
- Logistic and technical support of the Cree Nation Palliative Care Initiative, particularly in the development of clinical tools and in the training of beneficiary attendants in the Chisasibi Hospital and of home care attendants in Chisasibi. It is hoped that next year a Palliative Care Workshop can be given to the staff at the Val d'Or training. In fact, Palliative Care was chosen as one of six priorities for the staff of the Mistissini clinic.

ADMINISTRATION AND FINANCE

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 consists of the office of the Assistant Executive-Director in Administration & Finance (AED-Adm. & Fin.) and five sub-departments: Finance, Purchasing, Human Resources Management (HRM), Human Resources Development (HRD) and Facilities- Operations-Maintenance (FOM).

Janie Moar-
Assistant-Executive Director, Administration and Finance (interim)

Clarence Snowboy-
Assistant-Executive Director, Administration and Finance

The fiscal year 2000-2001 was a busy one. Our services were required in all areas of the organization: finances, purchases, office space, lodgings, maintenance, and vehicles to name a few.

The department was called upon to provide to the Board of Directors and its committees with technical and administrative support during their meetings. We worked on many files from the previous year, as well as some new projects. The following are a number of our accomplishments of the past year, some of which are ongoing.

Administrative Files

1. Our banking services are now at First Nations Bank (of Canada). We basically have all services plus we now do electronic bank transfers for our payroll system, which was done manually before. Extending this new technology to our accounts payable system in the near future is our goal.
2. We were present in all meetings of the Board and its Committees. We provided administrative support and made financial reports as required from time to time.
3. Negotiations between the Crees (Cree Health Board & Grand Council of the Crees) and Ministry of Health & Social Services of Quebec (MHSSQ) was ongoing throughout the year regarding Health & Social Services. Our presence and assistance was required both in preparation of financial information and at meetings. One of the biggest files settled this year was the new regime on Non-Insured Health Benefits for the JBNQA beneficiaries. Other files are currently under discussion.
4. Our administrative services department is under review. This will result in a complete reorganization of our departments and a revision of policies and procedures. In the process, we hope to upgrade our services and systems by maximizing the use of new technologies.
5. As recommended by the Board, the job descriptions of all managers of the organization were reviewed this year, helping our own review of administrative services.

Office Space

6. We have completed relocating Social Services staff, both in Chisasibi and Mistissini.
7. The organization is faced with office space shortage, both in Chisasibi and regionally. This is another major file.

8. The Public Health Team was relocated from their office at the Chisasibi hospital to a more convenient area with more office space in the same building as the head office in Chisasibi.

9. The new Diabetes Service is presently located at Duke Street in Montreal but will probably be relocated to a more convenient place suitable for everyone involved. This is another file we will be working on this coming year.

Lodging

10. Our major accomplishment in lodging for our non-resident personnel was the construction of twenty-two lodging units in Chisasibi. This project was feasible with the collaboration of the Cree Nation of Chisasibi.

11. In order to have a better view and understanding of lodging needs throughout the region of CBHSSJB, a needs assessment study was conducted in collaboration with Cree Construction & Development Company Ltd.

12. There were other immediate lodging needs identified throughout the region; we tried to answer them individually.

Capital and Renovation Projects

Renovation Projects

13. As in previous years, some projects were done during the year. We tried to do as much as possible with the limited resources we have. We concentrated on safety and security related projects. According to the report done by Cree Construction & Development Company, there is still a lot of work to be done in renovations.

Capital Projects

14. The new Readaptation Centre was completed in January 2001 and the staff moved in the same month. The official opening of the Centre was held on March 12, 2001.

15. The Cree Health Board finally received the go ahead for construction of the new Waswanipi Clinic. The construction started in the month of October 2000 and the expected date of completion is June 2001. The new clinic is being built along with six lodging units.

16. The new clinic for Wemindji is still in the planning stage. We are waiting impatiently for a go ahead from the Ministry for the construction.

17. A new project has been given for further study and planning. The Cree Treatment Centre is planned to be in the Chisasibi area but this is not yet confirmed.

18. The enlargement of the clinic in Mistissini has not been confirmed yet.

Financial Information

New credits operations - NIHB

Through the negotiations process, when a settlement was reached in regards to the new regime in Non-Insured Health Benefits, it resulted in splitting into two operating budgets for the organization, one for NIHB and the other for general operations. The following are the budgets:

$9,880,256	Initial budget for Non-Insured Health Benefits
$1,964,066	Adjustment (receivable from MHSSQ) after auditing of financial statements
$11,844,322	Total for the Non-Insured Health Benefits
$35,976,201	Total for the general operations budget
$47,820,523	Grand total budgets from MHSSQ for CBHSSJB

Year-end results

The year ended with an overall deficit of $1,059,961. Total revenues from MHSSQ were $47,820,523 for total expenditures of $48,880,484. There were other revenues from other sources, mainly contribution agreement(s) from the federal government, for an amount of $1,279,534 that was used for programs such as NNADAP, Prenatal and others.

On-going budget matters

$432,700. This is the amount our budget was cut by the Ministry a couple of years ago. This is still an unresolved matter. Also, our Board of Directors had accepted to pass a deficitary operational budget amounting to $432,700 in addition to what we have had confirmed by MHSSQ.

Audit Committee

The Audit Committee met a couple times this year, mainly to review recommendations on notes from our auditors. After a thorough review of the recommendations, they made strong recommendations to the Board of Directors. We are working to implement them.

Human resources of our service

There was lots of movement in our human resources department. The AED-Administration & Finance went on a six-month deferred leave starting at the beginning of February, 2001. This resulted in temporary appointments.

At the HRM, Ms. Colette Fink was appointed as the Consultant in Human Resources Management. Since the head of HRM is on medical leave, we have appointed Ms. Colette Fink as the interim head of the department.

The Head of HRD has been vacant since January 2001. Ms. Rena Matthew has been appointed as the interim head. We will be doing recruitment to fill all vacancies and new positions, mainly in the Finance and Human Resources Management departments.

Future challenges

Our goals for the coming year are to:

- Resolve the office space problems;
- Alleviate the lodging shortages in all communities;
- Advance on all capital projects under way and start new plans for newly identified needs;
- Finalize our restructuring of the administrative services;

- Use and introduce new systems using new technologies in our work environment;
- Make our facilities and environment more safe and secure, both for personnel and users;
- Try to maximize the use of all resources under our disposal, financial, human and material.

In conclusion, it was an interesting year. The work that was done in the administrative services is the result of teamwork. Also, continuous support and direction from the General Management and at the Board level contributed enormously to our accomplishments.

FACILITIES-OPERATIONS-MAINTENANCE

This year was quite busy for our department; we were involved both locally and regionally. At the local level, our department was doing repairs and maintenance at the hospital and other facilities.

Hugo Georgekish-
Facilities-Maintenance and Operations

Another file initiated this year was the fire safety compliance of our buildings. This is a result of a study done by the firm Johnson & Johnson on our emergency systems. In their report, they identified some improvements needed in our facilities. We started to remedy the situation with the help of the Chisasibi Public Safety department. This project is ongoing and we will be doing the same in other communities.

At the regional level, our involvement was required in many areas. Cree Health Board capital projects was an area where we were called to assist in Mistissini for the new Readaptation Centre and later for the construction of the new Waswanipi Clinic. Renovation projects and needs in new vehicles are other areas where we were involved.

For the coming year, our work will continue both locally and regionally; we will be continuing to work with other departments as they require our assistance. The areas we will be focusing on are:

- Safety and security
- Additional office space
- Additional lodging
- Capital projects
- Review of the department's policies and procedures
- Our usual duties in maintenance

Human Resources Development

There has been a lot of transition within our department. Rena Matthew was asked to be the interim as the Head of HRD position had been left vacant.

Also, staffing for positions of HRD Professionals (Health & Social) were finally filled. Ms. Pauline Lepine was hired as the HRD Professional-Health and Mr. Laurent Brunet as the HRD Professional-Social. These successful candidates will oversee the planning coordination and evaluation related to development of human resources in work organization, training, orientation and HRD actions that lead to the goal of Cree staffing and qualifications.

With the Bachelor of Social Work Program (B.S.W.) nearing completion, we will have more qualified Cree people with degrees. They have three courses left to do plus the field placement, which takes place over 15 weeks. The expected graduation date is, hopefully, June 2002. Other on-going programs are the Certificate in Accounting and the Certificate in Administration. Both programs are run in collaboration with UQAT (Rouyn-Noranda) and with some entities/organizations within Chisasibi, e.g., the Cree Health Board, CNC, Chee-Bee, etc.

Both certificate programs are halfway through their terms (five courses out of ten). With these programs we have really advanced towards professional development, as some of the employees within the programs have advanced or been promoted.

We would also like to mention that these programs are unique since they are delivered by a French university for a Cree/English language community. Also, the delivery of these programs is community-based and the success rate is high. But the real success of these programs is that they are designed by the Cree communities.

For training activities within the organization, the Social Services sector has had their annual updating of the Youth Protection Act, legal issues, foster homes, emergency workers, etc. For the Health sector, they have had their annual training in Val D'or. Participants were nurses, CHR's, ambulance drivers and front-line health workers.

Although we have quite a number of requests for training, we cannot fulfill all training requests due to budget restraints. For the coming year, we will work closely with all departments trying to answer most of their training and development needs to benefit the organization and, in turn, the Cree Nation.

HUMAN RESOURCES MANAGEMENT

For more than a decade, there were six authorized positions in the Human Resources Management (Head, Personnel Management Consultant, Executive Secretary, Recruiting Agent for Nurses and two Administrative Technicians) while the services and the staff of the organization doubled. The tasks of Human Resources Management have never been more demanding with the increasing turnover and the rarity of personnel, especially for nurses, doctors and other health and social services professionals.

In our department, we had a lot of personnel movement. A new agent for nurses was hired in September and the position of the Personnel Management Consultant was filled in October. One of our administrative technicians went on educational leave and had to be replaced. Two other members of the team followed courses that will lead to their obtaining a certificate in administration in the year 2002. The Head of Department has been on a sick leave since January 2001. In the interim the Personnel Management Consultant handled her work.

It became clear that additional staff was necessary in order to ensure the continuous delivery of quality services by the Human Resources Management.

Another of our goals is to become more proactive than reactive and focus on the broader human resources aspects. We want to achieve more aggressive recruiting, constantly improve relations with the unions and support the managers and the staff of the organization. Also, we need to regularly update policies, put in place a health & safety program, and manage absenteeism. Absenteeism due to health problems has increased dramatically everywhere in the Health & Social Services, increasing the need to find replacements more often.

For theses reasons, four new positions were authorized. The three administrative technician positions will be filled in August and we are working on filling the one of Health & Safety officer.

Staffing

Last year we reported 236 permanent full time: 34 permanent part-time, 98 temporary full time, 7 temporary part-time, 695 casual workers.

This year we report 245 permanent full time: 33 permanent part time, 116 temporary full time, 7 temporary part-time, 658 casual workers.

Last year we advertised 70 positions in all categories of workers, this year we advertised 68 permanent full time, 8 permanent part-time and 15 temporary positions for a total of 91 positions.

Eleven managerial position were filled, including:

- Director of CLSC - Coastal
- Director of CLSC - Inland
- Personnel Management Consultant
- Executive Assistant - DSP - Social
- Executive Assistant - Services
- Executive Assistant - Administration & Finance
- Executive assistant - Executive Director
- Local Coordinator - Mistissini
- Corporate Secretary
- Director of Cree Patient Services
- Director of Hospital Services

Annie Bobbish-
Head of
Human Resources

Recruitment activities for nurses

The Recruiting Agent position was vacant for a period of two months, namely July and September 2000. The new Recruiting Agent who was hired officially started her orientation on October 6th, 2000.

Shortage of Nurses

Our critical problem with the shortage of nurses remains constant. According to our data in the attached table, the measures, which were taken in April 1999 to overcome this situation, did not demonstrate the anticipated outcome. There are two main concerns which need to be addressed. Several complaints have been made by permanent or occasional employees about the lodging conditions within the Cree communities. As per the collective agreement, employees are entitled to five consecutive yearly leaves of absence from their initial employer to work in a northern establishment but these potential employees are being denied their leaves of absence due to the shortage of nurses.

Comparison table: before and after the retention & inducement premium

	1998 - 1999	1999 - 2000	2000 - 2001
Received curriculum vitae	90	120	90
Hiring	26	32	25
Various leaves:	15	12	Total: 12
Differed			2
Education			2
Sick leave (long term)			2
Leave without pay (long term)			2
Sharing time			3
Final terminations	15	19	Total: 20 Hospital: 11 Coastal: 5 Inland: 4
Number of uncovered weeks	50	36	6
Number of weeks covered by placement services (Agencies) *Note: to take under consideration the "surplus d'infirmières"*	44	54	Total: 85 April-Sept.: 52 Oct.-March: 33
Interviews	N/A	N/A	Total of 4 weeks of interviews were held throughout the year
Advertisement	N/A	N/A	Magazine: 1 "Nursing Québec"
Outreach activities	N/A	N/A	Symposium: 1 University: 0 C.E.G.E.P.: 0

Gordon Matthew-
Head of Purchasing

PURCHASING DEPARTMENT

The Head of Purchasing returned to work August 2000 after a 10-month leave of absence.

Twenty lodging units for non-resident employees of the organization were near completion at that time in Chisasibi. As usual with projects of this size, a lot of time and energy was spent to make sure everything is in place. With the help of different managers in Chisasibi, we were able to order furnishings and make arrangements for delivery. The units were occupied by December 2000. These units eased the housing shortage the Cree Health Board was experiencing in this community.

In 2001 a new Reception Centre was built in Mistissini. This also involves coordinating the major purchases to furnish the facility, which is still ongoing at this time.

The department was hooked up to the Internet in the spring of 2001. Hopefully, in the future, we will make use of this technology by doing most purchases online. This would cut down on paper work considerably.

There are still three full-time employees in the Purchasing Department: the Head of Purchasing, the Storekeeper and the Intermediate Clerk.

Lawrence Potter-
Head of Finance

FINANCE DEPARTMENT

In terms of departmental operations, the Finance Department has once again had to cope with significant staff movement, particularly at the senior level. Everyone chipped in to best meet the basic services the department is called upon to provide.

Growth and development of the organization in recent years has shown its toll; the handling of payments of service contracts, travel advances and claims, as well as accounts receivables has become too much for one person. The Board of Directors has accepted the creation of one-half full-time additional Intermediate Clerk to take over accounts receivables and to sharpen our follow-up and collection of all receivables. Attempts to fill the position have so far been unsuccessful but it is expected to be functional early in the new year.

Another development introduced this year is the electronic fund transfer. So far, it has only been used by the payroll department, but plans are to expand its use to other disbursement and banking activities as soon as it is feasible to do so.

Non-Insured Health Benefits (N.I.H.B.) have, however, been the main concern of the organization as we advance in time, and certainly the effects of these were a daily concern for the Finance Department. Cash flow has become a constant preoccupation due to the fact that the organization was underfunded in the area of NIHB . The strain has attained the level of several million dollars each fiscal year, creating more and more delay in paying our suppliers.

During the year, the organization and the Negotiating Team were able to the settle the funding for Non-insured Health Benefits the with Ministry of Health and Social Services of Quebec (MSSSQ). This brought relief to everyone concerned. The arrangement also called for adjustments on our end, we are to report more clearly all our NIHB costs and activities. The modification to the chart of accounts is complete, the financial report format still has to be worked on with the Ministry, and the new statistical reporting requirements still have to be defined. This will be done as soon as the program manager has been hired in the new year.

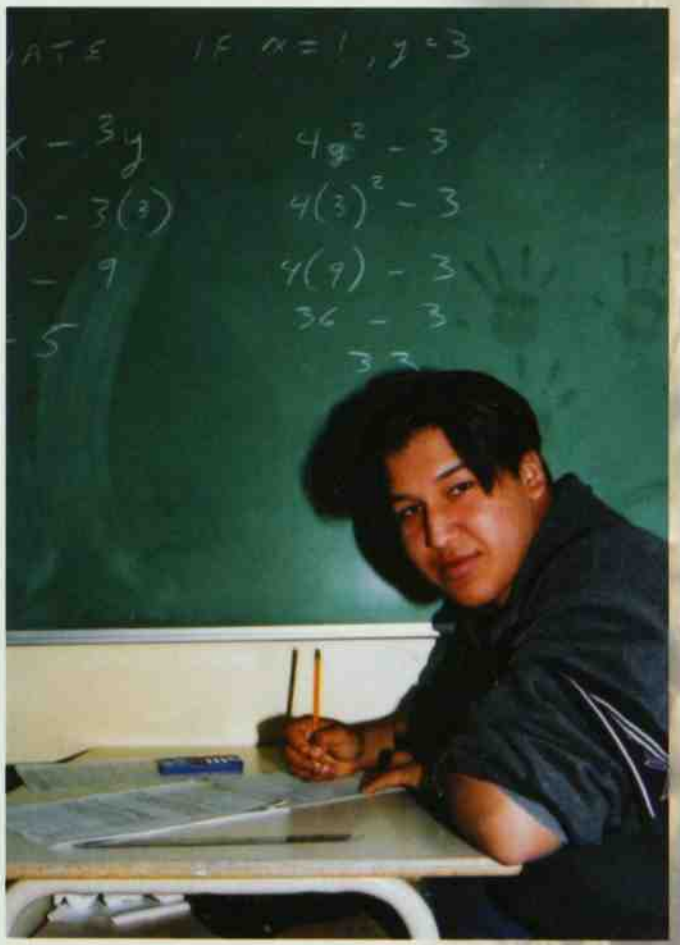
All in all, much has been done but there is still more to do.

On a final note, I want to thank and commend all my workers, and all of those we work in cooperation with for sticking it out through the hard times — better days are still ahead of us.

Cree Board of Health and Social Services of James Bay

Year ended March 31, 2001
STATEMENT OF OPERATIONS

	2001	2000
Revenues:		
Ministry of Health and Social Services	$46,160,434	$36,266,526
Other Establishments	60,100	—
Patients	133,927	110,251
Complementary activities - Federal	1,279,534	1,041,916
Assigned Funds (M.H.S.S.) and other sources	1,466,062	1,287,352
	49,100,057	38,706,045
Expenses:		
Salaries	19,363,132	16,487,074
Social benefits	6,489,372	5,193,633
Expenses - non-insured health benefits excluding salaries and social benefits	9,947,963	—
Expenses - assigned funds excluding salaries and social benefits	800,222	683,665
Drugs	—	2,618,373
Medical and surgical supplies	571,894	577,843
Dietary	157,704	146,881
Administrative services	3,638,510	2,903,155
Maintenance, security and operation of facilities	3,175,722	2,719,767
Other	6,015,499	10,970,451
	50,160,018	42,300,842
Excess of expenses over revenues before the reimbursement of the deficit by the M.H.S.S.	(1,059,961)	(3,594,797)
Revenue M.H.S.S. - reimbursement of the deficit	—	3,594,797
Excess of expenses over revenues	$(1,059,961)	$ —



FINANCIAL STATEMENTS

Year ended March 31, 2001

STATEMENT OF SURPLUS - OPERATING FUND

	Principal activities	Other activities	Total
Balance, beginning	$1,987,366	$(1,534,163)	$ 453,203
Prior period adjustments	48,529	—	48,529
Excess of expenses over revenues: - principal activities	—	(1,059,961)	(1,059,961)
	48,529	(1,059,961)	(1,011,432)
Balance, ending	$2,035,895	$(2,594,124)	$ (558,229)

STATEMENT OF CAPITAL - PLANT FUND

	2001	2000
Balance, beginning	$18,253,061	$17,576,243
Government grant for fixed assets	146,400	768,618
Interest on long-term note	(86,400)	(91,800)
Other	(520,409)	—
Balance, ending	$17,792,652	$18,253,061

Year ended March 31, 2001
BALANCE SHEET

	2001	2000
Assets		
Operating Fund:		
Cash	$ —	$ 123,405
Due from the Ministry of Health & Social Services	9,477,538	5,385,025
Due from other fund	34,604	1,702,025
Other accounts receivable	1,459,333	1,322,466
Deferred holiday treatment	275,882	272,558
Prepaid expenses	378,470	278,382
Inventory of supplies, at cost	398,073	385,367
	$12,023,900	$9,469,228
Plant Fund:		
Cash	$ —	$ 638
Due from the Ministry of Health & Social Services	438,862	958,633
Land, building and equipment	39,723,730	31,332,495
Other assets	534,652	524,751
	$40,697,244	$32,816,517
Special Funds:		
Cash	$ 12,885	$ 5,001
Due from other fund	1,725,120	1,461,753
	$ 1,738,005	$ 1,466,754

	2001	2000
Liabilities		
Operating Fund:		
Bank loan	$ 4,584,215	$ —
Due to Special Funds	1,725,120	1,461,753
Deferred revenue	62,565	514,558
Deferred holiday treatment	136,197	174,454
Other accounts payable	6,074,032	6,865,260
	12,582,129	9,016,025
Surplus	(558,229)	453,203
	$12,023,900	$ 9,469,228
Plant Fund:		
Bank loan	$ 3,000,000	$ —
Temporary financing	758,555	—
Due to other fund	34,604	1,702,025
	3,793,159	1,702,025
Long-term debt - note	11,772,100	960,000
Other long-term debts	7,339,333	11,901,431
	19,111,433	12,861,431
Capital	17,792,652	18,253,061
	$40,697,244	$32,816,517
Special Funds:		
Designated funds not allocated	$ 1,725,120	$ 1,461,753
Funds held in trust	2,885	5,001
	$ 1,738,005	$ 1,466,754

FINANCIAL STATEMENTS

Year ended March 31, 2001
SUPPLEMENTARY STATEMENT OF EXPENSES

	2001	2000
Principle activities:		
Assistance and support to youth and families	$ 2,775,503	$ 2,377,550
Accommodation/rehabilitation center for youth	3,724,914	2,940,227
Health care administration	260,114	306,771
Short-term nursing care	1,861,241	1,746,950
Mental health	512,531	341,682
Public health	162,026	—
Programs management support	18,750	—
Ambulatory services	753,412	1,085,722
Family type resources - allowances	122,351	157,682
Household aid	1,447,046	1,140,656
Occupational therapy and natural medicine	109,704	80,835
Preventive dental care	140,449	109,968
Curative dental care	613,845	1,096,330
Psychosocial services	1,162,960	933,293
External services - health clinics	7,458,787	8,543,086
Laboratories	803,032	828,211
Hemodialysis	421,351	294,770
Pharmacy - hospitalized patients	619,595	488,360
Radiology	230,007	191,666
General administration	6,237,109	4,974,338
Technical services administration	154,241	98,761
Technology - information systems	339,463	286,937
Patient transportation	-	6,157.897
Reception, medical archives & communications	1,183,450	1,029,352
Dietary	493,822	458,683
Laundry and linen	51,007	55,338
Housekeeping	714,166	683,572
Operation of facilities	2,737,762	2,246,034
Maintenance of facilities	893,265	853,458
Special activities	1,234,228	993,903
Non-Insured Health Benefits (NIHB)	11,844,322	—
Expenses not distributed	310,115	874,912
Transfer of general expenses	(510,084)	(118,018)
	48,880,484	41,258,926
Other activities	1,279,534	1,041,916
	$50,160,018	$42,300,842

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