



CBHSSJB BoD Summary

9-10-11 December 2025

Montréal

A scenic landscape featuring a calm lake reflecting the sky, surrounded by trees and a rocky shore. A large white circle is overlaid on the center of the image, containing the text "OFFICE OF THE CHAIRPERSON" in a bold, blue, sans-serif font.

**OFFICE OF THE
CHAIRPERSON**

Update on Legislative Review of *Chapter S-5 Act respecting Health and Social Services for Cree Native Persons*

The Board was updated on activities related to the legislative review of *Chapter S-5 – an act respecting health services and social services for Cree Native persons*, enacted in 1991. Milestones of the recent legislative review process to modernize the act include

- the proposed new framework for the act from May 2023,
- a draft table of contents, and the MSSS's written commitment to the review process in April 2024,
- a series of in-person reviews through summer 2025, and
- a series of meetings held from July to November, including the MSSS, CNG and CBHSSJB.

The review strives to reflect the CBHSSJB's strategic direction in the revised act.



Cree-Quebec Health Funding Agreement & Capital Projects

The Board was updated on the status of negotiations for the new Cree-Quebec health funding agreement and support for capital projects. The last (2019-2024) agreement expired in March 2024, and a proposed new agreement was not accepted by the MSSS in July 2024. A new proposal for a three-year extension was approved by the CBHSSJB Board at its September meeting and the proposal was submitted to the MSSS at the end of October.

Several capital projects from the 2019-2024 agreement are pending completion, including the Waskaganish CMC, the Waskaganish Birthing Home, and the Chisasibi 32-bed long-term care facility. Other projects to be completed during the proposed three-year extension include the Mistissini Elders Home, the Chisasibi 80-unit transit facility (foundation already completed), and the Ouje-Bougoumou CMC. The regional hospital would be supported over two three-year agreements before its anticipated completion date.

The tentative acceptance date of the proposal (following MSS/CBHSSJB negotiations) is March 2026.



Cree Helping Methods

Irene House, Community Worker/Elder-Healing Lodge, provided information on the origins and insight into traditional Cree Helping Methods and the proposed role of the Council of Chishaayiyuu in helping to integrate these into CBHSSJB services.

The process of incorporating Cree Helping Methods included awareness, research (building on awareness, the history of Cree helping methods, and training & program development. The Council of Chishaayiyuu, an advisory body to the Board of Directors, would assist in developing programming and producing an operational plan and a Cree PFT (Programme Fonctionnel et Technique) in Cree Helping Methods and also served as a governance steering committee to the Assistant to the Executive Director for Eeyou / Eenou Pimaatisiiumun . The process would also involve identifying and reviewing traditional helping methods, consulting with Cree leadership as well as youth and Elders, and strengthening Cree medicine and helping methods.



Cree Helping Methods (continued)

The presentation also covered traditional Cree healing & health concepts and factors contributing to Cree helping methods (including such elements as environment, language, family & community, and spirituality).

The integration of Cree helping methods involved connecting traditional and land-based healing with those offered by modern institutions. Cree Elders (Council of Elders, Council of Chishaayiyuu) aimed to provide guidance and direction in research and protocol development.

Note: Cree Helping Methods is now known as Nishiiyuu Miyupimaatisiun



History of the CBHSSJB

James Bobbish, former Executive Director and Chairperson of the CBHSSJB, shared the history of the organization since its establishment in 1978 under the JBNQA. He covered important milestones such as the take-over of services and transfer of clinics from the federal to the CBHSSJB; the Regional Gastro Outbreaks that claimed the lives of several Cree children; the imposed Trusteeship by the MSSS in the early years of the organization.

For many years, the CBHSSJB was underfunded and the signing of an Agreement with MSSS in 1999 to establish a process towards a funding agreement was a major breakthrough. MSSS Agreement on non-insured health benefits; Creation of Public Health Department within the CBHSSJB; Strategic Regional Plan are among major milestones.



A scenic landscape featuring a calm lake reflecting the sky, surrounded by trees and a rocky shore. A large white circle is overlaid in the center, containing the text "COMMITTEES OF THE BOARD" in bold, blue, uppercase letters.

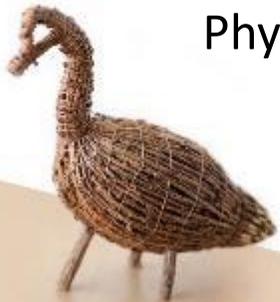
**COMMITTEES OF
THE BOARD**

Governance Advisory Committee: Information re: Bill 2

The Board was presented with information regarding Bill 2, *an act mainly to establish collective responsibility with respect to improvement of access to medical services and to ensure continuity of provision of those services*. The bill aims to address health care issues (long wait times, accessibility issues, etc) through a “collaborative implementation” and “continuous evaluation” approach. Many of the provisions of the bill, however, do not apply to the CBHSSJB and its physicians:

- While Region 18 is generally exempt from measures affecting the remuneration of general practitioners, including those in public health;
- remuneration by per diems, packages, teaching, supervision remains unchanged in Eeyou Istchee; and
- CBHSSJB physicians are exempt from composite remuneration, capitation, and the withholding system defined by Bill 2.

Physicians will be indirectly impacted because they cover other regions as well;



GAC: Information re: Bill 2 continued

NISK, our new care model in deployment, can continue as planned, but the MSSS reserves the right to impose client follow-up modalities. In addition, monitoring and surveillance mechanisms may be developed and confirmed by the ministry.

While it is too early to predict indirect impacts of the Bill, the CBHSSJB has identified focus areas of analysis during the implementation process. The CBHSSJB will be collaborating with the MSSS and other concerned entities to ensure that the unique needs of our territory and of northern reality are understood.



Vigilance & Client Experience Committee: Service Quality & Complaints Commissioners Report

The Board reviewed the quarterly report of the Service Quality & Complaints Commissioners, covering the period from 1 July to 30 September 2025. The report reviewed complaints and statistics over this quarter and summarized the activities of the Commissioners' Office. A total of 73 files were opened: 12 complaints, 30 requests for assistance, 28 interventions and 3 consultations. The review noted the means of submission of these files and broke down the complaint submissions according to the nature of the complaint as well as the associated community and service. Most complaints were addressed and the files closed within 90 days, and all were closed within 180 days. Four files were transferred to the medical examiner.

Activities included training in six communities to address or consult on Elders mistreatment, maintaining a booth at the CNG AGM, meeting with the CIUSS to discuss provincial mandates, and meeting monthly with the Elders Wellness group.



Vigilance & Client Experience Committee: Community Consultation Complaint Process

The Board was updated on plans to build a First Nations and Indigenous Communities Complaint Centre. The Centre would improve access in urban and community settings for Indigenous patients, improve cultural safety, and respect patients' perspectives and needs.

The process to establish this centre began with a presentation to the MSSS Cultural Safety Advisory Committee in May 2024; most recently, in October 2025, a report was developed by the Core Group and Experts Group (both of which include CBHSSJB representation) and submitted to the MSSS. The report recommends the creation of a bilingual structure increasingly staffed by Indigenous professionals to improve local commissioners' capacity to support patients in a culturally safe way. This structure would improve access, draw on the resources of a collaborative network, and improve the visibility of the complaints process.



Vigilance & Client Experience Committee: Community Consultation Complaint Process continued

The CBHSSJB Service Quality and Complaints Commissioners are advocating for the CBHSSJB to have a role in governance, and for the commissioners' team to participate in the operations of the proposed centre. Next steps would include the designation of CBHSSJB representatives and then the implementation of the provincial First Nations and Indigenous Communities Complaint Centre in 2026.



Council of Physicians, Dentists and Pharmacists (CPDP): Nominations of Physicians & Dentists

The Board approved the CPDP's nominations of the following family physicians for new positions or for changed status, with all nominations effective to December 31, 2027:

Dr. Joey Piccolo

Dr. David McCaughey

Dr Robin Nathanson

Dr. Léanne Roncière

Dr. Maude Leclerc

Dr. Austin Gagné

Dr. Caroline Boulos

Dr. Eve-Lynne Kyle

Dr. Marie-Philippe Bergeron

Dr. Zachary Weinstein

Dr. Gabrielle Bujold

Dr. Karl Cernovitch

Dr. Kendra Bradshaw

Dr. Guylène Theriault



CPDP: Nominations ...continued

The Board also approved the CPDP's nominations of the following specialist physicians, all effective to December 31, 2027:

Dr. Caroline Jack, associate member specialist in Dermatology in the Dept of Medicine

Dr. Romina Pace, changed status to active member and PRO-Research in the Dept of Medicine

Dr. Laura Horowitz, changed status to active member and PRO specialist in Nephrology in the Dept of Medicine



CPDP: Nominations ...continued

The Board also approved the CPDP's nominations of the following dentists as associate members and replacement dentists, with all nominations effective to December 31, 2027:

Dr. Christine Camilo Chica Herrera, associate member and replacement dentist

Dr. Ali Shafiei, associate member and replacement dentist

Dr. Tanya Agnaieff as active member and public health dentist in the Dept of Public Health; the Board also accepted Dr. Agnaieff's resignation as active member and permanent full-time dentist in the Dept of Dentistry.

Finally, the Board accepted the resignation of Dr. René Larouche as active member and public health dentist.



Council of Nurses: Quarterly Report

The Board reviewed the quarterly report submitted by the Council of Nurses Executive Committee (CNEC). The report noted that the EC has filled several outstanding positions: Licensed Practical Nurse representatives Michelle Sanschagrín & Stephanie Parent, Chisasibi Pole representative Jessica McBean, Waskaganish Pole representative Alexandra Audi, and Nurse Practitioner representative Jessika Faucher. They join Cree representative Christina Matoush, Mistissini Pole representative Marc-Antoine Galarneau (also CNEC President), and Regional Pole representative Stéphanie Grenier.

The Council of Nurses completed its reviews of several clinical documents, including the CBHSSJB Protocol on the Exceptional Use of Restraint Measures, Blood Transfusion Protocol, Resuscitation Protocol and Parenteral Infusion Guide (Adults & Pediatrics); the review of the Collective prescription for respiratory screening tests is underway.



Council of Nurses: Quarterly Report continued

The quarterly report also discussed efforts to strengthen the Council of Nurses, including the 2025 regional tour which met with nurses across Eeyou Istchee, and the creation of a Mental Health subcommittee which aims to provide recommendations to the CNEC on the improvement of the nursing care in mental health.

In addition, the report summarized efforts to develop Nurse Practitioner positions in Eeyou Istchee, noting the many health care advantages of this position.

Finally, the report noted upcoming initiatives of the Council of Nurses and CNEC, including the completion of the regional tour and continued meetings of the Mental Health subcommittee as well as the creation of a new Continuous Education subcommittee and a Licensed Practical Nurse committee.



Audit Committee: Approval of Quarterly Report

The Board voted to approve the Quarterly Report (AS-617 P6 for 2025-2026) submitted by the Director of Financial Resources.

The presentation of the quarterly report also noted budgetary highlights of the last quarter, including nursing costs, medication costs, user fees, EVAQ costs and air transport & accommodations costs.



Audit Committee: Analysis of MSSS Accounts Receivable

The Board reviewed the analysis of MSSS accounts receivable prepared by the Director of Financial Services.

The analysis considered

- specific allocations (CNIHB, user fees, interest, new residential facilities...)
- expenses integrated into the operating budget (development, foster homes, salary measures)
- special allocations, such as the COVID-19 allocation, and
- recurrent funds from the IT capital project



Audit Committee: List of Contracts for 2025-2026

The Audit Committee presented a list of supplier contracts over \$250,000 for 2025-2026, as of December 2025. There are eleven CBHSSJB suppliers with contracts over \$250,000, for purchases ranging across medical equipment, construction/renovation services, and transportation needs.



Risk Management Committee: Incident/Accident Statistics

The Board was presented with Incident/Accident (I/A) statistics for the period of April 1, 2025, to October 31, 2025. A total of 609 I/As were reported in this period. Of these, 81% had no consequences for the client, 7% required reassessment to confirm the absence of consequences, 1% resulted in temporary consequences, and 11% had to be reviewed by managers to determine their severity level. The Risk Management team ensures that managers identify measures to address I/As.

Most frequently reports I/As involve medication, appointment scheduling, laboratory, treatment and transportation; these categories represent 79% of all I/As.

The Risk Management team investigated four sentinel events, one of which resulted in client consequences, and followed up by implementing measures to promote safety.



A scenic landscape featuring a calm lake reflecting the sky, surrounded by trees and a rocky shore. A large white circle is overlaid on the center of the image, containing the text 'CORPORATE SERVICES' in a bold, teal font.

**CORPORATE
SERVICES**

Appointment of New Board Members

The Board appointed Jamie Moses as Board Representative for Eastmain.

Mr. Moses was re-elected to the Board by receiving the most votes in an election by secret ballot held on July 30, 2025. His three-year term starts from the date of his election.

The Board also appointed Dr. Maggie Odell as Clinical Staff Representative and Elizabeth (Liz) Hester as Non-Clinical Staff Representative on the Board of Directors. Each will serve a three-year term ending in November 2028. Elections for these two positions were held on November 17, 2025. Dr. Odell will replace Dr. Kevin Brousseau, who was filling the remaining portion of Dr Tremblay's three-year term had ended; similarly, Ms. Hester replaces Nicolas Ortepi, whose three-year term had also come to an end.



Appointment of Member to Administrative/HR Committee

The Board voted to appoint Liz Hester as a Board member to the Administrative/HR Committee.

She will replace Nicolas Ortepi, whose term as a Board member has ended, leaving a vacant position on the committee.





**GENERAL
MANAGEMENT**

Executive Director's Mandates

The Board reviewed the Executive Director's mandates from Board and Committees of the Board directives. The presentation also noted some of the Executive Director's engagement opportunities with other groups internal and external to the CBHSSJB.



Service Agreement for Specialized Dental Services

The Board approved several service agreements for specialized dental services:

- Endodontists Charles Tra and Gilbert Thellend-Gauthier
- Maxillo-Facial specialists Claude David, Pierre-Luc Aubry and Alain Guimont
- Prosthodontist Nicholas Audy, and
- Denturologist Charles Deziel.

These specialists will provide services for the term beginning April 1, 2026, and running to March 31, 2029, or March 31, 2030.



Dental Services in Eeyou Istchee update

The Board received a status report on dental services in Eeyou Istchee, presented by Dr. Lucie Papineau, Chief of Dentistry. The report noted a dramatic drop in dentistry service hours, from a high of over 160,000 hours in 2020-2021 to a current low of 120,000 hours today – barely higher than the almost 110,000 hours logged at the height of COVID-19.

The report states that working conditions and salaries of northern dentists cannot compete with the private sector; in addition, the *Canadian Dental Care Plan* created high demand for private dental clinics, so new dentists have more work opportunities in the south. Underlying factors include higher premiums being given in Region 17 (Nunavik), outdated dental software, issues with support staff and inadequate administrative support.

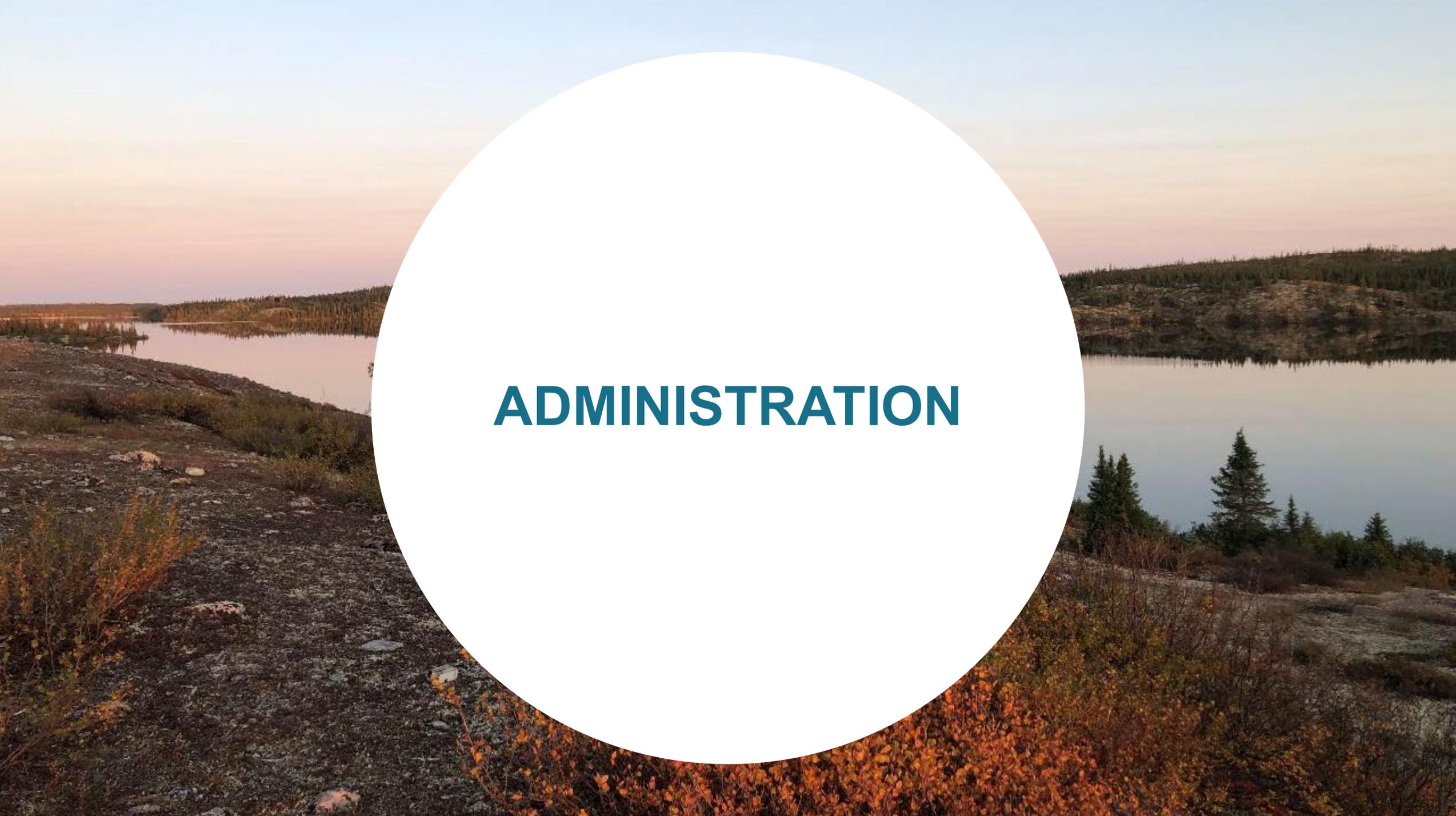


Dental Services in Eeyou Istchee update continued

In order to address the reduction in dental services, the status report proposes

- A non-taxable per diem for permanent dentists
- A retention premium similar to that offered to physicians
- Increased charter sorties
- New dental software with electronic file implementation, better access to information and tele-dentist capacity, and
- A new onsite dental supervisor position to support managers and dentistry staff with local operations



A landscape photograph of a lake at sunset. The sky is a mix of light blue and orange, reflecting on the water. The foreground is a rocky, grassy bank with some autumn-colored plants. A large white circle is overlaid in the center of the image, containing the word "ADMINISTRATION" in blue, bold, uppercase letters.

ADMINISTRATION

Maintenance of Assets Plans

The Board approved the Maintenance of Asset Plans for 2026-2029 and authorized the Executive Director to execute the plans for 2026-2027.

The 2026-2027 Maintenance of Asset (MOA) funding plan (funded through provisions in the 2012 Health Agreement with the MSSS) covers maintenance for buildings, minor functional renovations for buildings, medical equipment, and non-medical and other equipment, as well as (from a separate funding envelope specifically for new residential housing) new residential housing furniture and new residential housing renovations.



Cellular Mobility Services information

The CBHSSJB's current three-year contract with Bell Mobility for cellular mobility services expires in June 2026 and the IT department is seeking guidance concerning the renewal or exploration of alternate service providers. The presentation by the Director of IT compared features of Bell Mobility, Telus (approved by Quebec's *Centre d'acquisitions gouvernementales (CAG)* as the provincial solution) and Eeyou Mobility.

Based on its existing infrastructure, comparatively predictable (& lower) costs, established global coverage, and other factors such as the inconvenience of losing current cellular numbers, the Executive Committee recommends the renewal of the contract with Bell Mobility for one year, while maintaining partnerships with Eeyou Mobility and Bell Mobility to explore the possibility of transferring cellular numbers in the future.



Optimization Audit for Wiichihiituwin

The Board was updated on the Wiichihiituwin optimization audit, carried out by Johanne Rhains, former MSSS advisor in the Department of Indigenous Affairs, who began her audit in May 2023 and submitted the audit report in February 2025. The audit drew on a series of meetings, interviews and consultations as well as site visits in Montreal and Val d'Or and reviews of relevant literature, including annual reports of the Direction Générale de la Santé des Premières Nations et des Inuit.

The report notes challenges arising from (1) issues with data accessibility, (2) limited teamwork between clinical and administrative components, (3) ambiguous policies and procedures, (4) a siloed workplace culture and environment marked by interference and without standardized workflows, and (5) an increase in long-term patients with complex health issues who were also experiencing isolation.



Optimization Audit for Wiichihiituwin continued

The audit presented 14 recommendations to address these issues, in four general categories:

- Governance and Strategic Direction,
- Service Delivery and Operations,
- Collaboration and Communication, and
- Resources and Program Management.

A working group will be established to prepare an action plan on what can be implemented on short term and long term basis; it will include a review of the 2001 CNIHB agreement.



Mirage First-Year Analysis

After the CBHSSJB purchased the Mirage site in 2024, the Board was presented with several scenarios for managing the site and opted for the “Transition to Land-Based Activities” scenario, which involved financing the site’s initiatives by allocating a portion of rooms to mining companies. This approach was projected to generate close to \$500,000 annually, which could be invested in land-based activities. However, due to several factors, this projection has not been realized. Instead, the site has a deficit of over \$2 million.

Consequently, a new plan is required. The Board was presented with four options for addressing the issues now posed by the Mirage site:

- Finance land-based activities by drawing on the development fund & business travel budget, reinforcing the vision of community-driven economic development.



Mirage First-Year Analysis continued

- Secure alternative funding sources, such as federal funding, grants, etc
- Collaborate with other Cree organizations to manage the site, sharing operational costs and maximizing community impact through joint programming
- Evaluate the financial and strategic implications of selling the Mirage site

After weighing the four options, the Board voted for the fourth option: to sell the Mirage facility, giving other Cree entities the first choice to purchase it.



Grant & Agreement of Superficie for Eastmain CMC

The Board approved a grant and agreement of superficie for non-residential purposes between the CBHSSJB and the Cree Nation of Eastmain for the lands upon which the Eastmain CMC is situated.

The land is designated lot number 1154, with the CMC having a civic address of 143 Nouchimi Meskino. The agreement gives the CBHSSJB the right of superficies for this lot for 75 years.

A “right of superficie” entitles the Superficiary – in this case, the CBHSSJB – to construct and own building(s) on Category IA Land.



Agreement of Sale and Grant & Agreement of Superficie for Nemaska Housing Units

The Board approved an agreement of sale and grant and agreement of superficies for residential purposes for six buildings comprising ten housing units in Nemaska.

In February 2005, the Cree Nation of Nemaska and the CBHSSJB signed an agreement for the construction of these six buildings and the leasing of these units to the CBHSSJB for 20 years. The agreement provided the CBHSSJB with the option of the purchasing these units after 20 years by reimbursing to Nemaska the principal amount outstanding on the loan taken out for the construction of these buildings. This loan has now been fully reimbursed by the CBHSSJB.

The units are located at 11A, 11B 13A, 13B, 15A, 15B, 17A and 17B Bedabin Trail and at 19 and 21 Whaphew Trail.



Grant & Agreement of Superficie for Nemaska Housing Units

The Board approved the grant and agreement of superficie for residential purposes between the CBHSSJB and the Cree Nation of Nemaska for six housing units.

The CBHSSJB constructed and is owner of these units at 59A, 10A and 10B Bedabin Trail and 12A, 12B and 14 Whaphew Trail.

This grant of superficie has a 75-year term. A “right of superficie” entitles the Superficiary – in this case, the CBHSSJB – to construct and own building(s) on Category IA Land.



Grant & Agreement of Superficie for Ouje-Bougoumou CMC

The Board approved the grant and agreement of superficie for non-residential purposes between the CBHSSJB and the Cree Nation of Ouje-Bougoumou for the lot on which the Ouje-Bougoumou CMC has been built.

The lot bears administrative number 296, with the CMC being located at the civic address of 68 Opataca.

The grant of superficie has a 75-year term. A “right of superficie” entitles the Superficiary – in this case, the CBHSSJB – to construct and own building(s) on Category IA Land.



Grant & Agreement of Superficie for Waskaganish CMC

The Board approved the grant and agreement of superficie for non-residential purposes between the CBHSSJB and the Cree Nation of Waskaganish for the lot on which the Waskaganish CMC has been built.

The CMC has been constructed on lot number 3253 and bears the civic address of 7 Chief Isaiah Salt Road.

The grant of superficie has a 25-year term. A “right of superficie” entitles the Superficiary – in this case, the CBHSSJB – to construct and own building(s) on Category IA Land.



A landscape photograph of a lake at sunset. The sky is a mix of light blue and orange. The water is calm and reflects the sky. The foreground is a rocky, grassy bank with some autumn-colored plants. A large white circle is overlaid in the center of the image, containing the text 'MIYUPIMAATISIUN' in a bold, blue, sans-serif font.

MIYUPIMAATISIUN

Mistissini Pole NISK Model of Care update

The Board was updated on the steps taken to plan and implement the NISK Model of Care for the Mistissini Pole. The update outlined specific objectives and timelines for each community in this pole – Mistissini, Ouje-Bougoumou and Waswanipi – and noted that all three have identified target dates to start care teams. The presentation also discussed the importance of change management, summarized short-term and long-term goals of the NISK model of care, presented an overview of meetings on NISK implementation between the Regional Proximity Director and local managers, and identified key stakeholders including physicians, local community members and regional partners.

The presentation concluded with a summary of next steps in the implementation process for each community and for the Regional Proximity Director.



Caregivers update

The Board was updated on the caregivers file, which aims to recognize and support informal caregivers across Eeyou Istchee through awareness projects, adapted interventions, and community recognition, and to value their silent knowledge and commitment to Miyupimaatsiun.

Cree caregivers offer care rooted in Cree culture, values, and traditions, providing holistic support that nurtures the well-being of their loved ones and community. The Caregivers Action Plan aims to identify and recognize caregivers, promote local initiatives related to caregiver needs, explore projects aiming to increase local respite, and promote sustainability by including caregivers in interventions. An Elders and Caregiver Wellness Working Group will help coordinate local projects and workers, maintain communications across partners, and provide sustainable projects for vulnerable clientele. The presentation also summarized highlights from the past year and outlined next steps for 2026.



A landscape photograph of a lake at sunset. The sky is a mix of light blue and soft orange. The water is calm, reflecting the sky. The foreground is a rocky, grassy bank with some autumn-colored plants. A large white circle is overlaid in the center of the image.

NISHIIYUU

Family Group Conferencing

The Board was updated on Family Group Conferencing. The presentation summarized family group conferencing activity by community, noting the number of referrals for each. It also noted staffing by community and outlined the separate processes for referrals received under Youth Protection and those that come as self-referrals. In addition, it briefly summarized the means of avoiding conflicts of interest, including identifying potential conflicts, managing escalation of conflicts, maintaining clear documentation and reassigning cases in a timely manner. The presentation concluded with a summary of training for facilitating family conferencing, noting that a recent three-day training session had eight trainees.



A scenic landscape featuring a calm lake reflecting the sky, surrounded by a forest of evergreen trees. The foreground shows a rocky, sparsely vegetated shore with some autumn-colored plants. A large, white, semi-transparent circle is centered over the image, containing the text 'PIMUHTEHU' in a bold, blue, sans-serif font.

PIMUHTEHU

Youth Protection Commission Report

The Final Report of the Youth Protection Commission, entitled *Maamiinupitihtaau: the Final Report of the Chaashtipishtihch*, was deposited with the CBHSSJB Board in September 2025. It is no longer referred to as Volumes 1 and 2, as previously designated, but is now known as the *Final Report* and the *Background and Complementary Information* document. This latter document contains detailed information such as consultation summaries and other information on youth protection and youth criminal justice in Eeyou Istchee; while the *Chaashtipishtihch* (Commissioners) worked on this document as well the *Final Report*, it was only completed in fall 2025, after the end of their July 2025 mandate. Both documents – the *Final Report* and the *Background and Complementary Information* – will be published online and shared with partners. Final recommendations of the task force, based on those of the *Chaashtipishtihch*, will be validated by the task force before going to the the CBHSSJB Board of Directors.



Two-Spirits of Eeyou Istchee update

The Board was updated on Two-Spirits of Eeyou Istchee (2SEI) advocacy group for the 2SLGBTQ+ community. The presentation included a history of 2SLGBTQ+ peoples in Eeyou Istchee as well as a summary of progress made since an initial July 2024 2SEI meeting in Montreal. This past year saw planning sessions in July as well as the appointment of a provisional board, a land-based retreat in the fall, and the appointment of a working group to develop a governance framework. The presentation outlined challenges facing 2SLGBTQ+ people in Eeyou Istchee and identified ways in which the CBHSSJB could support 2SEI, including (among other things) psychosocial support, sensitivity training for the workforce, a 2-Spirit Safe House pilot project, an inclusion policy specifically including 2-Spirit individuals, and a Memo of Understanding between the CBHSSJB and 2SEI to support mechanisms for collaboration. The presentation concluded with a summary of next steps, including (among others) policy writing and framework development, strengthening collaborations, and training the 2SEI Board of Directors.



Youth Protection/Youth Healing Services merger

The Board was updated on the merger of Youth Protection (YP) and Youth Healing Services (YHS). Participants in discussions include directors, managers, team leaders and others from each department. Currently the strong majority of YHS workers oppose the merger, noting issues with clarity of approach, collaboration across the departments, the failure thus far to implement the joint clinical process (JCP), insufficient management support, and concern over power struggles, among other issues. Before going into a merger, YHS would like to see a clearer future structure, the JCP implemented, common training established and a clear transition plan.

In YP the majority support a merger, but the department notes that collaboration was better pre-pandemic and must improve, accountability and roles must be clarified, and resistance from YHS must somehow be overcome. Areas of improvement were itemized, and areas of collaboration defined for moving forward successfully.



Youth Protection/Youth Healing Services merger continued

These areas of collaboration include transitional work, a joint response to the Cree Youth Protection Commission, and joint management sessions, budget planning, & clinical meetings (this last area has already begun). The two departments can also collaborate on joint projects such as the youth aging out of care (YAO) project, among others. Overall, collaboration is not optional, but essential, and mutual trust must be built in order to serve the common goal of providing the best outcomes for youth in care.



Youth Aging Out Joint Project with CNG Justice Dept

The Board was updating on the Youth Aging Out of Care (YAO) joint project with the CNG Justice Department. The presentation outlined YP priorities and recommendations, including the recommendation that the YP and YHS develop and consistently apply a program based on *liiyiyiu iitaayih timuwin* to prepare youth who are aged 16 and over and in placement, including those who will be “aging out”, to leave the protection of the system, and that the CMC provide transition services until the youth reach age 25. According to the timeline presented, the project should result in a finalized proposal in March 2027, following consultations, reviews & feedback, and clinical plan development. The desired outcome is that through four pathways (land-based learning, education, entrepreneurship & work experience), Cree youth aging out of care will be empowered to thrive, grounded in culture, connected to community and confident in their identity.



Youth Aging Out Joint Project with CNG Justice Dept continued

The presentation also summarized challenges that must be overcome in reaching these objectives, especially with the ongoing YP/YHS merger discussions, and identified strategies by which these challenges can be resolved. Moving forward, the presentation concludes with the observations that a partnership agreement must be reached and that a joint clinical plan developed, approved and implemented.



Limitation of Freedom & Intensive Supervision Statistics

The Board received Youth Healing Service's summary of limitations of freedom, intensive supervision and use of detention/isolation, broken down by gender and type & duration of limitation of freedom and extensive supervision, for the period from August through October 2025.

The summary also gave an overview of the number of youth in YHS under the Youth Criminal Justice Act, activities undertaken and other data.



NEXT REGULAR BOARD MEETING

March 10-11-12, 2026





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