

# ΓζάΛζρ"Δρο

misinâpiskihîkin

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**Annual Report** 

2024 - 2025

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# THEME OF THE ANNUAL REPORT 2024-2025

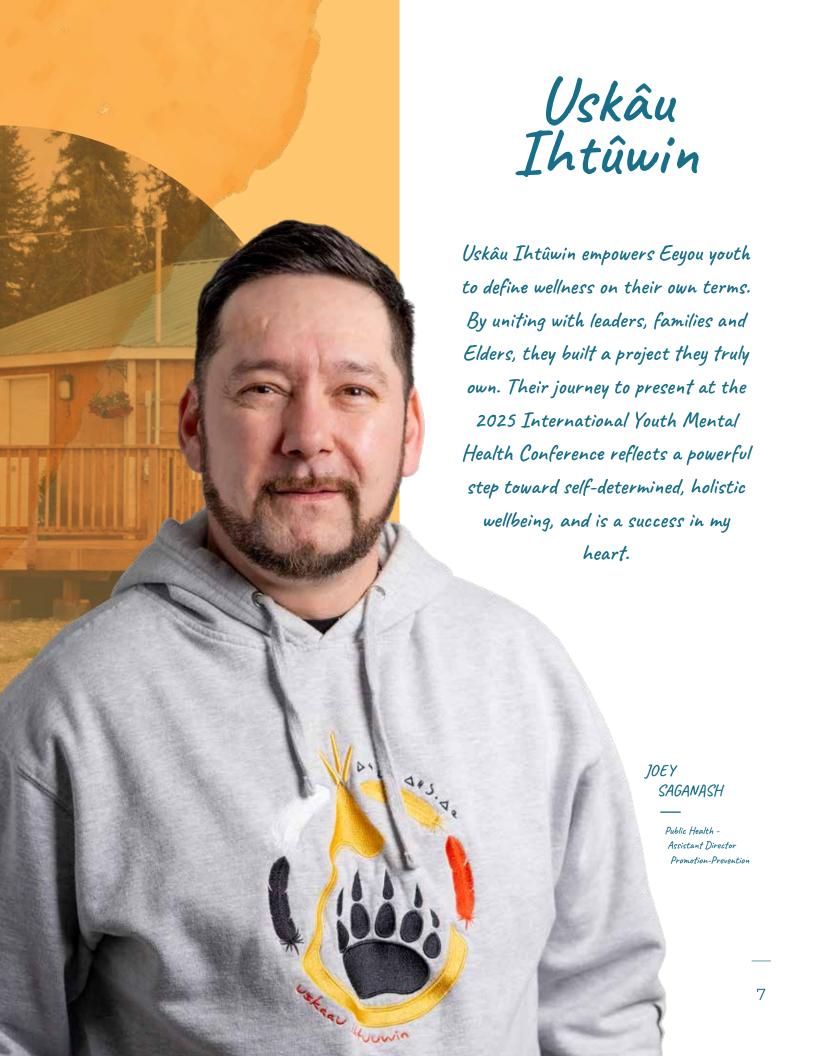
# Rebuilding together by putting our culture, our traditions and the voice of our people first.

This year's CBHSSJB Annual Report is anchored in the theme "Rebuilding together by putting our culture, our traditions and the voice of our people first." In a time of transformation and renewal, we recognize the importance of grounding our services, initiatives and relationships in Cree values and cultural strength. This theme emphasizes inclusiveness, showcasing the contribution of employees through a wider variety of job titles than previous annual reports.

This year, we highlight stories and projects that are deeply connected to Cree traditions and identity, bringing to life how culture continues to shape and inspire the work we do. Through dynamic, action-oriented storytelling and vibrant imagery, the report aims to feel responsive and alive, reflecting the voice and spirit of the people we serve and work with every day. We wanted to showcase community members in action in our culture rather than static cultural items and landscapes and recentre them in the narrative.

Aligned with the chairperson's vision, this year's approach is less editorial and more community-centred, portraying culture not as a backdrop, but as a driving force in health and social services. By placing culture at the forefront, we celebrate resilience, unity and the shared journey of rebuilding a healthier future for Eeyou Istchee.





# aûk nîyân ABOUT US

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خاصانک NJ"C"D, JVd, TYNLOYD° (TY)  $\dot{\triangle}$ ٩٠٥١ ١٥٠ ١٥٠ ١٥٠ ١٥٠ ١٥٠ ١٥٠ ١٥٠ ١٥٠ PF LYG"YOPLA\* D FO LYG"YOP ·4/Cb. 4/2 - 4/2 - 1/2 -Γζσ"ΔLPΓd"x <Δċ <C·ΔΛ. σbσ\PL daż Liangidelar La VPUsiga bż ح)"۵۶۰ ۵ نکک ۹۳۰۰۵۸ (۲۵۰ کار ۵۵۰ علا ١٨٠١ عرب أن الريز عن الماين الم ΔΛηγ·Λοτίχ σσι Ιο β Γ]·Δ·ΔΛνζιν LAVPUSO 62 43 AVUSOS 4° P' > P'L' & & PN.4'+"N° 4"4"b خ<sup>ر</sup>انک کا.کمخ ۹۶ کا۸۸،کمخ. PY 4° P2)L/PY. 41 ٠١١٠٥٠ خاساء خ ·À"d ·drL·À doc ria "Àl·Àbrd"

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

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

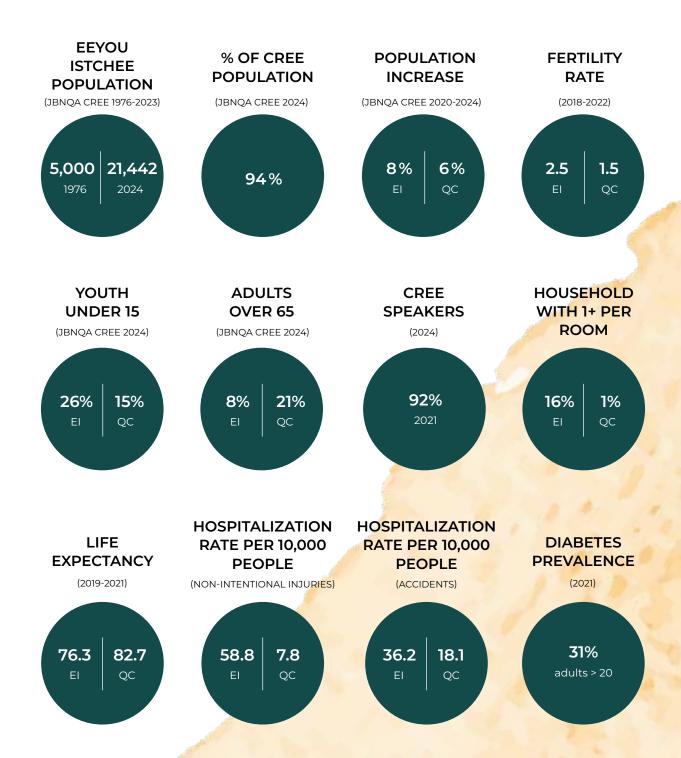
In addition to CMCs, the CBHSSJB operates the 29-bed Chisasibi Regional Hospital, three group homes for youth at risk, a Regional Public Health department and program planning unit, Wîchihîtuwin liaison offices in Chibougamau, Val-d'Or and Montreal, and a recruitment office in Montreal.

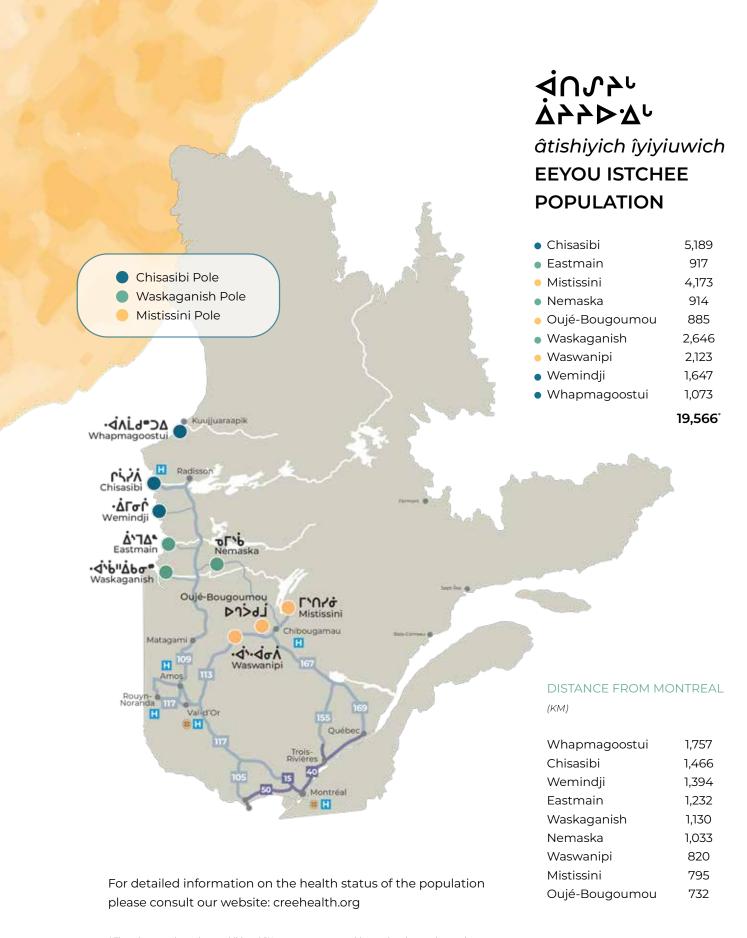
The Head Office is in Chisasibi. The CBHSSJB is governed by an elected Board of Directors whose chairperson is Jeannie Pelletier. Advisory Committees and Councils report directly to the Office of the Chair, as do the Resolution Officer, the Service Quality and Complaints Commissioner and the Medical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

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# POPULATION HEALTH PROFILE



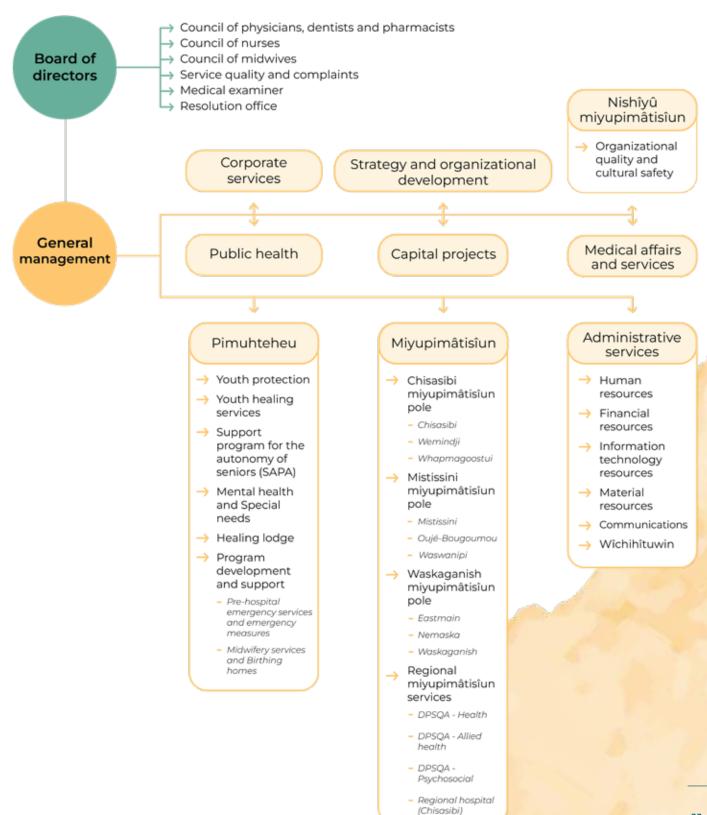


<sup>\*</sup> There is approximately an additional 5% non-permanent residents who also receive services from the CBHSSJB. The 0 to 4 year-old age group has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and MSSS 2017-2020 deaths numbers. Sources: MSSS, 2022 JBNQA Cree beneficiary list;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

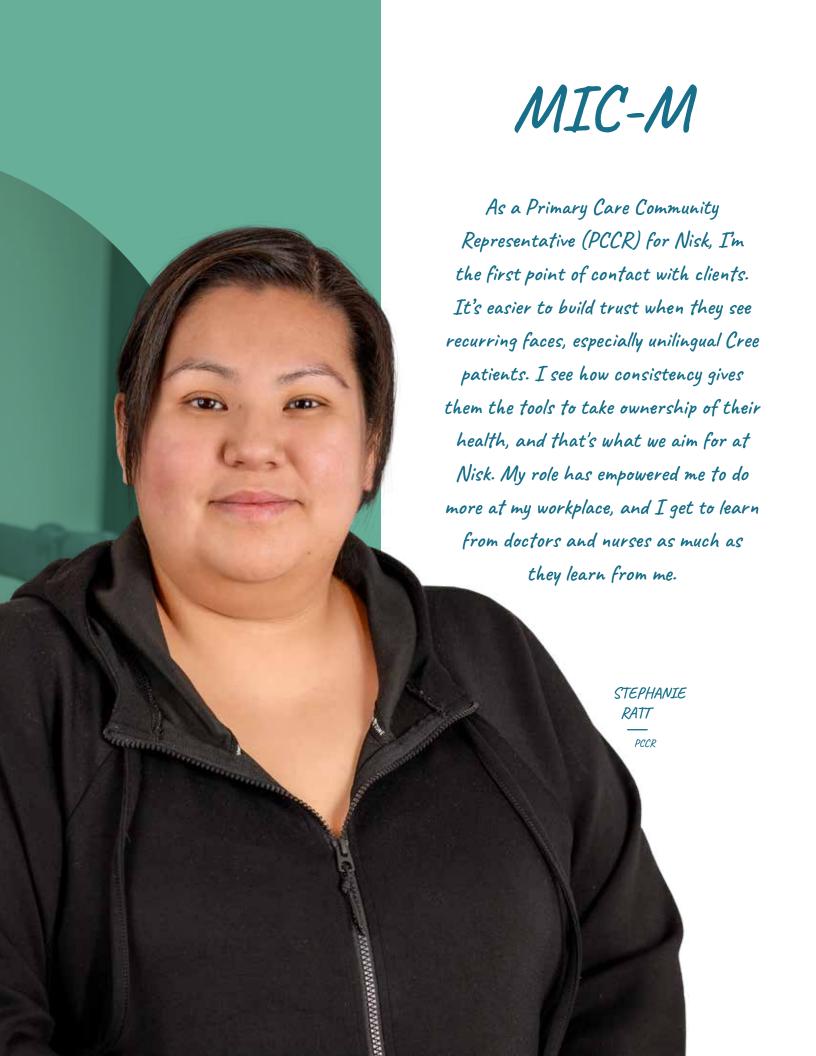
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# âtiskâtûhch âpitisîsûwîyich

# ORGANIZATIONAL CHART







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# MESSAGE FROM THE CHAIR



Jeannie Pelletier CHAIRPERSON

Storytelling has always been an essential part of Cree culture. It is a means of passing down knowledge, history and understanding to new generations. It invites conversation, sharing and questioning in a safe way. This is why we made it our theme for this year's annual report in collaboration with the communications department.

As I begin my term, I stand before you, still filled with gratitude and humility, accepting the responsibility of leadership. I am deeply honoured by the trust you have placed in me and excited for the journey ahead. I acknowledge the guidance of Chemindou, our ancestors and previous leadership. I am committed to transparent governance, health equity, primary care and grassroots voices. As a first step, Nitutâmh training will be transferred under my responsibility to demonstrate my commitment to creating a positive work environment and organizational culture that is rooted in prevention.

I based my campaign on reclaiming our path, restoring our health and rewriting our story. It is time to rebuild our health care system, acknowledging our unique worldview. Health is a right that belongs to everyone, and I am committed to advocating for culturally safe care. This year, we supported the declaration of Eeyou/ Eenou (wanishkâkwh) in collaboration with the Grand Chief and chairperson of the Cree School Board. We must recognize our strong kinship, work together and use our ways of knowing to transform our systems and lives of the families we serve. Leadership is about servanthood, involving humility, sacrifice and a willingness to serve others. I will continue to demonstrate servanthood and accountability. Our current health care system is rooted in scarcity and competition, but we can create a system rooted

in sharing and respect as our ancestors always did. Let us move forward together, united in our purpose and work to achieve greatness.

This journey involves numerous milestones, including my first speech with the Cree Commission on Youth Protection (aah chishtipistihch-uschiniichisiu sikischaayimuwiniyiu) and my first meeting as chairperson. I have felt supported throughout as if I could hear all your voices. This sense of collective purpose drives me forward; I am humbled and grateful that we continue to have a legislative table with the Quebec government, allowing us to present our objectives. I am pleased with the progress we have made and hopeful about the future; we all want the same thing, which is health for our people.

Our strategic investment in the Mobile Hospital Unit with the Canadian Red Cross and local partners shows the priority we give to the health and well-being of Eeyou/Eenou, ensuring that no community member gets left behind, regardless of how remote the location may be. The Family Group Conferencing with Youth Protection families ensure that they will be able to have a voice, and the Miyupimâtisîun Integrated Care Model is essential in safeguarding primary care. While I acknowledge that more resources are needed, I am proud of the trailblazing efforts of the teams involved.

Lastly, we are progressing in capital projects, including the completion of elder's homes, birthing homes and new CMC. None of that would be possible without the dedication of our staff providing essential services.

I thank you all for your efforts and for sharing your gifts. God bless, and in the Spirit of miyupimâtisîun.

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kâ nîkânipishtihch

# BOARD OF DIRECTORS AND COMMITTEES

#### **Board of Directors**

4 regular meetings & 5 special meetings

Jeannie Pelletier | Chairperson

Pauline Lameboy | Vice-Chair and Chisasibi Community Representative\*

Daniel St-Amour | Executive Director

Robert Auclair | Whapmagoostui Community Representative

Elizabeth Shashaweskum |  $\frac{Wemindji\ Community}{Representative^*}$ 

Jamie Moses | Eastmain Community Representative

 $Bert\ Blackned\ |\ \textit{Waskaganish Community Representative*}$ 

Thomas A. Jolly | Nemaska Community Representative

Bella M. Petawabano | Mistissini Community Representative\*

Paul Gull | Waswanipi Community Representative

Susan Mark | Oujé-Bougoumou Community Representative

Dr. Kevin Brousseau | Clinical staff Representative\*

Nicholas Ortepi | Non-clinical staff representative

\*Pauline Lameboy was elected as vice-chair at the March 2025 board meeting for a term of one year. Bert Blackned was elected in September 2024 representing Waskaganish; Elizabeth Shashaweskum was elected as the new Wemindji representative in October 2024, and Bella M. Petawabano was elected in November 2024 as the Mistissini Representative. Finally, Dr. Kevin Brousseau was elected as the Clinical Staff Representative on Nov. 28, 2024, he fills in for the remaining of Dr. Robert Tremblay's term which ends in December 2025.

# Administrative Committee/ HR Committee

6 meetings

Jeannie Pelletier
Daniel St-Amour
Pauline Lameboy
Nicholas Ortepi
Thomas A. Jolly
Robert Auclair
Liliane Groleau
(HR Committee)
Julie Lepage
(HR Committee)

# Governance Advisory Committee

4 meetings

Jeannie Pelletier Daniel St-Amour Pauline Lameboy Jamie Moses Bella M. Petawabano

# Research Governance Committee

3 meetings

Jeannie Pelletier Daniel St-Amour Elizabeth Shashaweskum Paul Gull Robert Auclair

Non-voting members: Jonathan Sutherland Lisa Petagumskum Isabelle Duguay

# Risk Management Committee

3 meetings

Jeannie Pelletier Daniel St-Amour Pauline Lameboy Thomas Jolly Robert Auclair Paul Gull

#### **Audit Committee**

4 meetings

Jamie Moses Pauline Lameboy Thomas Jolly

# Vigilance and Client Experience Committee

3 meetings

Karine Lamarche/ Bonnie Fireman Jeannie Pelletier Daniel St-Amour Pauline Lameboy Paul Gull Thomas Jolly Robert Auclair



L to R, top to bottom: Bert Blackned, Dr. Kevin Brousseau, Nicolas Ortepi, Jamie Moses, Daniel St-Amour, Bella M.-Petawabano, Elizabeth Shashaweskum, Paul Gull, Robert Auclair, Susan Mark, Jeannie Pelletier, Pauline Lameboy, Thomas Jolly Sr

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# COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS



The Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18 gives advice to the CBHSSJB board of directors. This Council reviews and advocates for matters related to the provision, quality and access to medical, dental and pharmaceutical services in the Cree communities.

The CPDP also monitors the competence of its members and supports them in their work on its obligatory and mandated committees. Some of these committees have been inactive due to other priorities, but others have renewed their focus and activities. For example, the pharmacology committee reviewed several clinical documents that are helpful in emergency procedures and intravenous medications medication preparation, which are now approved by the executive committee and used by medical and nursing staff in all communities.

The CPDP collaborates with relevant departments and staff on the organization of services and capital projects, with its members contributing to the planning for the new clinics, regional hospital and elders homes.

Quality of care is a priority for the CPDP, which it addresses through various activities including the Strategic Regional Plan (SRP) and the Miyupimâtisîun Integrated Care Model (MIC-M).

The medicine, dentistry and pharmacy departments regularly review their workforce needs and contribute to clinical and other projects that enhance the delivery of services. They, along with the CPDP and its committees, aim to improve the quality of care and the health and social well-being of the Crees of Eeyou Itschee.

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

Chinskumituîn

2024-2025 END-OF-LIFE CARE	Hospital (short stay)	Elders' home	Home	Palliative care home	Total
Palliative care and End-of-life care	12	0	10*	n/a	12
Continuous palliative sedation	0	-	-	-	0
Medical Aid In Dying (MAID)	0	-	-	-	0

<sup>\*</sup>Whapmagoostui (0); Chisasibi (0); Wemindji (3); Waskaganish (2); Eastmain (1); Nemaska (0); Mistissini (4); Waswanipi (0); Oujé-Bougoumou (0)



CPDP 2024, Chisasibi



Dr. Kitty & Dr. Prévost

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# COUNCIL OF NURSES

We are pleased to present the 2024–2025 annual report of the Council of Nurses. This year has been marked by structural renewal, strategic progress and a strengthened commitment to high quality nursing care across Eeyou Istchee.

#### **Executive committee renewal**

Elections were held during the annual nurses training in October 2024. The new executive committee includes:

- Diane Blueboy
   President, Chisasibi
- Christina Matoush
   Vice-President, Cree representative
- Marc-Antoine Galarneau Secretary, Mistissini
- Stéphanie Grenier Treasurer, Regional
- Antoine Harmoy
   Communication Agent, Waskaganish (temporary role)



# Updated bylaws and protocols

The revised Council of Nurses' bylaw was approved by nurses and Licensed Practical Nurses (LPNs) in October, then submitted to the general advisory committee and the CBHSSJB board of directors for final review. An LPN-specific bylaw is expected in March 2025.

In collaboration with the Department of Professional Services and Quality Assurance (DPSQA) – Health, the Council reviewed key clinical tools, including protocols on:

- Measles;
- Hypoglycemia (collective prescription);
- Home hemodialysis;
- Infection prevention and control;
- Mental health (therapeutic guide);
- Wound debridement (rule of care);
- New restraints protocol;
- Adult resuscitation: intra-institution current services/emergency;
- ABCDaire tool.

# **Engagement and recognition**

The Council participated in events such as the Chisasibi career fair to enhance visibility and recruit new members. A proposal was submitted to support compensation for voluntary participation outside regular working hours.

During nursing week, the Council continued to recognize the dedication of nursing professionals across the region through collected testimonials and celebratory activities.

kâ utinâwasutwâu umâwachihituwiniwâu

## **COUNCIL OF MIDWIVES**

37
Babies born





Babies born Referrals Chiskutimwakânch in Chisasibi (trainees)

The year 2024-2025 emphasizes transmission and growth for the Council of Midwives. In the spring of 2024, we expressed our gratitude to Jane Matthew by offering her honourary membership for her invaluable contribution and presence within our services. We also had the honour to welcome, in the summer 2024, five amazing Chiskutimwakânch (trainees) with the launch of the Eeyou Istchee Pimâtisîwin Chiskutimâchawin (Cree midwifery education program).

Throughout the year, 15 members worked in Chisasibi and Waskaganish while also supporting Wemindji and Whapmagoostui's perinatal services. We received 121 referrals including complete pregnancy follow-up, postpartum care and an increasing demand for breastfeeding support across territory. The birthing option continues to be available for the neighbouring communities and 37 babies were born in Chisasibi for the past year. The birthing home remains the preferred place of birth, and we're pleased to share that construction of the Waskaganish birthing home is now underway! Many emergency skills trainings were offered

to all health care providers by the midwives across Eeyou Istchee, rooting our expertise in obstetrical and neonatal care. These opportunities highlight the excellent collaboration among the departments that is centred on offering the best care.

Our Council takes great pride in the creativity, innovation and high-quality care delivered by its dedicated members and the services they provide. We are committed to promoting a work environment grounded in trust, harmony and mutual respect. We are also deeply grateful for the continued support of CBHSSJB, whose recognition of midwifery care and leadership strengthens our shared mission.

#### **Members of the Executive Committee**

- Maude Arseneau-Richard, Chair (midwife)
- Mayou Soulière, Vice-Chair (midwife)
- Elyane Asselin, Secretary (midwife)
- Maude Poulin, Officer (Head of midwifery services and midwife)
- Daniel St-Amour, Executive Director of the CBHSSJB



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# **SERVICE OUALITY AND** COMPLAINTS COMMISSION



**Bonnie Fireman** INTERIM SERVICE **OUALITY AND** COMPLAINTS COMMISSIONER

We sincerely thank the clients and their loved ones for their trust. Their feedback helps improve the quality of care and services provided by CBHSSJB.

As part of our mandate to promote the complaints system and raise awareness on Elder mistreatment, our team participated in several activities: community visits, CHBSSJB community meeting in Chisasibi, local general assemblies in Waskaganish and Chisasibi, an information booth at the Cree Nation AGA in Wemindji, elder mistreatments training (in collaboration with Laurie Bergeron) with frontline workers, the Regroupement des commissaires aux plaintes et à la qualité des services du Québec's convention in Laval and online training on managing unreasonable conduct.

We held planning meetings with the communications department to review our promotional materials and develop a communication strategy. Feedback from clients indicates that we need to further clarify our roles and processes to the public.

Our team also attended annual training sessions to strengthen our ability to handle complaints effectively. Topics included conflict resolution, investigation techniques and communication strategies, with a focus on confidentiality and impartiality.

During Commissioner Sarah Cowboy's one-year leave, Bonnie Fireman assumed the role on an interim basis and Karine Lamarche became interim assistant commissioner on Oct. 14, 2024. The position of administrative process specialist, filled in September, became vacant again in November.

We appreciate the collaboration of staff, managers and departments who support the processing and follow-up of improvement measures. We also thank the board of directors. the chairperson and the vigilance committee for their ongoing support in fulfilling our mandate.

#### **COMPLAINTS**



1 866 923-2624



r18.complaints@ssss.gouv.qc.ca

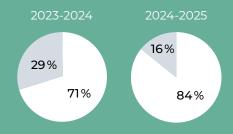


User rights (audio Cree translation available): creehealth.org/about-us/users-rights

The confidential toll-free number for complaints (1866 923-2624) is connected to voicemail, so it is essential that the caller state their name, phone number and community so that the commissioner can call back.



# STATUS OF COMPLAINTS CONCLUDED WITHIN THE PRESCRIBED TIMEFRAME OF 60 DAYS



- 60 days and lessMore than 60 days

# NUMBER OF TYPE OF FILES - 2023-2024 / 2024-2025

	2023 2024	2024 2025	Variation	
Complaints	16	14	-12.5%	
Assistance	90	67	-25%	
Consultation	7	7	<b>O</b> %	
Intervention	47	23	-51%	
Medical Examiner	10	4	-60%	
TOTAL	170	115	-32%	

# NUMBER OF COMPLAINT NATURES - 2023-2024 / 2024-2025

	2023 2024	2024 2025	Variation
Accessibility	6	4	-33%
Care and Services	13	8	<del>-38</del> %
Individual Rights	1	2	100%
Interpersonal Relations	3	2	-33%
Financial Aspects	0	0	<b>O</b> %
Organization of the Environment and Material Resources	1	0	<b>1</b> 00 %
Other	100	0	<del>\</del> -100 %
TOTAL	26/16	16/14	-38%

# Φ.Δ.ή ·Δ.ι, Φ.Υ.ρ. L., J.Ρ...C...ρ ; ç.σ. β Φ. Φ. φ φ; Φ. φ φ; Φ. φ. φ.

an kâ îtâpatisit enitû chischeyihtahk tân kâ ispayiyich aweyû wehchî nipiyich

#### MEDICAL EXAMINER



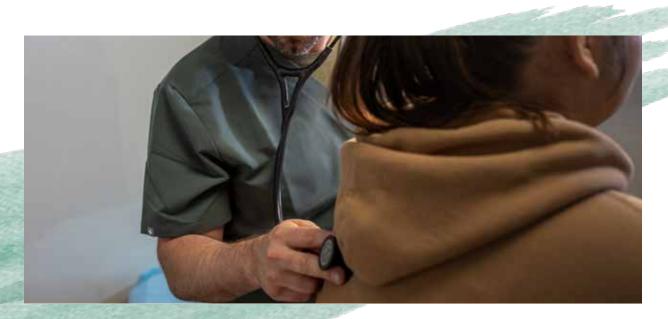
François Charette, MD
MEDICAL EXAMINER

The role of the Medical Examiner (ME) is to analyze complaints involving a member of the CPDP. The complaint review involves hearing out the complainer and the member of the CPDP to hopefully reach a consensus on what happened and to suggest modifications of behaviour or approaches to avoid the repetition of the issue. This review should be done rapidly, within 45 days of the ME receiving the complaint.

This year, the ME dealt with seven complaints: one was rejected as being defamatory and frivolous, one was considered a management issue, and one was a follow-up to a complaint already analyzed. Therefore, only four complaints were formally analyzed with motivated conclusions sent to the complainer. All complaints concerned physicians: three general practitioners and one specialist. Three of these complaints concerned the perception that the result of medical treatments was not at the level expected by the patient.

A serious complaint against a family physician led to my recommendation to organize a disciplinary committee within the CPDP executive committee. This is an exceptional circumstance where a physician's attitude, behaviour or expertise is seriously questioned. The committee should conclude its review in the first half of 2025 and report back to the CPDP Executive Committee. The board of directors may then receive a recommendation. The number of complaints remains low, which may be seen as positive, or a sign of reluctance to come forward. It is important to encourage people to speak up when they feel that a situation is not adequate. I thank those who have come forward and brought problematic situations to our attention.

I appreciate this role as it lets me talk to patients and understand issues that are not always visible outside complaints. I thank the patients and professionals for understanding that the process is about quality improvement, as well as for their participation.



# ¬d·d≻"CJ:∆¬" ¬d∧Ր"¬dP miskuwayihtamuwinh âpichihâkin

**RESOLUTION OFFICER** 



Ron Shisheesh RESOLUTION OFFICER

The year 2024 was a busy and challenging, filled with activities, events and numerous complaints that demanded attention and action. Despite the difficulties, working with employees is incredibly rewarding, especially when we find solutions together and resolve complex situations.

A recurring concern is the issue of unsafe work environments. These concerns often stem from long-standing factors, particularly the lack of communication from management. When decisions are made without clear explanations or transparency, it creates uncertainty and mistrust, worsening the work climate.

Part of my role includes facilitating and participating in training sessions that address these concerns. One example is "Let's Reflect on Ourselves," which centres on CBHSSJB's harassment policy and equips staff with tools to navigate workplace issues. I also had the opportunity to attend the Cree Focusing Oriented Trauma (CFOT) training. This provided deeper insight and practical tools to support individuals affected by trauma—many of whom carry pain that impacts their families, well-being and work life.

Mediation and conflict resolution are central to my responsibilities. While challenging, these processes are vital. Workplace conflicts—both visible and hidden—can stem from deeper personal or cultural trauma. As First Nations peoples, we carry the weight of historical trauma, which can manifest in blame, assumptions or substance use. However, awareness and reconciliation offer a path toward healing.

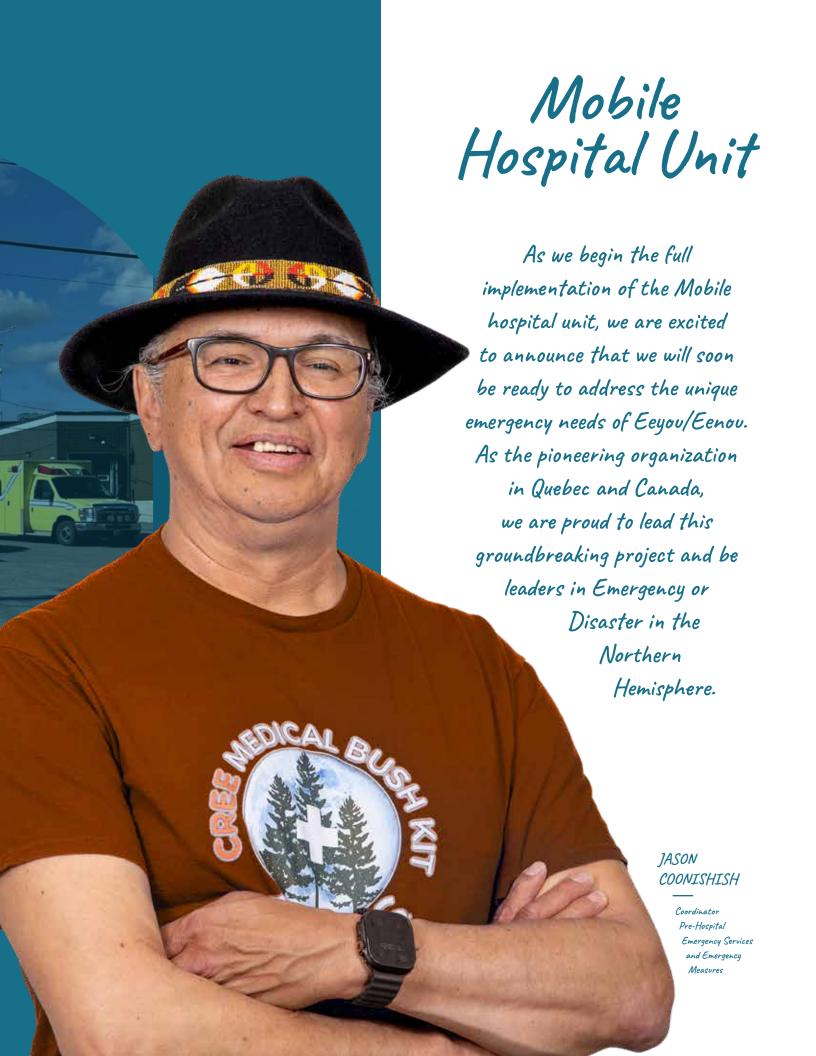
Supporting people through these processes, even when the issues are deep-rooted, is one of the most meaningful parts of my work. That said, not every case results in success. I can offer support and guidance, but change must come from within. As the saying goes, "You can lead a horse to water, but you can't make it drink."

As a resolution officer, I maintain neutrality and work collaboratively with management, unions, human resources, labour relations and employees and my focus always remains on finding the best path forward. I value collaboration with unions and their dedication to their members. Though I'm not involved in grievances, my work often aligns with union efforts.

Our organization is growing, and with that growth comes opportunity. We're fostering a healthier work environment by offering tools and training to all CBHSSJB staff. One such initiative is the *Nitutâmh* training program, a three-day, hands-on, interactive experience that promotes healthy workplace relationships, and reflects our commitment to employee growth while teaching self-awareness.

Despite ongoing challenges, our shared goal remains: delivering the best service to Eeyouch/ Eenouch across the territory. I am proud to be part of CBHSSJB and to contribute to building healthy work relationships. In the face of adversity, we continue to stand strong—as one, as a Nation. And we must carry that strength forward for future generations and the health of Eeyou Istchee.





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ûchinâu miyupimatisîun anânâkichihtâkinûch ûtîyimûwin

# MESSAGE FROM THE EXECUTIVE DIRECTOR



Daniel St-Amour

EXECUTIVE

DIRECTOR

This past year presented the CBHSSJB with some significant challenges due to provincial cuts to infrastructure budgets but I'm proud to say that everyone, especially our management team, has shown a great deal of resilience under these circumstances. Furthermore, we also continued to advance important initiatives. For example, we worked with the Quebec government on the much-needed update of Quebec's S-5: An Act respecting health and social services for Cree Native persons, which was enacted in 1991. Although it is not moving as fast as we would like, because the ministry has focused on such things like the creation of Santé Québec, we have succeeded in keeping the item on the Ministère de la Santé et des Services sociaux (MSSS) agenda. In addition, we are in the process of negotiating with Quebec a two-year extension of the current health agreement, a process that should be completed this spring.

Despite the challenges created by the government's budget constraints, our important capital projects are still going through. The new regional hospital in Chisasibi is on schedule and we will start the building foundation during summer 2025. The elders' home in Chisasibi and the birthing home in Waskaganish are also advancing as planned. We are fortunate to see these projects going ahead, even though similar ones in the rest of the province are on hold.

This past year, we also improved the way we collect and organize information. We created dashboards that enable us to measure the outcomes of our services, and we made substantial gains on the Electronic Medical

Records (EMR) file. Overall, we have become more adept at managing data, including ensuring the quality of what we have been collecting.

We also met another critical need by establishing the Emergency Measures and Disaster Planning Department. Recent crises with forest fires and other effects of climate change have highlighted the need for this department. We now have a mobile unit, more precisely a mobile hospital, which we used in a trial run at the 2024 Eeyou Istchee Summer Games in Mistissini. It allowed us to successfully test its capacity. Next, we plan to do an exercise at the outfitter purchased last year to simulate emergency conditions. We've also been collaborating with the Canadian Space Agency to see how they might be able to use or adapt our Bush Kit, given that the isolated conditions in the bush have some similarities to isolated conditions elsewhere, such as in space.

Further, we can celebrate the completion of the Waskaganish CMC. It is our first CMC to be designed specifically to facilitate the implementation of the Miyupimâtisîun Integrated Care Model (MIC-M). While the official opening is scheduled in the fall of 2025, the building is fully completed. In addition, we are now autonomous in carrying out training for MIC-M, after having worked previously with our close collaborators from Alaska's Southcentral Foundation. The *Nitutâmh* (all my relations) training program is adapted specifically for the realities of Cree life and culture.

Last, but certainly not least, I want to extend a warm welcome to our new chairperson, Jeannie Pelletier. I look forward to working with her!



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# **EXECUTIVE AND SENIOR MANAGEMENT**

# Office of the Chairperson

General

Management

Commissioner of Service Quality and Complaints -

Interim

Assistant Commissioner of Service Quality and Complaints - Karine Lamarche

Bonnie Fireman

Assistant to the Executive Director

Director of Strategy and Organizational Development

AD of Data Services and Analytics

**Director of Corporate Services** 

**Executive Director** 

Director of Medical Affairs and Services (DMAS)

AD Medical Affairs and Services AD Medical Affairs and Services

Director of Public Health

**AD Proximity** 

AD Promotion & Prevention

AD Surveillance, Evaluation, Research, Health Protection

**Director of Capital Projects** 

Daniel St-Amour Paula Rickard Justin Ringer Louise Gosselin

Laura Moses

Dr. François Prévost Maryse Gionet Vacant

Dr. Alain Poirier Cassandra Danyluk Joey Saganash Isabelle Duguay

Jonathan Girard-Saganash

## Pimuhteheu

Director of Youth Protection - Interim AD of Youth Protection - Clinical AD of Youth Protection - Foster Homes and Youth Criminal Justice Act Director of Youth Healing Services - Interim AD of Youth Healing Services - Interim Director of Program Development & Support Director of Support Program for the Autonomy of Seniors Director of Mental Health and Special Needs Director of Healing Lodge

Assistant Executive Director (AED) - Interim

Jonathan Sutherland Taria Matoush Minnie Loon Ashley Iserhoff

Ashley Smithman Ashley Smithman Anne Foro Cheng-Jung Lin Greta Visitor Laura Bearskin



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# Nishîyû Miyupimâtisîun

Miyupimâtisîun

AED of Nishîyû Miyupimâtisîun Director of Organizational Quality and Cultural Safety AD of Nishîyû Lisa Petagumskum Julianna Matoush-Snowboy Gertie Shem

#### AED of Miyupimâtisîun

Regional Proximity Director - Chisasibi Pole - Interim

- Local Director CMC Chisasibi Interim - Local Director CMC Wemindji - Interim
- Local Director CMC Whapmagoostui

Regional Proximity Director - Mistissini Pole

- Local Director CMC Mistissini
- Local Director CMC Oujé-Bougoumou
- Local Director CMC Waswanipi

#### Regional Proximity Director - Waskaganish Pole

- Local Director CMC Eastmain
- Local Director CMC Nemaska
- Local Director CMC Waskaganish

Regional Proximity Director - Quality Assurance

and Service Delivery - Interim

Director of the Regional Hospital (Chisasibi)

AD Regional Hospital - Interim Director of DPSOA – Allied Health

Director of DPSQA – Psychosocial - Interim AD of DPSQA – Psychosocial - Interim

Director of DPSQA - Health

AD of DPSQA Health Clinical Programs AD of DPSQA Health Administrative and

Logistical Services

Christina Biron

Rachel Danyluk Denise Pérusse Stephanie Jonah Robert Wynne

E. Virginia Wabano Roberta Petawabano Louise Wapachee Eleanor Gull

Holly Danyluk Leslie Tomatuk

Beatrice Cheezo Trapper

A. Thomas Hester

Nancy Schecapio-Blacksmith

Priscilla Weapenicappo

Gemma Acco

Stéphanie Sicard-Thibodeau

Émilie Desnoyers Kerrie Hester

Nancy Shecapio-Blacksmith Frédéric Lemieux-Legendre

Sophie Leclercq

AED of Administrative Resources

Director of Financial Resources

AD of Financial Management Units

AD of Strategic HR Development and Executive

Director of Human Resources - Interim

Services to Managers

AD of Human Resources, Employee and Partner Services

Director of Information Technology AD of Information Technology Director of Material Resources

AD of Material Resources
Director of Communications

AD of Communications
Director of Wîchihîtuwin

AD of Wîchihîtuwin Clinical

AD of Wîchihîtuwin Administration

Liliane Groleau

Jean-François Champigny

Nora Bobbish Julie Lepage Virginie Hamel

Julie Lepage Pino Virgilio Fouad Harakat Charlie Alisappi

Vacant

Marie-Claude Roussin

Cora Palumbo

Helen Bélanger Shecapio-

Blacksmith

Martine Constantineau Emanuelle Lambert

# Administrative Services

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#### CORPORATE SERVICES



Laura Moses
DIRECTOR

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

Frequent meetings continued to be held by Microsoft Teams; only regular board of directors' meetings were held in person. In 2024-2025, five special meetings and four three-day regular meetings of the board of directors took place, including other board committee meetings: Administrative/HR Committee (6), Governance Advisory Committee (4), Audit Committee (4) and Vigilance and Client Experience Committee (3) and Research Governance Committee (3).

Our office provides continued training/ orientation to new members of the board of directors on the board governance model, board governance policies, board roles and responsibilities.

The last election for CBHSSJB chairperson was held on Nov. 12, 2024, and the related run-off election on Nov. 27, 2024. CBHSSJB chairperson Jeannie Pelletier was declared elected by notice dated Nov. 27, 2024. An Act respecting health and social services for Cree Native persons and CBHSSJB Consolidated General By-Law No. 8 ("By-law No. 8") provides a four-year term for this position.

# During the year, we approved the following by-laws:

- Revision of the Risk Management Committee by-law to include confidentiality to be signed by RMC members;
- Amendment of the Council of Nurses by-law.

# The following policies were reviewed and updated:

- Policy on Accessibility to Pîpîchâu Uchishtûn Women's Shelters Robin's Nest;
- Policy on General Framework for Clinical Policies Procedures and Clinical Decision Support Tools;
- Amendment of the Policy on mistreatment of seniors and vulnerable adults;
- Amendment to Cree Non-Insured Health Benefits (CNIHB) Dental Policy and CNIHB Management Framework.

Corporate Services recently kicked off a project to assess the document management practices at the CBHSSJB. Following analysis of this assessment, recommendations and a roadmap of activities will be developed for implementation. Because it is part of our legal requirements, the roadmap will include plans for the development of a conservation calendar and classification plan. To realize this project, we are partnering with Gestar, a specialist in health and social services document and file management practices. The recruitment of an Administrative Process Specialist is currently on hold until we know the future of Alfresco and document management practices.

Mîkwetc to all my collaborators, namely Tracy Wysote, who took over diligently when I was not able to assume my role as director of corporate services in the latter part of the year, and to those who work behind the scenes with me to organize efficient meetings of the board of directors and its board committees.

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#### CAPITAL PROJECTS



Jonathan
Girard-Saganash
DIRECTOR

The capital project department is central in delivering the infrastructure and technology that support CBHSSJB in its mission to serve the people of Eeyou Istchee. Through the Project Management Office (PMO), an integrated structure composed of PMO Construction, PMO Information technology (IT), and Administrative Process Specialists (APSs), we ensure that projects are duly planned, executed, and monitored with excellence, transparency and alignment with organizational and community priorities.

PMO Construction leads the planning, design and delivery of new health care and community facilities, major renovations and critical infrastructure upgrades. The team strongly emphasizes quality, cultural relevance, and long-term sustainability to ensure that all projects reflect the values and needs of the Cree Nation of Eeyou Istchee.

PMO IT ensures that technological infrastructures, such as secure networks, digital management systems and integrated smart technologies, are incorporated into construction projects and broader organizational improvements. Their work supports the evolving operational and clinical needs of the CBHSSJB.

Administrative process specialists strengthen the backbone of project operations by developing and standardizing internal governance tools, improving administrative workflows and supporting full compliance with funding agreements, reporting obligations and organizational standards.

Together, the capital project department ensures the seamless integration of construction, technology and administrative excellence to support the CBHSSJB's future growth and resilience.

# **Active projects**

In 2024-2025, the Capital Project Department oversaw several key initiatives that expand health care services, improve housing availability and modernize essential facilities across Eeyou Istchee. Significant projects included the Regional Hospital in Chisasibi, the new CMC in Waskaganish and the development of elders' homes in Chisasibi and Mistissini. The Espresso Hotel renovations will enhance accommodation services for patients and staff. Construction of a new birthing home in Waskaganish is advancing, alongside a major 40-unit residential project in Mistissini and Waskaganish to support staff housing and community needs. Each project upholds our commitment to high-quality delivery, collaboration and sustainability.

# Upcoming projects in development

We are also preparing for the next phase of major initiatives under review with the Ministry of Health and Social Services (MSSS). Upcoming projects include the construction of elders' homes in Waskaganish, 80 new housing units in Chisasibi, a healing lodge in Chisasibi and a special-needs facility in Eastmain. We are planning new CMC facilities for Oujé-Bougoumou and Whapmagoostui. These future projects reflect our commitment to strategic growth, community wellness and partnershipdriven success.

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# STRATEGY AND ORGANIZATIONAL DEVELOPMENT



Justin Ringer
DIRECTOR

The Strategy and Organizational Development Department had another exciting year developing, implementing and supporting numerous initiatives to help the organization achieve the objectives of the 2023-2030 Strategic Regional Plan (SRP).

Additional sessions of the &JCL" Nitutâmh training were held, and more than 300 employees and professionals have now been trained to develop deeper and more meaningful relationships. This training helps individuals in our organization build healthier working relationships with each other and equips them to listen and respond to clients, in their journey towards Miyupimâtisîun.

The team's focus for the SRP now shifts to improving our organization's ability to collect and analyze data and sharing our progress towards achieving the SRP with leadership, staff and

community members. This coming year, our priorities will be to increase the engagement with clients to hear their experience of care, deploy new clinical information systems, improve data quality, and continue building teams and infrastructure necessary to analyze and report our progress.

We are developing a vision and plan for our organization's digital transformation, moving away from paper-based tools to electronic solutions, including for the CMC, MSDC, elder's home and regional hospital. Many innovative initiatives are planned to respond to the needs expressed by professionals, our staff and clients, who increasingly want to have easy access to their health information and care teams.

Finally, the team is supporting ongoing efforts to negotiate a new legislative framework and funding agreement for CBHSSJB, which will allow the development of capital projects, clinical information systems and technologies, and new positions to achieve the objectives of the 2023-2030 SRP.



#### **RISK MANAGEMENT**

The risk management team and committee continue to work tirelessly to create a culture of safety and no blame within the organization by planning, organizing and coordinating activities, working groups, training and reviewing tools and processes.

# 2024 - 2025

#### **Incident and Accident Declarations**



For 2024-2025, the total number of reported incidents and accidents continued to rise compared with previous years. This is partially due to increasing awareness on the importance of reporting, analyzing and monitoring incidents and accidents, as well as in-person and remote risk management trainings provided to over 200 staff and professionals.

# 2024 - 2025

#### **Declared Events**

Type of Events	2023 2024	2024 2025		Compared to 2023-24
Assault	3	7	0.6%	1
Building	1	1	0.1%	
Diet	4	4	0.3%	
Equipment	28	30	2.6%	1
Fall	51	56	4.8%	1
Imaging	15	8	0.7%	$\downarrow$
Laboratory	168	160	13.8%	iguplus
Material	29	28	2.4%	iguplus
Medical Device Reprocessing	3	3	0.3%	
Medication	187	319	27.4%	1
Other <sup>1</sup>	463	453	39%	$\downarrow$
Personal Effect	2	2	0.2%	
Treatment /Intervention	86	92	7.9%	<b>(</b>
TOTAL	1,046	1,163	100%	1

The three most frequently reported events had no consequences, or were temporary, for the client. In collaboration with DPSQA-Health and the Pharmacy Department, regional actions are being taken to reduce the medication-related events.

Less than one per cent were classified as sentinel events, as in affecting several clients or could have had major consequences for the client. The risk management team continues to collaborate with internal and external partners to review, identify causes and implement actions to prevent recurrence.

The risk management team is facilitating nine working groups with internal and external partners, to identify the causes of the most recurrent and serious events, create action plans and support their implementation.

Several initiatives are planned for the coming year, including the migration to a new incident/ accident reporting platform and corresponding regional training for concerned teams, and the development of capacity to ensure quality and safety of living environments.

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# **PUBLIC HEALTH**



Alain Poirier, MD
DIRECTOR

We all acknowledge that "prevention is better than cure", morally, ethically and economically. However, by definition, good prevention is invisible because we don't see diseases which do not appear. That also explains why actions that work are not easily identified. Nevertheless, we know certain conditions of success are associated with promising interventions.

The first is community mobilization, because 80 per cent of health is conditioned by improvement in the hands of individuals, families and healthy settings, such as daycares, schools, sport clubs, enterprises and Cree Nation Councils. Individual awareness is good, but insufficient if not supported by the same people in their roles as citizens and community members. Said differently, individual healthy lifestyle choices must rely on better environments and living conditions that embody Cree values, practices and ways of life.

Secondly, actions need to be culturally and socially relevant – relying on participants' interests, led by Cree leaders and supported by well-trained actors. Thirdly, solutions for complex problems are not magical, nor unique, nor one-shot. Investment in these strategies at different stages of life is important to deliver results in the long term. Change does not happen overnight.

An upcoming community tour to identify priorities with proximity stakeholders and renew a Public Health Action Plan, tied to our Strategic Regional Plan, will provide a roadmap for this work. These conditions of success will produce better long-term health outcomes for Eeyou/ Eenou.



#### **PROXIMITY**

Recognizing the need for stronger local connections, the Public Health Department launched the Proximity Team in 2024-2025 to ensure that every Cree community benefits from a consistent, visible and culturally grounded public health presence. The team was created in response to previous regional consultations that underscored the importance of anchoring public health action at the community level and forging partnerships that reflect local realities. An assistant director was appointed in November 2024 to lead this work

From the outset, the proximity team focused on strengthening collaboration within public health while cultivating ties with the Miyupimâtisîun Department, Community Miyupimâtisîun Centres (CMCs) and other key partners whose mandates intersect with those of public health. These ongoing efforts are building a shared understanding of how regional objectives translate into practical, grassroots support, to clarify where additional capacity is required to make services felt in daily community life.

An internal review of the current structure and delivery of programs and services has provided a foundational picture of existing strengths and areas for enhancement. To refine this understanding, the team is planning a series of engagement visits for the upcoming fiscal year, designed collaboratively with community leadership, internal and external stakeholders. These consultations will gather qualitative insights from local leaders and other voices whose work touches public health, ensuring that community-informed priorities guide the design and resourcing of future local public health teams.

Rather than creating separate programs for each community, the proximity team's objective is to act as a trusted bridge — connecting consistent regional services to local realities and conveying grassroots concerns back to regional planners for timely action. Insights from community



Wally Rabbitskin receiving his 2024 Act of Service Award for Outstanding Performance in Health Promotion by Grand Chief Mandy Gull-Masty.

engagement will inform a phased roadmap for deploying local teams that strengthen prevention and promotion efforts, improve two-way communication and enhance the visibility, accessibility and impact of public health services for Cree families, youth and elders across Eeyou Istchee.

#### PROMOTION AND PREVENTION

# **Healthy Families**

The team leads key files previously managed under Awash.

#### **AMA**

The Mashkûpimâtsît Awâsh (AMA) approach continued to enhance its local relevance and practical use by workers and clients. New training tools and presentation materials supported program integration.

Aligning perinatal services with the MIC-M progressed in partnership with stakeholders. Community organizers were supported at their annual training week, and to develop a yearly planning process for local prevention efforts. A video project for CMC waiting rooms was piloted in different communities as a prevention intervention.

# **Pregnancy Support**

The nutrition program continued efforts to increase access to nutritious foods for pregnant and breastfeeding people, through targeted initiatives promoting healthy foods, including a coupon program. An initiative was launched to build capacity in prenatal education, supported by traditional Elders' teachings, in collaboration with other departments.

#### **Early Years**

The Early Words pilot program was launched in the Awash Department at the Mistissini CMC in partnership with the Canadian Children's Literacy Foundation. The program provided books promoting Cree language and culture at vaccination and health-check visits with parents and guardians of children aged zero to five. It offered a chance for families to engage in conversations with health care providers about the importance of speaking, singing and reading to their children from a young age, to share a moment of connection around words and storytelling. This promising program lays a foundation for literacy. A program evaluation is underway to assess implementation feasibility in other communities.

The Early Years program also focused on nurturing partnerships to address broader needs of families with children aged zero to seven to support their vitality, potential and growth.



#### Dental health

A community tour offered insight on local needs and strengthened collaboration for meaningful and practical dental hygiene solutions. The team's dental hygienists provided indispensable support for dental sealant and fluoride application to school-aged children.

## **Healthy Communities**

The Healthy Communities Team integrated files from the former *Uschinîchisû* team, to focus on core goals of community resilience, individual and collective growth, to achieve wellness, harmony and equity for youth. Our bodies, minds, spaces and youth are sacred.

#### Mental health

A collaboration with the CEGEP à Chibougamau and the Pathways Program at John Abbott College supported Cree students evolving in their post-secondary education journey. The team developed a series of infographics on topics related to mental and holistic health to promote positive mental health for Eeyouch/Eenouch.

## Dependencies

Collaborating with Health Protection and community partners, the team delivered key messaging, resources and targeted training to increase awareness on substance use, harm reduction and to support wise practices.

Messaging for the National Addictions
Awareness Week included person-first language
to destigmatise substance use. The *Yâkwâmi*holiday season campaign targeted driving under
the influence prevention.



Eeyou Istchee Summer Games, Opening parade (July 14, 2024,

### Sexual health

The *Chî Kayeh Iyâkwâmiih* (You Too, Be Careful) is a school-based program promoting health, wellness and life skills connected to Cree values.

Sexual health presentations created to complement Chî Kayeh manuals provided information on healthy relationships, reproductive systems, consent and healthy boundaries, hygiene and sexual health, and sexually transmitted and blood-borne infection prevention.

Sexual health is a sensitive subject due to intergenerational trauma and the residential school system. The team's ongoing efforts to create safe spaces for youth to share, ask questions and learn from each other aim to empower them to know who they are, so they can take better care of themselves. 2SLGBTQIA+ sensitivity training was developed on safe allyship and provided to local youth councils and the Cree Women of Eeyou Istchee association.

# Healthy Eeyou Youth (H.E.Y) / Outreach

The team focused on training community partners in SafeTalk, Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid – Adults Working with Youth. In collaboration with First Responders, CMCs, school staff and community members, the team provided training on suicide awareness and mental health crisis response.

Youth workers attended the Eeyou Istchee 2024 Summer Games in Mistissini to do outreach on risky behaviour prevention, dehydration and heatstroke, and to distribute sexual health materials.

The Rising Stars organization offered train-thetrainer for youth leadership (learning through play) to the team and outreach workers.

### School health

The focus this year was to support and sustain existing programs in collaboration with schools, including vaccination, Cree Encephalitis and Cree Leukoencephalopathy (CE/CLE) education and screening, sexual health programming, and optometry services visits to communities. Health and safety school materials were produced. Work continued to promote parental engagement at school and activities targeting children and youth.

### Injury prevention and safety

This year's focus was on providing information to community members on head trauma safety, self-harm and suicide attempts prevention, in collaboration with the Eeyou Eenou Police Force (EEPF), the Cree Trappers' Association (CTA) and local schools.

### Uskâu Ihtûwin/Aire ouverte

"Culture as prevention" is at the heart of our approach, built through close collaboration with local organizations in Waswanipi including the Youth Council, Youth Department, Brighter Futures, the CMC, Miyupimâtisîun Committee and the Willie J. Happyjack Memorial School. Together, we create meaningful land-based activities like camping, fishing, trapping, canoe

brigades and snowshoe walks. These activities connect youth to their cultural roots and build trust through shared experiences. *Uskâu Ihtûwin* introduces key elements such as active listening, harm reduction, mentorship, education and awareness, support and — when necessary — referrals to appropriate resources.

### Healthy lifestyles

The team leads key files previously managed under Chishâyiyû, with a mandate to promote healthy lifestyles and prevent chronic diseases.

### Healthy and active lifestyles

Several health promotion activities and initiatives were organized according to the seasonal, regional calendar. Support was provided for community-led physical and nutrition-related seasonal activities, including Spring, Summer, Fall and Winter Active, National Physical Activity Week, 100-Mile Challenges, Walk-To-School Week, snowshoeing and walking groups. In 2024-2025, the Healthy Environmental Active Living (HEAL) funding program supported about 64 community activities, including nutrition and diabetes awareness month, cooking workshops, community walks, afterschool programs and Summer/Winter Active projects. Healthy and active living promotion was done on local radio and JBCCS regional radio.



### **Nutrition and food security**

The Food Security Fund supported 10 local initiatives, including community lunch programs, youth lunch and snack programs, community food pantries and gardens. Support for two regional initiatives continued – the Breakfast Club programs in all Eeyou Istchee schools, and traditional food harvesting and sharing in all communities.

Training for the CBHSSJB Traditional Food Program was organized in collaboration with Elders and *Ministère de l'Agriculture*, *des pêcheries et de l'alimentation* (MAPAQ) veterinarians.

Eeyou Istchee stores were visited to collect information about the cost and availability of basic nutritious food, as part of the Nutritious and Affordable Food Basket. A report will be finalized in 2025.

The annual nutrition meeting was held in Mistissini, with professionals from across Eeyou Istchee gathering to work together and discuss topics related to nutrition, food security and chronic diseases.

The Committee on Access to Nutritious Food continued to work on regional initiatives, including installing water fountains in public buildings, school breakfast programs, local harvesting and other food-related initiatives. A summary about Eeyou Istchee's food systems was prepared for the *Système Alimentaire Territoriaux* (SAT), a provincial event on local food networks.

Translations of Canada's Food Guide into northern and southern Cree dialects were completed and published, after a year-long collaboration with Indigenous Services Canada.

### **Diabetes prevention**

The diabetes team continued to offer virtual and in-person training, mentorship and support to local health care providers. It provided training on



new guidelines for gestational diabetes and pre-existing diabetes in pregnancy to local teams, and participated in a multi-department working group to expand access to continuous glucose monitor devices.

Diabetes reports from Cree Diabetes Information System (CDIS) were created for communities and clinics to support prevention initiatives. The team continued collaborative work with the Surveillance Team on comprehensive, regional diabetes reports.

The team presented diabetes statistics and prevention strategies to internal partners [CMC directors, health care departments, CMDP, and external partners (CNG, Cree Nation Councils, Miyupimâtisîun Committees)]. Support and expertise were provided to develop a peer-mentor program for youth and young adults with diabetes.

# Prevention of other chronic diseases

The team supported cancer screening services in collaboration with the *Ministère de la Santé et des Services Sociaux* (MSSS). A service corridor for lung cancer screening was established. Culturally adapted information tools on colorectal cancer screening were developed for the general population. During its winter 2025 coastal tour, the *Institut National de Santé Publique*'s (INSPQ) Clara Bus, a mobile breast cancer screening clinic, offered mammograms to nearly 500 women in their communities, including Eastmain, Wemindji and Chisasibi. Women from Whapmagoostui travelled to Chisasibi for their screening appointments.

### Mental health

Initiatives included developing regional psychosocial support systems for patients with chronic illness, focused on cancer, diabetes and heart disease. Collaborative relationships with regional and local Miyupimaatisiiun Committees helped assess and support community mental health needs, and to work on suicide prevention and postvention efforts through the Mânûhîkû file. Discussions about preventive programs and resource development for mental wellness aimed to strengthen community-based systems and improve access to culturally relevant care and support.

### Smoking prevention and cessation: No Butts To It

Key goals were knowledge transfer and developing training materials, including a customised education program for the file's Planning, Programming, and Research Officer (PPRO). Two new training manuals were printed for community-based smoking cessation activities. The illustrated catalogue of No Butts To It publications was updated.

# Cree Encephalitis and Cree Leukoencephalopathy (CE/CLE)

The CE/CLE program made significant progress this year in screening, education, training and record integration in all communities. CMCs screened 158 people, and 159 more people were screened in schools, with support offered to make informed decisions about results.

Annual presentation and screening campaigns were held in high schools to raise awareness about CE/CLE. Clinical staff training was prioritized for PCCRs, nurses and midwives, to ensure they are well-equipped to assist clients. Screening results were integrated into Electronic Medical Records (EMR), with 3,082 records processed across all communities for easier access.

### SURVEILLANCE, EVALUATION, RESEARCH AND PROTECTION

The Surveillance, Evaluation, Research, Health Protection (SERP) team expanded this year to include all health protection functions, including occupational health.

### Surveillance

The surveillance team is mandated to report on the health status of the population and its determinants by collecting, analyzing and interpreting public health data. The knowledge produced helps detect potential outbreaks and assess threats to the population's health. It also provides an overall picture on health status to guide planning and implementation of programs, action plans, and policies for the CBHSSJB. The team collaborates with internal and external partners to produce reports on topics such as demographics, chronic diseases, infectious diseases and others.

This past year, the team completed and shared with partners a brief statistical update and infographic poster on the prevalence and incidence of type 2 diabetes in the region.

This work was done collaboratively with the department's diabetes team and community members, with support from the knowledge transfer team.

The surveillance team promptly responded to more than 85 ad hoc requests for public health data from CBHSSJB and community entities. It developed and adapted many data collection tools tailored to users' needs. The team also produced regular reports on the transmission of whooping cough (pertussis) and COVID-19 in Eeyou Istchee to support public health actions. A comprehensive report on mandatory notifiable diseases (maladies à déclaration obligatoire - MADO) is underway, as well as two dashboards for partners, one focused on cancer and the other on demographic and socio-economic data.

The team expanded in March 2024 in response to growing demands, adding two new members to strengthen its capacity and better support internal and external partners.

### **Evaluation**

The Evaluation team supports the planning, implementation and continuous improvement of public health programs, services and projects through systematic, collaborative and culturally safe evaluation approaches. Guided by principles of respect, engagement and mutual learning, the team works closely with partners to assess the relevance, effectiveness, efficiency and outcome of public health interventions.

In the past year, the team responded to approximately 20 ad hoc requests for support in program monitoring and evaluation. One example is the evaluation of the Early Words Program, a health-based literary program for children. The evaluation identified key areas to improve the program's implementation.

The team is currently working with the Public Health Department to develop a comprehensive Evaluation Service Offer. A Standard Operating Procedure (SOP) is being created to guide the conduct of public health evaluations to reflect Eeyou-Eenou culture. A new team member was welcomed to further strengthen the team's capacity to support public health evaluation requests.

In the coming year, the team's priority is to collaboratively develop and implement a monitoring system for public health interventions. Program monitoring is an ongoing measurement of a program's progress toward goals, providing real-time information for decisions that will optimize outcomes.

### Public health development

The mandate of this new team, created in early 2025, is to collaboratively develop core competencies in public health work, create a resource center for operational planning, and provide transversal support for knowledge transfer, exchange and mobilization activities to file holders, teams and partners. This team's work ensures interventions are based on evidence and wise practices in striving towards miyupimâtisîun. Support was also provided for ad hoc health notices and warnings, longer-term status reports and operational planning.





### Health protection

### Infectious Diseases and Emerging Risks

Local clinicians were supported to treat and manage patients with sexually transmitted and blood-borne infections (STBBIs) and their close contacts as per the *Institut National d'Excellence en Santé et Services Sociaux* (INESSS) guidelines.

In 2024-2025, some 50 cases of gonorrhea were reported in the region, an increase of more than four times the total number of cases reported in 2023-2024. Chlamydia remains by far the most reported STBBI, with more than 380 cases per year. A free condom distribution initiative was deployed with local partners, in several communities, with strategies to increase Sexually Transmitted Infection (STI) screening awareness and participation.

Regional efforts continued towards the global goal of eradicating Tuberculosis (TB) by 2030. Key strategies included developing adapted clinical guidelines and purchasing equipment to optimize timely regional diagnosis capacity. A retrospective investigation was done on barriers to complete latent TB treatment, a common occurrence in the 40-and-older population.

The team continued to monitor increased transmission and burdens associated with invasive Group A Streptococcus (i-Gas) infections. The team collaborated with national and international experts to better understand factors driving incidence and implement risk reduction measures.

Meningitis and rabies vaccination programs were enhanced in response to emerging risks. The team supported community management of risks associated with rabies in the Arctic fox population. The team led health investigations into suspected tainted substances and effects, and issued public alerts.

The team participated in preparedness exercises on emergencies such as flooding, spills, fires and large-scale events. It also provided health hazard risk assessment expertise to help shape intersectoral service offers for the Mobile Hospital Unit project and 2024 Cree Summer Games.

### *Immunization*

The Immunization team promoted all respiratory virus vaccines and supported communities with seasonal and school vaccination campaigns, mobilizing to sites as needed. As part of the Fall 2024 Quebec program, the new Respiratory Syncytial Virus (RSV) antibody injection was offered to newborns and some babies under 18 months. One nurse counsellor is focused on immunizing products management, working closely with the Northern Operations Centre, CMCs and provincial partners for vaccine distribution and quality control. A second nurse counsellor joined the team this year to oversee vaccination coverage and strategies.

The Quebec-wide whooping cough and measles outbreaks resulted in regional efforts to increase immunization coverage, improve workflows for laboratory sampling and facilitate access to immunoglobulin with Hema-Québec.

EEYOU ISTCHEE VACCINATION PROGRAM (%)	2024-25	2023-24
DCaT-HB-VPI-Hib <sup>1</sup>		
First dose (2 months)	73	65,1
MMR-Var		
1st dose (12 months) <sup>2</sup> 2nd dose (18 months) <sup>3</sup>	37,1 24,5	41,2 30,4
Vaccination coverage by antigen – Grade 4 (all doses received) <sup>4</sup>		
Hepatitis A	75,3	79,5
Hepatitis A	96,3	88,6
HPV - Human Papillomavirus	73,2	78,3
Vaccination coverage by antigen – Secondary 3 (all doses received)  Hepatitis A  Hepatitis B  HPV - Human Papillomavirus	95,4 90 93,6	95 91 87,1
Considered protected from measles		
Elementary	97,8	96,1
Secondary Teachers & staff	98,8 56,6 :uation – Aug. 31, 20	98,5 55,2
Influenza		
All ages (6 months+) 75 and older Pregnant women Healthcare workers <sup>5</sup>	11,1 55,7 2,3 21,8	12,2 57 5,8 21,1
COVID-19		
Ages 18 +	7,3	12,7
Ages 75 and +	42,7	47
Health care workers	15,2	17,3
AC-RSV (Beyfortus) <sup>6</sup>		
Age 0-12 months	61,1	N/A

### Environmental health

Priorities this year included collaborating on climate change adaptation, reducing negative health impacts of development projects such as mining and other industries, encouraging healthy and safe environments, addressing emergencies and increasing team capacity.

Key initiatives included finalizing a regional climate vulnerability assessment and working with the Cree Nation Government's Climate Unit to support adaptation efforts. Team members were appointed to the Climate Change Advisory Committee and helped shape the Regional Climate Change Declaration, approved and signed in 2025.

The team participated in local and regional gatherings, offering expertise on housing topics such as mould, ventilation, carbon monoxide, radon and drinking water. Risk monitoring for avian flu and chronic wasting disease continued in partnership with the Cree Trappers' Association. Wastewater monitoring for respiratory viruses continued in two communities.

### One Health Community of Practice

The One Health Community of Practice interdisciplinary approach recognizes the interconnectedness of human, animal and environmental health. Now known as *Tapituwâtisîwinh*, meaning togetherness, this community of practice connects public health officers across the nine Cree Nations through regular workshops and sharing circles. Three educational workshops were held this year, on food security, avian flu, and rabies, bringing together Cree and western ways of knowing.

<sup>1</sup> Denominator used: Number of children who received their first DCaT-HBVPI-Hib vaccine (Infanrix-Hexa) and whose age at vaccine administration was less than 12 months.

<sup>2</sup> Denominator used: Number of children who received the 1st dose of measles-mumps-rubella-varicella (MMR-Var) vaccine before the age of 18 months.

<sup>3</sup> Denominator used: Number of children born before June 1, 2018 who received their first MMR-Var dose between 15 and 36 months) + (Number of children born since June 1, 2018 who received their second MMR-Var dose between 15 and 36 months.

<sup>4</sup> Children born since April 1, 2013 receive the HB vaccine with their primary vaccination. As of the 2023-2024 school year, vaccination in grade 4 includes only HA and HPV doses. Since the end of the 2023-2024 school year, the Comité sur l'immunisation du Québec (CIQ) now recommends only 1 dose of HPV-9 vaccine for children under 20.

<sup>5</sup> Denominator: Number of healthcare workers on the establishment payroll. Employees still on the payroll, but with no declared hours (paid or unpaid) in the last 3 months, and those with a known departure date within this period, are excluded. Employees on sick leave, maternity leave, etc. are included.

<sup>6</sup> RSV - Since fall 2024, a dose of Ac-VRS is offered to children aged 8 months and under as of Oct. 1, 2024.

### Occupational Health

The Occupational Health team worked closely with partners in accordance with its legal mandate to ensure the health protection of workers in Eeyou Istchee at large. The team's collaborative approach and expertise aims to create safer work environments and promote a proactive culture of occupational health and prevention. Occupational health within the CBHSSJB is managed by the health and safety team under HR.

In 2024, the team was reorganized with a consolidated mandate as part of the department's restructuring. A new coordinator was appointed. This reorganization enabled ongoing optimization of the current occupational health and safety system to reflect recent changes in the law and advocate for the region's specific needs, including opportunities to contribute to drafting new service agreements.

The team's broader responsibilities include assessing and monitoring workplace risks and workers' health status, communicating health impacts related to workplace risks, and promoting workplace health. The team leads surveillance activities to monitor and anticipate current and emerging issues to implement

actions. The team also provides technical and strategic support to control or eliminate identified workplace risks.

The occupational health team plays a key role in protecting pregnant and breastfeeding workers through the For a Safe Maternity Experience/
Pour une maternité sans danger (PMSD)
program. Implementing this program regionally requires adaptation to local realities, personalized approaches for workers, and sustained awareness efforts. The team is committed to addressing all requests and adapting processes for beneficiaries not covered by the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) to ensure tailored and effective support.

Managing psychosocial risks is an increasingly significant part of the team's mandate, requiring in-depth analysis and major adjustments for the region's cultural realities and specificities. In 2024, the team developed a unique customized service offering.

The goal in 2025 is to establish a bilingual regional team, fluent in Cree and English, to deploy services by professionals who truly connect with and represent workers.



### **Research Office**

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

In the last year, the Research Office reviewed 38 project proposals, of which five were approved. New ongoing projects include three looking at CE/CLE (training for nurses on screening, a trial for a potential treatment, and carrier rates over time), a project on healthy lifestyles for women with gestational diabetes, and a project looking at changes in the care pathway for people with diabetic foot ulcers.

In collaboration with the Research Governance Committee, annual action plans for the current three-year plan were developed and revised. These plans outline the objectives for the Research Office and guide the organization's research objectives.

The research data center was created this year to house all the information collected by research projects. This center will ensure we are upholding the principles of Ownership, Control, Access and Possession of First Nations data when it comes to research with the CBHSSJB.

At the beginning of 2025, we started a consultation process with each of the community Miyupimaatisiiun Committees to understand both regional and local health and social services research priorities. This consultation will continue throughout the year.



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MEDICAL AFFAIRS AND SERVICES



François Prévost, MD
DIRECTOR

# Thriving services: A step further towards Miyupimâtisîun

It is with pride and optimism that I present the annual report of the Department of Medical Affairs and Services (DMAS) which offers medical care, the collaboration of physician assistants, specialized services, pharmacy, dentistry and medical archives.

This year was once again marked by a significant expansion of our services across the territory. By increasing our capacity and diversifying our expertise, we have been able to offer increased access to quality care.

Our priority remains the overall health "catch up" in the region. We are making every effort to ensure that the health indicators of our population reach provincial and national levels. That health equity becomes a reality for the Eeyou Istchee population.

#### **DEPARTMENT OF MEDICINE**

Dr. Carole Laforest continues to wholeheartedly support a team of dedicated physicians. To avoid service disruptions, she also maintains an important network of associate physicians who come assist our permanent doctors.

Our nine clinics and emergency rooms care for more than 21,000 people, over 4,300 of whom are affected by diabetes. More than 84,000 medical notes were generated last year, reflecting the sustained work of our family doctors. Nearly 9,500 specialty consultations were carried out in the territory. In terms of emergency care, over 750 people had to be transferred by MedEvac to Abitibi or Montreal.





Dentists team - CPDP 2024, Chisasibi

### **Special projects**

Despite the challenges, our physician assistant pilot project is already demonstrating a positive impact on collaboration. The transition to the Miyupimâtisîun integrated care model, based on relationships and advanced access, continues in strength to be deployed across the territory.

# Council of Physicians, Dentists and Pharmacists

Our professionals form the Council of Physicians, Dentists and Pharmacists (CPDP), whose main mandate is to ensure the quality of care. Dr. Darlene Kitty, the first Cree physician in the territory, continues to keep the light on as president. The CPDP committees have regained their dynamism, notably: Pharmacology; Cultural Safety; Health and Environment; Collaborative Maternal and Perinatal Care; and Mental Health.

### Profound recognition to the team

Physicians, physician assistants, pharmacists, dentists, administrative and support staff, your passion and commitment to our mission are what allows us to make a difference.

Our vision: continue providing integrated, person-centred care, ensuring that the CBHSSJB becomes a model of excellence in health.

### **DENTISTRY**

The Dentistry Department's mandate is to provide quality general and specialized dental services throughout Eeyou Istchee. A key accomplishment this year was the complete revision of the Cree Non-Insured Health Benefits (CNIHB) dental policy and procedure.

Dentists treated 11,855 patients, 1,420 of whom were children, aged nine and under. As for dental hygienists, 496 were treated, including 132 children. This makes for a grand total of 12,351 patients consisting of 5,458 different individuals. It is worth noting that 381 children were sent outside of the region for dental care under general anesthesia.

The department had to remain resilient in the face of challenges. The number one source of dissatisfaction identified by the dental team being the frequent absence of support staff.

Also, dental professional recruitment is at its lowest in years causing breaks in service delivery on a regular basis. Finally, lodging quality and availability remains a source of dissatisfaction.

Looking ahead, our objectives for 2025-2026 include the successful move of the new Waskaganish dental clinic in September 2025 and completing the second part of the call for tender towards the purchase of a new software.



Regional Pharmacy team - CPDP 2024, Chisasibi

### **PHARMACY**

The Pharmacy Department is committed to delivering medications, enhancing essential services for clinicians and patients, and addressing critical gaps in community health care.

This year, the medication ordering process was streamlined, the base of a comprehensive formulary was created and ordering methods were standardized to ensure better medication availability.

In collaboration with nursing, we developed the Intravenous (IV) Dilution Guide for Adults and Pediatrics, supporting the implementation of new intravenous medication pumps. This initiative aims to standardize IV medication administration and enhance patient safety.

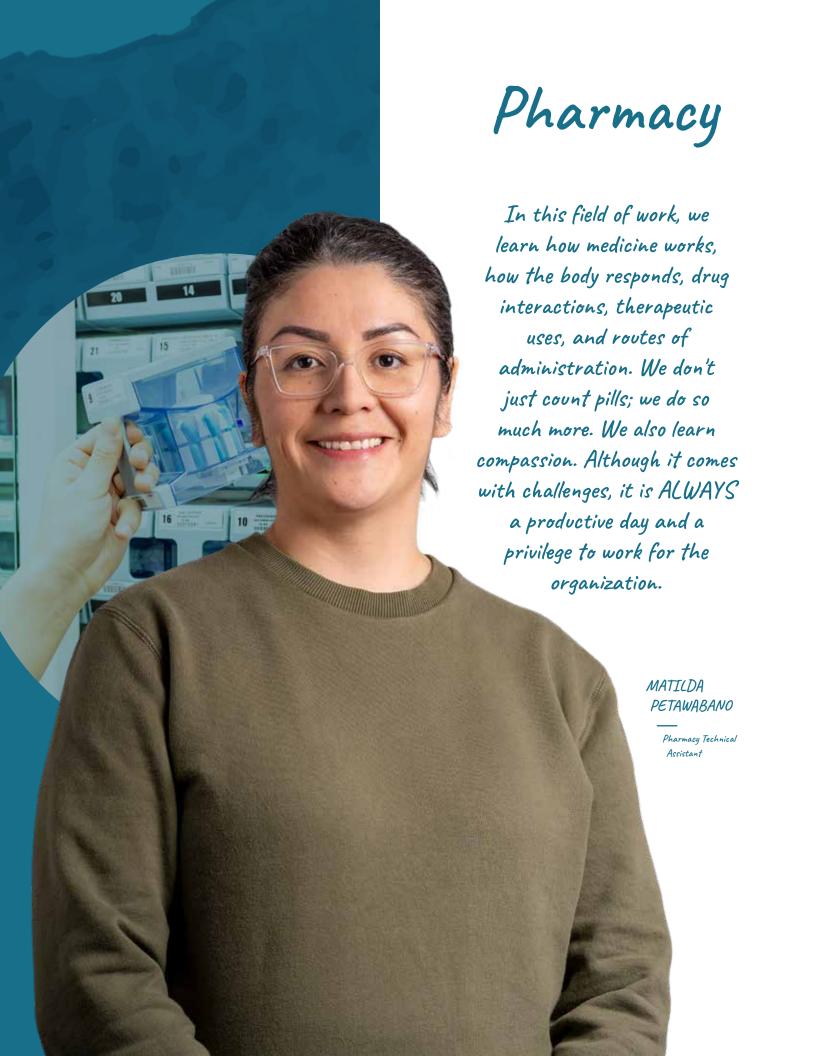
Working with interns from the Faculty of Pharmacy at the Université de Montreal, we evaluated the medication circuit for patients at the McGill University Health Centre, identifying areas for improvement. This evaluation will guide future enhancements in collaboration with the Wîchihîtuwin team.

We also began organizing medication cabinets in our clinics to regionalize lists and reduce the risk of medication shortages. This effort involves partnerships with nurses, physicians, midwives and dentists.

Finally, with the implementation of electronic medical records, we launched a telepharmacy pilot project for prescription validation in Eastmain. The promising results suggest expanding this service to other communities in the coming year.

### SPECIALIZED SERVICES

Specialized Services oversee specialist visits, telehealth services, service corridors and the Centre de répartition des demandes de services (CRDS) in Eeyou Istchee. This year, we experienced a significant influx of new physicians and specialists to join our network. This growth has led to the introduction of new services and expanded our scope.



While this expansion speaks to the evolving needs of the population and strong collaboration with partners, it has also placed additional pressure on our team. We are now focused on stabilizing our operations, ensuring service delivery and advocating for resources to meet the growing demand.

Our mission remains offering culturally safe, timely, quality and effective care while building a stronger foundation for the future. In addition, we are reducing waste and streamlining workflows.

### Regional team

This year, the regional team focused on collaboration within the expanding team. We welcomed a second administrative technician to support the growing operational needs, plus two new PPRO for ocular health and telehealth services.

### New specialists and services

We now have over 70 health care providers working with specialized services, reflecting our commitment to offer comprehensive and specialized care. A new service in pediatric general surgery started with Dr. Poenaru. Our diagnostic cardiology service has strengthened, with two teams offering cardiac ultrasound and consultations on territory. We also happily welcomed Dr. Nguyen as a dermatology specialist and Dr. Kwok as an allergist for in-person and remote services.

École de la vue (EDLV) is a Quebec-based mobile eye care initiative focused on providing comprehensive vision care for children. Their mission is to detect and address vision issues early in life to support learning and overall wellbeing. This year, we began collaborating with EDLV to bring their services to schools in Eeyou Istchee. The initiative started in June and two one-week clinics happened this fiscal year.

### Telehealth innovations

Our telehealth services have expanded with a second surgeon for general surgery, and two allergy specialists, for adults and children. These providers enhance our ability to offer specialized care remotely, reducing travel needs and ensuring timely medical attention. The deployment of the provincial *Plateforme de soins virtuels* (PSV) has enabled our family physician to refer around 63 patients for teledermatology consultations. Training on the telehealth platforms was provided to support the increased volume of telehealth services, as new pathways are integrated to make them more accessible to our health professionals.

# Centre régional de demandes de services (CRDS)

The CRDS facilitates the work of front-line family physicians by guaranteeing patients access to specialized services. It assures medical specialists that requests are complete, appropriately prioritized and addressed. The CRDS closely follows the modifications, improvements, recommendations and projects issued by Santé Québec, ensuring our establishment remains up-to-date with documents and tools to support health care professionals.



### **Statistics** 2023-24 2024-25 Number of 5.343 in-person appointments Number of 3,029 telehealth appointments Count of APSS Count of 230 conseil

# Looking forward and acknowledgements

numérique

This coming year, the focus will be on ocular care, thanks to the addition of a new team, pivotal in expanding these services. We will build partnerships with the Community Miyupimâtisîun Centres (CMCs) to ensure ocular services are well integrated and accessible. We plan to extend EDLV services, ensuring that school-aged children receive the vision care they need.

As we reflect on another transformative year, we recognize the exceptional dedication and collaboration of our regional and local teams. From administrative staff to clinical and clerical staff, and partners in the CMCs, each person has played a vital role in responding to increased demands and ensuring high-quality care for our clients. Despite the challenges of rapid growth and limited resources, the commitment to innovating, stabilizing and centring clients has remained unwavering.

#### **REGIONAL ARCHIVES**

In 2024–2025, the regional medical archives faced several challenges and had to adapt to significant changes. Transitioning from the Miyupimâtisîun department to DMAS, the department established new strategic partnerships and strengthened knowledge sharing through these collaborations.

With the valuable input of our new coordinator, Marie-Christine Demers, the service offering was redefined and optimized, while also strengthening the team. The team now includes seven archivists, one documentation technician and 10 medical secretaries, ensuring a community presence totaling over 400 days.

The revised service offering establishes the department as an essential point of reference and a recognized expert resource within the organization. The team is dedicated to delivering strategic support and guidance, while upholding its consultative and impartial role in decision-making processes.

The team's priorities remain the confidentiality of medical data, the quality of services provided, access to reliable medical information, and the transmission and preservation of health data from Eeyou Istchee.

During the past year, the team successfully completed several major projects. These included the implementation of the Master Patient Index, the creation of an indexing system, and the establishment of a partnership with the *Système d'information et de gestion des urgences* (SIGDU).

Other ongoing initiatives include the development of an in-house Electronic Health Record, the implementation of a digital file system for elders' homes, and the digitization of paper documents produced in CMCs and the archival collection.

The accomplishments of the past year reflect the department's commitment to the continuous improvement of services and its determination to modernize our tools for better management of medical information.





# **∧J"U"∇°** PIMUHTEHEU



Jonathan Sutherland
INTERIM ASSISTANT
EXECUTIVE
DIRECTOR

The Pimuhteheu Department continued to expand as part of the organizational redesign. The changes to Pimuhteheu aim to bring the major "second line" regional services together into one large branch of the organizational tree. (These are mainly services that people access by referral from the CMC.) While the range of services we offer in Pimuhteheu is diverse, we are united in a common vision based on Eeyou-Eenou ways of helping and caring for each other.

Among the changes, Miskasowin Healing Lodge and SAPA, responsible for elders' homes, joined Pimuhteheu. SAPA expanded to take over the operation of the Mistissini Elders' Home from the Cree Nation. Mental Health and Special Needs (MHSN) were combined into a new department. Kellyann Meloche was hired as coordinator of the Mobile Hospital Unit. The Wîchiwâuwin Emergency Steering Committee (WESC) has been made a permanent unit as it has proven its value during times of crisis. When tragic events occur, WESC coordinates actions to support the

psychosocial wellbeing of community members, including first responders.

We look forward to the final report and recommendations of the Awash-Uschinîchisû Shikascheimûn Commission early in 2025-2026. Commissioners Bella Moses Petawabano and Lorraine Spencer are in the final stage of preparing recommendations on how to improve youth protection in Eeyou Istchee and address the underlying social causes that lead to youth protection (YP) intervention in the life of the child and their family.

The coming year will see the transfer of foster homes services into YP, the establishment of an Emergency Measures and Disaster Planning direction, including WESC, and the transfer of the Chisasibi Regional Resource Centre (CRRC) under MHSN. I am proud of our accomplishments this year, and I wish to especially acknowledge the hard work and care demonstrated every day by our front-line teams. We look forward to a productive 2025-2026.



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SUPPORT PROGRAM FOR THE AUTONOMY OF SENIORS (SAPA)



Cheng Jung Lin, OT
DIRECTOR

The Support Program for the Autonomy of Seniors (SAPA) is responsible for developing support facilities and services for elders in Eeyou Istchee and for ensuring the quality of these services. In 2024-2025, the department moved from General Management to Pimuhteheu.



SAPA's lyaskiwitau Admission Group receives requests for support from Community Miyupimâtisîun Centre (CMC) and homecare case managers and works with them to determine the best possible provisions for each individual. lyaskiwitau has also established connections with internal and external departments and entities to develop supports. Currently lyaskiwitau has a waiting list of 89 individuals. Of these, 13 are in a temporary

elders' residence in the Chisasibi Multi Service Day Centre. In December 2024, the Mistissini First Nation transferred ownership of its long-term care centre to the CBHSSJB, which now serves as a second temporary elders home for 16 individuals; nurses are being hired to support these Elders. Others on the waiting list may be receiving support in private homes or in facilities off-territory.

Sixteen elders are in long-term care facilities in Montreal. SAPA has hired a Cree-speaking community worker who provides a link to Cree culture as well as liaising with health teams in the south; in addition, she has received donations of traditional foods that she prepares for events such as Christmas and Easter celebrations and other notable dates.

SAPA is working on projects to bring elders for land-based programs and continues to provide traditional foods and activities.

SAPA is overseeing the building of two 32-bed elders' homes in Chisasibi and Mistissini. Construction is well underway on the Chisasibi facility, which should be available in 2026. A contract for the Mistissini facility is expected to be signed this spring, with construction beginning shortly after. Eventually a third home will be constructed in Waskaganish. The ninebed Aashûkan Home in Waswanipi, a facility for semi-autonomous elders, remains unavailable but SAPA hopes to be able to use it to provide residential services in the coming year.

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# SPECIAL NEEDS AND MENTAL HEALTH



**Greta Visitor**DIRECTOR

The Director of Mental Health and Special Needs (MHSN) oversees capital projects, including two youth special needs facilities in Eastmain and Waswanipi, and four mental health facilities at inland and coastal sites. While the clinical plan for special needs facilities has been submitted, the Functional/Technical Plan (PFT) awaits Ministry approval. Project realization is anticipated within the 2025-2030 agreement period.

Effective Sep. 1, 2024, the Director of MHSN assumed responsibility for Mânûhîkû/Mental Health (MH) and Disability Programs and Specialized Services (DPSS - Special Needs). The Chisasibi Regional Resource Center (CRRC) will also fall under the directorship as of April 1, 2025. A Module Leader pilot project in Eastmain focuses on in-community respite care partnerships. This included a summer respite service partnership with the Eastmain Wellness Center for an autistic youth.

Policy development and programming initiatives for the CRRC service sector will be undertaken in collaboration with Program Planning Support services and colleagues from the elders facilities.

# Disability Programs Specialized Services

The DPSS team plays a key advisory role within the CBHSSJB, offering specialized knowledge and support to both the Miyupimâtisîun and Extended Care teams. Our focus on neurodisability and complex disability profiles is realized through collaborative case management, program development and delivery, and coordinated respite planning and funding.

In response to community feedback, DPSS developed and disseminated new learning resources, including four fact sheets on various topics related to Autism Spectrum Disorder (ASD) and six videos covering Activities of Daily Living (ADL), Behaviour Analysis, and Attention-Deficit Hyperactivity Disorder (ADHD). Team members also delivered in-person information sessions in various communities on autism, ADHD, visual supports and behaviour analysis. These efforts contribute to a growing library of culturally relevant, community-informed resources that are continuously refined based on feedback.

Improving respite care access and coordination remains a priority. An interdepartmental working group mapped current services, developed a shared vocabulary for disability and special needs, and explored the expansion of services for vulnerable individuals and families. This collaboration aims to enhance respite accessibility in alignment with community needs.





DPSS moves forward with a vision of collaborative growth, acknowledging the widespread impact of disability across Eeyou Istchee. In leading this work, DPSS values connection, reliability, and shared learning, and is committed to open communication and cooperation with all partners.

### Jordan's Principle

Revised Jordan's Principle procedures were introduced by Indigenous Services Canada this fiscal year. The Eeyou Istchee support team proactively informed community members of these revisions through bulletins and sessions, helping families navigate the changes and obtain necessary supports for their children's needs.

### **Performance Indicators**



Approved Applications



Approved services and products

\$4,453,155.09

Total funds

### Mânûhîkû

Mânûhîkû focused on strengthening community psychosocial capacity and support. In January, 21 graduates and seven coaches completed the comprehensive Cree Focusing-Oriented & Complex Trauma / Land-Based Focusing-Oriented & Complex Trauma training. Our collaboration with WESC continues, providing mental health resources for psychosocial emergencies and supporting communities in developing local response plans, with two regional trainings planned for summer 2025.

Additional training initiatives included Psychological First Aid (20 participants in November 2024) and Trauma, Grief and Vicarious Trauma certification (25 participants in February 2025). The Regional Health Support Worker team actively supported clients at special events. The Missing and Murdered Indigenous Women and Girls working group progressed towards a large gathering. The Ground Penetrating Radar committee continued consultations with Indian Residential School (IRS) survivors. The IRS Gathering took place in Chisasibi in August 2024. ASIST-trained individuals actively delivered workshops regionally and in Montreal. Two trainers were certified in Safe Talk.

Mânûhîkû collaborates with Public Health on the Uskâu ihtûwin (New Ways) project in Waswanipi, offering regular counselling for youth and adults. Art therapist Camille Bouchard is also engaging Waswanipi youth in a community mural project.

# Γ΄σ·<βΓ"ΔΡΓ<sup>δ</sup> mîniwâchihikimikw HEALING LODGE



Laura Bearskin
DIRECTOR

There has been much progress with the Miskasowin Healing Lodge (MHL) in preparation for the physical development of this new rehabilitation centre offering programs and services for addictions within Eeyou Istchee. The name for the healing lodge was selected in May 2024 through steps that culminated in an online vote. The team continues to grow, with the following positions being added: Intake Worker, Clinical Services Specialist, Program Planning Research Officer (PPRO) Traditional Healing, Land-Based Organizer and Human Relations Officer.



The team continues with development, learning and training as it builds programs and services for the facility. A multi-partnership approach has allowed the completion of three land-based detox programs and one aftercare program. This has provided much needed services and activities as well as learning opportunities for our staff and partners.

Next steps are to continue to build pathways of care for participants and establish relationships with community partners. The MHL remains committed to sharing information as its work progresses.

The MHL team continues to draw on guidance from those who have attended our activities, including community members, Elders and partners, as we develop our pathway. The team also benefits from the experience and knowledge of its rapidly growing staff.

Highlights include the signing of Memorandum of Understanding for the proposed MHL site as well as having 30 participants complete land-based detox programs, with seven participants returning to continue their healing journeys.

### Partners and collaborators include:

- Niwakamokanak Team from Ontario, for the delivery of the land-based detox
- Chisasibi Cree Nation Youth Council, for the delivery of Young Men's Retreat
- Nishîyû of CBHSSJB, for providing traditional healers and knowledge keepers
- Mânûhîkû, for providing Clinical Care
- Regional Miyupimatîsûn
- Local NNADAP workers

A few words from the participants of the land-based projects:

"Being on the land helped me concentrate on myself"

"I was very happy we were able to connect with each other and in our own language"

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### YOUTH HEALING SERVICES



Ashley Smithman
INTERIM
DIRECTOR

Youth Healing Services (YHS) has faced challenges this past year and, in response, implemented significant changes to maintain best practices and ensure quality services. Despite adversities, the team is committed and proactive, continuously innovating solutions to support youth. It is with great admiration and gratitude that we thank them.

YHS aims to contribute to the protection, rehabilitation and wellbeing in all aspects (physically, mentally, emotionally and spiritually) of youth in our care, through the implementation of programs that provide safety, security and treatment.

The team is committed to providing compassionate and effective family-oriented programs with respect to traditional Cree values and teachings, and to providing a sense of acceptance and belonging for youth experiencing a wide scope of difficulties.

### Staffing, orientation and training

To enhance team performance and meet evolving organizational needs, YHS welcomed four new coordinators, one PPRO and an increased number of permanent positions and recall staff. These additions bring valuable expertise and energy.

New employees participate in a comprehensive orientation program. YHS also provides mentorship and coaching opportunities.

Training this year included: Internal Training on Policies and Procedures; Boscoville training; a Symposium on Youth and Child Trauma; Safe Talk; *Approche Sécuritaire*; Let's Reflect on Ourselves training; Sexual Awareness training; and National Addictions Awareness.







### Specialized programs delivered:

- TCI Training: Our in-house certified TCI
  trainers teach ways to prevent and deescalate potential crises, building the
  capacity of staff to manage aggressive
  behaviours, avoid injuries, and use crisis as
  teachable moments. TCI is a system that
  helps create a trauma-sensitive environment
  where children and staff are, and feel, safe,
  and where all staff understand the effects of
  trauma and adversity.
- CPR Certification: Two in-house trainers were certified to provide CPR training for staff.
- Aggression Replacement Training (ART):
   ART is a multimodal, psycho-educational
   intervention designed to alter the behaviour
   of chronically aggressive adolescents.
   The program incorporates three specific
   interventions: skill-streaming, anger control
   and moral reasoning.

### Facility improvements

Wêsapou Group Home in Chisasibi underwent major renovations to improve safety and comfort. Repairs and maintenance are underway in Mistissini at the Reception Centre and Upâchikush Group Home, with efforts to turn the living environments into warm and welcoming spaces.

### Partnerships and collaboration

YHS is grateful for its dedicated and caring community partners. Efforts are ongoing to strengthen the partnership and collaboration with Youth Protection. Clinical committees were established with partners from the CMC and CSB to address youth needs.

Mânûhîkû/Uschinîchisû offered active listening workshops to educators to strengthen communication skills, foster respect and create an empathetic environment. The Jordan's Principle team supported accessing funds for the intervention team's essential services.

### Public relations and awareness

YHS launched initiatives to highlight the team's positive contributions and the opportunities available to youth, to address public misperceptions of YHS and youth in care. Working with the communications department, we aim to build stronger networks and reduce stigma.

### Bush program

The Bush Program offers holistic land-based programs with camps for both inland and coastal communities. It teaches cultural and traditional Cree life skills under the guidance of bush program workers and Cree Elders. Some activities include the journey of wellness, the canoe brigade, and workshops in such skills as making snowshoes, beading, sewing, smoking fish and more.

Youth Healing Services has adapted and persevered through challenges this year. It was a time for heartfelt goodbyes and new endeavours. We are grateful for our dedicated staff and look forward to what we can accomplish in the coming year!



## 

awâshish sikîschâhyitimuwin a ihtûtâkiniwiyich

### YOUTH PROTECTION



Taria Matoush
INTERIM
DIRECTOR

This past year was one of growth, learning, and deepening commitment to Youth Protection's mission of ensuring the safety, well-being, and cultural integrity of Cree youth in need of protection. As a public organization, YP is entrusted with a huge responsibility that reaches beyond individual intervention—it speaks to the health of our families, our communities, and our shared future as a Nation.

In 2024–2025, YP restructured services by dividing responsibilities within some communities. Dedicated protection teams now focus on evaluating and orienting retained signalments, while separate support teams work with families to provide assistance, prevent recurrence, and address the underlying issues that led to Youth Protection involvement. These changes have led to increased collaboration with local schools and health care teams, and continue to provide support that is not only effective, but grounded in Cree values. YP also faced challenges: staffing shortages, resource gaps, and the growing complexities of socioeconomic issues in a rapidly changing social landscape faced by our communities.

YP is deeply appreciative of its dedicated team members across all nine Cree communities. They are committed to protecting children and youth whose security and development are compromised. Their commitment, resilience, and compassion are the foundation of everything YP does. To the youth and families YP serves, thank you for your trust. Your strength, resilience and aspirations to raising strong healthy children encourages our work every day.

For 2025–2026, YP aims to increase community-based responses, strengthen cultural safety in all its services, and continue to work toward a more integrated, youth- and family-centered approach. YP has partnered with Nishîyû in *Peyakutenû Nîshtam* (Family Group Conferencing) and will utilize this service to reduce placements and empower families to determine their protection plans. YP has also partnered with the Justice Department of the Cree Nation Government to support youth aging out of care. This effort, currently in the planning stages, aims to support youth to live autonomously with wrap-around supports to help each of them to succeed as their young lives move forward.

Finally, although YP sincerely appreciates working with the families in the communities, the team is aware that interventions in youth protection can be very intrusive. The involvement of youth protection should be a last resort, to be called upon only when the families and their communities have exhausted all their resources in ensuring the security, safety and development of the child/ren. The Cree Nation is a blessed Nation, rich in resources, and should not have the high numbers of children and youth in care as we do today.





# Orientations completed in 2024-2025



YP REPO	RTS RETAINED BY SPECIFIC ARTICLE	0-5	6-12	13-15	16-17	Total	
38 a)	Parental responsibilities not taken on by another person	6	5	1	0	12	1,89 %
38 b)1 i	Neglect in terms of physical needs	3	3	0	2	8	1,26 %
38 b)1 ii	Neglect in terms of health	22	9	3	0	34	5,35 %
38 b)1 iii	Neglect in terms of education	10	11	7	3	31	4,87 %
38 b)2	Serious risk of negligence	95	80	23	23	221	34,74 %
38 c)	Psychological ill-treatment	21	16	6	4	47	7,39 %
38 c) 1	Exposure to domestic violence	25	22	2	1	50	7,86 %
38 d) 1	Sexual abuse	2	12	10	10	34	5,35 %
38 d) 2	Serious risk of sexual abuse	10	13	2	1	26	4,09 %
38 e) 1	Physical abuse	7	22	11	9	49	7,70 %
38 e) 2	Serious risk of physical abuse	6	9	3	3	21	3,30 %
38 f)	Serious behavioural disturbance	0	9	48	45	102	16,04 %
38.1 c)	Failure to carry out obligations with regard to the child who has been placed	0	0	0	1	1	0,16 %
TOTAL		207	21	116	102	636	

ORIGIN OF REPORTS PROCESSED	Total	%
Community	150	12,27%
Employee of different organizations	305	24,94%
Family environment	401	32,79%
Police environment	319	26,08%
School environment	48	3,92%
TOTAL	1,223	100%

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# PROGRAM DEVELOPMENT AND SUPPORT



Anne Foro
DIRECTOR

In 2024-2025, the Program Development and Support (PDS) team continued their collaboration with internal and external partners, as well as community networks. Efforts were guided by the needs of the population, while respecting Cree culture and traditions.

Key contributions included the deployment of the Mobile Hospital at the Eeyou Istchee Summer Games, advancing emergency evacuation and medical response protocols, and supporting emergency procedures across facilities (colour code protocols). The team played a key role in the ongoing development of the Miyupimâtisîun Integrated Care Model (MIC-M), including updates to the basket of services and roles and responsibilities.

The team also supported midwifery services, particularly the birthing home in Waskaganish and the Midwifery Training Program (Eeyou Istchee Pimâtisîwin Chiskutimâchawin). Improvements were made at Robin's Nest/Pîpîchâu Uchishtûn, and the team contributed to planning new services for elders' homes and home care.

Other highlights include expanding Kapatâkan (community-based addiction recovery pilot project) to Waskaganish and Nemaska using Two-Eyed Seeing and harm reduction approaches, as well as collaborating on chronic disease management tools and developing data tools to support service evaluation.

In 2025-2026, the team will continue strengthening services, with a growing focus on evaluation and supporting requests from partners.

# Pre-Hospital Emergency Services and Emergency Measures

The Pre-Hospital and Emergency Measures department includes services and management in emergencies. Emergency services are our first responders on the ground, working in the moment to save lives and respond to crises. Emergency management is the strategic layer, concerned with coordination, planning, mitigation and recovery.

Notable accomplishments in 2024-2025 relate to the Cree Medical Bush Kit, the Mobile Hospital Unit, the deployment of 25 AED-Zoll defibrillators with EEPF cruisers, code colours and investigation functions.

### Cree Medical Bush Kit

The Bush Kit is a first aid kit that equips trained users to respond to emergencies in remote areas; 192 are currently active on many traplines throughout Eeyou Istchee.

We joined forces with ResusMind, the Canadian Space Agency, Canadian Red Cross and Cree

Trappers Association to improve the Bush Kit with Advanced Astronaut Medical Support (A.D.A.M.S.), combining traditional knowledge and innovative technology. A.D.A.M.S. features a suite of medical protocols, procedures and decision support tools. A recent simulation in Whapmagoostui utilizing the application proved it to be effective in field emergency scenarios.

Collaboration continues with Guy Poulin, Wilderness First Aid Consultant, to train users of the Bush Kit, across Eeyou Istchee.

### **Mobile Hospital Unit**

The Mobile Hospital Unit (MHU) continues to be developed around the four pillars necessary for responding to emergencies, developing policies and procedures, and ensuring sustainability as the initiative continues to grow:

- operations and coordination
- clinical and public health
- logistics, warehouse, transport and maintenance
- workforce readiness and training



Dr. Kavi Gosal treats a patient (setup pic) in the mobile hospital.



In 2024, a partial simulation was held in Waskaganish, with trainees from Waswanipi, and a first full-scale deployment occurred during the Eeyou Istchee Summer Games to provide care to athletes and preserve the local CMC's service offer.

The deployment was operational for six days, providing essential health services to 91 registered clients, alongside multiple health consultations. Though it was considered a success, some challenges included the incomplete patient flow process and need for a better registration process. Finally, the logistics team had a training session in Mississauga and MHU Coordinator Kellyann Meloche was hired to bring new expertise to the project.

### First Responders - Ambulance Service

Community	Certified First Responders	C 1* Calls	C 2-3* Calls
Oujé-Bougoumou	20	98	109
Waswanipi	4	212	223
Eastmain	12	102	72
Waskaganish	21	544	332
Nemaska	17	184	93
Wemindji	28	301	26
Mistissini	28	1,445	470
Chisasibi	20	831	13
Whapmagoostui	18	74	25
Total	168	3,791	1,363
GRAND TOTAL		5,1	54

\*C1 represents Category 1 lands from the home a CMC for medical emergencies. C2-3 represents Category 2-3 lands off the reserve from a CMC to a medevac plane or to

# Deployment of 25 AED-Zoll defibrillators with EEPF cruisers

A police officer was trained as the in-house trainer for the police use of defibrillators. To date, 100 police officers have been certified.

### **Code Colours**

This initiative is ongoing with all communities' CMCs and MSDCs and the two Robin's Nest shelters.

The Espresso Emergency Preparedness Plan, including guidelines for patients with escorts, available rooms, lists of patients, code lodging and more, is to be completed by summer 2025.

The Code White (violent or aggressive patient) working group is completing policies that will be presented to the Board of Directors for approval.

### Intelligence investigation functions

- Develop case reports as a conduit for providing situational awareness information to communities pertaining to confidential incidents.
- Prevent and deter potential unlawful activity, incidents and attacks on staff.
- Identify and create a chain of custody for evidence to be safeguarded and examined.

### Midwifery services

The midwifery program continues to develop. This past year, 90 per cent of the pregnancies within the Chisasibi Pole were followed by midwives, with over 120 referrals and 37 labours and births in Chisasibi. A significant milestone in consolidating the Chisasibi Pole was the finalization of pathways to ensure access to midwifery care for women from Wemindji and Whapmagoostui, including the option of giving birth in Chisasibi.

Waskaganish saw the launch of prenatal and postnatal midwifery services, with a local advisory group helping guide their implementation.

Since fall 2024, 70 per cent of pregnancies in Waskaganish have been supported by midwives. Services in that community will be further enhanced with the new Waskaganish Birth Home, which is expected to be completed in fall 2025. Nurses from Nemaska and Eastmain can consult the Midwifery team in Waskaganish for obstetrical cases through the regional on-call nurse.

The Midwifery team collaborates closely with CBHSSJB professionals and departments to ensure optimal care for perinatal life-carriers in Eeyou Istchee. This collaborative approach involves forging strong partnerships with healthcare providers, administrators, and support staff across different disciplines. This collaboration takes various forms, including interprofessional training initiatives, support for traditional birthing practices, collaborative meetings, and an on-call midwife in both Chisasibi and Waskaganish.

The Midwifery team in Chisasibi held 28 emergency practices in various locations (home birth setting, hospital, birth home), which included nurses, doctors, and residents; this level of participation marks an increase of 50 per cent from last year. In Waskaganish, the team ran 10 emergency practice sessions in the CMC, with nurses, doctors, and residents. Further, over 25 Waskaganish physicians and nurses participated in Midwifery's Neonatal Resuscitation Program - Advanced Certificate as well as the Emergency

Skills Workshop Connect training program, which supports interprofessional collaboration and knowledge exchange between midwives and other healthcare professionals, such as nurses and physicians, particularly in Northern, rural, and remote communities. The Midwifery team continues to build stronger relationships with healthcare professionals in Val-d'Or and Montreal.

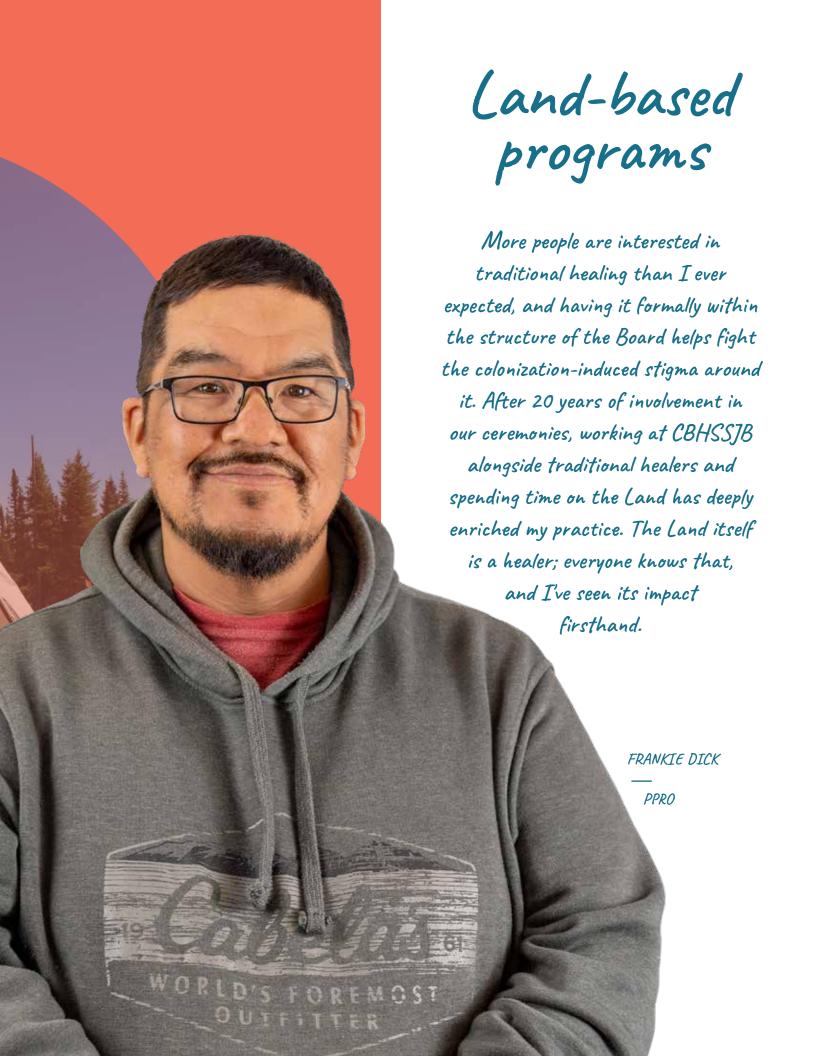
Midwives in Chisasibi and Waskaganish also participated in regular and semi-regular meetings with other health care professionals to ensure the proper management and support of cases and the development of perinatal services within the Miyupimâtisîun Integrated Care Model.

# Eeyou Istchee Pimâtisîwin Chiskutimâchawin

On July 26, 2024 the Eeyou Istchee Pimâtisîwin Chiskutimâchawin (EIPC), or Cree Midwifery Training Program, was officially launched. This program, resulting from decades of effort by community members, weaves together traditional and modern midwifery, with learning taking place on-territory. It allows for self-paced learning and OSFQ licensing upon graduation. Led by EIPC's Cultural Training Officer, and in collaboration with community members and Elders, in July four chiskutimwâkanch (trainees) attended a five-day land-based intensive on Fort George Island for *liyimîchiwâhp* teachings. The chiskutimwâkanch began participating in clinics in Chisasibi in August. In January, the EIPC grew to five chiskutimwâkanch, with the fifth working in Waskaganish, where she will be part of the development of midwifery services.

Each community hosting the program has a Cultural Training Officer responsible for connecting the program with Elders and supporting the cultural part of the curriculum. Since the program began, around 20 births have been attended by a Cree chiskutimwâkanch learning from the process and supporting families.





## ₽ŊĄ ΓΥΝΓ∪ΥΡο NISHÎYÛ MIYUPIMÂTISÎUN



Lisa Petagumskum ASSISTANT EXECUTIVE DIRECTOR

The year 2024-2025 has been a year of numerous changes and navigating them has been challenging at times. In spite of these challenges, the Nishîyû Department continued to fulfill its mandate in the best possible way to ensure access to traditional pathways of healing through various activities and formats.

As part of quality assurance and service delivery improvement, capacity building within the department has been prioritized with several trainings including Indigenous Focusing Oriented Therapy, Third-Party Neutral Training, Indigenous Cultural Competency and Trauma-Informed Training certification from York University, and Reiki. The objective of these combined trainings is to ensure our own wellbeing and prevent the impact of vicarious trauma. By providing healing opportunities and skill development for our staff, we have changed the way we provide programs and services.

Local staff collaborated on various events in their communities, where surveys reveal their new skills were evident and well received by the participants. The Miyupimaatisiiun Committees continue to be the focal point of community engagement and the action plans they submitted at the bi-annual regional Gathering served to reinforce this stance.

Peyakûtenuu Nîshtam was officially launched end of March. It marked the beginning of a dedicated and fully-trained team ready to collaborate with Youth Protection in the delivery of services to families with children in care. It will give voice back to the family in designing their care plans within their homes and family life.

### Nishîyû Mîniwâchihîkusîwin

Nishîyû Miyupimâtisîun (NM) is committed to promoting health, healing, and wellness in Eeyou Istchee through a holistic lens—one that embraces physical, emotional, mental, spiritual, environmental, social and cultural well-being. At the core of this mission is the transmission of Cree knowledge, values, and traditional teachings to members of the Cree Nation.

The CBHSSJB upholds this mission by supporting individuals, families and communities in their pursuit of miyupimâtisîun—a state of well-being grounded in the spirit and teachings of Nishîyû.

Driven by traditional knowledge and cultural practices, NM is dedicated to strengthening the health and way of life of Cree people across generations.





In the spirit of social solidarity, NM has championed and supported various initiatives that contribute to community wellness through teaching, training, and cultural connection. Highlights from the year include the work of the Miyupimaatisiiun Committee, Peyakûtenû Nîshtam, workforce development, services and a number of meaningful gatherings held throughout the territory.

### Peyakûtenû Nîshtam

Formerly known as Family Group Conferencing, this program was renamed by Elders as Peyakûtenû Nîshtam, meaning "Family First." It is a voluntary support program for families involved with Youth Protection, providing a collaborative space to build Miyupimâtisîun Plans.

The experiences gained from a pilot in February is now guiding the development of our program manual. The official launch took place March 10, 2025, in Mistissini, bringing together guests, staff and community members for a meaningful celebration. Collaboration with Youth Protection continues to grow.

### Workforce Development

NM supports trauma-informed care rooted in cultural knowledge. This year, 14 employees and 10 Traditional Counsellors (TC) or Eeyou/Eenou Knowledge Keepers (EKK) were certified in Indigenous Focusing-Oriented Trauma Therapy. Five also earned Train-the-Trainer certification.

In partnership with the Canadian Institute for Conflict Resolution, five employees and five TC/EKK completed certification in Informal Conflict Resolution. Thirty additional staff members completed a six-week certificate in Indigenous Cultural Competency and Trauma-Informed Training at York University.

Reiki was introduced this year. In Level 1, six employees and four TC/EKK were certified; in Level 2, five employees and three TC/EKK. Reiki supports energetic balance and healing.

Several team members also joined the Southcentral Foundation's "Beauty for Ashes" program, which addresses intergenerational trauma. NM is exploring ways to expand the program locally.

### **Services**

On April 15, 2024 we were honoured to sign nine Traditional Counsellors and Eeyou/Eenou Knowledge Keepers to support projects at both local and regional levels. These included translation services, cultural safety training, and participation in Nishîyû Mîniwâchihîkusîwin.

Service agreement hours	LOCAL projects	REGIONAL projects
Traditional Counsellors	9	112
Eeyou/Eenou Knowledge Keepers	13	143
Total number of hours	252	8,677

### Translation services

Key translation requests included Cree Youth Protection Commission documents, Mobile Hospital signage, Canadian Red Cross requests, Cree Language group terminology, and multiple projects from CBHSSJB departments.

We greatly appreciate Louise Iserhoff-Blacksmith for her work for Inland translations. Coastal support remains internal until the position is filled.

### **Cultural safety**

Mandated by NM's Strategic Regional Plan, Cultural Safety Training supports CBHSSJB staff and partners in respectfully engaging with Cree culture and communities:

CULTURAL SAFETY TRAINING (CST)	Participants
Introduction Basic CST 4 hours (in person)	218
Introduction Basic CST 4 hours (online)	411
Total number of participants	629

We are proud to have maintained our working partnerships and were able to develop additional ones.

Trainings were conducted in collaboration with:

- CBHSSJB departments (Public Health, CMPD, DSPQA, Chisasibi CMC, Physiotherapists, WESC)
- Provincial partners (CIUSS Indigenous Cultural Security Working Group, Communauté de pratique en sécurisation culturelle, Ordre des Hygiénistes dentaires du Québec, McGill University Health Centre, McGill Lab for Computational Psychiatry and Translation, Douglas Research Centre)

### **Highlights**

Regional Miyupimaatisiiun Committees
Gathering 2025 In February 2025,
representatives gathered in Québec City
for Mamu-Miyupimâtsîdâu, advancing the
2023 Community Miyupimâtisîun Committee
Partnership Agreement. These committees
identify local health and social priorities and
propose local solutions. The gathering helped
solidify regional planning and collaboration
between the CBHSSJB, the Cree Nation
Government, and the Cree School Board.



# Number of activities and participants in our local and regional project charters (2024-2025)

NISHÎYÛ MÎNIWÂCHIHÎKUSÎWIN	# of activities	# of participants
Land-Based	12	151
Traditional Healing	20	398
Traditional Medicine	21	92
Gathering of Traditional Knowledge*	22	497
Wâpimausuwin/ Utinausuwin	11	56
Community Based*	14	164
TOTAL	100	1358





# **Regional Gatherings**

The Sundance Healing Gathering (July 25–28, 2024) brought together a variety of sacred ceremonies specific to this powerful tradition. We were deeply honoured to unite Waswanipi River and Red Eagle Lodges for this event, welcoming 250 participants who came together in the spirit of healing and celebration.

Held July 3–16 and Sep. 3–13, 2024, the Richmond Gulf Healing Weeks Vision Quest events hosted 16 participants each. Activities included sweat lodges, fasting, Spirit Name ceremonies and traditional teachings. Eighteen participants gathered at KAW (east of Whapmagoostui) for Land-Based Healing Week (Oct. 8–15, 2024), which included sweat lodges, ancestral feasts, therapy and ceremonies such as the shaking tent.

At the Youth & Knowledge Keepers Gathering (Nov. 11–14, 2024), 32 youth and 11 TC/EKK engaged in sacred fire ceremonies, grief circles,

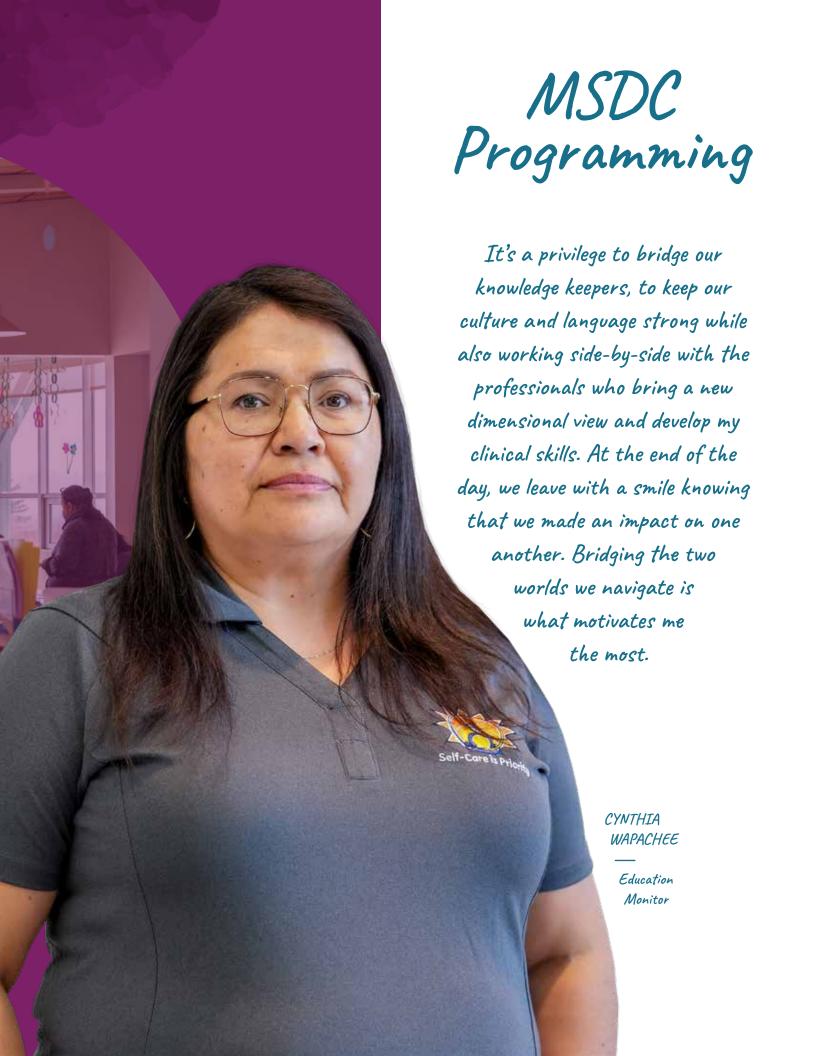
drum and ribbon skirt making, medicine teachings and evening feasts.

Twenty-two men explored their roles in community in the Men's Gathering (Feb. 11–13, 2025), through sweat lodges, teachings, and healing activities.

At the Women's Gathering (March 24–28, 2025), 23 participants joined in healing circles, traditional ceremonies and wellness activities.

Each gathering offered meaningful healing experiences. Participants received Spirit Names, shared stories, and reconnected with traditional ways. Being out on the land at the outfitter recently acquired by CBHSSJB, right in the heart of the territory, brought a sense of peace and belonging. Friendships were born, stories and tears were shared, and laughter echoed in the distance.





# L4VFUYP MIYUPIMÂTISÎUN



**Christina Biron** ASSISTANT EXECUTIVE DIRECTOR

The foundation of a thriving healthcare system lies in accessible, high-quality services. As we reclaim our path, we emphasize the importance of family-centered, integrated primary care services that address diverse health and social needs. By fostering collaboration among multidisciplinary teams and aligning services with organizational priorities, we aim to achieve equitable and holistic healthcare delivery.

That is why this year we laid the groundwork to scale our new model-of-care pilot project to create 28 care teams across the territory and further define our expanded services. Our focus on restoring our health journeys includes enhancing well-being through culturally safe quality assurance measures. By integrating evidence-based practices and continuous feedback loops, we ensure optimized care outcomes while cultivating accountability and improvement.

This transformative approach rewrites our story, charting a new trajectory for integrated primary care services. It empowers action, encourages reflection, prioritizes health as a cornerstone of progress, and inspires the courage to craft a renewed narrative of meaningful change. Together, we can create a future where quality care is accessible to all and the path to support wellness is clearly defined.

The Miyupimâtisîun department remains steadfast in its commitment to expanding access to care, enhancing clinical coordination, and fostering multidisciplinary collaboration. Thanks to the dedication of our healthcare teams and the trust of the community members we serve, we are prepared for another year of growth and innovation.

I invite you to delve into our direction's comprehensive reports from DPSQA, the Regional Hospital, and the Community



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Nancy Shecapio Blacksmith

The Department of Professional Services and Quality Insurance (DPSQA)—Health is dedicated to enhancing the health and well-being of the Eeyou Istchee population by strengthening the skills and ensuring the competency of CBHSSJB healthcare professionals, including nurses, primary care community representatives (PCCRs), licensed practical nurses (LPNs), beneficiary attendants, nurse practitioners and homecare workers. Guided by Eeyou/Eenou culture, our vision embraces a holistic approach to mental, spiritual, emotional and physical health, with cultural safety being at the heart of staff training and nursing practices.

Comprehensive training initiatives were delivered this year, enhancing patient care. The annual nurses' training in September welcomed 238 nurses and Licensed Practical Nurses (LPN) in courses such as traumainformed care, conflict resolution, preventive care, diabetes management and Emergency Practice, Intervention and Care - Canada (EPICC). Additionally, 34 nurses were hired and trained in Northern Community Health Nursing for CMC roles, and four completed specialized renal health training for the Chisasibi hemodialysis unit. The inaugural PCCR training cohort of 15 members is underway, focusing on preventive and health maintenance care. In collaboration with the Cree School Board and John Abbott College, the Springboard to Nursing program was launched with 15 participants to foster local nursing careers. Notably, over 70 beneficiary attendants and homecare workers received their first annual training in Chisasibi, covering a number of relevant courses like dementia care, skin condition monitoring, dysphagia and palliative care.

Primary care access was extended with seven nurse practitioners now serving various communities. The Regional Nurse On-Call service is well-established in seven communities, having managed over 4,000 calls (50 per cent remotely), improving after-hours care and reducing oncall staff workload. The successful launch of the regional Nursing Floating Team increased territorial nurse coverage. The dedicated Renal Health team supported kidney disease patients, resulting in 17 kidney transplants in 2024 and a focus on slowing disease progression and facilitating patients' return home. The year-round wound care consultation service provided 1,182 in-person and virtual consultations, and 130 community members participated in a diabetic foot ulcer research project.

The Infection Prevention and Control (IPC) team effectively managed 37 outbreaks and surveillance activities, conducted over 450 consultations in the last six months, contributed to 10 construction and renovation safety projects, and delivered 22 in-person and virtual training activities for healthcare professionals. Four standardized Medical Device Reprocessing units are now operational in Chisasibi, Waskaganish, Waswanipi and Nemaska, with trained staff ensuring proper sterilization.

Significant planning is underway for the organizational shift to the Miyupimâtisîun Integrated Care Model aimed at improving primary care access. Upcoming priorities include reviewing nurse roles in Awash, developing training plans for care teams, and implementing care trajectories for specific health conditions to support integrated care.

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DPSQA - ALLIED HEALTH



Stéphanie Sicard-Thibodeau DIRECTOR

Nancy Shecapio
Blacksmith
INTERIM REGIONAL
PROXIMITY DIRECTOR

The regional team of DPSQA—Allied Health welcomed a regional coordinator in January 2024. Alexandra Hejazi, a physiotherapist with the CBHSSJB for the past three years, was welcomed to the team with enthusiasm. Having a regional coordinator allowed the team to enhance structure and coverage capacity, with direct support to the mobile team.

The team worked jointly with local CMCs to ensure access to quality allied health care.

Individual training needs were met for all allied health clinicians requesting specialized training to enhance their clinical skills in specific areas of need.

An in-person Multi-Service Day Centre (MSDC) tour also took place, with the regional support

team visiting community MSDCs to offer a twoday training tailored to supporting MSDC staff in engaging with community members and offering optimized services.

The respiratory therapy team was able to recruit three new members this year, allowing it to continue developing services. The team took a training on sleep-test reading, enabling the department to plan for sleep tests at home on territory. A total of three CPAP clinics were also held to support clients with mask fitting and improve the use of prescribed CPAP.

A pilot project in Waskaganish supported by the nutrition clinical advisor allowed 48 clients to see the local nutritionist who enabled them to receive diabetes medication without doctor or nurse intervention. Nutritionists in Eeyou Istchee



are encouraged to take the "right to prescribe" training in order to also be able to offer this service in their communities.

Audiology services continue to offer partial coverage in Whapmagoostui, Chisasibi, Wemindji, Nemaska and Waskaganish.
Recruitment for a vacant part-time position and enhancing corridor of services will be an aim for the coming year.

Speech and Language Therapy services, while offering coverage across all communities, also explored new means to deliver care, such as through a speech and hearing awareness month photo challenge through CMC's social media pages.

Alternative Augmentative Communication programming on iPad for CHSLDs (in collaboration with internal partners working on homecare and elder's support) aims to enable French or English-speaking staff to communicate messages and/or information to patients whose primary language is Cree.

HOURS OF DIRECT CARE BY COMMUNITY	Audiology	Speech & Language Program (SLP)	
Whapmagoostui	53,5	73,75	
Chisasibi	290,73	253,75	
Wemindji	13	118	
Eastmain	- 63		
Nemaska	27,5	64	
Waskaganish	182,5	356,74	
Oujé-Bougoumou	-	212,08	
Waswanipi	-	251,75	
Mistissini		278,58	



A multidisciplinary team hosted comprehensive training for the daycare coordinators and directors, allowing knowledge transfer with these key partners.

The orthotics pilot entered phase two and three and initiated services in the Mistissini pole.

Services continued to develop in the Chisasibi pole as well. Update and informative sessions were held for local teams and the board of directors. An increase in referrals was observed with this on-territory new service, which indicates that the services are successful and appreciated by community members.

Areas of opportunities addressed in 2024 included creating supportive tools for the allied health clinicians in their professional practice: for example, guidelines on data collection and supportive working tools on referral closures in order to ensure progress on the waiting lists. We continue developing support for clinical teams to offer the best care possible to the population.

# LD&Pulbe

mitunâyihchikin

# DPSQA – PSYCHOSOCIAL WÎCHIHÎWÂUWIN



Émilie Desnoyers

INTERIM

DIRECTOR

Nancy Shecapio Blacksmith INTERIM REGIONAL PROXIMITY DIRECTOR

Guided by our commitment to continuous improvement and aligned with the MIC-M, the DPSQA-Psychosocial team's action plan has focused on our regional mission: supporting the delivery of quality and culturally safe psychosocial services across Eeyou Istchee.

# Strengthening Foundations Through the Four Directions

Relation to self
SelfAwareness

Rooting in the community

Rooting in the community

Common Vision

The team actively fostered stronger connections with local CMCs, internal partners and Eeyou-Eenou entities. By creating more collaborative spaces, we aim to improve access to psychosocial services that are responsive to community needs. Ongoing and respectful dialogue was prioritized to reinforce our commitment to community-led psychosocial support.

Through close collaboration, including staff consultations and research grounded in decolonizing approaches to psychosocial care, the team aims to align quality standards and service delivery with Cree values and organizational priorities. This co-creation process has resulted in a shared vision that will shape the revised framework for psychosocial services.

Recognizing that quality of care is intimately linked to staff well-being, we emphasize self-awareness and reflection as integral components of professional practice. We implemented reflective supervision tools and introduced training on trauma-healing informed care to support our team.

The team invested in capacity-building through collaborations with educational institutions, local management teams, and psychosocial team leaders to cultivate a skilled and stable workforce. In parallel, we enhanced onboarding processes while ensuring that our annual gathering continued to meet needs of front-line workers.

# PROFESSIONAL CALLING FOR SUPPORT

REASONS FOR CALLING	Number of CALLS
Nurse - Nurse-on-call	314
Psychosocial	95
Psychosocial local on-call	168
Doctor	26
Police	194
Other (Coordinator, Midwife, etc)	0
TOTAL	797

# **Highlights 2024-2025**

- → The fifth consecutive year of the Psychosocial Annual Gathering, themed "Harnessing Our Light," brought together approximately 150 front-line psychosocial workers for connection and training.
- → In partnership with the Cree School Board (CSB) and McGill University's School of Social Work, the first cohort of a Bachelor's in Social Work program will launch in Fall 2025, supporting professional development for psychosocial staff within their communities. A revised clinical process and accompanying tools were co-developed, integrating Nishîyû's perspectives and aligning with the MIC-M framework to strengthen culturally-grounded clinical care.
- → The Wîchihîwâuwin Helpline pathway of services was successfully implemented in most communities, expanding 24/7 access to culturally safe support from a workforce trained in crisis intervention.
- → We connected with and built a database of over 150 informal caregivers across Eeyou Istchee, with the goal of fostering a sense of community, providing support through training and information sessions, and improving access to services.
- → A collaborative intervention group was created to address complex cases of mistreatment with various Eeyou Eenou entities. In partnership with Concordia University, we launched Jane's Journey, an innovative escape game to raise awareness about Elder mistreatment.

→ The transition of Foster Care Resources to Youth Protection was completed successfully, ensuring continuity of care.

### MAIN REASON FOR CALLS

REASONS FOR CALLING	Number of CALLS
Mental Health	377
Physical Health	46
Suicidal Risk	409
Interpersonal violence	86
Family Issues	111
Living Situation/Housing	266
Substance Abuse	77
Logistical and Administrative	85
Clinical Support	61
Youth at risk	35
Vulnerable adult	13
Information	184
TOTAL	1,750
Compared to 2023-2024	+ 30%

Looking ahead, the DPSQA-Psychosocial team reaffirms its commitment to walking alongside community members on their journey to wellness. It will continue to embrace the four orientations of the action plan, in alignment with the Strategic Regional Plan, to further strengthen culturally grounded psychosocial services across Eeyou Istchee.



# $\Gamma$ \$ $\dot{\Gamma}$ \$ $\dot{\Gamma$

chisasibi nituhkuyinikimikw

# CHISASIBI REGIONAL HOSPITAL

Despite the turnovers in the management team, the Regional Hospital team has been able to maintain quality services. We are working closely with the Project Management Office (PMO) to ensure action items of the new hospital plans are completed. A collaborative working group is addressing managerial structure and other development needs. The team looks forward to working collaboratively with MRD on renovations in the existing hospital.

#### **COORDINATION OF NURSING SERVICES**

#### Medicine

Capacity is increasing to 24 beds, comprising 8 chronic, 14 acute care and 2 respite beds. The renovation of the existing pharmacy cubicle on the ward and additional administrative support with medical supplies orders means medical supplies are readily available in each department.

#### Sterilization

A Medical Device Reprocessing Unit (MDRU) is exclusively available for sterilizing equipment. Additional staff receive ongoing training, thanks to help from DPSQA-Health.

# **Emergency**

The STAT-URGE system was launched in February. A Northern Attendant is needed to assist with the registry of clients and to help with data collection. We are working closely with MRD to upgrade the unit.



Priscilla Weapenicappo DIRECTOR

Nancy Shecapio Blacksmith INTERIM REGIONAL PROXIMITY DIRECTOR

# Hemodialysis

The hemodialysis team has been stable since December 2024 and is currently treating 24 patients using nine machines, with two backups on the unit. Two additional machines will be received soon. Four patients have received kidney transplants, bringing the waiting list to zero.

# **Ambulatory**

The Ambulatory Clinic has been a success since its implementation, decreasing the workload of the emergency staff. This new department would benefit from new permanent positions and a space of its own within the hospital premises.

#### **Social Services**

A new social worker and a new community worker joined the team, along with an additional status two community worker. An additional social worker is being sought to complete the team, which supports hospital staff with the psychosocial needs of clientele, including chronic clients

# CHISASIBI REGIONAL HOSPITAL STATISTICS 2024-2025

Admissions	373
Hospitalization days	5742
Transfer to other health centres	22
Deaths	10
Acute care average days	15.75
Bed occupation rate	78.75%



Chisasibi Dentists, Pharmacists & Physicians

#### **COORDINATION OF CLINICAL SERVICES**

# Regional eeyou eenou laboratory services

Regional Laboratory Services continue to uphold high standards in diagnostic support across most communities. Despite challenges, the dedicated team of medical technologists maintained exceptional laboratory testing and welcomed new members. Future plans focus on team stability and increased localized testing to enhance turnaround times and client care.

# Radiology services

The Chisasibi Radiology Department has been providing critical imaging services such as X-rays, ECGs, and ultrasounds, completing 4914 procedures this past year. New team members joined to strengthen expertise and service delivery.

#### Point-of-Care services

Point of Care Services have been essential in delivering immediate diagnostic information.

Expanded Point-of-Care Testing (POCT) has reduced test turnaround times and improved medical care. Next year, we aim to further develop the department and implement POCT in all nine Cree communities.

# Hospital medical archives

The Regional Chisasibi Hospital Medical Archives dedicated team ensured the accuracy, confidentiality, and accessibility of patient records, filed 52,003 requisitions, and partnered with Regional Archives on client information management.

## ADMINISTRATIVE SERVICES

Three staff members were nominated: an administrative technician, a guard, and a food services attendant. We have a positive ongoing partnership with the architects to decide the structure of the new hospital. The challenges faced are manageable with support from other departments.

# CHISASIBI POLE

Chisasibi	Whapma	Wemindji	MEDICAL EVACUATIONS
	82	64	emergency
	215	436	scheduled
			CURRENT SERVICES
	1,448	542	consultations with family doctor
	2,240		consultations with specialist MD
		 606	consultations with other specialist - dentist
			consultations with a nurse practitioner
			consultations with other specialist
	6,079	6,091	consultations with a nurse (walk-in)
			consultations with a nutritionist
	- 1,217	- 2,178	consultations with a nurse for medication refill labo
	-	5,738	pharmacy
		5,755	pharmacy
			AWASH
1,269	559	872	consultations with a nurse
898	-	330	consulation with family doctor
1,282	470	541	consultations with a CHR (individual)
16	182	1 -1 11 10	number of group activities by a CHR
153	287	43	consultations with a community worker
			nurse practioner * (added)
		42	consultations with a social worker
		150	pediatrician * (added)
	59		nurse vaccinations
			consultation with HRO
			USCHINÎCHISÛ
1,183	29		consultations with a nurse
1,060	-		consultation with mental health nurse
327			consultations with a school nurse
528			consultations with a family doctor
		2,523	consultations with a PCCR (individual)
		27	number of group activities by a CHR
1,109	636	50	consultations with a community worker
( - 1 / A )			number of group activities by a community worke
	1,037		consultations with a social worker
		- 0	consultation with nutritionist
3 -	-		consultations with a CHR (individual)
53		70	consultations with a NNADAP worker
<u> </u>			youth flu vaccination medical evacuations
	3		consultations with HRO
			Consultations with the
			CHISHÂYÎYÛ
1,245			consultations with a nurse
			consultation with a mental health nurse
550		 38	consultations with a footcare nurse
1,882			visit/follow-ups with doctors
			consultations with MD (phone)
457	381	354	consultations with a CHR (individual)
			consultations with a PCCR (individual)
			consulations CHR ophthalmology (individual)
-	312	3	number of group activities by a CHR
745	160	25	consultations with a community worker
	748	97	consultations with HDO
	195		consultations with HRO
	- 403	-	number of homecare hours number of homecare visits
	403 854	522 2.095	MDSC day program participants at end of year
	034	2,095	
			psvcno-eg - psvcnosocial
- 1,959	- 1,268		psycho-ed - psychosocial number of meals served meals on wheels

# CMC rらがん CHISASIBI

"The two Miyupimâtisîun Care Teams, part of the Miyupimâtisîun Integrated Care Model continued improving their services," says interim local director Denise Pérusse. "The NISK team welcomed two new nurses and supported 405 admissions, including 100 diabetic clients. The PIYAAU team was staffed with two full-time nurses and one full-time PCCR. The team managed 156 admissions, 78 of which were diabetic clients."

This past year, the Chisasibi CMC team demonstrated exceptional dedication and teamwork. They carried out a well-coordinated and successful campaign to address measles vaccination coverage in the community. Proactive measures were taken to reduce the growing waitlist for blood pressure monitoring and chronic disease care. In July, the Employee Recognition Program acknowledged staff contributions and boosted morale; this initiative was made possible through the invaluable support of summer students from the administrative team. A new community organizer joined the team to enhance culturally relevant preventive programming. Thanks to the Awash team's efforts, medication inventory increased from 15 to 50 types, benefiting the entire CMC.

The Sampling Centre introduced several improvements this year to enhance service delivery. The expanded team is now supported by three permanent nurses. Centre hours have been extended, now open from 8 a.m. to 6 p.m., including lunch hours, to better serve the community. Walk-in services have been structured to improve scheduling, which has reduced wait times and increased efficiency. Telehealth follow-ups are now available for clients with HbAlc levels above 7.5 to support better diabetes management. Enhanced collaboration with the pharmacy has ensured smoother



Rachel Danyluk INTERIM REG. PROXIMITY DIRECTOR

Denise Pérusse
INTERIM LOCAL
DIRECTOR CHISASIBI

coordination for clients requiring injections. A strong partnership with Public Health has improved response to outbreaks like measles and meningitis. The addition of a dynamic new team leader has reinforced operations and team morale.

The Awash Clinic made significant progress as it transitioned into an extended perinatal services team. The Integrated Care Team enhanced collaboration among nurses, physicians and the midwifery team, supported by new local and regional working groups. Great strides were made in improving coordination within the clinic. Obstetrical and midwifery charts are now co-located for easier access and updates. Clinic schedules have been aligned with midwifery services for efficiency. Team dynamics were enhanced as Nurses and PCCRs now share workspaces to foster smoother communication, and plans are underway to co-locate administrative staff to reach this same goal.

	CMC SERVICES
381	nutritionist (CMC)
6,156	sampling centre
1,658	rehab consultations
	PIYAAU
441	consultation with a nurse
35	consultation with a community worker
830	consultation with a family doctor
340	consultation with PCCR (individual)
	NISK
596	consultation with nurse
1,527	consultation with family doctor
81	consultation with community worker
550	consultation with a PCCR (individual)



"We're striving to work together, not in silos," says Local Director Robert Wynne. "We're also building partnerships because we share the same health/social issues in the community of Whapmagoostui/Kuujjuarapik."

The Current Services nursing team is stable with most positions filled and some nurses even taking on extra duties. Exam rooms have been renovated and upgrades to the sterilization/reprocessing room and the pharmacy have begun.

The Awash program has one nurse and one PCCR, while a new Uschinîchisû nurse began in March 2025. The Uschinichisû PCCR works with the school nurse and assists the Public Health nurse with vaccinations. While four psychosocial community workers are on medical leave, there are still three full-time community workers. A new social worker began in September 2024 while another went on leave and will return in May. The replacement worker has expressed a desire to join the team and we await confirmation to determine if this is possible. The community organizer collaborates with the Public Health nurse, Minnie's Hope, and the Whapmagoostui First Nation, and also worked with the regional suicide prevention committee in preparing the 2025 regional suicide prevention conference. The coming year will see the team receive more trainings, especially locally, in team building, crisis intervention, case management, care plans, and suicide prevention.



Rachel Danyluk INTERIM REG. PROXIMITY DIRECTOR

Robert Wynne LOCAL DIRECTOR WHAPMAGOOSTUI

Chishâyiyû hired a new nurse. The February "Dry Month" challenge had 210 participants, with 132 completing the month - an increase in both enrollment and completion over last year, also reflected in fewer emergency visits for alcoholrelated issues. The nutritionist hosts Healthy Snacks and Meals workshops and participates in community activities, while also helping PCCRs with the Dexcom Glucose Sensor Program and with dietary/lifestyle changes teaching. The HCCP team is busy as our aging population requires more care; respite remains a challenge. The Multi-Service Day Centre (MSDC) provides Meals-on-Wheels lunches (and in some cases, suppers) to vulnerable Elders. The Public Health nurse collaborates with all Cree teams and Inuit Public Health on vaccine campaigns and contact tracings for rabies and STIs.

The Administration team had several new permanent hires; retaining staff remains a priority. The maintenance work-order system has been streamlined and the team works closely with IT and a security company to improve safety. The coming year will see further emphasis on training, team-building, and reinforcing the recall list.

Overall, the Whapmagoostui CMC anticipates 2025-2026 to be a year of growth, education and miyupimâtîsuin.



# CMC ΔΓσΓ΄ WEMINDJI

"In the spirit of collaboration and following the success of the Building Healthy Relationships conference, we continue to make efforts to work in alliance with community entities to provide awareness and promote health in all aspects," says interim local director Stephanie Jonah. "We are stronger together and aligning ourselves for the miyupimâtisîun of the people of Wemindji."

The Wemindji CMC experienced a transition in management when the local director was named the Chisasibi Pole's interim proximity director and an interim local director stepped in.

The use of the Electronic Medical Records (EMRs) has fostered collaboration between healthcare professionals and support staff, enhancing patient care. Training sessions have developed staff capacity, and two employees graduated from Cégep Marie-Victorin in Communications-Administration and were hired as administrative technicians. The newly renovated transit facility opened in July. In November, Wemindji hosted "Building Healthy Relationships," a collaboration with community entities.

Awash focused on restoring perinatal and wellbaby services for families with children, with support from midwives ensuring continuity of care during staff shortages. Core services continued and the team welcomed 29 infants. The Uschinîchisû team prioritized prevention and outreach for youth and school-age children, delivering education on hygiene, physical activity, and healthy routines. The psychosocial team expanded services with a new intake worker and provided counselling, harm reduction, and community support while collaborating on health awareness events. Staff development remained a priority, with team members participating in specialized training and postsecondary programs. Key hires strengthened the



Rachel Danyluk INTERIM REG. PROXIMITY DIRECTOR

Stephanie Jonah
INTERIM LOCAL
DIRECTOR WEMINDJI

team, though recruitment continues for vacant Awash nurse positions.

In Current/Chishâyiyû, the vacant head nurse and liaison nurse positions led to all permanent nurses being trained to assume these responsibilities in rotation. Currently, 10 of 11 nursing positions are filled. The social worker delivered individualized support and crisis intervention, connected clients to resources, and worked closely with other teams. PCCR staff led community programs on physical activity, chronic disease awareness and healthy lifestyle promotion, and ensured appointments were filled for the Clara Bus visit.

In June, a full-time Cree nurse joined the Home Care team. The team assists with daily activities, delivers palliative care and, with Multi-Service Day Center (MSDC), provides respite services. An administrative technician role has streamlined administrative duties, allowing care workers to focus on clients. The MSDC provides structured support through scheduled group activities, exercise programs and social engagement, including "Meals on Wheels."

The positive feedback from the pharmacist team's comprehensive evaluation of the pharmacy has led to improvements in medication services. Two full-time dentists, three full-time dental technician assistants and a visiting dental hygienist provide dental services. In March, two newly trained local dental technician assistants joined the team.

The fully staffed Administration team's commitment to delivering support is consistently recognized by visiting CBHSSJB health professionals.

# MISTISSINI POLE

Mistissini	Waswanipi	Oujé	MEDICAL EVACUATIONS
	53	25	emergency
	530	895	scheduled
			CURRENT SERVICES
4,964	1,188	247	consultations with family doctor
	951		consultations with specialist MD
		3	consultations with other specialist - dentist
		- All traction	consultations with a nurse practitioner
-	706	59	consultations with other specialist
17,144	10,385	4,241	consultations with a nurse (walk-in)
	- 5,782	86 129	consultations with a nutritionist consultations with a nurse for medication refill
1,722	-	354	labo
-		2,496	pharmacy
			AWASH
	733	251	consultations with a nurse
		90	consulation with family doctor
		187	consultations with a CHR (individual)
	-		number of group activities by a CHR consultations with a community worker
	285		nurse practioner * (added)
	4	 29	consultations with a social worker
	-	-	pediatrician * (added)
			nurse vaccinations
		0	consultation with HRO
			· · · · · · · · · · · · · · · · · · ·
			USCHINÎCHISÛ
1,550	185	15	consultations with a nurse
- 251		-	consultation with mental health nurse  consultations with a school nurse
- 251		158 6	consultations with a family doctor
		34	consultations with a PCCR (individual)
45		-	number of group activities by a CHR
97	285		consultations with a community worker
8			number of group activities by a community worke
69	4	131	consultations with a social worker
			consultation with nutritionist
645			consultations with a CHR (individual)
			consultations with a NNADAP worker
			youth flu vaccination medical evacuations
<del>-</del> 69			consultations with HRO
05			constitutions with the
			CHISHÂYÎYÛ
3,986	538	312	consultations with a nurse
			consultation with a mental health nurse
531	476	212	consultations with a footcare nurse
		11	visit/follow-ups with doctors
	-	-	consultations with MD (phone)
4,347	1,005	62	consultations with a CHR (individual) consultations with a PCCR (individual)
			consulations CHR ophthalmology (individual)
		- 16	number of group activities by a CHR
630	7,474	272	consultations with a community worker
258		61	consultations with a social worker
		8	consultations with HRO
9,718			number of homecare hours
5,987	4,840	840	number of homecare visits
	817	577	MDSC day program participants at end of year
996			and the second of the second o
996 - 6,972	409 -	- 1,876	psycho-ed - psychosocial number of meals served meals on wheels

# L,U,4 WISLISSINI



The Mistissini CMC made significant strides in healthcare delivery, supported by stable staffing, innovative service models, and a community-first approach. By combining strategic planning with collaborative execution, the clinic improved access to care and built a stronger, more responsive local health system.

A major milestone was the launch of a triage system in May, which streamlined patient flow and clarified clinical responsibilities. This helped ensure timely care while reducing strain on emergency services. The well-established ambulatory clinic, focused on chronic wound care, also enhanced efficiency—offering faster, more flexible treatment options and better patient outcomes.

Staffing stability played a key role in these successes. While some departments exceeded their nursing budget due to increased demand, the implementation of a 4x4 nursing schedule model allowed us to balance staffing needs and financial constraints. This flexible scheduling approach optimized shift coverage, helping to manage workload effectively and reduce burnout, while ensuring that the community's healthcare needs were consistently met without compromising care quality. By strategically utilizing both internal teams and external support, the clinic continued to provide comprehensive, high-quality services across all departments. Fiscal responsibility remained a top priority, with







Roberta Petawabano LOCAL DIRECTOR MISTISSINI

the department maintaining a balanced budget amid growing service demands. CMC Mistissini also stepped up to assist other departments experiencing staffing gaps, reinforcing a shared commitment to organizational resilience. In terms of service delivery, the clinic reported 4,964 family doctor consultations and 17,144 walk-in visits with nurses. Laboratory services processed 1,722 procedures. The Uschinîchisû department provided 1,550 youth nurse consultations, 645 individual CHR visits, and 251 school nurse consultations. Meanwhile, Chishâyiyû services included 3,986 nurse consultations, 531 footcare visits, 9,718 homecare hours, and 5,987 homecare visits.

The Awash team reported a 55 per cent increase in pregnancies, from 81 in 2024 to 125 in 2025. Of these, 83 resulted in live births, with 65.6 per cent completing full-term pregnancies. Risk factors included obesity (65 per cent), diabetes (57 per cent), and pre-eclampsia (13 per cent). The majority of deliveries occurred in Chibougamau and Montreal. Caesarean deliveries accounted for nearly 39 per cent, with most being elective. Notably, 62 per cent of patients received regional anesthesia. Postpartum birth control uptake varied, with 26 per cent declining contraception.

In the spirit of prevention and wellness, the Uschinîchisû team hosted National Native Alcohol and Drug Program (NNADAP) Prevention Week in November, blending traditional healing practices with modern support modalities. Youth services expanded with mobile outreach, safer medication tools, and individualized diabetes care plans.



"Last year involved capacity building" says local director Eleanor Gull. "This has led to partnerships with local entities, as well as training staff, including training on electronic medical records, so we can provide quality care that meets our patients' needs."

The CMC and community experienced two crises this past year. The death of four individuals – the CBHSSJB driver and three clients – in a tragic automobile accident at the end of March 2024 had a huge impact and teams mobilized to offer aid and support to the grieving community. In July a young woman went missing and was lost for a full week before being found alive in the bush; Cree traditional land knowledge and teachings proved vital to her safe return.

Current Services has had stable ASI positions and an increase in recall nurses joining the team. Despite shifts in staffing levels, staff has maintained service and aimed to always provide safe optimal client care. The physical environment functions smoothly with the hard work of ASIs. EMR implementation continues.





**E. Virginia Wabano**REG. PROXIMITY
DIRECTOR



**Eleanor Gull**LOCAL DIRECTOR
WASWANIPI

Capacity has been upgraded with the installation of new technology – GeneXpert, iSTAT, and B. Braun pumps – as well as computers in all nurses' rooms and two computers for physicians at the current station.

Awash/ Uschinîchisû welcomed a new head nurse and continues to enhance primary care offered to mothers and children through the Mashkûpimâtsît Awash (AMA), Maternal Child & Health, Immunization and Well Baby Clinic programs. Currently Uschinîchisû clinical services are provided through agency nurses. The psychosocial team focused on capacity building, receiving Counselling Skills and Suicide Best Practices trainings, and has fully moved to digital charts, optimizing case management and reducing waiting time. Staff shortages remain a challenge. The Robin's Nest team received basic counselling and CARE 4 refresher training, and also toured inland communities to raise awareness of this service for women.

Chishâyiyû is preparing for the new model of care. One of two nursing positions have been filled, and a social worker position is to be filled. Trainings were held for home care staff; currently homecare and Ashûkin teams are combined, but will be separated once the Ashûkin facility opens.

The Administration unit continues to support the CMC. Upgrades were done to transits and units but more units are needed; collaborations with local partners to address housing are being considered. Office space is also needed. Security was increased with cameras installed on housing and after-hours security services employed at the CMC.

# C M C ▶1>4 j OUJÉ-BOUGOUMOU

"Our 'Shared Achievements' with our local partners, are the integration of Cree language and cultural with community-based health promotion and prevention programs and activities," says local director Louise Wapachee.

Despite challenges, this has been a year of increased progress in the delivery of quality services and programs, increased trainings opportunity for employees' professional growth, solidity in financial and human resources in terms of nurses with paraprofessionals, and a surge in transitioning to electronic medical records and processes. The Nursing, Psychosocial, Allied Health and Support teams have demonstrated a strong sense of resilience and teamwork, led by a great management team. Overall, we saw an increase in agency nurses, but our permanent Nurses, PCCRs and Paraprofessionals were the pillars of our services.

Current Services had stable nursing services, with doctor coverage 50 weeks supported by a physician Assistant and nurse practitioner. Chishâyiyû had an increase of consultations, with the hiring of a new PCCR. Services included Bush Kit training, cooking activities, blood pressure testing, and weight and glucose checks. Homecare services include homes and nearby camps to support the healthy lifestyles of Elders who still practice their traditional activities. Ongoing challenges include respite services, securing long term care, specialized services at the Multi-Service Day Centre (MSDC), and outreach.

In Awash, PCCRs supported agency nurses in services and programming. Peer support and *Wabiniijuks* (Special Needs) Programs were successfully managed at the MSDC.







Louise Wapachee
LOCAL DIRECTOR
OUJÉ-BOUGOUMOU

In Uschinîchisû, support for clinical, psychosocial and programming was limited due to the lack of a school nurse; the team collaborated with Youth Department to host a Bush Kit Training for Youth.

The psychosocial team's paraprofessionals supported families in difficulty, providing referrals and liaison services, especially in the absence of social workers and a mental health nurse. There has been increased participation in the grief support group, National Addictions Awareness Week, the men's shelter, land-based activities, and community food assistance programs.

Specialized Services include optometry, psychiatry, pedo-psychiatry, pediatrics, nephrology and speech-language therapy. Regional Allied Health provided support to ensure ongoing local services due to vacancies. Our CMC has seen fewer sports-related injuries since our partner hired a kinesiologist for their sporting programs. The impact of the decrease in dental services has been expressed by the community. The MSDC had provided more meals on wheels to more participants than last year. Crochet Valentine flowers, cleaning and cooking Cree delicacies were some favourite MSDC activities.

In Administration, the seven-bedroom transit had 95 per cent occupancy. The unit oversaw major housing renovations, new furnishings and balconies for housing and an increased need of local adaptive transportation services. It also managed the first phase of CMC improvements, new vehicle purchase, and the hiring of Security Guards.

# WASKAGANISH POLE

Waskaganish	Eastmain	Nemaska	MEDICAL EVACUATIONS
	34		emergency
	1,031		scheduled
			CURRENT SERVICES
14,660	1,149		consultations with family doctor
774			consultations with specialist MD
1,729	352		consultations with other specialist - dentist
1,052			consultations with a nurse practitioner
-			consultations with other specialist
9,836	7,245		consultations with a nurse (walk-in)
	-		consultations with a nutritionist
<del>-</del> 1,966	1,901 980		consultations with a nurse for medication refill labo
- 1,500			pharmacy
			pharmacy
			AWASH
1,603	967	456	consultations with a nurse
	422		consulation with family doctor
1,072	562	180	consultations with a CHR (individual)
		5	number of group activities by a CHR
428		6	consultations with a community worker
	130		nurse practioner * (added)
154			consultations with a social worker
	150		pediatrician * (added)
			nurse vaccinations
			consultation with HRO
			USCHINÎCHISÛ
	765	565	consultations with a nurse
	-	-	consultation with mental health nurse
			consultations with a school nurse
			consultations with a family doctor
	262	414	consultations with a PCCR (individual)
		10	number of group activities by a CHR
677		3	consultations with a community worker
7 -	A	# / <del>-</del>	number of group activities by a community worker
154		17	consultations with a social worker
			consultation with nutritionist
			consultations with a CHR (individual)
			consultations with a NNADAP worker
			youth flu vaccination
			medical evacuations
			consultations with HRO
			CHISHÂYÎYÛ
738	971		consultations with a nurse
			consultation with a mental health nurse
413	58		consultations with a footcare nurse
V (1) + (1)	19 July - 3	7/ 1- 10/	visit/follow-ups with doctors
()//-	14 F W	/ X- W	consultations with MD (phone)
	1,276		consultations with a CHR (individual)
991			consultations with a PCCR (individual)
			consulations CHR ophthalmology (individual)
	-		number of group activities by a CHR
	127		consultations with a community worker
			consultations with HDO
			consultations with HRO
	177		number of homecare hours number of homecare visits
1,177	173 45		MDSC day program participants at end of year
- 1,177	<del>4</del> 5 -		psycho-ed - psychosocial
1,194			number of meals served meals on wheels
- 1			consultations with a nurse home care nurses

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# CMC ·∢'Ġ"Åbσ∽ WASKAGANISH





Holly Danyluk
REG. PROXIMITY
DIRECTOR

A. Thomas Hester
LOCAL DIRECTOR
WASKAGANISH

"Our coordinators have their hands full with the demands within their departments and we are in a better position today than we were a year ago," says local director A. Thomas Hester. "We have recruited more nurses, which has been positive for our nursing teams, who are able to fill the on-call schedule with fewer challenges. With more nurses, we meet the needs of patients."

It has been a challenging but positive year for Waskaganish CMC, which currently operates with limited space. However, the new state-of-the-art CMC facility has been completed and will be occupied in the fall. Thirteen new positions were created in the past year, and more will be added as the CMC moves to enhance programs and services. The new CMC will bring services for radiology, point-of-care testing, and hemodialysis, while expanding dentistry services.

Awash welcomed 45 babies this year. This year's end saw midwives and birthing assistants working alongside the Awash team to provide care to the pregnant women. This partnership was realized after the creation of the "Waskaganish Midwifery Services Advisory Group" and efforts focused on raising awareness about bringing birth back to Waskaganish. There has been good progress in building a local perinatal team, and more prenatal clients are being seen by midwives, with Awash nurses running the Well Baby Clinic. The psychosocial

team organized and/or participated in various projects and conferences in the community, facilitated by community workers and social workers now working on the same team. New tools, such as the MYLE EMR program, are now being used. These interactions have created a positive team spirit. After many years, a school nurse and NNADAP worker joined their teams. This coming year will aim at developing a collaborative team to work with partners in supporting youth who are struggling. The team aims to establish interdisciplinary meetings for case discussions. Chishâyiyû is without a full-time nurse, so clients were supported through Current Services. Team members have had trainings in areas such as ADHD, elder abuse, and other areas.

Administration collaborates with other key departments and stakeholders internally and regionally to support CMC objectives. The team prioritized upholding safety protocols across facilities. Additional temporary employees were recruited to strengthen housekeeping and maintenance teams, which play a vital role as facilities grow. The shortage of available housing and office space remains a challenge that limits our ability to recruit new employees for our rapidly growing community.



# CMC غ<sup>۲</sup>٦۵۹ EASTMAIN

"As we move into implementing the MIC-M model, the CMC Staff are eager and supportive of the new approach," says local director Leslie Tamatuk. "They are motivated to embrace this change as they are equipped with the knowledge and abilities to ensure the success to this new model."

The Eastmain Community Miyupimâtisîun Centre (CMC) continues to maintain stability with staffing. Despite some turnover, programs and services remain in operation and available to the community.

Among the highlights for the year, Chishâyiyû nurses are effectively assisting community members living with diabetes through regular visits and working closely with those affected by this health issue. Diabetes requires continued attention and local support as it is an ongoing priority. Another highlight is the work of the community organizer, who has helped the CMC to develop strong working relationships with community partners to work toward building and supporting a healthier community in a holistic manner.

The mental health program has developed clay/pottery workshops, a new way to address mental health issues affecting Eastmain. These workshops encourage using the land, as they promote the traditional practice of utilizing clay from the Eastmain river banks. Another highlight of this year is the creation of the welcoming a gent position, which aims to assist with staff retention by creating and promoting activities for local staff to engage in. The focus is on helping new employees coming to the community to feel welcomed and settled.







**Leslie Tomatuk** LOCAL DIRECTOR EASTMAIN

Multi-Service Day Centre (MSDC): Due to the flood rendering the building out of service, the MSDC staff have been relocated to the CMC, which has impacted services on clientele.

Thanks to our staff's innovative ideas, they have remained in contact with their clients and have created space to utilize the CMC to offer limited MSDC services. This includes limited but not restricted services from the occupational therapists and physiotherapists.

Homecare services remain functional, with the home care service workers attending to this clientele, but Eastmain is without a permanent home care nurse. A replacement nurse is covering this position until a permanent nurse is hired.

The psychosocial team continues to develop programs according to needs, and programs are ongoing, with a focus on suicide prevention awareness, elder care awareness and family wellness.





"We are committed to collaborating with our community partners and combining our resources to enhance our services to our population," says local director Beatrice Trapper. "I believe this has been our greatest strength as a community and it's something we take great pride in."

Current Services began the year with a team of six nurses; however, two moved to other positions. To fill the gaps in Current Services and elsewhere in the CMC, one position was converted to a mobile position, while the second position will be converted to a nurse practitioner, to provide coverage for services in the new model of care while the physician is busy with emergency walk-ins and medevacs.

Awash/Uschinîchisû welcomed 12 babies this past year. There are two Awash nurses and a school nurse; the Uschinîchisû nurse position was vacant for most of the year but is now filled. The school nurse and PCCR performed vaccinations and follow-ups. Various programs were carried out for school age children and youth, including programs on antibullying and lateral violence, conflict resolution, art and drama therapy, healthy and nutritious cooking, alcohol and drug prevention, suicide awareness and prevention, and healthy lifestyles. In October, 12 youth participated in a five-day land-based program in Old Nemaska. During the year various specialist services were offered: speech and language therapy, audiology, occupational therapy, physiotherapy, optometry, ophthalmology, dental services and pediatrician visits.

Chishâyiyû continued to provide services but faced challenges in finding agency nurses for programs where roles required specific skills.

A mobile position was created and a nurse recruited to ensure coverage of these programs.







Beatrice Cheezo Trapper LOCAL DIRECTOR NEMASKA

PCCRs logged 226 interventions. A full-time HCCP nurse was hired and the team trained in such assessment techniques as MCAT; the HCCP offered respite services to clients and caregivers. The Multi-Service Day Centre (MSDC) staff also received important training, and a permanent educational monitor was hired. The MSDC hosted several activities in collaboration with other organizations.

In December, the Administration unit team received its new coordinator, after several months with an interim coordinator. The team's support to the CMC and MSDC concentrated mainly on ensuring that operations progressed smoothly. Recruitment is needed to ensure the recall list meets demands and a long-standing storage issue must be addressed, perhaps by approaching community resources. Other administrative activities include implementing initiatives to promote staff well-being, foster a positive work environment and enhance job satisfaction and productivity, by providing amenities like a treadmill and healthy snacks, as well as celebrating birthdays and organizing social activities to build team spirit and camaraderie.

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# ROBIN'S NEST WOMEN'S SHELTERS

Key achievements included outreach to approximately 240 nurses and 143 psychosocial workers during the annual professional trainings. The shelter team shared information and trained the professionals in the shelters' services and programs, with an emphasis on the new policy implementation. They also provided opportunities for participants to ask questions for a chance to win awareness promotional material.

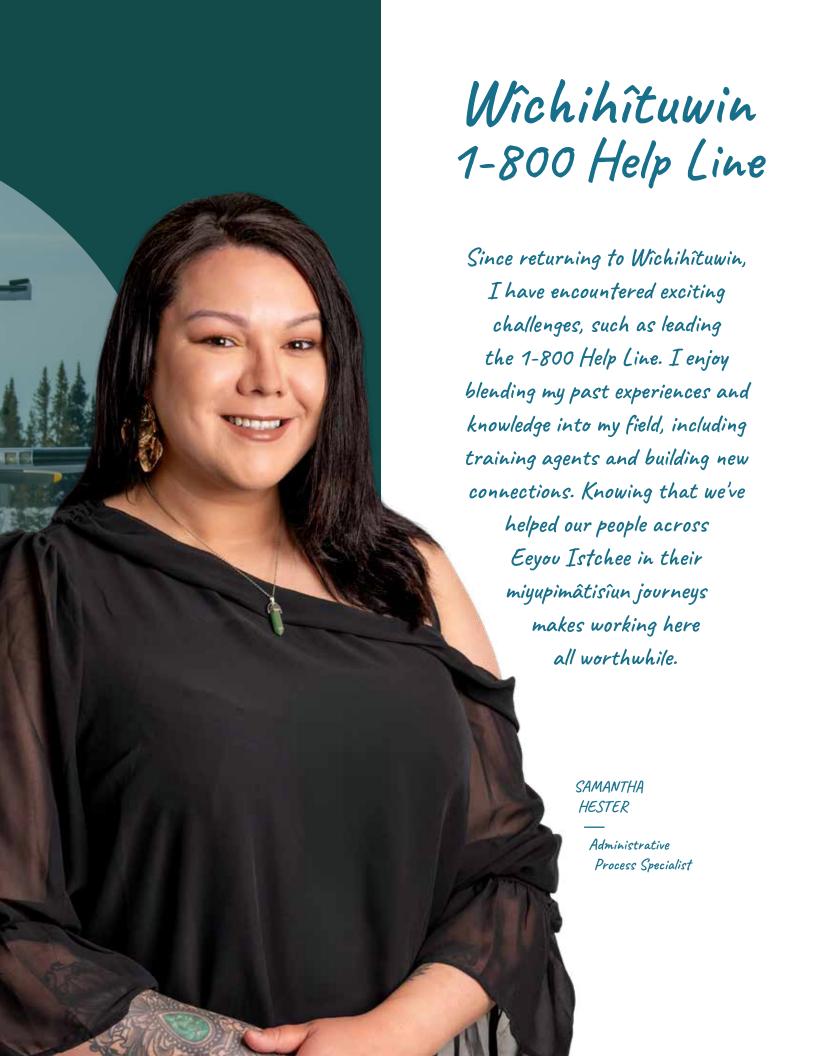
The team collaborated with other departments to enhance safety and service quality (including the regional logistics-Nomadis team), to review and create new CARE4 codes, and to train shelter teams and their managers on these tools. This will simplify entering information, following up clientele, and extracting of timely and reliable statistics. A safety practice guide was created for pre-hospital and emergency services for the shelters. In addition, protocols were reviewed and refined with the Department of Youth Protection to better support 16+ women victims of domestic violence. PU-RN Regional and local teams participated in strategic trainings and information sessions to build capacity.

A regional collaboration was created with the Quebec Native Women Shelters Network to share challenges, experiences and new practices. These efforts demonstrate a comprehensive approach to addressing domestic violence and promoting the well-being of vulnerable populations. This year PU-RN shelters provided a culturally safe space to 67 women and 68 children who were experiencing or were at risk of experiencing domestic violence.









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# ADMINISTRATIVE SERVICES



ASSISTANT EXECUTIVE DIRECTOR

As we look back on this year, I am filled with pride and gratitude for everything we have accomplished together. Each member of my team has contributed with their own strengths, creativity and passion.

This year wasn't without challenges, but time and time again, it was the occasion for determination and resilience to overcome obstacles and maintain a shared vision of our services to the organization and the population of Eeyou Istchee.

A significant milestone was the acquisition of a widely known outfitter in Eeyou Istchee, a unique land-based facility designed for the population's land-based programs and to bring employees together on territory. This facility encourages more in-person meetings, retreats, and training sessions, creating a vibrant and collaborative environment. We are in the process

of developing a comprehensive renovation plan to enhance the facility's functionality, ensuring it meets the needs of our team and supports our vision for the future.

We also worked on implementing the new organizational structure, which led, among other things, to the creation of an independent project management office for capital projects from the Material Resources Department (MRD). Additionally, our efforts were also directed towards the constant improvement of services offered by Wichihîtuwin and the Northern Operations Centre.

The road ahead is full of opportunities and I am confident that our shared commitment will lead us to even greater success. Thank you to all of my teams for everything they have accomplished this year. I look forward to continuing our journey together.



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# Åみト。 ◀入ハヴ・Å º '' iyiyiu âpitisîwînh HUMAN RESOURCES

This year, the Human Resources Department has focused on building capacity, supporting managers and employees, and ensuring the constant flow of the workforce by hiring for our current needs and planning the next generation of workers.

# STRATEGIC HUMAN RESOURCES DEVELOPMENT

Our in-house training program continues to expand, delivering large-scale training sessions with a strong focus on ensuring that employees receive the necessary support for the effective use of their administrative tools, including the Microsoft 365 Suite.

We have also successfully implemented a continuous cardiopulmonary resuscitation (CPR) certification program, ensuring that employees have ongoing access to vital life-saving training.

Another key achievement has been the focus on the Train-the-Trainers initiative which allows the offer of more frequent and relevant training sessions to employees. Through this program, we have developed a network of internal trainers from various departments, each specialized in content areas tailored to the organizational culture and needs.

In parallel, the deployment of the DEC Program in Social Work for 20 employees continued into this year. Upon completion of the Attestation of College Studies, participants will have the opportunity to advance toward earning a



Julie Lepage
INTERIM
DIRECTOR

Diploma of College Studies in Social Service, further contributing to professional growth within the organization.

In 2025, the work will continue on consolidating the internal event management framework aiming at providing end-to-end planning, coordination and execution for organizational events.



# THE CREE SUCCESSION LEADERSHIP FRAMEWORK

The Cree Succession Leadership Framework continued to identify potential successors for critical positions in order to ensure the continuity of services. The team also focused on providing support to employees who wish to develop their craft and become managers for the CBHSSJB. This year, efforts concentrated on helping employees and managers in developing personalized development plans and working closely with Université du Québec en Abitibi-Témiscamingue (UQAT) as the certificate in Human Resources Management continues.



The Management Training Program (MTP) for current managers is deploying at full speed. The seven-module program is meant to help managers develop strategic leadership skills that will aid them in their day-to-day responsibilities. Seven cohorts of CBHSSJB managers have now graduated (43 graduates). Two cohorts are currently on-going and another cohort is planned to start in the fall of 2025. The MTP meant to support employees interested in becoming managers was also successfully launched and the first cohort will be completing their training in the summer of 2025. The second cohort has already begun.

A new member joined the team to handle chronic absenteeism files. Managers received 11 training sessions to discuss the challenges of high absenteeism and the best practices for handling these difficult situations.

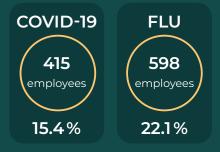
A new occupational therapist joined the team in early January of 2025. So far, 18 ergonomic assessments have been completed. The Safe Return to Work and Ergonomic Evaluation programs are available again, after a suspension of several months.

The clinical team handled more than 40 requests for the Safe Motherhood program in collaboration with the CNESST.

#### **HEALTH AND SAFETY**

The Health and Safety department continued its consolidation this year. The prevention team conducted a total of eight workplace inspections, the Occupational Health and Safety committee met four times, and 17 training sessions for managers were held to discuss health and safety in the workplace and the prevention of incidents and accidents. More than 270 employees completed a fit test during the last fiscal year.

#### VACCINATION 2024-2025



#### SALARY INSURANCE RATE

2022-23 **9.7** % 10.2 %

12.6 %

Flu and COVID-19 vaccines were offered to all employees during the fall. The CBHSSJB vaccine coverage remain higher than the average of the other Quebec healthcare facilities.

The team assessed employees (415 files treated) with infectious disease diagnostics and implemented isolation recommendations to reduce the risks of outbreak.

#### RECALL LIST SERVICE

Over the course of 2024-2025, the recall list service worked with the Centre d'acquisitions gouvernementales and its counterparts at the Centre régional de Santé et Services sociaux de la Baie-James, du Centre de santé Inuulitsivik et du Centre de santé Tulattavik de l'Ungava to set up a new independent labour contract for nursing replacements that also includes other job titles such as social workers, physiotherapists, nutritionists, occupational therapists, dental technicians, etc.

With this new contract, the team was able to complete the centralization of long-term replacement management for all job titles, including professionals. The team liaises with labour agencies to fill vacant replacements. Several information sessions were held on the management of the new contract, which now includes 85 agencies, to help the CBHSSJB fill staffing shortages throughout the territory.

Deployment of schedule management for short and long-term replacements with the Oujé-Bougoumou community began during the year and will be completed in 2025. The team has also proceeded with setting up availabilities on the *Guichet-Web* to employees. Several training sessions were held, either face-to-face in the communities or via Teams, and the team continues to raise awareness of the importance of updating availability to ensure the most accurate recall list possible.

## **CSN AND FIQ REPLACEMENTS**





#### LABOUR RELATIONS

The Labour Relations team implemented CSN and FIQ collective agreements and was a strategic partner in the opening of the Mistissini Elders' Home. Services were extended to assist upper management with the integration of new managers. The team kept an harmonious relationship with both unions and 146 grievances were resolved.

### STAFFING

The CBHSSJB staffing team continued to recruit at the same pace than the previous year, with over 450 new hires. The team maintains a regular presence at job fairs across Quebec and Ontario to raise awareness on the organization and continue to recruit the best available resources. Thanks to our staff's commitment to the Referral Program, 199 candidates were recommended, confirming the success of this initiative in supporting the organization's recruitment efforts.

The Summer Student Program allows students to gain relevant skills and insight. It also provides an opportunity for experienced staff to share their skills and knowledge.



Visiting the schools gives the organization the opportunity to share information on its programs and services as well as opportunities such as the summer student program. Communities not yet visited in 2025 will be visited in the coming months.

A second Career Fair, in partnership with Voyageur Memorial High School in Mistissini, was held in November 2024. It was designed as an interactive event for students, where they had the opportunity to meet with CBHSSJB staff, explore tools and equipment used by the organization, and learn about available job opportunities. The CBHSSJB's Executive Director, Daniel St-Amour, and Deputy Chief of Mistissini Cree Nation, John S. Matoush, attended the event, showing their support for the Career Fair and the students eager to explore new opportunities. The event was a great success, and the CBHSSJB continues to encourage youth from all communities to pursue their studies and make their careers in the organization.

# High school visits

- → Mistissini
- → Eastmain
- → Chisasibi
- → Waskaganish
- → Wemindji



# MISTISSINI CAREER FAIR (November 2024)



18 departments





# Post-secondary visits

The team visited post-secondary Cree and other First Nation students at Canadore College and Algonquin College, the CSB-PSSS Open house Montreal, and the Post-Secondary School Fair in Chisasibi Big River High School, providing information on current opportunities such as the summer student program and stage/internships opportunities. The team also discussed future opportunities at the CBHSSJB with students.

#### **COMPENSATION AND BENEFITS**

This service manages compensation and benefits for all employees regarding insurance plans, pension plan, all kind of leaves, and salaries (based on qualifications, experience and union agreements, premiums, and regional disparities). This function impacts job satisfaction, retention and performance.

The team also sought to improve processes with software used in the deployment of the schedule module and the *web guichet* Virtuo and WeHoop.

# Project overview 2024-2025

# Successfully achieved

- → Deployment of a data validation process to ensure file compliance.
- → Quebec Pension Plan (QPP) contribution
- → Implementation of a new form in WeHoop for the reimbursement of the Professional Order
- → Implementation of the new conditions regarding the collective agreement CSN, FIQ, UNU (premiums, abolition of job titles, salary increase)

# In process (deliverables in 2025)

- → Deployment plan: Schedule, Web availability and Web posting
- → Update employee file in Virtuo (diploma, test, resume, employee data)
- → Digital employee file
- → Electronic process of Cargo premium

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# INFORMATION RESOURCES & TECHNOLOGY



Pino Virgillo
DIRECTOR

The Information Resources and Technology (IR&T) department is responsible for the technical infrastructure of the Cree Board of Health and Social Services of James Bay (CBHSSJB) and implements solutions and systems that meet the organization's operational and strategic needs. The department objectives are linked to the Strategic Regional Plan and critical to the expansion of health care services in Eeyou Istchee. The department maintains a complex IT infrastructure that enables the CBHSSJB to meet local needs and align with Ministère de la santé et des services sociaux (MSSS) objectives.

# Information Technology's Helpdesk and Support Services

The IT team responds to various requests related to software applications, computer security or network technology 24 hours a day, 365 days a year, and ensures they are processed within the agreed upon timeframe. The IT Department processed and closed 80 per cent of last year requests. Customers can track the progress of their requests online, viewing progress and learning which solutions have been made.

IT will continue to improve the quality of service by further streamlining and standardizing its processes and practices, while working closely with all CBHSSJB departments to better support their quality improvement goals and the objectives defined in the SRP. The success of our services relies on many factors, such as hiring professionals who are experts in their specialty, selecting the best information systems and technologies, and ensuring the quality of the

implementation of these systems. To ensure the success of our long-term vision, we need talented and dedicated staff.

# **Cyber Security Services**

The Cyber Security Service helps the CBHSSJB in issues concerning confidentially, data and cybersecurity, guided by the OCAP principles that were put in place by the First Nations Information Guidance Centre.

Cyber Security is also responsible for directing and coordinating the actions of any cybersecurity and/or digital technology vulnerabilities. The team follows government directives for major orientations in these fields and identifies priority sectors for action. It provides advice to the government and public organizations, suggesting measures for improving the effectiveness of combating cyber-attacks and cyber threats within organizations.



# **Application Support**

The Application Support team ensures that corporate software applications (clinical and administrative) run smoothly and meet user needs. This team's support is essential for maintaining the efficiency and reliability of regular software operations. Key aspects of application support include resolving application issues, assisting users, monitoring the performance of corporate applications, and providing proactive support to all users.

# Key aspects of the architectural and infrastructure development team



- Design and Planning
- √ Compliance and Safety
- ✓ Support and Maintenance
- ✓ System Implementation
- ✓ Documentation
- ✓ Project Management Assistance
- ✓ Innovation and Sustainability
- ✓ Proactive Support
- √ Testing and Troubleshooting
- √ Training and Support

#### **IR&T Activities**

ACTIVITIES	2024-25	2023-24
Helpdesk Request	10,909	9,776
Connected User Devices (Printers, PCs and Laptops)	3,112	3,070
Connected Servers Devices (Servers)	290	318
Connected VoIP Phones Devices	2,378	2,062
Inter Connect Network Community Devices (Routers)	189	189

# **System Administrators**

The system administrators play a crucial role in bridging the gap between business needs and technology solutions.

# Architectural and Infrastructure Development

The Architectural and Infrastructure
Development team ensures that corporate
software applications run smoothly and meet
user needs. They work closely with the project
management office to deploy new administrative
and clinical applications.

# Key functions to optimize operations and achieve greater efficiency and productivity

- ✓ Requirement Analysis
- ✓ Collaboration with departments
- ✓ Testing and Troubleshooting
- ✓ Training and Support
- √ System Design
- ✓ System Implementation
- ✓ Documentation

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# **MATERIAL RESOURCES**



Charli Alisappi
DIRECTOR

Over 2024-2025, approximately \$5.5 million were invested in the maintenance of assets. More specifically, improvements have been made to the Cree Board of Health and Social Services of James Bay (CBHSSJB) clinical, administrative and residential spacesand upgrades to the fleet were made in several communities where client services were impacted. In addition, medical equipment was purchased for specific services that will be available in the territory.

Continuous advisory support was provided to departments in maintaining facilities and transits, including managing scheduled maintenance visits from suppliers performing regional seasonal work on building systems. The department also provided training on health and hygiene to ensure safe spaces for clients and employees.

This past year, the CBHSSJB acquired the former outfitter Mirage. The Material Resources Department is co-managing the site until full ownership is transferred to the organization. in doing so, the department collaborates with internal departments providing land-based programs. This coming year, the Mirage site will have some modifications to better suit those programs and other activities.



## ·ΔC''Δ)Δ° WÎCHIHÎTUWIN

The Wîchihîtuwin Department is a team of an approximate of 150 employees spread across six offices and four service points. It ensures access to medical services that are not available in the communities of Eeyou Istchee. The department manages the clinical and logistical support needed by clients traveling to the four service points: Chisasibi Regional Hospital, Chibougamau, Montreal, and Val-d'Or area.

#### Renovations at Espresso Hotel

Renovations at Espresso Hotel will enhance the quality of care and services provided to clients requiring long-term stays for medical reasons. The upgrades will improve living conditions and the overall client experience, and include:

# → Room Enhancements Upgrading rooms to ensure they are more comfortable and conducive to recovery.

# → Reception Area Enhancing the reception area to foster a sense of community among clients.

## → Community Kitchen Adding a community kitchen on the third floor reserved for long-term clients.

Additionally, employees from the offices at the 1055 René-Lévesque East building are scheduled to merge with the Espresso building team. This relocation will enhance clients' care experience by providing more integrated and accessible services. The move will allow for better coordination among staff and improved facilities, ultimately benefiting the clients who rely on these services.

#### Expansion of the 1-800 Service

The 1-800 Service has seen remarkable growth and development over the past year. Initially designed to enhance customer service



Helen B.
Shecapio-Blacksmith
DIRECTOR

capabilities and streamline communication channels, the department now covers all nine communities within Eeyou Istchee. This expansion ensures that clients from every community can receive calls directly from the Wîchihîtuwin Department for their future out-of-region stays. The second phase of this service will add centralized inbound call services and is scheduled to be deployed in the coming year.

#### Highlights and future plans

#### → Optimization Audit

Wîchihîtuwin's optimization audit is ongoing and will be finalized by the end of this year.

#### → Clinical Advisor Addition

A full-time clinical advisor has been added to the Wîchihîtuwin team. This position provides guidance and support to the clinical team in managing psychosocial services for clients, with safety procedures to ensure comprehensive care and support.

CLIENT ARRIVALS	2024-25	2023-24
Patients	26,113	22,395
Caregivers	14,574	12,164
TOTAL CLIENTS	40,687	34,559

APPOINTMENTS BY SERVICE POINTS	2024-25	2023-24
Chisasibi	254	205
Val-D'Or	13,384	12,983
Chibougamau	7,878	6,868
Montreal	28,640	27,938
TOTAL CLIENTS	50,156	47,994

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**COMMUNICATIONS** 



Marie-Claude Roussin
DIRECTOR

The Communications Department supports and nurtures the organization in developing and engaging all stakeholders in the co-creation of strategic communications on our health and social services with accessible, culturally safe, comprehensive and well-designed campaigns for Eeyou/Eenou. It also oversees the processing of Access to Information Requests and to encourage the welcoming of students. In the summer of 2024, a young graphic design student from Mistissini had the opportunity to apply her knowledge within the digital team.

After the implementation of the new communications structure in the fall of 2023 and a full year of operation, the decision made

by the Board of Directors in 2022 to centralize communications has proven beneficial. It ensures that the organization's brand image is clearly and consistently represented, as outlined in this vision; it improves efficiency through better coordination of campaigns and initiatives; it ensures quality standards are met; and it encourages proactivity and innovation. Nearly 200 projects were ongoing over the past year.

The management team met in the fall of 2024, and the department held its annual retreat in Chisasibi in January 2025. The two meetings enabled us to establish priorities for the next three years and evaluate the progress achieved. They also allowed us to pinpoint areas



for improvement, facilitating our ongoing development within the team and with our internal and external collaborators. Among our management objectives, transitioning to a proactive and strategic approach to communications is one of our most important achievements.

The department continued to develop closer bonds with the regional communications teams of the Cree Nation Government and the Cree School Board. In addition to planning the next regional meeting, four mentoring sessions on common communications topics and issues were organized for the employees of the three entities, in a spirit of sharing, mutual collaboration, better knowing each other and building bridges for the development of joint communications strategies.

Landmark projects for which the Communications Department provided advice and media relations support included: the presence of the Mobile Hospital at the Eeyou Istchee Summer Games in Mistissini; the launch of the Eeyou Istchee Pimâtisîwin Chiskutimâchawin (education program) in Chisasibi; the campaign announcing the introduction of physician assistants to the CBHSSJB work force and to the population; the scripting of the cultural presentation of the future regional hospital at Health Architecture Day; change management planning for the fall 2025 move to the new CMC in Waskaganish; leading the ceremony to mark the demolition of Eeyou James Bay School; and the inauguration of the new chairperson and support for her and her predecessor in their public representations.

In terms of digital communications, the team focused on revitalizing the website from a technical point of view, starting with search engine optimization. The intranet project progressed with the definition of an initial tree



A pouch of brick pieces of the Eeyou James Bay School was given to the community members of Chisasibi during the ceremony marking the demolition of the learning institution that holds many treasured memories.

structure and a test with over 450 employees, which will guide further work. The introduction of an annual calendar of events helped with the social media strategy and communication in the organization. A new promotional initiative with our regional radio partner JBCCS has increased the organization's profile with its target audiences, and finally, the staff survey carried out in autumn 2024 was used to plan the relaunch of the employee's newsletter/Tipâchimûsinhîkan in April 2025.

#### **Priorities 2025-2026**

- Finalize communications and social media policy
- > Implement new social media strategy
- → Undertake phase 2 of website revitalization (UX User Experience)
- → Plan phase 1 launch of the intranet
- → Launch the 2.0 version of the employee's newsletter/ Tipâchimûsinhîkan





## 



Jean-François
Champigny
DIRECTOR

In addition to the information presented in this section, detailed annual financial statements of the CBHSSJB are available online through the

Ministry of Health and Social Services of Quebec: publications.msss.gouv.qc.ca/msss

#### **BREAKDOWN OF GROSS EXPENSES BY PROGRAM**

Drograms	Current Exe	rcise	Previous Exercise			
Programs	Expenditures	%	Expenditures			
Service Programs						
Public Health	7,579,589	1.55	7,638,372	1.76		
General Services - Clinical and Assistance Activities	21,370,478	4.38	22,532,206	5.18		
Support for Autonomy of the Elderly	14,523,689	2.98	8,763,127	2.01		
Physical Disability	11,205,883	2.30	9,576,734	2.20		
Intellectual Disability and Autism Spectrum Disorders (ASD)	1,204,476	0.25	871,786	0.20		
Youth in Difficulty	46,269,185	9.49	43,288,784	9.95		
Dependencies	1,064,461	0.22	394,023	0.09		
Mental Health	6,089,617	1.25	4,287,635	0.99		
Physical Health	227,009,559	46.54	197,864,494	45.48		
Support Programs						
Administration	87,889,832	18.02	80,321,854	18.46		
Support to Services	19,144,253	3.92	17,816,104	4.10		
Management of Buildings and Equipment	44,386,088	9.10	41,696,939	9.58		
Total	487,737,110	100.00%	435,052,058	100,00%		



#### **BUDGETARY BALANCE**

Under sections three and four of the Act to provide for balanced budgets in the public health and social services network (CQLR, chapter E-12.0001). The Cree Board of Health and Social Services of James Bay shows a deficit of (\$1,290,146) which is offset by the accumulated surplus and therefore respected this legal obligation.

#### STATEMENT OF OPERATIONS - OPERATION FUNDS | MARCH 31, 2025

		Budget	Operations Cur. Yr.	Capital Assets	Current Year	Prior Yr. Total
			(R.of P358 C4)	Current Yr. (Note 1)	Total C2 + C3	
		1	2	3	4	5
REVENUES						
MSSS Grants (FE : 362 FI : P.408)	1	458 413 557	483 208 871	13 428 078	496 636 949	444 123 399
Government of Canada (FI : P.294)	2	22 758 532	23 046 290		23 046 290	16 482 064
User contributions (FE : P.301)	3	850 000	744 372	XXXX	744 372	830 530
Sale of services and recoveries (FE : P.320)	4	1 688 500	2 251 335	XXXX	2 251 335	2 314 649
Donations (FI : P.294)	5					
Investment revenue (FI : P.302)	6					
Business revenue - Mirage (FE : P.358)	7		2 522 551		2 522 551	
Gain on disposal (FI : P.302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (FE : P.302)	11	1 868 000	2 258 439		2 258 439	1 863 249
TOTAL (L.01 to L.11)	12	485 578 589	514 031 858	13 428 078	527 459 936	465 613 89°
Salaries, benefits and payroll taxes	13	249 534 350	282 468 609	xxxx	282 468 609	244 495 61:
Salaries, benefits and payroll taxes	13 14	249 534 350 24 500 000	282 468 609 26 317 142	xxxx xxxx	282 468 609 26 317 142	
Salaries, benefits and payroll taxes  Medications Blood products						22 828 924
Salaries, benefits and payroll taxes  Medications  Blood products	14	24 500 000	26 317 142	XXXX	26 317 142	22 828 924 244 224
EXPENDITURES Salaries, benefits and payroll taxes Medications Blood products Medical and surgical supplies Food products	14 15	24 500 000 250 000	26 317 142 272 690	XXXX XXXX	26 317 142 272 690	244 495 611 22 828 92- 244 22- 5 835 62- 1 542 04-
Salaries, benefits and payroll taxes  Medications  Blood products  Medical and surgical supplies  Food products	14 15 16	24 500 000 250 000 7 282 672	26 317 142 272 690 7 073 376	XXXX XXXX XXXX	26 317 142 272 690 7 073 376	22 828 924 244 224 5 835 620
Salaries, benefits and payroll taxes  Medications  Blood products  Medical and surgical supplies  Food products	14 15 16 17	24 500 000 250 000 7 282 672 1 721 750	26 317 142 272 690 7 073 376 1 902 753	XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753	22 828 92- 244 22- 5 835 62- 1 542 04- 1 021 340
Salaries, benefits and payroll taxes  Medications  Blood products  Medical and surgical supplies  Food products  Honoraria paid to non-instutional resources	14 15 16 17	24 500 000 250 000 7 282 672 1 721 750 1 218 500	26 317 142 272 690 7 073 376 1 902 753 990 344	XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344	22 828 92- 244 22- 5 835 62( 1 542 04) 1 021 34( 10 674 46)
Salaries, benefits and payroll taxes  Medications Blood products  Medical and surgical supplies Food products  Honoraria paid to non-instutional resources  Financial charges (FI: P.325)  Maintenance and repairs, including non-capital costs related to capital assets  Bad debt	14 15 16 17 18	24 500 000 250 000 7 282 672 1 721 750 1 218 500 12 700 000	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286	XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 8 917 570	22 828 92 244 22: 5 835 62: 1 542 04 1 021 34:
Salaries, benefits and payroll taxes  Medications Blood products  Medical and surgical supplies Food products  Honoraria paid to non-instutional resources  Financial charges (FI: P.325)  Maintenance and repairs, including non-capital costs related to capital assets  Bad debt	14 15 16 17 18 19	24 500 000 250 000 7 282 672 1 721 750 1 218 500 12 700 000	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286	XXXX XXXX XXXX XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 8 917 570	22 826 92 244 22: 5 835 62: 1 542 04: 1 021 34: 10 674 46: 8 314 33:
Salaries, benefits and payroll taxes  Medications  Blood products  Medical and surgical supplies  Food products  Honoraria paid to non-instutional resources  Financial charges (F1 : P.325)  Maintenance and repairs, including non-capital costs related to capital assets  Bad debt  Rent	14 15 16 17 18 19 20 21	24 500 000 250 000 7 282 672 1 721 750 1 218 500 12 700 000 8 585 583	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561	XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 8 917 570 10 244 561	22 826 92 244 22: 5 835 62: 1 542 04: 1 021 34: 10 674 46: 8 314 33:
Salaries, benefits and payroll taxes  Medications Blood products  Medical and surgical supplies Food products  Honoraria paid to non-instutional resources  Financial charges (FI: P.325)  Maintenance and repairs, including non-capital costs related to capital assets  Bad debt  Rent  Capital asset depreciation (FI: P.422)	14 15 16 17 18 19 20 21 21	24 500 000 250 000 7 282 672 1 721 750 1 218 500 12 700 000 8 585 583 7 335 547	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561	XXXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 8 917 570 10 244 561 9 120 954	22 828 92 244 22 5 835 62 1 542 04 1 021 34 10 674 46 8 314 33 6 760 77
Salaries, benefits and payroll taxes  Medications Blood products  Medical and surgical supplies Food products  Honoraria paid to non-instutional resources  Financial charges (FI: P.325)  Maintenance and repairs, including non-capital costs related to capital assets  Bad debt  Rent  Capital asset depreciation (FI: P.422)  Loss on disposal of capital assets  Transfer expenses	14 15 16 17 18 19 20 21 21 22 23	24 500 000 250 000 7 282 672 1 721 750 1 218 500 12 700 000 8 585 583 7 335 547	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561 9 120 954 XXXX	XXXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 8 917 570 10 244 561 9 120 954	22 826 92 244 22: 5 835 62: 1 542 04: 1 021 34: 10 674 46: 8 314 33:
Salaries, benefits and payroll taxes  Medications Blood products Medical and surgical supplies Food products  Honoraria paid to non-instutional resources  Financial charges (FI: P.325)  Maintenance and repairs, including non-capital costs related to capital assets	14 15 16 17 18 19 20 21 21 22 23 24	24 500 000 250 000 7 282 672 1 721 750 1 218 500 12 700 000 8 585 583 7 335 547	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561 9 120 954 XXXX	XXXX XXXX XXXX XXXX XXXX XXXX 10 814 312	26 317 142 272 690 7 073 376 1 902 753 990 344 8 917 570 10 244 561 9 120 954	22 828 924 244 224 5 835 624 1 542 04
Salaries, benefits and payroll taxes  Medications Blood products  Medical and surgical supplies Food products  Honoraria paid to non-instutional resources  Financial charges (FI: P.325)  Maintenance and repairs, including non-capital costs related to capital assets  Bad debt  Rent  Capital asset depreciation (FI: P.422)  Loss on disposal of capital assets  Transfer expenses	14 15 16 17 18 19 20 21 22 23 24 25	24 500 000 250 000 7 282 672 1 721 750 1 218 500 12 700 000 8 585 583 7 335 547 10 400 000	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561 9 120 954 XXXX	XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 8 917 570 10 244 561 9 120 954 10 814 312	22 828 92- 244 22- 5 835 62i 1 542 04: 1 021 34( 10 674 46: 8 314 33: 6 760 77: 10 377 06:

265 876

(1 556 022)

(1 290 146)

(1 008 905)

(1 500 000)

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SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)

#### Cree Board of Health and Social Services of James Bay

### STATEMENT OF OPERATIONS - OPERATION FUNDS | MARCH 31, 2025

		Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year
		1	2	3	4	5
REVENUES						
MSSS Grants (P.362)	1	445 313 557	483 208 871		483 208 871	431 303 318
Government of Canada (C.2 : P.290/C.3 : P.291)	2	22 758 532		23 046 290	23 046 290	16 482 064
User contributions (P.301)	3	850 000	744 372	XXXX	744 372	830 530
Sale of services and recoveries (P.320)	4	1 688 500	2 251 335	XXXX	2 251 335	2 314 649
Donations (C.2 : P.290/C.3 : P.291)	5					
Investment revenue (P.302)	6					
Business revenue (C.3 : P.351)	7			2 522 551	2 522 551	
Gain on disposal (P.302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (P.302)	11	1 868 000	1 798 408	460 031	2 258 439	1 863 249
TOTAL (L.01 to L.11)	12	472 478 589	488 002 986	26 028 872	514 031 858	452 793 810
Salaries, benefits and payroll taxes (C.2 : P.320/C.						
: P.351)	.3	249 534 350	271 014 851	11 453 758	282 468 609	244 495 615
,	.3 13					244 495 615 22 828 924
,	13	249 534 350 24 500 000 250 000	271 014 851 26 317 142 272 690	11 453 758 XXXX XXXX	282 468 609 26 317 142 272 690	244 495 615 22 828 924 244 224
Medications (P.750)	13	24 500 000	26 317 142	XXXX	26 317 142	22 828 924
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products	13 14 15 16	24 500 000 250 000	26 317 142 272 690	XXXX	26 317 142 272 690	22 828 924 244 224
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products Honoraria paid to non-instutional resources	13 14 15 16	24 500 000 250 000 7 282 672	26 317 142 272 690 7 073 376	XXXX XXXX XXXX	26 317 142 272 690 7 073 376	22 828 924 244 224 5 835 620 1 542 047
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products	14 15 16 17 18	24 500 000 250 000 7 282 672 1 721 750	26 317 142 272 690 7 073 376 1 902 753	XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753	22 828 924 244 224 5 835 620 1 542 047
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products  Honoraria paid to non-instutional resources  Financial charges (P.325)  Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325)	13 14 15 16 17 18 19	24 500 000 250 000 7 282 672 1 721 750 1 218 500	26 317 142 272 690 7 073 376 1 902 753 990 344	XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344	22 828 924 244 224 5 835 620 1 542 047 1 021 340 6 569 971
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products  Honoraria paid to non-instutional resources  Financial charges (P.325)  Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325)  Bad debt (P.321)	13 14 15 16 17 18 19 20 21	24 500 000 250 000 7 282 672 1 721 750 1 218 500 8 500 000	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286	XXXX XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286	22 828 924 244 224 5 835 620 1 542 047 1 021 340
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products  Honoraria paid to non-instutional resources  Financial charges (P.325)  Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325) Bad debt (P.321)  Rent	13 14 15 16 17 18 19 20 21 22	24 500 000 250 000 7 282 672 1 721 750 1 218 500 8 500 000	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286	XXXX XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286	22 828 924 244 224 5 835 620 1 542 047 1 021 340 6 569 971
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products  Honoraria paid to non-instutional resources Financial charges (P.325)  Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325)  Bad debt (P.321)	13 14 15 16 17 18 19 20 21	24 500 000 250 000 7 282 672 1 721 750 1 218 500 8 500 000 8 585 583	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 061 789	XXXX XXXX XXXX XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561	22 828 924 244 224 5 835 620 1 542 047 1 021 340 6 569 971 8 314 335
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products Honoraria paid to non-instutional resources Financial charges (P.325) Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325) Bad debt (P.321) Rent Transfer expenses (P.325) Other expenditures (P.325)	13 14 15 16 17 18 19 20 21 22 23 24	24 500 000 250 000 7 282 672 1 721 750 1 218 500 8 500 000 8 585 583	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 061 789	XXXX XXXX XXXX XXXX XXXX XXXX XXXX	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561	22 828 924 244 224 5 835 620 1 542 047 1 021 340 6 569 971 8 314 335
Medications (P.750) Blood products Medical and surgical supplies (P.755) Food products  Honoraria paid to non-instutional resources  Financial charges (P.325)  Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325) Bad debt (P.321) Rent  Transfer expenses (P.325)	13 14 15 16 17 18 19 20 21 22 23	24 500 000 250 000 7 282 672 1 721 750 1 218 500 8 500 000 8 585 583 7 335 547	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 061 789 8 803 923	XXXX XXXX XXXX XXXX XXXX XXXX 182 772	26 317 142 272 690 7 073 376 1 902 753 990 344 4 924 286 10 244 561	22 828 924 244 224 5 835 620 1 542 047 1 021 340 6 569 971 8 314 335

#### STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) - ALL FUNDS | MARCH 31, 2025

		Operating fund	Capital assets Fund	Current Year	Prior Yr. Total
		Current year	Current year	Total (C1 +C2)	
		1	2	3	4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	§ 1	7 125 623	26 983 436	34 109 059	35 117 964
Accounting changes with prior year restatement (specify P.270)	2				
Accounting changes without prior year restatement (specify P.270)	3				XXXX
ACCUMULATED SURPLUS (DEFICIT) BEGINNING ADJUSTED (L.01 to L.03)	<del>3</del> 4	7 125 623	26 983 436	34 109 059	35 117 964
	-	<u>.</u>			
SURPLUS (DEFICIT) FOR THE YEAR	5	265 876	(1 556 022)	(1 290 146)	(1 008 905)
Other changes: Inter-institution transfers (specify P.297)	6				
Interfund transfers (specify P.297)	7	(434 449)	434 449	0	
Other items applicable to private establishments under agreement (specify P.297)	8		xxxx		
	9	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	10	(434 449)	434 449		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	11	6 957 050	25 861 863	32 818 913	34 109 059
Consisting of the following: External restrictions	12	xxxx	xxxx		
Internal restrictions	13	XXXX	XXXX		
Unrestricted or Unrestricted balance (L.11 - L.12 - L.13)	14	xxxx	XXXX	32 818 913	34 109 059
TOTAL (L.12 to L.14)	15	XXXX	XXXX	32 818 913	34 109 059

# .2 L.3. C. P. ∇. V. V. D. Δ.

#### STATEMENT OF FINANCIAL POSITION - ALL FUNDS | MARCH 31, 2025

FUN	O General	Capital assets	Current Year Total (C1+C2)	Prior Yr. Total
	1	2	3	4
FINANCIAL ASSETS				
Cash on hand (overdraft)	1 14 475 158		14 475 158	20 150 172
Short-term investments	2 XXXX	XXXX	XXXX	XXXX
Receivables - MSSS (FE : P.362, FI : P.408)	3 113 287 546	915 309	114 202 855	170 598 370
Other receivables (FE : P.360, FI : P.400)	4 8 077 854		8 077 854	7 630 278
Cash advances to public institution	5 XXXX			
Interfund receivables (payables)	6 46 687 559	(46 687 559)	0	
reform (FE : P.362, FI : P.408)	7	112 410 205	112 410 205	106 013 374
Portfolio investments	8			
Deferred debt issuance costs	9 XXXX	XXXX	XXXX	XXXX
Assets for sale 1	0 XXXX			
Other items (FE : P.360, FI : P.400) 1	1 247 624		247 624	4 719 802
TOTAL FINANCIAL ASSETS (L1 to L11) 1	2 182 775 741	66 637 955	249 413 696	309 111 996
LIABILITIES				
Short-term debt (FE : P.365, FI : P.403) 1	3 55 000 000	23 460 890	78 460 890	132 126 761
Accounts payable - MSSS (FE : P.362, FI : P.408)	4			
Other accounts payable and accruals (FE : P.361, FI : P.401)	5 79 440 882		79 440 882	71 234 861
Cash advances - decentralized envelopes 1	6 XXXX			
Accrued interest payable (FE : P.361, FI : P.401)	7 240 350	915 309	1 155 659	1 700 667
Deferred revenue (FE : P.290 et 291, FI : P.294)	8 11 253 774	306 189 287	317 443 061	249 850 607
1	9 XXXX	XXXX	XXXX	XXXX
Long-term debts (FI: P.403)	0 XXXX	84 554 203	84 554 203	90 705 642
Liability for contaminated sites (FI: P.401) 2	1 XXXX			
Liability for employee future benefits (FE : P363)	2 35 213 259	xxxx	35 213 259	27 867 362
Asset retirement obligations (FI : P.401) 2	3 XXXX	4 395 112	4 395 112	3 526 667
Other items (FE : P.361, FI : P.401) 2	4 492 790		492 790	490 406
TOTAL LIABILITIES (L.13 to L.24) 2	5 181 641 055	419 514 801	601 155 856	577 502 973
NET FINANCIAL ASSETS (NET DEBT) (L.12 - L.25) 2	6 1 134 686	(352 876 846)	(351 742 160)	(268 390 977)
NON FINANCIAL ASSETS				
Capital assets (FI: P.423)	7 XXXX	378 738 709	378 738 709	297 642 451
Intangibles purchased 2	8 XXXX			
Supply inventory (FE : P.360) 2	9 3 116 871	XXXX	3 116 871	2 829 581
Prepaid expenses (FE : P.360, FI : P.400)	0 2 705 493	_	2 705 493	2 028 004
TOTAL NON FINANCIAL ASSETS (L.27 to L.30) 3	1 5 822 364	378 738 709	384 561 073	302 500 036
SHARE CAPITAL AND CONTRIBUTED SURPLUS 3	2	XXXX		
ACCUMULATED SURPLUS (DEFICIT) (L.26 + L.31 - L.32 - L.34)		25 861 863	32 818 913	34 109 059

#### STATEMENT OF VARIANCE OF NET FINANCIAL ASSETS/DEBTS | MARCH 31, 2025

		Budget	General Fund	Capital Assets Fund	Total Current Yr. (C2+C3)	Total Prior Yr.
		1	2	3	4	5
NET FINANCIAL ASSETS (NET DEBT BEGINNING ALREADY ESTABLISHED	1	(298 555 594)	2 268 038	(270 659 015)	(268 390 977)	(217 014 953)
Accounting changes with prior year restatement	2					
Accounting changes without prior year restatement	3					xxxx
NET FINANCIAL ASSETS (NET DEBT BEGINNING ADJUSTED (L.01 to L.03)	4	(298 555 594)	2 268 038	(270 659 015)	(268 390 977)	(217 014 953)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5		265 876	(1 556 022)	(1 290 146)	(1 008 905)
VARIANCE DUE TO CAPITAL ASSETS: Acquisitions (FI: P.421)	6		XXXX	(91 910 570)	(91 910 570)	(60 319 285)
Annual depreciation (FI : P.422)	7		XXXX	10 814 312	10 814 312	10 377 062
Gain/loss on disposal of assets (FI : P.421, 422 )	8		XXXX			
Proceeds of disposition	9	XXXX	XXXX	XXXX	XXXX	XXXX
Bad debts (FI : P.421)	10		XXXX			93 918
Capital asset adjustments (FI : P.421, 422)	11		XXXX			
	12	XXXX	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14		XXXX	(81 096 258)	(81 096 258)	(49 848 305)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES:	15		(287 290)	xxxx	(287 290)	(547 696)
Acquisition of supply inventory						
Acquisition of prepaid expenses	16		(677 489)		(677 489)	28 882
Use of supply inventory	17	XXXX	XXXX	XXXX	XXXX	XXXX
Use of prepaid expenses	18	xxxx	xxxx	xxxx	xxxx	XXXX
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	19		(964 779)		(964 779)	(518 814)
Other variance in accumulated curplus (deficit)	20		(434 449)	434 449	0	
Other variance in accumulated surplus (deficit)	20		(434 449)	434 449	U	
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21		(1 133 352)	(82 217 831)	(83 351 183)	(51 376 024)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)	22	(298 555 594)	1 134 686	(352 876 846)	(351 742 160)	(268 390 977)

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#### CASH FLOW STATEMENT | MARCH 31, 2025

		Current Year	Prior Year
		1	2
OPERATING ACTIVITIES			
Surplus (deficit) for the year	1	(1 290 146)	(1 008 905)
TOTAL ITEMS NOT AFFECTING CASH FLOW (P.208-01)	2	414 739	(320 592)
Changes in financial assets and liabilities related to operation (P.208-02)	3	67 271 394	(35 201 484)
CASH FLOW RELATED TO OPERATING ACTIVITIES (L.01 + L.03)	4	66 395 987	(36 530 981)
CAPITAL ASSET INVESTMENT ACTIVITIES			
Cash outflow related to capital asset purchases	5	(88 742 634)	(59 979 988)
Proceeds of disposition of capital assets	6		
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.05 + L.06)	7	(88 742 634)	(59 979 988)
INVESTMENT ACTIVITIES			
Portfolio investments (purchase)	8		
Proceeds of disposition of portfolio investments	9		
Portfolio investments (sale)	10		
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.08 to L.10)	11		
FINANCING ACTIVITIES			
Long-term debts - Debts incurred	12		
Long-term debts - Debts repaid	13		
Variance of short-term debts - generated fund	14	(65 345 696)	59 559 729
Short-term debts incurred - capital asset fund	15	82 017 329	48 942 429
Short-term debts repaid - capital asset fund	16		
Variance from government sinking fund	17		
Variation in deferred debt charges	18		
Other (specify P297)	19		
CASH FLOW RELATED TO FINANCING ACTIVITIES (L.12 to L.19)	20	16 671 633	108 502 158
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS ( L.04 + L.07 + L.11 + L.20)	21	(5 675 014)	11 991 189
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	22	20 150 172	8 158 983
CASH AND CASH EQUIVALENTS, END OF YEAR (L.21 + L.22)	23	14 475 158	20 150 172

#### CASH FLOW STATEMENT (CONT'D) | MARCH 31, 2025

		Current Year 1	Prior Year 2
ITEMS NOT AFFECTING CASH FLOW			
Provision tied to portfolio investments and loan guarantees	1		
Supply inventory and prepaid expenses	2	(964 779)	(518 814)
Loss (gain) on disposal of capital assets	3		
Loss (gain) on disposal of portfolio investments	4		
Amortization of deferred revenue related to capital assets:	5	73 450 980	39 499 799
Capital asset depreciation	6	10 814 312	10 377 062
Capital loss	7		93 918
Amortization of debt issue costs and management	8		
Amortization of bond premium or discount	9		
MSSS grants	10	(82 885 774)	(49 772 557)
Other (specify P.297)	11		
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.01 to L.11)	12	414 739	(320 592)

#### CASH FLOW STATEMENT (CONT'D) | MARCH 31, 2025

		Current Year	Prior Year
		1	2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:			
Receivables - MSSS	1	56 395 515	(68 246 793
Other receivables	2	(447 576)	(348 553
Cash advances to public institutions	3		
Grant receivable - accounting reform - employee future benefits			5 613 69
Deferred debt issuance costs	5	XXXX	XXXX
Other assets	6	4 472 178	947 55
Accounts payable - MSSS	7		
Other accounts payable and accruals		5 038 085	19 912 15
Cash advances - decentralized envelopes	9		
Accrued interest payable	10	(545 008)	334 22
Deferred revenue	11	(5 858 526)	2 026 12
Liability for contaminated sites	12		
Liability for employee future benefits		7 345 897	4 704 30
Asset retirement obligations	14	868 445	93 32
Other liability items	15	2 384	(237 523
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.15)	16	67 271 394	(35 201 484
OTHER INFORMATION:			
Capital asset acquisitions included in accounts payable as at March 31	17	11 667 311	8 499 37
Proceeds of disposition of capital assets included in receivables as at March 31	18		
Other items not affecting cash and cash equivalents (specify P297)	19		(49 772 557

21 22 23

8 917 570

5 255 379

10 674 465

6 359 913

Creditor interest (revenue)

Interest received (revenue)
Interest received (expenses)

Interest spent (expenses)

## TYG"ÅÜÞPT¢

#### **REGIONAL SERVICES**



#### Wîchihîwâuwin Helpline

1 833 632-4357 (HELP)



#### Robin's Nest Women's Shelter

1855753-2094



#### Youth Protection Hotline

1800 409-6884

#### **Regional Administration**

PO Box 250, Chisasibi, QC J0M 1E0 T 819 855-2744 | F 819 855-2098

Complaints 1 866 923-2624

#### Chisasibi Regional Hospital

21 Maamuu Meskino, Chisasibi, QC JOM 1EO 819 855-2844

#### **Recruitment Centre**

1055 René-Lévesque Boulevard East, 7<sup>th</sup> floor, Montreal, QC H2L 4S5 514 861-5955 jobs.reg18@ssss.gouv.qc.ca

#### **Public Health Department**

168 Main Street, Mistissini, QC GOW 1C0 418 923-3355, Montreal 514 861-2352

#### Youth Healing Services / Reception Centre

302 Main Street, Mistissini, QC GOW 1C0 418 923-3600

#### Wîchihîtuwin

Chisasibi Regional Hospital 819 855-9019

Espresso Hotel 1005 Guy St, 2<sup>nd</sup> Floor, Montreal, QC H3H 2K4 514 989-1393, ext. 73270

1055 René-Lévesque Boulevard East, 6<sup>th</sup> floor, Montreal, QC H2L 4S5 514 989-1393

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

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

## VIÇVe LAVTUS,VebLa

### COMMUNITY MIYUPIMÂTISÎUN CENTRES (CMCs)



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



A'ז'ם Eastmain CMC 143 Nouchimi Street, Eastmain, QC JOM 1W0 819 977-0241



T<sup>い</sup>ハイ Mistissini CMC 302 Queen Street, Mistissini, QC GOW 1C0 418 923-3376



οΓ'6 Nemaska CMC 7 Lakeshore Road, Nemaska, QC J0Y 3B0 819 673-2511



▶1>d.i Oujé-Bougoumou CMC 68 Opataca Meskino Oujé-Bougoumou, QC GOW 3C0 418 745-3901



•จ่า่ง"∆่ง่อ" Waskaganish CMC 2 Taktachun Meskaneu, Waskaganish, QC JOM 1R0 819 895-8833





άΓσ<sup>†</sup> Wemindji CMC 60 Maquatua Road, Wemindji, QC J0M 1L0 819 978-0225



•ÁÁĹd™D∆ Whapmagoostui CMC 425 Whapmaku Street Whapmagoostui, QC JOY IGO 819 929-3307

