2023 | 2024

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âshikum pipunh tipâchimûsinihîkin

Annual Report

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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

misinâpiskihîkin

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2023 | 2024

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âshikum pipunh tipâchimûsinihîkin

Annual Report

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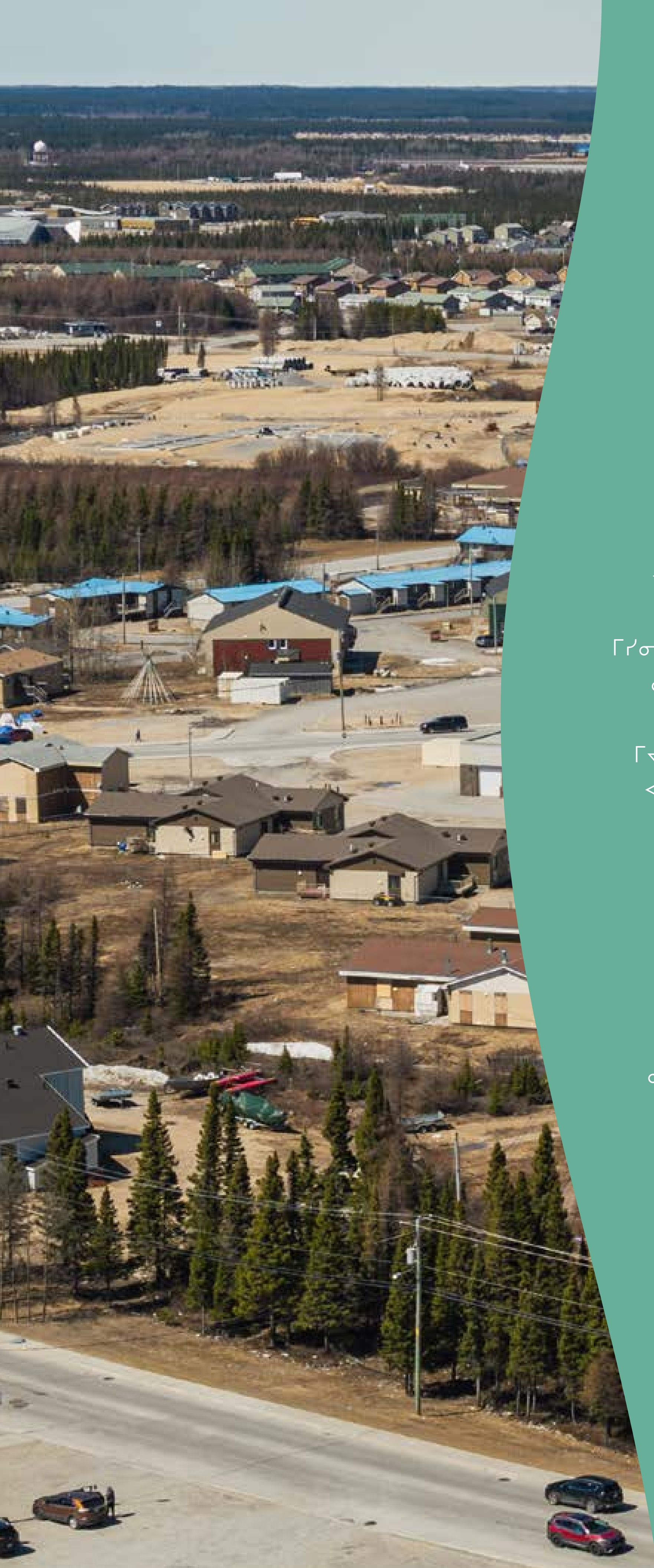

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âûk nîyân

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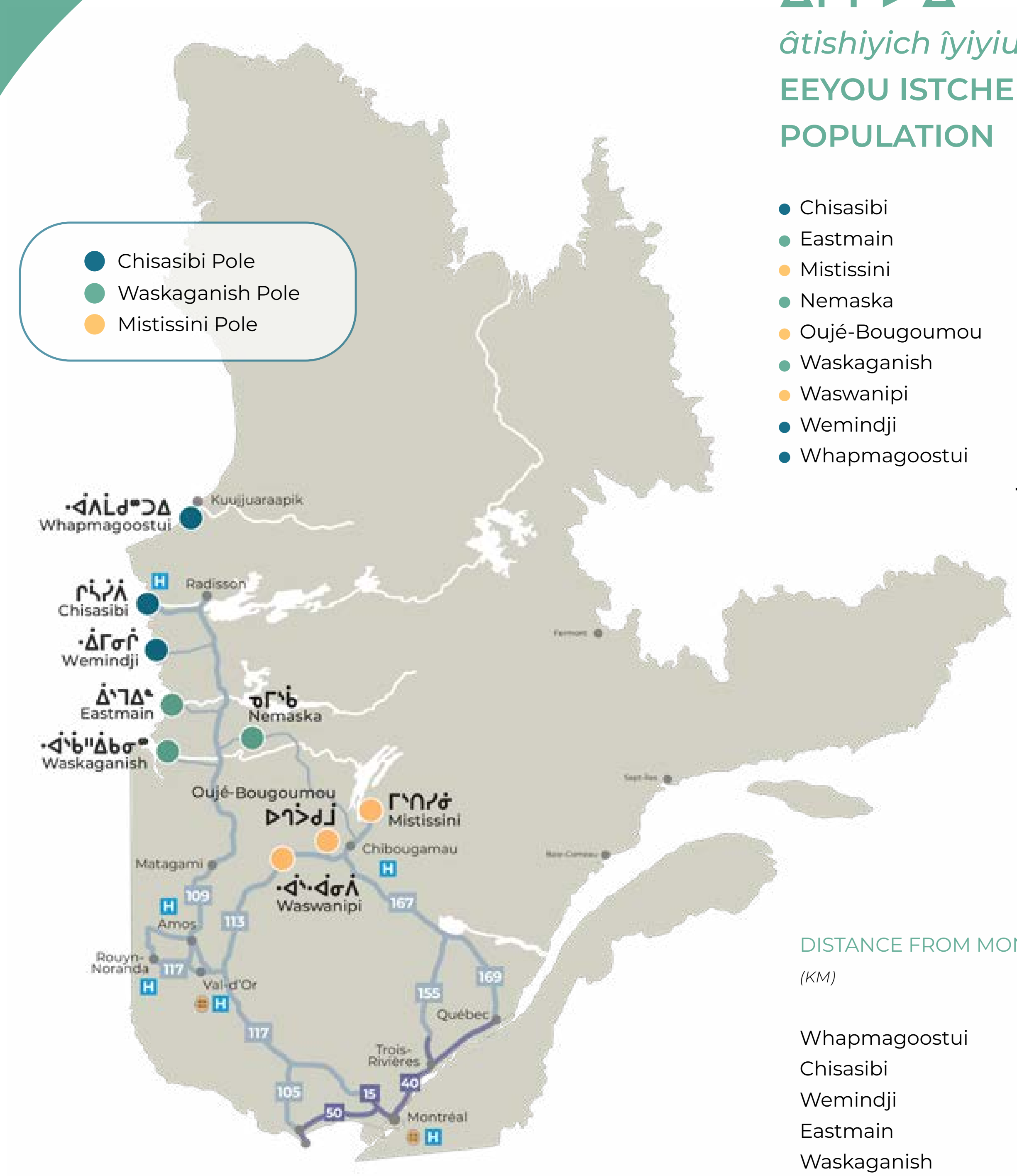
ABOUT US

Founded in 1978, the Cree Board of Health and Social Services of James Bay (CBHSSJB) is responsible for the administration of health and social services for all persons residing permanently or temporarily in Region 18, the administrative region of the Ministry of Health and Social Services of Québec corresponding to the Cree territory of James Bay. Our mandate is defined in Chapter S-5—an Act respecting health services and social services for Cree Native persons.

In each of the nine communities of Eeyou Istchee, the CBHSSJB operates a Community Miyupimâtisîun Centre (CMC), which is similar to an Integrated health and social services centre (CISSS) elsewhere in Québec. CMCs offer services in general medicine, home care, dentistry, social services and allied health, among others.

In addition to CMCs, the CBHSSJB operates the 29-bed Chisasibi Regional Hospital, three group homes for youth at risk, a Regional Public Health department and program planning unit, Wîchihîtuwin liaison offices in Chibougamau, Val-d'Or and Montréal, and a recruitment office in Montréal.

The Head Office is in Chisasibi. The CBHSSJB is governed by an elected Board of Directors whose Chairperson is Mr. Bertie Wapachee. Advisory Committees and Councils report directly to the Office of the Chair, as do the Resolution Officer, the Service Quality and Complaints Commissioner and the Medical Examiner. The Executive Director is Mr. Daniel St-Amour.



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âtishiyich îyiyiuwich

EEYOU ISTCHEE POPULATION

Chisasibi	5,189
Eastmain	917
Mistissini	4,173
Nemaska	914
Oujé-Bougoumou	885
Waskaganish	2,646
Waswanipi	2,123
Wemindji	1,647
Whapmagoostui	1,073
	19,566*

DISTANCE FROM MONTRÉAL

(KM)

Whapmagoostui	1,757
Chisasibi	1,466
Wemindji	1,394
Eastmain	1,232
Waskaganish	1,130
Nemaska	1,033
Waswanipi	820
Mistissini	795
Oujé-Bougoumou	732

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

** There is approximately an additional 5% non-permanent residents who also receive services from the CBHSSJB. The 0 to 4 year-old age group has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and MSSS 2017-2020 deaths numbers. Sources: MSSS, 2022 JBNQA Cree beneficiary list; MSSS Births databases 2017-2020; MSSS Mortality databases 2017-2020; Statistics Canada 2016 and 2021 Censuses.*

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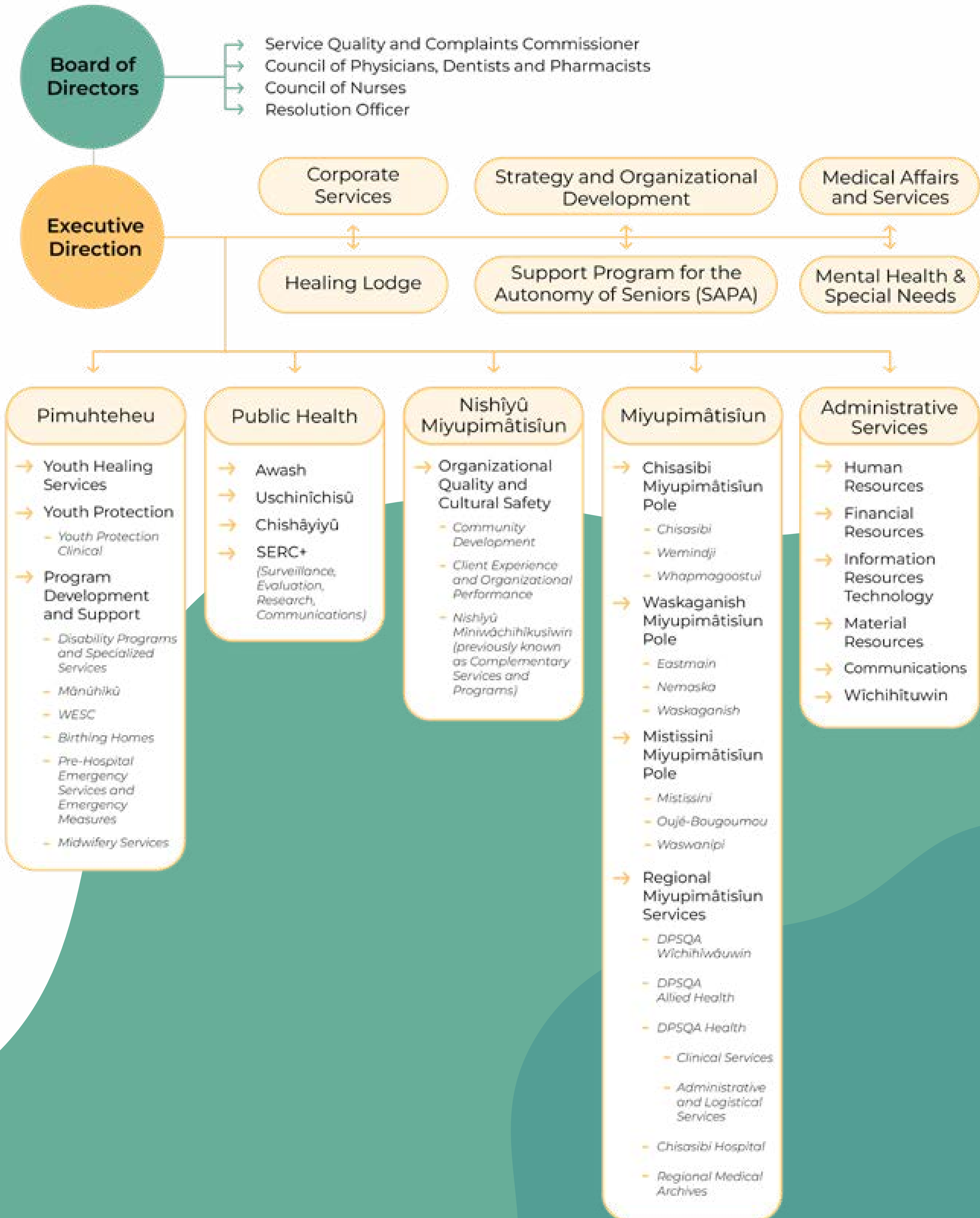
âtiskâtûhch âpitisîsûwîyich

ORGANIZATIONAL CHART



2023 – Eeyou Istchee Year of Social Solidarity

EMPOWERING INDIVIDUALS TO FURTHER STRENGTHEN THE CREE NATION

The Cree Board of Health and Social Services of James Bay (CBHSSJB) embraced 2023 as the year to focus on rebuilding and fostering Social Solidarity within the Cree Nation. Along with its partners, the organization approached 2023 by emphasizing two broad themes:

1

THE IMPORTANCE OF DIVERSITY

Embracing identities as Eeyouch individuals and prioritizing community well-being.

2

THE INTERDEPENDENCE OF COMMUNITY MEMBERS

Recognizing the reliance of individuals on one another and the interconnectedness of communities.

The signing is a Statement of Intent to collaborate between the Cree First Nations of Eeyou Istchee (CFNs), The Grand Council of the Crees (Eeyou Istchee)/Cree Nation Government, The Cree School Board (CSB) and The Cree Board of Health and Social Services of James Bay (CBHSSJB)

Throughout 2023, CBHSSJB has nurtured a shared core of cultural values and principles, such as mutual respect and honour, fostering concerted and collective actions. We actively engaged with the Cree Nation to establish a consensus on collective objectives and standards for social solidarity.

The unified efforts of the Cree Nation have empowered individuals to enhance their physical, spiritual, mental, and emotional well-being, thereby further fortifying the Cree Nation as a whole.

We trust that this annual report demonstrates CBHSSJB's dedication to advancing the goals of social solidarity set forth by the Cree Nation for 2023.

Bertie Wapachee, Daniel St-Amour, Édith Cloutier and Helen Bélanger-Shecapio-Blacksmith taking part of the announcment of the Val-d'Or Native Friendship Centre infrastructure renovation & expansion project on May 1st, 2023.

REMEMBERING HOW STRONG WE ARE ALL TOGETHER

The CBHSSJB faced unprecedented challenges due to record-breaking numbers of fires in and around Eeyou Istchee in summer 2023. Eight of nine communities were evacuated, either partially or fully. Some more than once. A special edition of Tipâchimûn Misinihîkan was dedicated to highlighting the collaboration and the tireless efforts of CBHSSJB employees, as well as the regional and international partners. Let's remember the words of appreciation of our colleagues.

It is with great admiration and gratefulness to acknowledge the hard work and dedication the entire frontline staff, managers and other staff who stepped up to take on roles to support the Forest Fire situation in the evacuation and return to home processes. We commend you all for a job well done!

Holly Danyluk
Proximity Director Waskaganish Pole

Considering this was for many a first evacuation, your collective response to a common threat, I believe that everyone did very well. So anytime you doubt yourself, remember this time, your strength, your response. You can literally get through anything! You have demonstrated that time and time again. Keep going, keep shining, and remember YOU GOT THIS!

Jeannie Pelletier
Proximity Director Chisasibi Pole

Our workers in the communities and Cree entities have stepped up to the challenges and worked hard to keep everyone safe, whether they were staying in the community or being sent out. Ginscommidin (special Cree thank you) to all those who helped out to make this happen, including our community leaders and health professionals. We are always grateful for your courage, collaboration, dedication and support over the summer and whenever needed as our communities' face forest fires and other issues.

Dr. Darlene Kitty
President of Council of Physicians, Dentists and Pharmacists (CPDP)

Meegwetch for your tremendous help in the challenging times during the forest fire and evacuation situations. Your diligence, hard work, late nights, and early mornings has been amazing. Excellent work to you all!

E. Virginia Wabano
Proximity Director Mistissini Pole

To our frontline and support staff who stepped into the fiery chaos, and remained steadfast during the evacuations, your unwavering dedication and compassionate care have been a beacon of hope amidst the flames. Your tireless efforts and selflessness in providing comfort, healing, and support in the face of unimaginable challenges are a testament to your extraordinary commitment to humanity. Thank you, brave nurses, for embodying the true essence of heroism and for being the guiding light in times of darkness.

Nancy Shecapio-Blacksmith
Director of DPSQA Health

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OFFICE OF THE CHAIR AND GENERAL MANAGEMENT

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û piskitisinihîkinach akûht mâsinâtâhch tân âsinâhkuyich kiyâ tân â chiskâtûyich miyupimâtisîun kiyâ nituhkuyin âpitisîwîn âwîhch kiniwâpitâkinûch âpitisîshâwîyich âsinâkûyich ût apitisîwîniwâu îyiyiwîyich âhâpitisîstuakânûwîyich.

This chapter presents an overview of the CBHSSJB, the health of the population and the activities of the Board of Directors and Executive.

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kâ nîkânipishtihk miyupimatisîun anânâkichihtâkinûch ûtîyimûwin

Bertie Wapachee
CHAIRPERSON

MESSAGE FROM THE CHAIR

Watchiyakw, Greetings to all, Bonjour,

In the midst of our journey, we find ourselves privileged to stand at the crossroads of the Cree Board of Health and Social Services of James Bay's evolution towards a pioneering paradigm of care: the Miyupimâtisîun Integrated Care Model (MIC-M). This juncture marks a historic chapter for our organization, characterized by our engagement in legislative discussions and the modernization of the S-5 framework. Concurrently, we navigate the depths of a comprehensive review of the Youth Protection Act, catalyzing the establishment of the Cree Youth Protection Commission to aid in this endeavor.

Throughout this fiscal year, we have embarked on significant initiatives, including the formulation of a new Strategic Regional Plan (SRP), the restructuring of our organizational framework, and the meticulous preparation of the forthcoming Health Agreement spanning 2023-2030. In unison with allied entities, we have fortified our commitment to social solidarity, underscored during the Year of Social Solidarity, an occasion that impelled us to recalibrate our collective responsibilities as stewards of our Nation's welfare.

Amidst the backdrop of capital undertakings and the transition between successive Strategic Regional Plans and Health Agreements, we have persevered through the aftermath of a tumultuous period marked by the pandemic's enduring impact and the ravages of seasonal wildfires. Undoubtedly, these challenges have tested our resolve, yet through concerted effort, we have surmounted formidable obstacles.

The forthcoming Health Agreement forecasts a capital investment over a span of seven years, alongside substantial operational allocations, an ambitious blueprint poised for realization upon its endorsement. Implicit within this framework is the imperative to redress the setbacks incurred during the pandemic era, exacerbated by market inflation and the scourge of wildfires in 2023.

With the mantle of responsibility squarely upon us, we embark upon the modernization of our healthcare infrastructure, ushering in a new era of facilities, services, and employment opportunities. Foremost among the dividends of this transformative endeavor is the promise of burgeoning career prospects for our youth and tertiary scholars, thereby nurturing a sustainable legacy for generations to come.

In closing, I extend a solemn remembrance to our departed colleague, the late Abraham Ottereyes, and our cherished clients Allan Etapp and Charlie and Cecile Gull, who tragically perished in the lamentable events of March 21, 2024, on Route 113. May our condolences and prayers for solace serve as a beacon of compassion amidst the darkness of loss.

As I approach the culmination of my four-year tenure, I reflect with profound gratitude upon the privilege of stewarding the Cree Board of Health and Social Services of James Bay and the Cree Nation as Chairperson of CBHSSJB. To all who have contributed to our shared journey, I offer my sincerest appreciation and bid you: Godspeed!

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kâ nîkânipishtihch

BOARD OF DIRECTORS

Board of Directors

4 regular meetings & 9 special meetings

Bertie Wapachee | *Chairperson*
Christine Petawabano | *Vice-Chair, Mistissini*
Daniel St-Amour | *Executive Director*
Robert Auclair | *Whapmagoostui*
Eric R. House | *Chisasibi**
Teresa Danyluk | *Wemindji*
Jamie Moses | *Eastmain*
Ryan Erless | *Waskaganish*
Stella Moar | *Nemaska**
Paul Gull | *Waswanipi*
Susan Mark | *Oujé-Bougoumou*
Dr. Robert Tremblay | *Clinical staff Representative*
Nicholas Ortepi | *Non-clinical staff representative*

Administrative Committee/ HR Committee

8 meetings

Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Robert Auclair
Nicholas Ortepi
Teresa Danyluk
Liliane Groleau
(HR Committee)
Nathalie Roussin
(HR Committee)

Governance Advisory Committee

4 meetings

Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Jamie Moses

Research Governance Committee

5 meetings

Bertie Wapachee
Daniel St-Amour
Eric House**
Stella Moar**
Robert Auclair

Non-voting members:
Jonathan Sutherland
Lisa Petagumskum
Isabelle Duguay

Risk Management Committee

4 meetings

Bertie Wapachee
Daniel St-Amour
Kimberly Buissières
Christine Petawabano
Eric House**
Stella Moar**
Robert Auclair

Audit Committee

4 meetings

Jamie Moses
Teresa Danyluk
Eric R. House**

Vigilance Committee

4 meetings

Sarah Cowboy/
Bonnie Fireman
Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Paul Gull

** The 3-year term for Chisasibi representative Eric House and Nemaska representative Stella Moar has ended and both communities have held elections recently. Pauline Lameboy is the newly elected representative for Chisasibi and Thomas Jolly Sr. was elected by acclamation in Nemaska; they were officially appointed in April at a special meeting of the Board of Directors.*

*** Both Eric and Stella left vacant seats on some board committees; these vacancies will be filled at the next sitting of the Board of Directors.*

L to R – Robert Auclair, Teresa Danyluk, Pauline Lameboy, Thomas Jolly Sr., Paul Gull, Christine Petawabano, Bertie Wapachee, Daniel St-Amour, Jamie Moses, Susan Mark, Dr. Robert Tremblay and Nicolas Ortepi. Missing: Ryan Erless

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ûchinâu miyupimatisîun anânâkichihtâkinûch ûtîyimûwin

MESSAGE FROM THE EXECUTIVE DIRECTOR

Daniel St-Amour

EXECUTIVE DIRECTOR

The past year has been very active for the CBHSSJB. Our 2023-2030 Strategic Regional Plan (SRP) was approved by the Board of Directors in December, laying out our trajectory for the rest of the decade. The SRP also defines our priorities for this coming year's negotiations with the government for a new health care agreement, from developing new infrastructure to reorganizing our services.

The Miyupimâtisîun Integrated Care Model (MIC-M), our new model of care, is a good example, addressing a range of priorities from cultural relevance to accessibility and holistic approaches through. The MIC-M is proving to be successful and will be expanded in the coming year. In order to support this new model of care, we collaborated with the MSSS and the *Collège des Médecins* to create physician-assistant (PA) positions and to operate a pilot program for physician assistants in the province. We will be Québec's first health board to use PAs, who will play an important role in the operation of the MIC-M.

The Cree Youth Protection Commission, another important initiative, has spent the past year consulting with stakeholders across Eeyou Istchee and will submit its report this summer; the report will provide important information that will help guide future youth protection services in Eeyou Istchee.

We are carrying out a number of major infrastructural developments that will help ensure that the CBHSSJB is able to meet the expanding needs of our growing population. For example, the new CMC in Waskaganish is progressing well ahead of schedule, and will bring hemodialysis services, currently available in Chisasibi and Mistissini, to the communities served by the Waskaganish regional pole. We are also bringing hemodialysis services to Waswanipi through renovations and expansions to that community's CMC. Meanwhile, the new regional hospital continues on schedule, we have received approval to build an Elder's Home in Mistissini, and we have purchased the Mirage Outfitter, which will be the site of the new healing lodge. We have done a solid job of adapting our approaches to construction in order to manage growing costs in this sector. It is because of our effective management, this past year and in previous years, that we have consistently received full government support for our initiatives.

Finally, we also experienced a particularly demanding forest fire season. I am very proud of how everyone came together to manage the challenges posed by the fires. Our staff did an exceptional job of ensuring our patients' safety and security. Climate change may mean we will be facing these challenges more regularly, so we are increasing our operational readiness by creating a new Emergency Planning Department responsible both for emergency preparation and training and for our mobile hospital units, which can provide emergency support wherever needed across Eeyou Istchee. Through the initiatives I describe here and others you will read of in this report, we continue to seek ways to grow and nurture miyupimâtisîun across Eeyou Istchee.

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kâ pimipiyihtâch âpitisîwiniyiu

EXECUTIVE AND SENIOR MANAGEMENT

Office of the Chairperson	Commissioner of Service Quality and Complaints	Sarah Cowboy
	Assistant Commissioner of Service Quality and Complaints	Bonnie Fireman
	Office of the Resolution Officer	Ron Shisheesh
	Council of Physicians, Dentists and Pharmacists	Dr. Darlene Kitty
	Council of Nurses	Edith Bobbish
General Management	Executive Director	Daniel St-Amour
	Assistant to the Executive Director	Paula Rickard
	Director of Strategy and Organizational Development	Justin Ringer
	Director of Corporate Services	Laura Moses
	Director of Medical Affairs and Services (DMAS)	Dr. François Prévost
	Director of SAPA	Cheng Jung Lin
	Director of Healing Lodge	Laura Bearskin
	Director of Mental Health and Special Needs	Greta Visitor
Pimuhteheu	Assistant Executive Director (AED) - Interim	Jonathan Sutherland
	Director of Youth Protection	Taria Matoush
	AD of Youth Protection - Clinical	Minnie Loon
	AD of Youth Protection - Foster Homes and Youth Criminal Justice Act	Ashley Iserhoff
	Director of Youth Healing Services - Interim	Jeremiah Mianscum
	AD of Youth Healing Services	Jeremiah Mianscum
	Director of Program Development and Support	Anne Foro
Public Health	Director of Public Health	Dr. Alain Poirier
	Assistant DPH - Awash Miyupimâtisîun	Isabelle Duguay & Kymberly David
	Assistant DPH - Uschinîchisû Miyupimâtisîun	Kymberly David
	Assistant DPH - Chishâyiyû Miyupimâtisîun	Lucy Trapper
	Assistant DPH - Surveillance, Evaluation, Research and Communications (SERC+)	Isabelle Duguay
Miyupimâtisîun	AED of Miyupimâtisîun	Christina Biron
	Regional Proximity Director - Quality Assurance and Service Delivery	Chloe Nahas
	Regional Proximity Director - Chisasibi Pole	Jeannie Pelletier
	Regional Proximity Director - Mistissini Pole	E. Virginia Wabano
	Regional Proximity Director - Waskaganish Pole	Holly Danyluk
	Director of the Regional Hospital (Chisasibi)	Priscilla Weapenicappo
	AD Regional Hospital - Interim	Gemma Acco
	Director of DPSOA – Allied Health	Stéphanie Sicard-Thibodeau
	Director of DPSQA – Psychosocial - Interim	Jessica Jackson-Clement
	AD of DPSQA – Psychosocial	Sarah Saganash
	Director of DPSQA - Health	Nancy Shecapio-Blacksmith
	AD of DPSQA Health Clinical Programs	Frédéric Lemieux-Legendre
	AD of DPSQA Health Administrative and Logistical Services	Sophie Leclercq

Community Miyupimâtisîun Centres (CMCs) Local Directors	Chisasibi	Audrée Gilbert
	Eastmain	Leslie Tomatuk
	Mistissini	Roberta Petawabano
	Nemaska	Beatrice Cheezo Trapper
	Oujé-Bougoumou	Louise Wapachee
	Waskaganish	A. Thomas Hester
	Waswanipi	Eleanor Gull
	Wemindji	Rachel Danyluk
	Whapmagoostui	Robert Wynne
Nishîyû Miyupimâtisîun	AED of Nishîyû Miyupimâtisîun	Lisa Petagumskum
	Director of Organizational Quality and Cultural Safety	Julianna Matoush-Snowboy
	AD of Nishîyû	Gertie Shem
Administrative Services	AED of Administrative Resources	Liliane Groleau
	Director of Financial Resources	Jean-François Champigny
	AD of Financial Management Units	Nora Bobbish
	Director of Human Resources	Nathalie Roussin
	AD of Strategic HR Development and Executive Services to Managers	Virginie Hamel
	AD of Human Resources, Employee and Partner Services	Julie Lepage
	Director of Information Technology	Pino Virgilio
	AD of Information Technology	Fouad Harakat
	Director of Material Resources	Luc Laforest
	AD of Material Resources	Charlie Alisappi
	Director of Communications	Marie-Claude Roussin
	AD of Communications	Cora Palumbo
	Director of Wîchihîtuwin	Helen Bélanger Shecapio-Blacksmith
	AD of Wîchihîtuwin Clinical	Martine Constantineau
	AD of Wîchihîtuwin Administration	Emanuelle Lambert
DMAS	Director of Medical Affairs and Services	Dr. François Prévost
	AD, Physican assistant	Jean-Nicolas Chagnon
	AD, Administration	Maryse Gionet
	Chief of Dentistry	Lucie Papineau
	Chief Pharmacist	Amélie Fortin
	Chief of Medicine	Dr. Carole Laforest

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CORPORATE SERVICES

Laura Moses
DIRECTOR

Corporate Services continues to provide support to the Board of Directors and associated governance functions of the CBHSSJB and oversees the document management in Alfresco, a document management platform.

Frequent meetings continued to be held by MS-Teams; only regular board of directors' meetings are held in-person. In 2023-2024, 9 special meetings and four 3-day regular meetings of the Board of Directors took place. Other board committee meetings include: Administrative/HR Committee (8), Governance Advisory Committee (4), Audit Committee (4), Vigilance Committee (4), Risk Management Committee (4) and Research Governance Committee (5).

Continued training/orientation is provided to new Board of Directors members on the Board Governance Model, Board Governance Policies, and Board Roles and Responsibilities. Training on various topics is provided to the members throughout the year on the third day of regular board meetings .

For planning purposes, the Board and Management was provided with a tentative timeline of elections for the CBHSSJB Chairperson. The last election was held on October 19, 2020, and the related run-off election was held on November 10, 2020. The current CBHSSJB Chairperson was declared elected by notice dated November 11, 2020.

An Act respecting health services and social services for Cree Native Persons and CBHSSJB Consolidated General By-Law No. 8 ("By-law No. 8") provide for a four-year term for this position. The next election for this position should therefore be held on November 12, 2024, in view of the preceding day being "JBNQA day".

During the course of the year, the following By-laws were approved: amended Council of Midwives By-law and other By-laws; Risk Management Committee By-law (Law25) Amendment; Vigilance and Client Experience Committee By-law; Amendments to CBHSSJB Consolidated By-law No. 8 and Board Governance Policy No. 5 -Delegation of Authority which complements By-law No. 8 to determine levels of expense authorizations for management, among other things (BGP No. 5 also provides that the Executive Director may submit proposed revisions of these levels to the Board when necessary); Research By-law, Research Governance Committee By-law, and Research Approval Policy & Related matters; Policy on Mobile Devices; and the BGP No.1 Strategic Regional Plan.

At the writing of this report, the recruitment process of an administrative process specialist (APS) – Alfresco has been initiated with the revision of a job description to be aligned with records management requirements, to support user and business needs at the CBHSSJB. The APS will collaborate with other stakeholders across the organization to keep information management policies and procedures up-to-date, and continually improve the ease with which users can find information at the CBHSSJB.

Meegwetch to all my collaborators who work behind the scenes with me to organize efficient meetings of the Board of Directors and its Board Committees!

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che ishinâkuhch âpatisîwin kaye che ishi nahâupayihch an che ati ihtinânûhch

STRATEGY AND ORGANIZATIONAL DEVELOPMENT

Justin Ringer
DIRECTOR

As the organization continues to grow and evolve, so do the activities and projects of the Strategy and Organizational Development team. A major focus and achievement for the team this year was completing the development of the new 2023-2030 Strategic Regional Plan (SRP). Efforts to develop the new SRP first began in 2021. It is the result of a variety of community-based activities, surveys, internal discussions and review of lessons learned from our previous plans and other Cree entities.

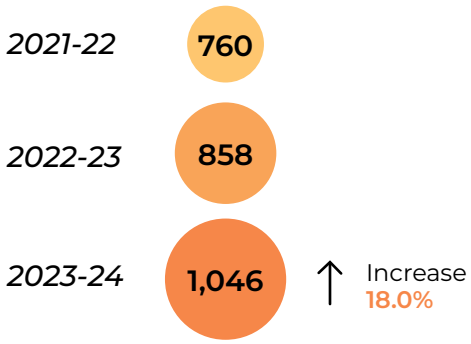
The new 2023-2030 SRP will guide the further development and growth of our organization over the coming years, as we continuously improve our existing services and programs. However, the SRP is only the beginning! Over the next year, we will work with various partners to improve our ability to measure our progress towards achieving the SRP, regularly share this progress with community members and take time to listen to their experiences with the care we provide.

This past year, with the support of many local teams and professionals, we were able to complete the first phase of deploying Electronic Medical Records (EMRs) for all nine communities, providing CMCs and Multi-Service Day Centre (MSDCs) with more efficient and effective digital tools to manage appointments, communicate between front-line teams, and document interventions. A second phase of the deployment will be completed by fall 2024, with functionalities and capabilities that will allow professionals to provide even more seamless and integrated care to Eeyou Eenou. At the same time, we will collaborate with internal and external partners to develop and deploy other clinical systems, as part of the organization's digital transformation.

We also continue our efforts to provide measurement and continuous improvement training to managers, professionals and front-line staff; support teams in reviewing and revising policies and procedures informed by Accreditation Canada standards; and facilitate a variety of workgroups to address and mitigate various clinical risks to ensure the organization continues to provide the safest possible care. Finally, we are excited to lead the planning for a new Health Assembly that will focus on shared responsibility for health and well-being. The Health Assembly will provide individuals from the organization with the opportunity to dialogue directly with communities to develop local plans to achieve miyupimâtisîun together.

The Risk Management Committee met four times in 2023-2024. In addition, the committee by-law was amended in order to also serve as the “Privacy Committee” for the purpose of the Act respecting Access to documents held by public bodies and the Protection of personal information (CQLR, c. A-2.1.).

2023 – 2024
Incident and Accident Declarations



The increase in the number of events reported this year is due to the awareness and encouragement of management and staff of the importance of reporting incidents and accidents, as well as training provided by the Risk Management team to 19 managers and 99 employees.

2023 – 2024
Declared Events

Type of Events	*2022-2023*	*2023-2024*		*Compared to 2022-23*
Assault	7	3	0,3%	↓
Building	2	1	0,1%	↓
Diet	11	4	0,4%	↓
Equipment	21	28	2,7%	↑
Fall	55	51	4,9%	↓
Imaging	15	15	1,4%	↓
Laboratory	124	168	16,1%	↑
Material	13	29	2,8%	↑
Medical Device Reprocessing	18	3	0,3%	↓
Medication	223	187	17,9%	↓
Near fall	5	6	0,6%	=
Other	325	463	44,3%	↑
Personal Effect	0	2	0,2%	↑
Treatment /Intervention	39	86	8,2%	↑
TOTAL	**858**	**1,046**	**100%**	↑

"Other" groups together several types of events, the most frequently reported being events related to appointments scheduling (n=238). These three event types represent 57%[1] of all incidents and accident reports.

In collaboration with DPSQA-Health and the coordinator of laboratories and radiology, regional actions will be undertaken to reduce the types of repetitive events related to medication and laboratory errors.

The Falls risk management working group is still active, ensuring that fall prevention and management measures are put in place in Elder-living facilities. Fall incidents and accidents will continue to be closely monitored due to the forthcoming opening of new living environments.

[1] *57%=[(187+168+238)/1,046]x100*

Of the 1,046 events, seven were classified as sentinel events, meaning that they had or could have had serious consequences for the health and well-being of clients. Sentinel events were analyzed by the risk management team in collaboration with regional and local teams and partners, and measures were put in place to prevent recurrence. All other events were analyzed by the managers responsible for the unit where the event took place.

As a result of incident and accident reporting, seven working groups facilitated by the risk management team are underway to mitigate some of the organization's strategic and organizational risks.

For the coming year, several improvements are expected, including the migration to a new platform for incident/accident reporting, the development of a dynamic dashboard for incident/accident statistics, and new positions within the Risk Management team to support the development of a safety culture throughout the organization.

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COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

Darlene Kitty, MD
PRESIDENT CPDP

Being an advisory council to the CBHSSJB Board of Directors, the Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18 reviews and advocates on matters related to the provision, quality and accessibility of medical, dental and pharmaceutical services in the Cree communities. The CPDP also monitors the competence of its members and supports them in their work on its obligatory and mandated committees. The CPDP collaborates with relevant departments and staff on the organization of services and capital projects, such as planning for the new clinics, regional hospital and Elders homes.

The CPDP Executive Committee and its members also collaborate on the clinical, technical and scientific aspects of the organization, the quality of care, strategic priorities, and ongoing and new initiatives. The CPDP continues to support low-risk birthing and midwifery services, mental health services and the Miyupimâstiûn Integrated Care Model.

Over the past few years, the COVID-19 pandemic and forest fires have affected the CBHSSJB's services and resources. Likewise, the CPDP and its committees were less active, but now are regaining focus and momentum. For example, the Cultural Safety Committee meets regularly to support and conduct educational and advocacy activities.

The departments of medicine, dentistry and pharmacy are addressing their workforce needs and working on clinical and other projects that aim to enhance the delivery of services. The CPDP and its committees will continue to support these clinical departments to improve the quality of care and the health and social well-being of the Crees of Eeyou Istchee.

Physicians, dentists and pharmacists coming together for this year's CPDP annual meeting.

The CPDP remains an important voice in advocating for prioritized services and resources, through our individual and collective efforts. I would like to thank all our CPDP members for their perseverance and dedication in caring for our patients, families and communities so diligently in the past few years. We look forward to advancing our work and collaboration as the CBHSSJB moves forward.

Chinskumituîn

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COUNCIL OF NURSES

We are pleased to present the annual report of the Council of Nurses, highlighting our achievements and initiatives over the past year. It has been a year of growth, collaboration, and dedication to our profession, and I am proud to share our accomplishments with you.

Last fall, we participated in the successful annual nurses training held in Pointe-Claire, Québec. This training, which brought together nurses and auxiliary nurses from across our organization, provided valuable insights, knowledge, and skills to enhance our practice and improve patient care. The event also included a networking dinner, fostering camaraderie, and collaboration among our nursing community.

In addition, as part of our commitment to recognizing and celebrating the contribution of our nurses, we set aside funds to each CMC and the Chisasibi Regional Hospital to honour and appreciate our dedicated nurses and auxiliary nurses during Nursing Week in May 2023. These funds were used to organize special events, activities, and tokens of appreciation to show our gratitude for their hard work and dedication.

Furthermore, the Executive Council of Nurses had the opportunity to review various nursing tools along with the renewed chapters from the Therapeutic Guide. We began research to identify recommendations to improve chronic disease care in Eeyou Istchee. The new By-Law is still under modification and review to reflect the changing reality of the CBHSSJB; it will hopefully be finalized by the end of 2024. Initiatives were taken to increase awareness regarding the Council of Nurses in order to improve recruitment for future projects.

Looking ahead, we remain dedicated to supporting nursing staff, promoting excellence in nursing practice, and advocating for the well-being of our clients. We will continue to prioritize professional development opportunities, recognition programs, and initiatives that enhance the quality of care we provide.

Annual Nurses' Training - Week 1

Annual Nurses' Training - Week 2

Two terms within the Executive Committee for the Council of Nurses came to an end in April 2024: Kelly-Ann MacLeod and Edith Bobbish. The election for the vacant positions will take place at the Annual Nurse's Training in October 2024. The Council working on creating a more structured approach in order to have a greater presence within the organization.

Nancy Shacapio Blacksmith, DPSQA &
Agatha Waclawski, CMC Mistissini

EXECUTIVE COMMITTEE

Edith Bobbish
President & Coastal Representative

Agata Waclawski
Inland Representative & Secretary

Stéphanie Grenier
Regional Services Representative & Treasurer

Vacant
Chisasibi Regional Hospital Representative

Council of Midwives

In 2023-2024, a total of 90 referrals were made to Midwifery Services including complete pregnancy follow-up, postpartum care, and breastfeeding support. Thirty-three births took place on territory, with the birth home emerging as the favored choice among expectant parents. Among all on-territory births, there were three home births and one Mihtukân birth during this period.

Throughout the year, the CMW has been actively engaged with and has advocated for the Eeyou Istchee Pimâtisîwin Chiskutimâchawin (Cree Midwifery Education Program) in collaboration with the *Ordre des sages-femmes du Québec*, aiming to facilitate its launch in the summer of 2024.

In the PL-15 context, the Council of Midwives (CMW) advocated to keep its autonomy as a distinct Council within the organizational structure. We trust that this will ensure the CMW's integrity and sustain its specialized focus on midwifery affairs, especially as the Cree Midwifery Education Program is about to launch, we believe that it will pave the way for Cree midwifery leadership within the CBHSSJB.

The cornerstone of all accomplishments by the Council of Midwives was the unwavering commitment to self-reflective practice and high quality care aiming to bring both culturally and clinically safe care to Eeyou-Eenou life-carriers and their families.

Maude Arsenau-Richard, Chair
& Mayou Soulière, Vice-Chair

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RESOLUTION OFFICER

Ron Shisheesh
RESOLUTION OFFICER

The resolution officer helps resolve workplace issues in a culturally safe manner, promoting equity, fairness and a safe, healthy work environment.

It has been quite challenging doing this work as it is relatively new to the organization, a lot of it very similar to union work, but I'm not involved as such cases like the union. My role is to assess, explain, coach, mediate, and facilitate.

I also make recommendations to resolve issues that arises within the employees, and must always be neutral for all involved as I don't take sides.

I have provided ***Let's Reflect on Ourselves*** trainings regarding workplace harassment and policies to Youth Healing Services, Waswanipi CMC, Wîchihîtuwin, Mental Health, and the IT department, and at the annual nurses training.

I also attended Canadian Institute for Conflict Resolution (CICR) trainings through nishîyû and the Justice Department in January and February.

It has been quite the journey and remarkably challenging. I have enjoyed this role and look forward to helping ensure that the CBHSSJB delivers the best services for everyone within the territory.

Steps taken by the Resolution Officer

in addressing a workplace issue

1. Receipt, evaluation and acknowledgement of the workplace issue by the Resolution Officer (RO) → Response within 48 hours
2. Communication between the RO and the manager concerned to inform them that a meeting will take place with the parties. They decide together of the best moment (date and duration) to ensure that services won't be disrupted
3. Meeting with the initiating party for the first interview to clarify the workplace issue and start working on findings → Within 10 days
4. Meeting with all involved in the workplace issue → Within 20 days
5. Meeting between the senior manager and the RO to discuss findings and clarify, discuss and exchange conclusions and recommendations → Within 25 days
6. Meeting between the RO and the Executive Director (ED) to discuss findings, conclusions and recommendations → Within 30 days
7. Both ED and RO provide, in writing, findings, conclusions and recommendations to ED and Chairperson → Within 40 days
8. Conclusions and recommendations are presented to the HR Committee before including them in quarterly report to the Board of Directors
9. Three (3) months after the conclusions and recommendations are presented, RO follows up, meets and discusses with manager of the department where the workplace issue arose and ensures that the situation is resolved.
   (This includes the requirement to do follow up until the issue is resolved)

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SERVICE QUALITY AND COMPLAINTS COMMISSION

Sarah Cowboy
SERVICE QUALITY AND COMPLAINTS COMMISSIONER

A highlight this year was in October 2023 when our team, along with partners from the CBHSSJB, went to Québec City to participate with our fellow Regional Commissioners to strengthen partnerships with other organizations and learn more about increasing awareness in reporting Elder abuse in our region. One of our goals is to disseminate information not only on what Elder abuse is, but on making it easier for reporting cases of Elders abuse to our office.

The objective for the coming year is to continue creating awareness, promoting the ways of reporting to Commissioner offices, as well as promoting the role of our Service Quality and Complaints office in our organization. It is the in-person visits that truly support our communities – by being there in person, we are also supporting workers in the communities, increasing their knowledge and confidence in how to report and in understanding the benefits to clients for the services they are receiving.

We had anticipated to increase community tours this past year and although we did not go on as many community tours as hoped, we managed to have one visit per community and some visits with the Cree Youth Protection Commission consultations, for a total of six community visits.

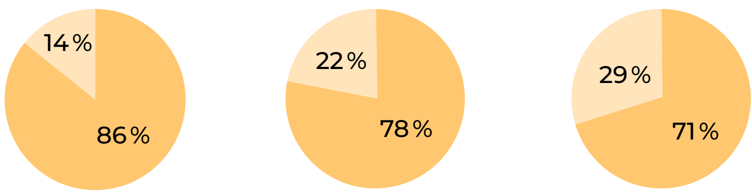
Finally, we would like to extend our gratitude to the persons who have reported in order to improve the quality of care and services being received. Our service quality and commissioners' office will continue to collaborate with the local management within our organization of the CMCs, our Governance Vigilance Committee, and our external partners to improve service quality for our clientele.

NUMBER OF TYPE OF FILES COMPARISON FROM THE PREVIOUS YEAR

	2022 2023	2023 2024	Variance
Complaints	31	16	↓ -48 %
Assistance	88	90	↑ 2.27 %
Consultation	13	7	↓ -46.15%
Intervention	25	47	↑ 88 %
Medical Examiner	4	10	↑ 150 %
Total # of files opened	158	170	↑ 7.59 %

PERCENTAGE OF FILE FOR TYPE COMPLAINT COMPLETED AT 60 DAYS OR LESS AND MORE THAN 60 DAYS AFTER RECEPTION OF THE FILE FOR 3 FISCAL YEARS.

60 days and less
More than 60 days



NUMBER OF COMPLAINT NATURES FOR THE COMPLAINT FILES REGISTERED FOR THREE FISCAL YEARS

	2021 2022	2022 2023	Variation	2023 2024	Variation
Accessibility	12	10	↓ -16.66 %	6	↓ -40.00 %
Care and Services	17	11	↓ -35.29 %	13	↑ 18.18 %
Individual Rights	11	1	↓ -90.90 %	1	= 0 %
Interpersonal Relation	7	10	↑ 42.85 %	3	↓ -70.00 %
Financial Aspects	2	4	↑ 100.00 %	0	↓ -100.00 %
OEPR	9	10	↑ 11.11 %	1	↓ -90.00 %
Other	0	0	↓ 0 %	1	↑ -
Total	58/34	46/32	↓ -20.68 %	26/16	↓ -43.47 %

COMPLAINTS

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

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

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an kâ îtâpatisit enitû chischeyihtahk tân kâ ispayiyich aweyû wehchî nipiyich

MEDICAL EXAMINER

The role of the medical examiner is to analyze complaints that involve a member of the Council of Physicians, Dentists and Pharmacists (CPDP). Each complaint must be reviewed within a precise timeframe and leads to a written report to the complainant. At times, a simple missed communication is the basis of a misunderstanding between a professional and a patient and these difficulties can be remedied through short explanations and awareness of the perceptions from both sides. In other circumstances, a significant issue is brought up and necessitates review of files and several interviews with different people (other healthcare workers, family of patient and other patients) to understand the situation and make adequate recommendations to avoid a similar issue in the future. Quite often, the patient or complainant simply wants to point out a problem and wishes that by officially complaining the situation will not be continued or repeated. For this reason, as the medical examiner, I am grateful for the opportunity to hear directly from patients about the issues that confront them. It is a unique way to recognize and address certain difficulties.

For 2023-2024, I reviewed nine formal complaints. All have now led to a motivated conclusion letter and are closed. One complaint was rejected due to it's oppressive, futile and superficial aspects. No complaint has led to a disciplinary committee.

A few interventions were made with the service quality and complaints commissioner avoiding a formal complaint. It was difficult to respond to all complaints within the expected time frame due to challenges in reaching patients, obtaining files, and/or meeting the professionals. Considering the movement of both patients and professionals and the lack of personnel in archive departments in our CMCs and in Hospitals in adjoining regions, it will remain a challenge to meet imposed target timelines.

Again this year, a few complaints were related to misunderstandings between the professional health-care provider and the patient. At times, a cultural aspect may explain the miscommunication, but this is not always the case, and one must be prudent to conclude that cultural differences are a usual cause of complaint issues. Still following a complaint involving a medical student, I recommended that all trainees should have some cultural safety education before coming to the territory.

Some complaints can be very complicated, involving heads of departments, the director of medical affairs and services, and/or several management levels. Addressing such complaints takes much time and energy. I had one such complaint this year. I recommended a way to resolve the issue through personnel movement and mediation. It then becomes the responsibility of management to apply the recommendations. In such complex cases, I have remained involved, helping to support the process of resolution.

The medical examiner's goal, in the end, is to help improve health care services. I appreciate the opportunity to being in direct contact with our clients, giving me the opportunity to better understand the realities and occasional slips in our provision of services. I thank the complainants who take the time to alert us difficulties, therefore helping us to improve.

Francois Charette, Medical Examiner

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chishâyiyiû tipayimisûwinh kiyâh pikâsischîu

SUPPORT PROGRAM FOR THE AUTONOMY OF SENIORS (SAPA)

Cheng Jung Lin, OT
DIRECTOR

The Support Program for the Autonomy of Seniors (SAPA) is responsible for developing a range of support facilities and services for Elders in Eeyou Istchee, and for ensuring the quality of these services. The Iyaskiwitau Admission Group, which operates under SAPA, receives requests for support from CMC and Homecare case managers and reviews files to determine the best possible support. So far, the Iyaskiwitau Admission Group has compiled a waiting list of 53 individuals. The Iyaskiwitau group has also established connections with internal and external departments and entities to develop support for Elders, given presentations to psychosocial staff, worked closely with CMC and Homecare managers, and participated in the evacuation of vulnerable individuals during the forest fires.

As there are insufficient facilities in Eeyou Istchee to assist Elders needing support, some are sent to long-term care facilities outside of the territory. Many of these Elders cannot speak English or French so SAPA will be hiring a community worker who can speak Cree, English and French, to provide a link to Cree culture and community and to serve as a liaison with health teams in the south.

SAPA is also responsible for overseeing the construction of Elders' Homes. While work was to have begun on Elders' Homes last year, the rising cost of construction required a renegotiation with the MSSS. Funding has been confirmed for the Elders' Homes in Chisasibi and Mistissini, which should see construction begin in the coming year with completion anticipated in 2026. A further home in Waskaganish will be constructed at a later date. A temporary Elders' Home continues to operate in Chisasibi in the MSDC. The nine-bed Ashûkin Home in Waswanipi, a facility for semi-autonomous Elders, was scheduled to open in 2023; however, a flood at the Waswanipi CMC has meant that the Ashûkin facility has been used as temporary office space by the CMC. The facility is expected to open this summer.

Finally, the SAPA team will be drawing on community consultations carried out in developing the Strategic Regional Plan to determine what services and programs might be most useful in the new Elders' facilities.

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mâmâtauwîshikischihûwin

SPECIAL NEEDS AND MENTAL HEALTH

The 2023-2024 fiscal year focused on relationship building with internal and external partners. The coordinator of DPSS and I co-facilitated meetings with internal personnel delivering services to caregivers. Safeguarding the well-being of caregivers, who give so selflessly of themselves, entails providing extra support through the provision of Respite Care Services. Through these meetings, participants inventoried, re-established and informed each other of Respite Care Services within the territory, which either have always been in place or were discontinued during COVID-19's restrictive measures. Service overlaps and/or gaps will be identified later this year.

Another partnership entailed a recent visit to the community of Eastmain, which will be the site of the new special needs facility. Our delegation of CBHSSJB staff consisted of senior leadership, namely the Chair, who joined virtually and the Executive Director who was physically present; local leadership (local director and interim coordinator); regional directors and a regional coordinator; and support staff from local services and our regional office. Local staff were very innovative and highly instrumental in informing the general public of our presentations to the community, and contacting local service providers, for the sound system and catering.

Eastmain's CMC leadership provided additional support during our meetings with the Chief and council, local MSDC and psychosocial staff, and the general public. Our executive director informed the Chief and council about the endeavors of a special needs facility to be realized relatively soon within their community. Our Chairperson expressed our willingness to collaborate and work closely with local leadership, as demonstrated by our visit. The Material Resources' director and his support personnel reviewed the extent of the damage in the MSDC and projected the facility to be ready to provide services by late fall 2024. Our whole delegation viewed potential sites for the proposed facility with support from the Cree Nation of Eastmain's Capital Works director and project manager.

The main endeavors for this upcoming year include overseeing the development of Day Respite Care Services to be delivered in the community of Eastmain with the assistance and partnership of Eastmain's local management personnel and MSDC staff, with training support from DPSS. Further plans include developing a strong collaborative working relationship with the coordinators of Mânûhîkû and Chisasibi's Regional Resource Centre (CRRC) along with the local director of Chisasibi's CMC to potentially enhance mental health services in the community.

Greta Visitor
DIRECTOR

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mîniwâchihikimikw

HEALING LODGE

Laura Bearskin
DIRECTOR

The Mîniwâchihikimikw Healing Lodge (MHL), a land-based wellness recovery center, will take a two-eyed seeing approach characterized by a respectful relationship between traditional Cree values, beliefs, practices and healing ways and Western approaches and methods. The MHL will include 20 beds, with four beds designated for inpatient detoxification services, and will employ a culturally safe holistic person- and family-centered approach with trauma-informed care. The program will run from 30 to 90 days, depending on client needs. Target clientele is adults 18 and over.

Over the past year, the MHL Director has built a team that includes a Program Planning Research Officer (PPRO) and an APS. The coming year will see three more new positions: PPRO Traditional Healing Methods, PPRO Clinical Team Lead and Land-Based Coordinator. The team is collaborating with others in the CBHSSJB to recruit and onboard professionals, front-line staff and team leaders, and to develop staff certification training. The team is also developing an operational guide and program manual.

The MHL site has been selected after numerous conversations with the tallyman and their family. Initial consultations with communities were completed for the design of the healing lodge. Next steps will involve drafting the structure's layout, taking into consideration the communities' vision for the space and the requirements of its programs. The MHL's physical space, programs and direction are to come from the voices of communities, Elders and those with lived experiences. Community engagement and input are vital for these next steps.

The MHL team is responsible for ensuring that the facilities and its programs reflect the needs of those on their wellness journey. Individual pathways, including intake, referral and aftercare support, are built into the MHL's approach. Creating these pathways for individuals will require the MFL staff to share information and communicate with the communities, and the MHL plans to work with services and programs already established in Eeyou Istchee.

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Pimuhteheu

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pimuhtahû wîchihîwâpiyiu châ chi miskûhkâpûtakinûwîyich âpitisîwîn îyiyiyûwîyich âpitisîstâhch châ chi miywâyîtâhkuhch â wîmiskûhkâpuwîyich â wîwâyûpihtakanûwîyich miyupimâtisîun kiyâ îyiyiwîyich â wîchikapustuwâkanûwîyich misiwâ âwânichi châ chi miyû pimatisîyîhch â wî wîchihâkânûwîch.

Pimuhteheu helps make our services stronger through good planning, and works on creating healthy communities through partnerships.

EXECUTIVE SUMMARY

Jonathan Sutherland
INTERIM ASSISTANT EXECUTIVE DIRECTOR

Pimuhteheu means “we walk together” and it is a large and diverse group of departments with widely varying mandates. In pimuhteheu, we recognize our diversity as a strength. Since I joined the organization as AED, I have focused on pulling together a management team in which we walk together, supporting each other along the way.

Pimuhteheu was at the forefront of the CBHSSJB’s response to the unprecedented wildfire season of 2023. The Emergency Measures team worked tirelessly in collaboration with internal and external partners to support multiple evacuations. The Wîchihîwâuwin Emergency Steering Committee (WESC) helped mobilize psychosocial support for a population and workforce under extreme stress. Early in 2024, a two-day debrief with the Canadian Red Cross helped us learn lessons which will help ensure a coordinated response to future emergency situations.

Bella M. Petawabano (Cree Youth Protection Commissioner), Dr. Cindy Blackstock (Executive Director of First Nations Child & Family Caring Society of Canada) and Lorraine Spencer (Cree Youth Protection Commissioner)

The Cree Youth Protection Commission (aah chishtipistihch awaash-uschiniichisiu sikischaayimuwiniyiu), administratively managed by pimuhteheu, concluded community consultations in March 2024. Given the importance of this historic Commission, I accompanied the commissioners during most of the community tour. The next phase of the project is the writing of the report, expected to be completed by the end of December 2024.

The new year will bring changes in the structure and composition of pimuhteheu. SAPA (Elders’ homes), the mîniwâchihikimikw healing lodge, and foster home services will join pimuhteheu, and Greta Visitor will join the team as director of mental health and special needs, adding her experience to the oversight of these two critical services. An Emergency department will be created to strengthen the existing Pre-Hospital and Emergency Measures team, and formalize the role of the WESC. To help us implement these changes, we are developing a management action plan. The plan will help pimuhteheu align our work with the new Strategic Regional Plan (SRP).

We would like to acknowledge the contributions of all the staff who worked tirelessly this year to develop and deliver services, often under difficult conditions.

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chîyîstihp â wîyastîhkw awân awîshûmâkihniwit

PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES

Mistissini
Forest-Fires fighters

Pre-Hospital Emergency Services involves all steps of medical emergency interventions in Eeyou Istchee, and includes multiple partners such as police, firefighters and ambulance services. The team is also responsible for the prompt coordination of actions, persons or property in order to protect the health, safety or welfare of people, or to limit damage to property or to the environment in the event of a present or imminent incident.

Forest fires were a defining feature of the past year. The Pre-Hospital Emergency Services team led regular Regional Emergency Core Group update meetings to coordinate regional responses to forest fires. Participants included fire chiefs, public safety officers, CNG Justice Department, EEPF, local directors, CSB representatives, local public health officers, and regional public health department representatives.

Forest fires burned 3.8 million hectares of Eeyou Istchee last year, destroyed 138 cabins, and led to eleven evacuation orders. Eight of the nine communities were evacuated at least once in summer 2023.

The evacuations used a phased approach:

PHASE 1 *The most vulnerable, who might be more sensitive to smoke or who have mobility issues.*

PHASE 2 *Others with some vulnerabilities not evacuated in Phase 1 (e.g., healthy elders, young children).*

PHASE 3 *The rest of the community.*

Some evacuations were due to smoke levels, others due to fire threatening the community or the access road. Evacuations were logistically complicated due to a range of factors, including road closures and poor visibility, availability of planes and landing areas, and the availability of evacuation sites. Keeping track of evacuees and sharing information was critical. CMCs set up clinics at many evacuation sites to provide health care, which was also available through host communities. Evacuations were for varying periods, sometimes just a few days, sometimes longer, and led to disruptions in regular health care and stresses for community members, as families could be separated and people didn't know what would happen to their homes.

177

people were certified and trained to become as Bush kit Representatives

The **bush kit medical project** distributed 95 medical bush kits in Cree communities. There are now 180 bush Kit representatives who have completed the Cree bush kit training throughout Eeyou Istchee.

The **mobile hospital project** is supported by a Memorandum of Understanding between the Canadian Red Cross, CBHSSBJ, Cree Nation of Chisasibi and CNG. Rapidly deployable four-season tents can be transported and set up wherever needed in Eeyou Istchee. The mobile hospital is self-sufficient for two weeks before needing to be re-supplied and offers basic emergency response capacity and CMC-level services in case of power failures, hospital infrastructure failures, or environmental crises such as forest fires. The mobile units are warehoused in Chisasibi. A training on the mobile hospital units was held for local directors in Waskaganish in February.

New **first responders** received full initial training this past year, and established responders received refresher courses for Mistissini, Chisasibi, Oujé-Bougoumou, Wemindji, Eastmain and Waswanipi.

The **UDATA program**, used to maintain intervention documentation, was upgraded to provide more information on kilometrage of response vehicles, measurements of individual First Responder workloads, and clinical documentation.

NUMBER OF CALLS RECEIVED BY THE FIRST RESPONDERS, PER COMMUNITY FOR 2023-2024

COMMUNITY	Number of CALLS
Whapmagoostui	272
Chisasibi	640
Eastmain	265
Wemindji	373
Waskaganish	616
Nemaska	210
Waswanipi	360
Oujé-Bougoumou	194
Mistissini	1,539
TOTAL	**4,469**

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uschipimâtisîwinh â mîninwâchihtâkinuwihch

YOUTH HEALING SERVICES

Jeremiah Mianscum
INTERIM DIRECTOR

Youth Healing Services (YHS) contributes to the protection, rehabilitation and well-being (physical, mental, emotional and spiritual) of youth in its care by providing them with programs that offer safety, security and treatment.

YHS operates three facilities around the clock, seven days a week: the Reception Centre in Mistissini (26 beds – 10 for boys, 10 for girls and 6 in transition units), the Upâchikush Group Home in Mistissini (7 beds with one emergency bed) and the Wêsapou Group Home in Chisasibi (7 beds with one emergency bed). These facilities receive youth from all communities in Eeyou Istchee, mostly referred through the Youth Protection Act, either by court order or under voluntary measures. Some youth are referred through the Youth Criminal Justice Act.

Youth coming to YHS often face important social challenges at home, have special needs, and/or have complex profiles. Addressing their needs has required YHS to develop partnerships with specialized services and look into ways to adapt to the evolving reality of the communities of Eeyou Istchee.

Assistant Director, Jeremiah Mianscum, began serving as interim Director of YHS in September and has been guiding as it works to meet these challenges. To ensure that new employees have the skills required by YHS employees, YHS has hired two new in-house trainers. The trainers will be focusing on orientation for new staff, as well as training in therapeutic crisis intervention, a trauma-informed approach to residential child care, and Safe Talk, which deals with responses to suicide ideation. Having in-house trainers will ensure greater consistency

in staff training; in addition, the trainers will be involved in identifying other areas for training that would benefit staff. YHS has also added ten intervention agents, who will support educators in helping youth during crises, especially in the use of isolation rooms. YHS also hired a new Bush Program coordinator for boys, and is in the process of recruiting an evening coordinator. Despite these hirings, however, staff shortages remain an issue and the department has experienced a high turnover in employees.

A week-long team-building retreat was held in June 2023 at Louis Jolliet Camp on Mistassini Lake. The retreat involved managers, team leaders, and administrators from group homes and the Reception Centre and enabled participants to connect and strengthen relationships. Further team-building events of this kind are planned for the coming year.

YHS has received some preliminary recommendations from the Cree Youth Protection Commission and is developing action plans to implement these recommendations. Traditional activities figure prominently among the Youth Commission's recommendations so YHS has been redeveloping aspects of its programming, especially the bush program, to address the points raised by the Commission. YHS plans to collaborate further on this effort with partners in nishîyû and with Elders and traditional healers.

Traditional activities are an important part of YHS programming, connecting youth to their Cree values, identity and heritage, and especially the relationship to the land. In November, the youth took part in a journey at LG 2. A modern michuap was constructed behind the Reception Centre in Mistissini to host workshops and cookouts.

As with other programs last summer, some YHS activities were delayed or suspended due to forest fires, especially land-based programming. It is hoped that activities can be carried out fully next summer.

Renovations are currently being carried out in the Wêsapou Group Home in Chisasibi, and in the coming year renovations will be carried out to the Reception Centre and to isolation rooms in the three YHS facilities.

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awâshish sikîschâhyitimuwin a ihtûtâkiniwiyich

YOUTH PROTECTION

Taria Matoush
INTERIM DIRECTOR

The Department of Youth Protection's (DYP) mandate is to ensure the protection of children under the age of 18 years old, whose security and development are compromised or could be compromised in accordance with the Youth Protection Act. The DYP strives to ensure the Eeyou-Eenou culture and language are exercised in the delivery of services.

The DYP recognizes the importance of delivering services in collaboration with partners and other service providers. Our aim is to continue strengthening collaborations with our partners by reviewing the current joint clinical processes and protocols with CMCs, Youth Healing Services, and the Cree School Board and implementing new protocols. The DYP is responsible for the application of the Multi-Sectoral Agreement (MSA) and established a regional table with Eeyou-Eenou Police Force, Cree School Board, and Child and Family Services to ensure that the MSA is coordinated and implemented. This includes establishing the MSA working group and regional committee.

DYP's senior management aims to continue developing the skills of our managers and staff. The goal is to ensure that managers and team leaders provide the clinical supervision that reflects the law governing YP workers, while also implementing the best practices in working with our Cree families. YP staff development includes having our own Cree Youth Protection staff working as YP trainers on the amendments of the Youth Protection Act under Bill 15 and in the implementation of intervention plans. Team training and development will be on-going.

The planning for and implementation of the Division of Measures began in the larger communities in December 2023. This consists of splitting the Evaluation/Orientation team and Application of Measures team. YP workers were assigned to teams based on the number of files. Additional positions were added in order to achieve the new implementation: three human relations officers, four community workers (YPW), and one administrative coordinator were hired.

The YP and Youth Criminal Justice (YCJ) teams have been working collaboratively. The YCJ team provides the legal, administrative and liaison support to Cree youth who are under the YCJ Act, and/or to youth in the Cree territory or off-territory. As of March 31, 2024, the YCJ team has a caseload of 17, with 11 cases awaiting a decision from the Crown. As a prevention effort, the YCJ team has visited several schools to educate and promote awareness of YCJA laws, principles, and procedures.

EVALUATIONS & ORIENTATIONS COMPLETED

556	187
Evaluations	*Orientations*

YP REPORTS RETAINED BY ARTICLE OF THE YPA

Articles		*0-5*	*6-12*	*13-15*	*16-17*	*Total*	
38 a)	Parental responsibilities not taken by another person	1	0	2	2	5	0.85%
38 b)1 I	Neglect in terms of physical needs	2	5	2	3	12	2.05%
38 b)1 II	Neglect in terms of health	15	10	3	0	28	4.90%
38 b)1 III	Neglect in terms of education	12	12	10	5	39	6.69%
38 b)2	Serious risk of negligence	94	58	16	6	174	29.85%
38 c)	Psychological ill treatment	22	21	10	2	55	9.42%
38 c) 1	Exposure to domestic violence	12	8	2	5	27	4.63%
38 d) 1	Sexual abuse	3	15	16	11	45	7.72%
38 d) 2	Serious risk of sexual abuse	4	8	10	11	33	5.65%
38 e) 1	Physical abuse	7	22	11	3	43	7.30%
38 e) 2	Serious risk of physical abuse	13	15	8	1	37	6.25%
38 f)	Serious behavioural disturbance	0	7	43	35	85	14.58%

The Reception and Treatment of Signalment (RTS) services continue to provide 24/7 service, and the RTS team is able to communicate in Cree and English. The RTS is mandated to respond to reports made by professionals and community members where there is child endangerment or neglect, or the risk of child endangerment or neglect. A total of 1311 calls were received at RTS, 242 of which were for information and consultations; 1069 reports were processed, and of these 583 reports were retained and 486 not retained.

Priorities for the coming year include:

- Succession planning and implementation;
- Reviewing and re-organizing the DYP.
- Continuation with the clinical table mandate in development and implementation of policies and procedures.
- Working on the recommendations of the aah chishtipistihch awaash-uschiniichisiu sikischaayimuwiniyiu Task Force.

ORIGIN OF REPORTS PROCESSED

352 *Family Environment*

239 *Police Environment*

63 *School Environment*

174 *Community*

241 *Employees of different organizations*

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PROGRAM DEVELOPMENT AND SUPPORT

Anne Foro
DIRECTOR

Program Development and Support (PDS) is the regional department for planning and programming. It also oversees the departments of Pre-Hospital and Emergency Services; Mânûhîkû (mental health); Disability Programs Specialized Services (DPSS); Midwifery Services and Midwifery Training Program (MTP).

Visual representation of the Miyupimâtisîun Integrated Care Model (MIC-M), illustrated by Theresa MacLeod

The PDS team collaborated with various departments to advance organizational projects:

- The regional addictions program - Awemîniwâchihisûnanouch/a desire to heal oneself - continued by collaborations with the director of healing lodge and the regional addictions working group. The community-based addictions recovery services in Mistissini progressed well. Training activities have been carried out for NNADAP workers and for nurses at their annual training, and support given to local managers for onboarding and orientation of outreach workers
- Miyupimâtisîun Integrated Care Model (MIC-M) development and support for implementation
- Organization Redesign project which supports the implementation of the MIC-M
- Regional Mobile Hospital project in partnership with Canadian Red Cross (CRC)
- Other organizational projects: Homelessness plan; Partnership table on sexual abuse & sexual violence; Homecare services and Elders' care; Bush Kit program; data compilation and reports on First Responders' services; Region 18 resource directory updates

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mânûhîkû

MENTAL HEALTH

Mânûhîkû with support from our leaders and colleagues, were able to deliver and achieve the mandate set for 2023-2024 by supporting the communities in the promotion of mental wellness and holistic care by providing intervention and treatments services.

2023-2024 Highlights

- Over 100 people trained in Applied Suicide Intervention Skills Training
- About 30 CBHSSJB staff trained in Best Practices in Suicide Intervention – Cree version
- About 30 community members and CBHSSJB staff trained in Mental Health First Aid – First Nation version
- Three staff completed Sexual Violence Training the Trainer – “No One Left Behind”
- Continued collaboration with nishîyû in delivering Cultural Safety training
- Continued to provide emergency psychosocial support to communities in crisis
- Provided psychosocial support to evacuees at the evacuation sites during the forest fires

Indian Residential School/ Indian Day School/Missing and Murdered Indigenous Women

The IRS/IDS/MMIW continued its mandate by providing cultural and emotional support to community members who are affected by IRSs/ IDSs/MMIW in all communities.

2023-2024 Highlights

- Participated in the Ground Penetration Radar consultations for the Indian Residentials Schools in Fort-George, QC.
- Provided emotional support to community members in four communities during the showing of “Bones of Crows”
- Supported the Annual Indian Residential School Gathering in Chisasibi
- Participated in the Truth and Reconciliation activities in three communities
- Continued to support Cree Focusing Oriented Training. This year saw thirty graduates with a new cohort starting in January 2024
- The Resolution Health Support continued to provide emotional and cultural support to community members during various local and regional events (e.g., Dialogue for Life, IRS gathering, etc.

2023-2024 MÂNÛHÎKÛ SERVICES PROVIDED

	Chisasibi	*Eastmain*	*Mistissini*	*Nemaska*	*Oujé-Bougoumou*	*Waskaganish*	*Waswanipi*	*Wemindji*	*Whapmagoostui*	*Montréal*	***TOTAL***
Visits	17	8	32	3	6	5	4	12	9	N/A	**96**
Clients seen	689	186	488	367	307	46	64	140	87	15	**2,389**
Appointments	1,467	260	1,890	407	644	99	186	437	740	74	**6,204**
In-person sessions	516	144	854	60	301	58	134	346	360	50	**2,823**
Telehealth sessions	590	42	236	307	122	15	7	16	120	24	**1,479**
No Shows	301	74	435	40	221	26	45	75	260	0	**1,477**

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ninâhkâtisîwin awîhch wîchitâhkinuwich

DISABILITY PROGRAMS - SPECIALIZED SERVICES

The Disability Programs-Specialized Services (DPSS) team supports the development and delivery of high quality, culturally relevant services to those affected by disability. These services are delivered through complex disability case management, neurodisability programming support, respite planning and funding, and knowledge sharing. Their clientele includes case-workers and community staff servicing residents of Eeyou Istchee living with a persistent disability. In addition, DPSS offers these same services to Cree individuals living with a disability who reside outside of the territory and are under the Out of Region Placement Program.

2023 was a year in which the clinical team focused on Sensory Awareness, Activities of Daily Living and Trauma & Disabilities.

Sensory awareness was on everyone's minds this year, evidenced by numerous requests to receive this workshop from communities and partners in Eeyou Istchee. Two hands-on multi-day workshops were provided over 4-5 days in the communities of Oujé-Bougoumou and Waskaganish. Representatives from several entities gathered to learn and practice, including the local MSDC, daycare, and school, as well as other local workers and parents.

Workshops and Presentations

Activities of Daily Living (ADL) was presented live at the Annual Rehab Meeting in Montréal in February 2024 by Trevor Friesen and Cynthia Miller-Lautman. It was here that rehab monitors, activity team leaders, special needs educators, and occupational therapists came together to learn about ADLs. All participants learned how to break down tasks into steps and teach ADLs. Participants went home with a binder and each community received two ADL kits, each including materials to immediately begin teaching ADLs.

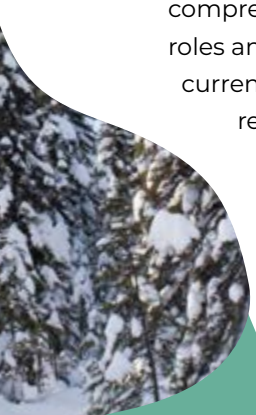
Knowledge Sharing

DPSS offered workshops on Sensory for Dentists at the Annual Dental Conference, Sensory for Teachers at the Cree School Board Education Symposium, Fetal Alcohol Spectrum Disorder (FASD) at the Annual Nurse's Training, Visual Schedules (virtual), Visual Supports at the Annual Caregiver Retreat, and Becoming a Behavioural Detective in Nemaska.

To assist professionals supporting individuals experiencing FASD, DPSS has developed an online toolkit that includes resources and describes current evidence-based practices. To ensure that this toolkit remains current and relevant to its users, it will be updated continuously to include the latest research findings and evidence-based practices.

Special Needs Educators

This year marked significant advancements for the Special Needs Educator (SNE) position, driven by the development of a comprehensive framework to clarify their roles and responsibilities. The framework, currently awaiting final approval after editor review, represents a pivotal step towards enhancing SNE service delivery.



A key achievement for the SNE role has been the establishment of relationships and collaboration with local rehabilitation professionals. This collaboration has led to improved communication and coordination of services for SNE clients, an increase in the number of clients receiving SNE services, and a more holistic approach to client care.

SNEs further enriched their skills and knowledge through participation in the Annual Rehabilitation Meeting in Montréal. They underwent training in the Activities of Daily Living (ADL) session described above and participated in two hands-on sessions designed to teach language stimulation strategies. In addition to their ADL kits and binders, each SNE received an assortment of language stimulation materials to facilitate applying their newly acquired skills in their communities.

Jordan's Principle

The Eeyou Istchee Jordan's Principal focal team continued to support families and communities to address their children's unmet needs through the individual application process and community group projects. Several trainings and presentations took place this year, and a total of 375 applications were approved.

375

Applications

$3,686,127.31

Total

DPSS prioritized regular communication with external resources and CMC support teams to share, explore, and address client needs. In addition to facilitating care, these communications were paramount for maintaining relationships and connections to Cree culture for those living out-of-region.

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nishîyû wâpimâusûwin

MIDWIFERY SERVICES

In November 2023, a significant milestone was reached as we were entrusted with the Waapimausuwin (baby bundle) responsibility, passed on from nishîyû to our program. In the photo: Minnie Shem, Jane Matthew, Patricia Menarick, Elizabeth Bobbish, Shannon Chiskamish, Arlene Swallow, Carrie, Napash

Birth Home

In November 2023, a significant milestone was reached as we were entrusted with the Wâpimausuwin (baby bundle) responsibility, passed from nishîyû to our program. This transition was commemorated with a ceremony attended by local Elders from Chisasibi, the Midwifery Services team, the Awash team and our Inuk midwife neighbours from the North. We are deeply honored by this trust, and are committed to upholding the essence of the project, ensuring the teachings thrive and are accessible.

In March 2024, our journey continued as we reintroduced placenta ceremonies into our services, guided by the teachings of our Elders with the invaluable support of the Wellness Committee.

Our team is driven by a shared commitment to deliver safe, culturally-rooted care for Eeyou-Eenou families. We extend our heartfelt gratitude to all the life-carriers who have entrusted us with their care. They are the heart of our services, and it is from their experiences that we draw invaluable lessons, shaping and refining our department to better meet their needs each day.

Midwifery Services

When Eeyou Istchee faced severe forest fires in summer 2023, midwives played a crucial role in coordinating evacuations of pregnant people, newborns and their families. We collaborated with various partners, including the Cree Nation Government and external stakeholders. Even with the absence of many team members, the birth home remained open, providing continuous care to life-carriers who decided to stay on-territory. This crisis showed the team's dedication and resilience in delivering compassionate care despite unexpected circumstances.

90
Total referrals

33
Births in Chisasibi

In 2023-2024, we worked on introducing on-territory birthing options in Chisasibi for life-carriers from Wemindji and Whapmagoostui. This initiative involved collaboration with local Awash teams and Wîchihîtuwin.

In February 2024, we made an official visit to Waskaganish, initiating the groundwork for MWS development in the region. In March, confirmation was received for the construction of the first birth home, starting summer 2024.

In conclusion, Midwifery Services, the expansion of midwifery care on territory, and the Eeyou Istchee Pimâtisîwin Chiskutimâchawin are deeply interconnected and they strive to ensure that Eeyou-Eenou families have access to midwifery care, making it increasingly available to welcome the new generation onto their motherland.

Eeyou Istchee Pimâtisîwin Chiskutimâchawin (EIPC) Cree Midwifery Training Program

In 2023-24 the EIPC was named in a ceremony with Elders. The program saw significant developments with the establishment of permanent positions with unique conditions for midwife trainees. We also finalized the curriculum, incorporating both clinical and cultural competencies through consultation with midwives, the department of nishîyû, and Elders from five communities.

Additionally, we collaborated with national and regional midwifery bodies and participated in events like the Ottawa gathering and the 25th anniversary celebration of midwifery in Inukjuak, Nunavik. We also enhanced the mentorship process through workshops, fostering knowledge exchange among Inuit midwives, mentor midwives, Eeyou-Eenou Elders, and aspiring midwives. Excitingly, the EIPC will launch in July 2024 with four trainees!

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miyupimâtisîun awîyich kiniwâpihtâkanuwîyich

PUBLIC HEALTH

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anite uhchi pimuhteheu masinahîcheukamikuhch ekute yâpatisîhkahtâkanûhch nanâhkû chekwân ewî wîchihâkanûtwâu înûch/iyiyiuch chechî miyûpimâtisîtwâu; kaye nanâhkû ihtûch ewî sîhchimuwetwâu kuiskw chechîshi nanâkachihîsuyich aweyûh ewî chipihchihtâtwâu nanâhkû âhkusiwinh; kaye nanâkachihtâuch neshta âpatisîhkahtamuch nanâhkû chekwâyû wâshkâ ahtâwinihch tân e ishi ihtakuniyich chechî ishi tâhchishkâkut mâk chechî wanâchihîkut awen.

The Public Health Department provides information on risks and protective factors to improve health and wellness of Eeyouch/Eenouch; develops health promotion and disease prevention activities; and monitors and tackles biological, chemical and physical threats that present potential transmission within communities.

EXECUTIVE SUMMARY

Alain Poirier, MD
DIRECTOR

The past year, we have taken great steps towards our public health restructuring efforts, driven by insights garnered from past community consultations. These consultations highlighted the need for a community-centric approach, which has guided our reorganization initiatives.

Acknowledging the evolving situation post-COVID-19, we have reimagined our health protection unit to effectively address emerging health risks. The summer of 2023 underscored the urgency of adapting to climate change-related challenges, particularly evident during forest fires. Consequently, our health protection unit now encompasses infectious diseases, environmental health, emerging community health risks, and occupational health, ensuring a holistic response to diverse threats.

Furthermore, we recognize the pressing issue of chronic diseases, notably diabetes, necessitating a comprehensive approach. To tackle these complex health concerns, we have established a multidisciplinary working group focused on addressing systemic determinants contributing to their prevalence. A holistic approach for patients stresses the need to more clearly distinguish intersectoral upstream actions compared to the multidisciplinary individual care of psychosocial and physical problems. The distinction cannot rely only on what is done within or outside the clinic walls. Amidst our progress, challenges with employee retention persist, prompting concerted efforts to enhance retention strategies and foster a supportive work environment.

In tandem with our restructuring endeavours, we have prioritized the implementation of efficient tools and processes to streamline management functions. These initiatives aim to optimize our operational efficiency, allowing us to allocate resources more effectively towards our core public health mandates.

As we continue to navigate the complexities of public health in our region, we remain steadfast in our commitment to responsive, collaborative, and community-driven approaches. Through ongoing adaptation and innovation, we strive to safeguard and promote the health and well-being of the people of Eeyou Istchee.

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îyiyûwiyich umiyupimâtisîuniwâu

POPULATION HEALTH PROFILE

Demographics

The population of Eeyou Istchee has more than tripled over the past few decades, growing from 5,000 individuals in 1976 to 19,904 in 2023. Between 2019 and 2023, the total population growth rate was 7% (compared to 3% for Québec).

The age pyramid of Eeyou Istchee depicts a young and growing society, with 27% of the population under the age of 15, compared to 16% in Québec. People aged 65 years or more represent 21% of the entire population of Québec, whereas they represent only 8% in Eeyou Istchee.

Eighteen percent (18%) of households are multi-generational with children, parents, grandparents living together. This is much higher compared to Quebec, where only 1% of households have this structure.

Housing is an issue of concern in Eeyou Istchee, where overcrowding is much more prevalent than in Québec. In 2021, 16% of households had more than one person per room, compared to 1% in Québec.

In 2021, Cree was spoken by 92% of Eeyou Istchee residents, a figure similar to previous years. Cree and English are very commonly used in workplaces.

Health

Life expectancy at birth is the number of years a person would be expected to live, starting from birth, based on mortality statistics for a given period of time. In 2019-2021, life expectancy at birth for Eeyou Istchee was 77 years. This represents an increase of 2.5 years since 1983-1985. In 2019-2021, women can expect to live 6.1 years longer than men (80.2 years compared to 74.1 years). Compared to the province of Québec, Eeyou Istchee has a lower life expectancy at birth (77 years compared to 82.8 years).

The impact of chronic diseases is significant in Eeyou Istchee. The percentage of people living with diabetes has steadily risen from 1% in 1982 to now include 31% of people 20 years and older, or almost one third of adults. This high prevalence in Eeyou Istchee has important implications for the burden of clinical care.

EEYOU ISTCHEE POPULATION

5,000 (1976) | 19,904 (2023)

LIFE EXPECTANCY

77 (EI) | 82.8 (QC)

DIABETES PREVALENCE

31%
adults > 20

GROWTH RATE

7% (EI) | 3% (QC)

YOUTH UNDER 15

27% (EI) | 16% (QC)

CREE SPEAKERS

92%
2021

EEYOU ISTCHEE HOUSEHOLDS

16% (EI) | 1% (QC)

MULTI-GENERATIONAL HOUSEHOLD

18% (EI) | 1% (QC)

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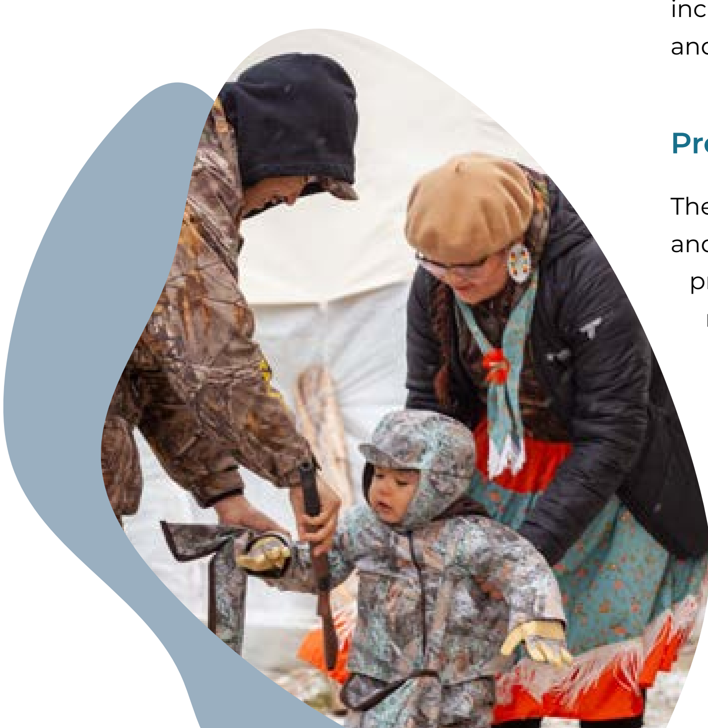
AWASH 0-9

The Awash team focuses on promoting and improving the wellbeing of pregnant women, babies, children aged 0-9, and their families through a culturally safe and integrated health and social services approach with psychosocial and community development components.

Early Years

This year, the Early Years program focused on assessing resources for children with developmental delays. The team strengthened partnerships with Head Start, holding workshops on language stimulation and early literacy. They also partnered with the Canadian Children's Literacy Foundation (CCLF).

In the future, the team will launch the Early Words program at the Mistissini CMC, providing books that promote Cree language and culture during vaccination visits. They will continue their partnership with CCLF in all nine communities to develop Cree books or translate existing ones.



Cree Encephalitis and Cree Leukoencephalopathy (CE/CLE)

The CE/CLE program continues to raise awareness and offer screening support for carrier couples. In the past year, activities resumed with workshops in nine communities and screening for 326 new patients. The team integrated screening results into the electronic medical records system across the region. Additionally, they collaborated with Radio-Canada on a podcast to raise awareness about these diseases. Moving forward, the team plans to expand visibility of the program and extend outreach activities to more high schools. In addition, they plan to provide staff training and strengthen partnerships to enhance support to people impacted by CE/CLE.

Miyû-Ashimishuh

Eight communities now provide the Miyû-Ashimishuh program, offering weekly coupons to pregnant mothers for healthy food until two months post-delivery. The team developed promotional videos for social media and partnered with Fondation OLO to develop nutrition teaching tools. Requests for Canadian Prenatal Nutrition Program (CPNP) funds increased, enabling seven communities to host healthy eating activities. Awash nutrition training was integrated into various professional events, including the CBHSSJB's annual nurses' training and onboarding sessions.

Pregnancy Notice

The focus this year was on building partnerships and relationships in Eeyou Istchee to offer pregnancy support that honours and revitalizes Cree birthing traditions and builds collaborative bonds with communities. This approach underscores the value and significance of community and connection. Future plans involve ongoing collaboration and support for perinatal education.

Mental Wellness

In 2023, the team welcomed a new Awash Mental Wellness PPRO. The aim of the program is to build a mental wellness approach grounded in culture as prevention. By embracing cultural richness and Cree language, the team is building collaborative bonds based on understanding, respect, and mutual growth.

In the future, the focus will be centered on researching diverse Social and Emotional Learning (SEL) practices to best serve Eeyou Istchee. The team plans to develop tailored training programs with children, parents, and guardians, aiming to foster healthier, more resilient communities.

Dental Health

The Dental Health program continued providing ongoing support to local dental hygienists in 2023-24, and distributed promotion material tailored for daycares, pre-schools, and primary and secondary schools. Dental hygiene positions fully dedicated to public health were additionally established. Lastly, a campaign for maternal breastfeeding and dental health was promoted during dental health month.

Breastfeeding

The breastfeeding promotion program continued to deepen partnerships with communities. The team supported breastfeeding week activities and provided a two-day breastfeeding training to new Awash nurses during their onboarding sessions. Finally, the team developed teaching tools for front-line workers. Plans involve developing peer-to-peer support groups and safe spaces for breastfeeding in collaboration with community partners.

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USCHINÎCHISÛ 10-29

The Uschinîchisû team plans and implements appropriate health services where youth are, addressing their developmental needs in the transition to adulthood, and promoting and embracing our Eeyou-Eenou identity.

Healthy Eeyou Youth

Healthy Eeyou Youth (HEY) is an initiative aimed at improving access to services and programs for Cree youth as part of planning youth-friendly health services. HEY also supports the Youth Outreach Program (YOP) offered in collaboration with all nine Cree communities. YOPs connect with young people, raise awareness about available support and programs, and engage youth in healthy lifestyles promotion. Planning for more capacity-building opportunities alongside youth and stakeholders will continue through 2024.

Uskâu Ihtûwin/New ways (Waswanipi)

The Uskâu Ihtûwin (UI) project team has been completed and has implemented tailored prevention services, cultural activities and safe spaces to connect with youth. Other activities also took place to help youth gain new skills, including youth empowerment to help achieve project objectives. UI continues to create sustainable partnerships in the community of Waswanipi to support the youth and the community. A launch event for the cultural dwelling will take place in May 2024.

Healthy Schools

The Healthy Schools Approach aims to support the overall health and development of young people through collaboration and healthy lifestyles promotion through community engagement. The School Nurse Program is offered to all students in Eeyou Istchee and assists with many health-related programs, including health promotion and education.

The Chî Kayeh Iyâkwâmiih (You Too, Be Careful) is a school-based program aimed at promoting health and wellness connected to Cree values. In addition to building life skills for youth, the program provides information on healthy relationships, reproductive and sexual health, and sexually transmitted and blood-borne infections (STBBI) prevention. A review of a pilot project to ensure the sustainability of the school-based programs is ongoing.

Dependencies

Harm reduction and naloxone awareness initiatives continued in 2023. The goal of the Yâkwâmi project and campaign are to reduce driving under the influence (DUI) interceptions by empowering community members to raise awareness about the dangers of impaired driving and provide support for community-driven solutions.

As part of the Cannabis Regional Awareness and Prevention Project (CRAPP), cultural and harm reduction activities were organized with the Mistissini Youth Council to celebrate Cree culture, with the goal of promoting positive identity, and preventing substance use among young people.

Injury Prevention

Injury prevention initiatives utilized a holistic approach, encompassing awareness activities on helmet safety, anti-bullying, and promotion of Cree values. As part of a school-based initiative for Pink Shirt Day, the "Let's Lift Each Other Up" campaign was promoted in partnership with local schools in all nine communities. Awareness workshops on anti-bullying, self-injury prevention, and Ayâkwâmi! Chishtikwân! (Be Careful! Your Head!) campaign to promote helmet use took place in schools and community spaces.

Mental Wellness Promotion

Mental wellness initiatives continue to be undertaken in community and school settings.

Awareness workshops on mental health, healthy coping, 2SLGBTQIA+ sensitivity and inclusion were available in Eeyou Istchee. In partnership with nishîyû and Two-Spirits of Eeyou Istchee, a regional organization, the "Two-Spirit Land-Based Retreat" was organized in February 2024 for Uschinîchisûch to promote wellness and healing. A partnership with Youth Healing Services is ongoing, to develop youth-friendly safe spaces within their facilities.

Life promotion and Suicide Prevention

Life promotion is a strength-based approach to suicide prevention that focuses on cultivating healthy environments for young people that promote meaning and hope towards life. As part of the Insâtstân Pimâtsîwin (I love life) approach, activities were organized throughout the year. Support was provided to organize an Insâtstân Pimâtsîwin conference with community partners in Waswanipi in March 2024.

Suicide prevention trainings, including SafeTALK, were also available to communities and offered by Awash-Uschinîchisû regional trainers. Development and delivery of training will continue through 2024.

Other Initiatives

The Awash-Uschinîchisû Public Health team members supported nishîyû with the delivery of in-person Cultural Safety training for CBHSSJB employees. Lateral kindness workshops and messaging, part of a public health campaign reflective of Cree values, continued to be offered in Eeyou Istchee. Cyber safety materials were distributed to partners in the nine Cree communities.

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CHISHÂYIYÛ 30 +

The Chishâyiyû team takes an active role in promoting healthy lifestyles and preventing chronic diseases.

Healthy and Active Lifestyles

In 2023-2024, Public Health supported communities in planning and organizing various physical and nutrition-related activities, including seasonal campaigns such as Spring, Summer, Fall, and Winter Active initiatives, National Physical Activity Week, 100-mile Challenges, Walk-to-School Week, snowshoeing and walking groups. These activities were widely promoted throughout the year on local and regional radio and social media. About 26 community activities received support through the Healthy Environment Active Living (HEAL) funding program. These initiatives include nutrition and diabetes awareness month activities, cooking workshops, community walks, afterschool programs, and Summer/Winter Active projects. Additionally, the Miyupimâtisîun Mêyôchimôn Network resumed monthly meetings in January 2024 to facilitate discussion and exchange on health promotion and prevention activities in Eeyou Istchee.

Nutrition Food Security and Food Safety

The Food Security Fund supported seven initiatives, including Elders and youth lunch programs, community soup kitchens, food pantries, and gardens. Ongoing support was provided for the school Breakfast Club program, traditional food harvesting, and sharing across all communities. Trainings for the Traditional Food Program were conducted in collaboration with Elders and MAPAQ veterinarians. Food safety and hygiene training sessions continued across Eeyou Istchee. The Committee on Access to Nutritious Food remained actively involved in various regional initiatives, including the addition of water fountains in public buildings, school Breakfast Club programs, local harvesting, and funding support for local/regional food-related initiatives.

Diabetes Prevention

The diabetes team continued to offer virtual and in-person training, mentorship, and support to local healthcare providers. Programs such as the Train the Trainer initiative and Diabetes Helpline aimed to enhance healthcare providers' knowledge on diabetes management and prevention of complications. Collaboratively, with the Surveillance team, a brief statistical update on type 2 diabetes was prepared, published, and disseminated. Furthermore, the team participated in regional gatherings of the local Miyupimâtisîun Committees and Council Board of the Cree Nation Government, to present diabetes statistics and discuss diabetes prevention strategies in Eeyou Istchee.

Prevention and Management of Other Chronic Diseases

PCCRs and nurses' training on hypertension and breast cancer screening were improved and put on the provincial digital learning platform (ENA).

Breast cancer screening continues to be available every two years for eligible women in Eeyou Istchee. With the help of our regional team, the INSPQ ClaraBus mobile screening mammogram program screened 363 women from Mistissini, Oujé-Bougoumou, Waswanipi, Nemaska and Waskaganish.

Mental Health

In 2023, a new Chishâyiyû PPRO position in mental health was created and staffed. The primary focus was to identify psychosocial resources for people living with cancer. Participation in the Nâkitiwâyititâu Pimâtisîûn (Let's honour life) regional working group offered opportunities for suicide prevention initiatives, collaborative programs, and resources. Future goals including expanding psychosocial health promotion support to people living with diabetes, heart disease, lung disease, and other chronic illnesses, ensuring comprehensive support for mental health needs across various health conditions.

Smoking Prevention

This year the focus was on transferring knowledge in smoking prevention to members of the Public Health team through a tailored curriculum and training. Five new prevention and cessation resources were created, including illustrated training manuals and guides for frontline health workers. Local activities for World No Tobacco Day were planned.

Healthy Communities, Safety and Injury Prevention

Lateral Kindness and Violence Prevention workshops continued throughout the year, and integrated teachings from the Eeyou-Eenou Family Values booklet.

George Diamond retired in April 2023. George was a PPRO in Healthy Communities and Injury Prevention for more than 23 years.

The Public Health team wishes to thank him for his dedication to the health and well-being of the people of Eeyou Istchee, and wishes him a happy retirement!

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tâkish nâkitiwâyihtikûch kiyâ shash â chi nituchîschâyîtakinuwich âhat îyîyamwâhîwâch châkwân

SURVEILLANCE, EVALUATION, RESEARCH AND COMMUNICATIONS + (SERC+)*

SURVEILLANCE, EVALUATION, AND KNOWLEDGE TRANSFER STRATEGIES

Surveillance

The team is mandated to report on the health status of the population and its determinants by collecting, analyzing and interpreting public health data. Surveillance activities help detect potential outbreaks, assess threats to the population, and guide decision making in planning and implementation of public health interventions and programs. The team collaborates with internal and external partners to produce reports on topics such as demographics, chronic diseases, infectious diseases, etc.

The team worked collaboratively with the public health department's diabetes team to complete a brief statistical update on the prevalence and incidence of diabetes. A related infographic is in development. Several other internal reports have been completed: a brief cancer report, a report on foot ulcers and amputations, and two demographic reports. A long-term project to develop a report on notifiable diseases (MADO) continues. Although demands associated with the COVID-19 pandemic have diminished significantly, the team continues to produce monthly reports. The team also responded to over 75 ad hoc requests for public health data and supported departments to develop or adapt data collection tools for their activities.

The team completed a public health data request form to standardize processes. To facilitate information production and dissemination with various partners, several standard operating procedures (SOP) were created, pending approval, to produce and disseminate reports and data visualization.

As requests for complex analyses are increasing, the team completed advanced courses in epidemiology to improve their data analysis capacity. In January 2024, the team welcomed a new team member in Surveillance and another in Monitoring & Evaluation (M&E).

** Over the past year, SERC has expanded, hence the "+" at the end of the acronym. A new name will be defined during the course of the next year to reflect the new management structure.*

Evaluation

A new PPRO in Evaluation joined the team in 2023-2024. This capacity building in the team provided opportunities to restructure surveillance and evaluation goals and operations, with a focus to nurture and support community and partner collaborations. The Surveillance and Evaluation team met with public health and community partners in Eeyou Istchee this past year. The team has engaged with Indigenous organizations that offer M&E services to better understand how they operate, and to identify best practices for cultural safety in surveillance and evaluation activities.

The first phase of the M&E restructuration work focuses on internal capacity building, characterized by cycles of assessment and training initiatives. Specifically, the team will evaluate the foundational knowledge and learning needs of public health colleagues, laying the groundwork for tailored training programs. Documenting the M&E service offer and SOPS ensures clarity and coherence for evaluation processes.

Knowledge Transfer Strategies

The SERC+ team includes a Knowledge Transfer (KT) PPRO who supports health promotion, prevention and protection planning and activities for all public health teams, to reach intended audiences and strive towards the central goal of miyupimâtisîun.

The KT role serves as an essential public health function to gather and focus culturally-safe information, and influence behavior based on evidence and wise practices. KT support connects strengths and expertise in a diverse public health team and with community partners to achieve program and activities planning objectives. This collaborative work with file holders focuses on knowledge exchange, knowledge mobilization activities, and campaign planning. Support is also provided for ad hoc health notices and warnings, and longer-term status reports.

In 2023-2024, KT activities also included presentations and working sessions with public health teams on core knowledge exchange and mobilization concepts, frameworks, and best practices to support program and activity planning. This position played a key role to support high-level organizational and population-focused health and safety information in response to the 2023 forest fire emergency.

Future objectives include building greater KT capacity within the Public Health department to optimize knowledge exchange and mobilization, internally and for the public.

COMMUNITY-LEVEL INFECTION, EMERGING RISKS, ENVIRONMENTAL HEALTH

In 2023, the infectious diseases team expanded to include emerging risks, and integrated other Public Health teams including Environmental Health and Immunization.

The team was mobilized for the 2023 forest fire response as part of its legal health protection mandate, and collaborated with other CBHSSJB departments, community, and civil security partners. Team members attended daily local and regional civil security meetings and coordinated information sessions for decision makers about health and safety advice on wildfire smoke and clean up. They also supported community efforts to establish clean air spaces. The regional information telephone line that operated during the COVID-19 pandemic was reactivated and renamed Yakwami. It served to provide community members with vital information on health and related resources during the wildfire season.

Infectious Diseases

Local clinicians were supported to investigate and manage patients with sexually transmitted and blood-borne infections (STBBIs) and their close contacts as per INESSS guidelines. Gonorrhea increased in 2023-2024 but there were fewer than 20 cases diagnosed in the region, with the sources of infection mostly originating outside Eeyou Istchee. Chlamydia remains by far the most diagnosed STBBI with more than 300 cases per year.

Efforts to achieve the global goal of eradicating TB by 2030 were maintained in Eeyou Itschee. Key strategies included optimizing community-level diagnoses, nurturing strong local partnerships, and building capacity with community workers who support care and follow-up for people with TB and their contacts.

The incidence of invasive bacterial infections remained high. The team prioritized public awareness about related risks and available treatment for invasive Group A Streptococcus (i-GAS) infections. A retroactive study on incidence was completed to inform and guide future intervention strategies. A cluster of invasive pneumoniae (IPD) cases occurred during the summer 2023 wildfires in Eeyou Istchee. The epidemiological investigation found no clear association with air quality, or evidence of transmission during evacuation efforts. To reduce risks for the population, the conjugate pneumococcal vaccine was actively promoted to eligible adults.

Immunization

As in past years, the immunization team's priority was to support all vaccinators in Eeyou Istchee. The team continued to work to offer vaccination to all age groups and to promote COVID-19 and flu vaccines. The proper management of vaccines was also a main priority to ensure safe and adequate vaccination for the population.

Efforts to update the online Québec Vaccine Registry (Module d'immunisation pour la protection en maladies infectieuses-Si-PMI) included reviewing more than 2000 charts and historical vaccination records input to the system, to ensure more accurate information of patients' vaccination coverage in Eeyou Istchee.

The measles outbreak in Québec prompted efforts to increase vaccination coverage for all age groups, prioritizing 1 to 5-year-old and school-aged children, frontline and health care workers, and educators.

EEYOU ISTCHEE VACCINATION PROGRAM

DCaT-HB-VPI-Hib[1]		
65,1 %	first dose (2 months)	↓ 6.4
MMR-Var		
41,2 %	1st dose (12 months)[2]	↓ 3.5
30,4 %	2nd dose (18 months)[3]	↑ 4.7
Hepatitis B		
90,8 %	at least 1 dose (Grade 4)	↑ 5.2
HPV		
79,1 %	first dose (Grade 4)	↑ 10.2
87,1 %	vaccinated (Sec 3)	↑ 7.6
Considered protected from measles		
96,1 %	elementary	↑ 3.1
98,5 %	secondary	↑ 0.6
55,2 %	teachers & staff	↓ 0.7
Influenza		
12,2 %	all ages (6 months+)	↓ 3.6
57 %	75 and older	↓ 9.6
5,8 %	pregnant women	↑ 0.7
21,1 %	healthcare workers	↓ 5.4
COVID-19		
12,7 %	ages 5+	↓ 69.3
47 %	ages 12+	↓ 16
17,3 %	ages 18+	↓ 50.7

1. Number of children who received 1st DCaT-HB-VPI-Hib vaccine within 75 days (2 mos & 14 days) / Number whose age at administration was <12 mos.
2. Number of children who received 1st dose of MMR-Var within 379 days (1yr & 14 days) / Number whose age at administration was <18 months.
3. Number of children who received 2nd dose of MMR-Var within 562 days (18 mos & 14 days) / Number born before June 1, 2018 who received 1st MMR-Var dose between 15 and 36 months + number born since June 1, 2018 who received their 2nd dose between 15 and 36 months.

DCaT-HB-VPI-Hib = diphtheria, pertussis, tetanus, hepatitis B, poliomyelitis and Haemophilus influenza b (Hib) infections
Men-C-C = meningococcal disease
MMR-Var = Measles- Mumps- Rubella- Varicella

Environmental Health

This year, priorities included reducing the negative health impacts of development projects, encouraging healthy and safe environments, and addressing environmental emergencies. Three community tabletop exercises on drinking water advisory responses took place. This initiative was presented at the Indigenous Services Canada Water Conference.

Work on a climate change vulnerability assessment for the region continued with findings presented at the regional public safety and fire chiefs meeting and at the Regional Advisory Committee on Climate Change. Input on proposed mining projects in the region was provided.

Team members presented on health issues related to housing (e.g. mould and radon) at the Regional Housing Conference and housing directors' meeting.

Wastewater monitoring continued for respiratory viruses in two sentinel communities. Environmental Health specialists responded to various issues (such as spills and poor air quality in buildings) and reported on *Maladies à déclaration obligatoire (MADO)* like elevated blood lead or mercury, as they came up.

One Health

As an interdisciplinary approach that recognizes the interconnectedness of human, animal and environmental health, a One Health community of practice was established, involving regional Public Health and community public health officers and public safety officers. The first phase of a needs assessment was done through a quantitative survey and two consultations to gauge interest in this approach. A second phase foresees a seasonal workshop series featuring regional experts to build capacity and spark discussion on various topics.

RESEARCH OFFICE

The mandate of the research office is to review, approve, and manage all research carried out under the auspices of the CBHSSJB.

Over the last year, the Research Office has worked in collaboration with the Research Governance Committee and the nishîyû Council of Elders to develop the miyupimâtisîun research principles. These principles were approved by the Board of Directors and set out how research that embodies Cree values should be carried out under the auspices of the CBHSSJB. Other elements of the research framework that were approved this year include the Research By-law, Research review and approval policy, and the Research review and approval procedure.

Two new research projects started this year, one focusing on the barriers to using at home hemodialysis and the other assessing the burden of physical trauma (injuries) in the region. All projects are developed using a collaborative research framework, which fosters inclusive research processes.

The team grew this past year with two professional positions added (an APS and a PPRO).

Our goals for the upcoming year are to create strong mechanisms for bringing back to the communities' results from past research studies, to develop a research data centre that can house information and results, and to collaborate with the CNG in the creation of their Research Institute.

OCCUPATIONAL HEALTH

In accordance with the various legal mandates entrusted to it (AOHS, PHA, AHSS), the public health department's occupational health team aims to protect workers' health. It works closely with its institutional partners to help workplaces meet their obligations with regard to prevention occupational injuries.

The preventive approach is carried out through workplace visits during which information is gathered, health risks are assessed and public health interventions such as medical monitoring are implemented. This type of approach eliminates or controls health risks in the workplace.

The occupational health team is also responsible for protecting pregnant and breastfeeding workers via the For a Safe Maternity Experience program (FSME). Applying this program in the region requires contextual adaptation and extensive outreach, notably by contacting workers individually. Lastly, provincial protocols are being deployed at the request of the *Commission des normes, de l'équité, de la santé et de la sécurité du travail* (CNESST).

The expansion of mining projects in our region is calling for the implementation of solid structures to enable us to respond effectively to any requests from these partner businesses. In addition to collaborating with the *Institut national de santé publique du Québec* (INSPQ) to set up a monitoring program specifically for mine workers, the team is working with other mining regions in Québec to benefit from their expertise.

Soon, there will be a major development in occupational health, leading to a new law, an Act to modernize the occupational health and safety regime. The team is working in partnership with businesses in the region to ensure that all the elements are in place for the application of this law, which notably transfers responsibility for prevention plans to employers.

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NISHÎYÛ MIYUPIMÂTISÎUN

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û nishîyû kwâschîshwâmikâhch aniyâyû wâskîhch kâ ish îyât kiyâ kâ îsh chischâyitâhk îyiyiu/ înûwîyich pimâtisîwîniyû âyuwikw wâ îsh kiniwâhpitahch anichî âwânichi îyapîhtisîstâch âpitisîwîniyû. îyiyîitâhîtimuwîn yâyitâ châ chi âpitihch â wîhwîchihâkânuwîyich misiwâ îyiyiuwîyich. âkûht kiyâ astipîhch chisâyûwîyich uchimâkânahch. âkûht wâîshûtâhch nîtuhkûyin âpitisîwîn kiyâ châ chistinâstâhch misiwâ châkwân kiyâ misiwâ âwân châ chi miywâpitisît â wîchihâkanûwîyich âwânichî.

Nishîyû refers to the traditional ways of the Eeyou-Eenou people. Our vision is Âpîmûdîhehkûd pîmâdîsîwînîû Kîyah a achîsachînûtîhehkûd (achieving miyupimâtisîun through the guidance of ancestral teachings). The nishîyû miyupimâtisîun department works to ensure that Cree knowledge and values are reflected in CBHSSJB services.

EXECUTIVE SUMMARY

Lisa Petagumskum

ASSISTANT EXECUTIVE DIRECTOR

It is that time again, a time to reflect on the fiscal year achievements and challenges of implementing plans for traditional ways of healing. On numerous occasions, we were tasked to adapt to realities and left to implement within a very short period; this year was even more intense with forest fire smoke so dense it actually darkened the day in my home community at mid-afternoon.

As most of Eeyou Istchee was on a fire ban for the greater part of the summer, there were very few activities that could actually take place as originally scheduled. In spite of this limitation, the actual number of activities last year increased from 88 to 135, proving that enhanced access will also follow. Within a six-month delivery period, the number of overall participants to nishîyû activities increased from 1513 to 4189.

As part of quality assurance, self-awareness and personal healing of our staff continues to be encouraged and supported through access to our own activities. Our staff are invited to most of our activities when they are not implementing activities in their respective communities.

Development and implementation of consistent region-wide land-based and traditional healing services has remained our focus. The demand for services and support from the signed Traditional Healing Counsellors was difficult to meet and so planning ensued. Our administrative staff, planners, front-line workers and management team are the backbone of everything we have been able to deliver this year.

In the spirit of ongoing implementation and fostering Eeyou corporate culture, we will consistently strive to amplify access to Eeyou Pathways of Healing.

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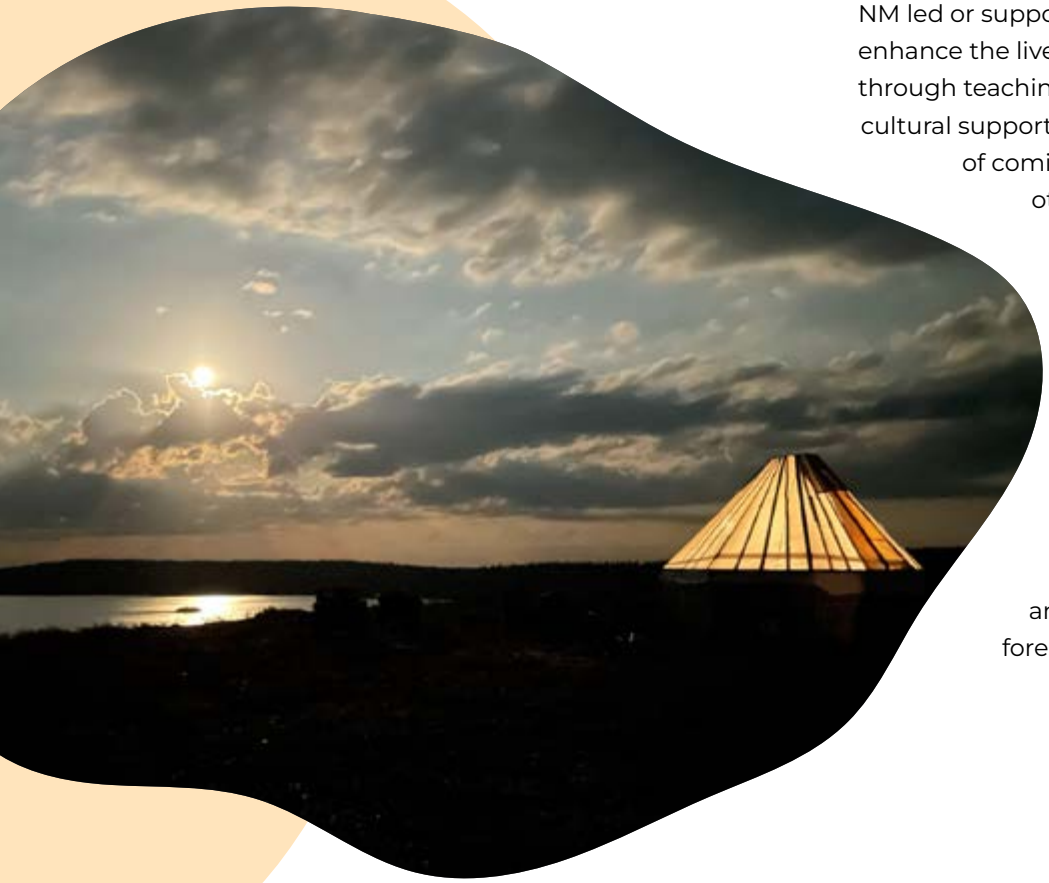
NISHÎYÛ MIYUPIMÂTISÎUN

The mission of the nishîyû miyupimâtisîun (NM) is to promote health, healing and wellness in Eeyou Istchee from a holistic perspective by encompassing the physical, emotional, mental, spiritual, environmental, social and cultural wellness and Cree knowledge transmission approaches to members of the Cree Nation. This embrases the CBHSSJB's mission "Individuals, families and communities strive to achieve miyupimâtisîun reflective of nishîyû."

Nishîyû miyupimâtisîun is committed to transforming the way of life, health and wellness of Cree individuals, family and communities, inspired by traditional knowledge and culture, for the miyupimâtisîun (well-being) of the Eeyou Nation. It is in charge of traditional healing and land-based programs, and has as its mandate to support the cultural adaptation of other programs and services.



Following on the theme of social solidarity, NM led or supported projects that helped enhance the lives of community members through teachings, trainings, and providing cultural support in times of crisis. One example of coming together and helping each other was during the forest fires evacuations in Eeyou Istchee. The team shifted its focus to the needs of community members and collectively with other stakeholders helped contribute to the wellbeing of our community members. Projects and events were put on hold during the months of May, June and part of July to support the forest fire evacuation.

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NISHÎYÛ MÎNIWÂCHIHÎKUSÎWIN

(previously known as Complimentary Services and Programs)

Part of the Department's goal is to ensure that future projects and services delivered are conducted with the same standards and with training in trauma-informed approaches. The training includes a comprehensive, advanced professional training for counsellors, therapists and other providers in the helping professions. The training also ensures the managers, traditional healers and nishîyû frontline workers continue to provide support, programs and services through a trauma informed lens. Conflict Resolution Certificate Program Training is based on the Cree CICR "Capacity Building Training Through Informal Conflict Resolution" developed for the Cree Nation Government during a 12-year and ongoing partnership with the DOJCS; participants enhance their skills, knowledge and abilities for conducting successful, informal conflict resolution processes such as community-based conflict resolution, mediation circles, community dialogue, facilitation of group processes and one-on-one conciliation interventions. All team members who completed the two trainings found it beneficial and felt it would enhance their effectiveness.

TRAININGS	# OF NISHÎYÛ TEAM COMPLETED	COMMENTS
Indigenous-Based Focusing and Post Traumatic Stress Program	17 employees 10 traditional healers/ knowledge keepers (ongoing Module 2)	"We are all healing from one form of trauma or another and to provide quality service to others, we must start with our own healing."
Indigenous Complex Trauma Training and Proficiency in Focusing Partnership (IFOT) – train the trainer	5 employees (ongoing, completing in Aug 2024)	"IFOT has taught me compassion, resilience and healing. Understanding trauma and its impact allows us to create safer spaces and foster connections."
Conflict Resolution Certificate Program	9 employees (ongoing completing in June 2024)	"Key learnings I got from the Cree CICR is that mediation is about trusting the people and process and about creating safe spaces and listening with an open heart."

TOTAL: 41 PARTICIPANTS

Even with all the weeks of training during this fiscal year, the team still continued to work on land-based traditional healing, traditional medicine and Wâpimâusuwin/Utinâusuwin requests from community members. The table below illustrates the number of activities completed and the number of participants. Cultural activities included vision quests (fasting), caribou hide ceremony and snowshoe walk, youth traditional medicine-making class, healing gatherings, and much more.

NISHÎYÛ MÎNIWÂCHIHÎKUSÎWIN Complimentary Services & Programs/Community Development	Number of ACTIVITIES	Number of PARTICIPANTS
Land-Based	10	188
Traditional Healing	51	863
Traditional Medicine	25	76
Gathering of Traditional Knowledge*	21	1,977
Wâpimâusuwin/Utinâusuwin	13	85
Community Based*	15	1,000
Total	**135**	**4,189**

**numbers include Gathering of TK and Community Based activities*

Family group conferencing (FGC), upon referral from Youth Protection, brings families together to make decisions in the best interest of the child or children. This fiscal year, we hired 9 community workers and one PPRO to support FGC. It is important that community workers receive the same training as nishîyû providers as well as FGC training to support families in crisis. All FGC team members will be trained in 2024, specifically on how to prepare families and team members for the FCG process. We have now been able to secure 12 team members to support families in Eeyou Istchee.

"Cultural safety isn't just learning about another culture, but looking at yourself and your views of your own culture – and how that influences the way you see others." The aim of cultural safety is to align all CBHSSJB services with Cree cultural values and realities. This process is supported by key partners (Elders, mental health nurses, and other PPROs from Public Health).

Collaboration with CBHSSJB Partners

- Public Health
- CMPD Cultural Safety Working Group
- DSPQA - Clinical Practice Sub-Committee
- Chisasibi CMC
- Physiotherapist
- WESC
- And others

Provincial Collaboration

- CIUSSS Indigenous Cultural Security Working Group
- *Communauté de pratique en sécurisation culturelle* (CdP SC)
- McGill University

CULTURAL SAFETY TRAINING (CST)	Duration	Number of PARTICIPANTS
Introduction Basic CST	4 hours (in person)	73
Introduction Basic CST	4 hours (online)	303
Level 1 CST	1 full day (in person)	40
Level 2 CST	2 full day (in person)	postponed
Training included participants from: HR, HRD, CMC employees, midwifery team, nurses with enlarged roles, annual nurse training, external professionals and consultants working with CBHSSJB		
Annual Nurses Training 2023 - Montréal	2 weeks supported various workshops in Cree knowledge and perspectives	200+
Total number of participants		**616**

Feedback from trainees:

"I liked the fact that it shows a striking reality of cultural differences and the impacts it had on people's lives"

"Being more aware of the reality of the population and listening more"

"Be more conscious of how I interact with patients"

Highlights

Nishîyû department would like to give a warm welcome to our 17 new team members:

- **Coordinator Inland:**
  Judy Nakogee;
- **Administrative Technicians:**
  Heather Shem and Frances Abraham;
- **PPROs:**
  Jeraldine Coon and Yionna Wesley;
- **FGC Community Workers:**
  Beatrice Gunner, April Matthew, Claudine Matches, Margaret Louttit, Audrey George, Victoria Moar, Jane Kistabish, Diana Cheezo, Jessica Bobbish, Henry Dixon;
- **ADD Community Workers:**
  Christopher Iserhoff and Jessica Bobbish.

17

New team members

150

Workshop participants

10

Traditional counsellors

Miyupimâtisîun
Commmitees Gathering, Montréal

Women's and men's healing gatherings were held in the communities of Whapmagoostui and Mistissini during the week of March 25-29, 2024. Both events had about 150 community members participating in various workshops and ceremonies over the four days. Grand Chief Mandy Gull-Masty joined us at the women's gathering for the last day and enjoyed a nice lunch with our community members. Innu singer and performer David Hart was an invited guest at the men's gathering in Whapmagoostui. Sharing circles, one-on-one counseling, cedar baths, reflexology, massage therapy, and sweat lodge ceremony are amoung the activities that were made available to community members.

Miyupimâtisîun Committee training was held in February 2024 in Montréal in collaboration with Cree Nation Government. The objective was to support the Committees in developing their respective action plans. Presenters from the Cree School Board, Eeyou-Eenou Police Force, Cree Nation Government and other stakeholders were among the 60 attendees.

This past year was the first full year with ten traditional counsellors, as reflected in the service statistics (page 70). The demand for traditional healing approaches continues to grow. We want to also send our sincere appreciation for all the support our Traditional Healing Counsellors have given to our Nation. We also remember and appreciate the work of the late Bobby Neacappo who touched many lives in his work and is greatly missed by many.

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MEDICAL AFFAIRS AND SERVICES

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an nituhkuin âpatisîwinh kaye wîchihîwewinh kâ âpatisîshtahk eukw niyânâkachihtât kuiskw chechîshi wîchihât tuhkuinh aweyûh, kaye nûtâpitesû kaye nituhkuinh kâpâhpachishtinahkwâu kaye anichî kutakach muwehch kâ shâpwâpahcheyich kâ îtâpatisiyich. kâ nîkânishkahk nituhkuin âpatisîwinh îsinihkâtâkanu kaye û âpatisîsû eukw e îtâpatisut kaye e nanâkachihtât yâitei chechî wîchihîkut awen tân pâ ishi wîchihâkanû, kaye miyûpayihtâu sischikûch e âhkwâchipayiyich chekwâyû kaye yâitei chechî ispayihâkanût âhkusîuînû âhkusîukamikuhch anite che wîchihâkanût.

DMAS oversees the Quality of Care and Access to Healthcare, through all services provided by Doctors, Specialists, Dentists, Pharmacists and other professionals (archives, laboratory, imagery). Also called DPS (Director of Professional Services), its role is also to ensure effective pathways of care, coordination of medical emergencies and all transfers between hospitals.

EXECUTIVE SUMMARY

François Prévost, MD
DIRECTOR

The Department of Medial Affairs and Services (DMAS) encompasses Medicine, Specialized Services, Dentistry, and Pharmacy.

Once again, this past year, we witnessed an exponential increase in medical consultations across the territory. Our nine clinics serve over 20,000 people, of whom over 4,000 are affected by diabetes. The 2023 wildfires added an exceptional burden on the primary care.

Therefore, if we want to provide the best possible care to the people of Eeyou Istchee, we must increase our efforts to recruit more professionals and optimize our resources.

Here is a brief summary of our endeavors:

Physician Assistants

With the collaboration of the Collège des médecins du Québec and the MSSS, we are optimizing primary care and making history as the first health provider in Québec to integrate a physician assistant (PA) into our care teams. More PA will be recruited in the coming months.

Midwives

We are working closely with midwives, participating in the strong return of births to Eeyou Istchee.

Electronic Medical Record (EMR)

Another major milestone is the deployment of the EMR. Amongst other benefits, it will optimize note-taking and follow-ups.

Jean-Nicolas Chagnon, Assistant-Director, DMAS and Physician Assistant, during a visit to the Chisasibi CMC to meet with local teams and facilitate open discussions on the implementation of this new role.

New Regional Hospital

We are beginning to plan for the new Regional Hospital with the recruitment of specialists who will allow us to offer new medical and dental services locally. The long-term goal is to reduce out-of-territory consultations (over 40,000 last year).

Objectives for 2024-25

- Improving access, quality of care and innovation, at the heart of our priorities
- Recruiting more professionals, according to the needs of the population.
- Enhancing telemedicine and telepharmacy
- Continuing the transition to MIC-M, our new model of care
- Optimizing primary care, specialized services and corridors of care
- Collaborating on the development of the Healing Lodge and Cree traditional medicine
- Improving mental health services, emergency measures, and MEDVAC efficiency

Deepest gratitude to all members of the DMAS Team and all support staff! Meegwetch!

New Model of Care

In parallel, we are continuing the transition towards the new Miyupimâtisîun Integrated Care Model (MIC-M), based on relationships and advanced access, with the goal of offering excellent, culturally adapted care. In Chisasibi, the first site of this project, we already see very encouraging results.

Recruitment

In 2023-24, we recruited six new full-time doctors and two specialists. New pharmacists and dentists have also joined our teams. Moreover, we welcomed nearly 100 university students as interns, with the hope they will come back!

END-OF-LIFE CARE FOR 2023-2024	Hospital (short-stay)	Elders Home	Home	Palliative care home	Total
Palliative care and End-of-life care	11	1	13*	n/a	25
Continuous palliative sedation					0
Medical aid in dying					0

** Whapmagoostui (0); Chisasibi (N/A); Wemindji (2); Waskaganish (3); Eastmain (2); Nemaska (1); Mistissini (4); Waswanipi (0); Oujé-Bougoumou (1)*

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â nûtâpitâsûwânanûwich

DENTISTRY

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

This past year, the dental department hired two permanent dentists in Chisasibi and Waskaganish and two additional dental specialists, a maxillofacial surgeon and a denturologist. We trained seven new dental assistants.

The Waswanipi dental clinic was closed for many months due to a major water flood in the CMC. Finally, the dental hygienist resources were split and reassigned between the clinical dental services (five positions) and the Public Health dental services (six positions).

In 2023-24, the department's dentists provided a total of 14,977 hours of services and saw a total of 9,401 patients, including 1,294 children (aged nine or less). The dental hygienists saw 558 patients including 184 children. The overall total of activities comes to 9,959 visits with 4,671 different patients. In addition, 364 patients were sent outside of Eeyou Istchee for dental care under general anesthesia.

The department continues to face challenges, including disruptions in service due to absenteeism, difficulties with the recruitment of hygienists and dissatisfaction among dental professionals with the lodging crisis. The need for additional support and training is chronic.

The 2024-2025 objectives are to move into the new Waskaganish CMC dental clinic, have the revised dental NIHB policy approved and implemented, and finally complete the call for tender and implementation of a new software for the dental department.

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nitukuyin â kiniwâyihtikûch kiyâ â wîchimiyâwânûwich

PHARMACY

This year, the Pharmacy department focused on three main pillars: people, organization and allies.

We recruited both full and part-time pharmacists, expanding our team and bringing in various expertise. We welcomed pharmacy interns, including the first Cree pharmacy technical assistant intern from the Algonquin Careers Academy. We have also expanded our administrative team with an operational administrative coordinator and an administrative process specialist.

Pharmacy reorganizations were initiated to provide more suitable work environments and increase service safety. Several internal procedures have been implemented, notably for the management of narcotics and refrigerated products.

Our links with allies were greatly developed. Whether between pole pharmacies and their dispensaries or with other clinical departments, we strive to improve collaboration and patient care. Finally, we have been working more closely with the Pharmacy department of our main service corridor at the MUHC.

As for last year's objectives, we began the pilot project for distributing medication in dispensaries with the Whapmagoostui team.

2024-2025 Objectives

- Develop and integrate the newest job title: Pharmacy Technician
- Implement a new hospital pharmacy software
- Continue to improve pharmaceutical care for patients in our corridors by collaborating with our Wîchihîtuwin partners and external pharmacies

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nituhkuyin misinihikanh

REGIONAL ARCHIVES TRANSITION

During the 2023-2024 fiscal year, the regional medical archives department maintained its activities under the miyupimâtisîun regional department. Sustained recruitment efforts enabled us to increase the group of medical archivists with a documentation technician and 6 medical secretaries.

We succeeded, for the first time at the CBHSSJB, in offering support to the archive departments of all 9 communities. This coverage was achieved in two ways, on-territory and by telecommuting. We had medical archivists on territory for nearly 300 days to offer support.

One of our main objectives is to produce quality assurance processes for information management to ensure the confidentiality, quality, accessibility, transmission and preservation of health data in Eeyou Istchee. In terms of projects, we are actively collaborating on *Système d'information et de gestion des urgences (SIGDU)*, *Système d'information clientèle en centre d'Hébergement et de soins de longue durée (SICHELD)*, Optilab, Ubick, emergency measures and many others.

The team also actively participated in the creation of the Master Patient Index, which means that all communities have access to reliable data for patient ID. The next phase will begin in 2024-2025. With the help of external support, a needs assessment for scanning was carried out. In addition, we offered a storage service for three communities, to protect records in the event of a disaster.

Objectives for the coming year include working with partners within the organization to finalize the transition of the regional archives into DMAS, to develop a regional structure that ensures a culture of confidentiality, launching the digitalization project, creating a medical form working group to record information, and continuing to grow while offering ongoing support to the organization.

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nituhkuyin misinihikanh

SPECIALIZED SERVICES

Specialized services

The specialized services team is dedicated to advancing health care delivery across the territory through innovative, collaborative, and specialized healthcare services. This year, our commitment to Eeyou/Eenou has driven us to enhance our partnerships and expand our reach, ensuring premium quality care in all communities. Our focus this year has been on the optimization, centralization, and standardization of appointment management and scheduling processes. These efforts have led to increased efficiency and significantly improved service delivery across the territory.

New specialists

Last year, we were thrilled to expand our team with two new specialists. Dr. James Johnston joined us as a pediatrician, significantly enhancing accessibility for children in Waskaganish, Nemaska, and Oujé-Bougoumou. Also, we welcomed Dr. Catherine Ouellet, a dedicated psychiatrist who brings invaluable expertise and expands our capacity to provide comprehensive mental health services in Eastmain, Mistissini and Waskaganish.

Telehealth innovations

In collaboration with the McGill University Health Centre (MUHC), we successfully launched a new telehealth service for a children's dermatology clinic, increasing access to specialized care for our youngest patients. Additionally, we are working closely with the Wîchihîtuwin department to organize on-territory appointments with specialists primarily based at the MUHC.

The MSSS recently introduced the *Plateforme de Soins Virtuels* (PSV), a cutting-edge virtual care platform now utilized for teledermatology assessments. Family physicians across the region have been granted access to this platform, enabling them to request virtual consultations and facilitate interprofessional exchanges, both with and without the patient present.

CRDS

We undertook a massive review with CRDS Chibougamau and Abitibi to ensure that all patients were properly listed and to confirm the necessity of their consultations. More specialists have joined our team to review new consultations within their respective fields of expertise. This initiative ensures that the correct priorities are set, enabling patients to be scheduled for appointments within appropriate timeframes, and with all needed investigations completed prior.

Looking forward, collaborations & acknowledgement

Throughout the year, we held multiple meetings with external partners to develop new services and enhance existing ones. Moreover, we have successfully secured new development positions, which will be pivotal in expanding these services in the coming year.

The specialized services team continues to embrace innovation and collaboration. We are not only enhancing healthcare services but are also ensuring that these services are built on the principles of equality and accessibility. Moving forward, we remain dedicated to strengthening our communities and providing every individual with the specialized care they deserve.

In the upcoming year, we will continue to build upon our successes, seeking out new opportunities for improvement and expansion. We strive for all community members to receive the care they need, regardless of their geographical location.

We extend our deepest gratitude to our extraordinary team, whose unwavering commitment and excellence in patient care have been the cornerstone of our successes. Each member has shown great dedication, making it possible to not only meet but exceed our service delivery goals. It is with great appreciation that we recognize the hard work and devotion of what is truly the best team.

4,804
CRDS count of APSS

230
Count of *Conseil numérique*

3,029
Telehealth on-territory appointments

147
In person on territory visits (clinics)

5,343
In person on territory visits (appointments)

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miyupimâtisîun

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miyupimâtisîunyû kâ mâmûwîstâhch misiwâ nituhkûyiniyû âpitisîwîniyû kâ kiniwâpitâhch misîwâ îyiyiwîyich â wîhwîchihâkânûwîyich châ chi miyupîhîyich upimâtisîwîniwâch.

Miyupimâtisîun is the department that delivers most of the health and social services to our clients.

EXECUTIVE SUMMARY

Christina Biron
ASSISTANT EXECUTIVE DIRECTOR

In a year characterized by the high impact devastation of land loss during the forest fires, the response efforts certainly brought new meaning to social solidarity. This series of events showcased the importance of a community-led approach as a pivotal pillar for cultivating a solid foundation with the safety of the population front and center. Within the scope of our mandate, this entailed the creation of mobile clinics, access to pharmaceutical services, and wellness checks with evacuees, all while in support of much more.

Our participation in the General Estates of Social Work public hearings has led to key recommendations that we believe will create meaningful change within the landscape of social work in the province and more importantly in Eeyou Istchee. Furthermore, we are proud to announce the 24/7 regional Wîchihîwâuwin helpline is now an official service of the CBHSSJB. Although upstream prevention is a continued priority, this highly accessible service can provide immediate support while concretely embedded in the context of our communities.

The long-awaited family centered primary health care reform has continued to demonstrate great promise in health outcomes and client satisfaction. A robust communication plan, which we look forward to sharing, is under way to further introduce our plans to change health care delivery in-territory.

In light of the year marked for social solidarity, $1.2 million was secured for homelessness projects and $1 million dispersed to CMCs to support community-based family violence initiatives.

In closing, I want to acknowledge the commitment and dedication of our regional and local teams that support the delivery of health and social services across Eeyou Istchee!

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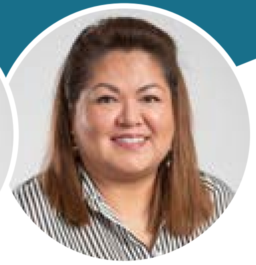
DPSQA HEALTH



Chloe Nahas
REGIONAL PROXIMITY DIRECTOR

Nancy Shecapio Blacksmith
DIRECTOR

DPSQA Health continues to remain committed to improving the health and wellness of the Eeyou Istchee population, ensuring the quality of care and competency of the organization's nurses, PCCRs, homecare workers, and beneficiary attendants. The department proudly offers a culturally safe environment and is dedicated to providing a holistic approach to mental, spiritual, emotional, and physical health.

The much-awaited grand opening of ispeyimûnikamikw - The Hope Centre in Waskaganish was held in May 2023. This centre supports hemodialysis clients who are eligible and wish to be trained in home hemodialysis (HHD) for five to six weeks. HHD allows clients to be more independent and flexible and enjoy an improved quality of life; it also results in better clinical outcomes, provides enhanced patient engagement and empowerment, and reduce risk of infections.

The number of chronic kidney disease clients climbed, but we are pleased to have had a total of six kidney transplants this year; two from Chisasibi, and one each from Waskaganish, one from Whapmagoostui, Mistissini, and from Oujé-Bougoumou. However, two of the transplants were unsuccessful, and as a result, the clients remain on the transplant list. In addition, we trained six novice nurses in hemodialysis.

The annual nurses training took place for two consecutive weeks from September 25 to October 6, 2023 in Montréal which welcomed a combination of about 216 nurses and auxiliary nurses from all departments within the CBHSSJB. It was a success and very much appreciated by those nurses who may not have had the chance to participate in prior years, including the auxiliary nurses.

We form a strong, cohesive team that embodies the values of teamwork, compassion, and excellence.

While summer 2023 was challenging with forest fires that led to community evacuations, the team did a wonderful job in assisting the different evacuation sites. There were many lessons learned in crisis response and preparedness, trauma-informed care, cultural competence and sensitivity, collaboration and interprofessional communication, and community engagement.

We felt it would be conducive to provide standardized trainings that will allow them to further their knowledge, skills, and competencies while meeting new friends and reconnecting with old ones.

In addition, 39 new candidates were trained in the Northern Community Health Nursing (extended role training) which is quite an

39

New candidates were trained for the Extended Role

3

New nurse practitioners

216

Nurses attended the Annual Training

6

Kidney transplants

increase this year. There are 5 trainings/year with about 12 nurses trained per session. We established a competency framework to guide us in the training and evaluation process regarding the expected nursing competencies. Further to that, we re-established the SOFEDUC accreditation which allows us to emit recognized credits for trainings provided by us; these credits are recognized by professional orders.

We also welcomed three nurse practitioners (NPs) in Wemindji, Waskaganish, and Eastmain, with more to be welcomed on the territory in the coming fiscal year. NPs provide advanced nursing care to patients across a variety of settings.

On a final note, we have been working in close collaboration with the Cree School Board and John Abbott College to have the Springboard to Nursing program launched in August 2024. This is a pre-nursing program that will allow students attain their pre-requisites for nursing including other relevant courses that prepare them for a regular nursing program. We look forward to this exciting new initiative with our partners.

I wish to take the time to congratulate my team of nurse counsellors and nurse practitioners, assistant directors, and administrative support who are so committed, dedicated, and fun to work with. We form a strong cohesive team that embodies the values of teamwork, compassion and excellence. Thank you for your dedication, professionalism and unwavering commitment to our shared goals.

Launch ceremony of the ispeyimûnikamikw - The Hope Centre.
From L to R: Nancy Shecapio-Blacksmith, Daniel St-Amour, Elder Bill Jolly, Bertie Wapachee, Mandy Gull-Masty, Samson Weistche.
May 16, 2023

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â mâmu wichihtâkinuwiyich

DPSQA – ALLIED HEALTH

Chloe Nahas
REGIONAL PROXIMITY DIRECTOR

Stéphanie Sicard-Thibodeau
DIRECTOR

DPSQA Allied Health stabilized its management team this year with the hiring of a new director and coordinator.

At the end of 2023, all positions in the regional team were filled. Joint efforts from our clinical advisor and HR agent allowed us to visit many career fairs and allied health profession congresses to present opportunities within our organization.

Allied Health coverage in the communities is ensured by local professionals with support from the regional mobile teams. Regional services include audiology, speech and language therapy, and respiratory therapy. Many local teams have established community-based initiatives, often with the involvement of regional Allied Health professionals as well.

However, needs and referrals remain high and overall coverage across the Allied Health disciplines is at 70%. It remains a challenge to ensure local coverage for occupational therapy.

A training series of 16 videos and a quiz was launched on the ENA platform for capacity-building of rehabilitation paraprofessionals (rehab monitors and education monitors). This project also ensures a base training for new employees at MSDCs.

Dysphagia training was developed jointly by the nutrition, occupational therapy and speech and language therapy teams. It was offered in various settings, including a focused training in the Chisasibi Elders' home. Some visual tools were also developed to support the clinicians in their evaluations.

Over the past year, all nutritionists have transitioned their waiting lists and caseloads into MYLE Electronic Medical Records (EMRs), which allows a better overview of client needs and assists in planning support management. Nutritionists also transferred their statistics into the EMRs. The occupational therapy and physiotherapy teams are preparing to make this transition in 2024.

354

Total of clients seen from April 1st 2023 to March 19 2024 by the SLP team for assessments and follow-ups

253

Total of clients seen from April 1st 2023 to March 19 2024 by the audiology team for assessments and follow-ups

One of our regional occupational therapists has started the McGill certification program for assessing the driving of clients and is expected to complete the program in summer 2025. This will address a gap in services as currently clients must travel and pay private occupational therapists for this service.

In regard to Augmentative & Alternative Communication (AAC), the CBHSSJB is now part of PMATCom *(Programme ministériel des aides technologiques à la communication)*; a fleet of specialized equipment is available for loan in Montréal to the speech and language therapists and occupational therapists, giving clients easier access to these devices when needed.

Audiology services expanded to more communities this year. The team was also equipped with new tools to conduct their assessments and client care. A new collaboration with Lethbridge-Layton-Mackay Réadaptation Centre was developed to provide ASA *(Aides de Suppléance à l'Audition)* to clients in their home; these include environmental control systems such as flashing lights for telephones or doorbells. PCCRs received training on hearing loss and hearing aids, and four students from Université de Montréal did an internship in audiology in Chisasibi.

The Respiratory Therapy Helpline was launched at the beginning of the year to offer support to all healthcare workers; currently it is opened Monday to Friday 9-5 p.m. Respiratory therapy also consolidated the offer of services for pulmonary tests and nocturnal oximetry (which assesses oxygen requirements in sleeping patients) in the nine communities and began home-care visits for oxygen-dependent clients in Chisasibi. Work was carried out for patients with CPAP mask issues, and a walk-in Sleep Clinic in Mistissini addressed material renewal needs, including a successful and appreciated mask fitting services.

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mitunâyihchikin

DPSQA – PSYCHOSOCIAL
WÎCHIHÎWÂUWIN

Chloe Nahas
REGIONAL PROXIMITY DIRECTOR

Jessica Jackson-Clement
INTERIM DIRECTOR

In honoring the year of social solidarity, DPSQA psychosocial has focused on empowerment and nourishing community resilience to achieve miyupimâtisîun reflective of nishîyû. In 2023-2024, our DPSQA Psychosocial team continued the mission with four key objectives resonant of the Cree values and mission; (1) honouring quality of care, (2) building bridges, (3) fostering passages and (4) braiding an indigenous worldview with clinical standards.

During this time, we have focused on building capacity, increasing staffing for the helpline, supporting the foster home team awaiting their transfer to Youth Protection, raising awareness for Elder well-being and providing retreats for caregivers within Eeyou Istchee.

The building capacity team worked on integrating a psychosocial resource within the Miyupimâtisîun Integrated Model of Care (MIC-M) in Chisasibi. It was indeed a pivotal moment this year. Top priorities included demystifying the psychosocial role within the multidisciplinary team while connecting extended psychosocial services within the service trajectory. Quality relationships and collaboration among professionals and paraprofessionals within the Care Team are undoubtedly enhancing the success of psychosocial interventions. Documenting the integration process while identifying necessary resources and training marks a significant milestone achieved this year, providing a framework for subsequent phases.

The Advisor for Elder Wellness's mandate is regional and guided by Ministry directives. A revised policy on mistreatment of seniors and vulnerable adults has been submitted to the MSSS and should be deployed in 2024; this policy includes awareness activities, collaboration, trainings and promotion of elder wellness. Since February 2024, all members of the CBHSSJB staff are invited to watch the training *Countering the mistreatment of older adults* on the ENA platform, in order to recognize signs of abuse, help prevent harm and provide support when abuse arises.

Our 24/7 Wîchihîwâuwin Regional Helpline is committed to providing immediate psychosocial services to the communities, frontline psychosocial workers and collaborators. Created during the pandemic in 2020, this past December the Helpline was recognized by the Board of Directors as a permanent service at the CBHSSJB.

Compared to last year, statistics show an increase of 47 per cent in the number of calls over the previous year.

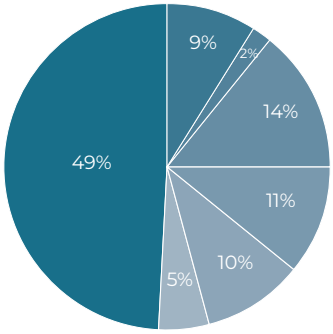
This service contributes to alleviate the workload of front-line workers since 67 per cent of callers' needs are addressed on the phone. Also, the Helpline provides another entry door to access services, as 33 per cent of callers are subsequently referred to appropriate services.

TABLE A – *MAIN REASON FOR CALLS*

REASONS FOR CALLING	Number of CALLS
Mental Health	377
Physical Health	50
Self Harm	275
Interpersonal violence	101
Family Issues	146
Living Situation/Housing	205
Substance Abuse	83
Logistical and Administrative	212

TABLE B – *PERCENTAGE OF CALLERS*

Frontline psychosocial workers and collaborators



49%	Self-referral
9%	Family/Friend
2%	Psychosocial worker for clinical support (day)
14%	Other
11%	Police
10%	Nurse on-call
5%	Psychosocial local on-call

Highlights 2023-2024

- Meeting of Team Leaders in Montréal (February 20, 21 and 22, 2024).
- Creation of psychosocial action plans with local psychosocial teams.
- Collaboration with external CHSLD and respite bed facilities to improve quality of care, adapted to Cree culture (translation tools, Cree paintings in the room, visits in community).

Moving forward

The DPSQA psychosocial team will continue with their dedication in social solidarity by raising self awareness, building relationships, having a common vision and building capacity.

How are team can support

CLINICAL ADVISORS
Case discussions, caseload management, clinical process and forms, etc.

CAPACITY BUILDING
Onboarding, training needs, professional development plan, etc.

HELPLINE
24/7 psychosocial support for population and clinical support for professionals

PPRO
Development of clinical tools and procedures, planification, etc.

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chisasibi nituhkuyinikimikw

CHISASIBI REGIONAL HOSPITAL


Chloe Nahas
REGIONAL PROXIMITY DIRECTOR

Priscilla Weapenicappo
DIRECTOR

COORDINATION OF NURSING SERVICES

Medicine

Since the COVID-19 pandemic, the unit was forced to decrease its admissions to 16 beds. Owing to the nursing shortage, the hospital has not been able to increase its capacity, forcing us to solicit external help from agencies. Reduced services measures were deployed during critical periods.

Sterilization

A new Medical Device Reprocessing Unit (MDRU) has been in place since February 2024.

Emergency

While a few departures affected nurse staffing, the clinic has remained stable enough to continue serving the population by improving patient flow. In-unit renovations are underway to optimize the nursing station in addition to the implementation of the *Système d'information et de gestion des urgences* (SIGDU) program.

Hemodialysis

The hemodialysis team and patients were relocated to Montréal on two occasions: 1) due to the summer forest fire evacuations, and 2) during the fall renovations for the new Baxter Water System, completed in December 2023. Despite the high turnover of staff, the team has been able to treat up to 24 patients using nine Fresenius machines.

Ambulatory

After more than a year of the ambulatory clinic running as a successful pilot unit, a development request has been made to open up three official positions. The clinic continues to off-load the out-patient workload by handling intravenous infusion therapies, specialized blood and complex wound dressings. The clinic will be temporarily re-located upon the start of the new Laboratory renovations project.

Social Services

The social services department is currently undergoing a staff shortage crisis as the hospital has been unable to recruit any new social workers. The team is being held together by a core group of community workers and external helpers to ensure psychosocial services are maintained.

CHISASIBI REGIONAL HOSPITAL STATISTICS	
Admissions	327
Hospitalization days	4,714
Transfers (to health centres)	48
Deaths	11
Acute care average stay (days)	10.27
Bed occupation rate	71.75%

ADMINISTRATIVE SERVICES

This past year in Administrative Services, three long-time employees – one food service attendant and two vehicle drivers – retired. We welcomed new permanent employees to replace the retirees. During the forest fire,

Administrative Services were maintained to ensure continuity of emergency services. In June, a code green was announced and the successful completion of tasks was achieved within a short period of time. We express gratitude for the services and support of the Regional Hospital.

COORDINATION OF CLINICAL SERVICES

Clinical services

The coordinator of clinical services started in the position on December 11 covering Laboratory, Radiology and Archives.

Laboratory

The PPRO Point of Care Testing and PPRO for Quality Assurance have now joined the team. The new Assistant Head of the Laboratory has also started in her role. Despite a high turn over rate, the Chisasibi Laboratory performed nearly 395,000 tests over the year, while the Mistissini Laboratory performed over 160,000 tests. The team is working diligently to implement the provincial *Système Information Laboratoire* (SIL) for this year.

Radiology

The Radiology department continues to serve the population of Chisasibi and surrounding communities with its various services despite challenges to the recruitment of professionals. Nevertheless, our team performed 11,459 tests over the last year in radiography, Panorex (digital panoramic x-rays), obstetrical ultrasound, electrocardiograms (ECG), and Holter (portable ECG).

Archives

The Archives department is continuing on the project of restructuring its services to better serve the needs of the clinical staff of the hospital. These efforts will continue into next year to better support client information management between the different service departments.

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MISTISSINI

CMC

Mistissini Pole

Medical evacuations

173	Emergency
-	Scheduled

Current services

-	Consultations with family doctor
137	Consultations with specialist md
-	Consultations with other specialist - dentist
-	Consultations with other specialist
-	Consultations with a nurse (walk-in)
-	Consultations with a nutritionist
-	Consultations with a nurse for medication refill
56	Labo
-	Pharmacy

Awash

1,560	Consultations with a nurse
705	Consulation with family doctor
-	Consultations with doctor
1,600	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
-	Consultations with a community worker
-	Consultations with a social worker
-	Consultation with HRO

Uschinîchisû

-	Consultations with a nurse
-	Consultations with a school nurse
-	Consultations with a family doctor
-	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
-	Consultations with a community worker
-	Number of group activities by a community worker
-	Consultations with a social worker
-	Consultation with nutritionist
-	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

-	Consultations with a nurse
-	Visits/follow-ups with doctors
-	Consultation with a mental health nurse
-	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
-	Consultations with a PCCR (individual)
-	Consulations PCCR ophthalmology (individual)
-	Number of group activities by a PCCR
-	Consultations with a community worker
-	Consultations with a social worker
-	Consultations with HRO
-	Number of homecare visits
-	MSDC day program participants at end of year
-	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

E. Virginia Wabano
REG. PROXIMITY DIRECTOR

Roberta Petawabano
LOCAL DIRECTOR MISTISSINI

Mistissini experienced a full evacuation due to forest fires, which affected vulnerable clientele and was stressful and fatiguing for staff. In addition, CSN and FIQ strikes caused some disruption of services. Among other concerns, the CMC was concerned with substance abuse issues and homelessness, a new phenomenon in the community.

Awash welcomed 70 babies this past year, including two born in Saguenay during evacuations. Nurses had 1560 consultations, PCCRs had 1600 and doctors had 705. The team reorganized nursing staff and added a social worker and an occupational therapist. During forest fires, measures were established to ensure care for pregnant women due to risks from smoke exposure and stress.

The team worked to catch up on the vaccination delay caused by COVID, nurse shortages and fires. Activities organized by the nutritionist and PCCR promoted healthy living, often in partnership with other local entities.

The fully-staffed Uschinîchisû team has three nurses, a school nurse and an ASI. The new department pharmacy has facilitated nursing interventions. New caseload nurse and PCCR positions ensure continuous follow-up by the same staff. A Youth Mobile Clinic was launched from 4 p.m. to 8 p.m. every Thursday, with activities, consultations and treatments/screening available upon request. In addition, information booths on different subjects (STIs, nutrition, social media, and domestic violence) were hosted every Thursday and at events for youth. The nutritionist held a cooking class for youth. The team also worked closely with YHS to facilitate access to CMC services

The Chishâyiyû team experienced nursing changes due to retirement, internal movement, and departures; new nurses are still being hired. The staff was also affected by medical leaves and union action, and staff turnover has affected the laboratory and social services teams. The MSDC Kitchen remains closed, so Meals on Wheels cannot be provided; in addition, there is no regularly-available vehicle for MSDC participants. The Homecare team is dealing with increasingly complicated cases, with palliative cases on the rise.

The Administration team continues to support the CMC's programs and services.

"We're trying to work with the community more and reinforcing relations for public health," says Roberta Petawabano, local director. "Rather than being reactive, we want to focus on prevention and ensure we're communicating and being action-oriented, not just as a CMC but as a community."

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WASWANIPI

CMC

Mistissini Pole

Medical evacuations

117	Emergency
4,594	Scheduled

Current services

455	Consultations with family doctor
129	Consultations with specialist md
-	Consultations with other specialist - dentist
565	Consultations with other specialist
5,603	Consultations with a nurse (walk-in)
-	Consultations with a nutritionist
4,399	Consultations with a nurse for medication refill
-	Labo
-	Pharmacy

Awash

258	Consultations with a nurse
-	Consulation with family doctor
-	Consultations with doctor
593	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
494	Consultations with a community worker
25	Consultations with a social worker
-	Consultation with HRO

Uschinîchisû

-	Consultations with a nurse
-	Consultations with a school nurse
-	Consultations with a family doctor
-	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
117	Consultations with a community worker
-	Number of group activities by a community worker
24	Consultations with a social worker
-	Consultation with nutritionist
52	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

553	Consultations with a nurse
-	Visits/follow-ups with doctors
-	Consultation with a mental health nurse
118	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
136	Consultations with a PCCR (individual)
-	Consulations PCCR ophthalmology (individual)
-	Number of group activities by a PCCR
273	Consultations with a community worker
344	Consultations with a social worker
-	Consultations with HRO
741	Number of homecare visits
805	MSDC day program participants at end of year
805	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

E. Virginia Wabano
REG. PROXIMITY DIRECTOR

Eleanor Gull
LOCAL DIRECTOR WASWANIPI

Vulnerable people in Waswanipi were evacuated during the forest fires last summer, and a flood in the CMC basement damaged generators and has led to all staff being temporarily located in the new Ashûken facility. But even while dealing with crises and staff shortages, especially in social services and nursing, the CMC maintained services and organized many community events.

In Awash & Uschinîchisû, targeted programs for at-risk youth were implemented and support for medical teams was bolstered. A new coordinator was hired in January, along with an Awash nurse and an intake community worker. Clients with special needs have been supported through contractual arrangements. The psychosocial case management system has been improved and the team is currently working on data collection to better manage resources in order to address increasing caseloads. One worker received Suicide Prevention Best Practice Training, which would be beneficial for all.

In Chishâyiyû, PCCRs have been active, coordinating the Winter Active program, non-smoking week, Bush Kit Trainings, Addiction Awareness week, diabetes-related activities and events, and spring walk challenges, among other things. They have also assisted Awash clients and nurses when needed. The physiotherapist held a regular physiotherapy walk-in clinic and the occupational therapist (OT) and PT have led aqua-therapy classes. MSDC activities had fewer participants than previous years due to floods and fires. New employees were added to the MSDC and homecare teams, including a cook, a psycho-educator, an OT, a nutritionist and a rehab monitor.

The Current Services team created temporary emergency facilities in response to the CMC flood, two evacuations and an MSDC kitchen fire. The MYLES system is having a huge positive impact for the clinical team. The CMC is working with DMAS to increase specialist services. An experienced pharmacy technician helped the Pharmacy team rearrange space for a better workflow. In Dentistry, more recall workers must be trained in the dental assistant program.

After the flood the Administration team managed the CMC move to the MSDC. Eight transit units were renovated, painted and furnished; renovations are ongoing. Three ADD for Security were added evenings and weekends, while two ADD were hired for Archive, MPI and MYLE projects. The Wîchihîtuwin workload was stabilized with a second position and an optimization of drivers and vehicles will reduce reliance on taxis. We are still grieving the loss of one of our drivers on duty in March 2024.

“I want to applaud my team. They were able to mobilize quickly during the forest fire evacuations and when we had a flood,” says Local Director Eleanor Gull. “We’ve held staff appreciation events to thank them for their resilience, adaptability and determination.”

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OUJÉ-BOUGOUMOU

CMC

Mistissini Pole

Medical evacuations

-	Emergency
86	Scheduled

Current services

662	Consultations with family doctor
-	Consultations with specialist md
-	Consultations with other specialist - dentist
-	Consultations with other specialist
3,821	Consultations with a nurse (walk-in)
-	Consultations with a nutritionist
2,269	Consultations with a nurse for medication refill
455	Labo
-	Pharmacy

Awash

395	Consultations with a nurse
20	Consulation with family doctor
-	Consultations with doctor
198	Consultations with a PCCR (individual)
4	Number of group activities by a PCCR
-	Consultations with a community worker
-	Consultations with a social worker
-	Consultation with HRO

Uschinîchisû

124	Consultations with a nurse
60	Consultations with a school nurse
-	Consultations with a family doctor
30	Consultations with a PCCR (individual)
7	Number of group activities by a PCCR
-	Consultations with a community worker
-	Number of group activities by a community worker
37	Consultations with a social worker
-	Consultation with nutritionist
-	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

302	Consultations with a nurse
-	Visits/follow-ups with doctors
208	Consultation with a mental health nurse
95	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
143	Consultations with a PCCR (individual)
-	Consulations PCCR ophthalmology (individual)
-	Number of group activities by a PCCR
154	Consultations with a community worker
38	Consultations with a social worker
-	Consultations with HRO
-	Number of homecare visits
363	MSDC day program participants at end of year
981	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

E. Virginia Wabano
REG. PROXIMITY DIRECTOR

Louise Wapachee
LOCAL DIRECTOR OUJÉ-BOUGOUMOU

The CMC experienced changes in senior management: in June, Rebecca Simard started as Coordinator of Current & Chishâyiyû, and Shirley Matoush began as the Administration Coordinator in March. In Awash/Uschinîchisû, Janie Wapachee took a one-year leave of absence as Coordinator, being replaced by Mary Sgro.

August saw the signing of the Partnership Agreement, ensuring the collaboration of local entities to better support community needs, prosperity and advancement.

The CMC maintained services despite staff shortages. Replacing three nurses on maternity leave has been difficult, so agency nurses have been used.

The community experienced a full evacuation due to forest fire in June. With help from regional services and collaboration with partners, the evacuation went smoothly and all community needs were met.

In Awash/Uschinîchisû, all programs, such as prenatal classes and the Circle of Friends program for children, have continued to run without interruption. Another PCCR was hired and a new six-week program for youth dealing with anxiety was launched. A successful evening group at the MSDC provided support for loss and grieving and is still on-going. The Psychosocial team welcomed and trained volunteers from other departments and the community to help support Psychosocial On-Call.

Chishâyiyû had 302 nurse consultations and 143 PCCR homecare consultations. The homecare team received training to better adapt services to community needs. MSDC activities had 363 participants and the MSDC served more than 1000 meals; MSDC staff have participated in training to enhance services. The Men's Shelter opened its doors in December 2023, helping men needing a place to stay. The tentative name for the shelter is The Beaver Lodge Men's Shelter; documentation is being finalized before the official grand opening.

Current Services made the uninterrupted delivery of quality programs and services a priority. The past year saw increased MD coverage, to 45 out of 52 weeks. The team collaborated on an optimization audit with DPSQA Health and extended our Cree licensed practical nurse under an ADD. The team collaborated in two evacuations, rapidly putting in place an emergency clinic at two sites in Chicoutimi and collaborating with the CIUSSS team to ensure a satellite pharmacy.

The Administration team filled the long-vacant Building Systems Technician position. Ventilation issues caused the closure of one section of the CMC for 1.5 weeks. An ADD administrative officer was hired to update Archive files and two security guards were approved on ADD to ensure the safety and well-being of clinical staff. Administration staff had many trainings. It remains a challenge to have an active recall list in certain departments, including housekeeping and maintenance staff.

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CHISASIBI

CMC

Chisasibi Pole

Nisk

853	Consultation with a nurse
1,433	Consultation with a doctor
598	Consultation with a PCCR (individual)

Piyauu

80	Consultation with a nurse
82	Consultation with a doctor
70	Consultation with a PCCR (individual)

Awash

1,702	Consultations with a nurse
1,291	Consulation with family doctor
-	Consultations with doctor
1,212	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
365	Consultations with a community worker
-	Consultations with a social worker
-	Consultation with HRO

Uschinîchisû

939	Consultations with a nurse
249	Consultations with a school nurse
452	Consultations with a family doctor
249	Consultations with a PCCR (individual)
10	Number of group activities by a PCCR
27	Consultations with a community worker
377	Number of group activities by a community worker
-	Consultations with a social worker
-	Consultation with nutritionist
167	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

1,940	Consultations with a nurse
1,582	Visits/follow-ups with doctors
788	Consultation with a mental health nurse
222	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
516	Consultations with a PCCR (individual)
0	Consulations PCCR ophthalmology (individual)
59	Number of group activities by a PCCR
1,143	Consultations with a community worker
-	Consultations with a social worker
-	Consultations with HRO
-	Number of homecare visits
136	MSDC day program participants at end of year
4,574	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

Jeannie Pelletier
REG. PROXIMITY DIRECTOR

Audrey Gilbert
LOCAL DIRECTOR CHISASIBI

The Chisasibi CMC management team began 2023-2024 by delivering a presentation on how Health Matters are Community Matters during the General Assembly, stressing the importance of social solidarity. We seized this moment to articulate our vision for community well-being beyond primary clinic services. We highlighted existing initiatives in Chisasibi and advocated for new partnerships to advance community miyupimâtisîun, emphasizing that every community member and local entity plays a part in promoting health and wellness.

The Chishâyiyû team welcomed Yolanda Penalba as the new coordinator, along with a homecare nurse, a nutritionist, and a PCCR. Following the pandemic, the homecare service and MSDC team felt the need to connect with clients and caregivers, offering services like a “spring home cleaning service,” a Special Bingo, and a caregiver luncheon. Meals on Wheels remained operational throughout the year. However, the MSDC still lacks a permanent location. The Chishâyiyû PCCRs pursued the Walking Club at the High School three evenings per week, drawing up to 75 participants on busy nights.

The Awash program collaborates closely with Midwifery services to provide comprehensive care for pregnant women through a single access point. The team offered baby bundle workshops and sewing classes for mothers. A Winter Family festival, organized with the Youth Council, brought together families who enjoyed outdoor activities before gathering at the new Youth cabin. Lastly, a new social worker was hired in June.

“We highlighted existing initiatives in Chisasibi and advocated for new partnerships to advance community miyupimâtisîun, emphasizing that every community member and local entity plays a part in promoting health and wellness. “ says Local director Audrey Gilbert

Denise Perusse now oversees the Uschinîchisû program, which focuses on improving psychosocial services through diverse trainings and team-building activities. This year, a new NNADAP worker took an active role in the community, notably by organizing AA meetings. Additionally, the team welcomed a new mental health nurse, a school nurse, and a Uschinîchisû nurse.

Administrative Services added two full-time medical secretaries, a new administrative technician, and a welcoming agent. They organized the Employees’ Recognition event on July 7, featuring games, Elders’ teachings, a feast, and celebrations of employees’ milestones.

In 2023-2024, the Miyupimâtisîun Integrated Care Model (MIC-M) was central to all key actions and decisions. In May, the community worker was integrated to the NISK healthcare team. January saw the formation of the second core team: PIYAAU. Essential measures included Nitutâmh training for eight CMC staff, job postings adjusted to the new care model, and “Enhancing working relationships” training. Despite more work needed for expansion, client feedback and diabetes control statistics indicate that this relationship-centered approach yields higher results and greater client satisfaction than the current model.

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WHAPMAGOOSTUI

CMC

Chisasibi Pole

Medical evacuations

159	Emergency
904	Scheduled

Current services

370	Consultations with family doctor
-	Consultations with specialist md
-	Consultations with other specialist - dentist
-	Consultations with other specialist
5,824	Consultations with a nurse (walk-in)
-	Consultations with a nutritionist
5,824	Consultations with a nurse for medication refill
-	Labo
-	Pharmacy

Awash

462	Consultations with a nurse
-	Consulation with family doctor
-	Consultations with doctor
-	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
313	Consultations with a community worker
75	Consultations with a social worker
8	Consultation with HRO

Uschinîchisû

166	Consultations with a nurse
-	Consultations with a school nurse
-	Consultations with a family doctor
-	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
166	Consultations with a community worker
-	Number of group activities by a community worker
566	Consultations with a social worker
-	Consultation with nutritionist
-	Consultations with a NNADAP worker
-	Youth flu vaccination
81	Consultations with HRO

Chishâyîyû

-	Consultations with a nurse
-	Visits/follow-ups with doctors
-	Consultation with a mental health nurse
78	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
-	Consultations with a PCCR (individual)
410	Consulations PCCR ophthalmology (individual)
16	Number of group activities by a PCCR
-	Consultations with a community worker
690	Consultations with a social worker
56	Consultations with HRO
1,489	Number of homecare visits
731	MSDC day program participants at end of year
1,646	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

The CMC has been building its relationship with Whapmagoostui First Nation and the Cree School Board as part of its focus on addressing community issues. Teams have also been working to improve individual awareness through community initiatives focusing on prevention.

Jeannie Pelletier
REG. PROXIMITY DIRECTOR

Robert Wynne
LOCAL DIRECTOR WHAPMAGOOSTUI

In Current Services the nursing team is stable with six out of seven positions filled, as well as a liaison nurse and an assistant to the immediate supervisor. New equipment is being introduced to enhance Emergency Services. Thanks to adequate staffing and liaison support, we have an enhanced ability to host specialists, so clients need not travel south for appointments.

The Awash Team has two full-time nurses and the PCCR has returned from extended sick leave, so the program is running well. The Uschinîchisû Team has hired a new nurse to work with the PCCR on both school and clinical programming.

In Chishâyiyû, the PCCRs organized the "Dry Month" again for February 2024, which was again very successful; of 148 participants, 76 completed, and of these, 22 were participants from last year who didn't complete but were successful this year. The nutritionists continue to host Healthy Snacks and Meals Workshops for all age groups. Home and Community Care has half-time nursing coverage and our team has been busy in care delivery because our population is aging quickly and the incidence of critical diagnoses requires more care. A major challenge this year was our lack of referral centres for short- and long-term respite for families.

The MSDC has been open throughout the year and has provided Meals on Wheels for lunch (and in a few cases supper) to all identified vulnerable elders in the community.

Our very active Public Health nurse is collaborating with all the Cree teams and the Inuit Public Health on various vaccine campaigns and contact tracings for rabies and STIs.

The Administration team has overseen an upgrade to fibre optics as well as to phone systems and the overall communications network. The team also coordinated staff recognition initiatives that acknowledge the hard work put in by staff members to promote health and well-being in the community.

In the coming year the CMC plans to digitalize all our visiting and local professional visits to ensure continuity and consistency of care in all our programming. Overall, the CMC team anticipates the coming year to be one of recovery, growth, education and miyupimâtisîun.

"We've been trying to really focus on also social and health issues in our community," says Local Director Robert Wynne. "I also believe that it's important that we take ownership of our own health and overall well-being as individuals, so we have been doing a lot of prevention work in the community."

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WEMINDJI CMC

Chisasibi Pole

Medical evacuations

190	Emergency
1,669	Scheduled

Current services

1,139	Consultations with family doctor
-	Consultations with specialist md
-	Consultations with other specialist - dentist
-	Consultations with other specialist
6,340	Consultations with a nurse (walk-in)
-	Consultations with a nutritionist
5,693	Consultations with a nurse for medication refill
-	Labo
-	Pharmacy

Awash

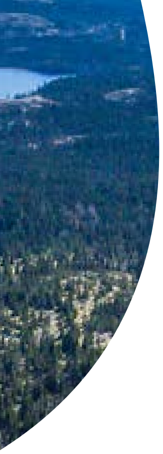
75	Consultations with a nurse
-	Consulation with family doctor
-	Consultations with doctor
564	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
18	Consultations with a community worker
56	Consultations with a social worker
256	Consultation with HRO

Uschinîchisû

-	Consultations with a nurse
-	Consultations with a school nurse
-	Consultations with a family doctor
5,227	Consultations with a PCCR (individual)
66	Number of group activities by a PCCR
143	Consultations with a community worker
-	Number of group activities by a community worker
-	Consultations with a social worker
-	Consultation with nutritionist
471	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

-	Consultations with a nurse
-	Visits/follow-ups with doctors
-	Consultation with a mental health nurse
-	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
680	Consultations with a PCCR (individual)
-	Consulations PCCR ophthalmology (individual)
16	Number of group activities by a PCCR
54	Consultations with a community worker
112	Consultations with a social worker
-	Consultations with HRO
1,127	Number of homecare visits
1,741	MSDC day program participants at end of year
3,840	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses



Wemindji experienced two evacuations due to forest fires last summer: phase one and two evacuations to Québec City and Amos respectively in July, and phase one evacuation to Chisasibi in August. Although many teams are understaffed, employees ensured services were maintained for the community throughout the crises.

The Awash/Uschinîchisû team welcomed 23 births this year. Two Awash nurses were hired as well as a special needs educator and youth outreach worker; Awash and Uschinîchisû nurse position remain vacant. Programs have been maintained, including AMA and the Maternal & Child Health program, the Well Baby Clinic, the immunization program, child development screening and others. PCCRs managed Winter Active and Summer Active programming. National Addictions Awareness Week was held, and the team is collaborating with other entities and departments to address homelessness in the community.

A new coordinator of Chishâyiyû/Current Services began in September. Despite challenges from staff turnover, evacuations and other issues, the team succeeded with hard work and help from internal and external collaborations. A new Current nurse was hired, leaving four of eleven permanent positions vacant, with one on leave. Agency nurses are filling the gap.

Following the tragic event of March 2023, the head nurse began monthly hands-on scenarios with first responders to optimize emergency care delivery.

"Seeing everyone in action during the forest fire crises – how they were resilient and persevered – was a highlight. I have a great team!," says Local Director Rachel Danyluk. "I want to express my gratitude to Chisasibi for graciously opening their homes and services to our community. Our members felt truly welcomed, cherished, and reluctant to leave when the time came for their departure."

Jeannie Pelletier
REG. PROXIMITY DIRECTOR

Rachel Danyluk
LOCAL DIRECTOR WEMINDJI

Professional and support staff have begun training on MYLE, the electronic medical record system, which will enhance care delivery. Other training opportunities for professional and support staff have been ongoing.

The MSDC's permanent physiotherapist left but still helps when needed; a new permanent occupational therapist joined the team. The MSDC continues its programs and services and provides Meals on Wheels to those in need. The Home and community care program (HCCP) struggles a shortage of workers but maintains services as best as possible. Dentistry continues to rotate two dentists to offer full time dental services; the team has three dental technician assistants, one of whom is on leave. Three locals completed the Dental Assistant Technician program and have helped when needed.

During the forest fires, the team quickly mobilized to support evacuees, which has prepared us for future evacuations.

The Administration service created two new positions, Welcoming Agent and Administrative Technician (medical). The team has been developing more transit spaces for visiting professionals and staff. A new bus was purchased for MSDC participants, and the team dealt with CSN and FIQ strikes in November and December. A local miyupimâtisiûn Symposium was hosted in December in collaboration with the Cree Nation of Wemindji Wellness Center team and the local Miyupimâtisiûn Committee.

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WASKAGANISH

CMC

Waskaganish Pole

Medical evacuations

47	Emergency
1,118	Scheduled

Current services

-	Consultations with family doctor
-	Consultations with specialist md
-	Consultations with other specialist - dentist
-	Consultations with other specialist
10,570	Consultations with a nurse (walk-in)
-	Consultations with a nutritionist
2,102	Consultations with a nurse for medication refill
-	Labo
-	Pharmacy

Awash

1,221	Consultations with a nurse
-	Consulation with family doctor
-	Consultations with doctor
1,006	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
275	Consultations with a community worker
153	Consultations with a social worker
-	Consultation with HRO

Uschinîchisû

89	Consultations with a nurse
-	Consultations with a school nurse
-	Consultations with a family doctor
353	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
219	Consultations with a community worker
-	Number of group activities by a community worker
-	Consultations with a social worker
-	Consultation with nutritionist
4	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

-	Consultations with a nurse
-	Visits/follow-ups with doctors
-	Consultation with a mental health nurse
-	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
596	Consultations with a PCCR (individual)
-	Consulations PCCR ophthalmology (individual)
-	Number of group activities by a PCCR
-	Consultations with a community worker
-	Consultations with a social worker
-	Consultations with HRO
97	Number of homecare visits
1,095	MSDC day program participants at end of year
1,084	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

Holly Danyluk
REG. PROXIMITY DIRECTOR

A. Thomas Hester
LOCAL DIRECTOR WASKAGANISH

The CMC faced a nursing shortage this past year, relying on agency nurses and assistance from other CMCs; some services were reduced. The community also experienced a Phase 1 evacuation due to forest fires, during which PCCRs and community workers reached out to support families and vulnerable clientele. The CMC hosted a Mobile Hospital gathering in February, bringing together health care professionals and local directors from across Eeyou Istchee.

Awash & Uschinîchisû welcomed 54 babies this year. The team lacked an Awash nurse but help from physicians and midwives ensured that programs were maintained. Current nurses also helped in meeting client needs. The team is moving toward having a midwifery team and birthing unit, bringing childbirth back to Waskaganish. The regional Public Health team helped with children's vaccinations, including measles, influenza and school vaccine programs. Uschinîchisû does not yet have a complete nursing team but hired a NNADAP worker in March. The community organizer has been involved in such initiatives as National Addictions Awareness Week and Building Healthy Relationships, connecting with local entities to support wellbeing.

The psychosocial team has an Awash social worker collaborating with four community workers. Plans for 2024-2025 include establishing interdisciplinary team meetings for case discussions and management.

Current Services/Chishâyiyû faced many challenges in the past year, especially concerning staffing and lodging. Committed teamwork to address this challenge ensured services were not greatly impacted. Increasing communication within teams to better inform of upcoming changes and activities made processes run smoothly and efficiently. Assistance and guidance from partners from other departments, including HR, Programs and Projects Development and the DPSQAs, also helped achieve optimum service provision.

The Administration team has focused on ensuring safety protocols within facilities, with temporary employees being recruited in Housekeeping and Maintenance to help maintain health and safety standards. Other activities include managing housing for new employees joining the CBHSSJB, whether permanently or temporarily. A shortage of housing and office space limits our ability to hire and house new employees; however, two six-plexes are currently in the final phase of construction, and we are grateful for this new housing. The new CMC building is expected to be completed in 2025.

"The fires were a big learning experience for all of us," says A. Thomas Hester, Local Director. "I saw a lot of leadership qualities coming out during the time. People embraced their roles, did what they needed to do, voiced their ideas. And they were calm – there was no fear."

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EASTMAIN
CMC

Waskaganish Pole

Medical evacuations

28	Emergency
934	Scheduled

Current services

684	Consultations with family doctor
-	Consultations with specialist md
-	Consultations with other specialist - dentist
-	Consultations with other specialist
-	Consultations with a nurse (walk-in)
368	Consultations with a nutritionist
2,339	Consultations with a nurse for medication refill
836	Labo
-	Pharmacy

Awash

350	Consultations with a nurse
398	Consulation with family doctor
-	Consultations with doctor
251	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
-	Consultations with a community worker
3	Consultations with a social worker
-	Consultation with HRO

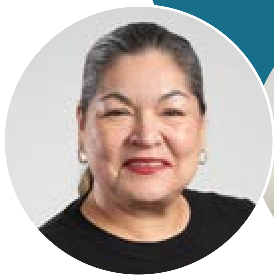
Uschinîchisû

468	Consultations with a nurse
-	Consultations with a school nurse
-	Consultations with a family doctor
108	Consultations with a PCCR (individual)
-	Number of group activities by a PCCR
-	Consultations with a community worker
-	Number of group activities by a community worker
107	Consultations with a social worker
-	Consultation with nutritionist
-	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

177	Consultations with a nurse
-	Visits/follow-ups with doctors
-	Consultation with a mental health nurse
76	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
336	Consultations with a PCCR (individual)
-	Consulations PCCR ophthalmology (individual)
-	Number of group activities by a PCCR
117	Consultations with a community worker
680	Consultations with a social worker
-	Consultations with HRO
837	Number of homecare visits
-	MSDC day program participants at end of year
-	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

Eastmain had a change in senior management with the appointment of Leslie Tomatuk as interim Local Director in July. At the same time, the CMC had to deal with forest fires that caused the evacuation of the community. The successful management of the situation was the result of close collaboration between the CMC, the Cree Nation of Eastmain, and other entities, and lessons learned are helping the team prepare for similar situations in the future.



Holly Danyluk
REG. PROXIMITY DIRECTOR

Leslie Tomatuk
LOCAL DIRECTOR EASTMAIN

The Awash/Uschinîchisû unit was happy to move back into its office space after two years of renovations that displaced team members. The Awash/Uschinîchisû space has been reorganized to be more welcoming to youth. The team has addressed mental health by creating programs like Girl Talk, beading and more. The team has also started programs for young mothers and mothers to be, such as waspisûyan making. On the medical side, the Women's Health Clinic continues to run and the school nurse, who also takes on the duties of Awash/Uschinîchisû nurse, has worked hard to vaccinate a very high percentage of the children within the community. The CE-CLE screening program at the school was restarted with the help of Martine Roberge, CE-CLE nurse counselor, and enjoyed a high level of participation.

"I started my position with the goal of maintaining harmony, and doing relationship building between management and staff," says Local Director Leslie Tomatuk. "We're stimulating the motivation and confidence of our staff, so that they can take ownership of their job and their tasks. We're drawing on the strength of staff to provide the best services we can in the best ways we can."

Chishâyiyû hired a full-time nurse and PCCR during the winter. The team has been able to revamp the program to better fit the community's needs. They have concentrated on issues related to diabetes, which affects a major proportion of Eastmain Eeyou, and is creating programs such as yoga and healthy walks to help reduce and control diabetes.

The MSDC was flooded this past year and is currently being repaired. Homecare services continue, with approximately fifteen vulnerable clients being supported.

Current Services hired two full-time nurses, but only one remains with the team. Despite struggling with the nursing staff shortage, the team has been able to maintain services and the team's energy and dynamic remain positive. Telehealth services have gone well, with doctors praising the team's organization.

The Administration unit is fully staffed, with the administrative technician CMC being hired early in the new year. After two years team members finally moved back to their office spaces, which provide adequate room to work and enhance overall productivity. The Department is reorganizing CMC spaces to improve the efficiency and flow of services.

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NEMASKA

CMC

Waskaganish Pole

Medical evacuations

71	Emergency
866	Scheduled

Current services

-	Consultations with family doctor
-	Consultations with specialist md
-	Consultations with other specialist - dentist
23	Consultations with other specialist
3,678	Consultations with a nurse (walk-in)
-	Consultations with a nutritionist
380	Consultations with a nurse for medication refill
454	Labo
2,406	Pharmacy

Awash

551	Consultations with a nurse
-	Consulation with family doctor
-	Consultations with doctor
140	Consultations with a PCCR (individual)
38	Number of group activities by a PCCR
220	Consultations with a community worker
12	Consultations with a social worker
-	Consultation with HRO

Uschinîchisû

272	Consultations with a nurse
-	Consultations with a school nurse
-	Consultations with a family doctor
465	Consultations with a PCCR (individual)
6	Number of group activities by a PCCR
97	Consultations with a community worker
-	Number of group activities by a community worker
-	Consultations with a social worker
-	Consultation with nutritionist
-	Consultations with a NNADAP worker
-	Youth flu vaccination
-	Consultations with HRO

Chishâyîyû

96	Consultations with a nurse
-	Visits/follow-ups with doctors
-	Consultation with a mental health nurse
22	Consultations with a footcare nurse
-	Consulation with family doctor
-	Consultations with MD (phone)
-	Consultations with a PCCR (individual)
-	Consulations PCCR ophthalmology (individual)
-	Number of group activities by a PCCR
-	Consultations with a community worker
-	Consultations with a social worker
-	Consultations with HRO
-	Number of homecare visits
-	MSDC day program participants at end of year
-	Number of meals served (individual servings)
-	Consultations with a nurse home care nurses

Holly Danyluk
REG. PROXIMITY DIRECTOR

Beatrice Cheezo Trapper
LOCAL DIRECTOR NEMASKA

"Last summer, we planned to focus on land-based programs and activities. Forest fires changed that," says Local Director Beatrice Trapper. "But twelve youth went to Old Nemaska for five days in October and filmed a video to promote land-based activities. We're planning more land-based programming, not just for summer but for the entire year."

The Nemaska CMC experienced phase one evacuations in spring 2023 due to forest fires. The CMC has all but one nursing position filled and helped support other CMCs facing nursing shortages. There is no permanent nutritionist.

The Chishâyiyû/Current Services team consists of two full-time and two part-time physicians, a head nurse, a Chishâyiyû nurse, a homecare nurse, three current nurses, and three community workers. The current nursing team saw four members, including the head nurse, resign; the head nurse was replaced temporarily, and permanent staff hired. The nursing team learned EMR software and trained on new lab equipment. Priorities included promoting workplace wellbeing, facilitating training, implementing new software and lab equipment, working with archives, stabilizing homecare and MSDC positions, creating new positions and improving quality of care.

Telehealth services increased consultations with patients, supporting psychiatrists, psychologists, renal specialists, and dental professionals; tele-ophthalmic services were provided twice. The regional support nurse, counselors and PPRO began organizing monthly meetings to better support the nurse and community workers. Chishâyiyû has no PCCRs so Awash PCCRs provided assistance.

Homecare has 13-15 clients receiving personal hygiene care, domestic services and psychosocial support from a homecare nurse, a community worker and three home care aides. The program faces increasing demands in client numbers and the support required by them. The MSDC team attended training in bed care and specialized rehab at clients' homes. The MSDC hired an HRO and a psycho-educator. Consolidating the team and initiating new projects remains a challenge.

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pîpîchâu uchishtûn

ROBIN'S NEST WOMEN'S SHELTERS

The Pîpîchâu Uchishtûn/Robin's Nest Shelters provided a safe refuge for 59 individuals, including children, during this past year: 27 in Waskaganish and 32 in Waswanipi. Both shelters are fully staffed and have provided a range of training opportunities for employees, including in traditional Cree healing.

This year, the regional group has worked to complete the policy and procedures manual of the women shelter and will train staff on the manual. Community tours in Eeyou Istchee have been undertaken to promote the Women Shelter Programs and Services. The Waskaganish Shelter celebrated its fifth year on March 6-7, 2024, with guest speakers, sharing circles, and a feast with entertainment; this successful community celebration promoted awareness of the Shelter's services.

27

Waskaganish

32

Waswanipi

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ADMINISTRATIVE SERVICES

7

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uchi misînîhîchâsûwîyich misiwâ âpitisîstâhch châ chi wîchihâkânûwîyich âpitishisû kiya châ chi wîchihîwâpiyîch misîwâ âpitisîwînh. îyiyiu âpitisîwîn, shûyânsînahîkanh, nânîtiwâpihchîkanh, châkwân ât chistâpitihch âpitisîwîniyich wîhch, wâskâhîkânh, kiyâ wîchihîtuwîn â kiniwâhîtâkuhch, (utakushîwîyich âchiwîhch kiniwâyitâkushîyich).

The Administrative Services Group provides essential regional support functions to the organization. It includes Human Resources, Financial Resources, Information Technology Resources, Material Resources, Communications and Wîchihîtuwin.

EXECUTIVE SUMMARY

Liliane Groleau

ASSISTANT EXECUTIVE DIRECTOR

Maintaining Commitment and Professionalism in the face of emergency uncertainty

It is with great admiration and heartfelt gratitude that I acknowledge the tremendous work performed by our employees in general and our administrative staff in particular during the unprecedented forest fire events this past summer and throughout the year.

When the flames seemed to surround communities and there was nowhere to turn, local communities could count on the selflessness and unwavering commitment of our employees to serve them. They went out of their way, sometimes working from early morning until late at night, to expedite the evacuation of affected community members and to do so in a culturally safe way. This dedication brought a high dose of humanity to each and every one of their actions.

I can only appreciate the professionalism and ability to multi-task of our administrative staff. They demonstrated this by continuing to perform their daily duties in the midst of the uncertainty caused by the forest fire emergency. They were able to juggle between emergency mode and day-to-day activities, moving from one phase to another—sometimes on short notice—without compromising the quality of their work.

Thanks to a fruitful cooperation with the Northern Operations Centre (NOC), the number of flights has increased in proportion to the need to ensure that patients and their caregivers, as well as employees traveling to the south for business, are taken care of as they should be.

The overall performance of the administrative staff during the year 2023-2024 could be rated as follows: achieved more in a challenging environment, sometimes with limited resources in the face of uncertainty due to the emergency.

Meegwetch to you all!

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îyiyiu âpitisîwînh

HUMAN RESOURCES

Nathalie Roussin

DIRECTOR

The Human Resources (HR) management has led CBHSSJB's efforts to make the establishment the best place for employees to have the work experience they deserve. This past year has been marked by our commitment to continue developing healthy management practices among our managers: the arrival of welcoming agents in the communities, the development of a policy and procedure on recognition, and targeted initiatives to improve the working conditions of our employees, to name just a few.

HR management has played an influential and supportive role in several strategic matters: the hiring of the first physician assistant, major redesign work to support the Miyupimâtisîun Integrated Care Model (MIC-M) and the growing needs of the establishment, and work related to the Québec Pension Plan (QPP) file, making it mandatory since January 1, 2024, for First Nations employees to contribute to this savings plan. The forest fires have left a mark on everyone's minds, but once again, HR management was able to provide help and support to its evacuated staff.

Finally, as collective agreements expired on March 31, 2023, some demonstrations took place at our facilities, and a few strike periods by our two unions marked the end of 2023. We would like to warmly thank all the managers who worked to maintain essential services in their departments.

Staffing

In 2023, the staffing team at CBHSSJB is proud to have distinguished itself by recruiting over 450 new employees, despite a highly competitive recruitment context and a significant labor shortage affecting the entire country.

In addition to successfully replacing employees who left the organization in 2023, our team also contributed to the overall growth of the CBHSSJB by adding more than 180 position holders to the total CBHSSJB team.

The team continues to maintain a strong presence at job fairs to highlight opportunities within the organization and to continue recruiting the best available resources.

A highlight this year was our team, in partnership with the Youth Development team of the Cree Nation of Chisasibi and our Communications department, enthusiastically working on the first joint CBHSSJB/CNC job fair for the benefit of James Bay Eeyou School students. The event took place in January 2024 and allowed CBHSSJB teams to present career opportunities within the organization to students. The event was a huge success, and the CBHSSJB strongly encourages young people from our communities to pursue their studies and join us for their future careers.

Finally, 2023 was also marked by significant transformation within our team, including the appointment of a new Service Coordinator and four new personnel officers.

Honoured to receive recognition from the Cree Nation of Chisasibi Youth Development for our partnership in organizing the Career Fair on January 31st, 2024.

Recall list service

In 2023-2024, the recall list service deployed the independent labor contract for nursing replacements. This contract now includes 50 agencies to address the nursing staff shortage across the territory. Information sessions for managers were held regarding the management of the new contract.

For reference, the recall list processed 1,588 replacement requests for nurses and 1,738 replacement requests for CSN, representing a 48 per cent increase for nurse replacements and a 52 per cent increase for CSN compared to last year.

We began the first step in deploying replacement management with the Virtuo schedule by processing and assigning replacements via the schedule. We continued to raise awareness among managers about the importance of updating availabilities to ensure the most accurate recall list possible.

Compensation and benefits

The compensation and benefits team oversees managing employee files. They handle the application and monitoring of compensation and all benefits in accordance with the various collective agreements in force.

Throughout 2023-2024, the compensation and benefits team collaborated on the provincial SIFARH project, which involved verifying all management rules based on the interpretation of collective agreements currently in force in the Health and Social Services Network.

Additionally, the team developed tracking processes in partnership with the Recall List, Staffing, and Payroll teams to improve request processing and reduce errors.

Finally, the team reviewed departments to align with the organizational structure in Virtuo HR for the Oujé-Bougoumou and Waswanipi CMCs. This review was the first step in preparation for deploying schedules, which will begin this fall.

Labour Relations

The year 2023 was eventful for the CBHSSJB labour relations team. To assist the organization in managing the various strikes, we played a central role in preparing and training managers with guides and informational meetings. We supported the coordination of strike schedules between the job register, the union and managers and acted as facilitators to minimize the conflict's impact.

Our team also provided support related to management during the forest fire period. We notably:

- Assisted in the coding of timesheets;
- Created overtime arrangements for employees assigned to fire management;
- Provided support and logistics during employee relocations.

Finally, our team also grew, welcoming a new employee who serves as a lawyer. This person provides legal advice, labor law training, and represents and defends the employer in various disputes.

Health & Safety

The Occupational Health and Safety department continued to consolidate its team by replacing certain members in the management and prevention sector.

The "Attendance Management and Support Program" began in spring 2022, and 30 people received accompaniment and support in 2023-2024.

Also, 45 ergonomic workstation evaluations were carried out with the occupational therapist.

During the year, several salary insurance files were managed, summarized in the accompanying table:

YEARS	RATE (%)
2020-2021	11.8 %
2021-2022	10.8%
2022-2023	9.7%
2023-2024	10.2%

- The Occupational Health and Safety Committee met twice this year.
  A workplace inspection was carried out.
- The incident reporting process has been revised, and a new information flyer has been produced.
- The reporting process for pregnant or breastfeeding employees has been revised, and a new information flyer has been produced.
- N-95 Fit-Test mask adjustments were completed intensively in June 2023 and throughout the year.
- Flu and COVID-19 vaccination was offered to all employees in the fall of 2023.
- Between April 1, 2023, and March 31, 2024, 559 files were assessed for COVID-19.

The Executive Services to Managers Unit

The Executive Services to Managers unit continues to provide support to managers for:

- The executive recruitment of managers for the CBHSSJB;
- The onboarding and welcoming period of managers for the CBHSSJB;
- Trainings on multiple human resources and organizational management tools;
- Information regarding their compensation and benefits package.

Since January 2023, we have developed many tools to support our managers, namely:

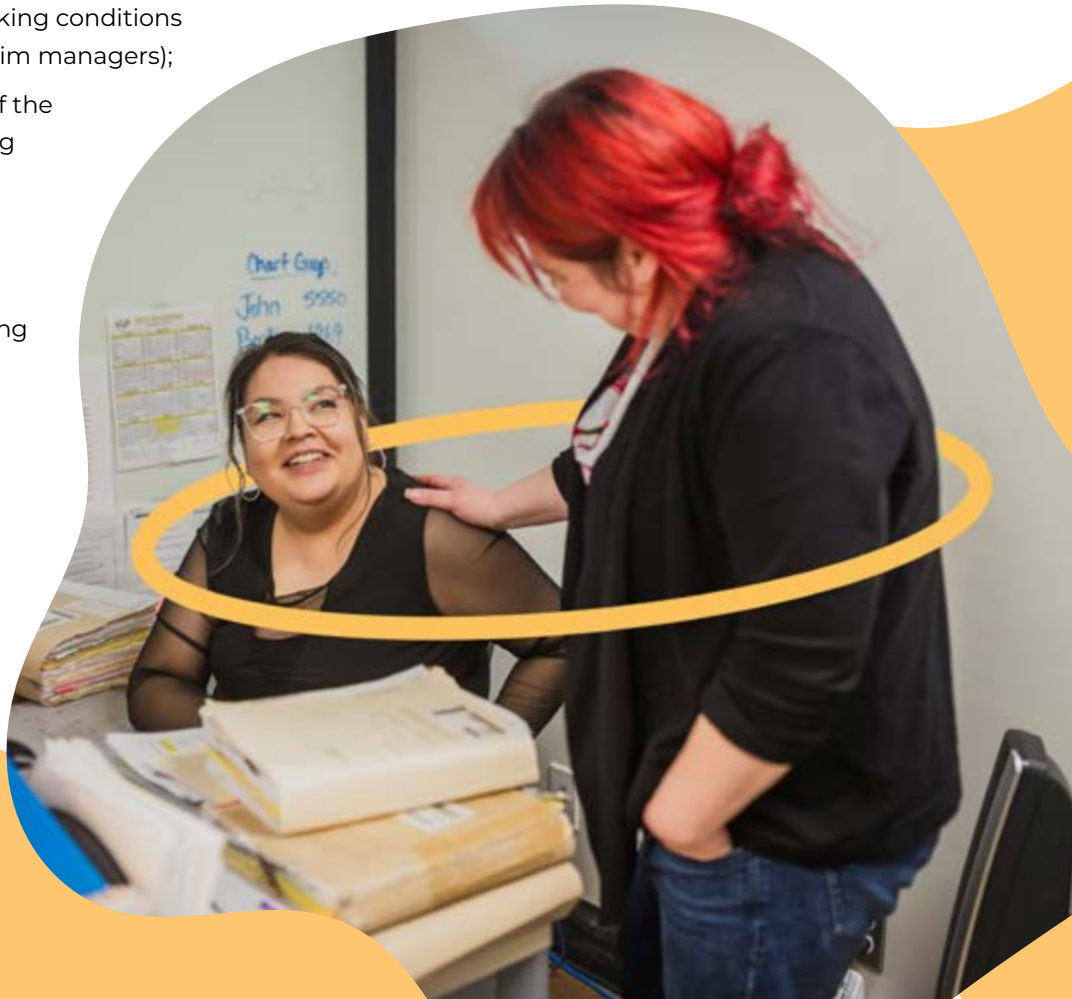
- Information sessions on the CBHSSJB managementorganizational chart;
- Information sessions on the different Human Resources units and services for managers;
- A guide on managers' working conditions (including a guide for interim managers);
- A clear process mapping of the welcoming and onboarding period for managers.

Since the implementation of a formal welcoming and onboarding process for newly nominated managers or interim managers, we have experienced an overall participation rate in training and activities of 81 per cent.

The Human Resources Data Centre

The Human Resources Data Centre continues to provide the CBHSSJB with portraits of the employee workforce and positions at the organization, department and, direction level. Data is captured at specific times of the year and translated into dashboards of charts and tables, offering key insights into trends or potential issues the CBHSSJB may be facing.

This information helps managers make informed decisions to continue or encourage effective management practices to ensure a healthy workplace environment for all, where employees may grow for years to come.



Human Resources Development

The Human Resources Development (HRD) team has been actively supporting the nishîyû department in deploying cultural safety training for all CBHSSJB employees. Last year, a total of 89 employees participated in cultural safety training. This training was conducted through two sessions, one on June 27 and another on October 16. As of now, for 2024 we have implemented 12 online sessions for this training, with one session held each month. Currently, we have successfully trained 124 employees. Additionally, the nishîyû department has initiated in-person training sessions in Montréal, Chisasibi, and Val-d'Or.

We have commenced providing cardiopulmonary resuscitation (CPR) training to interns, facilitated by our internal trainers, and it is available to all individuals working at the CBHSSJB. A calendar outlining the CPR training schedule has been created and is accessible on the ENA platform. Interested individuals can consult the calendar and choose their preferred certification date.

Currently, 14 CBHSSJB employees are in the process of earning Attestations of College Studies (ACS) diplomas in Communication in Administration. Our partnership with the educational institution responsible for these programs is growing as we actively explore developing new ACS programs to cater to the needs of more CBHSSJB employees.

This year, we initiated the deployment of the DEC Program in Social Work for 20 of our employees. Upon completion of the ACS, participants have the opportunity to advance to the Diploma of College Studies (DCS) in Social Service. This program offers a more in-depth and specialized education in social work, equipping graduates with the skills and knowledge required for advanced roles within their field. Additionally, it serves as an excellent pathway for those interested in pursuing further studies at the university level.

To enhance the CBHSSJB's response to potential conflicts, confrontations, and crises, we have developed a training program in collaboration with Garda World. This training program, known as the Hybrid CPI-Omega, has been specifically designed to meet the needs of our communities.

The Nonviolent Crisis Intervention training aims to equip workers from various backgrounds, including health, social services, and retail, with the skills necessary to effectively manage crisis situations.

The HRD team has played a crucial role in increasing involvement in the extended role training for nurses. Acting as a liaison between the parties involved, the HRD team facilitates the entire process from hiring and orientation to the completion of training. In the past year, we successfully trained 31 nurses across six cohorts in the extended role training program.

Summer Students, Internships, and Scholarships

The summer student program welcomed 61 students this year. The students gained new skills as well as honed in on the knowledge they have acquired at school.

We wish to thank each student for their valuable contributions to our organization and give special acknowledgment to those who supported the management teams during the forest fires.

We also welcomed 44 internship students. Offering internships shows a willingness to develop those new to the health and social services sector. Internships also allow our experienced staff the ability to share their skills and knowledge.

The Cree Succession Leadership Framework and the Management Training Program

The Cree Succession Leadership Framework continues to accompany the organization in identifying critical positions and potential successors to ensure the continuity of services. The team is also focusing on providing support to employees who wish to develop their craft and become managers for the CBHSSJB. This year, our efforts were focused on helping employees and managers in developing personalized development plans and on working with *Université du Québec en Abitibi-Témiscamingue* (UQAT) to launch a certificate in Human Resources Management for the Talent Development Program participants and CBHSSJB managers.

Finally, we are happy to say that the Management Training Program (MTP) is deploying at full speed. The seven-module MTP is meant to help managers develop strategic leadership skills to apply in their day-to-day management responsibilities. Four cohorts of CBHSSJB managers have now graduated (30 graduates). Two cohorts are ongoing as you read these lines, and three other cohorts are planned to start in 2024, including a special cohort for aspiring managers.

Employee Recognition and Retention

Following the approval of the policy and procedure on employee recognition, effective January 1, 2023, our team has been working tirelessly to support managers in their efforts towards recognizing our employees' hard work and dedication.

Since January, we have supported the recognition of over 500 milestones of employees' continuous years of service across Eeyou Istchee. We also support multiple aspects of the organization's of employee appreciation and recognition events, as well as many employee retirement celebrations.

On December 13, as part of a special evening of recognition, the CBHSSJB celebrated the commitment of employees with more than 35 years of service with the organization.

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FINANCIAL RESOURCES

Jean-François Champigny
DIRECTOR

The financial resources team continued its efforts to improve the quality and efficiency of the services it provides.

This includes the reorganization of our claims system with a new automated tool for employees. We are working closely with Administrative Services to implement the new electronic travel authorization form.

The procurement unit continues to work closely with all departments to develop electronic data interchange with the organization's major suppliers.

The Cree Non-Insured Health Benefits (CNIHB) team continues to work in committee to improve the various policies and procedures.

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INFORMATION RESOURCES AND TECHNOLOGY

Pino Virgillo
DIRECTOR

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

In the past year, the IT continued its work with all clinical and administrative departments in order to respond effectively to their needs.

Information Technology's Helpdesk and Support Services

The IT team responds to requests for information, incident reports, problems, change requests or service requests related to software applications, computer security or network technology assets. In operation 24 hours a day, 365 days a year, this centre takes care of various requests and ensures they are processed within the agreed upon timeframe. The number of requests to the service centre is constantly increasing. 80 per cent of requests were processed and closed. Users can track the progress of requests online, viewing those in progress or closed, and finding out what solutions have been made to their previous request.

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

2023-2024	**Total**
Helpdesk Request	9,776
Connected User Devices *(Printers, Pcs and Laptops)*	3,070
Connected Servers Devices *(Servers)*	318
Connected VOIP Phones Devices	2,062
Inter Connect Network Community Devices (Routers)	189

Cyber Security and Database Governances

During the 2023-2024 fiscal year, the IT department put in place a service that helps guide the CBHSSJB in issues concerning confidentiality, data, and cybersecurity. Our guidance is based on the Ownership, Control, Access, and Possession (OCAP) principles that were put in place by the First Nations Information Guidance Centre.

The Cyber Security division has also the responsible is to direct and coordinate the actions of any cybersecurity and/or digital technology vulnerabilities. We participate with government directives for any major orientations in these fields, to determine the sectors of activity in which it intends to act as a priority, and to advise the government and public organizations. We also propose measures to the government to increase the effectiveness of the fight against cyber-attacks and cyber threats in our organization.

Project Controller and Business Case Office

During the 2023-2024 fiscal year, the IT department put in place a service that help the organization manage strategic and non-strategic projects. This service to the organization provides the necessary documents and best practices for a project to be approved by the Executive Director or the Board of Directors. In addition to constant following up on all aspects of the project with the accordance of the Ministry's directives and laws, this service plays an important part of the Digital Transformation Steering Committee of the CBHSSJB and the *Stratégie de transformation numérique gouvernementale* of the MSSS.

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MATERIAL RESOURCES

Luc Laforest
DIRECTOR

The Material Resources Department (MRD) strives to optimize the working environment across the CBHSSJB, with a focus on capital projects to enhance facilities and services.

MRD manages a building stock of 593 units, with 165 added between 2019 and 2024, alongside 52 clinical administrative buildings.

In the past year, we introduced a transition officer to ensure smooth project shifts, notably with the CMC Waskaganish project. We also adopted modular construction for CBHSSJB investments, enhancing assembly, and submitted the 2025-2031 capital budget to MSSS by March 2024.

The biomedical department oversees equipment procurement, maintenance, and management for medical projects.

The main investment projects of the project management office (PMO), construction/IT and clinical currently underway are:

2023-24 Main Projects

Project Management Office - Construction

In planning: in 2023-2024, the PMO Construction division focused on several key initiatives, including birthing homes, regional hospitals, housing units, and Elder care facilities across various communities. Significant progress was made on projects such as the CMC Waskaganish, with others in planning and execution stages. Additionally, the PMO Clinical division spearheaded initiatives like primary care team restructuring and the integration of physician assistant programs to enhance healthcare delivery.

Project Management Office - IT

Within PMO IT, various initiatives were undertaken, including scanning for clinical and administrative documents, dentistry projects, SICHELD implementation, IT road assistance, and developing a Master Patient Index. Currently, projects such as Optilab, SIGDU Emergency System, and Electronic Medical Record are being executed. Capital projects include security cameras and Wi-Fi implementation. Achievements in 2023-2024 include the successful delivery of major IT projects such as Nomadis, Master Patient Index, and Community Pharmacy Solution.

Biomedical Unit

The Biomedical unit oversees equipment procurement, maintenance, and management for medical projects

In pursuit of continuous improvement, the unit plans to standardize workflows, develop capital project standards, enhance external relations, implement a technician scheduling platform, and ensure full compliance with MSSS processes.

Targets for 2024-2025

MRD targets for 2024-2025 encompass streamlining workflows and reporting, establishing capital encompass streamlining workflows and reporting, establishing capital project standards, bolstering external relations, implementing a technician scheduling platform, and ensuring compliance with MSSS regulations. Within hygiene-transit, efforts will concentrate on expanding cleaning resources and introducing new housekeeping positions.

Housing operations aim to integrate the Nomadis system fully and introduce a new security reporting module.

The administrative section - finance unit will focus on monitoring MOA execution and developing spending projections. Additionally, there are ongoing efforts to enhance administrative support and to emplement structured project management to improve efficiency, including standardized processes and training programs.

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COMMUNICATIONS

Marie-Claude Roussin

DIRECTOR

In the fiscal year 2023-2024, the communications department underwent a significant period of transition, marked by the integration of new leadership and team members. With the addition of three new managers and five professionals, our team has grown to 20 members, with plans to expand further by welcoming four additional employees in 2024. This growth prompted the establishment of a new organizational structure, which was introduced through comprehensive departmental tours aimed at showcasing our team and its enhanced service offerings.

A key enhancement has been the appointment of dedicated information officers from our Expertise and Advice team to each department, fostering closer collaboration with the Platform and Digital Media Development team. Together, they spearhead strategic planning and project implementation efforts. Moreover, we have fortified our corporate communications and media relations capabilities, bolstered by essential administrative support crucial for departmental success.

Regional Eeyou Istchee Communications Meeting with Cree Nation Government & Cree School Board. Standing L. to R.: Andrea Mianscum (CSB), Jamie Pashagumskum (CNG), Brendan Forward (CNG), Amanda Gunner-Quinn (CSB), Cora Palumbo (CBHSSJB) Sophie-Claude Miller (CBHSSJB) and Nick Wapachee (CSB). Sitting L. to R.: Joanne Ottereyes (CNG), April Pachanos (CSB), Marie-Claude Roussin and Émile Kambele (CBHSSJB)

SOCIAL MEDIA
(Facebook, Instagram, Linkedin)

22,719
Followers
↑ **26,5%**

CREEHEALTH.ORG

184,478
Users
↑ **4,65%**

618,101
Page views
= **0.1%**

Launch of the Cree Youth Protection Commission (CYPC) in Mistissini - From L. to R.: John Matoush (Deputy Chief of Mistissini), Norman A Wapachee (Deputy Grand Chief), Bella Petawabano (CYPC Commissioner), Lorraine Spencer (CYPC Commissioner), Catherine Lemay (National Director of Youth Protection), Dr. Cindy Blackstock (Executive Director of First Nations Child & Family Caring Society of Canada), Bertie Wapachee (Chairperson of the CBHSSJB), Michael Petawabano (Chief of Mistissini)

In terms of partnerships, we reignited regional meetings with the Cree Nation Government and the Cree School Board, emphasizing collaboration and synergy as we aim to work together to better serve Eeyou Istchee.

Launches, strategic initiatives, and crisis management were at the forefront of our agenda over the past year. Notably, we orchestrated the launch of public consultations for the Cree Youth Protection Commission/âh chishtipistihch-uschinîchisiu sikischâyimuwiniyiu, demonstrating our ability to convene stakeholders for impactful discussions.

Additionally, we participated in the inauguration of the Hope Centre/ispeyimûnikamikw in Waskaganish, underscoring our commitment to supporting vital community initiatives.

To advance the Miyupimâtisiûn Integrated Care Model and facilitate future team implementations, we conceived an organizational communications plan, with ongoing updates slated for the coming year. We also prepared for the introduction of physician assistants at the CBHSSJB and orchestrated communications surrounding the forthcoming mobile hospital, positioning CBHSSJB as a trailblazer in emergency service provision in Canada's northern regions.

During the summer forest fires of 2023, our adept crisis management capabilities came to the fore as we disseminated timely and accurate information to our stakeholders, ensuring clear communication amidst the emergency.

Furthermore, we intensified our efforts to promote the Cree language on our website and strengthened our brand image through in-house campaign development, emphasizing both design and messaging consistency.

Looking ahead to the priorities for 2024-2025, we are committed to the rollout of an organizational intranet, website redesign, and the formulation of robust internal and crisis communications strategies. Additionally, we aim to draft two flagship policies focusing on communication and social networks, while also developing performance indicators and supporting the communication efforts surrounding the new Regional Strategic Plan, recruitment initiatives, and various capital projects.

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WÎCHIHÎTUWIN

Helen B. Shecapio-Blacksmith
DIRECTOR

The Wîchihîtuwin department plays a key role in coordinating specialized care and services for clients living in Cree communities. Our department's regional mandate ensures continuity of care by supporting thousands of clients and facilitating access to medical and social services not available in Eeyou Istchee. Wîchihîtuwin manages the operations related to each client's clinical care, accompaniment, travel logistics, appointment scheduling and psychosocial support. This includes their regional and local transportation needs, translation from French or English into Cree during their appointments and booking accommodations for all clients who need to travel to one of the four service corridors: MUHC, *CISSS de l'Abitibi-Témiscamingue, CRSSS de la Baie-James* and Chisasibi Regional Hospital

The Montréal service point also provides support to a growing number of long-term clients living in our Espresso environment for medical reasons.

CLIENT ARRIVALS	2023-2024	
Patients	22,395	
Caregivers	12,164	
Total clients	34,559	↑ +12 %

CLIENT ARRIVALS BY SERVICE POINTS	2023-2024	
Montréal	13,873	↑ +26 %
Val-D'Or	11,964	= 0 %
Chibougamau	7,250	↑ +13 %
Chisasibi	1,472	↑ +4 %

EMIPIC launch ceremony in Chibougamau. From L. to R.: Lieutenant Dany Champagne, Sûreté du Québec; Nathalie Boisvert, Executive Director of the CRSSS de la Baie James; E. Virginia Wabano, Proximity Director-Mistissini Pole, CBHSSJB; Daniel St-Amour, Executive Director, CBHSSJB; Bertie Wapachee, Chairperson, CBHSSJB and Helen Bélanger-Shecapio-Blacksmith, Director of Wîchihîtuwin, CBHSSJB.

Highlights of 2023-2024:

- Three **Licensed Practical Nurse** (LPN) positions have been added at Espresso.
- **EMIPIC Project in Chibougamau** to address homelessness in Chibougamau has been instrumental in positively impacting the lives of those in need. An agreement was signed to ensure sustainable solutions, and a launch ceremony was held in February to mark the partnership with *Sûreté du Québec* and the *CRSSS de la Baie James*.
- **Meal Tickets for Hospitals** - As part of our ongoing efforts to support our clients during their stay, we introduced the distribution of meal cards in Montréal hospitals.
- The implementation of phase one of our **1-800 Department project** is underway. The project is designed to enhance our customer service capabilities and streamline communication channels. Chisasibi and Waskaganish customers will now receive calls directly from the Wîchihîtuwin department for their future out-of-area stays.
- An **evening service manager position** was added to our Montréal service point.
- A **full-time nutritionist position** was added to the Espresso Hotel to provide nutritional guidance and support to our clients.
- An **optimization audit** is underway and will enable us to identify areas for improvement and implement strategies to increase efficiency and effectiveness across our operations.

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FINANCIAL SERVICES

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

BREAKDOWN OF GROSS EXPENSES BY PROGRAM

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	7,638,372	1,76	7,437,714	1,92
General Services - Clinical and Assistance Activities	22,532,206	5,18	14,597,174	3,78
Support for Autonomy of the Elderly	8,763,127	2,01	11,838,550	3,06
Physical Disability	9,576,734	2,20	10,146,851	2,63
Intellectual Disability and Autism Spectrum Disorders (ASD)	871,786	0,20	822,495	0,21
Youth in Difficulty	43,288,784	9,95	37,536,388	9,71
Dependencies	394,023	0,09	207,602	0,05
Mental Health	4,287,635	0,99	3,583,515	0,93
Physical Health	197,864,494	45,48	178,986,985	46,29
Service Programs				
Administration	80,321,854	18,46	68,193,062	17,64
Support to Services	17,816,104	4,10	16,864,543	4,36
Management of Buildings and Equipment	41,696,939	9,58	36,420,708	9,42
Total	**435,052,058**	**100,00%**	**386,635,587**	**100,00%**

BUDGETARY BALANCE

Under sections three and four of the Act to provide for balanced budgets in the public health and social services network (CQLR, chapter E-12.0001). The Cree Board of Health and Social Services of James Bay shows a deficit of ($ 1,008,905) which is offset by the accumulated surplus and therefore respected this legal obligation.

STATEMENT OF OPERATIONS - OPERATION FUNDS | 31 MARCH 2024

		Budget	Operations Cur. Yr. (R.of P358 C4)	Capital Assets Current Yr. (Note 1)	Current Year Total C2 + C3	Prior Yr. Total
		1	2	3	4	5
REVENUES						
MSSS Grants (FI : P.408)	1	415 627 890	431 303 318	12 820 081	444 123 399	397 425 901
Government of Canada (FI : P.294)	2	20 920 052	16 482 064		16 482 064	14 633 598
User contributions (FE : P.301)	3	700 000	830 530	XXXX	830 530	690 867
Sale of services and recoveries	4	1 699 324	2 314 649	XXXX	2 314 649	2 556 647
Donations (FI : P.294)	5					
Investment revenue (FI : P.302)	6					
Business revenue	7					
Gain on disposal (FI : P.302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (FI : P.302)	11	1 400 000	1 863 249		1 863 249	3 396 767
TOTAL (L.01 to L.11)	12	440 347 266	452 793 810	12 820 081	465 613 891	418 703 780
EXPENDITURES						
Salaries, benefits and payroll taxes	13	219 875 387	244 495 615	XXXX	244 495 615	213 575 440
Medications	14	21 000 000	22 828 924	XXXX	22 828 924	20 005 934
Blood products	15	250 000	244 224	XXXX	244 224	236 629
Medical and surgical supplies	16	7 055 050	5 835 620	XXXX	5 835 620	6 181 116
Food products	17	1 513 400	1 542 047	XXXX	1 542 047	1 515 412
Honoraria paid to non-instutional resources	18	1 117 500	1 021 340	XXXX	1 021 340	387 259
Financial charges (FI : P.325)	19	9 000 000	6 569 971	4 104 494	10 674 465	7 860 022
Maintenance and repairs, including non-capital costs related to capital assets	20	8 168 214	8 314 335		8 314 335	7 028 348
Bad debt	21			XXXX		
Rent	22	7 005 402	6 760 779	XXXX	6 760 779	6 763 479
Capital asset depreciation (FI : P.422)	23	10 000 000	XXXX	10 377 062	10 377 062	10 290 334
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures (FI : P.325)	27	157 207 313	154 341 145	187 240	154 528 385	143 078 738
TOTAL (L.13 to L.27)	28	442 192 266	451 954 000	14 668 796	466 622 796	416 922 711
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)	29	(1 845 000)	839 810	(1 848 715)	(1 008 905)	1 781 069

STATEMENT OF OPERATIONS - OPERATION FUNDS | 31 MARCH 2024

		Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year
		1	2	3	4	5
REVENUES						
MSSS Grants (P.362)	1	403 472 890	431 303 318		431 303 318	382 626 353
Government of Canada (C.2 : P.290/C.3 : P.291)	2	20 920 052		16 482 064	16 482 064	14 633 598
User contributions (P.301)	3	700 000	830 530	XXXX	830 530	690 867
Sale of services and recoveries (P.320)	4	1 699 324	2 314 649	XXXX	2 314 649	2 556 647
Donations (C.2 : P.290/C.3 : P.291)	5					
Investment revenue (P.302)	6					
Business revenue (C.2 : P.661/C.3 : P.351)	7					
Gain on disposal (P.302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (P.302)	11	1 400 000	1 443 371	419 878	1 863 249	1 396 767
TOTAL (L.01 to L.11)	12	428 192 266	435 891 868	16 901 942	452 793 810	401 904 232
EXPENDITURES						
Salaries, benefits and payroll taxes (C.2 : P.320/C.3 : P.351)	13	219 875 387	236 844 342	7 651 273	244 495 615	213 575 440
Medications (P.750)	14	21 000 000	22 828 924	XXXX	22 828 924	20 005 934
Blood products	15	250 000	244 224	XXXX	244 224	236 629
Medical and surgical supplies (P.755)	16	7 055 50	5 835 620	XXXX	5 835 620	6 181 116
Food products	17	1 513 400	1 542 047	XXXX	1 542 047	1 515 412
Honoraria paid to non-instutional resources (P.650)	18	1 117 500	1 021 340	XXXX	1 021 340	387 259
Financial charges (P.325)	19	5 000 000	6 569 971	XXXX	6 569 971	3 916 689
Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325)	20	8 168 214	8 231 612	82 723	8 314 335	7 028 348
Bad debt (P.321)	21					
Rent	22	7 005 402	6 750 617	10 162	6 760 779	6 763 479
Transfer expenses (P.325)	23					
Other expenditures (P.325)	24	157 207 313	145 183 361	9 157 784	154 341 145	142 293 926
TOTAL (L.13 to L.24)	25	428 192 266	435 052 058	16 901 942	451 954 000	401 904 232
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)	26		839 810		839 810	

STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) - ALL FUNDS | 31 MARCH 2024

		Operating fund Current year 1	Capital assets Fund Current year 2	Current Year Total (C1 +C2) 3	Prior Yr. Total 4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	1	6 673 086	28 444 878	35 117 964	35 411 423
Accounting changes with prior year restatement (specify P.270)	2				(2 074 528)
Accounting changes without prior year restatement (specify P.270)	3				XXXX
ACCUMULATED SURPLUS (DEFICIT) BEGINNING ADJUSTED (L.01 to L.03)	4	6 673 086	28 444 878	35 117 964	33 336 895
SURPLUS (DEFICIT) FOR THE YEAR	5	839 810	(1 848 715)	(1 008 905)	1 781 069
Other changes: Inter-institution transfers (specify P.297)	6				
Interfund transfers (specify P.297)	7	(387 273)	387 273		
Other items applicable to private establishments under agreement (specify P.297)	8		XXXX		
	9	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	10	(387 273)	387 273		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	11	7 125 623	26 983 436	34 109 059	35 117 964
Consisting of the following: External restrictions (P.289)	12	XXXX	XXXX		
Internal restrictions (P.289)	13	XXXX	XXXX		7 031 889
Unrestricted or Unrestricted balance (L.11 - L.12 - L.13)	14	XXXX	XXXX	34 109 059	28 086 075
TOTAL (L.12 to L.14)	15	XXXX	XXXX	34 109 059	35 117 964

STATEMENT OF FINANCIAL POSITION - ALL FUNDS | 31 MARCH 2024

	FUND	General	Capital assets	Current Year Total (C1+C2)	Prior Yr. Total
		1	2	3	4
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	20 150 172		20 150 172	8 158 983
	2	XXXX	XXXX	XXXX	XXXX
Receivables - MSSS (FE: P.362, FI: P.408)	3	169 469 146	1 129 224	170 598 370	102 351 577
Other receivables (FE: P.360, FI: P.400)	4	7 630 278		7 630 278	7 281 725
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	42 725 742	(42 725 742)		
Grant receivable (deferred grants) - accounting reform (FE: P.362, FI: P.408)	7		106 013 374	106 013 374	119 330 754
Portfolio investments	8				
	9	XXXX	XXXX	XXXX	XXXX
Assets for sale	10	XXXX			
Other items (FE: P.360, FI: P.400)	11	376 178	4 343 624	4 719 802	5 667 352
TOTAL FINANCIAL ASSETS (L1 to L11)	12	240 351 516	68 760 480	309 111 996	242 790 391
LIABILITIES					
Short-term debt (FE: P.365, FI: P.403)	13	120 345 696	11 781 065	132 126 761	74 945 700
Accounts payable - MSSS (FE: P.362, FI: P.408)	14				
Other accounts payable and accruals (FE: P.361, FI: P.401)	15	66 891 237	4 343 624	71 234 861	50 983 410
Cash advances - decentralized envelopes	16	XXXX			
Accrued interest payable (FE: P.361, FI: P.401)	17	571 443	1 129 224	1 700 667	1 366 442
Deferred revenue (FE: P.290 and 291, FI: P.294)	18	21 917 334	227 933 273	249 850 607	208 324 679
	19	XXXX	XXXX	XXXX	XXXX
Long-term debts (FI: P.403)	20	XXXX	90 705 642	90 705 642	96 860 786
Liability for contaminated sites (FI: P.401)	21	XXXX			
Liability for employee future benefits (FE: P363)	22	27 867 362	XXXX	27 867 362	23 163 053
Asset retirement obligations (FI : P.401)	23	XXXX	3 526 667	3 526 667	3 433 345
Other items (FE: P.361, FI: P.401)	24	490 406		490 406	727 929
TOTAL LIABILITIES (L.13 to L.24)	25	238 083 478	339 419 495	577 502 973	459 805 344
NET FINANCIAL ASSETS (NET DEBT) (L.12 - L.25)	26	2 268 038	(270 659 015)	(268 390 977)	(217 014 953)
NON FINANCIAL ASSETS					
Capital assets (FI: P.423)	27	XXXX	297 642 451	297 642 451	247 794 146
Intangibles purchased	28	XXXX			
Supply inventory (FE: P.360)	29	2 829 581	XXXX	2 829 581	2 281 885
Prepaid expenses (FE: P.360, FI: P.400)	30	2 028 004		2 028 004	2 056 886
TOTAL NON FINANCIAL ASSETS (L.27 to L.30)	31	4 857 585	297 642 451	302 500 036	252 132 917
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT) (L.26 + L.31 - L.32 - L.34)	33	7 125 623	26 983 436	34 109 059	35 117 964

STATEMENT OF VARIANCE OF NET FINANCIAL ASSETS/DEBTS | 31 MARCH 2024

		Budget	General Fund	Capital Assets Fund	Total Current Yr. (C2+C3)	Total Prior Yr.
		1	2	3	4	5
NET FINANCIAL ASSETS (NET DEBT BEGINNING ALREADY ESTABLISHED	1	(255 555 594)	2 334 315	(219 349 268)	(217 014 953)	(181 156 877)
Accounting changes with prior year restatement	2					
Accounting changes without prior year restatement	3					XXXX
NET FINANCIAL ASSETS (NET DEBT BEGINNING ADJUSTED (L.01 to L.03)	4	(255 555 594)	2 334 315	(219 349 268)	(217 014 953)	(181 156 877)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5		839 810	(1 848 715)	(1 008 905)	1 781 069
VARIANCE DUE TO CAPITAL ASSETS: Acquisitions (FI : P.421)	6	(53 000 0000)	XXXX	(60 319 285)	(60 319 285)	(47 238 697)
Annual depreciation (FI : P.422)	7	10 000 000	XXXX	10 377 062	10 377 062	10 290 334
Gain/loss on disposal of assets (FI : P.421, 422)	8		XXXX			
	9	XXXX	XXXX	XXXX	XXXX	XXXX
Bad debts (FI : P.421)	10		XXXX	93 918	93 918	
Capital asset adjustments (FI : P.421, 422)	11		XXXX			(574 005)
	12	XXXX	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14	(43 000 000)	XXXX	(49 848 305)	(49 848 305)	(37 522 368)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES: Acquisition of supply inventory	15		(547 696)	XXXX	(547 696)	(190 951)
Acquisition of prepaid expenses	16		28 882		28 882	74 174
	17	XXXX	XXXX	XXXX	XXXX	XXXX
	18	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	19		(518 814)		(518 814)	(116 777)
Other variance in accumulated surplus (deficit)	20		(387 273)	387 273		
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21	(43 000 000)	(66 277)	(51 309 747)	(51 376 024)	(35 858 076)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)	22	(298 555 594)	2 268 038	(270 659 015)	(268 390 977)	(217 014 953)

CASH FLOW STATEMENT | 31 MARCH 2024

		Current Year 1	Prior Year 2
OPERATING ACTIVITIES			
Surplus (deficit) for the year	1	(1 008 905)	1 781 069
TOTAL ITEMS NOT AFFECTING CASH FLOW (P.208-01)	2	(320 592)	(1 183 333)
Changes in financial assets and liabilities related to operation (P.208-02)	3	(35 201 484)	(8 972 392)
CASH FLOW RELATED TO OPERATING ACTIVITIES (L.01 + L.03)	4	(36 530 981)	(8 374 656)
CAPITAL ASSET INVESTMENT ACTIVITIES			
Cash outflow related to capital asset purchases	5	(59 979 988)	(42 482 048)
Proceeds of disposition of capital assets	6		
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.05 + L.06)	7	(59 979 988)	(42 482 048)
INVESTMENT ACTIVITIES			
Portfolio investments (purchase)	8		
Proceeds of disposition of portfolio investments	9		
Portfolio investments (sale)	10		
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.08 to L.10)	11		

CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2024

		Current Year 1	Prior Year 2
ITEMS NOT AFFECTING CASH FLOW			
Provision tied to portfolio investments and loan guarantees	1		
Supply inventory and prepaid expenses	2	(518 814)	(116 777)
Loss (gain) on disposal of capital assets	3		
Loss (gain) on disposal of portfolio investments	4		
Amortization of deferred revenue related to capital assets:	5	39 499 799	
Capital asset depreciation	6	10 377 062	10 290 334
Capital loss	7	93 918	
Amortization of debt issue costs and management	8		
Amortization of bond premium or discount	9		
MSSS grants	10	(49 772 557)	(11 356 890)
Other (specify P.297)	11		
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.01 to L.11)	12	(320 592)	(1 183 333)

CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2024

		Current Year 1	Prior Year 2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:			
Receivables - MSSS	1	(68 246 793)	(11 126 910)
Other receivables	2	(348 553)	(1 747 845)
Cash advances to public institutions	3		
Grant receivable - accounting reform - employee future benefits	4	5 613 696	6 547
	5	XXXX	XXXX
Other assets	6	947 550	(4 803 249)
Accounts payable - MSSS	7		
Other accounts payable and accruals	8	19 912 154	62 262
Cash advances - decentralized envelopes	9		
Accrued interest payable	10	334 225	99 825
Deferred revenue	11	2 026 129	5 929 178
Liability for contaminated sites	12		
Liability for employee future benefits	13	4 704 309	2 535 530
Asset retirement obligations	14	93 322	141 546
Other liability items	15	(237 523)	(69 276)
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.15)	16	(35 201 484)	(8 972 392)

OTHER INFORMATION:

Capital asset acquisitions included in accounts payable as at March 31	17	8 499 375	8 160 078
Proceeds of disposition of capital assets included in receivables as at March 31	18		
Other items not affecting cash and cash equivalents (specify P297)	19	49 772 557	(7 002 375)

INTEREST:

Creditor interest (revenue)	20		
Interest received (revenue)	21		
Interest received (expenses)	22	10 674 465	7 860 022
Interest spent (expenses)	23	6 359 913	3 614 941

ACRONYMS

ACS	Attestation of College Studies
AED	Assistant Executive Director
AGA	Annual General Assembly
AGM	Annual General Meeting
AMA	Â Mashkûpimâtsît Awash
APS	Administrative Process Specialist
APSS	Accès priorisé aux services spécialisés
AQSP	Association Québécoise de Prévention du Suicide
ASIST	Applied Suicide Interventions Skills Training
CAVAC	Crime Victims Assistance Centre
CBHSSJB	Cree Board of Health and Social Services of James Bay
CCIC	Clinical Coordination and Integration Committee
CDIS	Cree Diabetes Information Sytem
CHUM	Centre Hospitalier de l'Université de Montréal
CHUV	Centre Hospitalier universitaire vétérinaire
CICR	Canadian Institute for Conflict Resolution
CISSS	Centre intégré de santé et de services sociaux
CLE/CE	Cree leukoencephalopathy and Cree encephalitis
CMC	Community Miyupimâtisîun Centre
CMW	Council of Midwives
CNESST	Commission des normes, de l'équité, de la santé et de la séurité du travail
CNG	Cree Nation Government
CNIHB	Cree Non-Insured Health Benefits
COVID-19	Coronavirus Disease (2019)
CPAP	Continuous positive airway pressure (machine for sleep apnea)
CPDP	Council of Physicians, Dentists and Pharmacists
CPSC	Communauté de pratique en sécurisation culturelle
CRCP	Conflict Resolution Certificate program
CRDS	Centre de répartition des demandes de service
CSB	Cree School Board
CSN	Confédération des syndicats nationaux
CST	Cultural Safety Training
CTA	Cree Trappers' Association
CWEIA	Cree Women's Association of Eeyou Istchee
CYPC	Cree Youth Protection Commission
DMAS	Director of Medical Affairs and Services
DPH	Director of Public Health
DPSQA	Department of Professional Services and Quality Assurance
DPSS	Disability Programs and Specialized Services
DTSC	Department of Toxic Substances Control
EEPF	Eeyou-Eenou Police Force
EI	Eeyou Istchee
ERC	Emergency Response Core (group)
FASD	Fetal Alcohol Syndrome Disorder
FGC	Family Group Conferencing
FIQ	Fédération Interprofessionnelle de la santé du Québec
FTE	Full-time equivalent
GDM	Gestational diabetes mellitus
HEAL	Healthy Environment Active Living program
HCCP	Home and Community Care program
HEY	Health Eeyou Youth project
HHD	Home Hemodialysis
HRD	Human Resources Department
HRO	Human Resources Officer
INSPQ	Institut national de santé publique du Québec
IRS	Indian Residential Schools
IR&T	Information Resources and Technology
JBNQA	James Bay Northern Québec Agreement
MADO	Maladies à déclaration obligatoire

MAPAQ	Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec
MCAT	Multiclientele Assessment Tool
MIC-M	Miyupimâtisîun Integrated Care Model
MCHP	Maternal and Child Health program
MDRU	Medical Device Reprocessing Unit
MEP	Midwifery Education program
MH	Mobile Hospital
MMIW	Missing and Murdered Indigenous Women
MoreOB	Managing Obstetrical Risk Efficiently
MPI	Master Patient Index
MRD	Material Resources department
MSDC	Multi-Service Day Centre
MSSS	Ministère de la Santé et des Services sociaux
MUHC	McGill University Health Centre
MWS	Midwifery Services
MYLE	Electronic medical record program
NIHB	Non-Insured Health Benefits
NNADAP	National Native Alcohol and Drug Abuse program
NOC	Northern Operations Centre
OCAP	(First Nations principles of) Ownership, Control, Access and Possession (over data collection processes and how information can be used)
OCCI	Outil de cheminement clinique informatisé
OHS	Occupational Health and Safety
OIIQ	Ordre des infirmières et infirmiers du Québec
PA	Physican assistant
PCCR	Primary Care Community Representative
PCR	Polymerase chain reaction
PDS	Program Development and Support
PH	Public Health
PIJ	Projet intégration jeunesse
PMO	Project Management Office
PMSD	Pour une maternité sans danger
PPE	Personal protective equipment
PPRO	Planning and Programming Research Officer
PFT	Programme fonctionnel et technique
RHSW	Resolution Health Support Worker
RO	Resolution Officer
RSG	Research Governance Committee
RSQ	Recrutement Santé Québec
RSV	Respiratory syncytial virus
RTS	Réception et traitement des signalements
SAPA	Support Program for the Autonomy of Seniors
SERC	Surveillance, Evaluation, Research and Communications
SIDGU	Système d'information et de gestion des urgences
SI-PMI	Module immunisation du Système d'information pour la protection en maladies infectieuses
SIPPE	Services intégrés en perinatalité et pour la petite enfance
SNE	Special Needs Educator
SQCC	Service Quality and Complaints Commission
SRP	Strategic Regional Plan
SSD	Specialized Services Department
STBBI	Sexually transmitted and blood-borne infections
STI	Sexually transmitted infection
TB	Tuberculosis
UQAT	Université du Québec en Abitibi-Témiscamingue
WESC	Wîchihîwâuwin Emergency Steering Committee
YCJA	Youth Criminal Justice Act
YHS	Youth Healing Services
YP	Youth Protection
YPA	Youth Protection Act

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REGIONAL SERVICES

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

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

Recruitment Centre
1055 René-Lévesque Boulevard East,
7th floor, Montréal, QC H2L 4S5
514 861-5955 jobs.reg18@ssss.gouv.qc.ca

Public Health Department
168 Main Street, Mistissini, QC G0W 1C0
418 923-3355, Montréal 514 861-2352

Wîchihîtuwin

Chisasibi Regional Hospital 819 855-9019

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

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

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

Youth Healing Services / Reception Centre
302 Main Street, Mistissini, QC G0W 1C0
418 923-3600

Youth Protection Hotline
1 800 409-6884

Wîchihîwâuwin Helpline
1 833 632-4357 (HELP)

Robin's Nest Women's Shelter
1 855 753-2094

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COMMUNITY MIYUPIMÂTISÎUN CENTRES (CMCs)

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12 Maamuu,
Chisasibi, QC J0M 1E0
819 855-2844

ᐄᔅᒣᐃᓐ Eastmain CMC
143 Nouchimi Street,
Eastmain, QC J0M 1W0
819 977-0241

ᒥᔅᑎᓯᓃ Mistissini CMC
302 Queen Street,
Mistissini, QC G0W 1C0
418 923-3376

ᓀᒥᔅᑳ Nemaska CMC
7 Lakeshore Road,
Nemaska, QC J0Y 3B0
819 673-2511

ᐅᒉᐹᑯᒨ Oujé-Bougoumou CMC
68 Opataca Meskino
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418 745-3901

ᐙᔅᑳᐦᐄᑲᓂᔥ Waskaganish CMC
2 Taktachun Meskaneu,
Waskaganish, QC J0M 1R0
819 895-8833

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1 West Aspen,
Waswanipi, QC J0Y 3C0
819 753-2511

ᐐᒥᓂᒌ Wemindji CMC
60 Maquatua Road,
Wemindji, QC J0M 1L0
819 978-0225

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

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

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