





# DECLARATION ON THE RELIABILITY OF THE INFORMATION CONTAINED IN THE MANAGEMENT REPORT AND THE RELATED CONTROLS

Christian Dubé  
Minister of Health and Social Services

I am responsible for the results and information contained in the present annual management report. That responsibility concerns the accuracy, completeness and reliability of the data, information and explanations contained therein.

During the fiscal year, information systems and reliable control measures contributed to support the present declaration. Moreover, I have ensured that work was accomplished in order to guarantee the reliability of the results, especially with regard to the agreement on strategic planning.

To my knowledge, the information presented in the annual management report (2019-2020) of the Nunavik Regional Board of Health and Social Services as well as the related controls are accurate and this information corresponds to the situation as it was on March 31, 2020.

Minnie Grey, C.M., C.Q.  
Executive Director

# TABLE OF CONTENT

## DECLARATION ON THE RELIABILITY OF THE INFORMATION CONTAINED IN THE MANAGEMENT REPORT AND THE RELATED CONTROLS 3

### ABOUT THE NRBHSS 7

The Nunavik health and social services network	7
Nunavik Regional Board of Health and Social Services	7

### MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR 8

### BOARD OF DIRECTORS 11

Composition of the Board of Directors on March 31, 2020	11
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### EXECUTIVE MANAGEMENT 12

Communications Team	12
Quality, Evaluation, Performance and Ethics	12
Nunavik Clinical Plan	13
Indigenous Services Canada	13
Saqijuaq	13

### PLANNING AND PROGRAMING DEPARTMENT 14

Medical affairs and physical health	14
Psychosocial Affairs and Support for Community Organizations	16
Children, Youths and Families	19

### PUBLIC HEALTH DEPARTMENT 20

Occupational Health	20
Environmental Health	20
Infectious Diseases	21
Prevention and health promotion	23

<b><u>DEPARTMENT OF INUIT VALUES AND PRACTICES</u></b>	<b><u>25</u></b>
Brighter Futures	25
Native Residential Schools	25
Missing and Murdered Indigenous Women and Girls	25
Mental Wellness Team	25
Prevention of Elder Abuse	25
Wellness Committees	25
<b><u>REGIONAL HUMAN-RESOURCES DEVELOPMENT</u></b>	<b><u>26</u></b>
Training	26
Promotion and recruitment	26
<b><u>DEPARTMENT OF OUT-OF-REGION SERVICES</u></b>	<b><u>27</u></b>
Revision Process for the Non-Insured Health Benefits (NIHB) Program	27
Ullivik	27
<b><u>ADMINISTRATIVE SERVICES DEPARTMENT</u></b>	<b><u>28</u></b>
Financial Resources	29
Funding for Community Organizations	30
2019-2020 Operating Budget	31
Other Activities	33
Information Technologies Department	35
Human Resources	36
<b><u>RESULTS RELATIVE TO STRATEGIC REGIONAL PLANNING</u></b>	<b><u>38</u></b>
New Approach	38
Evaluation of Regional Performance	39
<b><u>DISCLOSURE OF WRONGFUL ACTS</u></b>	<b><u>48</u></b>
<b><u>SUMMARY FINANCIAL STATEMENTS</u></b>	<b><u>50</u></b>



# ABOUT THE NRBHSS

## The Nunavik health and social services network

The Nunavik health and social services network comprises the Nunavik Regional Board of Health and Social Services (NRBHSS), the Inuulitsivik Health Centre (IHC, Hudson Bay) and the Ungava Tulattavik Health Centre (UTHC, Ungava Bay). The basis for the development of health and social services in the Nunavik region was established by the James Bay and Northern Québec Agreement (JBNQA) of 1975 and its complementary agreements. The organization of health and social services remains under the authority of the provincial system, but it is adapted to the region's particularities.

Because of its population size and sociocultural characteristics, Nunavik is a privileged place where the curative and the preventive mix, a place where activities in promotion, prevention and protection are carried out very harmoniously and smoothly, as much in the health sector as in social services.

## Nunavik Regional Board of Health and Social Services

The NRBHSS manages a budget of close to 230 million dollars, destined for health and social services for the populations of the 14 communities.

A board of directors of 20 members oversees the NRBHSS and consists of:

- 14 representatives, 1 for each community in Nunavik;
- the executive director of each health centre (Tulattavik and Inuulitsivik, two members);
- a member appointed by the board of directors of each health centre, selected from among the elected representatives of the villages (two members);
- a member appointed by the board of directors of the Kativik Regional Government (KRG);
- the executive director of the NRBHSS.

Besides the functions directly related to administration, the board of directors is responsible for identifying the priorities with regard to the population's needs in terms of health and social services, priorities that are presented at the public information meeting held annually by the NRBHSS.

# MESSAGE FROM THE CHAIRPERSON AND THE EXECUTIVE DIRECTOR

In June 2018, the regional board's board of directors adopted the 2018-2025 strategic regional plan, which identifies the strategic guidelines, the objectives and the results indicators that the NRBHSS defines for itself and for the Ungava Tulattavik (UTHC) and Inuulitsivik (IHC) Health Centres. Those guidelines and objectives were established as collective responses to the challenges facing Nunavik:

- Challenge no. 1: Enhance our actions in prevention and in health promotion and protection.
- Challenge no. 2: Improve access to front-line services in each community.
- Challenge no. 3: Provide access to specialized services in Nunavik.
- Challenge no. 4: Develop and ensure the application of Inuit values and practices.
- Challenge no. 5: Develop human, physical, technological, information and financial resources.

The strategic regional plan will guide the development of health and social services in Nunavik over the next seven years as well as mobilize the participation of all. We aim to fulfil our regional mission by clearly committing, along with the health centres, in the application of this strategic plan, notably through use of new governance aids that enable us today to monitor the targets we set for ourselves. This approach is reflected in this annual management report, which presents a regional picture of the attainment of our goals.

However, this report focusses less on the description of the activities carried out by the regional board's various departments in order to concentrate on certain highlights and accomplishments. This is not to misjudge the extent of the daily efforts made by our departments and the variety and creativity demonstrated by our management teams. In spite of circumstances, we nevertheless wish to point out some important processes.

This year saw a milestone, in terms of coordination, in the immense efforts that have been deployed in suicide prevention over the past few years, with the launch of the regional suicide-prevention strategy in June 2019. That strategy, along with its accompanying shared plan of action, aims at joint efforts with all our regional partners on the protective factors toward long-term results, all while responding to the crisis through heightened intensity of services. The present challenge lies in maintaining that strategy in the current context and with the resulting complexities.

This year, we also continued with the project for the team responsible for combatting sexual abuse in Nunavik, the goal being to strengthen protective factors against suicide by offering specialized services to victims and sexual offenders. We consulted our regional partners, created an advisory committee to oversee the project and hired an expert to adapt a treatment program for sexual offenders in Nunavik.

Many *Nunavimmiut* experience difficulties in purchasing nutritional food or accessing traditional food due to lack of resources or limited availability in some communities. To develop lasting solutions to the problem, the Department of Public Health (DPH) coordinates a regional working group tasked with designing a food-security policy and a plan of action for Nunavik. The efforts of the Nunavik Food-Security Working Group constitute another success in terms of establishing cross-sector partnerships to tackle the enormous problems of food insecurity in the region. We are very



close to completing our own food-security strategy, which will enable greater consistency and effectiveness in our actions in the region to deal with the problem and, in the long term, improve food security for *Nunavimmiut*.

Tuberculosis is a constant preoccupation in Nunavik. The incidence of active tuberculosis dropped between 1980 and 2003 but has risen since 2007 and continues to rise. Young adults and young families with children appear to be the most affected. During the past year, the DPH continued working at designing and applying community-mobilization projects against tuberculosis. Further, during the past year, the DPH worked on a regional plan of action for Nunavik to eliminate tuberculosis, and this according to the global approach TB-FREE INUIT NUNANGAT, supported by Inuit Tapiriit Kanatami (ITK), jointly with regional Inuit organizations and representatives of the Government of Canada and the *Ministère de la Santé et des Services Sociaux* (MSSS).

Under that plan, community-screening campaigns for TB were organized in two communities. In total, 633 individuals were tested in one community of the Ungava coast and 1 175 in one community of the Hudson coast, with a participation rate of 96% and 95% respectively. Thirteen cases of active tuberculosis and 53 infections with latent tuberculosis were diagnosed.

The Department of Inuit Values and Practices (DIVP) plays a key role in ensuring that Inuit values and practices are integrated into the health and social services network. This department manages the Brighter Futures program, the portfolios of missing and murdered aboriginal women and girls, midwifery, residential schools and others. Thanks to these efforts, the team providing support for emotional health visited the communities to organize healing sessions for former students and their families living with the consequences of the Indian residential schools. The team also visited communities requiring support for crises and trauma. Again, this year the team's support proved to be of capital importance for the population.

The year 2019-2020 was marked by several departures and arrivals of human resources within our organization and our health centres. One of the difficulties we encounter constantly lies in obtaining stable and specialized resources who wish to commit to Nunavik for longer than one year. This is a major challenge we need to overcome. In spite of the difficulty, we nevertheless succeeded in ensuring continuity of health services for our population.

It is clear that the end of the 2019-2020 year was marked by the COVID-19 pandemic. We must absolutely underscore the extent of the efforts made by the teams of the NRBHSS and the institutions in their urgent response to the situation. No one spared any effort, and months later, we can affirm that Nunavik has notched an initial victory. In every sphere of our life, we all demonstrated and must continue to demonstrate prudence, resilience, flexibility and courage in adapting to the situation and finding the best solutions.

We wish to take this opportunity to acknowledge all the efforts and devotion of those working in the health and social services network as well as all our local and regional partners for their ongoing support and cooperation.

Elisapi Utangak, Chairperson

Minnie Grey, Executive Director



# BOARD OF DIRECTORS

## Composition of the Board of Directors on March 31, 2020

### Executive Committee

Elisapi Uitangak	Chairperson, Puvirnituaq Representative
Ali Nalukturuk	Vice- Chairperson, Inukjuak Representative
Minnie Grey	Secretary, NRBHSS Executive Director
Shirley White-Dupuis	Member of the Executive Committee, Kuujjuaq Representative
Billy Cain	Member of the Executive Committee, KRG Representative

### Members

Louisa Grey	Aupaluk Representative
David Annanack	Kangiqsualujjuaq Representative
Elaisa Alaku	Kangiqsujuaq Representative
Andy Moorhouse	IHC Executive Director
Larry Watt	UTHC Executive Director
Vacant	Tasiujaq Representative
Cora Fleming	Kuujjuaraapik Representative
Elizabeth Annahatak	Kangirsuk Representative
Claude Gadbois	Representative of the UTHC Board of Directors
Josepi Padlayat	Representative of the IHC Board of Directors
Elisapi Yuliusie	Salluit Representative
Alice Tooktoo	Umiujaq Representative
Peter Iyaituk	Ivujivik Representative
Syra Qinuajuak	Akulivik Representative
Sheila Ningiuruvik	Quaqtaq Representative

The board members attended five regular sessions as well as the annual general assembly and adopted 70 resolutions. The executive committee held six meetings.

# EXECUTIVE MANAGEMENT

## Communications Team

The regional board is responsible for informing Nunavimmiut of the existence of the services and resources available on its territory in matters of health and social services, as well as the procedures for access to those services and resources. In order to inform the Nunavik population in the best way possible, the communications team provides its expertise and know-how for Executive Management as well as the regional board's other departments and the health centres. To provide them with the best possible support in their initiatives, once again this year the NRBHSS increased its presence on social media. Today, our Facebook page is an excellent source of reliable information, which has turned out to be a determining factor from the very first weeks of the COVID-19 pandemic.

Thanks to its regular efforts, in March the communications team assumed the mantle, in record time, as the region's prime source of reliable information concerning the pandemic's evolution as well as the source for announcing public-health directives and the status of preparation of the services in the region.

## Quality, Evaluation, Performance and Ethics

The creation of the team for quality, evaluation, performance and ethics (QEPE) in December 2019 aligns with the establishment of regional expertise enabling promotion of an integrated approach based on quality and performance. That integration is based on a regional assessment of the information process, from capture to processing to circulation of information to support a system of rendering of accounts according to established standards and a decision-making process to ensure care of good quality in Nunavik. This team proactively supports both the clinical and administrative teams of the regional board and those of the territory's health centres.

## Nunavik Clinical Plan

Since 2017, Executive Management has undertaken the procedures necessary to production of a regional clinical plan, an ambitious project seeking to define a renewed regional service supply. The work carried out this year led to completion of a comprehensive profile of the existing service supply, an effort that proved to be extremely valuable from the very start of the health emergency, during the application of the plans to suspend services.

## Indigenous Services Canada

Fiscal 2019-2020 marked the first year of our 10-year global agreement with Indigenous Services Canada (ISC). This new contribution agreement includes funding of slightly more than 18 million dollars under 26 programs/initiatives in prevention and health promotion. The provisions of the agreement enable us to retain the unspent funds at the end of the agreement and offer greater flexibility in management of priorities.

## Saqijjuq

This was another big year for the Saqijjuq team. In the community of Puvirnituq, there are now five educators and one coordinator. The initiative also started in Kangirsuk in January, with activities only beginning in March. Among the different activities under Saqijjuq's umbrella, the Mobile Intervention Team (MIT) and the Nunavik Wellness Court (NWC) are worth mentioning.

The Nunavik Wellness Court "Nitsiq" began in September in Puvirnituq. It is a pilot project in which treatment is offered which could reduce the time a person may spend in jail, recognizing that treatment may be the best option. Presently there is a process for a person to go through to become a client, and there are many partners involved to ensure success, including the *Ministère de la Justice*, defense lawyers, Crown prosecutors, Saqijjuq and the NRBHSS.

The Mobile Intervention Team is also working well in Puvirnituq. Due to injuries and staffing changes, it has not run as smoothly as we would like, but when it is operating it is appreciated by the community.

Recommendations for next steps and further activities for 2020-2021

1. Secure funding for the MIT in Kangirsuk
2. Continue to promote Saqijjuq among the communities
3. Begin to meet with Akulivik representatives to have it start there

# PLANNING AND PROGRAMING DEPARTMENT

## Medical affairs and physical health

### Priority Access to Specialized Services (APSS) and Support Team for Specialized Medicine

The work on setup of the Ullivik CRDS continued in order to facilitate processing of applications and arrangement of appointments for specialized medicine for the Nunavik population.

### Intellectual Impairment, Physical Impairment and Autism Spectrum Disorder (II-PI-ASD)

The work on establishment of a service corridor for the II-PI-ASD clientele was hindered by the COVID-19 pandemic. Regional efforts at setting up a range of community-based services continued. Funding for that purpose has been confirmed.

### Medical Manpower

In 2019-2020, Nunavik welcomed six new general practitioners, four at the Inuulitsivik Health Centre (IHC) and two at the Ungava Tulattavik Health Centre (UTHC). On March 31, 2020, 39 general practitioners held a position in the region (including physicians with duties exclusively in public health). Further, in 2020, the region will accept six new general practitioners, four at the IHC and two at the UTHC.

Moreover, on March 31, 2020, eight medical specialists occupied a position in the region, excluding those already providing services in Nunavik from other partner centres: three in community health and one each in child psychiatry, psychiatry, obstetrics-gynecology, ophthalmology and diagnostic radiology.

Further, two service agreements were renewed with the McGill University Health Centre, for ophthalmology and diagnostic radiology. Those agreements enabled us to

hire specialists for mandatory network positions (MNPs) and improve our service supply in those specialties.

In 2019-2020, the region accepted 81 candidates for medical internships (extern students and residents in family medicine and specialized medicine). The UTHC accepted 31 interns and the IHC 50.

### Regional Treatment Guide and Training on the Broadened Role

Since 2017, work has been under way at production of a regional treatment guide including the list of related collective prescriptions. The production process, which saw delays due to the pandemic, is nearly complete, and we will shortly begin the revision phase jointly with the regional pharmacological committee.

### Québec Colorectal Cancer-Screening Program (QCCSP) and Upgrades to the Digestive-Endoscopy Units and Medical-Device Reprocessing Units

To attain the objectives prerequisite to setup of the Québec colorectal cancer-screening program (QCCSP), the NRBHSS supported the health centres in carrying out the activities necessary to ensuring optimal and safe service provision.

### Emergency Prehospital Services and Civil Security

More than 4 000 prehospital interventions were performed by the first responders of the 14 Nunavik communities. Psychosocial training is offered on an ad hoc basis to the first responders. Discussions are under way concerning an emergency mini-clinic and a unified emergency radio-communication system.

## Support for Elders' Autonomy, Persons with Chronic Diseases or Cancer, and Persons in Palliative and End-of-Life Care

Wide public consultation began in order to identify the population's expectations regarding home care, chronic diseases (including cancer) and end-of-life care. Unfortunately, the consultation had to be suspended due to the pandemic.

International Day of Older Persons was observed on October 1, 2019, with the theme "The Journey to Age Equality."

## Computerization of User Records

The work related to a project to computerize Nunavik user records began in March 2019. Planning for the project and assessment of the needs continued in 2019-2020. A progress report on information technologies in Nunavik as well as a plan of action for the computerization project were produced.

## Telehealth

Procedures were undertaken jointly with the McGill *RUIS* telehealth coordination centre to ensure that the current telehealth activities are maintained. The issues in development of new telehealth services were submitted to the entities responsible for the change, and we are monitoring the process in order to improve the current service supply.

The suspension of several portfolios will require renewed energy on the part of the Planning and Programming team once we are able to resume our regular activities. In the meantime, we will need to maintain the leadership necessary to organizing services in our response to the challenges of the pandemic.

## Psychosocial Affairs and Support for Community Organizations

### Suicide Prevention

#### Service Organization

The regional suicide-prevention strategy was launched in June 2019. The regional partners involved in suicide prevention were then mobilized in October 2019 to draft and agree on a shared action plan under the continuum of prevention, intervention and after-care in Nunavik, for the first 18 months.

Northern Counselling Therapeutic Services (NCTS) were contracted for a period of one year, to support the response to crisis and traumatic events in Nunavik and to relieve the current services constantly supporting the suffering and grieving population. They visited Nunavik more than 15 times to provide support in the aftermath of suicides, accidents or other traumatic events.

#### Training

The training on best practices in suicide intervention destined for front-line workers was given to 117 interveners in 2019-2020. This mandatory -training program is offered on an ongoing basis to front-line workers (Inuit and non-Inuit) in Puvirnituq, Kuujuaq and Montréal.

The Reach Out training was finalized and offered to NRBHSS BOD members, public-health researchers, Rangers/Junior Rangers, the health centres' Wellness Program staff, KMHB staff (Pivalliani and street workers), and KI student counsellors and student-support professionals. The training aims to better equip the general public to recognize the signs of distress, open the dialogue and refer to proper professionals.

#### Puttatiit Conference

The fourth edition of the Puttatiit annual regional conference on suicide prevention was organized in Salluit in October 2018 with 87 participants, half of whom were from the host village. The fifth edition will be held in the fall 2020 and we are planning it under a new format due to the pandemic.

The NRBHSS designed a model for prevention and promotion activities based on the experiences of the Puttatiit conferences, an opportunity for the smaller communities to receive more sustained attention for grieving and healing activities.



## Mental-Health Services

### Wellness Program

Regular meetings were held with the health institutions' program administration, to ensure better support for the program resources. Funding was given to ensure activities are organized in each community and that the access to proper funds is not a constraint for the planning of prevention and promotion activities for well-being. Collaboration was ensured with the Nunami program and more on-the-land activities were organized.

### Statute P38.001 (Act respecting the protection of persons whose mental state represents a danger to themselves or to others)

The NRBHSS supported the region's health centres and key stakeholders in updating and developing the protocol concerning *Statute P38.001 (Act respecting the protection of persons whose mental state represents a danger to themselves or to others)* unique to the institutions as well as in applying a cooperation agreement for application of that statute. Training was given by videoconference to the professionals, and staff of the Ungava coast were invited to working sessions.

### Service Trajectory

Discussions were held between the Douglas Mental Health Institute, the health centres, the NRBHSS and the regional partners involved in the delivery of mental-health services, to better develop what is offered to the population and to better respond to its needs. Upcoming steps will be to increase the number of workers dedicated to the response, better direct the population to the appropriate services and develop agreements to ensure regular follow-up, even with professionals from outside the region.

## Nunami

The Nunami program continued according to the pursued objectives—mental well-being and suicide prevention. Three support workers are part of the team and promote and support projects in most of the communities as well as in social networks. To date, more than 27 projects have been supported for approximately \$500 000.

### Addictions

In August 2019, Isuarsivik confirmed the necessary funding to proceed with the construction of its new building, the first phase being the construction of lodging for staff and the construction of the access road to the new facility. We also participated in the development of its new family-approach program, which recognizes the role of the family and the key place of the trauma in the recovery.

Jointly with the health centres, the NRBHSS designed a training program based on *Alcochoix+* and intended for individuals who wish to limit and control their alcohol consumption. The training is now ready for users who wish to benefit from it.

Since September 2019, the Court of Québec's Addiction Treatment Program in Puvirnituq (Nunavik Wellness Court or Nitsiq) has been available for residents of the community of Puvirnituq. Although all of Nunavik is negatively affected by major community, cultural and social problems, the effects are most visible in the village of Puvirnituq. Given the high rates of alcoholism, drug addiction, criminal behaviour and suicide in that community, it was chosen for the one-year pilot project.

## Psychosocial Affairs and Support for Community Organizations (continued)

### Community Organizations

#### Funding for community organizations, 2019-2020

<b>Community Organisations</b>	<b>Budget 2018-2019</b>	<b>PSOC 2019-2020</b>
Qajaq Network > Kuujjuaq	\$146 141	\$150 000
Unaaq Men's Association of Inukjuak	\$150 000	\$150 000
Saturviit Inuit Women's Association of Nunavik	\$150 000	\$150 000
Qarjuut Youth Council	\$150 000	\$250 000
Isuarsivik Treatment Center > Kuujjuaq	\$1 500 000	\$2 561 000
Tungasuvvik Women's Shelter > Kuujjuaq	\$550 000	\$366 667
Initsiak Women's Shelter > Salluit	\$535 000	\$540 350
Ajapirvik Women's Shelter > Inukjuak	\$325 000	\$300 000
Qilanguanaaq Elder's Home > Kangiqsujuaq	\$350 000	\$350 000
Sailivik Elder's Home > Puvirnituaq	\$350 000	\$350 000
Tusaajiapik Day Center > Kuujjuaq	\$157 000	\$157 000
Sammiak Elders Committee > Salluit	\$20 000	\$20 000
Ayagutaq Elder's Home Committee > Inukjuak	\$20 000	\$150 000
Héber. communautaire Ungava > Kuujjuaq	\$350 000	\$350 000
Project: "I Care We Care"	\$93 721	\$100 000
Uvattinut Supervised Apartments > Puvirnituaq	\$300 000	\$300 000
Tasiurvik Center > Kuujjaraapik	\$200 000	\$250 000
Qarmaapik Family House > Kangiqsujujuaq	\$400 000	\$450 000
Nunavik Youth House Association		\$4 197 277
Miarnisivik Family House (Kangiqsujuaq)		\$143 847
Iqivik Maison de la Famille Salluit	\$225 000	\$250 000
NRBHSS (CO Contingencies)	\$100 000	<b>\$100 000</b>
<b>Total</b>	<b>\$6 071 862</b>	<b>\$11 536 141</b>

## Children, Youths and Families

In relation to services for youths in difficulty and their families, the work of Nunavimmi Ilagiit Papautauvinga continued. Consultations in all the communities were completed and the orientations for initial actions were identified: work on foster families by Anirraulartutut Kamajingit, work on councils of significant persons and centralization of applications for youth services.

Several representations by the team responsible for services for children, youths and families were carried out among numerous official entities: presentations to a parliamentary committee on modifications to the *Professional Code* to enable Inuit to perform reserved acts under the *Youth Protection Act*, presentation to the Special Commission on the Rights of the Child and Youth Protection, and presentation to the Court of Québec's administration.

# PUBLIC HEALTH DEPARTMENT

## Occupational Health

### For a Safe Maternity Experience Program:

The department processed a total of 185 applications for reassignment or preventive withdrawal from work, primarily from workers from day-cares, schools, and the health and business sectors.

### Mining sector:

Support was provided for Nunavik's two mining operations as well as 10 other related establishments made up of more than 2 500 workers.

### Visits to the communities:

Municipal installations (municipal offices, garages, drinking-water plants, arenas, fire stations, pools, sewage sites, community halls and municipal freezers) as well as carpentry shops, airport terminals and police stations of the 14 communities were visited during the year. Several recommendations were formulated for the managers of the installations.

## Environmental Health

### Chemical MADOs:

The environmental-health team dealt with 187 reports for blood levels of mercury, lead and cadmium exceeding the threshold established by public-health guidelines. The vast majority of these reports were related to control tests requested pursuant to the *Qanuilirpitaa?* 2017 survey.

### Reports:

Three reports related to the quality of drinking water required the team's intervention jointly with the Kativik Regional Government (KRG) and the *Ministère de l'Environnement et de la Lutte contre les changements climatiques (MELCC)*. Three other reports requiring intervention concerned cases of exposure to carbon monoxide, glycol and manganese. The bedbug problem also required application of a strategy to support regional organizations for better coordination of efforts to eradicate these insects.

### Evaluations of major projects:

The team provided recommendations relative to the Innavik hydroelectric project in Inukjuak. The team also drafted a notice on the health risks for the population in case of leakage of mining tailings containing asbestos from the Asbestos Hill site into waterways. Further, the team worked jointly with the Institut national de santé publique du Québec at drafting a notice on the risks of infection with microsporidia and the preventive measures related to consumption of raw fish in Nunavik.

### Contribution to research:

Jointly with the research centre of the University of Québec Hospital Centre (CHU), 20 consultation sessions were held under the *Nutaratsaliit Qanuingsiarningit Niqituinnanut* project (for healthy pregnancies with traditional foods). Those consultations with health professionals, pregnant women, hunters and elders aimed at assessing the feasibility of integrating the evaluation of exposure to mercury and lead into follow-up to pregnancy.

## Infectious Diseases

### Tuberculosis

The incidence of tuberculosis (TB) saw a significant rise in 2019 with 69 new cases reported (incidence of 495 per 100 000 persons), compared to an average of 38 cases per year in the five previous years (2014-2018). Nine communities were affected. Community TB-screening campaigns were organized in two of those communities. All in all, 633 persons were tested in one Ungava community and 1 175 in a Hudson community, with a participation rate of 96% and 95% respectively. Thirteen cases of active tuberculosis and 53 infections with latent tuberculosis were diagnosed.

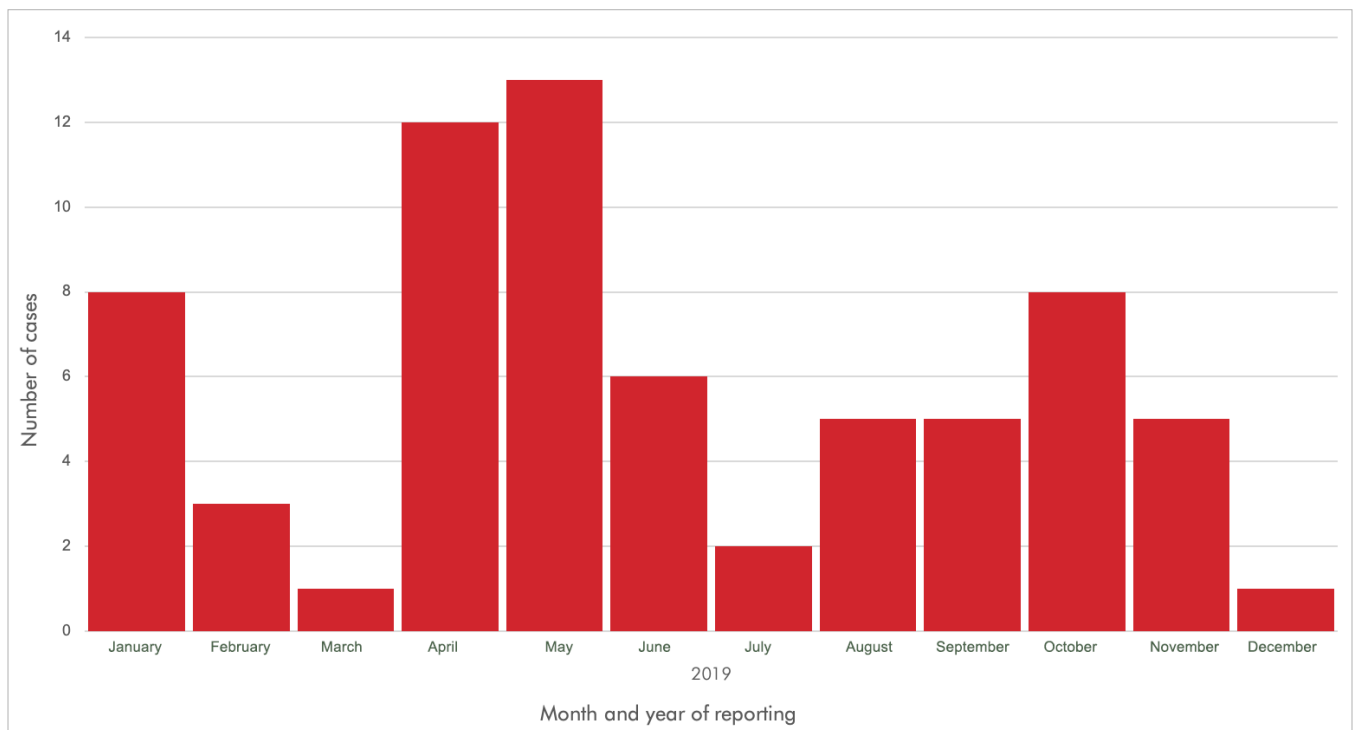
The regional TB committee met three times in 2019. Brief training sessions on TB were offered to 25 local workers (community-health officers, interpreters, liaison officers)

in the communities targeted for screening. A training plan destined for future community-health officers was designed and a pilot project targeting those same persons received funding from the Canadian Institutes for Health Research.

### Global STBBI strategy

The STBBI strategy remains reinforcement of the cascade of care: testing and early diagnosis, appropriate treatment, support for the individual and contact tracing. Prevention activities, through sex education in schools and at home, the Checkup Project, radio capsules, funny, educational videos, informative brochures and a peer project were also carried out during the year.

Figure 1. Number of cases of active tuberculosis per month of reporting, 2019, Nunavik communities



## Infectious Diseases (continued)

### Syphilis

Seventy-two new cases were tallied for the syphilis outbreak (see figure). Since December 2016, 130 episodes have been reported. Transmission is heterosexual and primarily affects young persons, with the 15-to-34-year group representing 77% of cases. Fifty-five percent of the affected individuals were women and all but one were of reproduction age. Five women were pregnant at the time of diagnosis. One of them went into premature labour and one case of congenital syphilis was reported in 2019.

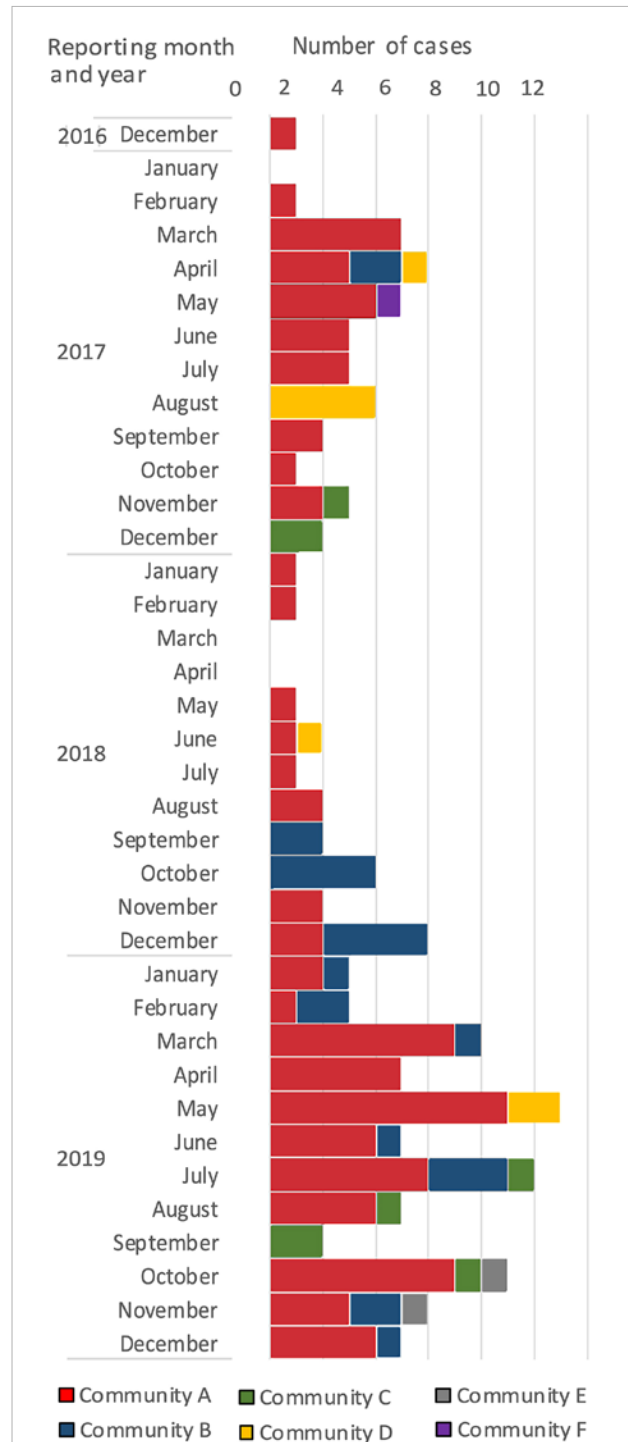
### Gonorrhea and chlamydia

The infection rates for gonorrhea and chlamydia were, respectively, 259 and 419 per 10 000 individuals in 2019, 28 and 12 times higher than the provincial average.

### COVID-19 pandemic

The team for prevention and control of infectious diseases was mobilized in January 2020 to watch for cases of COVID-19 and prepare to manage cases. In March, professionals from other teams were also mobilized. The setup of a general-information line, the creation of a team to manage cases and contacts and draft related protocols, the control of entry to the territory and support for communications destined for the public were among the first activities carried out.

Figure 2. Number of cases of syphilis reported per month and year, Nunavik communities, 2016-2019



## Prevention and health promotion

### Opioids

A plan of action for the prevention of opioid overdoses was designed jointly with the health centres and regional partners. Several actions under the plan were slated for deployment early in 2020 but had to be postponed due to the COVID-19 pandemic.

### Smoking prevention

Efforts were invested to adapt the smoking-cessation program developed by the *ministère de la Santé et des Services sociaux* to the reality of Nunavik. A pilot project for training destined for Inuit smoking-cessation counsellors is in the plans for next year. Radio messages on smoking were broadcast and posters on the smoking ban in public places were widely distributed. The Stay Quit to Win Challenge planned for March 2020 had to be postponed due to the pandemic.

### Healthy nutrition and food security

Funding and support for activities were provided in various sectors:

- in-store activities promoting healthy nutrition;
- activities promoting healthy nutrition and cooking workshops organized by several local actors (coordinators of Fusion Jeunesse, workers of the health centres, facilitators of the youth houses, teachers, etc.);

- in-school promotion activities including the Imatsiaq program, which was launched in five schools (two new ones in 2019) and promotes water as beverage of first choice among schoolchildren aged 5 to 17 years;
- food-aid activities such as the program for coupons to improve access to healthy foods during pregnancy and the child's first year of life and the program for breakfasts and snacks in schools;
- development of the food-security policy. The working group held a workshop in June 2019 with the purpose of defining the future policy's vision and guidelines and identifying potential sources of funding.

### Development of a curriculum for well-being

Efforts continued with representatives of Kativik Ilisarniliriniq toward definition of the broad outlines for a well-being curriculum. This involves development of educational activities on topics related to health and well-being as well as the establishment of environments conducive to health in the schools.





# DEPARTMENT OF INUIT VALUES AND PRACTICES

## Brighter Futures

The Brighter Futures program grants funding to the 14 communities in amounts proportionate to population size. As of this year, funds are subject to the agreement on flexible funding. This year, the program funded 51 projects.

## Native Residential Schools

Under the residential schools program, there are three full-time support workers and one vacant position; six other individuals work on a contractual basis as needed. The team facilitated the Puttautiit conference held in Salluit and provided training for community members to develop their grief-counselling skills. To date, the training has been given in three communities.

## Missing and Murdered Indigenous Women and Girls

This is a new program funded by the federal government. A new pilot project for counselling services was launched in Kuujjuaq at a schedule of two weeks per month with a one-week interval. This project is scheduled for launch on the Hudson coast, in Puvirnituq, toward the end of April 2019.

## Mental Wellness Team

Training was provided for 15 participants who are already in the workforce to strengthen counselling skills for clients with mental-health disorders.

## Prevention of Elder Abuse

Efforts were initiated in 2019 to update the regional plan of action against elder abuse. Moreover, with the support of Executive Management, a regional policy against elder abuse is presently being drafted.

## Wellness Committees

The wellness committees are composed of community members working under the supervision of the municipal councils; 13 communities have an active committee. Funding is provided by the NRBHSS.

# REGIONAL HUMAN-RESOURCES DEVELOPMENT

## Training

This year the Department of Regional Human-Resources Development once again deployed its training programs for employees of the Nunavik health and social services network, particularly Inuit employees, jointly with our partners of the secondary- and postsecondary-education sectors:

- professional-studies diploma (DEP) in “assistance in institutional and domestic settings” (credited training in partnership with Kativik Ilisarniliriniq);
- attestation to collegial studies (AEC) in “communication in helping relationships,” “communication in administration” and “supervision of human resources” (credited training in partnership with Collège Marie-Victorin);
- certificate in management of health and social services (credited training in partnership with McGill University);
- preparation for new employees arriving in the North;
- Inuktitut language courses (offered by the Institut national des langues et civilisations orientales (INALCO));
- English language program (offered by McGill);
- training in Word and Excel;
- collaboration with the Remote Learning and Training Centre (Centre pour l’enseignement et la formation à distance, or CEFD).

## Promotion and recruitment

- Career promotion
- Participation in the Kativik Ilisarniliriniq fair for the future of Nunavimmiut
- Funding for internships at the health centres
- Pijunnaqunga internship program at the Kativik Regional Government
- Collaboration with the Eagle Spirit Science Futures summer camp

# DEPARTMENT OF OUT-OF-REGION SERVICES

## Revision Process for the Non-Insured Health Benefits (NIHB) Program

The following health benefits are available to beneficiaries of the *JBNQA*:

- prescription medications;
- over-the-counter and patented medications;
- medical supplies;
- transportation for medical reasons, as well as escorts, interpreters and lodging;
- eye care, including spectacles and contact lenses when required for medical reasons;
- dental care;
- hearing aids;
- psychiatric care (short term).

This year, the Department of Out-of-Region Services, with close support from Executive Management, carried out several processes aimed at improving the existing follow-up and controls for management of the NIHB program:

- production of a draft document identifying the regional procedures controlling the admissibility and eligibility of products and services covered by the NIHB program; the description of those procedures was shared with the MSSS;
- tests performed with our independent auditors, dealing with compliance of transportation services covered by the NIHB program with the norms in effect under the NIHB agreement and the regional transportation policy. Compliance of the program's application was clearly demonstrated by the tests;

- support for the work of the team responsible for quality, evaluation, performance and ethics (QEPE) of Executive Management in the processes of extraction, validation and interpretation of statistical data gathered for the purpose of rendering of accounts and program management.

## Ullivik

Major efforts at consolidating administrative management processes were carried out at Ullivik during fiscal 2019-2020. Those efforts enabled a significant reduction in expenses without affecting the quality of the services offered to the clientele, and this in spite of a constant increase in the number of patients lodged at Ullivik.

## ADMINISTRATIVE SERVICES DEPARTMENT

The Direction of Administrative Services ensures a wide range of support services for the other departments of the NRBHSS. Our primary resource-management services are budget and financial services, human resources management, procurement services and fixed-assets management and information resources.

The department also supports the annual development and follow-up of the strategic regional plan. In line with that plan, the department manages the development and follow-up of capital projects for short- and long-term investments for the entire health and social services network.

Moreover, it ensures support for the region's two health centres on various portfolios such as budgets and other financial services as well as fixed-assets maintenance through various renovation and replacement projects.

The administrative-services team works to establish, maintain and foster positive, productive and respectful working relationships with the goal of ensuring efficient and optimal use of resources.

As we grew, we recruited a Regional Manager of Biomedical Engineering, who was in high demand during the pandemic.

As of March 13, 2020, the COVID-19 pandemic was declared in the province and a government decree was issued. This pandemic had a major impact on all services under the Direction of Administrative Services.

## Financial Resources

### Regional Budget

The regional credits from the MSSS for 2019-2020 total \$230.1 M, destined for the Nunavik health and social services network as shown in the table below. During the year, the NRBHSS allocated those credits to the various institutions and organizations. The two health centres received funding in the amount of \$176.0 M for their activities. The NRBHSS transferred \$11.4 M to eligible community organizations. Through that envelope, it also received and managed funds earmarked for the program for NIHB.

Allocations	2018 / 2019	2019 / 2020
Institutions		
Inuulitsivik Health Centre	\$79.9 M	\$93.9 M
Ungava Tulattavik Health Centre	\$67.8 M	\$82.1 M
NRBHSS earmarked funds		
Non-insured health benefits	\$22.7 M	\$22.7 M
Other	\$17.3 M	\$17.3 M
Community organizations		
Youth centres	\$4.1 M	\$4.2 M
Other (see table of community organizations)	\$6.0 M	\$7.2 M
Reserve		
Reserve	\$2.7 M	\$2.7 M
<b>TOTAL TRANSFERS</b>	<b>\$200.5 M</b>	<b>\$230.1 M</b>

### Operating Budget and Financial Results of the Health Centres

In accordance with its advisory role with the health centres, the NRBHSS invested major efforts during the year, including several meetings to ensure proper fiscal follow-up. The Inuulitsivik Health Centre (IHC) ended the year with an operating deficit of (\$3,169) as shown in the table below. The Ungava Tulattavik Health Centre (UTHC) ended the year with an operating surplus of \$46,422.

Public institutions	2018 / 2019		2019 / 2020	
	Net authorized budget	Surplus (deficit)	Net authorized budget	Surplus (deficit)
IHC	\$79.9 M	\$2.0 M	\$93.9 M	(0.003) M\$
UTHC	\$67.8 M	\$0.6 M	\$82.1 M	0.046 M\$
<b>TOTAL</b>	<b>\$147.7 M</b>	<b>\$2.6 M</b>	<b>\$176.0 M</b>	<b>0.043 M\$</b>

## Funding for Community Organizations

Community organizations	2018 / 2019	2019 / 2020
<b>Associations</b>		
Inuit Men's Associations		
Egimak men's association of Puvirnituaq	\$100,000	\$25,000
Qajaaq network	\$146,141	\$150,000
Unaaq (Inukjuak)	\$150,000	\$150,000
Inuit women's association		
Saturviit (Nunavik)	\$150,000	\$150,000
Inuit youth association		
Youth council (Nunavik)	\$150,000	\$250,000
<b>Residences for elderly persons</b>		
Tusaajiapik day centre (Kuujjuaq)	\$157,000	\$157,000
Committee of the Ayagutaq residence (Inukjuak)	\$20,000	\$150,000
Sammiak elders' committee (Salluit)	\$20,000	\$20,000
Qilanguanaaq (Kangiqsujuaq)	\$350,000	\$350,000
Sailivik (Puvirnituaq)	\$350,000	\$350,000
<b>Family houses</b>		
Iqivik family house (Salluit)	\$225,000	\$250,000
Miamisivik family house (Kangiqsujuaq)	-	\$143,848
Nunavik Youth House Association	\$4,135,938	\$4,197,277
Qarmaapik (Kangiqsualujjuaq)	\$400,000	\$450,000
Tasiurvik Centre (Kuujjuaraapik)	\$91,666	\$125,000
<b>Residences for mental-health clients</b>		
Uvattinut supervised apartments (Puvirnituaq)	\$300,000	\$300,000
Community residence (Ungava)	\$350,000	\$350,000
«I Care We Care» project	\$93,721	\$100,000
<b>Treatment centre</b>		
Isuarsivik (Kuujjuaq)	\$1,500,000	\$2,561,000
<b>Women's shelters</b>		
Ajapirvik (Inukjuak)	\$325,000	\$300,000
Initsiak (Salluit)	\$535,000	\$540,350
Tungasuvvik (Kuujjuaq)	\$550,000	\$366,668
<b>TOTAL TRANSFERS</b>	<b>\$10,099,466</b>	<b>\$11,436,143</b>

## 2019-2020 Operating Budget

In accordance with the *Act respecting health services and social services* (Chapter S-4.2) and the MSSS' bulletins, the estimates for the 2019-2020 operating budget were produced in the amount of \$24.1 M and adopted by the NRBHSS board of directors. Thanks to adequate fiscal planning and processes, the NRBHSS ended the year with a surplus of \$4.6 M. With the arrival of the COVID-19 pandemic, the financial resources department had to create a pandemic specific budget code to facilitate accounting and reporting. According to its responsibilities, the Department of Administrative Services provided financial expertise and support for all the departments as well as the audit committee.

### Earmarked Funds

Aside from the operating budget, the regional board receives and manages funds earmarked for specific activities. These funds are mainly financed by the federal and provincial governments.

### Capital Funds

The 2019-2020 three-year conservation and functional plan was updated. Jointly with the health centres, the regional board provided support and funding to carry out most of the projects in Nunavik. It transferred a total of \$11.7 M for various capital projects. That amount was divided into four regional envelopes:

Organizations	Assets maintenance	Minor renovations	Medical equipment	Non-medical equipment	TOTAL
IHC	\$2,077,966	\$455,238	\$77,194	\$786,787	\$3,397,185
UTHC	\$2,067,560	\$1,408,173	\$478,984	\$358,973	\$4,313,690
NRBHSS	\$3,778,908	\$35,470	-	\$139,602	\$3,953,980
<b>TOTAL</b>	<b>\$7,924,434</b>	<b>\$1,898,881</b>	<b>\$556,178</b>	<b>\$1,285,362</b>	<b>\$11,664,855</b>

The year 2019 was very busy with several changes within the department. The department expanded to keep up with the needs in construction, maintenance, and renovations. The highlight of the year was this expansion in the department and the increased productivity by the fixed assets team.

Here are some of the files we worked on: the renovation of the computer server room in Building 1602 and the exterior and interior renovation of Building 1418. We also prepared plans for renovations to housing units 1089, 1091, 2061, 2063 and 571 and modifications to housing units 1481, 1485, 1489, 1490 and 1434, all of which were approved by the Board of Directors.

In conclusion, 2019 was a year of restructuring and planning for the upcoming years. Additions in staff and changes in the operations will make for a better management of the department and projects.

## 2019-2020 Operating Budget (continued)

### Federal Funds

The contribution agreements totalling \$18.6 M annually were signed with the federal government for a ten-year period (2020 to 2029). Unlike the previous agreement, balances are transferable from one year to the next until the end of the agreement.

Health Canada	2018 / 2019	2019 / 2020
Aboriginal Diabetes Initiative	\$680,682	\$699,421
Aboriginal Health Human Resources Initiative	\$101,962	\$63,398
Brighter Futures	\$1,260,890	\$1,286,108
Canadian drugs and substances strategy	\$140,000	\$140,000
Children's Oral Health Initiative	\$220,227	\$300,947
Crisis management in mental health	\$951,458	\$970,487
Federal Tobacco Control Strategy	\$220,566	\$432,888
Foetal Alcohol Spectrum Disorder	\$393,762	\$414,762
Home and community care	\$3,128,724	\$3,455,087
Inuit Health Survey (studY0	-	\$3,304,612
Maternal- and infant-health care program	\$85,000	\$124,000
Mental health in the communities	\$33,284	-
Missing and Murdered Indigenous Women and Girls	\$159,769	\$150,000
National Native Alcohol and Drug Abuse Program	\$31,960	\$35,420
Nunavik's Flying Sexual Abuse Intervention Team	-	\$200,000
Nutrition North Canada	\$490,000	\$495,000
Prenatal nutrition program	\$343,372	\$350,239
Qanuilirpita: study on Arctic pollution	\$119,140	\$119,140
Quality control	\$592,275	\$448,546
Residential-schools portfolio	\$675,030	\$702,024
Sexually transmitted and bloodborne diseases	\$125,000	\$166,000
Suicide-prevention strategy	\$490,000	\$1,857,424
Tuberculosis	\$40,000	\$2,872,581
Victims of domestic violence	-	\$17,274
<b>TOTAL SUBSIDIES</b>	<b>\$10,283,101</b>	<b>\$18,605,358</b>



## Other Activities

The regional board also provided support for and contributed to certain specific portfolios.

### Capital Master Plan

On February 15, 2011, the regional board concluded an agreement with the MSSS to fund capital projects.

Health and social services	\$178 M
Personnel housing	\$102 M
<b>TOTAL</b>	<b>\$280 M</b>

According to the agreement, the regional board revised its capital master plan (CMP) to establish priorities in short- and long-term capital investments and in order to use it as management tool. The advisory committee for the capital master plan continues to update the plan as well as follow up capital projects in Nunavik.

<b>Projects</b>	<b>Installations for health and social services</b>	<b>Personnel housing</b>
Projects begun before signature of the agreement: equipment acquisition, fixed-assets maintenance, office space, group homes (2), 19 supervised living units, 6 housing units	\$18.3 M	\$20.4 M
70 personnel housing units (2011-2012)	-	\$33.9 M
Construction of a building for the DYP in Puvirnituq	\$12.8 M	-
Rehabilitation centre for girls (12-18 years) in Inukjuak	\$24.7 M	-
50 housing units	-	\$25.7 M
Aupaluk CLSC	\$43.2 M	-
42 housing units	-	\$22.0 M
Other	\$10.0 M	-
<b>TOTAL COMMITMENTS</b>	<b>\$109.0 M</b>	<b>\$102.0 M</b>
<b>AVAILABLE BALANCE</b>	<b>\$69.0 M</b>	<b>\$0 M</b>

Capital envelope on March 31, 2020

# Other Activities (continued)

## Capital Projects

In 2019, we were very busy with fixed-assets sector. Below are some projects we worked on in 2019-2020.

### Aupaluk CLSC

Work on the new CLSC began in the summer 2018 and is ongoing.

### Housing units in Nunavik

The phase 5 of the construction of 62 housing units has been launched. The sites in 9 communities have been selected, see table below. The professionals were selected after a 2nd call for tenders in July 2019. The architectural firm was also selected. The next step will be the call for tenders for the selection of the contractor, which will be followed by the start of construction.

These new homes will include construction improvements such as remote monitoring of mechanical systems, orientation of the buildings to maximize daylight in the units and changes to the types of foundations used.

Community	Number of houses to be built
Kangirsualujjuaq	1 x 2-plex
Kuujjuaq	2 x 2-plex 4 x 6-plex
Kangirsuk	1 x 2-plex
Salluit	1 x 2-plex
Ivujjivik	1 x 2-plex
Akulivik	1 x 2-plex
Puvirnituq	3 x 6-plex
Inukjuak	1 x 4-plex
Umiujaq	1 x 2-plex

## Information Technologies Department

Over the past year, the NRBHSS' information resources services was involved in several projects. The projects were of various origins and scope: provincial, regional (Nunavik) and local (NRBHSS).

Due to the arrival of the coronavirus, several projects had to be "paused" in order to reassign as many employees as possible to activities related to COVID-19

Thus, the information technologies department (IT) has participated in setting up the various computer systems related to telework and telehealth. Projects such as the "TEAMS", "Sharepoint" and "Global Protect" applications have been prioritized and implemented rapidly to enable telework and social distancing. In telehealth, a major change has been the activation of the "Zoom" and "Reacts" applications, so that doctors can do teleconsultation. It is now possible for a patient in one of the communities' CLSCs to have access to a traditional videoconferencing system for a consultation with a physician who would be located outside the health network.

The information technologies department is continuing its efforts to improve and optimize the work already done or in progress in order to be ready in the event that a second wave hits the region.

## Human Resources

The Nunavik Regional Board of Health and Social Services employs a total of 134 persons, 48 of whom work from the South and 24 managers, 5 of whom work from South.

Departments	Employees	Manager	Base in the South
<b>Administrative Services</b>			
Full time permanent	23	6	4
Temporary full-time	2	0	0
Occasional part-time	1	0	0
*Occasional part-time – COVID-19	1	0	1
<b>Executive Management</b>			
Full time permanent	13	3	7
Temporary full-time	2	1	3
Occasional part-time	0	0	0
<b>Regional Human-Resources Development</b>			
Full time permanent	6	1	2
Temporary full-time	1	0	1
Occasional part-time	0	0	0
<b>Inuit Values and Practices</b>			
Full time permanent	4	1	0
Temporary full-time	2	0	0
Occasional part-time	0	0	0
<b>Out-of-Region Services</b>			
Full time permanent	3	1	4
Temporary full-time	1	0	1
Occasional part-time	0	0	0
<b>Planning and Programming</b>			
Full time permanent	21	6	6
Temporary full-time	8	0	4
Occasional part-time	4	0	2
<b>Public Health</b>			
Full time permanent	17	5	2
Temporary full-time	13	0	11
Occasional part-time	13	0	6
*Occasional part-time – COVID-19	29	0	25
<b>TOTAL</b>	<b>134</b>	<b>24</b>	<b>53</b>

Positions by department and status on March 31, 2020.

\* The number of employees under contract with COVID-19 is not included in the totals as the employment relationship was only effective during the period of health emergency.

## Accomplishments in 2019-2020

A great deal of work was devoted to the revision of several policies and procedures, the creation of an orientation guide for new employees and the production of a directory of working conditions for non-unionized but unionizable employees of the Health Board versus the use of the “generic” directory of the network’s employees. We have also produced a draft policy to promote civility and prevent harassment in the workplace.

New options with respect to employee schedules (time-sharing, four-day work, etc.) were implemented, and the terms and conditions for accumulating management vacations were modified. We worked on harmonizing employees’ working conditions with partners in the Nunavik health network (recognition of continuous seniority for the retention bonus and its application and standardization of regional disparities). In collaboration with the Regional Development or Human Resources Direction, we worked to review the working conditions of Inuit employees.

A third resource has joined our team, the latter being responsible for recruitment in the North and the health office. We then relocated a resource to the south for external recruitment. The pandemic at COVID-19 forced us to be proactive and we hired 30 temporary employees to support the region.

# RESULTS RELATIVE TO STRATEGIC REGIONAL PLANNING

## New Approach

During the past year, a different perspective was adopted relative to strategic regional planning. This tool, which has been rethought, enables ensuring a high level of integration between the regional objectives, expected results and optimization of resources in the field.

It is worth noting that since April 1st 2018, the *Agreement on the delivery and financing of health and social services in Nunavik 2018-2025* that refers to our agreement supporting the developments in line with our Strategic Regional Plan is still under negotiation thus limiting our capacity to optimize our services.

### The objectives of this approach are as follows:

- clarify and share the vision and regional guidelines of the Nunavik health and social services network;
- clearly communicate the NRBHSS' priorities to the institutions;
- ensure that resource allocation aligns with the population's priorities and needs;
- improve accountability of the actors concerned and our network's performance;
- support the institutions' autonomy in arriving at the means to attain their objectives.

With the recasting of this framework as management report with global objectives defined jointly with our partners, the foundations are thus established to ensure follow-up that complies with what is expected from the *Agreement on the delivery and financing of health and social services in Nunavik 2018-2025*.

Alongside this tool, other elements were set up to ensure consistency in following up the Strategic Regional Plan.

### Tools for that purpose:

- Planning:
  - Strategic Regional Plan
  - plan of action
  - integrated rendering of accounts
- Follow-up:
  - regional service supply
  - management agreements
- Information management:
  - agreement to share information
  - creation of a regional team responsible for quality, evaluation, performance and ethics (QEPE)

# Evaluation of Regional Performance

The Strategic Regional Plan consists of three levels: challenges, guidelines and objectives. The figure below resumes them.



For the purpose of evaluating the degree of attainment of our regional objectives, indicators were integrated with the challenges. Those indicators will then be adjusted for subsequent application with the guidelines and objectives to ensure integration in the field.

The proposed indicators fall under four aspects relevant to the reality of Nunavik: accessibility, efficacy, efficiency and adaptability. Accessibility enables ensuring that users can obtain the service. Efficacy will establish that users receive the expected services. Efficiency involves ensuring that the

resources in place align with the service provided. Finally, adaptability enables us to deal with two challenges that are crucial in Nunavik: flux in human resources and the duty to adapt services to Inuit culture.

This proposal to integrate these elements into the same model and to evaluate it in this way is new this year. Certain indicators are thus under constant evaluation. Further, the established goals must be discussed with regional actors; only the evaluation of the tendency (on the rise or on the decline) will be considered as objective.

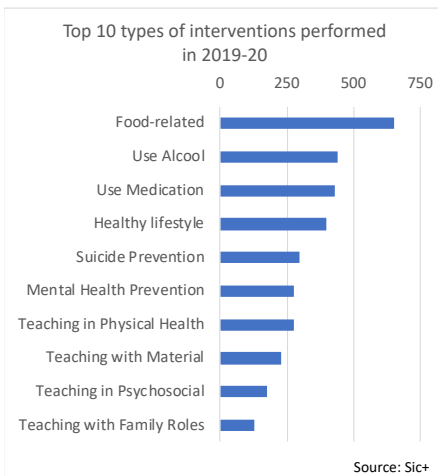
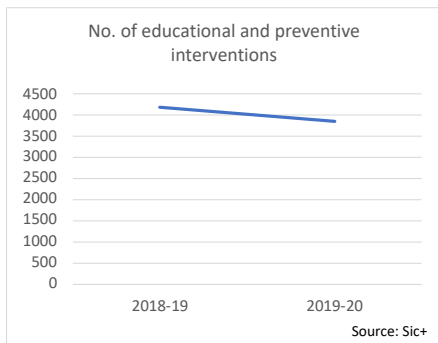
The figure below presents the status of regional performance relative to the regional challenges.

Challenge	Drivers	Indicators	Tendency Sought	Result 2019-20	Progression relative to 2018-19
<b>Enhance our actions in Prevention, Health Promotion and Health Protection</b>					
	Increase the efficacy of Prevention in CSLC	Nb of interventions in educative and preventive actions	Increase	13327	-8%
	Increase the efficacy of activities in community organizations	Nb of activities	Increase	311	-28%
	Increase the efficacy of prevention and promotion in Public Health	Nb of activities	Increase	39	-49%
<b>Improve Access to First Line of Service in Each Community</b>					
	Ensure access to proximity care	Nb of interventions in CLSC by Prg-Serv	Increase	96192	13%
	Ensure efficiency of resources	Worked Hours of health professionals in CLSC / Interventions	Decrease	\$105.32	-18%
		Paid Hours of health professionals in CLSC / Interventions	Decrease	\$131.36	-19%
<b>Provide Access to Specialized Services in Nunavik</b>					
		Nb of consults in the South for PRO specialties	Decrease	4025	-2%
	Ensure access to specialised care	Nb of visits for a PRO speciality in the North	Increase	5760	-13%
		% of visits for PRO specialties	Increase	49%	-1%
		% of specialties with increase of presence-days in the North	Increase	52%	
		% of MedEvaq staying in the North	Increase	60%	10%
		Nb of teleconsultations	Increase	1276	14%
	Ensure access to support services	% of lab capacity used	Increase	In progress	
		Nb of lab tests	Increase	252,300	0%
		Nb of Weighed Procedure	Increase	925,500	8%
		% of tests sent outside	Decrease	36%	21%
		Delays	Decrease	In progress	
<b>Develop and Promote Inuit Values and Practices</b>					
		% of salary of inuit employees	Increase	27%	-1%
	Ensure the adaptability of cultural safety resources	Nb of "pre-depart" training	Increase	225	37%
		Nb of individuals or individual sessions who attended a training for inuit employees	Increase	123	17%
	Ensure the efficacy of activities	Nb of "On the land" projects funded	Increase	26	189%
<b>Develop Human, Material Technological, Information and Financial Resources</b>					
		% of expenses	Increase		
	Ensure adaptable Human resources	Mean time to fill a position	Decrease	55	N/A
		Turnover rate	Decrease	29%	-1%
	Ensure efficacy of health system	Nb of accidents	Decrease	In progress	
		Nb of incidents	Decrease	In progress	
		Nb of nosocomial infections	Decrease	19	
		Nb of outbreaks	Decrease	7	-61%
		Nb of complaints	Decrease	149	-18%
		Nb of sick days	Decrease	25081	-2%

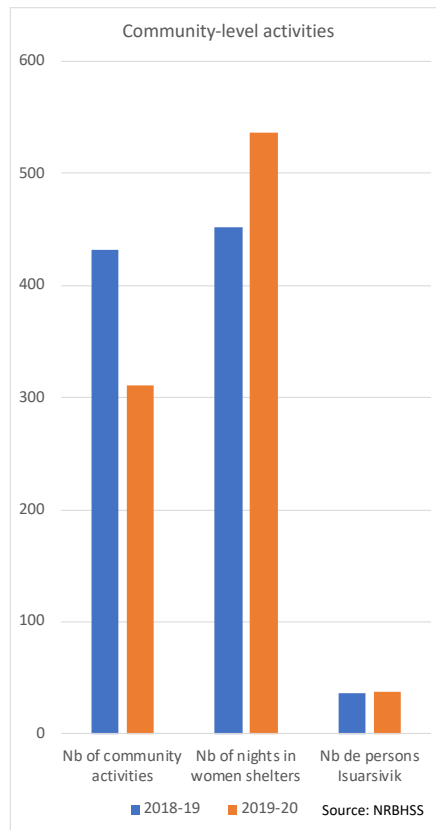


## Challenge #1: Improve our actions in prevention, health promotion and protection

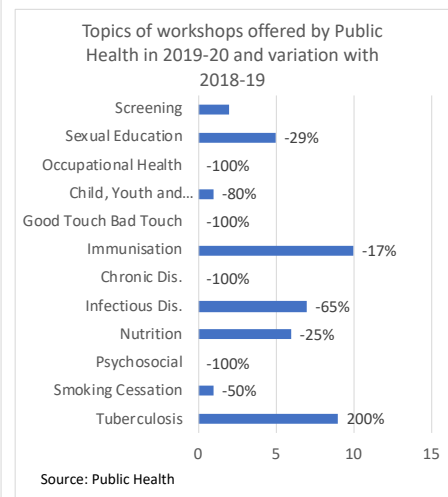
### Increase Efficacy of Prevention Activities in CLSCs



### Increase the Efficacy of Activities in Community Organizations



### Increase the Efficacy of Prevention and Promotion in Public Health



The first challenge consists of ensuring that pertinent actions in prevention and health promotion are evident in the field. As this challenge principally concerns activity in public health and front-line services in the communities, it is important to note that the pandemic has greatly affected the quality of the data received. An important disparity has also been observed between the institutions.

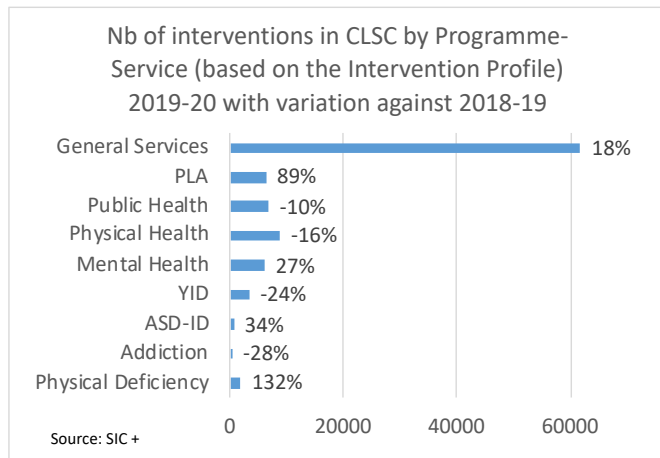
The CLSC activities targeting education and prevention show a slight drop compared to the previous year and cover topics including nutrition, alcohol and medication use, and healthy lifestyles.

Although a drop in activity was noted in the community component in 2019-20, it can be explained by lack of information for the last quarter. On the other hand, we note an increase in the number of nights spent in shelters (+19%), which corroborates an increase in services provided for the vulnerable clientele.

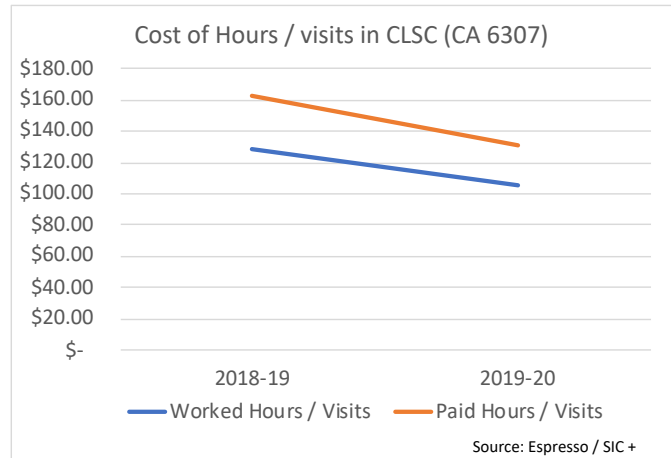
Finally, the number of workshops and training sessions offered by the regional board's Department of Public Health saw a notable drop in 2019-20, primarily in the area of infectious diseases, explained by a shift of activities toward tuberculosis prevention.

## Challenge #2: Improve access to front-line care in each Nunavik community

### Ensure access to care provided in the community



### Ensure Resources Efficiency



To improve access to front-line care in the communities, two elements should be considered: accessibility and efficiency of existing resources.

In terms of accessibility, the number of interventions carried out in CLSCs for the various service programs were considered.<sup>1</sup> Although the number of interventions in itself constitutes a gauge of productivity, here it is used as a gauge of the capacity of the service offered and thus in relation to its access. In effect, assuming that demand is never satisfied, an increase in productivity can be assumed

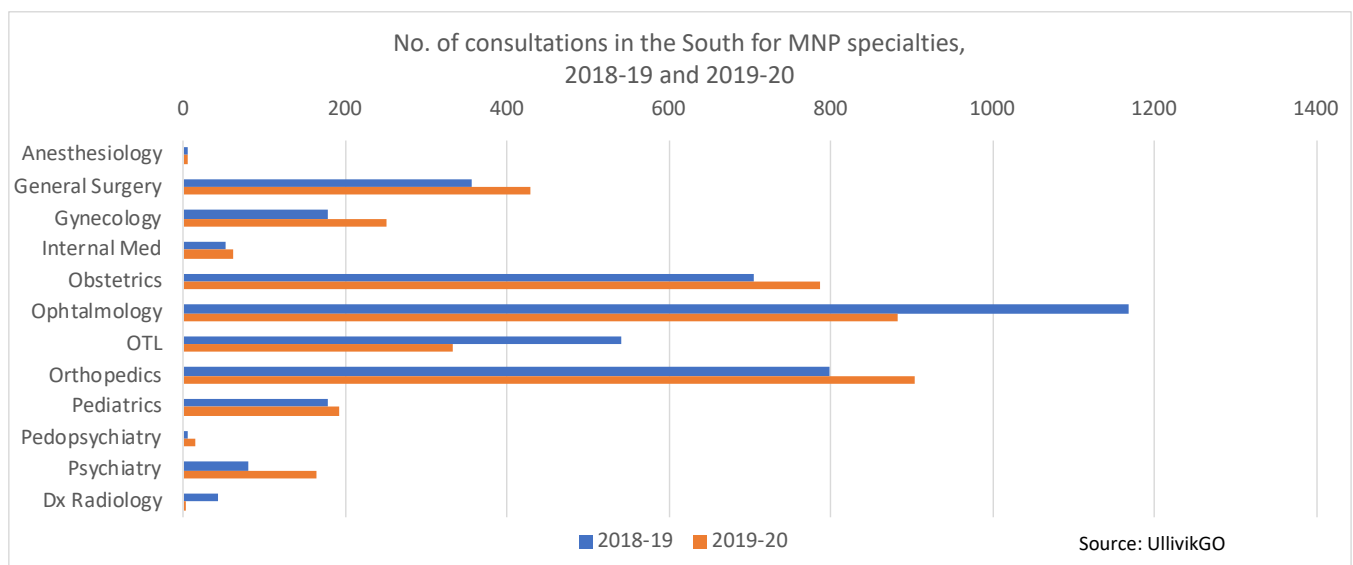
to indicate an increase in accessibility. It is no surprise to note the preponderance of general services (close to 62 000 interventions) with a major increase compared to the previous year (+18%).<sup>2</sup>

Another aspect to take into account to improve access to front-line care is the efficiency of the resources assigned to the communities. The per-hour cost of visits shows a drop that suggests an improvement in efficiency. Only the CLSC component was considered for this indicator, as we wished to isolate the front-line component.

<sup>1</sup> To ensure representation of all service programs in spite of the disparity in coding between the various values, profiles were used to harmonize the service programs.

<sup>2</sup> The quality of data entry has been monitored for some years now, and with increased rigour for nearly one year. Consequently, although these increases could be linked to improved data entry, we believe the increase nevertheless reflects improved access for the population.

## Challenge #3: Improve access to specialized services in Nunavik



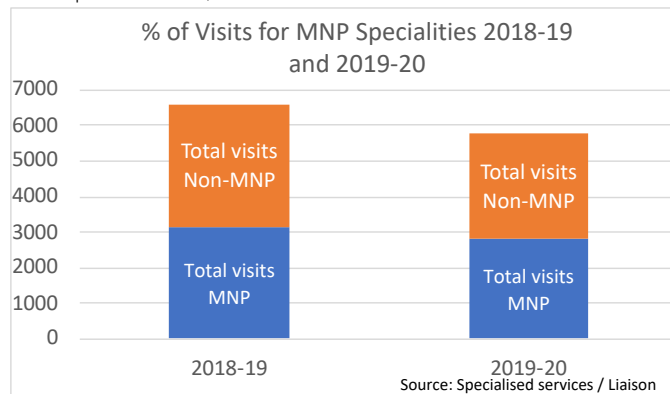
### Challenge #3: Improve access to specialized services in Nunavik (continued)

#### Ensure Access to Specialised Care

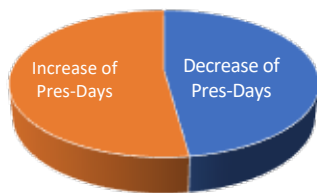
##### No. of MNP specialist visits to the North

Specialty	2018-19	2019-20	% Variation
Gyne (Surg)	6	21	250%
Gyne (Colpo)	48	67	40%
Gyne (consult)	451	448	-1%
Elective Abortion	27	0	-100%
Int. Med. Stress test	2	0	-100%
Int. Med.	434	371	-15%
OTL	408	127	-69%
OTL Surgery	69	19	-72%
OTL Consults	676	751	11%
Ortho adults	130	97	-25%
Pediatrics	381	294	-23%
Pedopsychiatrie	282	171	-39%
Psychiatry	237	480	103%
Total	3151	2846	-10%

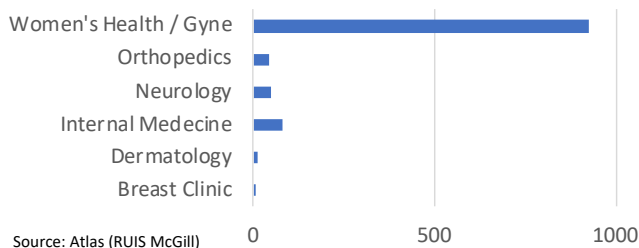
Source: Specialised services / Liaison



#### % of Specialties with Increasing or Decreasing Presence-Days in the North



#### No of Teleconsultations per Specialty and Variation with 2018-19



#### Ensure access to support services

##### Nb of lab procedures

Departments	2018-19	2019-20	% Variation
Biochemistry	133016	130149	-2%
Cytology	1008	1091	8%
Genetics	41	28	-32%
Hemato-B.S.	9691	8955	-8%
Hemato-Coag.	5199	5847	12%
Hematology	18061	19777	10%
Microbiology	69118	70904	3%
Pathology	880	894	2%
Samples	16409	14655	-11%
Total	253423	252300	0%

Source: Omnilab

##### Nb of Weighted Procedures

Departments	2018-19	2019-20	% Variation
Biochemistry	194500.9	200903.3	3%
Cytology	4540.1	5508.8	21%
Genetics	8943.6	6755.4	-24%
Hemato-B.S.	39911.1	43144.2	8%
Hemato-Coag.	7316.6	9977.8	36%
Hematology	42281	49683.7	18%
Microbiology	537686.1	557670.5	4%
Pathology	804.8	894.8	11%
Samples	17525.5	50961.8	191%
Total	853509.7	925500.3	8%

Source: Omnilab

##### % of tests performed externally

Location	2018-19	2019-20	% Variation
Internal	85%	64%	-21%
External	15%	36%	21%

Source: Omnilab

### Challenge #3: Improve access to specialized services in Nunavik (continued)

To assess the degree of attainment of our objectives concerning access to specialized services in Nunavik, we specifically looked at the accessibility of care as well as support services. The global evaluation of this challenge is based on the indicator of specialized care provided in the South. In effect, though adequate specialized services are being developed in the North, declining consumption of specialized services in the South should be noted, which effectively was the case in 2019-20, primarily for ophthalmology.

However, an examination of specialists' visits (mandatory network positions, or MNPs), we note a drop of close to 10%, which by the very fact translates into reduced access to the services. On the other hand, psychiatry stands out with a more than doubled number of visits due to a drop in coverage in 2018-19.

A look at all specialties for which visits to the territory are organized reveals that those not covered as MNPs saw a more marked decrease in 2019-20, whereas the services provided through MNPs were more stable, thus the necessity of recourse to that type of agreement to ensure ongoing access to specialists in the North.

Again from the perspective of evaluation of the accessibility of specialized services in the North, a comparison was made between the numbers of days of presence over the past two years. We note a drop in the number of days of presence in the North in 11 of 23 specialties, equivalent to 48%.

The percentage of medical evacuations to a centre in the North is also an indicator of the Nunavik health system's capacity to meet specialized needs. It is interesting to note that in 2019-20, 60% of medical evacuations were to a centre in the North.

It is also important to gauge access to telehealth, an essential resource to ensure service provision in spite of the issue of distance. In this area, an increase of 14% in teleconsultations was observed. Note that only the *ATLAS* platform was inventoried, meaning exclusion of a certain number of teleconsultations. The other platforms will be analyzed over the coming year.

Besides evaluating whether access to specialized care improved, it is important to make sure that the services in support of such care do not constitute a limiting factor in overall performance. First, the volumes of laboratory tests performed were examined.

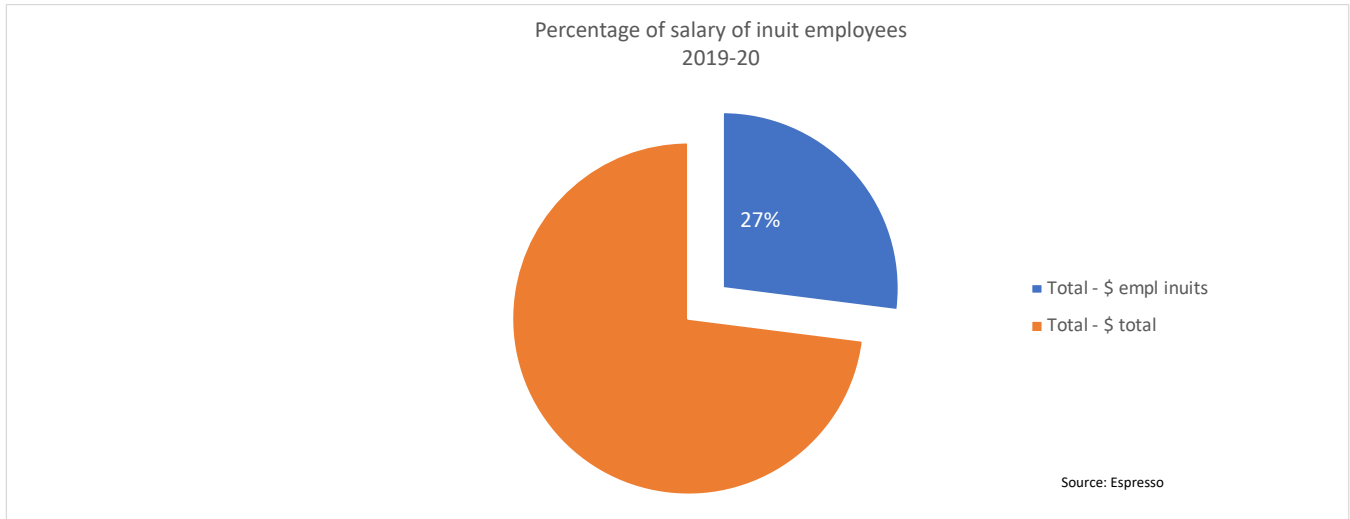
We observed no change in productivity in the region's laboratories in terms of the number of tests performed. On the other hand, the weighted procedures that quantify the complexity of the task for each test reveal an increase compared to the previous year (+8%), particularly concerning hematology.<sup>3</sup>

Again from the perspective of retaining expertise in the North, the analysis of the percentage of laboratory tests performed off territory reveals a notable rise (+21%) in 2019-20. Renovations at one of our health centres explains the change. It is worthy of note, however, that access to that support service was not affected, given that the number of tests performed was maintained.

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<sup>3</sup> As for specimens, we note a drop, but certain external tests that were heavily weighted in 2019-20 reversed the tendency in weighted procedures.

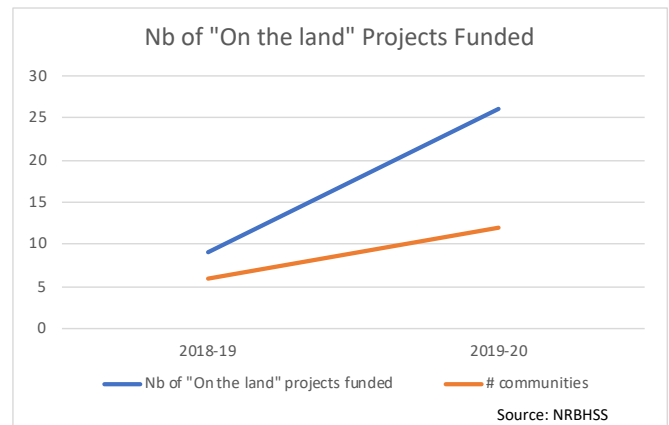
## Challenge #4: Develop and ensure access to Inuit values and practices



### Ensure the adaptability of cultural safety resources

	2018-19	2019-20	% Variation
Nb of individuals or individual sessions who attended a training for inuit employees	105	123	17%
No. of pre-departure training sessions	186	255	37%

### Ensure the efficacy of activities



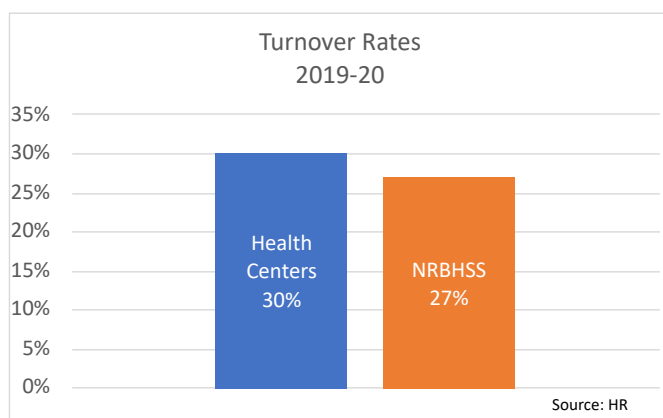
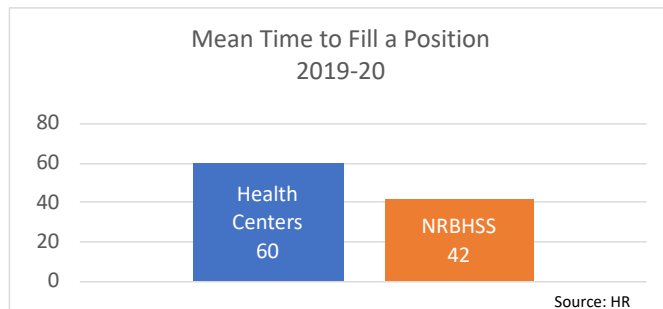
Given the necessity of providing culturally adapted services, it is essential to examine the means adopted by the region for that purpose. In effect, we note overall that the total salaries of Inuit employees represent 24% of the total of all salaries.<sup>4</sup> Training remains an important tool for reducing this discrepancy. In that sense, the indicators should point to an increase in sessions specifically destined for Inuit and those who come to work in Nunavik.

Moreover, the "on-the-land" projects under the initiative for a return to Inuit traditions were also marked by an increase in funding compared to the previous year.

<sup>4</sup> The validity of this indicator should improve over the coming years, as ethnicity is defined on a subjective basis. It is therefore an initial proxy.

## Challenge #5: Develop human, physical, technological, information and financial resources

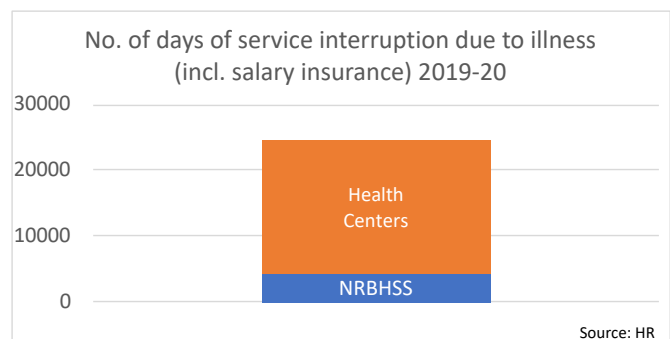
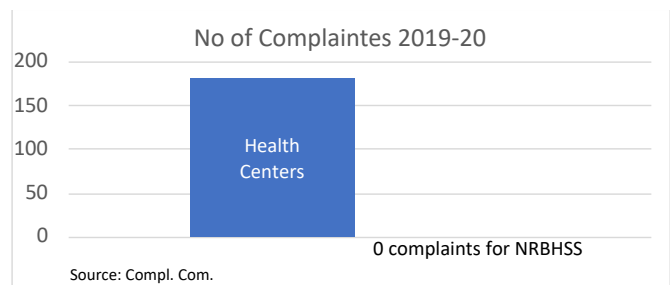
### Ensure adaptability of human resources



### Ensure efficacy of health system

	18-19	19-20	% Variation
Nb of accidents		In Progress	
Nb of incidents		In Progress	
Nb of nosocomial infections	50	19*	N/A
Nb of outbreaks	18	7	-61%

\*: Partial results



The last challenge lies in resource development to support the activities of the health and social services network. The major aspects remain the adaptability of human resources—characterized by great instability—and the effectiveness of the overall care system.

To gauge adaptability, the time required to fill a position was examined. That time is apparently slightly shorter for the regional board than for the health centres; however, the nature of the positions to be filled is a compounding factor for this variable. As for turnover rates, they are comparable between types of institution (27%).

The effectiveness of the global care system can be assessed by the number of accidents and incidents. However, we did not receive the data in time for the present report. In the hospital sector, we note a drop in the number of nosocomial infections and outbreaks.

In the area of complaints, an 18% reduction was observed compared to last year. On the other hand, a large disparity between the three organizations shows great variation in the culture of quality. It is of note that no complaints were filed against the regional board over the past two years.

A final indicator—the total number of days of sick leave (including salary insurance)—represents the overall state of health of the interveners and actors of the Nunavik health network. In that respect, we note a very slight reduction in the number of days (-2%) for the region, but the absolute number of 25 000 hours remains a considerable challenge.

All in all, the results presented here constitute a first in the new method of assessing performance in Nunavik. Certain indicators remain to be clarified, and collaboration between the three organizations is essential to attainment of a level of precision enabling concrete actions for the Nunavik population's well-being.

The next major efforts concerning assessment of performance in Nunavik, aside from the regional formalization of these indicators, are to standardize the data structure among the three organizations to ensure they are better integrated for a regional vision.

The interest of all the actors has already been demonstrated in the improvement of performance assessment for the purpose of ensuring quality culturally adapted to our context. The *Agreement on the delivery and financing of health and social services in Nunavik 2018-2025* should favour our developments in line with reaching our regional goals.

# DISCLOSURE OF WRONGFUL ACTS

We hereby confirm that no wrongful acts were reported to us for the reporting period, i.e., from April 1, 2019, to March 31, 2020.





# SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2020

COMBINED BALANCE SHEET	52
COMBINED STATEMENT OF VARIATION OF NET FINANCIAL ASSETS (NET DEBT)	53
COMBINED STATEMENT OF CHANGES IN FUND BALANCE	54
COMBINED STATEMENT OF REVENUE AND EXPENSES	55
OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET	57
LONG-TERM ASSETS FUND – BALANCE SHEET	60
FUND BALANCE	60
STATEMENT OF CHANGES IN FUND BALANCE	61
LONG-TERM ASSETS FUND – STATEMENT OF REVENUE AND EXPENSES	62
NOTES TO SUMMARY FINANCIAL STATEMENTS	63
APPENDIX A – DETAILED EXPENSES – OPERATING FUND	66
APPENDIX B – ASSIGNED FUND – STATEMENT OF CHANGES IN FUND BALANCE	68



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July 9, 2020

Members of the Board of Directors of  
Nunavik Regional Board of Health and Social Services

Enclosed are the combined balance sheet of the Nunavik Regional Board of Health and Social Services as at March 31, 2020 and the combined statements of variation of net financial assets (net debt), changes in fund balance and revenue and expenses for the year then ended as well as the notes to summary financial statements.

These summary financial statements are extracts from information contained in the audited financial report (AS-471) of the Nunavik Regional Board of Health and Social Services for the year ended March 31, 2020 on which we have issued an independent auditor's report with a qualified opinion dated July 9, 2020 (see detailed independent auditor's report in AS-471).

*Raymond Chabot Grant Thornton S.E. N.C. R. L.*

Raymond Chabot Grant Thornton s.e.n.c.r.l.

Membre de Grant Thornton International Ltd

[rcgt.com](http://rcgt.com)

COMBINED BALANCE SHEET  
MARCH 31, 2020

	2020 \$	2019 \$
<b>FINANCIAL ASSETS</b>		
CASH	<b>5,346,347</b>	15,020,349
ACCOUNTS RECEIVABLE	<b>221,969,771</b>	194,796,983
	<b>227,316,118</b>	209,817,332
<b>LIABILITIES</b>		
BANK LOANS	<b>5,817,538</b>	2,386,341
TEMPORARY FINANCING	<b>40,742,034</b>	120,890,679
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	<b>200,790,476</b>	194,982,517
DEFERRED REVENUE	<b>5,060,215</b>	-
BONDS PAYABLE	<b>69,948,340</b>	29,081,780
	<b>322,358,603</b>	347,341,317
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>(95,042,485)</b>	(137,523,985)
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS	<b>62,998,044</b>	20,511,052
CONSTRUCTIONS IN PROGRESS	<b>51,640,543</b>	130,041,638
PREPAID EXPENSES	<b>168,350</b>	60,005
	<b>114,806,937</b>	150,612,695
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>19,764,452</b>	13,088,710

**APPROVED ON BEHALF OF THE BOARD:**

member

member

COMBINED STATEMENT OF VARIATION OF NET FINANCIAL ASSETS (NET DEBT)  
MARCH 31, 2020

	2020 \$	2019 \$
<b>SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>6,675,742</b>	(2,667,596)
<b>Capital Assets and Constructions in Progress Variation</b>		
Acquisition of Capital Assets	<b>(44,185,438)</b>	(3,769,395)
Decrease (Increase) of Constructions in Progress	<b>78,401,095</b>	(13,218,294)
Amortization of Capital Assets	<b>1,698,446</b>	958,102
	<b>35,914,103</b>	(16,029,587)
Decrease (Increase) of Prepaid Expenses	<b>(108,345)</b>	(60,005)
	<b>(108,345)</b>	(60,005)
VARIATION OF THE NET FINANCIAL ASSETS (NET DEBT)	<b>42,481,500</b>	(18,757,188)
NET FINANCIAL ASSETS (NET DEBT) – BEGINNING OF YEAR	<b>(137,523,985)</b>	(118,766,797)
NET FINANCIAL ASSETS (NET DEBT) – END OF YEAR	<b>(95,042,485)</b>	(137,523,985)

COMBINED STATEMENT OF CHANGES IN FUND BALANCE

MARCH 31, 2020

	2020 \$	2019 \$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>13,088,710</b>	15,756,306
Excess (Deficiency) of Revenue over Expenses	<b>6,675,742</b>	(2,667,596)
<b>FUND BALANCE – END OF YEAR</b>	<b>19,764,452</b>	13,088,710

## COMBINED STATEMENT OF REVENUE AND EXPENSES

YEAR ENDED MARCH 31, 2020

	2020 \$	2019 \$
<b>REVENUE</b>		
Ministry of Health and Social Services	<b>118,798,540</b>	93,344,281
Indigenous Services Canada	<b>13,095,143</b>	10,283,101
Makivik Corporation	<b>1,208,123</b>	798,398
Kativik Regional Government – Sustainable Employment	<b>864,623</b>	673,038
CNESST	<b>534,512</b>	546,923
Municipal Affairs	<b>394,201</b>	376,042
Other Contributions	<b>1,619,955</b>	224,566
Housing Rental	<b>141,767</b>	134,978
Interest Income	<b>129,764</b>	177,058
Inuulitsivik Health Centre	<b>151,674</b>	129,503
Ungava Tulattavik Health Centre	<b>151,674</b>	129,503
Reimbursement of GST and QST	-	4,374,551
Other	<b>393,698</b>	320,915
	<b>137,483,674</b>	111,512,857

## COMBINED STATEMENT OF REVENUE AND EXPENSES (CONTINUED)

MARCH 31, 2020

	2020	2019
	\$	\$
<b>EXPENSES</b>		
Salaries and Fringe Benefits	<b>15,333,018</b>	11,868,944
Advertising and Publicity	<b>300,574</b>	299,239
Amortization	<b>1,698,446</b>	958,102
Annual General Meeting	<b>114,817</b>	112,365
Doubtful Accounts	-	55,731
Equipment Rental	<b>80,654</b>	92,745
Freight Charges	<b>168,507</b>	65,861
Heating and Electricity	<b>443,658</b>	397,805
Honorarium	<b>281,251</b>	350,653
Housing Rental	<b>449,134</b>	379,048
Installation Premiums	<b>606,446</b>	309,958
Insurance	<b>35,935</b>	29,048
Interest and Bank Charges	<b>2,247,119</b>	1,903,221
Land Leases	<b>197,561</b>	201,496
Maintenance and Repairs	<b>279,320</b>	332,004
Medical Supplies	<b>52,611</b>	42,138
Meetings and Seminars	<b>39,830</b>	71,290
Municipal Services	<b>394,201</b>	376,042
Office Expenses	<b>1,572,207</b>	1,059,109
Professional Fees	<b>2,659,790</b>	3,037,397
Publication and Membership	<b>47,160</b>	100,670
Purchased Services	<b>6,788,931</b>	5,607,084
Telecommunications	<b>258,239</b>	212,794
Training and Education	<b>160,750</b>	201,987
Transfers to Organizations	<b>16,926,372</b>	4,795,706
Transfers to Inuulitsivik Health Centre	<b>46,171,867</b>	44,841,944
Transfers to Ungava Tulattavik Health Centre	<b>28,261,437</b>	31,621,174
Travel and Accommodation	<b>4,730,901</b>	4,446,553
Vehicle Expenses	<b>59,735</b>	50,298
Other	<b>447,461</b>	360,047
	<b>130,807,932</b>	114,180,453
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>6,675,742</b>	(2,667,596)



## OPERATING FUND AND ASSIGNED FUND – BALANCE SHEET

MARCH 31, 2020

	2020 \$	2019 \$
<b>FINANCIAL ASSETS</b>		
CASH	<b>4,512,193</b>	14,857,795
ACCOUNTS RECEIVABLE (Note 2 a))	<b>218,876,567</b>	192,819,801
DUE FROM LONG-TERM ASSETS FUND	<b>162,693</b>	154,198
	<b>223,551,453</b>	207,831,794
<b>LIABILITIES</b>		
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	<b>198,895,136</b>	194,803,089
DEFERRED REVENUE (Note 7)	<b>5,060,215</b>	-
	<b>203,955,351</b>	194,803,089
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>19,596,102</b>	13,028,705
<b>NON-FINANCIAL ASSETS</b>		
PREPAID EXPENSES	<b>168,350</b>	60,005
	<b>168,350</b>	60,005
<b>FUND BALANCE</b>		
FUND BALANCE – OPERATING FUND	<b>4,572,622</b>	10,909,497
FUND BALANCE – INTERNALLY RESTRICTED FUND – ASSIGNED FUND	15,191,830	2,179,213
	<b>19 764 452</b>	13 088 710

OPERATING FUND – STATEMENT OF CHANGES IN FUND BALANCE  
MARCH 31, 2020

	2020 \$	2019 \$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>10,909,497</b>	4,647,831
Excess of Revenue over Expenses	<b>4,653,825</b>	6,911,512
Appropriation of Surplus to Assigned Fund	<b>(10,909,497)</b>	
Transfers to Assigned Fund	<b>(81,203)</b>	(649,846)
<b>FUND BALANCE – END OF YEAR</b>	<b>4,572,622</b>	10,909,497

INTERNALLY RESTRICTED FUND – ASSIGNED FUND – STATEMENT OF CHANGES  
IN FUND BALANCE (APPENDIX B)  
YEAR ENDED MARCH 31, 2020

	2020 \$	2019 \$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	<b>2,179,213</b>	11,108,475
Excess (Deficiency) of Revenue over Expenses	<b>2,021,917</b>	(9,579,108)
Appropriation from Operating Fund	<b>10,909,497</b>	
Transfers from Operating Fund	<b>81,203</b>	649,846
<b>FUND BALANCE – END OF YEAR</b>	<b>15,191,830</b>	2,179,213

OPERATING FUND – STATEMENT OF REVENUE AND EXPENSES  
MARCH 31, 2020

	2020 \$	2019 \$
<b>REVENUE</b>		
Ministry of Health and Social Services	<b>27,782,650</b>	22,009,323
Housing Rental	<b>451,367</b>	444,578
Kativik Regional Government – Sustainable Employment	<b>432,268</b>	401,549
Municipal Affairs	<b>394,201</b>	376,042
Administration Fees	<b>391,221</b>	177,019
Interest Income	<b>129,764</b>	177,058
Reimbursement of GST and QST	-	4,374,551
Other	<b>420,696</b>	53,023
	<b>30,002,167</b>	28,013,143
<b>EXPENSES (Appendix A)</b>		
General Administration	<b>20,906,717</b>	17,041,672
Community Health Advisors	<b>2,921,596</b>	2,541,886
Building Operating Costs	<b>1,520,029</b>	1,518,073
	<b>25,348,342</b>	21,101,631
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>4,653,825</b>	6,911,512

## LONG-TERM ASSETS FUND – BALANCE SHEET

MARCH 31, 2020

	2020 \$	2019 \$
<b>FINANCIAL ASSETS</b>		
CASH	<b>834,154</b>	162,554
ACCOUNTS RECEIVABLE (Note 2 b))	<b>3,093,204</b>	1,977,182
	<b>3,927,358</b>	2,139,736
<b>LIABILITIES</b>		
BANK LOANS (Note 4)	<b>5,817,538</b>	2,386,341
ACCOUNTS PAYABLE AND ACCRUED LIABILITIES	<b>1,895,340</b>	179,428
DUE TO OPERATING FUND AND ASSIGNED FUND	<b>162,693</b>	154,198
TEMPORARY FINANCING	<b>40,742,034</b>	120,890,679
BONDS PAYABLE	<b>69,948,340</b>	29,081,780
	<b>118,565,945</b>	152,692,426
NET FINANCIAL ASSETS (NET DEBT)	<b>(114,638,587)</b>	(150,552,690)
<b>NON-FINANCIAL ASSETS</b>		
CAPITAL ASSETS (Note 3)	<b>62,998,044</b>	20,511,052
CONSTRUCTIONS IN PROGRESS (Note 6)	<b>51,640,543</b>	130,041,638
	<b>114,638,587</b>	150,552,690
<b>FUND BALANCE</b>		
<b>FUND BALANCE</b>	<b>-</b>	<b>-</b>

STATEMENT OF CHANGES IN FUND BALANCE

MARCH 31, 2020

	2020 \$	2019 \$
<b>FUND BALANCE – BEGINNING OF YEAR</b>	-	-
Excess of Revenue over Expenses	-	-
<b>FUND BALANCE – END OF YEAR</b>	-	-

LONG-TERM ASSETS FUND – STATEMENT OF REVENUE AND EXPENSES  
MARCH 31, 2020

	2020 \$	2019 \$
<b>REVENUE</b>		
Ministry of Health and Social Services – Interest Reimbursement	<b>2,179,656</b>	1,829,494
Ministry of Health and Social Services – Accounting Reform	<b>(1,511,328)</b>	(1,140,177)
Ministry of Health and Social Services – Capital Reimbursement	<b>3,209,774</b>	2,098,279
	<b>3,878,102</b>	2,787,596
<b>EXPENSES</b>		
Interest Charges	<b>2,179,656</b>	1,829,494
Amortization	<b>1,698,446</b>	958,102
	<b>3,878,102</b>	2,787,596
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>-</b>	<b>-</b>

# NOTES TO SUMMARY FINANCIAL STATEMENTS

MARCH 31, 2020

## 1. REPORTING ENTITY

Nunavik Regional Board of Health and Social Services (NRBHSS) is an organization created in pursuance of the James Bay and Northern Quebec Agreement. As at May 1, 1995, the rights and obligations of the Kativik CRSSS became the rights and obligations of the NRBHSS

## 2. ACCOUNTS RECEIVABLE

	2020 \$	2019 \$
<b>a) Operating Fund and Assigned Fund</b>		
Ministry of Health and Social Services		
– INIHB (Note 5) (Unconfirmed)	177,242,819	175,031,881
– Strategic Regional Plan (Unconfirmed)	22,495,491	12,022,346
– Payroll Banks	679,556	513,973
– Parental Leave and Insurance Leave	87,996	87,996
– Various	6,135,376	388,284
GST and QST	1,855,820	1,500,021
Inuulitsivik Health Centre	566,112	406,220
Ungava Tulattavik Health Centre	785,899	341,313
Aboriginal Affairs and Northern Development Canada	19,442	151,167
Indigenous Services Canada	7,538,379	1,059,735
Kativik Regional Government – Sustainable Employment	393,477	339,629
Makivik Corporation – Ungaluk	437,293	187,502
Other	793,332	944,159
	<b>219,030,992</b>	192,974,226
Provision pour créances douteuses	(154,425)	(154,425)
	<b>218,876,567</b>	192,819,801
<b>b) Long-term Assets Fund</b>		
Ministry of Health and Social Services		
	170,962	111,621
GST and QST	463,405	946,928
Advances to Establishments	2,458,837	918,633
	<b>3,093,204</b>	1,977,182

## NOTES TO SUMMARY FINANCIAL STATEMENTS (continued)

MARCH 31, 2020

### 3. CAPITAL ASSETS

The capital assets are composed of the following:	2020			2019
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
	\$	\$	\$	\$
Buildings	70,228,901	9,104,594	<b>61,124,307</b>	18,334,580
Computer Equipment	1,513,316	1,480,882	<b>32,434</b>	83,789
Furniture and Equipment	833,662	667,399	<b>166,263</b>	42,355
Specialized Equipment	843,582	236,005	<b>607,577</b>	677,875
Vehicles	1,576,900	509,437	<b>1,067,463</b>	1,372,453
	<b>74,996,361</b>	<b>11,998,317</b>	<b>62,998,044</b>	<b>20,511,052</b>

### 4. BANK LOANS – LONG-TERM ASSETS FUND

The bank loans are used to cover capital expenses, awaiting the reception of the funds from the Fonds de financement. They are composed of seven (7) revolving authorized credit margins with the Canadian Imperial Bank of Commerce, bearing interest at 1.5% as at March 31, 2020 (2.28% as at March 31, 2019) and maturing at different dates.

### 5. INSURED AND NON-INSURED HEALTH BENEFITS (INIHB)

As at the date of issuance of the present summary financial statements, the Ministry of Health and Social Services did not confirm the balance of the funds payable to the NRBHSS in relation to the INIHB. This balance is recorded as part of the accounts receivable as follows:

	2020 \$	2019 \$
2011-2012	<b>803,130</b>	803,130
2013-2014	<b>13,621,713</b>	13,621,713
2014-2015	<b>22,305,907</b>	22,305,907
2015-2016	<b>24,935,211</b>	24,935,211
2016-2017	<b>19,686,171</b>	33,415,122
2017-2018	<b>22,624,722</b>	37,624,722
2018-2019	<b>27,326,076</b>	42,326,076
2019-2020	<b>45,939,889</b>	-
	<b>177,242,819</b>	<b>175,031,881</b>



## NOTES TO SUMMARY FINANCIAL STATEMENTS (continued)

MARCH 31, 2020

### 6. CONSTRUCTIONS IN PROGRESS

	2020	2019
	\$	\$
Housing Units (2008-2009)	-	9,811,935
Housing Units (2009-2010)	<b>17,086,538</b>	20,190,368
Housing Units (2011-2012)	-	20,164,895
Direction of Youth Protection (Building) – Puvirnituk	<b>92,083</b>	102,709
Rehabilitation Centre (Building) – Inukjuak	-	25,015,607
Housing Units (2015-2016)	<b>427,904</b>	16,169,434
CLSC (Building) – Aupaluk	<b>33,627,417</b>	17,356,607
Housing Units (2016-2017)	-	21,230,083
Housing Units (2019-2020)	<b>406,601</b>	-
	<b>51,640,543</b>	130,041,638

Upon closing of the construction projects, the capital cost and the long-term debt related to the construction projects will be recorded in the financial statements of the respective establishments.

### 7. DEFERRED REVENUE

	2020	2019
	\$	\$
At year-end, the deferred revenue is detailed as follows :		
Indigenous Services Canada	<b>5,060,215</b>	-
	<b>5,060,215</b>	-

APPENDIX A – DETAILED EXPENSES – OPERATING FUND  
 YEAR ENDED MARCH 31, 2020

	2020 \$	2019 \$
<b>GENERAL ADMINISTRATION</b>		
Salaries and Fringe Benefits	<b>7,704,064</b>	6,696,315
Advertising and Publicity	<b>82,868</b>	51,220
Annual General Meeting	<b>114,394</b>	107,693
Doubtful Accounts (Recovery)	-	55,731
Equipment Rental	<b>36,795</b>	65,031
Freight Charges	<b>34,692</b>	24,288
Honorarium	<b>215,926</b>	238,700
Insurance	<b>35,137</b>	29,048
Interest and Bank Charges	<b>67,463</b>	73,727
Medical Supplies	<b>20,481</b>	34,575
Meetings and Seminars	<b>18,258</b>	34,762
Office Expenses	<b>1,004,387</b>	705,004
Professional Services	<b>1,802,374</b>	2,445,504
Publication and Membership	<b>15,562</b>	17,574
Purchased Services	<b>2,598,734</b>	2,215,050
Telecommunications	<b>197,114</b>	172,014
Training and Education	<b>109,058</b>	181,361
Transfers to Inuulitsivik Health Centre	<b>443,710</b>	503,384
Transfers to Ungava Tulattavik Health Centre	<b>351,111</b>	426,902
Transfers to Organizations	<b>3,990,484</b>	882,250
Travel and Accommodation	<b>1,835,405</b>	1,885,833
Vehicle Expenses	<b>44,186</b>	49,110
Other	<b>184,514</b>	146,596
	<b>20,906,717</b>	17,041,672

## APPENDIX A – DETAILED EXPENSES – OPERATING FUND (continued)

YEAR ENDED MARCH 31, 2020

	2020 \$	2019 \$
<b>COMMUNITY HEALTH ADVISORS</b>		
Salaries and Fringe Benefits	2,341,464	2,076,067
Advertising and Publicity	22,911	24,109
Equipment Rental	5,500	3,889
Freight Charges	2,794	3,592
Housing Rental	38,700	49,037
Medical Supplies	4,124	5,426
Meetings and Seminars	10,051	752
Office Expenses	73,481	17,142
Professional Services	7,121	10,701
Publication and Membership	519	9,924
Purchased Services	102,345	(21,151)
Telecommunications	5,568	2,516
Training and Education	3,253	4,845
Transfers to Inuulitsivik Health Centre	-	97,333
Transfers to Ungava Tulattavik Health Centre	-	12,062
Transfers to Organizations	5,000	-
Travel and Accommodation	297,021	242,177
Other	1,744	3,465
	<b>2,921,596</b>	<b>2,541,886</b>

	2020 \$	2019 \$
<b>BUILDING OPERATING COSTS</b>		
Heating and Electricity	441,425	396,609
Housing Rental	293,172	268,448
Land Leases	186,431	147,132
Maintenance and Repairs	204,800	329,842
Municipal Services	394,201	376,042
	<b>1,520,029</b>	<b>1,518,073</b>

APPENDIX B – ASSIGNED FUND –  
STATEMENT OF CHANGES IN FUND BALANCE  
MARCH 31, 2020 (Unaudited)

	Project #	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>ADMINISTRATION</b>							
<b>Provincial Funds</b>							
Bandwidth Enhancement Project	8860	73,212	-	-	-	-	73,212
CLSC Aupaluk	8082	-	4,912,000	-	-	-	4,912,000
IT – Communication	8083	-	1,000,000	-	-	-	1,000,000
Non-capitalisable Costs to Fixed Assets Projects	8084	-	400,000	-	-	-	400,000
PSOC Paid by MHSS for NRBHSS	8087	-	-	9,828,954	9,828,954	-	-
<b>Other Funds</b>							
Technocentre	8840	-	-	51,818	64,772	12,954	-
Regional Technical Services	8891	337,622	-	-	-	-	337,622
Regional Information Services	8892	-	-	251,531	314,414	62,883	-
		<b>410,834</b>	<b>6,312,000</b>	<b>10,132,303</b>	<b>10,208,140</b>	<b>75,837</b>	<b>6,722,834</b>
<b>EXECUTIVE MANAGEMENT</b>							
<b>Provincial Funds</b>							
Translation	8062	190,000	-	-	15,579	-	174,421
<b>Other Funds</b>							
Saqijuuq Nunavik – Quebec Project	826	(88,650)	-	806,248	404,595	-	313,003
Access Canada (Purvirituuq Site)	828	(15,331)	-	234,531	422,354	-	(203,154)
Intervention Team – Saqijuuq	829	-	-	357,588	548,501	-	(190,913)
Clinical Plan	8067	(855,410)	874,780	790,434	781,254	-	28,550
		<b>(769,391)</b>	<b>874,780</b>	<b>2,188,801</b>	<b>2,172,283</b>	<b>-</b>	<b>121,907</b>
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES</b>							
<b>Provincial Funds</b>							
Managerial Staff Development	610	144,640	-	-	-	-	144,640
Training Provided to Inuits on Medical							
Terminology	8022	91,261	-	-	-	-	91,261
Youth Protection Workers	8026	(15,956)	-	-	-	-	(15,956)
Network Planning Program	8032	100,210	-	-	-	-	100,210
Interns Integration Program	8033	112,500	-	-	-	-	112,500
Law 21 Project	8072	-	-	196,533	-	-	196,533
Attraction and Retention	8076	-	-	195,658	-	-	195,658
<b>Federal Funds</b>							
Aboriginal Health Human Resources Initiative	811	-	-	94,755	94,755	-	-

	Project #	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>REGIONAL DEVELOPMENT OF HUMAN RESOURCES (continued)</b>							
<b>Other Funds</b>							
Development Budget for Human Resources	8025	609,785	32,422	-	119,472	(573,871)	(51,136)
Administration and Communication	8038	125,332	-	186,954	373,908	253,289	191,667
McGill Health Project	8040	(3,200)	-	1,200	(800)	-	(1,200)
Healthcare and Homecare Assistance	8041	198,650	-	100,000	498	-	298,152
Marie-Victorin – Psychosocial Intervention	8068	(125,332)	-	116,799	233,600	280,064	37,931
Marie-Victorin – Supervision Human Ressources	8071	-	-	27,964	55,927	40,518	12,555
		<b>1,237,890</b>	<b>32,422</b>	<b>919,863</b>	<b>877,360</b>	<b>-</b>	<b>1,312,815</b>
<b>INUIT VALUES</b>							
<b>Provincial Funds</b>							
Regional Midwifery	8016	(2,140)	-	217,153	-	-	215,013
Elder Abuse Prevention	8023	123,990	-	-	18,682	62,507	167,815
Services for Men	8029	7,525	64,882	-	138	-	72,269
Elder Abuse Prevention	8049	62,507	-	-	-	(62,507)	-
<b>Federal Funds</b>							
Brighter Futures	699	-	-	1,301,804	1,301,804	-	-
Missing and Murdered Indigenous Women and Girls	712	-	-	60,292	60,292	-	-
Support to Residential Schools	715	5,689	-	3,553	11,380	-	(2,138)
Indian Residential Schools	819	-	-	262,909	262,909	-	-
		<b>197,571</b>	<b>64,882</b>	<b>1,845,711</b>	<b>1,655,205</b>	<b>-</b>	<b>452,959</b>
<b>OUT-OF-REGION SERVICES</b>							
<b>Provincial Funds</b>							
Insured/Non-insured Health Benefits Program	938	-	-	68,510,139	68,510,139	-	-
Insured/Non-insured Health Benefits Management	939	(21,787)	-	814,302	663,162	-	129,353
		<b>(21,787)</b>	<b>-</b>	<b>69,324,441</b>	<b>69,173,301</b>	<b>-</b>	<b>129,353</b>

APPENDIX B – ASSIGNED FUND –  
 STATEMENT OF CHANGES IN FUND BALANCE (continued)  
 MARCH 31, 2020 (Unaudited)

	Project #	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PUBLIC HEALTH</b>							
<b>Provincial Funds</b>							
Inuit Health Survey	690	2,499,932	-	-	138,894	-	2,361,038
Youth House Renovation Salluit Tuberculosis	718	-	-	-	156,744	-	(156,744)
Quebec Smoking Cessation Program	926	(2,338)	-	-	-	-	(2,338)
Kinesiology	931	58,840	50,000	-	16,479	-	92,361
Integrated Perinatal and Early Children	933	(1,196)	-	19,883	-	-	18,687
Community Mobilization	936	92,599	106,000	106,000	-	-	304,599
Tuberculosis Outbreak	937	(42,015)	-	-	132,451	300,000	125,534
Tuberculosis	941	300,000	-	-	-	(300,000)	-
Syphilis Outbreak	942	-	-	162,310	161,748	-	562
Psychotropic	944	67,800	-	251,200	491	-	318,509
Food Security	945	100,000	-	140,000	68,000	-	172,000
AIDS and STD – Information and Prevention	956	211,135	65,000	310,826	179,290	-	407,671
Nosocomial Infections	960	-	-	30,000	23,111	-	6,889
STBI Research Project	968	(25,624)	25,624	-	-	-	-
Good Touch Bad Touch	8030	401,899	-	42,281	147,634	-	296,546
Health Data Analysis	8060	224,580	-	120,909	-	-	345,489
Smoking Habits	8061	198,497	-	69,436	-	-	267,933
Palivizumab in Nunavik	8063	19,087	-	70,000	3,919	-	85,168
Strengthening Families	8066	(20,354)	85,355	15,074	30,147	-	49,928
Prevention of Chronic Diseases (Diabetes)	8077	-	-	90,000	-	-	90,000
Prevention of Rabies (Zoonoses)	8078	-	-	40,000	-	-	40,000
COVID-19	8080	-	-	-	795,080	-	(795,080)

	Project #	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PUBLIC HEALTH (continued)</b>							
<b>Federal Funds</b>							
NNHC Functioning	614	1,987	-	122,970	124,957	-	-
FASD	634	-	-	315,483	315,483	-	-
Inuit Health Survey	692	(52,468)	-	210,391	157,923	-	-
Diabetes	693	-	-	846,266	846,266	-	-
Perinatal Nutritional Program	696	-	-	468,032	468,032	-	-
Maternity and Child Health	707	-	-	122,372	122,372	-	-
Children's Oral Health Initiative	709	-	-	47,136	47,136	-	-
Sexually Transmitted and Blood B.I.	711	-	-	175,831	175,831	-	-
Tuberculosis Elimination Action Plan	713	(54,201)	-	2,478,728	1,513,676	(910,851)	-
Psychosocial Dependence	716	-	-	40,479	40,479	-	-
Screening Tuberculosis Salluit	719	-	-	-	643,608	643,608	-
Screening Tuberculosis Puvirnituq	720	-	-	-	27,111	27,111	-
Screening Tuberculosis Kangiqsujuaq	721	-	-	-	240,131	240,131	-
Nutrition North Canada	820	-	-	397,559	397,559	-	-
Federal Strategy for Smoking Prevention							
in Nunavik	827	-	-	96,629	96,629	-	-
ITSS and Tuberculosis Prevention	935	119,600	-	-	(84)	-	119,684
<b>Other Funds</b>							
Occupational Health and Safety	611	2,320	-	534,581	552,186	5,367	(9,918)
Kino-Québec	612	84,754	-	-	-	-	84,754
Vaccines B – Sec. 5	660	(12,470)	65,000	70,000	49,310	-	73,220
Inuit Health Survey	691	344,010	-	-	61,476	-	282,534
Strengthening Families (Ungaluk)	8075	-	-	64,506	-	-	64,506
		<b>4,516,374</b>	<b>396,979</b>	<b>7,458,882</b>	<b>7,734,069</b>	<b>5,366</b>	<b>4,643,532</b>

APPENDIX B – ASSIGNED FUND –  
STATEMENT OF CHANGES IN FUND BALANCE (continued)

MARCH 31, 2020 (Unaudited)

	Project #	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING</b>							
<b>Provincial Funds</b>							
Upgrade Units Endoscopy	682	(232,995)	346,224	-	113,229	-	-
Network Training	683	21,178	-	-	-	-	21,178
Medical Congress	684	(93,983)	-	145,306	14,753	-	36,570
Installation Premiums and Training	685	(309,238)	-	337,454	241,276	-	(213,060)
Family Violence	695	81,692	-	-	23,897	-	57,795
Medical Training – Legal Kit	790	85,132	-	-	4,020	-	81,112
Women’s Health Program	791	-	-	-	84,000	-	(84,000)
Installation Premiums and Training – Promotion,							
Hiring and Retention	921	(113,025)	-	132,785	61,470	-	(41,710)
Installation Premiums and Training – Grants	923	(309,074)	-	57,509	606,446	-	(858,011)
Palliative Care	925	18,578	-	-	-	-	18,578
Pharmacy	928	(140,573)	258,868	-	123,886	-	(5,591)
Regional Committees against Violence	932	37,803	-	-	4,299	-	33,504
Installation Premiums and Training – Other	940	(13,841)	-	45,000	101,267	-	(70,108)
Sarros	943	578,777	-	40,000	215,419	-	403,358
Services to Elders – PFT	964	105,097	-	-	3,547	-	101,550
Psychosocial Intervention	965	44,292	-	-	-	-	44,292
Emergency Measures	998	(1,147,446)	849,669	1,382,585	1,351,825	-	(267,017)
Suicide Prevention – Training	8006	-	-	-	-	-	-
Violence against Women – Training	8007	90,456	-	-	45,865	-	44,591
Community Organization – Training	8008	52,158	-	80,246	621	-	131,783
Mental Health – Clinical Projects Support	8009	-	-	-	2,805	-	(2,805)
Suicide Prevention – Regional Strategy	8010	-	-	-	16,068	-	(16,068)
PAPA	8012	-	-	-	914	-	(914)
Sexual Harassment Intervention Team	8015	(44,411)	-	-	241	44,652	-
Dependencies	8020	(149,081)	433,287	-	231,893	-	52,313
Training on Attention and Hyperactivity	8021	54,143	-	-	404	-	53,739
Services Support Program	8027	108,772	-	-	56,159	-	52,613
Therapeutic Guide Redaction	8028	(24,428)	-	224,309	106,600	-	93,281
Needs Assessment of the Nunavik Deaf Adults	8035	(9,873)	-	-	-	-	(9,873)
Cancer and Palliative Care – Interpreter Training	8042	(15,933)	-	103,073	73,905	-	13,235
Medical Anatomical Vocabulary Development	8043	13,343	-	104,317	-	-	117,660



	Project #	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>Provincial Funds (continued)</b>							
Integration Revision of the SSS Grouping	8044	73,372	-	-	-	-	73,372
Physical Health Clinical Project	8045	42,865	-	-	-	-	42,865
Specialized Proximity Medical Services	8046	(317,353)	-	766,822	799,939	-	(350,470)
Community Organizations – Clinical Plan	8047	(132,452)	200,095	-	67,643	-	-
Day Centre	8048	100,280	-	-	-	-	100,280
Hearing Impaired Clientele	8050	(4,244)	-	92,711	-	-	88,467
CLSC-DYP-Rehabilitation – Collaboration							
Agreement	8051	(1,562,543)	-	-	(1,750,001)	-	187,458
Nunavik Integrated Youth and Family Centre	8052	(461,575)	78,434	880,772	370,070	-	127,561
Sexual Abuse – Multi-sector Agreement	8053	(10,058)	-	185,626	3,665	-	171,903
Marie-Vincent Training	8054	140,079	-	-	-	-	140,079
Family Resources	8055	21,941	151,060	-	233	-	172,768
My Family, My Community	8056	93,415	-	-	23,670	-	69,745
Attachment Disorder	8057	36,867	-	-	3,926	-	32,941
Alcochoice Training	8058	26,007	87,000	-	3,250	-	109,757
First Aid in Mental Health	8059	(158,831)	158,345	-	828	-	(1,314)
Rehabilitation Prothesis and Orthosis	8069	-	-	100,000	-	-	100,000
Inuits Dependency Training – Isuarsivik and Saquiq	8070	-	234,584	-	-	-	234,584
Improve Access to Mental Health Services	8074	-	-	459,664	-	-	459,664
Act Early	8085	-	-	87,469	87,469	-	-
Attachment Training	9009	(342,281)	342,868	-	218,822	-	(218,235)
DYP Law 19 VS Inuit Values and Practices	9010	(48,405)	-	-	-	-	(48,405)
Expert Committee – Health Physics	9012	52,922	-	-	-	-	52,922
Training on Crisis Management	9052	-	88,000	-	18,573	-	69,427
Mental Health	9053	74,297	-	-	90,816	-	(16,519)
Intellectual Deficiency – Evaluation Chart	9081	117,783	-	65,000	155,223	-	27,560
<b>Federal Funds</b>							
Home and Community Care	618	-	-	2,777,340	2,777,340	-	-
Community Mental Health	697	-	-	1,110,871	1,110,871	-	-
Suicide Prevention Strategy	698	-	-	1,974,309	2,041,990	67,681	-
Nunavik Health Service Plan and Quality							
Management	705	-	-	292,917	292,917	-	-
Family Violence	717	-	-	351	351	-	-
Nunavik Sexual Abuse Intervention Flying	730	-	-	200,000	87,667	(112,333)	-

APPENDIX B – ASSIGNED FUND –  
STATEMENT OF CHANGES IN FUND BALANCE (continued)

MARCH 31, 2020 (Unaudited)

	Project #	Fund Balance, Beginning of Year \$	Appropriation of Surplus \$	Revenue \$	Expenses \$	Interfund Transfers \$	Fund Balance, End of Year \$
<b>PLANNING AND PROGRAMMING (continued)</b>							
<b>Other Funds</b>							
Best Practices for Elders' Residences	812	15,002	-	-	-	-	15,002
Cancer Program	825	25,354	-	267,056	251,670	-	40,740
Suicide Prevention	963	(8,158)	-	-	1,869	-	(10,027)
Deaf Workshop 2015-2016	8037	21,091	-	-	-	-	21,091
Ilagiinut – Building our Future	8064	(127,480)	-	-	227,822	355,302	-
Family Homes Development – Kids' Future	8065	240,239	-	547,733	115,650	(355,302)	317,020
National Training Program	9076	12,068	-	-	1,869	-	10,199
		(3,392,278)	3,228,434	12,461,225	10,488,951	-	1,808,430
		<b>2,179,213</b>	<b>10,909,497</b>	<b>104,331,226</b>	<b>102,309,309</b>	<b>81,203</b>	<b>15,191,830</b>



