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âshikum pipunh
tipâchimûsinihîkin

Annual Report

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

2025
2026

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misinâpiskihîkin

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âshikum pipunh
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Annual Report

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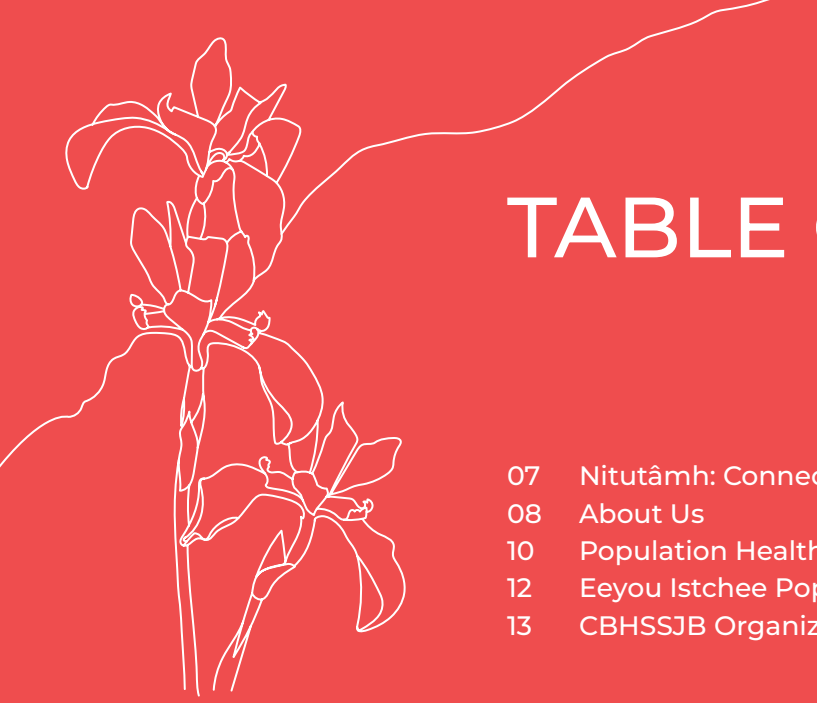
CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

2025
2026



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· Chisasibi · Whapmagoostui · Wemindji
102 CMCs Mistissini Pole
· Mistissini · Waswanipi · Ouje-Bougoumou
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Annual Report Theme

Nitutâmh: Connection, Safety and Healing

A Journey Woven Through Storytelling and Inspired Visual Language

As our organization transforms its service delivery with a new model of care and enhanced support for employees, fostering healthy workplace relationships through our Nitutaahm training, we wanted to reflect on connections and how important they are to one's health.

Nitutâmh, meaning "my relations" in Cree, speaks of kinship in Eeyou Istchee. It teaches us that our relations extend deep into the Cree worldview: the relationship with the land, the relationship between the hunter and animals, community life, generations of family, and the relationships we have with community members as healthcare providers. Nitutâhm is what you lean on as you take ownership of your health. It is necessary to tend to those relationships throughout your life, as the Elders like to remind us. It's through our connections that we can come to feel safe and to a place of miyupimâtisîun, living a good life.

This report visually illustrates the pillars of kinship: connection, safety, and healing. Warm colour tones evoke the hospitality and generosity intrinsic to Cree communities, while line illustrations symbolize intergenerational connection. Our photography direction was intentional, capturing staff and community members immersed in their culture or role within the CBHSSJB, showing them collaborating, engaging, and uplifting one another. Throughout the design process, our priority was to centre Cree people, even through subtle elements. The illustrations help enrich static visuals, such as landscape shots. They offer a glimpse into some defining moments of community life. Drawn without distinctive facial features, they invite everyone to see themselves in these shared experiences.

At its core, the direction we are headed as an organization emphasizes that relationships based on care, reciprocity, and belonging are vital. By building trust and connection within teams and with clients, we strengthen our workforce, support healing, and advance the CBHSSJB's vision of supporting our people towards healthy communities. It starts with us.



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About Us

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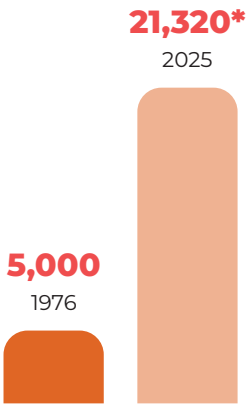
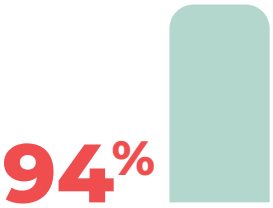
Population Health Profile



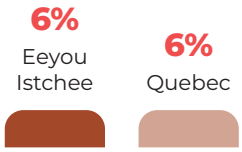
Eeyou Istchee Population

JBNQA Cree 1976-2025



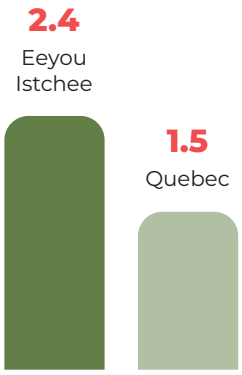
Cree Population

JBNQA Cree 2025



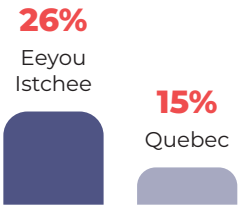
Population Increase

JBNQA Cree 2021-2025



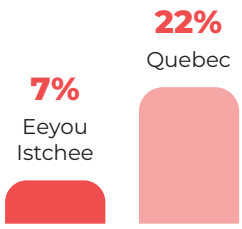
Fertility Rate

JBNQA Cree 2019-2023



Youth Under 15

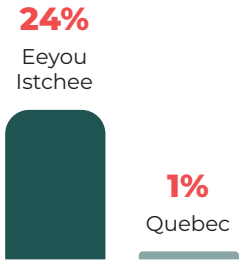
JBNQA Cree 2025



Adults Over 65

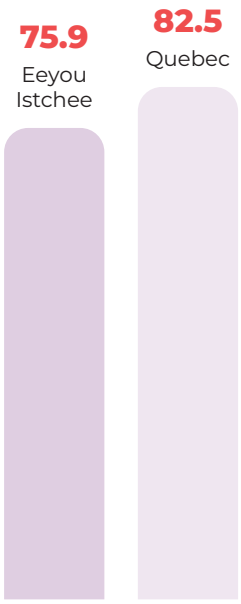
JBNQA Cree 2025

* The 2025 population decrease (compared to previous year) is due to quality improvements in the JBNQA Registry, rather than an actual decline in the population count. Beneficiaries previously listed as active but later confirmed as deceased were removed from the registry. This improved the registry's data accuracy.



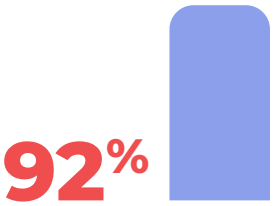
Households With More Than 1 Person per Room

2021



Life Expectancy at Birth

2021-2023



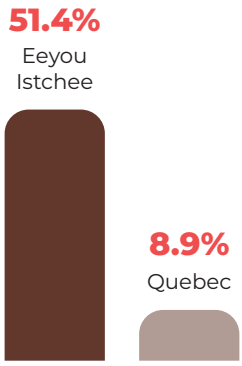
Cree Speakers

2025



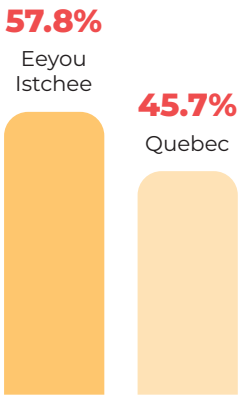
Diabetes Prevalence in Adults 20 Years and Older

CDIS 2021



Hospitalization Rate per 10,000 People — 15 to 29 Years Old

(Self harm and aggressions)



Hospitalization Rate per 10,000 People — Age-Adjusted

(Accidental injuries)

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Eeyou Istchee Population

WHAPMAGOOSTUI	1,156
CHISASIBI	5,775
WEMINDJI	1,750
EASTMAIN	953
NEMASKA	965
WASKAGANISH	2,852
MISTISSINI	4,658
OUJE-BOUGOUMOU	1,009
WASWANIPI	2,202

21,320
POPULATION TOTAL



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Organizational Chart

Board of Directors

- Council of Physicians, Dentists and Pharmacists
- Council of Nurses
- Council of Midwives
- Service Quality and Complaints
- Medical Examiner

General Management

Corporate Services

Strategy and Organizational Development

Public Health

Capital Projects

Medical Affairs and Services

Nishîyû Miyupimâtisîun

Pimuhteheu

- Youth Protection
- Youth Healing Services
- Support Program for the Autonomy of Seniors (SAPA)
- Mental Health and Special Needs
- Healing Lodge
- Program Development and Support
  - Midwifery Services and Birthing Homes
- Emergency Measures and Disaster Planning

Miyupimâtisîun

- Chisasibi Miyupimâtisîun Pole:
  - Chisasibi – Wemindji – Whapmagoostui
- Mistissini Miyupimâtisîun Pole:
  - Mistissini – Ouje-Bougoumou – Waswanipi
- Waskaganish Miyupimâtisîun Pole:
  - Eastmain – Nemaska – Waskaganish
- Regional Miyupimâtisîun Services
  - DPSQA – Health
  - DPSQA – Allied health
  - DPSQA – Psychosocial
- Regional Hospital (Chisasibi)

Administrative Services

- Human Resources
- Financial Resources
- Information Technology Resources
- Material Resources
- Communications
- Wîchihîtuwin

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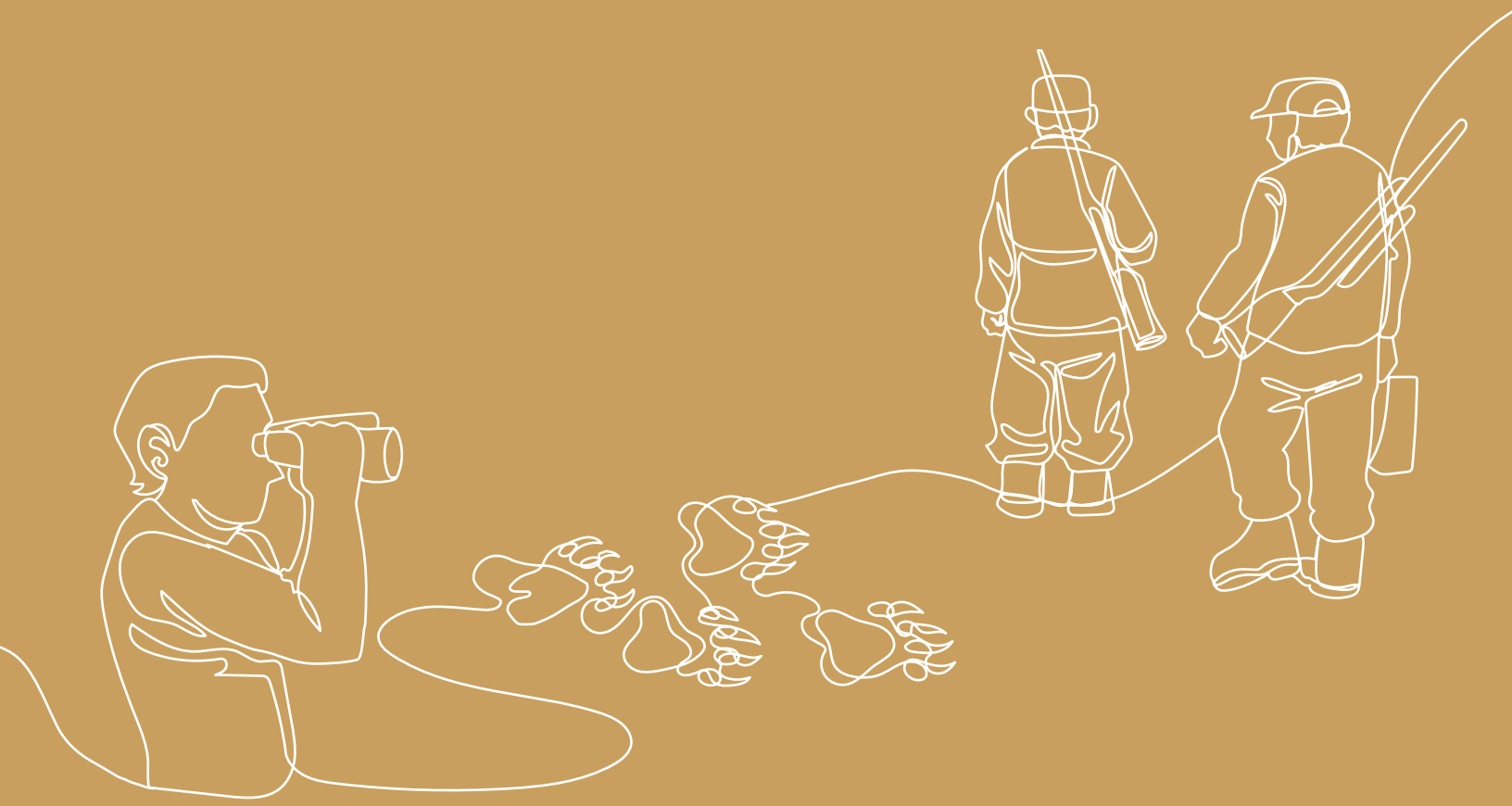
OFFICE OF THE CHAIR

The CBHSSJB is steered by a council of guiding minds who sit on the Board of Directors. It is led by a chairperson whose vision guides the organization's journey throughout their term. Our governance structure stands as the living face of the organization, embodying its spirit and aspirations.





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kâ nîkânipishtihk miyupimatisîun anânâkichihtâkinûch ûtîyimûwin

MESSAGE FROM THE CHAIR



Jeannie Pelletier
Chairperson

This year, our journey as leaders at the Cree Board of Health and Social Services of James Bay (CBHSSJB) was guided by the powerful and grounding principle of Nitutâmh. Rooted in our Cree ways of knowing, caring, reciprocity, and belonging, Nitutâmh speaks to kinship and the deep relationships that sustain us – as individuals, as leaders, and as a collective. It evokes memories of our Gûhkuminûch (grandmothers) and of those who cared for us.

I had the privilege of participating in Nitutaamh sessions alongside fellow executives in Montréal and Val-d'Or as a storyteller. These experiences went beyond what one might expect from a professional development setting and became meaningful experiences through moments of reflection, humility and connection. In sharing our stories, we learned that healing begins when people feel safe to be seen and heard. This understanding is foundational to the Nisk Model and to our leadership vision at the CBHSSJB. By building care, trust and belonging within our ranks, we strengthen our workforce and create environments where people feel safe to reach and take ownership of their health. When our teams feel valued and connected, we are better equipped to serve our communities with integrity and respect. It is my hope that all members of our Board will one day participate in the storytelling journey of our Nitutaamh trainings and become storytellers themselves. In doing so, we deepen our shared understanding of what it means to lead with heart and humility; true relationships require vulnerability and accountability.

We also continued advancing the legislative process to modernize S-5, ensuring alignment with legal requirements while reflecting the realities of life in northern and community contexts. This work remains essential to make sure our legislative framework responds meaningfully to evolving community needs.

As part of this shared leadership journey, I also sit as a member of the Tripartite, alongside Grand Chief Paul John Murdoch and Cree School Board Chairperson Dr. Sarah Pashagumskum. Through our meetings, we are intentionally leaning into relationship building as a foundation for meaningful change. These gatherings are spaces of trust and dialogue, where we discuss key priorities guided by sheer will to uplift our people. We move forward collectively, always with our members and Cree families at the centre of every conversation. Guided by nitutâmh, we work together in the spirit of kinship, recognizing that strong relationships across leadership tables strengthen our ability to serve the Cree Nation's needs.

Throughout the year, I also had the privilege of attending several key events that support organizational positioning and long-term sustainability. These included initiatives focused on capacity-building and supporting youth as they prepare to enter the workforce, equipping them with practical tools and skills. More recently, I participated in the renewal of contracts for traditional healers and knowledge keepers, an important step in maintaining access to culturally grounded care for those who choose this form of healing. Healing is collective. Through kinship and solidarity, we create safe spaces where relationships become sources of strength, where cultural responsiveness is honoured, and where well-being is understood holistically. Each bond, between colleagues, between leadership and staff, and between services and the people we serve, contributes to community strength.

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kâ nîkânipishtihch

BOARD OF DIRECTORS AND COMMITTEES



From L. to R. : Edna Kistabish, Bert Blackned, Bella M. Petawabano, Jamie Moses, Janie Wapachee, Matthew A. Happyjack, Pauline Lameboy, Robert Auclair, Jeannie Pelletier, Christina Biron, Thomas Jolly Sr, Dr. Maggie Odell and Liz Hester. Absent from the photo: Elizabeth Shashaweskum.

Board of Directors

- **Jeannie Pelletier**
  Chairperson
- **Pauline Lameboy**
  Vice-Chair and Chisasibi Community Representative
- **Christina Biron**
  Executive Director (i)
- **Robert Auclair**
  Whapmagoostui Community Representative
- **Elizabeth Shashaweskum**
  Wemindji Community Representative
- **Jamie Moses**
  Eastmain Community Representative
- **Bert Blackned**
  Waskaganish Community Representative
- **Thomas Jolly Sr.**
  Nemaska Community Representative
- **Bella M. Petawabano**
  Mistissini Community Representative
- **Matthew A. Happyjack**
  Waswanipi Community Representative [1]
- **Janie Wapachee**
  Ouje-Bougoumou Community Representative [2]
- **Dr. Maggie Odell**
  Clinical staff representative
- **Liz Hester**
  Non-Clinical Staff Representative
- **Edna Kistabish**
  Washaw Sibi Representative (Observer status)

Administrative Committee/HR Committee

Jeannie Pelletier, Christina Biron, Pauline Lameboy, Liz Hester, Thomas Jolly Sr., Janie Wapachee, Liliane Groleau (HR Committee), Virginie Hamel (HR Committee)

Audit Committee

Bert Blackned, Pauline Lameboy, Thomas Jolly Sr.

Governance Advisory Committee

Jeannie Pelletier, Christina Biron, Pauline Lameboy, Jamie Moses, Bella M. Petawabano

Vigilance and Client Experience Committee

Sarah Cowboy/Bonnie Fireman, Jeannie Pelletier, Christina Biron, Pauline Lameboy, Thomas Jolly Sr., Robert Auclair, one vacant seat [3]

Risk Management Committee

Jeannie Pelletier, Christina Biron, Pauline Lameboy, Thomas Jolly Sr., Robert Auclair, one vacant seat [3], Kimberly Buissières (Risk Manager)

Research Governance Committee

Jeannie Pelletier, Christina Biron, Elizabeth Shashaweskum, Robert Auclair, Pauline Lameboy, one vacant seat [3]

Non-voting members: Jonathan Sutherland, Lisa Petagumskum, Isabelle Duguay

1. Matthew A. Happyjack was recently elected on March 13, 2026 as the Waswanipi representative, replacing Paul Gull whose three-year term ended.
2. Janie Wapachee was elected on December 18, 2025 as the Ouje-Bougoumou representative, replacing Susan Mark whose three-year term also ended.
3. Paul Gull leaves vacant seats on the Vigilance and Client Experience Committee, Risk Management Committee and Research Governance Committee.



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kâ nîkânipishtûwîch nituhkuyin, nâtâpitâsu kiyâ nâchihnitikuyînâsu

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS



Dr. Darlene Kitty
President CPDP

As an advisory council to the Cree Board of Health and Social Services of James Bay (CBHSSJB) Board of Directors, the Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18 reviews and advocates on matters related to the provision, quality and access to medical, dental and pharmaceutical services in the Cree communities.

The CPDP supports its members in their work on its mandatory committees. While some committees have experienced reduced activity due to competing priorities, others have renewed their focus and engagement. For example, the Environmental Health Committee has reviewed a range of issues and implemented measures to reduce or eliminate the use of environmentally harmful or wasteful equipment, including single-use plastics.

The CPDP collaborates with relevant personnel 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 supporting the implementation of the Nisk Model.

The Departments of Medicine, Dentistry and Pharmacy regularly review their workforce needs and contribute to clinical and other projects that enhance service delivery. These clinical departments, together 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 Istchee, including monitoring the competence of its members.

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

Chinskumitîn

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kâ nîkânipishtûwâhch nituhkuyiniskwâu

COUNCIL OF NURSES



Marc-Antoine Galarneau
President CNEC

Throughout 2025-2026, the Council of Nurses Executive Committee (CNEC) actively strengthened clinical governance and professional practices, focusing on advancing mental health practices across the organization. Frontline nurses enthusiastically contributed to the Mental Health subcommittees, driving the ongoing development of competencies and inspiring continuous improvement of care.

By welcoming Licensed Practical Nurses (LPNs) and Nurse Practitioners (NPs) to the CNEC, we strengthened representation and cultivated a more inclusive, intradisciplinary decision-making environment. Through a regional tour of communities, our teams deepened relationships, gained valuable insight into local realities, and strengthened communication. We will build on this momentum in 2026 by continuing the initiative and inviting nurses beyond frontline services to participate.

Significant progress was also made in developing and revising clinical tools, contributing to safe, culturally-appropriate, and evidence-informed practices across the organization.

KEY HIGHLIGHTS

- Enhanced mental health practices and increased representation through targeted subcommittee integration;
- Increased representation with the integration of LPNs and NPs;
- Strengthened regional engagement through community visits;
- Filled all positions of the CNEC;
- Developed and updated key clinical protocols and practice tools.

OUTLOOK FOR 2026-2027

In 2026-2027, the CNEC will prioritize strengthening connections across the region's Cree communities to support collaboration, shared learning, and greater alignment of nursing practices among teams. Key priorities will focus on:

- Enhancing connections between nurses and communities across the region;
- Consolidating and implementing recommendations from the Mental Health and the Continuing Education subcommittees;
- Establishing a dedicated LPN and NP subcommittee to support engagement and professional development.

With these focus areas, the CNEC unites and empowers the nursing community, ultimately strengthening the quality of care throughout the organization.

COUNCIL OF NURSES EXECUTIVE COMMITTEE MEMBERS

Alexandra Audi
Christina Matoush
Gabrielle-Anne Gratton
Jessica McBean
Jessika Faucher
Marc-Antoine Galarneau
Stéphanie Grenier
Stéphanie Parent

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kâ utinâwasutwâu umâwachihituwiniwâu

COUNCIL OF MIDWIVES



Sylvie Carignan
President CMW

The Council of Midwives (CMW) makes recommendations to the Board of Directors on standards of care and obligations related to the practice of midwifery, as well as on the qualifications and competencies of midwives and on the appropriate distribution of services. The CMW is also responsible for assessing and monitoring the quality of the acts performed by its members.

In July 2025, the CMW's by-law was amended to facilitate the participation of Chiskutimwâganch (Cree midwife trainees) in the deliberations of CMW's committees as non-voting members, a first in midwifery governance in Quebec.

Midwifery care was provided by 14 midwives and five Chiskutimwâganch in Chisasibi and Waskaganish. In addition, the team provided clinical support in Wemindji, Whapmagoostui, and Nemaska, totalling over 2,000 prenatal and postpartum care visits, as well as breastfeeding support and Well-Women health visits. Birthing on the land continues to be a highlight of midwifery services, with 24 births in Chisasibi and the first three recorded in Waskaganish.

To fulfill their mandate of providing high-quality care, CMW members participated in various committees, collaborations, and training activities throughout the year. Midwives led four neonatal resuscitation trainings and numerous emergency simulations in Chisasibi (32), Waskaganish (18), and Wemindji (3). Last October, in Chisasibi, the midwifery team hosted a specialized three-day training on the Acute Care of at-Risk Newborns (ACoRN), delivered by Dr. Bayane Sabsabi, neonatologist at the Montreal Children's Hospital. The training brought together midwives, nurses, and physicians to enhance care for vulnerable newborns.

14 Midwives

5 Chiskutimwâganch

27 Newborns

2,000 Visits

This year, two midwives implemented the Quebec Newborn Hearing Screening Program (QNHSP) in Chisasibi, providing the service to babies born in Eeyou Istchee as well as those requiring a repeat screening upon return from the South.

Council members are proud of the past year's accomplishments and thank the five Chiskutimwâganch for their dedication throughout their training, as well as their contributions to culturally safe perinatal care for Cree families.

COUNCIL OF MIDWIVES EXECUTIVE COMMITTEE

Sylvie Carignan
Chair (Midwife)
Marième Hémond
Vice-Chair (Midwife)
Elyane Asselin
Secretary (Midwife)
Elaine Dubois
Officer, Waskaganish Representative (Midwife)
Valérie Allard
Officer, Chisasibi Representative (Midwife)
Christina Biron
Executive Director (i) of the CBHSSJB

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anitukuhyînâch kiyâ wîchihyiwâwinihch

SERVICE QUALITY AND COMPLAINTS COMMISSIONER



Sarah Cowboy
Service Quality and Complaints Commissioner

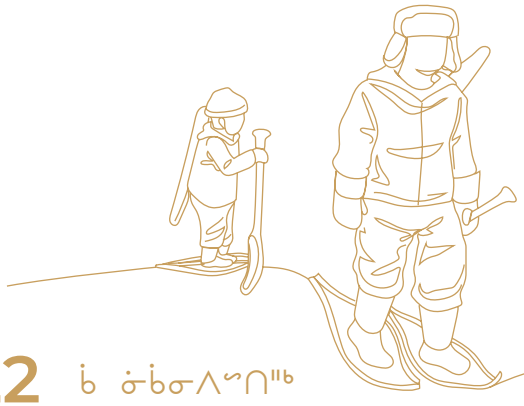
We appreciate clients who raise concerns and share their experiences with our services. By voicing issues, they help us enhance care across CBHSSJB and with our partners, whose collaboration supports greater recognition of clients' rights.

Our office does more than receive complaints. We are here to:

- Ensure client rights are respected and that services meet quality standards;
- Help people understand their rights;
- Guide users through each step of the complaints process, including services outside the region (Montréal, Chibougamau, Val-d'Or/ Rouyn-Noranda);
- Simplify and publicize the complaints process;
- Intervene when rights may be violated, even without a formal complaint;
- Operate fairly, neutrally, confidentially, and independently;
- Ensure impartial treatment of all parties;
- Make recommendations to improve services;
- Report activities to the Vigilance Committee and the Board of Directors;
- Uphold confidentiality throughout every stage;
- Raise awareness about Elder mistreatment.

2025-2026 HIGHLIGHTS

- Led targeted surveys with the Commissioner and Indigenous partners to assess awareness of reporting mechanisms outside the region.
- Conducted community consultations for surveys in Chisasibi, Whapmagoostui, Mistissini, Nemaska, and Wîchihîtuwin point of services in Montréal and Val-d'Or.
  → *Clients indicated a need for clearer information about our role and the complaints process.*
- Provided Elder mistreatment training to frontline staff in partnership with Laurie Bergeron, Advisor, Elder Wellness.
- Met regularly with the Elders Regional Working Group.
- Promoted our office with the Regional Nishîyû Council and local CMC directors.
- Engaged in ongoing training to enhance our effectiveness.



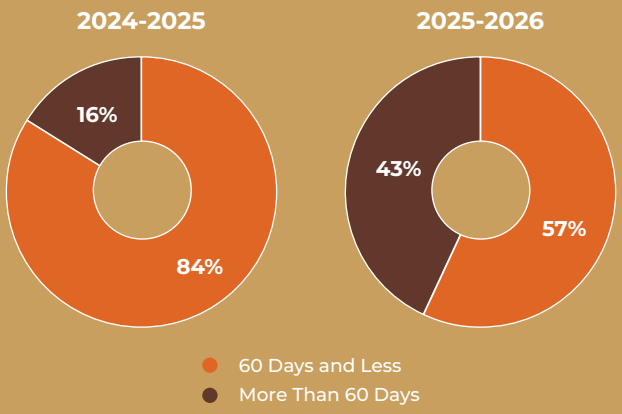


PRIORITIES FOR 2026-2027

- Collaborate more closely with partners to ensure safe, accessible reporting.
- Continue raising awareness of Elder maltreatment.
- Promote reporting and address concerns outside our region.
- Increase awareness of client rights across the region.
- Increase transparency by clarifying our role, complaint process, and decision-making, including findings and recommendations.

We sincerely thank clients who raise concerns, welcoming communities and partners as well as the staff and managers who enable service improvements. We commend the dedication of our office staff and thank the Board of Directors, Chairperson, and Vigilance Committee for their ongoing support.

EVOLUTION OF FILES



NUMBER OF TYPE OF FILES BY TYPE
2024-2025 / 2025-2026

	2024 2025	2025 2026	% of Variation
Complaints	14	30	+114%
Assistance	67	79	+18%
Consultations	7	23	+229%
Intervention	23	52	+48%
Medical Examiner	4	8	+100%
Abuse Act	-	11	-
TOTAL	**115**	**184**	-

NUMBER OF COMPLAINTS NATURE
2024-2025 / 2025-2026

	2024 2025	2025 2026	% of Variation
Accessibility	4	11	+175%
Care and Services Provided	8	17	+113%
Individual Rights	2	3	+50%
Interpersonal Relations	2	10	+400%
Financial Aspects	0	1	N/A*
OEPR	0	2	N/A*
Other	0	1	N/A*
TOTAL	**16/14**	**45/30**	**+181%**

* N/A (Not Applicable) indicates that a percentage change cannot be calculated because the previous year's value is zero.
"Increase from 0 to X (new cases emerged)"

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an kâ îtâpatisit enitû chischeyihtahk tân kâ ispayiyich aweyû wehchî nipiyich

MEDICAL EXAMINER



François Charrette, MD
Medical Examiner

Raising concerns about health services is an important step in improving care delivery. The medical examiner evaluates concerns brought by clients, parents, or others about whether a physician, dentist, or pharmacist delivered comprehensive, safe, and respectful services.

Each complaint or comment reflects a desire to improve care. Most people who file a complaint simply want to share their experience, or that of someone they care for, to ensure that it doesn't happen again and that improvements are possible.

The medical examiner is thankful for the complaints that help the organization determine, at the client level, whether there are issues that need to be addressed. Every complaint is reviewed with interviews of everyone involved (client, parent, physician, dentist, pharmacist, etc.) and an examination of the medical file; if necessary, outside experts are also consulted. A motivated conclusion is written, sent to the complainant and, when appropriate, recommendations are made to avoid a repeat and to ensure we do better next time. In some cases, physicians, dentists or pharmacists may be subject to disciplinary measures or notes added to their professional file.

Over the past year, eight complaints were received, reviewed and resolved. All complainants received responses to their concerns. In the coming year, the medical examiner plans to form a review committee, providing another option for those dissatisfied with the examiner's decisions. The committee will include representatives from the organization and the Council of Physicians, Dentists and Pharmacists.

The medical examiner is committed to working collaboratively with all parties and engaging in constructive dialogue to advance health services in alignment with Nitutâmh. Together, we can foster greater healing, safety and stronger connections between clients and providers.





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GENERAL MANAGEMENT

The General Management oversees our daily operations and implements the organization’s mandate and strategic action plans, weaving together ambition, vision, and dedication into the fabric of our daily work.





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ûchinâu miyupimatisîun anânâkichihtâkinûch ûtîyimûwin

MESSAGE FROM THE EXECUTIVE DIRECTOR (I)



Christina Biron
Executive Director (i)

This past year unfolded within a landscape of sustained complexity across our communities, our workforce, and the broader health and social services system. In this context, the theme of this annual report, Nitutâmh (kinship): Healing, Safety and Connections, resonates deeply. Kinship reminds us that healing is a collective journey, rooted in relationships built on care, reciprocity, belonging and solidarity. It is through these relationships that safety is created, trust is sustained, and holistic well-being is nurtured.

Guided by this understanding, our work this year focused not only on sustaining services, but on strengthening the foundations of care itself. Central to this effort is the continued advancement of the Nisk Model of care, which re-centres services around the family journey, continuity of relationships, and interdisciplinary collaboration, with a strong emphasis on prevention and early intervention. The Nisk Model challenges us to organize care in ways that support families' needs, closer to home, and in alignment with community realities before needs escalate into crisis.

A significant milestone in this transformation was the grand opening of the Waskaganish Community Miyupimâtisîun Centre held on January 21, 2026. This achievement reflects kinship in action: strengthening local capacity and bringing services closer to the people we serve. The centre enhances proximity of care through the integration of a new hemodialysis unit, point-of-care testing, and radiology services, reducing the burden of travel and supporting safety and dignity along the care journey. It stands as a tangible expression of how infrastructure, relationships and planning come together to support prevention, chronic disease management, and long-term well-being.

Over the year, we also advanced alignment through engagements such as the CONNECT forum, creating space for shared learning and dialogue on health, safety and psychosocial well-being. We strengthened the use of data, particularly related to youth protection, youth healing, foster care resources and chronic disease trends, to inform more coordinated and preventive approaches across services.

These efforts reinforced a critical lesson: prevention is relational. It is built through trust and meaningful connections over time. Each relationship between client and provider, between teams, and between services and communities contributes to community strength, continuity and collective well-being.

At the same time, challenges remain. Access to specialized services continues to be constrained by workforce availability, geography and system coordination. Bridging the gap between dialogue and action remains an ongoing responsibility we remain deeply committed to advancing.

In the coming year, our focus will be on strengthening the client journey of care, reinforcing prevention, improving complementary service trajectories,

and translating shared understanding into measurable, coordinated action.

The health and well-being of our communities depend not only on direct client care but also on the robust coordination of the systems that support it. Providing timely access to critical information, optimizing financial resources, maintaining essential infrastructure, supporting and developing our workforce, and ensuring clear communication across our organization are vital for ensuring seamless day-to-day operations.

I extend my sincere appreciation to our staff for their dedication and care. Your work embodies the spirit of kinship. Together, we will continue building a system where healing is shared, safety is strengthened, and connections remain at the heart of everything we do.



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kâ pimipiyihtâch âpitisîwiniyiu

Executive and Senior Management

Office of the Chair

Commissioner of Service Quality and Complaints	Sarah Cowboy
Assistant Commissioner of Service Quality and Complaints	Bonnie Fireman

General Management

Executive Director – Interim	Christina Biron
Assistant to the Executive Director	Paula Rickard
Director of Strategy and Organizational Development – Interim	Stephanie Jonah
Director of Corporate Services	Laura Moses
Director of Medical Affairs and Services (DMAS)	Dr. François Prévost
AD Medical Affairs and Services	Maryse Gionet
AD Medical Affairs and Services	*Vacant*
Director of Public Health	Dr. Alain Poirier
AD Proximity	Cassandra Danyluk
AD Promotion & Prevention	Joey Saganash
AD Surveillance, Evaluation, Research, Health Protection	Isabelle Duguay
Director of Capital Projects	Jonathan Girard-Saganash

Pimuhteheu

Assistant Executive Director – Interim	Jonathan Sutherland
Director of Youth Protection – Interim	Taria Matoush
AD of Youth Protection – Clinical	Minnie Loon
AD of Youth Protection – Foster Homes and Youth Criminal Justice Act	Ashley Iserhoff
Director of Youth Healing Services – Interim	Ashley Smithman
AD of Youth Healing Services – Interim	Stacy Anderson
Director of Program Development & Support	Anne Foro
Director of Support Program for the Autonomy of Seniors	Cheng-Jung Lin
Director of Mental Health and Special Needs	Greta Visitor
Director of Healing Lodge – Interim	Nigel Orr
Director of Emergency and Disaster Planning	Jason Coonishish

Nishîyû Miyupimâtisîun

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

Miyupimâtisîun

Assistant Executive Director of Miyupimâtisîun – Interim	Holly Danyluk
Regional Proximity Director: Chisasibi Pole	Rachel Danyluk
• **Local Director CMC Chisasibi**	Audrée Gilbert
• **Local Director CMC Wemindji – Interim**	Denise Pérusse
• **Local Director CMC Whapmagoostui**	Robert Wynne
Regional Proximity Director: Mistissini Pole	E. Virginia Wabano
• **Local Director CMC Mistissini**	Roberta Petawabano
• **Local Director CMC Ouje-Bougoumou**	Louise Wapachee
• **Local Director CMC Waswanipi**	Eleanor Gull
Regional Proximity Director: Waskaganish Pole – Interim	Nancy Shecapio-Blacksmith
• **Local Director CMC Eastmain – Interim**	Mervina Cheezo
• **Local Director CMC Nemaska**	Beatrice Cheezo Trapper
• **Local Director CMC Waskaganish**	A. Thomas Hester
Regional Proximity Director – Quality Assurance and Service Delivery	Chloé Nahas
Director of the Regional Hospital (Chisasibi)	Priscilla Weapenicappo
AD Regional Hospital – Interim	Sylvina Rickard
Director of DPSQA – Allied Health	Stéphanie Sicard-Thibodeau
Director of DPSQA – Psychosocial	Émilie Desnoyers
AD of DPSQA – Psychosocial	Kerrie Hester
Director of DPSQA – Health – Interim	Sophie Leclercq
AD of DPSQA Health Clinical Programs	Frédéric Lemieux-Legendre
AD of DPSQA Health Administrative and Logistical Services	Sophie Leclercq

Administrative Services

Assistant Executive Director of Administrative Services	Liliane Groleau
Director of Financial Resources	Jean-François Champigny
AD of Financial Management Units	Nora Bobbish
Director of Human Resources – Interim	Virginie Hamel
AD Human Resources	Solange Charlebois
AD Human Resources – Interim	Rémi Houde
Director of Information Technology	Pino Virgilio
AD of Information Technology	Fouad Harakat
Director of Material Resources	Charlie Alisappi
AD of Material Resources	*Vacant*
Director of Communications	Marie-Claude Roussin
AD of Communications	Cora Palumbo
Director of Wîchihîtuwin	Helen Bélanger-Shecapio-Blacksmith
AD of Wîchihîtuwin Clinical	Martine Constantineau
AD of Wîchihîtuwin Administration	Emanuelle Lambert



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CORPORATE SERVICES



Laura Moses
Director

It is with mixed feelings that I write this report. It is my last report as Director of Corporate Services and Corporate Secretary to the Board of Directors (BOD), a position I have held since 1988. It is time for me to step down this fall and pass the torch and knowledge to a young, fresh mind. The time has come for me to embrace retirement.

Corporate Services continues to support the BOD and associated governance functions of the CBHSSSJB to ensure efficient and productive meetings. It also oversees document management in Alfresco, a document management platform, and Cree translation.

Frequent meetings continued to be held via Microsoft Teams; only regular BOD meetings were held in person. In 2025–2026, seven special meetings and four three-day regular meetings of the BOD were held , including other board committee meetings:

- Administrative/HR Committee (7)
- Governance Advisory Committee (4, plus 2 policy review working sessions)
- Audit Committee (4)
- Vigilance and Client Experience Committee (4)
- Risk Management Committee (4)
- Research Governance Committee (3)
- One joint ad hoc meeting with the Board

Our office provides ongoing training/orientation to new members of the BOD on the governance model, governance policies, and their roles and responsibilities.

During the year, the following by-law was amended:

- The Council of Nurses by-law

The following policies were reviewed and updated:

- Policy to Prevent and Manage Situations of Discrimination, Harassment and Violence in the Workplace
- Policy on a Code of Conduct for Wîchihîtuwin Clientele.

At the time of writing this report, the Ethics and Conflict of Interest policy applicable to board members and the Executive Director is under review. Once this process is complete, it will facilitate the review of the Conflict of Interest Policy for Managers. The election by-laws for the Chairperson and Clinical/Non-Clinical Staff representatives are also due for revision.

We are continuing efforts to secure a Librarian position to lead document management practices and work with Gestar to implement appropriate tools, policies, and a classification system, including a retention plan.

In closing, I wish to acknowledge Daniel St-Amour, the former Executive Director, who retired last September 2025, with whom I had the opportunity to work for 10 years. It's been a privilege to witness his contributions firsthand; Mîkwetc, Daniel, for your guidance, support and mentorship. And to my team, Mîkwetc, for the hard work and dedication, and to Tracy Wysote, for the passion you bring to the group.

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e misâkwâu âpatisuwinh mistahî shûyûn e ishi âpachihâkanât

CAPITAL PROJECTS



Jonathan Girard-Saganash
Director

The Capital Projects Department delivers the infrastructure and technology that enables the Cree Board of Health and Social Services of James Bay (CBHSSJB) to carry out its mission in Eeyou Istchee. The Project Management Office (PMO), including Construction, Information Technology (IT) and Administration divisions, ensures projects are managed with excellence, transparency and alignment with community and organizational needs.

PMO Construction manages new facilities, renovations, and upgrades, emphasizing quality, cultural relevance, and sustainability while reflecting Cree Nation values. The IT division integrates secure networks and digital systems, supporting CBHSSJB's evolving needs. The Administrative unit standardizes governance, improves workflows, and ensures compliance with funding and reporting. Together, these teams enable seamless integration of construction, technology and administration to support CBHSSJB's growth.

2025-2026 HIGHLIGHTS

- The Waskaganish Birth Centre, opening May 2026, will improve local health services for Waskaganish, Eastmain and Nemaska. This project strengthens community autonomy and provides culturally safe support for families. Service sustainability is ensured by training Cree midwives via the Eeyou Istchee Pimâtîsuwin Chiskutimâchuwin (EIPC) program.
- The 2026–2031 capital projects budget was prepared and submitted to the MSSS by March 2026.
- A new Administrative Processes Specialist position was created to streamline call-for-tender processes, mitigate risk, and improve procurement efficiency.
- An Establishment Advisor joined the PMO, adding electromechanical expertise for project support.



MAIN 2026-2027 PMO PROJECTS

Construction

PLANNING

- Regional Hospital, Chisasibi
- Ouje-Bougoumou CMC
- Mistissini Elders' Home
- Chisasibi – 80 housing units (modular redesign)
- Waskaganish – 40 housing units
- Mistissini - 40 housing units

EXECUTION

- Waskaganish Birthing Home (Opens May 2026)
- Chisasibi Elders' Home (Construction ended May 2026; opens September 2026)

COMPLETED

- Waskaganish CMC

Information Technology

PLANNING

- GesPharRx: Hospital Pharmacy Solution
- Hospital Pharmacy solution for hospital patients only
- Global Security Group Assessment
- Evaluation of deployed solutions to improve efficiency across the territory
- POCT EBMD: Point-of-care test results capture and management system
- IT Infrastructure: Mistissini Elders' Home, Ouje-Bougoumou CMC and Eeyou Istchee Regional Hospital

EXECUTION

- Gustav: Modernizing, standardizing and improving Elders' Homes workflows
- SIL-P: Provincial Laboratory Information System
- Camera solution deployed for all CMCs and MSDCs
- IT infrastructure - Chisasibi Elders' Home and Waskaganish Birthing Home

COMPLETED

- Deployment of the Wi-Fi solution for employees in all CBHSSJB facilities
- IT infrastructure - Waskaganish CMC
- SIGDU – Système d'information et de gestion des urgences

Administration

PLANNING

- Mental Health: Special Needs

EXECUTION

Supporting governance and the roll-out of the Nisk Model and the Care Teams:

- Waskaganish: Takwâchin (September 2025)
- Wemindji: (April 2026): Mîchiwâhp and Shâpuhtuwân

COMPLETED

- N/A

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che ishinâkuhch âpatisîwin kaye che ishi nahâupayihch an che ati ihtinânûhch

STRATEGY AND ORGANIZATIONAL DEVELOPMENT



Stephanie Jonah
Director (i)

The Interim Director of the Strategy and Organizational Development Department extends sincere appreciation to department team members for their dedication and commitment, and to senior management for their guidance and trust, which supported a rapid understanding of departmental priorities and culture.

In the coming year, the department will continue advancing the objectives of the 2023–2030 Strategic Regional Plan (SRP), building on its foundation in a spirit of collaboration, kinship and shared purpose to support initiatives benefiting the organization, staff and communities.

PERFORMANCE AND CONTINUOUS IMPROVEMENT

Relationships were central throughout the department's first full year under this mandate. In collaboration with Nishîyû and informed by participant feedback, the Performance and Continuous Improvement training was revised to better reflect employee realities while honouring Eeyou/Eenou values and worldviews. The training reached 109 employees and managers and supported shared understanding and improvement efforts.

A new module on leading continuous quality improvement (CQI) initiatives supported four active projects, strengthening local capacity through applied learning.

With an overall training satisfaction rate of 81.6 per cent, upcoming priorities include expanding training delivery and completing the review of modules for indicator selection, action planning, data visualization, dashboard development and large-scale CQI.

Other initiatives included strengthening the SRP dashboard through the co-development of 11 performance indicators to improve alignment in performance reporting. The Continuity of Information Improvement project was launched with representatives from nine teams to improve patient appointment communication and reduce cancellations.

ACCREDITATION AND CLIENT EXPERIENCE

The department continued supporting accreditation standards in health and social services through guidance on best practices, development of practical tools, and support for policy and program planning. Aligned with the SRP objective of improving satisfaction with care and services, client experience initiatives were supported and enhanced by collecting community feedback through surveys. Future work will explore other approaches, including partnership models, to create culturally appropriate opportunities for community members to share feedback that informs improvements.

RISK MANAGEMENT

In 2025–2026, reported incidents and accidents decreased slightly, mainly due to changes in group event reporting and the transition to a new platform.

To reduce the frequency of common incidents, collaboration continued with DPSQA-Health and Pharmacy on medication-related incidents and the Clinical Practice Subcommittee sponsored a working group to review appointment scheduling processes, while another group oversaw measures to improve medical evacuation response times.

Among all declared incident/accident events, 0.4 per cent were classified as sentinel events that could affect the health or wellbeing of the client. Analysis of these resulted in strengthened processes, including updates to email distribution lists, bush call procedures, manager on-call guidelines and fall prevention initiatives.

Collaboration with staff and partners improved monitoring and follow-up for incidents involving clients in service corridor regions, resulting in updated visitor protocols, strengthened dialysis care pathways, enhanced client advocacy and increased focus on culturally safe care.

Regional training prepared 610 employees and 54 managers for the launch of the new reporting platform on April 1, 2026.

Upcoming priorities include online training, improved access to incident data for frontline managers, promotion of safety and no-blame culture initiatives, and continued collaboration with partners.

1,044
2023-2024

1,162
2024-2025

1,136
2025-2026

↓ Decrease **2.3%**

2025-2026 DECLARED EVENTS

Type of Events	2024 2025	2025 2026		Compared to 2024-25
Assault	7	3	0.3%	↓
Building	1	4	0.4%	↑
Diet	4	19	1.7%	↑
Equipment	30	20	1.8%	↓
Fall	56	103	9.1%	↑
Imaging	7	10	0.9%	↑
Laboratory	160	148	1.3%	↓
Material	28	19	1.7%	↓
Medical Device Reprocessing	3	3	0.3%	=
Medication	318	310	27.3%	↓
Personal Effect	2	1	0.1%	↓
Treatment/ Intervention	91	119	10.5%	↑
Other [1]	455	377	33.2%	↓
TOTAL	**1,162**	**1,136**	**100%**	↓

1. Other event type groups together several types of events, including appointment scheduling (n=208), transportation (n=79) and record-related (n=44).

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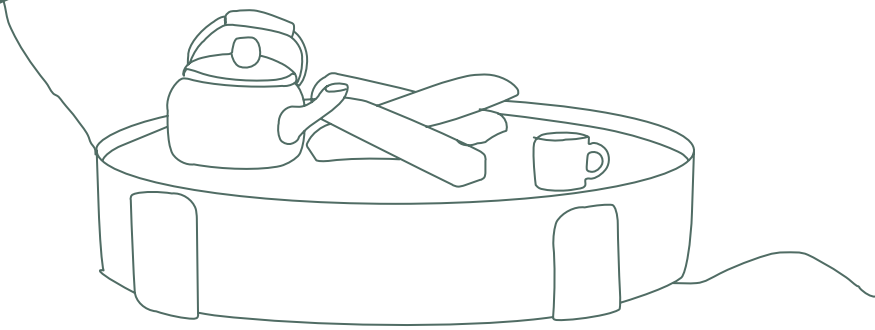
miyupimâtisîun awîyich kiniwâpihtâkanuwîyich

PUBLIC HEALTH



Alain Poirier, MD
Director



We all acknowledge that “prevention is better than cure,” morally, ethically and economically. However, by definition, effective prevention is often invisible when diseases don’t appear.

This also explains why successful actions 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 individuals, families and healthy settings, such as daycares, schools, sports clubs, businesses and Cree Nation Councils. Individual awareness and healthy lifestyle choices depend 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, investment in promising strategies at different stages of life is essential to deliver long-term results. Change does not happen overnight. Solutions for complex problems are neither quick nor unique.

These three intertwined conditions help explain effective prevention that supports Miyupimâtisîun.

In 2025–2026, concerted efforts focused on renewing Eeyou Istchee’s Public Health Action Plan, which will guide annual planning in coming years.

HEALTH PROMOTION AND PREVENTION

HEALTHY FAMILIES

Â Mashkûpimâtsît Awash

The Â Mashkûpimâtsît Awash (AMA) program works with young families to accompany parents through pregnancy, the perinatal period, and early childhood. The team enhanced staff onboarding, training, and tools to strengthen the program. Work continued to align the AMA approach with the Nisk Model in Chisasibi. AMA will be implemented in Whapmagoostui next year. The team also offered ongoing guidance to Community Organizers, including an in-person annual training week.

Pregnancy Support

Work included support to access the Ma grossesse service, a provincial online service for pregnant people. The team participated in monthly meetings with PCCRs and birth assistants as part of a long-term initiative to develop a perinatal education lesson plan library.



Early Years

Early interventions are a key priority to support vital and healthy child development. In 2025, the team completed a program evaluation of Early Words at the Mistissini CMC, a pilot program that provides books during vaccination and health check visits that promote Cree language and culture. The evaluation identified implementation strengths and challenges to better reflect community needs and improve support for health care workers.

Dental Health

The team's dental hygienists provide essential support for preventive services like dental sealants and fluoride applications for school-aged children. In 2025–2026, a new Dentist Advisor joined the team with a mandate to support service offerings and oral health promotion, enhance buccal health practices, and strengthen community partner collaborations for dental health.

Healthy Communities

The team's mandate is to foster community resilience as well as individual and collective growth to achieve wellness, harmony and equity for youth. Our bodies, minds, spaces and youth are sacred.

Mental Health

The team collaborated with the Centre d'études collégiales à Chibougamau and the continuing education program to support Cree students in their post-secondary success. Health education materials on mental wellness were developed and shared with community partners.

The team offered sessions on safeTALK, Mental Health First Aid and ASIST (Applied Suicide Intervention Skills Training) to CMC Uschinîshîsû Departments, schools, youth-related organizations and frontline workers.

Dependencies

Outreach initiatives about substance use prevention included presentations and interactive workshops for youth in schools, summer camps, conferences and gatherings. The seasonal Yâkwâmi Car Services program offers safe, local transportation options from social gatherings, employing a harm reduction approach to prevent impaired driving due to alcohol or drugs.

Sexual Health

The team facilitated presentations complementary to school needs and requests. Two-Spirit (2S) sensitivity training was provided to frontline health care professionals, the Wîchihîwâuwin Helpline, and community groups. A Pride Month awareness campaign was disseminated regionally in June.

Healthy Eeyou Youth

Healthy Eeyou Youth (H.E.Y) supports community Youth Outreach Workers (YOW) to strengthen their knowledge of healthy lifestyles and enhance their capacity as prevention workers connecting with young people to promote support programs. In 2025-2026 the YOW training week focused on mental health, suicide interventions, and nurturing strategic partnerships.

School Health

The team supports existing school programs such as vaccination, Cree Encephalitis and Cree Leukoencephalopathy (CE/CLE) education and screening, sexual health programs, and optometry services. The team promotes parental engagement at school.

Injury Prevention

Injury prevention initiatives are grounded in strategies, approaches, and considerations for community safety and cultural relevance. Programs aim to empower Cree communities and support their wellbeing by encouraging safety as a collective responsibility. New initiatives include increasing visibility during nighttime hours, summer-focused injury prevention, and community safety awareness.



Land Based and Culture

Activities create opportunities for participants to connect with Eenou Iitûwin (Cree culture and teachings) and experience it through storytelling, sharing circles, knowledge transfer and exchange, guidance and mentorship. These activities aim to foster inclusive and safe spaces that nurture a sense of belonging for participants. In 2025–2026 the team facilitated drum-making workshops in collaboration with community partners.

Safe and Inclusive Environments

This file was created in 2025-2026. It aims to create a framework for safe and inclusive environments as a foundational determinant of health and wellbeing in Eeyou Istchee. A PPRO was hired in 2025 to lead this work. Next year's goals include working collaboratively to develop a framework for creating and providing tools and resources for health services staff and other community partners, in order to nurture environments where individuals feel respected, heard and supported equally.

Uskâu Ihtûwin

Uskâu Ihtûwin - ᐅᕀᑊᐤ ᐃᐦᑐᐧᐃᐣ (new ways) is a Waswanipi-based project that delivers culturally grounded programming designed to support and promote healthy lifestyles among young people aged eight to 35. By integrating traditional knowledge, community values and wellness practices, Uskâu Ihtûwin aims to strengthen resilience, encourage positive life choices, and foster overall wellbeing in all communities. In 2026, Uskâu Ihtûwin will expand regionally, with a second location planned in Whapmagoostui.

OVERVIEW OF 2025-2026 USKÂU IHTÛWIN ACTIVITIES IN WASWANIPI

Where?

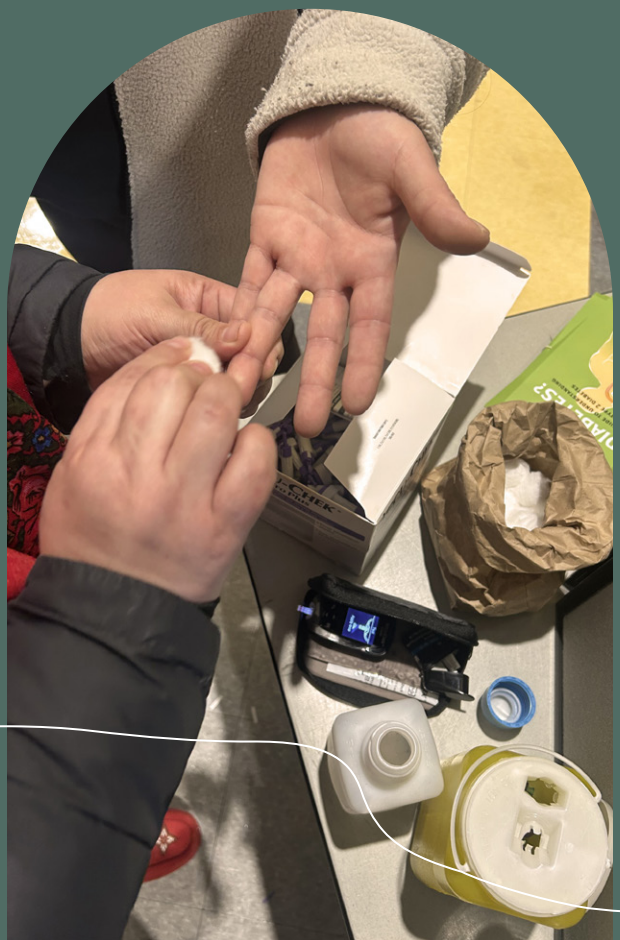
→ Cultural dwelling
→ Youth centre
→ During land-based programs
→ Other locations

Workshop Subjects

→ Culture and rites of passage to nutrition, art sessions and storytelling.

670
Workshop Hours

3,656
Participants



HEALTHY LIFESTYLES

Healthy and Active Lifestyles

The team supported community-led physical activity initiatives, including seasonal Be Active campaigns, 100-km Challenges, and walking groups. Highlights in 2025–2026 included hosting health promotion booths at events such as the Miss Eeyou Eenou Iskwâu Princess Pageant. Social media and local and regional radio (JBCCS) are key promotion strategies in this file.

HEAL-funded projects are growing and reflect a rising demand for community health programming. The Miyupimâtisîun Mêyôchimôn Network resumed meetings in spring 2026 to strengthen exchange and dialogue about best practices for health promotion and prevention.

Nutrition and Food Security

The Food Security Fund supported nine local initiatives in 2025-2026, including Meals on Wheels, community and youth lunch programs, food pantries and food banks, harvesting programs, and gardens.

The Committee on Access to Nutritious Food continued work to support regional initiatives, including Breakfast Club programs in all Eeyou Istchee schools, traditional food harvesting and sharing, and other food-related activities.

MAPAQ food safety certifications were offered year-round to all partners involved in food services. Training for the CBHSSJB Traditional Food Safety Program, a collaboration with Elders, Cree Trappers Association hunters, MAPAQ and the Cree Nation Government, will resume in 2026.



Diabetes Prevention

The team shared expertise and guidance to develop a Diabetes Peer Mentor Project that trains community-based workers to support people living with diabetes and other chronic diseases through various activities and engagement strategies.

The Cree Diabetes Information System (CDIS) continued to serve as a key tool to generate data for communities and CMCs to support local decision-making and planning for health promotion initiatives.

Health education campaigns during Diabetes Month in November and Nutrition Month in March raised awareness of chronic diseases to foster dialogue and increase engagement in community responses.

Prevention of Other Chronic Diseases

The team collaborates with internal and external partners to support initiatives and interventions for chronic disease prevention that are aligned with community needs. They supported a project to develop a comprehensive program for pregnant women at risk for gestational diabetes. The team participated in community events to share health education information and promote chronic disease screening.

Clara Bus, the mobile breast cancer screening clinic, visited Mistissini and Ouje-Bougoumou in November 2025 to offer mammograms to 196 women in their communities.

Mental Health

This team supports evidence-based practices grounded in culturally adapted approaches for community initiatives addressing mental health issues related to chronic diseases in Eeyou Istchee.

In 2025–2026, they collaborated with local psychosocial teams to develop prevention initiatives about mental health. They worked closely with Wîchiuhîwâwin Emergency Steering Committee (WESC) on community mental health support emergency plans. They participated in regional suicide and postvention initiatives to advocate for community-based solutions. The team worked with Miyupimâtisîun Committees to align promotion and prevention intervention strategies.

Smoking Prevention and Cessation

The team was renewed in 2025–2026 with two new PPROs who have a mandate to build regional capacity for smoking and vaping prevention and cessation programs, and to transition from external consultant-led work. Highlights include community tours to four communities (Nemaska, Whapmagoostui, Eastmain, Wemindji) to re-engage partners, assess needs and opportunities, and use local radio to amplify outreach. In 2026, the team will adapt, update and disseminate previously developed No Butts To It health education materials.

Cree Leukoencephalopathy and Cree Encephalitis (CLE/CE)

The Cree Leukoencephalopathy and Cree Encephalitis (CLE/CE) Program screened 451 individuals at CMCs and in schools, helping community members understand their results. Efforts to integrate screening results into electronic medical records continue, with 3,728 records processed in 2025-2026. Next year will see expansion to more schools with additional training for front-line workers, and efforts to offer better support to affected families.

PROXIMITY

The Proximity Team was put in place in 2024 to enhance how public health is experienced in communities across Eeyou Istchee. The vision is to establish local teams that are rooted in communities and shaped by the realities of the people they serve. These teams are intended to work alongside existing structures and services, reinforcing coordination and supporting a more consistent and connected public health presence.

In 2025–2026, the work moved into an active phase focused on engagement, building relationships and establishing presence. Through visits in six communities – Chisasibi, Wemindji, Eastmain, Waskaganish, Waswanipi, and Nemaska – the team connected directly with community leadership, including Chiefs and Councils, along with local health teams, community partners, and other groups and entities across each community. These engagements created space to listen and better understand how public health is experienced at the local level. This work has provided a clear and grounded understanding of community priorities, existing strengths, and areas where Public Health can better align.



This process has reinforced that effective approaches cannot be built from a distance. They must be informed by the people, structures, and realities within each community. The development of local teams is therefore being guided by what has been heard, with a clear focus on complementing and strengthening what already exists rather than duplicating services. These teams are intended to improve coordination, enhance communication, and create a more connected and responsive Public Health system, acting as a bridge between the regional and community levels.

The Proximity Team, led by Assistant Director Cassandra Danyluk, expanded this year with the addition of a PPRO and an Administrative Processes Specialist, strengthening the team's ability to coordinate engagement and move this work forward. This work continues to be shaped through collaboration with communities, partners, and colleagues across the CBHSSJB.



The next phase will focus on completing the engagement process and transitioning into analysis. This will inform the structure and function of local Public Health teams and support a more integrated and effective presence across Eeyou Istchee.

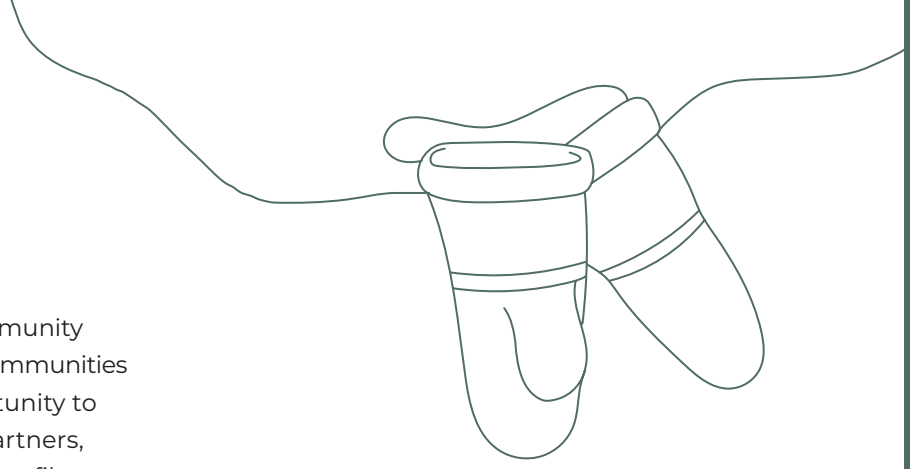
SURVEILLANCE, EVALUATION, RESEARCH, HEALTH PROTECTION (SERP)

Surveillance

Surveillance of the population's health status and its determinants is one of four core functions under the Public Health Act. As a transversal function, surveillance serves as the foundation for public health interventions and for actions in other sectors that influence individual and population health.

In this context, the Surveillance Team is mandated to collect, analyze, interpret and share public health data through the production of health profiles and thematic reports. These products describe key trends in demographics, chronic and infectious diseases, and other priority health issues, and are used to support decision-making, inform the population, and guide the planning and implementation of initiatives.

This past year, the team worked in close collaboration with partners to adapt the Quebec Population Health Survey to the needs and cultural context of Eeyou Istchee. This adapted survey will generate regional data on lifestyle habits, physical and mental health, and key determinants of health for all partners.



The team actively participated in a community tour, having visited six of the nine Cree communities to date. These visits provided an opportunity to present surveillance services to local partners, share snapshots of community health profiles, and initiate a needs assessment process. This engagement helps ensure that local partners are aware of available support and that surveillance products are aligned with community needs and priorities.

The team expanded in 2025 in response to growing demands, adding two new members to strengthen its capacity and better support internal and external partners.

Monitoring and Evaluation

Monitoring and evaluation are core components of effective public health practice. They play an essential role in supporting evidence-based planning, improving the quality and impact of initiatives, and promoting accountability to communities. The Evaluation Team is mandated to support the planning, implementation and continuous improvement of public health initiatives through systematic, collaborative and culturally safe approaches. Guided by principles of respect, engagement and mutual learning, the team works closely with partners to assess the progress, feasibility, efficiency and effectiveness of public health initiatives.

In the past year, the team finalized and shared a comprehensive Monitoring and Evaluation Service Offer within the Public Health Department. This document outlines the range of monitoring and evaluation services available and clarifies how to request support.

The team also completed a Standard Operating Procedure that establishes a clear and standardized approach to supporting the planning and implementation of monitoring activities, as well as the effective use of findings. With these tools in place, the team has begun working collaboratively with Public Health teams to integrate monitoring systems into their initiatives and strengthen the routine use of data to inform initiative improvement.

The team expanded in April 2025–2026, strengthening capacity to support the development and implementation of monitoring systems across public health initiatives.

Development

The mandate of this team is to develop core public health competencies, create a resource centre for operational planning, and provide transversal support within the department for knowledge transfer, exchange and mobilization activities. We strive for interventions based on evidence and wise practices in order to influence behaviours that support Miyupimâtisîun.

In 2025–2026, we created job aides and templates for an internal knowledge translation toolkit. Next year's priority is to expand and disseminate the toolkit to all public health teams.

Research Office

The Research Office oversees health and social services–oriented research conducted under the auspices of the CBHSSJB. Serving all departments of the organization, it ensures that research benefits the health and well-being of Eeyouch, in the spirit of Miyupimâtisîun reflective of Nishiyû.

In the last fiscal year, the Research Office received 26 proposals, of which eight were accepted for full evaluation. So far, three have resulted in formal research agreements.

The Research Advisory Committee, composed of Elders, community representatives, and heads of departments typically involved in research, held 10 meetings to assess the cultural safety and suitability of proposed projects.

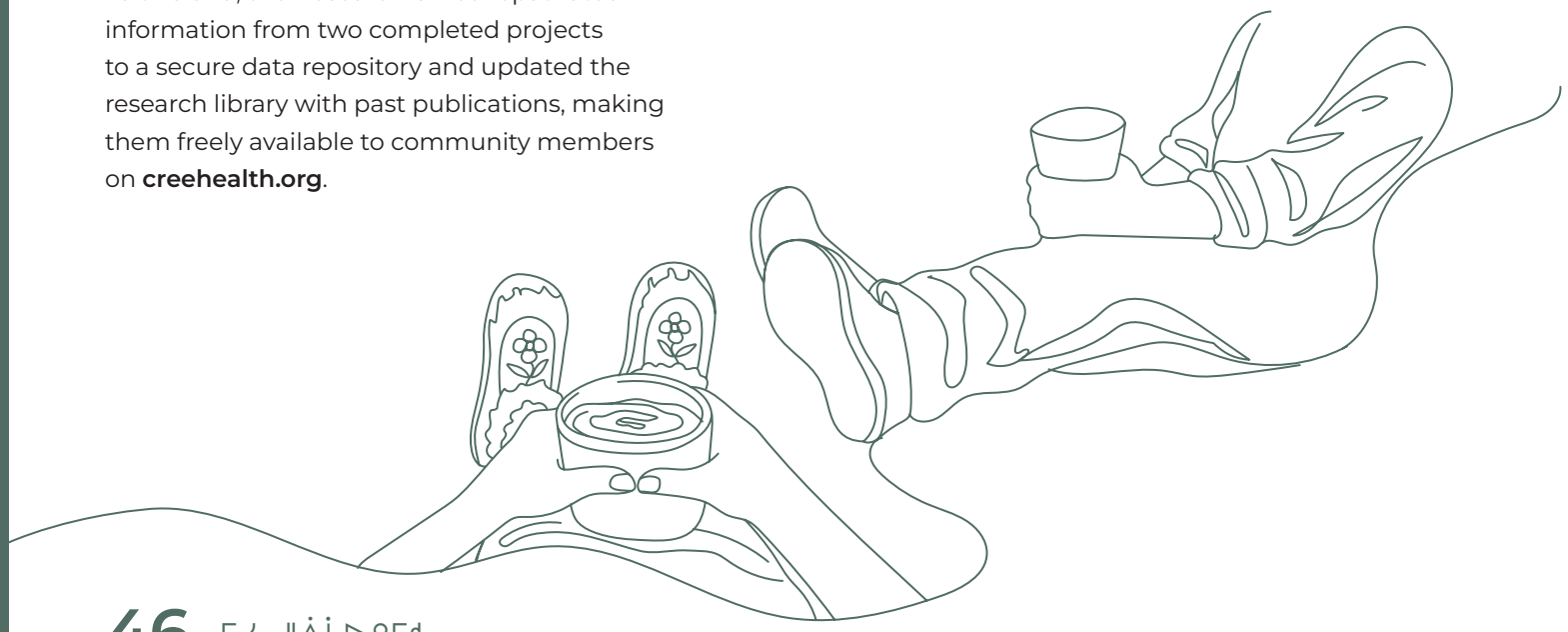
In keeping with First Nations principles of Ownership, Control, Access and Possession (OCAP®), the CBHSSJB protects Indigenous data sovereignty and ensures the return of research results to communities.

To this end, the Research Office repatriated information from two completed projects to a secure data repository and updated the research library with past publications, making them freely available to community members on **creehealth.org**.

Research Office staff presented the updated CBHSSJB Research Governance Framework, including the Miyupimâtisîun Research Principles, at many conferences and Indigenous gatherings, including the Kahnawàke Indigenous Health Research Summit, the MUHC's Integral Mentorship for Inclusive Science (IMIS) summer institute, and the Cree School Board Higher Learning conference.

In 2026–27, the Research Office will continue to work with communities to establish local and regional research priorities that will guide future work. The inclusion of youth remains a priority as we seek to nurture and inspire the next generation of Eeyou-Eenou researchers.

2025-2026 Proposals assessed *Inquiries received between March 31, 2025 and April 1, 2026*	**26**
Proposals accepted for full evaluation	8
Proposals approved	3
Total projects underway	12





Health Protection

The health protection team's mandate includes preventing and managing community-level infections, emerging risks, and environmental health.

Infectious Diseases and Emerging Risks

The team supports local clinicians to investigate and manage patients with sexually transmitted and blood-borne infections (STBBIs) and their close contacts following Institut national d'excellence en santé et services sociaux guidelines. Chlamydia remains the most reported STBBI, with more than 400 cases recorded in 2025. Between January 2025 and March 2026, 77 cases of gonorrhea were reported. Aspichinâkin (ᐊᐢᐱᒋᓇᑭᐣ), a free condom dispenser program, was deployed collaboratively in six communities. More than 50,000 condoms were distributed in public buildings, including youth and adult learning centres and CMCs.

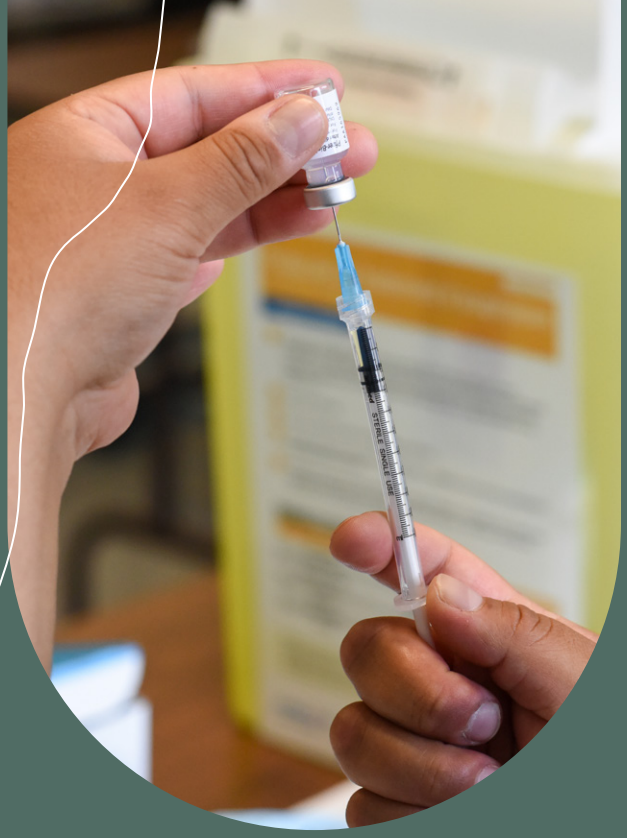
Regional efforts to advance the global goal of eliminating tuberculosis (TB) by 2030 continued. Strategies included developing procedures, protocols and training to support evidence-based practices. Health education outreach included a new pamphlet as well as radio and social media messaging to raise awareness, reduce stigma and encourage screening. A 2026 priority is to increase diagnosis capacity.

Prevention of invasive bacterial diseases and respiratory viral illnesses focused on immunization. Standardized tools for measles and pertussis were developed for clinical staff. The team continued participating in the International Circumpolar Surveillance program of invasive bacterial diseases. They reviewed reference documents for infectious foodborne and waterborne diseases and supported intersectoral interventions for waterborne diseases during the boil water advisory in Mistissini, including active surveillance of related symptoms at the CMC. A health promotion campaign for safe water consumption during Goose Break was disseminated across Eeyou Istchee. Interventions for foodborne illnesses included monitoring and disseminating food recalls with the Healthy Lifestyles team, Communications Department, and regional food suppliers. A cluster of 12 salmonella cases was reported from May to September 2025 in four different communities.

The team participated in the Annual Nurses' Training, hosting a rabies prevention kiosk that launched a new prophylaxis flowchart tool for clinical workers that was later distributed to CMCs.

Intersectoral work on harm reduction continued through a new committee to increase collaboration with the Eeyou Eenou Police Force on substance use risks and to improve communication, including issuing tainted drug "risk alerts".

The team's health hazard risk assessment expertise was offered for the Mobile Hospital Unit project.



Immunization

The immunization team promoted respiratory virus vaccines and supported uptake with logistical and on-site assistance for seasonal and school vaccination campaigns. They also supported a respiratory syncytial virus (RSV) antibody injection program in the fall for newborns and at-risk infants, building on knowledge from the previous campaign with this protocol.

Ongoing regional efforts aim to increase measles immunization coverage in response to recurrent outbreaks in Quebec and Canada. The team worked to optimize laboratory sampling workflows and increase access to immunoglobin with Héma-Québec.

EEYOU ISTCHEE VACCINATION PROGRAM (%)

	2024 2025	2025 2026
DCaT-HB-VPI-Hib[1]		
First dose (2 months)	73	64.6
MMR-Var		
First dose (12 months)[2]	37,1	41
Second dose (18 months)[3]	24.5	25.9
Vaccination coverage by antigen – Grade 4 (all doses received)[4]		
Hepatitis A	75.3	86.6
Hepatitis B	96.3	95.2
HPV - Human Papillomavirus	73.2	84.9
Vaccination coverage by antigen – Secondary 3 (all doses received)		
Hepatitis A	95.4	96.2
Hepatitis B	90	91
HPV - Human Papillomavirus	93.6	94.4
Considered protected from measles		
Elementary	97.8	98.2
Secondary	98.8	99.1
Teachers & staff[5]	N/A	N/A
Influenza		
All ages (6 months+)	11.1	13
Ages 75+	55.7	66.9
Pregnant women	2.3	10.2
Healthcare workers	21.8	N/A
COVID-19		
Ages 18 +	7.3	12.3
Ages 75 +	42.7	55,6
Healthcare workers[5]	15.2	N/A
AC-RSV (Beyfortus)[6]		
Age 0-12 months	61.1	82.8

1. 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.
2. Denominator used: Number of children who received the first dose of measles-mumps-rubella-varicella (MMR-Var) vaccine before the age of 18 months.
3. 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.
4. 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.
5. Proof of immunity or vaccination is not systematically obtained for staff.
6. A dose of Ac-VRS is offered to children aged 8 months and under as of October 1, 2024.

Environmental Health

The team finalized and published the Regional Climate Vulnerability Assessment. They co-hosted regional workshops in Chisasibi and Mistissini on climate adaptation and emergency preparedness. Federal funding was secured for consultations to develop a regional climate and health adaptation plan by 2027.

A team priority is to address health impacts of development projects. They conducted health-focused environmental impact reviews for the Troilus Mining Project, Whabouchi Mine and Shâkichiuwânân Project.

Collaboration with the Cree Trappers' Association was renewed to promote non-lead ammunition. The team also developed health education materials on mould, rodents, bedbugs, scabies, head lice and fall prevention.

Tapituwâtisîwinh – One Health Community of Practice is an interdisciplinary approach rooted in the interconnectedness of human, animal, and environmental health. Public Health partners across Eeyou Istchee exchange knowledge through workshops and sharing circles on water safety, tick-borne diseases, and other emerging priority issues. Federal funding for two years is secured for Tapituwâtisîwinh (togetherness). In 2026, a Cree-led surveillance pilot project on tick-borne risks will proceed with key partners.

Occupational Health

The Occupational Health (OH) team fulfills its legal mandate to ensure the health and safety of workers in Eeyou Istchee through various activities under the Act respecting occupational health and safety.

In 2025-2026, new professionals joined the OH team, including a nurse counsellor, occupational health technician, industrial hygienist, and ergonomist, as part of the Public Health Department's reorganization and restructuring process. The OH team is now at full capacity to support employers across the territory in identifying workplace risks and creating safer work environments. This effort aims to promote a proactive culture of occupational health and prevention in Eeyou Istchee.

Core activities of the team's collaborative approach:

- Provide support and guidance for employers required under new provincial regulations to develop and implement either prevention programs or action plans for health prevention, depending on the number of employees.
- Identify, assess, monitor and evaluate workplace hazards and risk factors. Propose technical and strategic mitigation measures or risk management assistance to eliminate or control hazards at source.
- Communicate health impacts of workplace risks.
- Monitor worker health status to proactively anticipate existing and emerging issues.
- Recommend workplace risk control measures and contribute to public health follow-up in situations involving poisonings, infections, or occupational diseases classified as mandatory reportable diseases (MADO).

The OH team also works to protect pregnant and breastfeeding workers via the "For a Safe Maternity Experience / Pour une maternité sans danger" program. The team provides recommendations and support to employers and employees for an approach adapted to Eeyou Istchee's regional, community and cultural workplace contexts.

The team continues to raise awareness about new legal responsibilities requiring employers to manage psychosocial risks in their workplaces. Occupational health within the CBHSSJB is managed by the Health and Safety team in Human Resources.



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nituhkuyin âpitisîwînh kiyâ âîshâpitisîstâkanuwiyich

MEDICAL AFFAIRS AND SERVICES



François Prévost, MD
Director

The Direction of Medical Affairs and Services (DMAS) continues to support the CBHSSJB's path toward Miyupimâtisîun. The direction delivers comprehensive medical care through close collaboration with physicians, pharmacists, dentists, physician assistants, specialized services, medical archives and other health professionals, all working together to support the well-being of the population across Eeyou Istchee. Over the past year, services remained largely stable while building on progress achieved in previous years. This included the continued expansion of services across the territory, as well as the consolidation of increased capacity and diversified expertise. These efforts have helped maintain improved access to quality medical care in Cree communities.

Operations continue to be affected by province-wide medical human resource challenges, resulting in reduced availability and recruitment for key professionals, particularly physicians, pharmacists and dentists. This circumstance demands ongoing adaptation, careful planning and strong collaboration to ensure service continuity and safety, while also supporting the existing workforce.

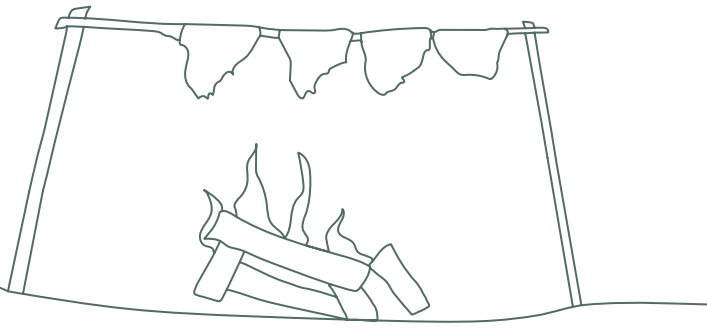
The priority remains the overall recovery and improvement of population health in the region. Throughout the year, sustained efforts focused on ensuring that health indicators continue to progress toward provincial and national levels. This reflects a dedication to making health equity a concrete and lasting reality for Cree communities.

Looking ahead, DMAS remains committed to enhancing recruitment and retention strategies, maintaining service quality and advancing collaboration with partners, in support of the long-term vision of Miyupimâtisîun for our communities.

END OF LIFE CARE REPORT

The CBHSSJB is required by legislation to collect data and prepare a report on patients who receive, or have received, end-of-life care i.e. palliative care, as well as information on where individuals complete their life journey (at home, at the regional hospital in Chisasibi, or in an Elders' Home).

Statistics are also collected on the use of Continuous Palliative Sedation and Medical Assistance in Dying (MAiD) at the end of life. In Eeyou Istchee, care is guided by Cree values, spirituality, and respect for traditions. Many individuals and families express a preference for a natural passing, allowing the spirit to move on in its own time. While MAiD may be discussed as part of available care options, it has not been provided in Eeyou Istchee, in keeping with the wishes of patients and families and in respect of Cree cultural values and traditions.



Palliative Care

Active and comprehensive care provided by an interdisciplinary team to people with a serious illness, with the goal of relieving their suffering without hastening or delaying death, helping them maintain the best possible quality of life, and offering them and their loved ones the necessary support.

Continuous Palliative Sedation

A form of palliative care involving the administration of medications or substances to a person at the end of life to relieve suffering by rendering them unconscious on a continuous basis until death.

Contemporary Medical Assistance in Dying
Made While a Patient is Competent

Care consisting of the administration of medications or substances by a qualified professional (physician or IPS) to a person, at their request, with the aim of relieving their suffering by causing their death.

Advance Medical assistance in Dying
Made Before Losing Capacity for Conditions

Care consisting of the administration of drugs or substances by a qualified professional (physician or IPS) to a person, at that person's request, for the purpose of relieving their suffering by causing their death.

2025-2026 END-OF-LIFE CARE[1]

	Hospital (Short Stay)	Elders's Home	Home	Palliative Care Home	Total
Palliative care and end-of-life care	19	7	28[2]	0	54
Continuous palliative sedation	0	0	0	0	0
Medical Assistance in Dying (MAiD)[3]	0	0	0	0	0
Medical Assistance in Dying (MAiD)[4]	0	0	0	0	0

1. A Detailed report is available on the CBHSSJB website.
2. Whapmagoostui (6); Chisasibi (4); Wemindji (3); Waskaganish (5); Eastmain (1); Nemaska (0); Mistissini (7); Waswanipi (2); Ouje-Bougoumou (0).
3. Contemporary request for MAiD.
4. Advance request for MAiD.



MEDICINE

The Department of Medicine continues to support dedicated physicians across the territory. Reinforcing the Eeyou Istchee health system through the Nisk Model is a collective commitment to meaningful, culturally grounded care that reflects the values, realities and strengths of the communities served. Medicine plays a central role in responding to the population's complex and evolving health needs. In 2025–2026, more than 100 family physicians of varying levels of presence provided services in the nine communities, contributing to both primary and acute services. Despite the challenges associated with remote practice and the medical workforce, coverage remained strong in all communities. Clinical activity reflects this sustained effort.

Collaboration and commitment remain defining strengths of the medical team. Continued progress under the Nisk Model reinforced team-based care, continuity of services and culturally grounded practices. The integration of physician assistants further increased clinical capacity and improved support to care teams.

Priorities for the coming year include expanding the workforce through recruitment and retention, enhancing interdisciplinary collaboration, strengthening population attachment and responsibility within care teams, improving information governance and expanding primacy care telehealth services.

>84,000
Medical notes for over 15,000 clients in 2025-26

>900
Air MedEvac transfers in 2025-26

DENTISTRY

Dentistry delivers high-quality general and specialized dental services across all communities of Eeyou Istchee. This past year was particularly challenging, as dentistry remains in crisis across the health sector. Despite these pressures, the team continued to provide essential care to the population.

A total of 9,879 patients received dental treatment, including 1,435 children aged nine and under. An additional 491 children required transfer outside the region to receive dental care under general anesthesia.

A major milestone was the successful relocation to the new dental clinic in Waskaganish, which enhanced infrastructure and improved the patient experience.

Additional achievements included the implementation of revised Cree Non-Insured Health Benefits (Cree NIHB) dental policies and procedures, the finalization of detailed orthodontic service procedures, and the acquisition of two 3D scanners to support advanced dental services in orthodontics and dentures.

Service delivery continues to be affected by staffing and technical challenges. Recruitment of dental professionals reached its lowest level in years and, with ongoing support staff shortages, resulted in frequent service disruptions. Failure to replace outdated dental software further limited clinical efficiency and the expansion of tele-dentistry.

Priorities for 2026–2027 include increasing dentist recruitment, acquiring a new dental software system, and finalizing a mentorship agreement with McGill University.



PHARMACY

During the 2025–2026 fiscal year, the Pharmacy Department provided services through its three hub pharmacies in Chisasibi, Mistissini and Waskaganish. Over 350,000 prescriptions were dispensed, including nearly 89,000 new prescriptions. To date, approximately 750 patients receive compliance packaging (Dispill), with an average of eight to 10 medications per patient.

Regular visits to community dispensaries strengthened communication and operational support for local teams, particularly in medication ordering, stockout management and service coverage. The implementation of a shared communication platform for dispensary and pharmacy teams enhanced coordination and information flow.

The pilot project to computerize care for vulnerable patients was maintained and expanded to Eastmain and subsequently to Nemaska, providing support to approximately 40 patients.

Telepharmacy services also grew, with pharmacists and pharmacy technicians working remotely to support on-site teams and respond to clinicians' inquiries.

In addition, the department strengthened collaboration with the Cree NIHB, updated the list of critical medications, standardized medication inventories and improved narcotics management through the development of tools and an action plan in partnership with pharmacy interns from Université de Montréal.

SPECIALIZED SERVICES

The specialized services team delivers culturally safe, accessible, timely and high-quality care by coordinating and supporting telehealth, in-person clinical delivery of secondary care services, service corridors, and the Centre de répartition des demandes de services (CRDS) across Eeyou Istchee. These efforts have strengthened existing capacity and ensured continuity of care despite steadily growing needs.

Continuity of Care

This year, several specialists joined the team, significantly enhancing clinical capacity and continuity of care. New expertise was added in rheumatology, dermatology, ophthalmology, gynecology, pneumology and child and adolescent psychiatry.

To ensure service continuity, replacement coverage was also provided in nephrology and psychiatry, including services for both adults and children. Over the year, a total of 220 weeks of clinics, including 28 weeks of resident visits, were delivered.

The regional team was expanded with the addition of a second nurse to support growing needs. This role contributes to activity coordination, waitlist prioritization and the integration of the MYLE platform for both local teams and specialists.

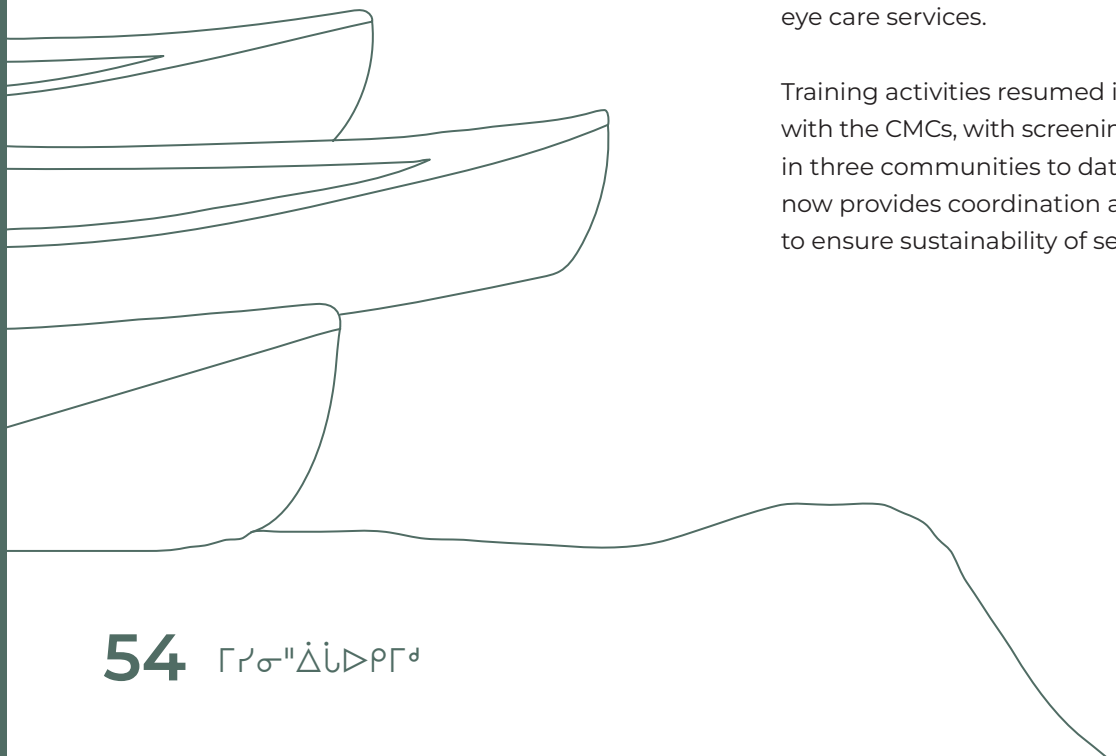
Telehealth

Telehealth services were further strengthened, notably through the mobilization of the nephrology team and the acquisition of new equipment to support service growth. Telehealth offerings also expanded with the addition of a new general surgery specialist. The regional team continues to play a key advisory and referral role in telehealth, supporting departments in launching services and sharing best practices. While telehealth holds strong potential across the territory, further expansion is currently limited by available resources and physical space.

Diabetic Retinopathy Screening Program

To respond to increased eye care needs and diabetic retinopathy screenings, a team dedicated to eye care was established, including a PPRO and medical secretary to support optometry clinics and l'École de la vue. In addition, nine new retinal cameras were installed in communities to support eye care services.

Training activities resumed in collaboration with the CMCs, with screening sessions delivered in three communities to date. A regional team now provides coordination and ongoing support to ensure sustainability of services.



Impact and Numbers

Despite little increase to regional resources, nearly 11,000 appointments were completed this year, the highest volume to date. By delivering care within communities and respecting cultural realities, the department achieved meaningful milestones. Moving forward, the department intends to develop a plan to continue expanding services to meet the population's needs.

STATISTICS	2024 2025	2025 2026	
Specialized Services Appointments (Total)	9,363	10,935	↑
→ In-Person Appointments	6,672	7,750	↑
→ Telehealth Appointments	2,691	2,937	↑
In-Person Clinics	208	220	↑
CRDS Consultation Requests	5,307	5,761	↑
Conseil Numérique Information requests	482	635	↑

REGIONAL MEDICAL ARCHIVES

This past year, Regional Medical Archives continued to grow and evolve within DMAS, strengthening its strategic role and expanding professional connections across communities and departments.

Building on work completed in the previous year to define and structure the department's service offerings, this year focused on promoting and deploying services. Increased outreach contributed to greater awareness of the department's mandate, collaboration opportunities and best practices in clinical information management.



Team cohesion and well-being remained a priority. Two gatherings were held to further build relationships among team members. The first focused on understanding different personality styles and improving collaboration. The second addressed mental health, with an emphasis on balancing telework, family life and professional responsibilities within a geographically dispersed team.

Several key initiatives are underway and represent important advances in information governance:

- A pilot project in Whapmagoostui aims to digitize daily clinical documentation, addressing physical space limitations and reducing fragmentation of clinical information;
- The team contributed to Project Gustav for the Elders' Homes by supporting adapted documentation practices;
- The department developed a records retention schedule and implemented a structured access-to-information request registry across all communities.

These initiatives demonstrate the department's ongoing commitment to secure, coherent and sustainable medical information management.

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PIMUHTEHEU

Pimuhteheu strengthens our health and social services through sound planning and, through partnerships, creates healthier communities. Meaning “we walk together” in Cree, Pimuhteheu is structured to support clinical program development and culturally safe initiatives centred on our collective efforts, becoming the groundwork for positive and lasting change.





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PIMUHTEHEU



Jonathan Sutherland
Assistant Executive Director (i)

PIMUHTEHEU: WALKING TOGETHER IN KINSHIP

Pimuhteheu brings together major regional referral services into one department. Its name means “we walk together” in Cree, reflecting a shared vision grounded in Eeyou-Eenou ways of helping and caring for one another, and aligned with the theme of this report: kinship, healing, safety and connection.

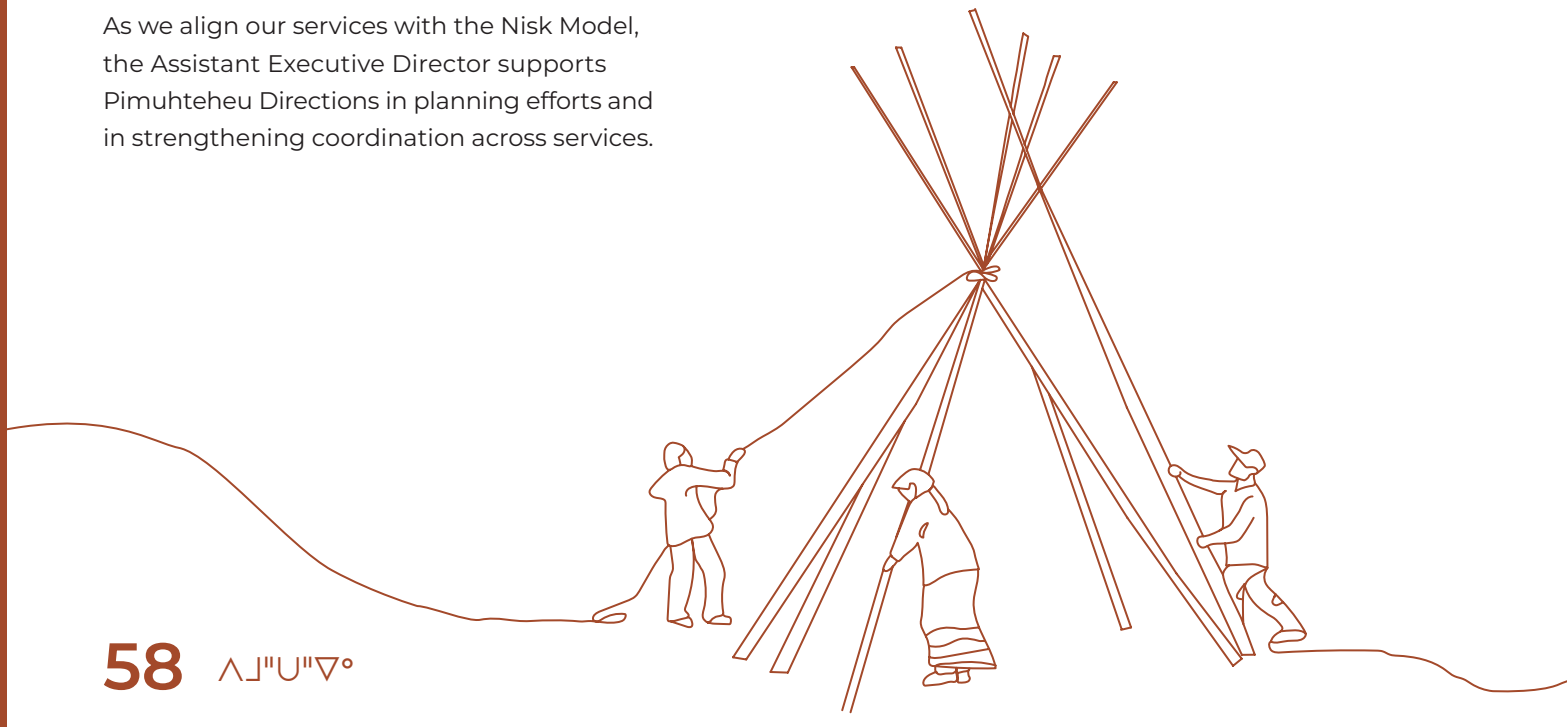
In 2025-2026, the Board of Directors received the final report of the Awash-Uschinîchisû Shikascheimûn Commission. The Commission issued 70 recommendations to improve youth protection in Eeyou Istchee and address the social factors that contribute to youth protection interventions. This important work will continue to inform our planning and priorities moving forward.

As we align our services with the Nisk Model, the Assistant Executive Director supports Pimuhteheu Directions in planning efforts and in strengthening coordination across services.

Regular in-person meetings provide an important space to share knowledge, discuss challenges and remain connected to Eeyou-Eenou culture and values.

This year’s meetings included a visit to Fort George Island, a retreat at Lac Waconichi and a gathering in Gatineau with Cree Nation Government partners. These exchanges helped reinforce collaboration and highlighted the value of community-based initiatives such as Kapatâkan and the 2-Spirit Initiative.

In the pages that follow, each department unit shares its accomplishments in its own words. We hope this report offers readers a clearer understanding of our work and of our ongoing commitment to children, youth, families, elders and caregivers across our communities.





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chishâyiyiû tipayimisûwinh kiyâh pikâsischîu

SUPPORT PROGRAM FOR THE AUTONOMY OF SENIORS (SAPA)



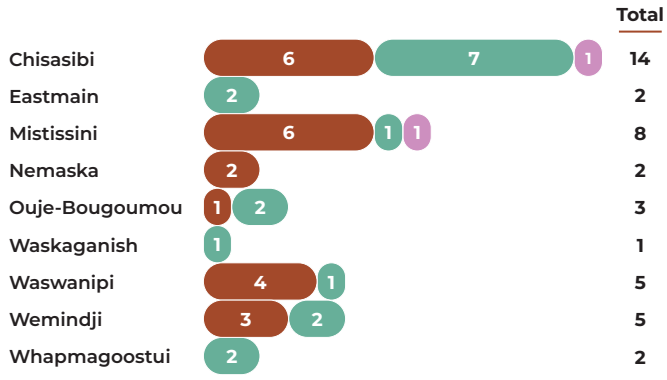
Cheng Jung Lin, OT
Director

The Support Program for the Autonomy of Seniors (SAPA) oversees the development and quality of services for elders in Eeyou Istchee, with the goal of supporting autonomy, safety, and culturally-grounded care. The Mistissini Elders' Home operates as a temporary residence for 16 elders. Since the hiring of Shirley Coonishish as coordinator in October 2025, notable improvements have been achieved. The team has become more stable, cultural activities with the elders have increased, and elders have been engaged in traditional practices such as meat harvesting. Food donations have further supported well-being and daily life at the home. Despite ongoing structural challenges with the building, the team remains focused on creating a positive and respectful living environment for elders.

In Chisasibi, 14 elders currently reside at the Multi-Service Day Centre. Services are overseen by Owen Hortop, hired as coordinator in January 2025. SAPA is actively overseeing the construction of a new elders' facility in Chisasibi. With ownership anticipated by early summer 2026, plans are in place to transfer elders to the new home by the fall of 2026. Negotiations are also underway for future elders' homes in Mistissini and Waskaganish, supporting SAPA's long-term vision of bringing elders closer to their home communities for land-based programs and traditional activities.

The Iyaskiwitau Admission Group receives referrals from CMCs and case managers and works to determine the most appropriate care options for each individual. Iyaskiwitau collaborates with internal and external entities to develop tailored support. Currently, the waiting list includes 72 individuals. A Cree-speaking community worker provides liaison support to approximately 22 elders residing in Montréal - strengthening communication between families, off-territory health teams, and local services. SAPA remains committed to supporting elders and families across Eeyou Istchee through culturally respectful, coordinated and responsive services.

Total Admissions by Community



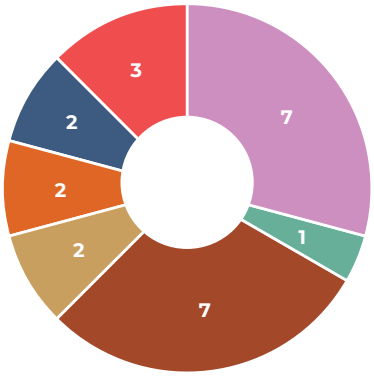


- Active not placed
- Active placed off-territory
- Pending

→ Communities with the highest needs in long term-care beds are Chisasibi and Mistissini (33% and 19%).

→ Out of all active requests, 52% of them are still staying home or are hospitalized.

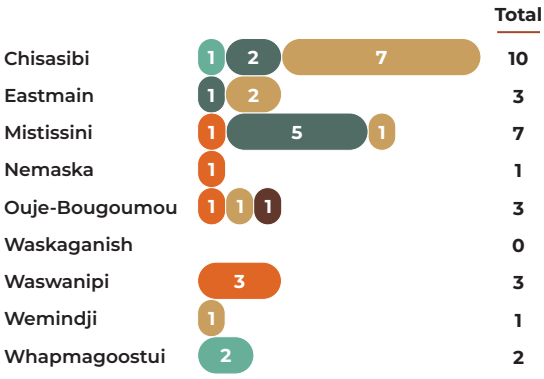
Total New Requests in 2025 by Community



- Chisasibi, 7
- Eastmain, 1
- Mistissini, 7
- Nemaska, 2
- Ouje-Bougoumou, 2
- Waswanipi, 2
- Wemindji, 3
- Waskaganish, 0
- Whapmagoostui, 0

→ Out of 24 total new requests received in 2025, 58% originated from Chisasibi and Mistissini.

Total Admissions by Community

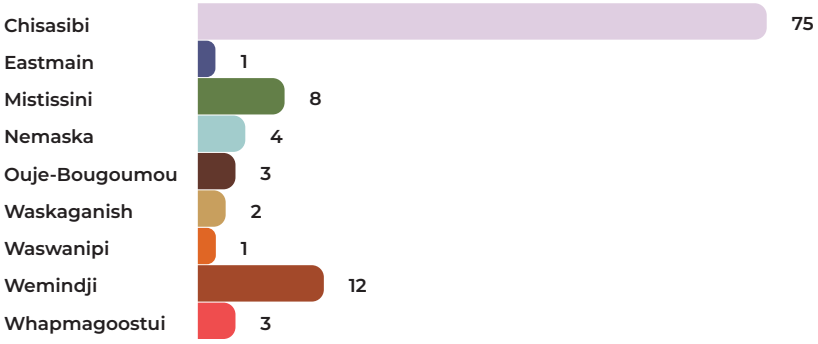


- Off-territory RI
- Off-territory CHSLD
- Mistissini EH
- CHSLD Boreal
- Chisasibi EH

→ 89% of the total admissions in 2025 originated from Chisasibi, Mistissini and Ouje-Bougoumou.

→ 40% of the elders were admitted off-territory, while 57% were admitted in or close to communities.

Total Respite Requests by Community



→ Out of 109 total requests, 62 elders received respite care (57%).

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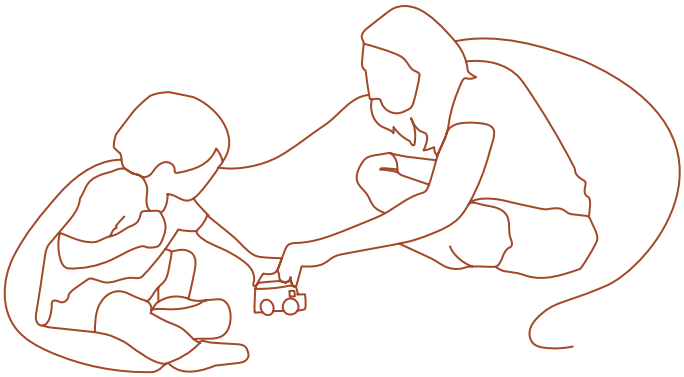
mâmâtauwîshikischihûwin

SPECIAL NEEDS AND MENTAL HEALTH



Greta Visitor
Director



DISABILITY PROGRAMS AND SPECIALIZED SERVICES

DPSS functions as a regional advisory and support unit, working closely with Miyupimâtisîun and Extended Care Teams to address neurodevelopmental and complex disability needs. Individuals supported by DPSS include those living with neurodivergence, autism, intellectual disabilities and other complex profiles requiring coordinated and specialized interventions.

DPSS contributes to regional capacity through consultation, education and case planning. The team delivered presentations and workshops on neurodivergence awareness, behavioural support strategies, sensory integration and family-centred approaches. Team members presented at the Cree School Board (CSB) Stronger Together Symposium and coordinated a three-day Regional Special Needs Educator training held in Montréal, bringing together educators and service providers to strengthen shared understanding and collaboration. Improving access to appropriate respite services remained a significant priority. DPSS worked closely with community partners, the regional respite group and the caregiver working committee to identify gaps and responses. These efforts supported the creation of the Waskaganish Special Needs Summer Camp in summer 2025. The camp provided structured, culturally grounded respite for six autistic youth, offering families relief while ensuring participants benefitted from predictable routines, familiar environments and culturally safe activities. Through relationship-based practice and shared learning, DPSS continues to support inclusive approaches.

The Special Needs and Mental Health portfolio provides coordinated, culturally grounded services that support the safety, inclusion and well-being of individuals and families across Eeyou Istchee. Teams continued to respond to increasingly complex clinical, social and environmental needs while maintaining a strong focus on access, continuity of care and healing-informed practice.

Programs operate in a context of sustained service demand and workforce pressures. Despite these challenges, teams have demonstrated adaptability by strengthening collaboration and maintaining approaches rooted in Cree values. Services are guided by a shared commitment to Miyupimâtisîun and to ensuring timely, safe and coordinated support across the care continuum. The portfolio includes Mânûhîkû (Mental Health) Services, Disability Programs and Specialized Services (DPSS), supports provided through Jordan's Principle, and the Chisasibi Residential Resource Centre (CRRC). Collectively, these services operate across the lifespan to reinforce protective factors and promote healing within communities.

JORDAN'S PRINCIPLE

The Jordan's Principle team responded to Indigenous Services Canada's changes to the Jordan's Principle mandate and funding by prioritizing communication, education and direct support to families. Information sessions, outreach booths and community visits were organized to ensure families understood revised processes and continued to access services. The team supported families through application processes for health, educational and social services, while advocating for continuity of care where service gaps persisted. Outreach activities included participation in regional and community events such as the Chisasibi Powwow, the Stronger Together Symposium and the Annual General Assembly in Ouje-Bougoumou, strengthening visibility and trust.

The team remains committed to advocacy to ensure children continue to receive equitable and timely services.

Jordan's Principle Accessed Services to Support Children/Families:

101
Approved Applications

144
Approved Services/Products

$732,970.91
Total Funding

CHISASIBI RESIDENTIAL RESOURCE CENTRE

The CRRC focused on service stability, team cohesion and quality of care throughout the year. Operations were supported by 10 permanent employees, contributing to continuity and the development of strong relationships with residents. Programming included structured weekly activities centred on life skills development, wellness check-ins and coordinated medical and personal appointments, supporting autonomy and well-being. The team worked closely with local Community Miyupimâtisîun Centres and regional hospital partners to address individual needs and maintain service continuity. A key operational priority involved collaboration with Health and Safety to identify a suitable residence for staff and residents. Planning progressed throughout the year, with relocation anticipated in late spring or summer. Residents have expressed optimism regarding this transition, which is expected to improve safety and comfort and to provide a general sense of well-being.

MÂNÛHÎKÛ SERVICES

Mânûhîkû (Mental Health) Services oversees both federal and operational programming, including responsibilities related to Missing and Murdered Indigenous Women/Girls, Indian Residential Schools and Day Schools, and Regional Suicide Prevention - Life Promotion initiatives. These services are supported by three Planning and Programming Research Officers.

Regional initiatives focused on training, community engagement, and culturally grounded prevention approaches. Key activities included the Pathways to Healing gathering, partnerships with the CSB and WESC, and a Residential School gathering held in August 2025. Clinical services continued throughout the year, supported by regular staff meetings. Mânûhîkû Services also advanced ongoing efforts to collaborate with post-secondary institutions to facilitate training and practicum opportunities for PhD and master's level students in psychology, psychotherapy, and art therapy. In collaboration with Human Resources and Vanessa Parm, APS for academic partnerships, foundational work is underway to build sustainable academic partnerships that support workforce development while expanding culturally safe service delivery. In parallel, the team continued efforts to attract Cree post secondary students by supporting summer student placements and fostering interest in related academic fields through participation in the annual career fair. These initiatives support long term capacity building, workforce sustainability, and Cree representation within mental health professions. ASIST and SafeTALK training sessions were delivered in several communities, supporting frontline workers, educators, and women's shelter staff. The Sixth Regional Suicide Prevention and Life Promotion Conference, held in Ouje-Bougoumou, brought together approximately 175 participants. Cultural initiatives such as Nâkitwâyititâu Pimâtisîûn and Language Matters emphasized culturally safe language, Cree values and Elder guidance. Bereavement and postvention supports were strengthened through regional working groups and a land-based gathering in Fort George.



LOOKING AHEAD

In the coming year, priorities will focus on reinforcing healing informed practice, capacity building, and service coherence. Key initiatives include Cree Focusing-Oriented Trauma Training and continued support for graduates, with the sixth cohort underway. Efforts will also focus on reducing logistical costs by exploring virtual counselling options and improving service accessibility across communities. Additional priorities include strengthening working groups, enhancing capacity building initiatives, and implementing a more formal procurement vetting process for Mânûhîkû services. Continued review of intensive therapy referral processes will support quality assurance, clearer service pathways and improved identification of service gaps.

Initiatives will be developed collaboratively with partners and Elders. Building on lessons learned and emerging realities, the portfolio will continue to strengthen integrated services, workforce sustainability, and culturally grounded care that supports healing and well-being.

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HEALING LODGE



Nigel Orr
Director (i)

The Miskasowin Healing Lodge (MHL) continues to progress in preparing to become a rehabilitation centre offering addictions-related programs and services within Eeyou Istchee. Drawing on both experience and research, MHL staff are developing a program model grounded in cultural approaches that address the root causes of addiction. By integrating the teachings of local knowledge keepers and individuals with lived experience, MHL aims to provide programming that is meaningful, relevant, and effective for the people of Eeyou Istchee.

Using a two-eyed seeing approach that combines traditional and western healing methods, the MHL continues to deliver land-based programs focused on substance misuse and addictions. During the 2025–2026 fiscal year, three land-based programs were implemented: two seven-day Wellness Recovery Programs and one four-day aftercare program. A total of 29 participants completed these programs, while 93 individuals applied during the intake periods. This demonstrates the ongoing need for MHL programs and highlights the importance of continuing to support this work. Feedback from participants and support staff is also collected and used to help guide future planning and program development.

MHL currently has a small but dedicated team consisting of a PPRO – Traditional Healing, a land-based organizer, a human relations officer, an intake worker, an administrative processes specialist, and an administrative clerk. Staff members regularly attend trainings and conferences to remain informed about current trends, best practices, and emerging approaches in substance misuse work. Because of the team's small size, MHL collaborates with partners from within the CBHSSJB and the broader community to create safe and supportive healing spaces for participants.

Key partners and collaborators include the Nishîyû Miyupimâtisîun Department, which provides cultural resource people in support of land-based programming; the Mânûhîkû (Mental Health) Department, which offers clinical support from professionals such as mental health nurses and art therapists; the Kapâtakan Program, which supports MHL programs and participants; community partners that provide land-based program spaces; local community members and organizations that offer workshops and teachings relevant to MHL programming; other CBHSSJB departments that contribute to safety and policy development; and local NNADAP/psychosocial workers who assist with the intake process.

Looking ahead, MHL will continue working toward the development of a traditional cultural village at the site of the future Healing Lodge. Additional priorities include strengthening partnerships with communities to support the development and implementation of effective programs, continuing to draw on internal CBHSSJB expertise to ensure safe environments for participants, and further developing clear pathways for accessing MHL programming.

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YOUTH HEALING SERVICES



Ashley Smithman
Director (i)

Youth Healing Services (YHS) remains committed to fostering the protection, rehabilitation, and holistic well-being of the youth in our care. Our programs continue to support holistic wellness — physical, mental, emotional, and spiritual — through approaches designed to ensure safety, security, and meaningful therapeutic support.

CULTURAL AND COMMUNITY ENGAGEMENT

The YHS team continues to deliver compassionate, family-oriented services grounded in traditional Cree family values and teachings. We strive to create a sense of belonging and acceptance for youth navigating a wide range of life skills.

This year, we strengthened our best practices by focussing on Bush Programming (Eeyou/ Eenou Ituwin practices). A structured process was established to ensure programming aligns with seasonal cycles, particularly YHS's bush program team aligning with the traditional Cree harvest season. Having established a clear calendar of seasonal and cultural activities, we worked to ensure that educators were prepared to facilitate the transfer of cultural knowledge to youth, while also engaging community partners to play an active role in the process. Community participation was central to this effort, highlighted by our National Indigenous Peoples Day celebration, which brought together youth, staff, Elders, and community members for a feast, traditional games and cultural knowledge sharing.

We also had a Journey of Wellness (March 2026), with youth from both the Group Homes and the Reception Centre participating in this opportunity for healing. We extend our gratitude to the entire team for their dedication, and to the managers whose leadership supported this progress.

INDIVIDUALIZED HEALING PLANS

Youth Healing Services continues to implement individualized, healing-informed and culturally grounded care plans. Youth were supported in practicing their culture, speaking their language, and reconnecting with their families and communities — key elements in maintaining high-quality, culturally relevant services.

PARTNERSHIPS AND COLLABORATIONS

This year, meetings of joint working group committees helped deepen collaboration between the Youth Healing Team and Youth Protection. Our list of partners is long and growing. We look forward to continuing to build our circle of support with CMCs, Mânûkîkû, CSB, EEPF, CNG Justice and other entities. These efforts aim to improve processes, strengthen communication, and build a shared understanding that supports effective service delivery to youth and families.



DEVELOPMENT AND TRAINING FOR STAFF

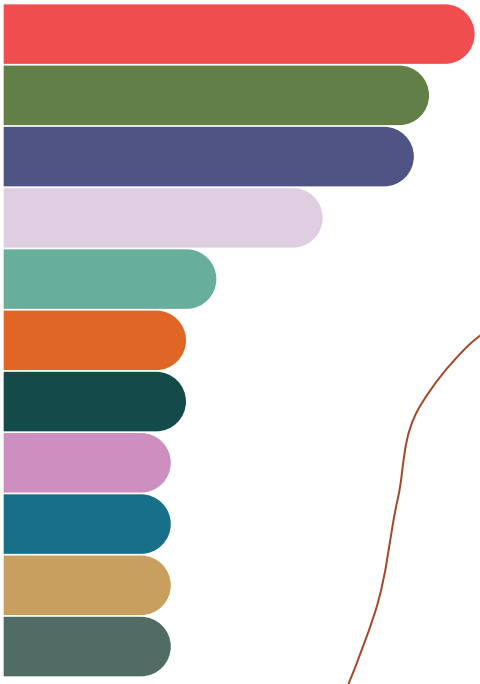
The 2025–2026 fiscal year featured strong staff engagement with and commitment to professional growth. A total of 137 YHS staff participated in 214 training sessions, strengthening their skills across a variety of areas, including specialized topics such as Mental Health Counselling and Crisis Intervention. The chart highlights the range of training completed by staff throughout the year. This ongoing development reinforces our team's ability to support one another and provide high-quality care to the youth we serve.



Art done by a youth during a one-on-one appointment in which Ana Garcia, the art therapist, was applying what she learned in a training she took about *Art Therapy and Anger* with Mariann Liebman.

YHS TRAINING PROGRAMS (2025-2026)
ALL ORIENTATION PARTICIPANTS

Training Program	Number of staff completions
CPR	31
TCI Part 1	28
Restraints Protocol	27
Mental Health Counselling Part 1	21
Intro: Behavior Analysis Workshop	14
Crisis Prevention/ Management	12
Counselling Workshop	12
Orientation	11
Educational and Disciplinary Measures	11
YCJA Overview	11
Intensive Supervision Measures	11



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a ihtûtâkiniwiyich

YOUTH PROTECTION



Taria Matoush
Director (i)

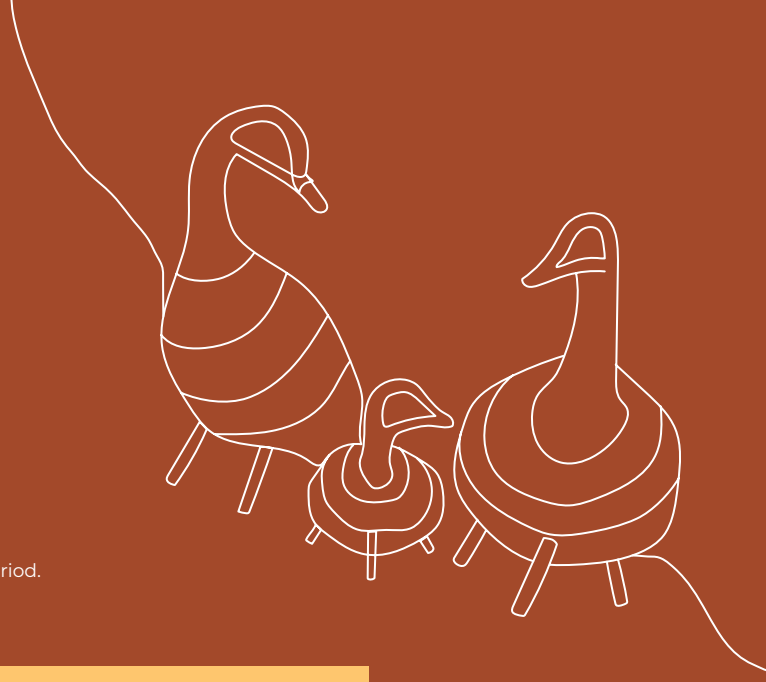
It has been a challenging year for both Youth Protection (YP) and Youth Criminal Justice (YCJ) services. We are now facing a critical situation: we have not been able to accommodate all youth under the YCJ Act within the territory or in our own facilities. For many years, the YCJA units operated well below capacity, but we have now reached the point where they are full. As a result, we have had to reach out to other provincial directors to request loan of beds to ensure that Cree youth have a safe and appropriate place to stay. This increase in demand is directly linked to a rise in serious offenses committed by Cree youth, resulting in more frequent and longer YCJA detentions. The severity of these cases has placed additional pressure on our already limited capacity, pushing our facilities beyond what they were designed to manage.

The restructuring of YP, including the creation of dedicated Protection and Family Support teams, has also presented significant challenges. We do not currently have enough staff allocated to YP to support this model effectively. In several communities, the case load is far too high for the number of workers available, leaving staff overwhelmed by the volume and intensity of the cases they must manage. While some communities have sufficient staffing on paper, the complexity of the cases, combined with the limited resources available to support families, has created additional strain. These pressures have contributed to staff burnout and turnover, making it difficult to maintain stability within the teams and continuity of services for families.



The YP management is deeply appreciative of the dedicated and committed team members serving across all nine Cree communities. Their unwavering commitment to protecting children whose right to safety and protection under the Youth Protection Act has been violated remains at the core of our mission. The phrase we hold as First Nations people, “Every Child Matters,” is not simply a slogan; it is a principle we uphold with conviction, especially for children who have experienced abuse. Together with our community partners, we continue to honour this responsibility and work collectively to safeguard the well-being of every child.

Finally, we extend our sincere gratitude to our partners at EEPF, Peykûdenû Nîsdim (Family Group Conference), Child and Family Services of the Cree Nation Government, the CMCs, DPSS, and the many other collaborators who continue to support us. Your ongoing partnership and commitment play an essential role in our shared efforts to serve and protect our Cree people.



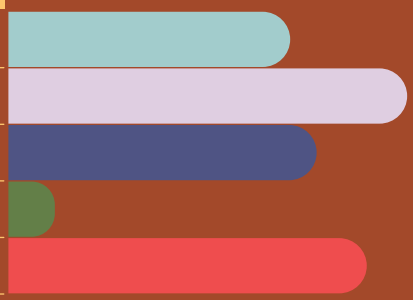
Reports to Youth Protection	
Number of Reports	943
Number Retained	508
Number Not Retained	425
Completed Evaluations	N/A*
Number of Orientations Completed	145

Source: AS480 for the period April 1, 2025 to March 31, 2026

* Note: Information system does not give the number of completed evaluations, only the number of evaluations to be done during the period.

YP Reports Retained by Specific Article		Ages 0-5	Ages 6-12	Ages 13-15	Ages 16-17	Total
38 a)	Parental Responsibilities not Taken on by Another Person	2	0	0	0	2
38 b) 1	Neglect	40	30	13	9	92
38 b) 2	Serious Risk of Negligence	85	48	10	11	154
38 c)	Psychological Ill-Treatment	14	5	3	4	26
38 c) 1	Exposure to Domestic Violence	26	15	9	2	52
38 d) 1	Sexual Abuse	5	15	12	10	42
38 d) 2	Serious Risk of Sexual Abuse	6	7	4	4	21
38 e) 1	Physical Abuse	5	20	13	13	51
38 e) 2	Serious Risk of Physical Abuse	4	6	3	4	17
38 f)	Serious Behavioral Disturbance	0	8	22	21	51
Total		**187**	**154**	**89**	**78**	**508**

Origin of Reports Processed	Total	%
Community	191	20.2%
Employees of Different Organizations	270	28.6%
Family Environment	209	22.1%
School Environment	31	3.3%
Police Environment	243	25.7%
Total	**944**	**100%**



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nanâhkû wîchihîwewinh eushihtâkanûhkwâu kaye che ishiwîchihîkutwâu awenichî



Anne Foro
Director

PROGRAM DEVELOPMENT AND SUPPORT

The Program Development and Support Department (PDS) plays a key role in strengthening the quality, relevance and coordination of services to better respond to the evolving needs of communities. The department also provides strategic leadership for midwifery services and oversees the Eeyou Istchee Pimâtîsuwin Chiskutimâchuwin (EIPC) – the Cree Midwifery Education Program.

Throughout 2025–2026, PDS advanced its work through collaborations grounded in respect for community contexts and guided by Cree cultural knowledge keepers. Major initiatives included support to Pîpîchaau Uchishtûn (Robin's Nest) women's shelters through operational planning and staff training, as well as leadership in establishing a multisectoral working group to address sexual abuse and violence in Eeyou Istchee.

PDS also contributed to the development of the EVA electronic tool to support emergency evacuations and collaborated in bringing the Mobile Health Unit to its operational phase. Additional priorities included standardizing emergency measures, supporting implementation of the Nisk Model, strengthening home care and addiction services, and advancing chronic disease management.

The department further supported program evaluation and data collection initiatives to inform planning, monitoring and continuous improvement across services.





MIDWIFERY SERVICES

Midwifery Services (MWS) continues to play an essential role in delivering culturally safe, community-based, and clinically appropriate perinatal care across the territory. Services within the Chisasibi and Waskaganish poles demonstrate strong clinical performance, integration of Cree values, and alignment with CBHSSJB priorities in maternal and child health.

Chisasibi Pole

MWS in Chisasibi remained fully operational throughout the year, ensuring service stability, continuity of care, and high-quality clinical practice. Cultural safety continues to be a core component of service delivery. In 2025, Baby Bundle sewing activities were carried out in collaboration with the Awash team and local Elders, supporting parental preparation and cultural transmission.

Ongoing collaboration with Elders and Nishîyû enabled the continuation of placenta ceremony teachings, contributing to the recognition and revitalization of Cree rites of passage related to birth. Throughout 2025, a community organizer worked closely with the midwifery team to support broader community initiatives aimed at enhancing family well-being beyond clinical care, including two clinics that reached over 600 community members.

The Chisasibi pole remained fully staffed for both midwives and support personnel, supporting consistent service delivery and responsive care.

Waskaganish Pole

MWS in Waskaganish reached a significant milestone with the completion and delivery of the new Birthing Home. While the official opening was scheduled for May 2026, the first births have already taken place locally, marking a major advancement in access to culturally safe, community-based birthing services.

The Waskaganish Birthing Home is aligned with the Nisk Model, under which all perinatal services – from early pregnancy through one year postpartum – will be provided at the birth home through a comprehensive interdisciplinary alliance between Midwifery Services, Awash and the Community Miyupimâtisiûn Centre. While staffing remains partial, the facility offers a strong foundation for service expansion and hiring for the remaining positions will be prioritized to support full implementation.

Service Performance and Key Achievements

MWS continues to demonstrate leadership, stability, and commitment to culturally safe, community-driven perinatal care. Across both poles, MWS teams provided 85 per cent of all prenatal follow-up and up to six weeks postpartum care. During the reporting period, 2,164 clinical appointments were completed, 463 individuals were met, and 148 home visits were conducted. The teams also supported 23 labours and births in Chisasibi and 4 labours and births in Waskaganish, reflecting growing utilization of local midwifery-led birth services.

MWS organized and led the deployment of the Programme québécois de dépistage de la surdité (PQDSN), enabling 31 newborns to access hearing screening locally. In addition, a client satisfaction survey was developed and launched for both current and past clients. Results demonstrated very high satisfaction rates.

Eeyou Istchee Pimâtîsuwin Chiskutimâchuwin (EIPC), the Cree Midwifery Education Program

EIPC worked with the Ordre des sages-femmes du Québec to change Quebec law in May 2025, so that chiskutimwâkanch (midwife trainees) under supervision can now perform tasks reserved for midwives (amendment of the Regulation respecting professional acts that persons other than midwives may engage in on certain terms and conditions - CQLR, c. S-0.1, r. 1: Regulation 1).

In 2025-2026, the achievements of the chiskutimwâkanch, as presented in the graphic, include certification in neonatal resuscitation and bringing Cree language into all aspects of MWS. They also learned from the Inuit midwives. More placements are planned for the coming year in Nunavik and southern Quebec.

In fall 2025, the chiskutimwâkanch had a land-based training at km 581 with Elders from Chisasibi, Waskaganish, and Mistissini, where they learned about Fall Lodge teachings, rabbit snaring/skinning/weaving, and traditional medicines.

EIPC HIGHLIGHTS 2025-2026

450 Prenatal/Postpartum Appointments

200 Workshops for Community Members

75 Training for Chiskutiwâkanch

24 Babies Caught

12 Workshops for Mentors

2 Clinical Placements in Nunavik

LAND-BASED FALL 2025: TRADITIONAL MEDICINE & FALL LODGE TEACHINGS

Teachings included bows and poles, traditional fall dwelling, rabbit snaring/skinning/weaving, traditional medicine prep and medicine walk.

5 Days

8 Elders from 3 poles

2 Nishîyû Representatives



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châ îshi iyâskiwîshtikiniwich chischâyihtâkuhchâ châkwân âh kushtâtikuhch châ chîh îspiyich kiyâh châ îshi wiyâyihtâkuhch châ ihtinâniwich âhkwâch îspiyichâ châkwân

EMERGENCY MEASURES AND DISASTER PLANNING



Jason Coonishish
Director

The Emergency Measures and Disaster Planning department integrates operational and strategic emergency management to ensure timely, coordinated and effective responses to health emergencies across Eeyou Istchee.

Emergency services are responsible for frontline, real-time responses to preserve life and manage crises, while emergency management provides the strategic framework, with a focus on preparedness, coordination, mitigation and recovery.

During the 2025–2026 fiscal year, the department made significant progress across several priority initiatives.

CREE MEDICAL BUSH KIT

The Cree Medical Bush Kit Program remains a cornerstone of community-based emergency care for Cree land users. The program supports healthy and safe land-based activities by helping users manage medical situations in remote areas while promoting personal responsibility on the land.

Partnerships with the Canadian Space Agency, Canadian Red Cross, Paratus Medical and the Cree Trappers Association strengthen emergency care in remote settings by integrating traditional Cree knowledge with emerging medical technologies.

Field testing took place in Chisasibi in February 2026 and focused on ADAMS, an artificial intelligence-based mobile application that supports medical decision-making during emergencies. Testing was conducted in Cree and English, with interpreter support.

Feedback from testing will inform system improvements, with potential expansion to all nine Cree communities. Land-based training continued throughout the year, with 50 new Bush Kit representatives trained across seven communities.

A recent program evaluation identified the need for updates and specialized supports to ensure long-term effectiveness and sustainability.

NÂTIMÂCHÂUKIMIKW – MOBILE HEALTH UNIT

Through the Nâtimâchâukimikw – Mobile Health Unit, the Cree Board of Health and Social Services of James Bay is enhancing Eeyou Istchee's ability to respond to health emergencies by augmenting, complementing, or temporarily replacing existing health care capacity during times of crisis.



A first large-scale land-based training exercise was held at Mirage. Participants from across the network, including primary care, psychosocial services, and maintenance and administration, gained hands-on experience and essential knowledge to support emergency deployments. In winter 2026, a second full-scale exercise was conducted in Chisasibi to test new winterized equipment, strengthen staff skills and enhance operational readiness under extreme conditions. A staffing change occurred with the appointment of an interim coordinator, ensuring leadership continuity and program oversight during ongoing development.

CODE COLOURS

Implementation of the Code Colours initiative continued across all Cree communities in collaboration with Community Miyupimaatisiiun Centres, Multi-Service Day Centres and Robin's Nest. Progress was made on the Espresso emergency preparedness planning framework, including guidelines for patients requiring escorts, identification of available rooms and lodging, patient listings and code lodging procedures, and integration into community emergency preparedness plans.

Policies related to Code White, addressing violent or aggressive patient situations, were completed and submitted for Board of Directors' approval. A total of 22 Code Colours protocols were deposited in Alfresco.

THE WÎCHIHÎWÂWIN EMERGENCY STEERING COMMITTEE

The Wîchihîwâwin Emergency Steering Committee (WESC) supports communities in responding to and recovering from psychosocial crises or traumatic events. Representatives from various CBHSSJB departments and community partners form this group, ensuring timely regional assistance that complements local efforts with culturally safe resources like traditional healers and debriefing support.

In 2025-2026, WESC responded to eight requests and 16 reach-outs for additional psychosocial support. In partnership with the Human Resources department, it organized training for all nine communities to develop their Community Psychosocial Emergency Preparedness plans and local resource mapping. These initiatives aim to strengthen collaboration between communities and CBHSSJB, enabling local mobilization during difficult times.

Six out of nine communities have completed their plans, with the remaining three expected to finalize them this year. WESC thus enhances community resilience through a Wîchihîwâuwin-centred approach (psychosocial support in Cree).

FIRST RESPONDERS – AMBULANCE SERVICE

Community	Certified First Responders	Category 1	Category 2-3
Chisasibi	20	721	2
Eastmain	12	69	46
Mistissini	28	868	480
Nemaska	17	182	97
Ouje-Bougoumou	20	104	105
Waskaganish	21	633	604
Waswanipi	8	209	255
Wemindji	28	238	87
Whapmagoostui	18	188	95
Total	172	3,212	1,771
GRAND TOTAL			**5,155**

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NISHÎYÛ MIYUPIMÂTISÎUN

Nishîyû is thousands of years' worth of knowledge, teachings and existence on this land. It informs who we are as people and how we project ourselves into the future, including our self-determination in healthcare. To know where you go, you must know who you are.





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NISHÎYÛ MIYUPIMÂTISÎUN



Lisa Petagumskum
Assistant Executive Director



It has been over three years since I took on the sacred task of ensuring administrative guidance, support and accountability for Traditional Healing within CBHSSJB. It has been challenging at times but deeply rewarding. This year, we finally had the opportunity to bring Arrigah House training into Canada, with two sessions in Montreal. The Arrigah journey begins with validating childhood trauma, taking accountability for the pain we may have caused others, forgiveness for self, forgiveness for others, and, finally, creating a healing path forward. It was a time of deep self-reflection, but also incredibly uplifting once we reached the fifth day.

To ensure a continuum of Traditional Healing programming, we have held numerous events on territory, including gatherings and workshops for parents, youth, men and women. While the themes vary, the objective is always the same: to ensure safe spaces for intergenerational healing to begin or to reaffirm a brighter path ahead. At times the work can be emotionally draining, but we are privileged to have a rich source of guidance from the contractual Traditional Healing team.

Everyone has a respected role in our team: the administrative staff, community workers, clinical support staff, activity organizers, planners, and managers. None of the work is possible without their constant presence and diligence to ensure sacred spaces for others.

In the spirit of those who came before us, may we continue to ground ourselves in their knowledge and teachings, which have served to sustain resilience for thousands of years.



NISHÎYÛ MIYUPIMÂTISÎUN

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 Eeyou 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 Miyupimâtisîum, 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.

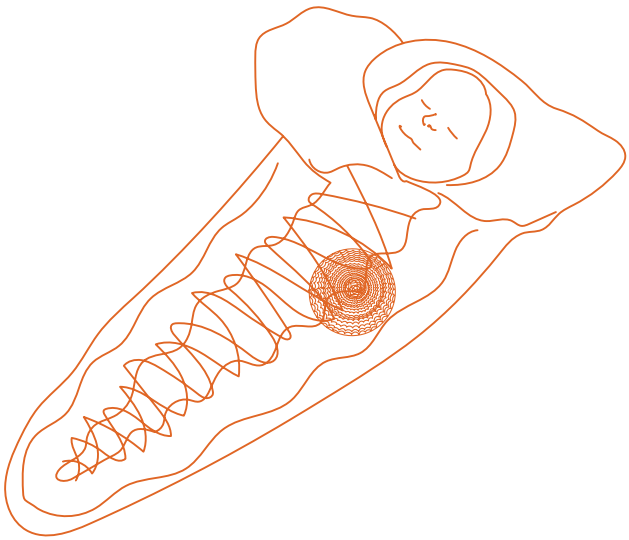
NM supports community wellness through initiatives rooted in Eeyou teachings, cultural practices, and collective engagement, including ceremonies, training, gatherings, and ongoing collaboration with Miyupimâtisîun Committees and regional partners. Key efforts also include the continued work of Peyakûtenû Nîshtam and workforce development initiatives across the territory.

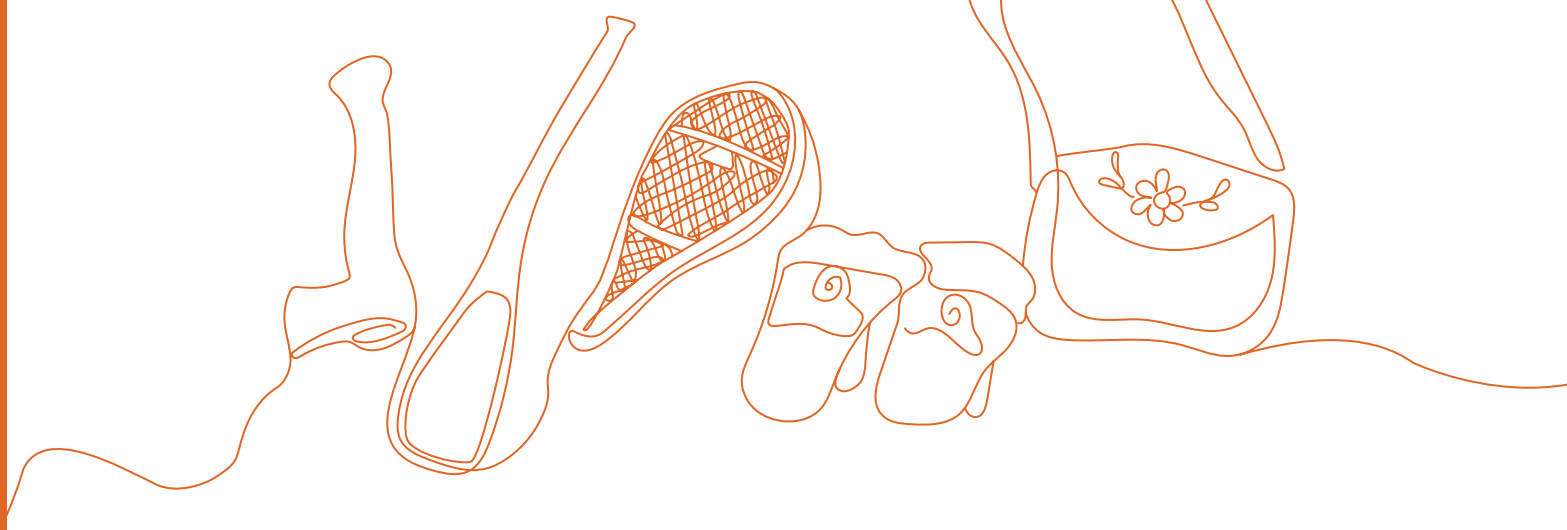
PEYAKÛTENÛ NÎSHTAM

Formerly known as Family Group Conferencing (FGC), 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.

During the reporting period, a total of three FGCs were completed. Two files are currently active and in progress, and three referrals remain pending across participating communities. Mistissini and Nemaska demonstrated the highest levels of activity, accounting for all completed FGCs to date. In addition, four files from Mistissini were temporarily paused due to communication challenges. All four files were reviewed and updated; however, they did not proceed to an FGC. The program remains open and accessible to both clients and Youth Protection, should FGC services be required in the future.

Several communities, including Waswanipi, Ouje-Bougoumou and Wemindji, have no active or pending files at present, reflecting varying levels of service uptake across the region. Ouje-Bougoumou and Whapmagoostui continue to operate without a designated Community Worker. All active files are presently in the preparation and implementation stages, demonstrating ongoing engagement and continued progress toward family-led planning and decision-making.





WORKFORCE DEVELOPMENT

NM supports healing-informed care rooted in cultural knowledge. Our staff, including Traditional Counselors and Traditional Knowledge keepers, took Cree Canadian Institute for Conflict Resolution and Arrigah House trainings. Several team and community members joined the Arrigah House (Beauty for Ashes) program supported by Southcentral Foundation, which addresses intergenerational trauma. We hosted 19 participants in each of the two trainings. Building capacity within our teams is ongoing and ensuring culturally safe practices when engaging with community members continues to be a priority. We wish to welcome Jordan Stephen from Waskaganish as the new Coastal Coordinator.

On April 14, 2025, we were honoured to engage nine Traditional Counsellors and seven Eeyou/Eenou Knowledge Keepers to support projects at both local and regional levels. It was a decrease from last year but the demand for their support remains high in all areas, including trainings, workshops, traditional medicine teachings, ceremonies, and so much more.

Services	Hours
Traditional Counsellors	1,127.5
Eeyou/Eenou Knowledge Keepers	2,354
Total	**3,481.5**

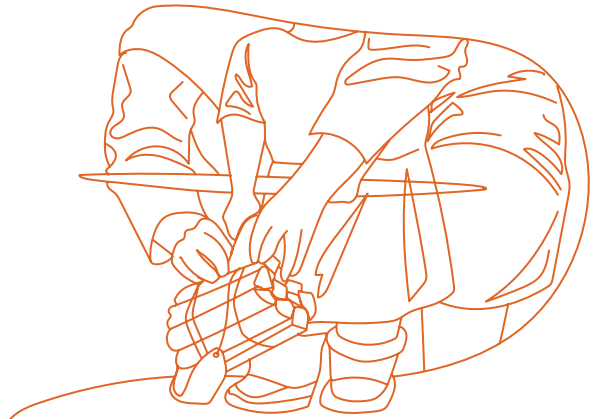
TRANSLATION SERVICES

Translation work supported major initiatives, including the Chishâyiyû Fitness event, the Clara Bus video, and the development of YPCA Cree terminology. 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 (CST) supports CBHSSJB staff and partners in respectfully engaging with Cree culture and communities.

Cultural Safety Training (CST)	Participants
Introduction Basic CST	462
Introduction Basic CST	239
Information Sessions	220
Total	**921**



Over the past year, cultural safety work was strengthened through collaboration with partners across the health, education, justice, and academic sectors, as well as with multiple CBHSSJB departments, including Occupational Health and Safety, Wîchihîtuwin, and Public Health. These efforts included training, knowledge-sharing, and planning of future initiatives, in partnership with organizations such as McGill University, Cree School Board, Eeyou Eenou Police Force, Cree Nation Government, Douglas Mental Health University Institute, Centre de santé et de services sociaux de la Baie-James, and urban specialized care centres serving many Cree patients, all towards supporting more respectful and culturally-grounded care for Cree individuals and families.

Number of Participants in Local and Regional Projects*

Community	Participants
Chisasibi	617
Eastmain	350
Mistissini	550
Nemaska	436
Ouje-Bbougouamou	11
Waskaganish	333
Waswanipi	189
Wemindji	51
Whapmagoostui	286
Cultural Safety	922
Total	**3,745**

* Projects include: traditional healing, traditional knowledge transfer, wâpmâsûin, land-based healing, traditional medicine teachings and many more.



HIGHLIGHTS

2025-2026 Local & Regional Gatherings

- Old Nemaska Gathering, August 2025
- Arrigah House in Montréal, August and February 2025
- Healing Week, September 22 to 25, 2025 (Wemindji) and November 17 to 22, 2025 (Eastmain)
- CPDP Gathering at Mirage, September 25 to 27, 2025
- Youth Healing Gathering at Mirage, March 3 to 5, 2026
- Cree Rites of Passage in Mistissini, March 2026
- Women's Gatherings in Mistissini and Whapmagoostui, both in February 2026
- Parents' Healing Retreat in Mistissini, March 23 to 27, 2026
- Land Based Youth Retreat Mâmû Lodge, March 19 to 22, 2026

In closing, NM would like to take time to remember the passing of one of our beloved Traditional Healers, the late Jimmy George. He will be forever remembered for the teachings and knowledge he transmitted over the years and the laughter we shared with him in various settings. He was truly a beacon of cultural healing and ceremonial leadership.

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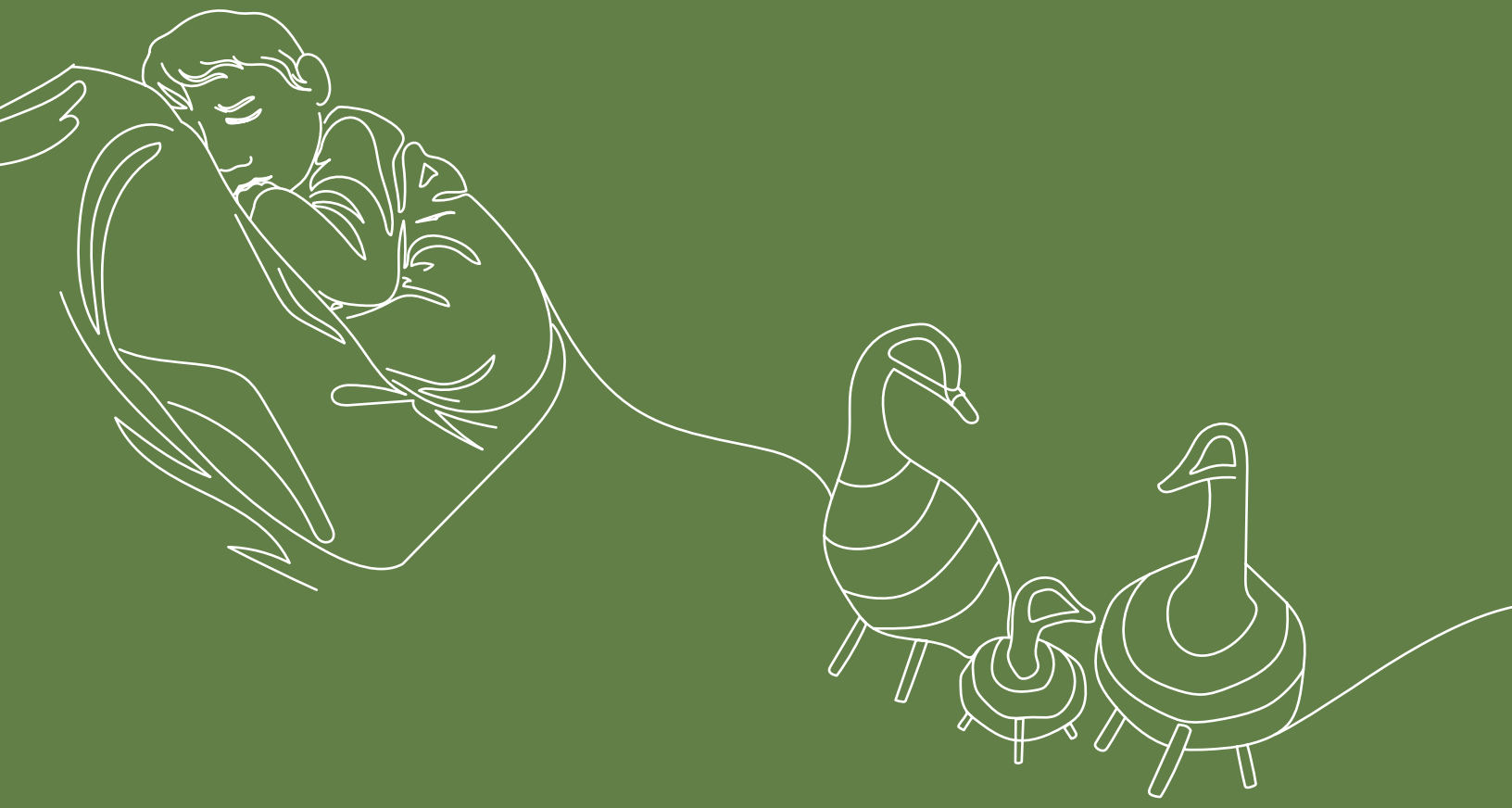
MIYUPIMÂTISÎUN

Miyupimâtisîun is the department responsible for delivering frontline services and programs to our community members. Its main role is to provide care and empower clients to take ownership of their health by equipping them with the necessary tools. The department accompanies clients throughout their lifelong journey to holistic health, offering guidance and support at every step.





Nisk Model:
A Model of Care Created by and for Eeyou Eenou

In 2021, the CBHSSJB reaffirmed its commitment to a transformative vision of care by moving away from age-based services and embracing the Nisk Model. Rooted in Cree values, relationships and lived realities, the Nisk Model reflects a holistic and safe approach to supporting individuals, families and communities across their life journey.

The CBHSSJB vision of care is the foundation set by the 2016–2021 Strategic Regional Plan, guided by the Health Assembly. Encouraging results from the Chisasibi pilot further strengthened this commitment and demonstrated the model's potential to better meet community needs.

As implementation continues, progress is unfolding across the organization at a pace shaped by each community's context and readiness. The Nisk Model represents not only a change in how services are organized, but a deeper shift toward care that is respectful, connected and grounded in Eeyou knowledge and ways of being.



WHAT WE ARE TRYING TO DO...

- Improve primary care services as well as preventive care.
- Design holistic and safe care through an integrated approach.
- Offer services tailored to the client's needs, and supporting them in feeling confident and involved in their care journey.
- Improve health outcomes and increase satisfaction for both clients and employees.
- Develop a more consistent and equitable system, where care is provided in partnership with people, not just for them.

WHAT GUIDES US...

- Client decides on their health goals and treatment.
- Clients are followed by one team for continuity of care.
- Single entry point and an easy process to access care.
- Comprehensive and holistic care and collaborative interdisciplinary teams.
- Continuous feedback.
- Culturally safe environment.



A VISUAL IDENTITY THAT SPEAKS FOR ITSELF

The CBHSSJB partnered with Theresa MacLeod Loon, an artist from Mistissini, to bring together and translate the original vision of the Nisk Model. Each element holds a meaning rooted in the vision.

Tipi
Represents a safe, relational, and culturally meaningful space. It offers a single point of access to primary care *ishkotem*.

Poles and Covering
The poles lean on each other, none can stand alone. The covering symbolizes a warm, safe and comfortable environment expected in our CMCs.

Firepit
Represents good relationships among health professionals, client and family. In addition to fostering connection, it offers a space for shared experience, reflection and healing.

Care Team
Composed of a medical provider, nurse, medical secretary, PCCR, and community worker, the Care Team delivers coordinated, proactive first-line care to people of all ages, in close collaboration with other departments. They allow stable, strong and trusting relationships with clients.

Family
In the Nisk Model, care moves beyond age-based groupings to a family-centreed approach.

Geese
The Nisk Model is inspired by the teamwork analogy of geese and how they fly and continuously support each other through their journey of migration.

Pathways
Represent the collaboration with traditional, regional and out of community program and services.

Medicine Wheel
Embodies holistic care that promotes balance in spiritual, mental emotional and physical dimensions of life.

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MIYUPIMÂTISÎUN



Holly Danyluk
Assistant Executive Director (i)

It has been an immense privilege to serve as Interim Assistant Executive Director for the Miyupimâtisîun Department over the last six months, following my transition from Regional Proximity Director of the Waskaganish Pole in September 2025. During this time, our department has been deeply immersed in the monumental scale-up of the Miyupimâtisîun Integrated Care Model, now known as the Nisk Model, working to develop tools, identify risks, and understand the readiness of our teams within the CMCs.

The Nisk Model represents a transformative, family-centred approach to healthcare delivery that moves us away from the previous age-based system. By providing clients with a consistent, multidisciplinary team, this relationship-based approach fosters deeper trust, especially for families, and empowers individuals to take ownership of their health.

Early results have already demonstrated better attendance at appointments, improved chronic disease control, and led to higher client satisfaction.

This year, we laid the groundwork to scale this new model to eventually create 28 care teams across the territory in all CMCs. I am particularly proud of the rapid progress toward implementation in the communities, with support from our Project Management Office (PMO). Waskaganish launched its first Primary Care Team in September 2025, and Wemindji will be following with theirs in April 2026.

We have actively engaged in soliciting proposals for a change management training program to prepare our managers and staff. Furthermore, a communications strategy has been developed by our Communications department in collaboration with our PMO lead.

I extend my deepest gratitude to our dedicated regional DPSQA Health, Allied Health and Psychosocial, Hospital, and local CMC teams as well as all other collaborators and stakeholders who have embraced this change. Together, we are rebuilding a healthcare system that truly puts our culture, our traditions, and the voice of our people first.

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DPSQA – HEALTH



Sophie Leclercq
Director (i)



Chloé Nahas
Regional Proximity Director

The Department of Professional Services and Quality Assurance (DPSQA) – Health supports the quality, safety, and continuous improvement of healthcare services delivered across Eeyou Istchee. Acting as the equivalent of a regional nursing directorate, the department supports healthcare professionals while fostering culturally safe practices aligned with Eeyou-Eenou values.

During the past year, DPSQA – Health undertook a reorganization to better respond to clinical realities, resulting in a clearer structure built around two pillars: Operational Services and Quality and Practice Development. These pillars strengthen frontline service delivery while supporting the evolution of professional practice and clinical governance across the territory.

OPERATIONAL SERVICES

Operational Services brings together clinical teams that support access, continuity and quality of care, including Nurse Practitioners (NPs), Infection Prevention and Control (IPC), Renal Health services, the Home Hemodialysis Training Centre (Hope Centre), the Regional Nurse On-Call Service, and the Regional Floating Team.

The NP team continues to enhance access to primary care in Eeyou Istchee communities. With seven NPs in primary care and upcoming positions in mental health and nephrology, the team supports timely assessments, continuity of care, and informed decision-making. Continued expansion of the NP team remains a strategic priority for sustainable, community-based primary care.



The IPC team maintained surveillance across 29 care settings, completed more than 150 epidemiological investigations, supported construction and renovation projects, and delivered multiple in-person and virtual training activities essential to patient and staff safety.

Renal Health services were strengthened through the implementation of Chronic Kidney Disease (CKD) nurse positions in each pole, supporting patient follow-up and collaboration with nephrology teams. This contributed to increased use of autonomous dialysis modalities, transplant follow-up, and the delivery of over 850 home hemodialysis treatments. The Hope Centre enhanced its training capacity through infrastructure improvements and program promotion.

The Regional Nurse On-Call Service answered over 4,200 calls, with one third resolved remotely, reducing workload pressures on local teams while ensuring timely access to care. The Regional Floating Team, composed of nine nurses and one licensed practical nurse, further contributed to staffing stability and continuity of care.

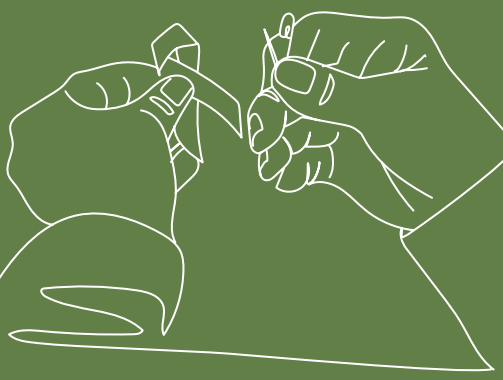
QUALITY AND PRACTICE DEVELOPMENT

This pillar focused on strengthening clinical competencies, harmonizing practices, and ensuring effective clinical governance. DPSQA – Health provided initial training to over 60 nurses entering new roles and supported a year-long training program for Primary Care Community Representatives. Additional capacity-building activities were delivered for nursing staff, homecare workers and beneficiary attendants.

A Clinical Support Line was launched to connect frontline staff with specialized nursing expertise, bringing professional support closer to point-of-care services. Safe practices initiatives included a restraint prevention protocol, standardized medical device reprocessing, digital initiatives, and the rollout of clinical tools, collective prescriptions and practice guidelines.

LOOKING AHEAD

As CBHSSJB transitions toward the Nisk Model, DPSQA-Health will continue to support teams by promoting quality, safety and professional standards. Priorities for the coming year include developing training programs for future Care Team members, strengthening interprofessional collaboration, and providing ongoing consultation and clinical leadership to support integrated, client-centreed care across Eeyou Istchee.





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â mâmu wichihtâkinuwiyich

DPSQA – ALLIED HEALTH



Stéphanie Sicard-Thibodeau
Director



Chloé Nahas
Regional Proximity Director

The DPSQA – Allied Health team provides region-wide services through a network of 35 mobile clinicians delivering care in Nutrition, Occupational Therapy, Physiotherapy, Respiratory Therapy, Speech and Language Therapy, Audiology, and Orthotics and Prosthetics. Both mobile and locally based clinicians receive ongoing support from the regional team for their clinical practice, caseload management and consistent application of clinical guidelines.

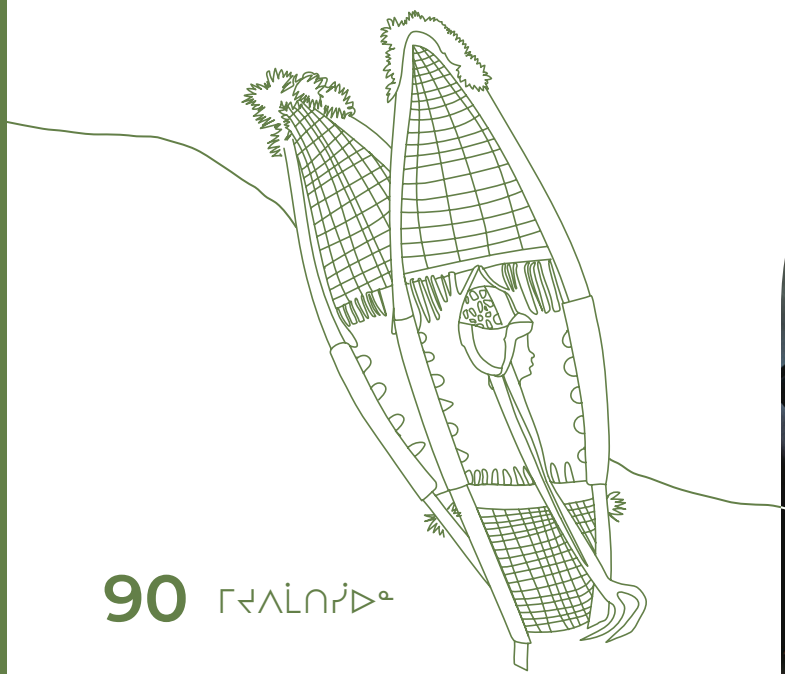
ORGANIZATIONAL DEVELOPMENTS

This year marked a period of significant transformation for Allied Health services. To support the implementation of the new model of care, teams strengthened referral pathways and improved data collection methods. These initiatives form the foundation for data-driven dashboards that will help managers and teams in making informed decisions.

Annual training increasingly emphasized interdisciplinary collaboration, combining interprofessional learning sessions with profession-specific clinical training days. This shift toward a more integrated approach is expected to enhance continuity of care throughout clients' health journeys. Notably, Respiratory Therapy provided a total of 244 hours of clinical training to CMC teams.

SERVICE HIGHLIGHTS

A new Multi-Service Day Centre (MSDC) tour model was introduced, pairing inland and coastal communities through host and visiting partnerships. This approach fostered stronger community relationships and a shared community of practice. Preparation and post-visit sessions were offered to encourage engagement and support teams in applying their new learning.





Regional Respiratory Therapy expanded its capacity to conduct at-home sleep tests, reducing the need for southbound travel. A new partnership with a sleep specialist, along with training in sleep study scoring, strengthened service quality and access.

The regional Orthotics and Prosthetics service continued to grow, enabling service development in the Mistissini pole while maintaining services in the Chisasibi pole. Recruitment efforts remain ongoing, with the goal of expanding to the Waskaganish pole in the coming years.

Audiology and Speech and Language Therapy broadened their services to include prevention and promotion initiatives. Highlights included a firearm noise awareness campaign for hunters. Community-based activities were also expanded, including parent support groups in Waskaganish focused on speech development and autism.

INNOVATION AND ACCESS

An internal telehealth working group collaborated closely with local teams to strengthen coordination and improve access to Allied Health services across the region. These efforts contributed to greater service continuity, reduced travel, and enhanced support for both clinicians and patients.



Direct Client Care by Community

	Speech & Language Program (SLP)		Audiology[1]		Orthotics[2]	
Community	**Number of Hours**	**Number of Appointments**	**Number of Hours**	**Number of Appointments**	**Number of Hours**	**Number of Appointments**
Whapmagoostui	72.6	113	32	32	29.3	32
Chisasibi	323.7	411	195.6	204	225	100
Wemindji	95.9	120	34.5	39	41.3	54
Eastmain	51.3	80	2.5	3	-	-
Nemaska	182.8	278	31.5	37	-	-
Waskaganish	185.3	253	33.8	36	-	-
Ouje-Bougoumou	278.5	394	-	-	72.8	84
Waswanipi	126	162	-	-	70.8	74
Mistissini	314.2	452	-	-	131.5	155

1. The Mistissini Pole is not covered. Referrals are seen in Chibougamau, Montréal or Val-d'Or.
2. The Waskaganish pole is not covered. Referrals are seen in Chibougamau, Montréal or Val-d'Or.

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mitunâyihchikin

DPSQA – PSYCHOSOCIAL (WÎCHIHÎWÂUWIN)



Émilie Desnoyers
Director



Chloé Nahas
Regional Proximity Director

DPSQA – Psychosocial Services support frontline workers and managers across Eeyou Istchee in delivering safe, respectful and culturally grounded psychosocial care. Our role is to strengthen clinical practices, build capacity and foster collaboration so that individuals, families and communities are supported in their journey towards Miyupimâtisîun.

CLINICAL AND CAPACITY BUILDING

This year, the team focused on strengthening frontline capacity and relationships to support consistent and culturally safe psychosocial services. The Journey of Care was introduced to guide a shared, holistic approach aligned with Cree values and Miyupimâtisîun, supporting culturally grounded care and an improved client experience. Ongoing clinical guidance and on-the-ground support to local teams implementing the Nisk Model contributed to improved access to psychosocial services and greater consistency of care across communities.

Capacity-building efforts, including support for electronic clinical documentation, strengthened quality of practice and continuity of care. Increased collaboration with local management created more meaningful spaces for dialogue, ensuring services are responsive to community needs. Together, these efforts enhanced frontline capacity, service quality and cross-community collaboration.

Looking ahead:

- Continue strengthening culturally grounded psychosocial practices
- Improve access to services across communities
- Expand training and workforce development initiatives

ELDER WELLNESS

Elder Wellness initiatives focused on safety, awareness and collaboration to better support elders and vulnerable adults. More than 50 training sessions on elder mistreatment were delivered in all nine communities, reaching over 1,000 employees and strengthening staff capacity to recognize and respond to concerns.

Clinical support was provided to frontline workers managing complex situations, while enhanced collaboration with regional partners improved coordination and response. A new Elder and Caregiver Wellness Working Group was established to strengthen partnerships and guide awareness and prevention efforts. These initiatives increased awareness, improved collaboration and contributed to safe renvironments for elders.

Looking Ahead:

- Expand prevention and awareness activities
- Strengthen partnerships
- Continue supporting frontline workers in complex cases



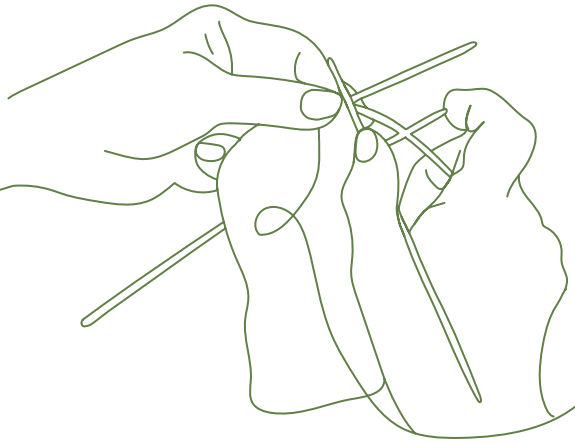
CAREGIVER SUPPORT

This year focused on strengthening recognition and support for caregivers while improving access to services. Information sessions in all nine communities helped better identify caregiver needs and inform service planning. Collaboration with regional and First Nations partners supported shared approaches to policy and service development.

The Nominate a Caregiver campaign recognized over 150 caregivers, highlighting their essential role in supporting families and communities. Expanded eligibility criteria improved access to services, supporting 20 clients with more specialized needs and increasing access to respite and psychosocial support.

Looking Ahead:

- Finalize and implement the caregiver policy
- Expand respite and caregiver support services
- Continue strengthening partnerships and community initiatives





WÎCHIHÎWÂUWIN HELPLINE

The Wîchihîwâuwin Helpline continued to strengthen healing, safety, and connection through culturally-grounded service delivery. Access was enhanced through the integration of Cree-speaking workers, while comprehensive training in suicide intervention and homicide risk evaluation strengthened clinical and safety capacity. Supportive internal structures, including peer support and clear procedures, contributed to quality practice, staff sustainability and continuity of care.

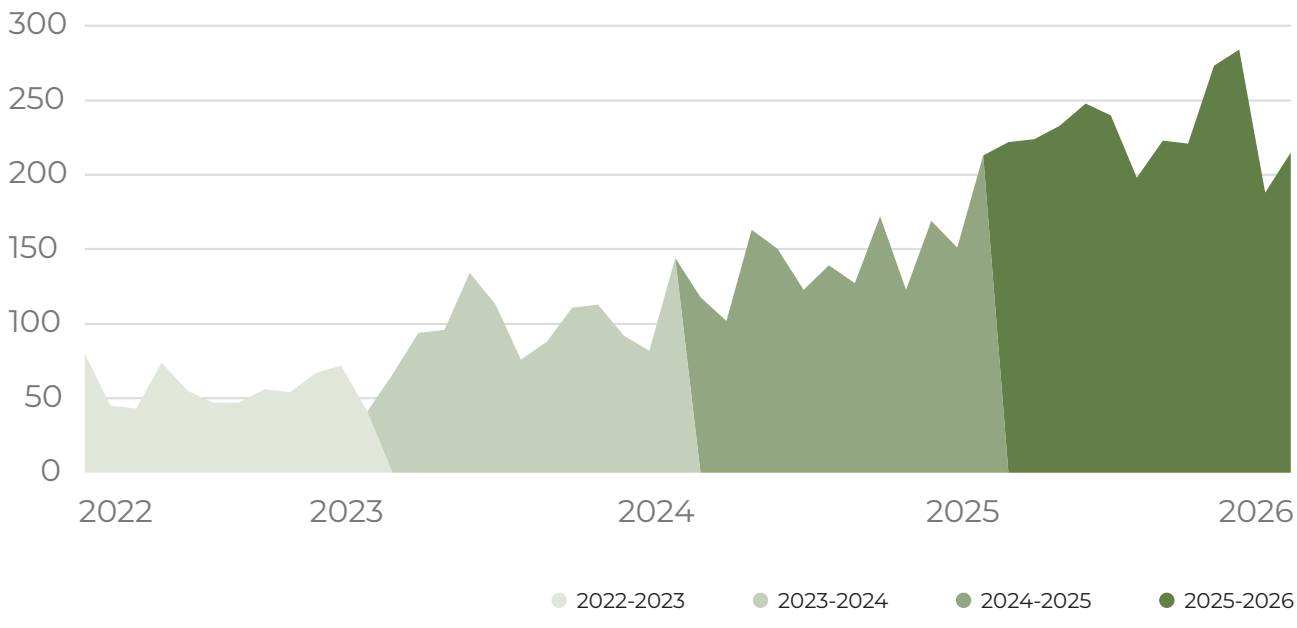
The Helpline responded to 2,803 calls, with an average call duration of 16 minutes. Over four years, call volume has increased fourfold, reflecting growing community reliance and strengthened engagement across Eeyou Istchee.

Number of Calls Answered by the Helpline for Each Fiscal Year

FISCAL YEARS	NUMBER OF CALLS ANSWERED
2022-2023	681
2023-2024	1,209
2024-2025	1,750
2025-2026	2,803

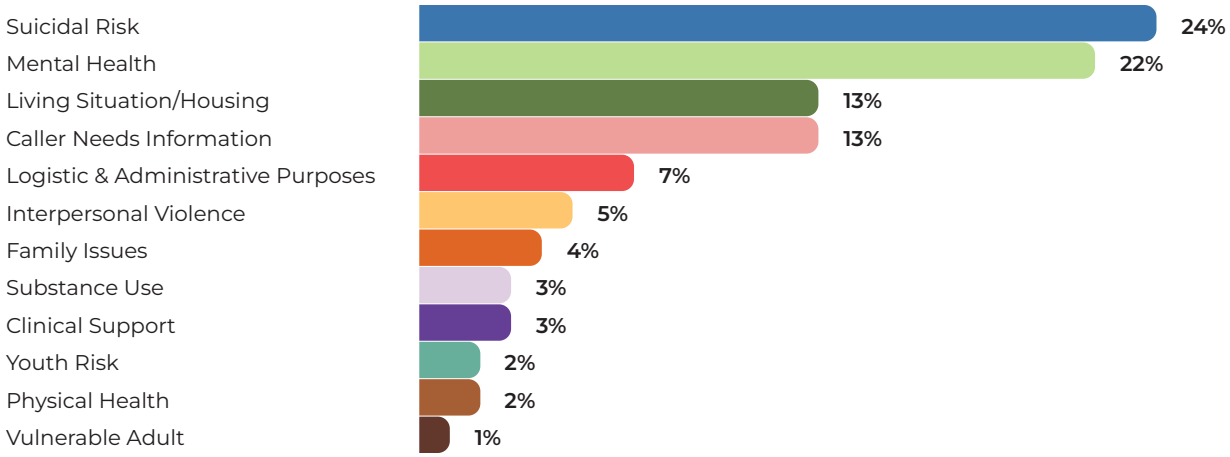
Number of Calls Answered by the Helpline Every Month

April 1, 2022 to March 31, 2026



Distribution of Calls by the Primary Concerns of the Callers

April 1st, 2025 to March 31st, 2026



Distribution of Calls by the Primary Concerns of the Callers

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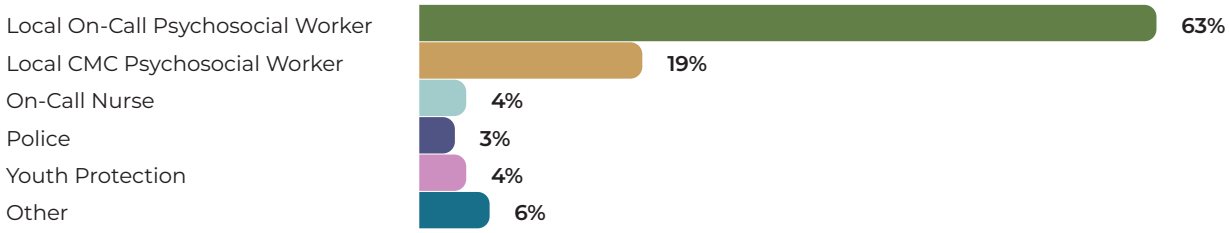
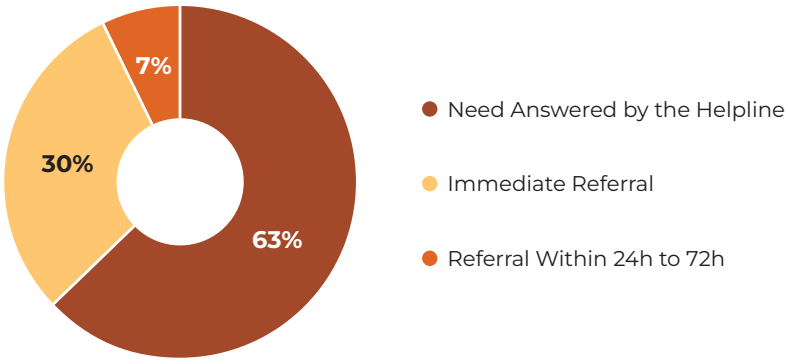


Distribution of Calls According to Their Outcome

April 1st, 2025 to March 31st, 2026





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chisasibi nituhkuyinikimikw

CHISASIBI REGIONAL HOSPITAL



Priscilla Weapenicappo
Director



Chloé Nahas
Regional Proximity Director

Despite some challenges, hospital leadership and partners worked collaboratively to maintain operations while advancing strategic priorities. Efforts were focused on strengthening capacity, integrating Cree cultural values into all levels of care, and implementing improvement plans to enhance service quality both locally and regionally.

MEDICINE

The unit's capacity is 24 beds: eight chronic beds, 14 acute beds, and two respite beds. We are also preparing to transition to 12-hour shifts.

MEDICAL DEVICE REPROCESSING

The Medical Device Reprocessing Unit continued to run smoothly, with a permanent employee managing daily operations. The unit remained focused on safely sterilizing medical equipment for all clinical areas.

EMERGENCY

Staffing in the ER is now complete, with only a temporary nurse position remaining to be assigned. The team remained stable.

HEMODIALYSIS

The hemodialysis service remained stable this year and is currently treating 22 patients. There are no patients on the waiting list for transfers from Montréal at this time. The unit operates with 11 machines. The team supported one successful kidney transplant in 2025.

AMBULATORY

The department benefited from new staffing, including one permanent nurse working alongside an LPN. We also had another permanent nurse who alternated between the Medicine Unit and the Ambulatory Clinic, ensuring continuity of care and flexibility within the team.

We are currently awaiting the relocation of the unit into the former laboratory space, which will eventually provide the clinic with a dedicated environment better suited to its growing needs.

SOCIAL SERVICES

We are actively recruiting two permanent social workers to complete our team. The team provides essential support to patients as well as to the multidisciplinary staff, addressing psychosocial needs within the hospital with the help of DPSQA – Allied Health.



REGIONAL EEYOU-EENOU LABORATORY SERVICES

The laboratory strengthened communication and service quality through effective teamwork that ensured reliable specimen handling and accurate diagnostic results. With a stable team, more than 438,000 tests were completed in Chisasibi and nearly 198,000 in Mistissini, while work continued toward implementing the SIL-P laboratory information system.

RADIOLOGY SERVICES

Despite the difficulty in finding employees willing to work in remote areas, our radiology department carried out multiple examinations. Our team effectively supported the hospital staff in order to better meet the needs of Chisasibi as well as other communities.

HOSPITAL MEDICAL ARCHIVES

Medical Archives remained a dedicated team to ensure accessibility of client records and to maintain precise, accurate data. A large majority of patients' files were sent south for scanning and processing. This marks the new era of a digital information system for patient confidentiality that will limit access to authorized personnel only.

ADMINISTRATIVE SERVICES

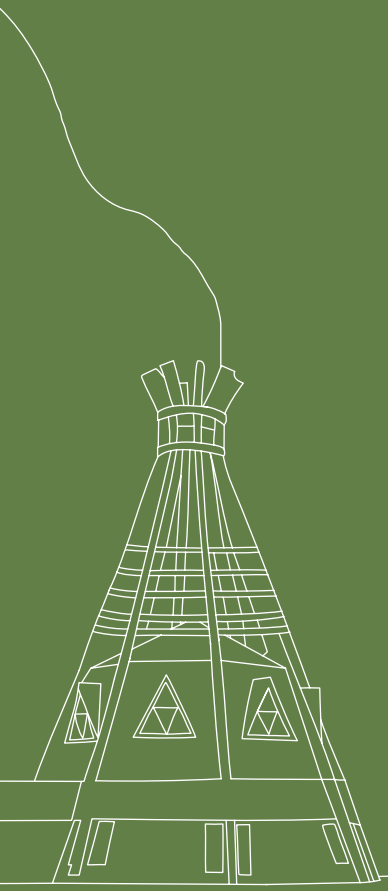
This year, Administrative Services celebrated the retirement of a dedicated vehicle driver who devoted 49 years of service, having started his career at Fort George Island. We were also pleased to welcome a nutritionist, serving patients in the Medicine Unit and at the Elder's Home. Our services are running effectively, and difficult situations are being managed in collaboration with hospital employees.

COMPARATIVE TABLE OF HOSPITAL DATA (2024–2025 vs. 2025–2026)

Hospital Data	2024 2025	2025 2026
Admissions	373	352
Hospitalization Days	5,742	6,424
Transfer to Other Health Centres	22	48
Deaths	10	19
Acute Care Average Days	15.75	5.94
Bed Occupation Rate	78.75%	73.3%

Chisasibi Pole

MEDICAL EVACUATIONS	Chisasibi	Whapmagoostui	Wemindji
Emergency	-	188	152
Scheduled	-	1,267	110
CURRENT SERVICES			
Consultations With Family Doctor	-	1,266	2,644
Consultations With Specialist MD	-	314	209
Consultations With Dentist	-	-	802
Consultations With Other Specialist	-	251	524
Consultations With a Nurse (Walk-in)	-	6,594	7,159
Consultations With a Nutritionist	-	-	369
Consultations With a Nurse for Medication Refill	-	-	5,922
Laboratory	-	475	2,077
Pharmacy	-	4,611	-
AWASH			
Consultations With a Nurse	1,033	619	1,599
Consultations With Family Doctor	1,393	78	583
No Shows to Nurse Appointments	-	336	-
Consultations With a CHR (Individual)	-	-	478
Number of Group Activities by a CHR	-	-	7
Consultations With a PCCR (Individual)	847	-	-
Number of Group Activities by a PCCR	26	-	-
Consultations With a Community Worker	-	135	77
Consultations With a Social Worker	-	989	2
Consultations With HRO	-	-	-
Nurse Vacinations	-	104	543
USCHINÎCHISÛ			
Consultations With a Nurse	1,101	-	18
Consultations With a School Nurse	486	-	18
Consultations With Family Doctor	831	-	-
Consultations With a CHR (Individual)	-	-	4,174
Number of Group Activities by a CHR	-	-	15
Consultations With a PCCR (Individual)	48	-	-
Number of Group Activities by a PCCR	-	-	-
Consultations With a Community Worker	-	297	-
Number of Group Activities by Community Worker	-	-	68
Consultations With a Social Worker	-	4,283	-
Consultations With a NNADAP Worker	183	1	240
Consultations With HRO	-	-	-
CHISHÂYÎYÛ			
Consultations With a Nurse	1,143	-	648
Consultations With a Mental Health Nurse	1,962	-	-
Consultations With a Footcare Nurse	836	-	73
Consultations With Family Doctor	-	-	-
Visits/Follow-Ups With Doctors	2,059	-	-
Consultations With a CHR (Individual)	-	306	1,423
Number of Group Activities by a CHR	-	-	16
Consultations With a PCCR (Individual)	737	-	-
Number of Group Activities by a PCCR	3	-	-
Consultations With Ophtalmology (Individual)	-	320	-
Consultations With a Community Worker	-	156	271
Consultations With a Social Worker	-	689	49
Consultations With HRO	-	405	-
Number of Homecare Visits	9,708	253	2,197
MDSC Day Program Participants at End of Year	-	1,025	11,596
Number of Meals Served (Individual Servings)	944	1,939	2,289
Flu Vaccination	918	-	-



CMC

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CHISASIBI

Rachel Danyluk
Regional Proximity Director



Audrée Gilbert
Local Director



"Even as our CMC faced significant staff turnover, we draw on the values of Nitutâmh and rely on one another," says Audrée Gilbert, local director. "Our collaborative effort sustains quality, continuity, and trust in patient care."

CARE TEAMS AND WORKFORCE WELL-BEING

The past year was eventful and transformative, and while all these changes brought challenges, the two care teams, Nisk and Piyâu, remained active throughout the year. The creation of additional care teams was not possible due to limited space, insufficient physician coverage, and the need to adapt empanelment to available resources. To support staff morale, the CMC strengthened its focus on Nitutâmh values. Actions included an employee recognition event, regular team meetings and check-ins, a Christmas door-decorating contest, and Nath's Kitchen, a welcoming space offering free snacks and opportunities to connect. These efforts contributed to a more collaborative work environment.

"I have worked in Chisasibi since 1998. The secretary and I were colleagues but did not really know each other. Now, we are colleagues and friends, making work more efficient and enjoyable."
— Dr. Michelle Goyal, Nisk physician since 2021

DELIVERY OF CARE

The CMC experienced high staff turnover among nurses, community workers, and occupational therapy/physiotherapy staff, while benefiting from stability among medical secretaries, homecare workers, and Primary Care Community Representatives (PCCRs). In October 2025, five PCCRs graduated from the Certification Program. Additionally, one interim coordinator completed the Manager Training Program, and two workers will join the next Future Manager Training cohort. To improve access, several evening and weekend "blitz" clinics were held, including psychosocial support, Pap tests, and hypertension clinics. These activities improved access outside regular hours and encouraged interdisciplinary collaboration. The rehabilitation team expanded telemedicine services, and homecare launched the Extended Homecare Program, offering evening and weekend care. The Awash program and midwifery services continued working together, combining resources to ensure coordinated care for pregnant women and newborns. During the year, 58 babies were born under Awash follow-up, and 16 babies were born in Chisasibi with midwives.

ACCESS, OUTREACH, AND COMMUNITY MOBILIZATION

Two nurse practitioners joined the CMC full time: one in Perinatal Services and one with the Nisk care team, allowing for 984 in-person appointment slots. Chishâyiyû fitness sessions were offered with support from the rehabilitation team. Allied health professionals supported the special needs group and offered sensory workshops, while outreach workers engaged youth through Mâmuitâu Teepee gatherings and Youth Week. The Multi-Service Day Centre (MSDC) team organized Bingo for Elders. The Community Organizer brought partners together through initiatives such as ID clinics, Mâmû Upichinâsiun – Growing Together, the Chisasibi Wellness Fair, caregiver support groups, Wellbriety Week, and Sewing & Stories. Alongside its rapid growth, Chisasibi maintains its strong community spirit.

CMC SERVICES	
Nutritionist (CMC)	678
Sampling Centre	3,000
Meals-on-Wheels	944
Consultation With a Community Worker - Extended Team	1,161
Consultation With a Social Worker - Extended Team	335
PIYAAU	
Consultation With a Nurse	565
Consultation With a Community Worker	249
Community With a Family Doctor	711
Community With PCCR (Individual)	301
NISK	
Consultation With a Nurse	963
Consultation With a Community Worker	139
Community With a Family Doctor	1,499
Community With PCCR (Individual)	570

CMC

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WHAPMAGOOSTUI



Rachel Danyluk
Regional Proximity Director



Robert Wynne
Local Director

"Overall communications have really improved," says local director Robert Wynne. "Team-building has been strengthened and we've also improved communications within local partnerships."

The CMC struggles with space issues, so staff must be creative to make room for everyone. Further, the community has insufficient housing to support employees, resulting in some positions remaining unfilled.

The Current Services nursing team is stabilizing: six of seven nurse positions, the liaison nurse, and the Assistant to the Immediate Supervisor positions have been filled. Adequate staffing and liaison support have enhanced our ability to host specialists, so people do not have to travel south for appointments.

The Chishâyiyû Nurse position is vacant, so clients are seen in Current Services; however, the Chishâyiyû Primary Care Community Representatives (PCCR) continue to cover diabetes and hypertension clients with the assistance of the nutritionists. PCCRs organized the February 2026 "Dry Month," with 140 participants; 52 completed the month. Nutritionists continue to host a range of workshops. The Home and Community Care Program has full-time nursing coverage and has been busy as the population is aging and needing more care. A major challenge continues to be the lack of referral centres for family respite. The Multi-Service Day Centre has been open consistently and has provided Meals-on-Wheels to all identified vulnerable elders.

The Awash and Uschinîchisû teams have faced staffing challenges. In Awash, the PCCR remains on sick leave and the team includes only one nurse, with another joining in May 2026. Current nurses have been filling the gaps and programs have thus been maintained. The Uschinîchisû PCCR has just returned from sick leave, but the school nurse is on maternity leave. However, vaccinations at the school have been kept up-to-date and a replacement school nurse is filling in until January 2027. The psychosocial program remains solid, and the community organizer has worked closely with public health, Minnie's Hope, and other groups.

Staff retention continues to be a priority for administration. New people on the recall list have been receiving training and maintenance staff have assisted with painting and remodeling of spaces. Collaboration with the Material Resources Department continues to improve; in the coming year, we aim to complete minor renovations to housing and transit units, upgrade heating systems, and continue working with IT on security systems.

Our goal for the coming year is to digitize all visiting and local professional visits to ensure continuity and consistency of care across programming. Overall, we anticipate the next year to be a one of renewal, growth, education, and miyupimâtisîun.



CMC
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WEMINDJI

Rachel Danyluk
Regional Proximity Director



Denise Perusse
Local Director (i)



"We have worked hard at getting ready to implement the Nisk model," says Denise Perusse, interim local director. "A big part of that has been preparing and launching two primary care teams."

The past year was marked by significant progress in advancing the integrated model of care at the Wemindji CMC. Under the leadership of Stephanie Jonah, Interim Local Director until November, we focused on implementing key deliverables related to the rollout of the Nisk Model. This period required substantial operational adjustments, including office relocations and the transition to shared workspaces. Throughout these changes, teams demonstrated remarkable flexibility, adaptability, and a strong commitment to collaboration.

Extensive preparation supported the successful launch of two Primary Care teams. This achievement reflected coordinated efforts among local staff and regional partners, including the Project Management Office, physicians, nurses, and DPSQA. While the work was demanding, the collective dedication and perseverance of all involved made this milestone possible. To ensure leadership continuity during a period of staff reassignment to critical vacant positions, Denise Perusse assumed the role of Interim Local Director in November, bringing valuable leadership experience from her previous role as Acting Local Director in Chisasibi, as well as direct involvement in the Nisk model pilot. Building on this experience, she supported planning and readiness activities for the Care Team model in Wemindji. With the support of the Clinical Coordination and Integration Committee shared leadership group, a comprehensive 10-week action plan was developed to align local operations with regional standards. Through close collaboration among local teams, regional services, and clinical, allied, and psychosocial partners, the Care Team Program will be officially launched on April 27, 2026, strengthening integrated, community-based care delivery.

PROGRAM HIGHLIGHTS

Throughout the year, the Wemindji CMC prioritized service continuity, staff stabilization and capacity building. Programs were adapted to MYLE deployment and interdisciplinary care coordination through targeted recruitment, training and strong partnerships. Awash and Uschinîchisû expanded perinatal, child, and family health services, while Chishâyiyû, the Multi-Service Day Centre, and Home Care continued to support elders and adults through home care, respite, Meals on Wheels, and wellness programming — ensuring accessible, culturally grounded care despite ongoing staffing challenges.

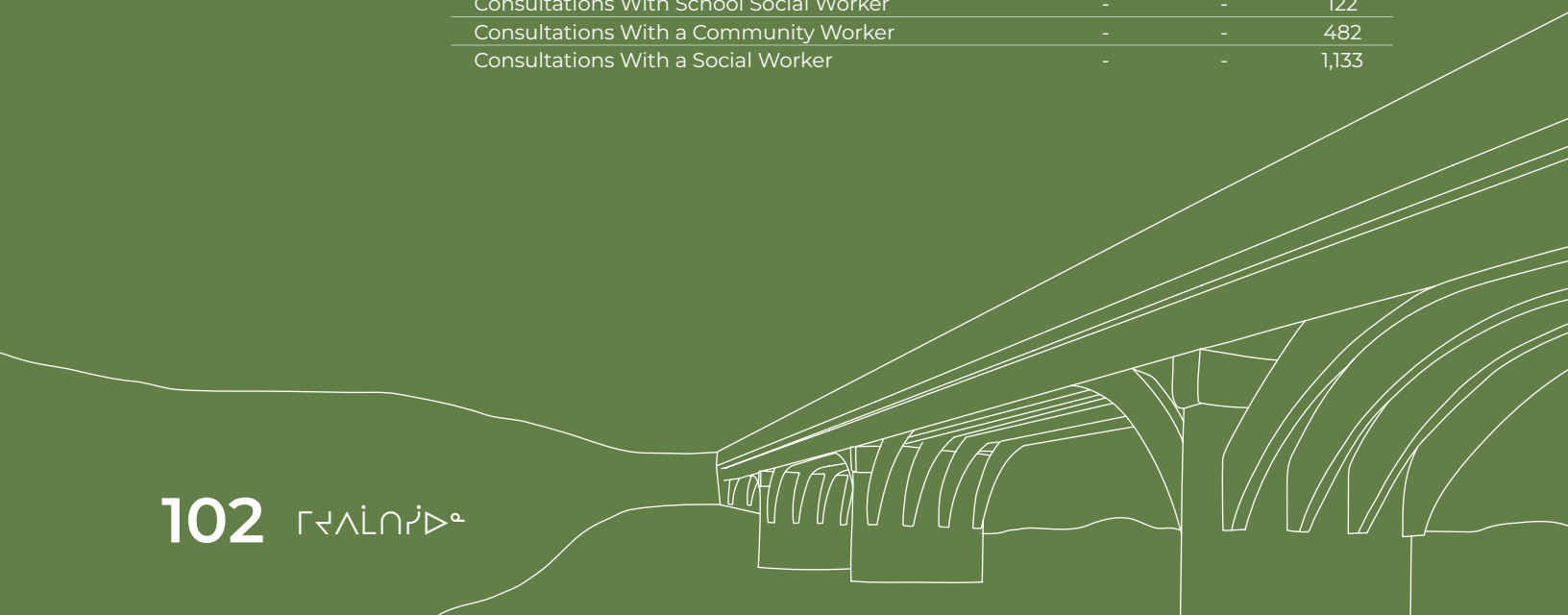
IN MEMORIAM

This report honors the memory of Nina, a valued Medical Secretary who tragically passed away alongside her granddaughter. Often the first point of contact for families and expectant mothers, Nina was known for her warmth, compassion, and deeply patient-centred approach. Her legacy continues to inspire the CMC team's commitment to empathy and respectful care.

"We honour Nina by carrying her legacy forward, leading with empathy, compassion, and the same commitment to care that she embodied every day."
— Melissa Sealhunter, Coordinator of Administration (i)

Mistissini Pole

MEDICAL EVACUATIONS	Mistissini	Waswanipi	Oujé
Emergency	-	191	231
Scheduled	-	969	-
CURRENT SERVICES			
Consultations With Family Doctor	4,964	1,397	731
Consultations With Specialist MD	-	63	-
Consultations With Other Specialist	-	391	1,601
Consultations With a Nurse (Walk-in)	17,144	9,647	3,223
Consultations With a Nurse (On-Call)	-	-	1,213
Consultations With a Nutritionist	-	-	124
Consultations With a Nurse for Medication Refill	-	4,285	164
Laboratory	1,722	-	560
Pharmacy	-	-	2,301
AWASH			
Consultations With a Nurse	-	1,280	708
Consultations With a CHR (Individual)	-	242	96
Number of Group Activities by a CHR	-	-	-
Consultations With a Community Worker	-	171	-
Consultations With a Social Worker	-	-	-
USCHINÎCHISÛ			
Consultations With a Nurse	1,567	543	194
Consultations With a CHR (Individual)	698	-	-
Number of Group Activities by a CHR	-	-	-
Consultations With a Community Worker	130	160	-
Consultations With a Social Worker	17	-	
Consultations With a NNADAP Worker	-	178	-
CHISHÂYÎYÛ			
Consultations With a Nurse	2,779	1,420	702
Consultations With a Footcare Nurse	571	712	281
Consultations With a CHR (Individual)	1,424	1,347	79
Number of Group Activities by a CHR	-	-	-
Consultations With a Community Worker	1,086	380	-
Consultations With a Social Worker	348	699	-
Number of Homecare Visits	2,059	2,808	1,876
MDSC Day Program Participants at End of Year	2,062	832	554
Number of Meals Served (Individual Servings)	4,337	1,321	1,230
TDRD	49	-	-
PSYCHOSOCIAL			
Consultations With School Social Worker	-	-	122
Consultations With a Community Worker	-	-	482
Consultations With a Social Worker	-	-	1,133



CMC
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MISTISSINI



E. Virginia Wabano
Regional Proximity Director



Roberta Petawabano
Local Director

"We're planning the transition phase for the Nisk Model," says local director Roberta Petawabano. "We want to manage this transition in a structured way and communicate clearly with all the staff. That's our focus now."

Current Services continues to provide accessible and efficient first-line care while managing a high and steady volume of patients. Its 6 per cent monthly no-show rate reflects good access to services and consistent patient engagement. Only 33 per cent of patients were seen by a physician, due to the effective use of nursing-led care and interdisciplinary collaboration; this approach allows timely management of many cases, with physicians focused on addressing more complex needs.

Mistissini's Awash team welcomed 80 infants this year, two of whom were born in the community. The team (currently complete - with nurses, nutritionist, occupational therapist, Primary Community Care representatives (PCCRs), community workers and social worker) supports a number of programs, including workshops on making baby food, the emergency food basket initiative, the "Mom on the Move" fitness program, and the Ashimishuh program ensuring nutritious meals for young families.

Uschinîchisû's collaborations with the Reception Centre and Group Home have strengthened teamwork and resource sharing, especially for youth with medical needs. Nurses and PCCRs manage individual caseloads for youth with type 2 diabetes. The Youth Mobile Clinic, operating every Thursday evening, provides accessible healthcare and social services.

This past year, the Mobile Clinic identified a case requiring further medical assessment, leading to surgery that prevented long-term physical impairment. A Mental Health Nurse joined the team in January, supporting patients of all ages under psychiatric care. However, mental health outreach is undeveloped due to limited resources, as is nutritional education.

The Chishâyiyû nursing team is complete but the social team is still working towards stability. The nursing team has been offering two days of retinopathy care per week, supported by the PCCRs. Staff have received training on a new machine that arrived this past year. At the Multi-Service Day Centre, regular activities are taking place but due to frequent transportation issues, activities were occasionally cancelled. MSDC's office space and ventilation system remain as issues. Meals on Wheels is supporting vulnerable elders. Many Kapatâkan activities have been carried out and clients have appreciated social nights; Kapatâkan and National Native Alcohol and Drug Abuse program (NNADAP) staff have increased collaborations.

The Administration unit continues to support the operations of the CMC through facilities management, housekeeping services and other initiatives.

CMC

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WASWANIPI



E. Virginia Wabano
Regional Proximity Director



Eleanor Gull
Local Director

"Our team really solidified this year, allowing us to reinforce services for the implementation of the Nisk Model," says local director Eleanor Gull. "And we continued to work closely with the Cree Nation of Waswanipi to work on shared concerns."

This year marked significant progress for the CMC, strengthening both service capacity and quality of care. We welcomed eight new nurses, leaving only one nursing position vacant, thereby significantly improving service continuity. Advances in electronic medical records enhanced data collection, reporting, and care coordination. Collaboration with the Cree First Nation of Waswanipi remained a priority, allowing us to identify shared goals, strengthen advocacy, and promote shared responsibility. Planning continued for implementation of the Nisk Model, including infrastructure improvements such as renovating to create a dedicated care team room. Our overall focus remains on culturally safe, high-quality care, accessible programs and continuous improvement to identify service gaps and guide future planning.

Throughout the year, administration demonstrated a strong commitment to serving clients, often going above and beyond to support individuals facing crises. Transportation services continued to provide critical support, including transport to medical appointments and dental visits to Mistissini. Waswanipi continues to have one of the highest rates of client transportation, reflecting both community needs and staff dedication. Strong teamwork across departments supported effective collaboration with clients and partners. In Awash and Uschînichisû programs, one new nurse was added to each team, strengthening services for children and families. Priorities focused on improving case management and revitalizing core initiatives. NNADAP supported client wellness through land-based healing activities that promoted cultural reconnection. The Community Organizer worked closely with the Cultural Department on the Waspsouyan Project, creating meaningful opportunities for new mothers and goukums. The Kapatakân Project was launched with the hiring of a therapist and community worker, while Mâmuitâu meetings with community and CHB partners supported student wellbeing and success.

Chishâyiyû reached full staffing with the hiring of two additional nurses. This expanded capacity supported the delivery of chronic illness prevention and wellness clinics, including Sexually Transmitted and Blood-Borne Infection (STBBI) screening and treatment, blood testing, and Pap tests, improving access to preventive care. In recognition of ongoing needs, greater emphasis will be placed on chronic disease management to reduce emergency visits and improve long-term outcomes. Implementation of the new HPV cervical cancer screening protocol and continued integration of the Nisk Model are upcoming priorities, as is incorporating traditional knowledge and medicines. The Multi-Service Day Centre continued to offer programs and annual activities for elders, individuals with challenges, children, teens, and families, supporting mental health, coping skills, social connection and overall wellbeing. Services in speech therapy, art therapy, nutrition and healthy cooking continued throughout the year. Pharmacy services improved through enhanced technician access and virtual team support. While the dental clinic experienced staffing shortages, recruitment efforts and contingency plans remain in place to ensure continued access to dental care.

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OUJE-BOUGOUMOU

E. Virginia Wabano
Regional Proximity Director



Louise Wapachee
Local Director



"The transition to the electronic medical record system significantly transformed how we manage our statistics," says local director Louise Wapachee. "Referrals increased, but only 23 per cent of consultations required a physician, demonstrating the impact of expanded-scope nursing on access and continuity of care."

Ouje-Bougoumou's CMC served as the pilot site for the implementation of MYLE clinical statistics, beginning in April 2025. Since the transition from paper-based data, a clear improvement has been observed in the accuracy and reliability of clinical statistics, strengthening their use for clinical decision-making and for planning the new model of care. Compared to the previous year, referrals from Current Services nurses to physicians increased from 247 (paper-based data) to 731 cases. Analysis shows that only 23 per cent of Current Services consultations required physician involvement, while most cases were managed independently by nurses in expanded scope roles. This data highlights the critical contribution of advanced nursing practice to care accessibility and continuity. A decrease in Current Services visits was observed alongside an increase in program-based consultations, attributable to consistent nursing coverage within Chishâyiyû and Awash.

Medical coverage was further strengthened through the addition of a physician assistant, the mid-year integration of a nurse practitioner, and the recruitment of a second permanent physician, enabling the completion of approximately 1,600 medical appointments. Despite a shared footcare nursing position between Waswanipi and Ouje-Bougoumou, service delivery increased by 43 per cent.

Additionally, 1,213 cases were managed by on-call nurses, and 231 transfers to Chibougamau were completed in collaboration with first responders. The rise in urgent and critical cases justified the establishment of a local continuing education committee, focusing on emergency simulations for nursing teams.

The psychosocial team continued to ensure the continuity and quality of care with the regional Mental Health team, who are based in our CMC. Case workers are not always restricted by age-groups due to employee turnover and client preference. The team was trained in Nitutâhm, WESC Psychosocial Emergency, and Solution Focus. We held Grief Groups and Youth Anxiety Workshops, and supported School Programs. We have volunteers in our local on-call services. We have started planning the implementation of the Nisk Model, it was a year to reflect and celebrate our accomplishments, review changes, and revise to improve our psychosocial services.

Through collaboration, the local and regional maintenance teams coordinated maintenance activities and established tools, practices and procedures to strengthen the preventive maintenance program and training. Our challenges included: year-round rental vehicle, major housing renovation projects, clinic structural deficiencies causing leakage every year, three housekeepers for the CMC, Multi-Service Day-Centre and seven-bedroom transit, shortage of qualified drivers and replacements. We purchased a plow and equipment, changed locks on doors in the CMC to provide more security, and planned our new CMC and the layout of the Nisk model. We also received a new transport vehicle.

Waskaganish Pole

MEDICAL EVACUATIONS	Waskaganish	Eastmain	Nemaska
Emergency	-	28	72
Scheduled	-	939	912
CURRENT SERVICES			
Consultations With Family Doctor	-	1,177	-
Consultations With Specialist MD	-	-	-
Consultations With Dentist	-	59	-
Consultations With Other Specialist	-	-	-
Consultations With a Nurse (Walk-in & Follow-up)	8,325	6,780	3,963
Consultations With a Nutritionist	-	96	-
Consultations With a Nurse for Medication Refill	286	1,828	225
Laboratory	-	851	-
AWASH			
Consultations With a Nurse	2,879	1,009	-
Consultations With Family Doctor	-	282	-
Consultations With Specialist MD	-	122	-
Consultations With a CHR (Individual)	-	-	-
Number of Group Activities by a CHR	-	-	-
Consultations With a PCCR (Individual)	-	-	-
Number of Group Activities by a PCCR	780	-	-
Consultations With a Community Worker	569	-	-
Consultations With a Social Worker	925	-	-
Consultations With HRO	-	-	-
Nurse Vacinations	-	171	-
USCHINÎCHISÛ			
Consultations With a Nurse	756	635	-
Consultations With a School Nurse	-	-	-
Consultations With Family Doctor	-	106	-
Consultations With a CHR (Individual)	-	-	-
Number of Group Activities by a CHR	-	-	-
Consultations With a PCCR (Individual)	756	-	-
Number of Group Activities by a PCCR	756	-	-
Consultations With a Community Worker	179	-	-
Number of Group Activities by Community Worker	-	-	-
Consultations With a Social Worker	682	-	-
Consultations With a NNADAP Worker	224	-	-
CHISHÂYÎYÛ			
Consultations With a Nurse	1,744	423	171
Consultations With a Footcare Nurse	700	120	73
Consultations With Family Doctor	-	144	-
Consultations With a CHR (Individual)	-	5,560	995
Number of Group Activities by a CHR	-	-	70
Consultations With a PCCR (Individual)	325	-	-
Number of Group Activities by a PCCR	-	1,171	-
Consultations With Optometry	-	191	-
Consultations With a Community Worker	59	382	-
Consultations With a Social Worker	169	407	-
Consultations With HRO	-	21	-
Number of Homecare Visits	43	-	-
MDSC Day Program Participants at End of Year	1,048	55	-
Number of Meals Served (Individual Servings)	1,086	-	-
Consultations With a Occupational Therapist	61	-	-
Consultations With a Physiotherapist	604	-	-
Consultations With a SLP	137	-	-
Consultations With a Nutritionist	463	-	-



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WASKAGANISH



Nancy Shecapio Blacksmith
Regional Proximity Director (i)



A. Thomas Hester
Local Director

"It's been a significant year for our CMC," says local director A. Thomas Hester. "Our three main areas of focus were the planning of the move to the new CMC, the planning of and transition to the Nisk Model, and amidst this the maintenance of CMC operations."

With the support of a team of transition officers, the smooth and successful move to the new CMC took place in late October 2025, with the grand opening on January 21, 2026.

A new Chishâyiyû/Current Services Coordinator joined in the fall. The clinic also welcomed three emergency nurses, a permanent Home and Community Care Program nurse, a Chishâyiyû nurse, and a social worker, which has strengthened follow-up for patients with chronic conditions and fostered trust in the community. A new laboratory increased capacity to provide quick test results for some pathologies. The medical team implemented a weekend advanced access clinic, and a successful fly-in pilot project to improve access to occupational therapy services. The psychosocial team and nutritionist delivered conferences on well-being, mental health, and healthy living. The clinic began the transition toward the Nisk Model, implementing its first Primary Care Team. For the coming year, teams are focused on building upon our strong foundation and the continued implementation of the Nisk Model.

Awash's pregnant patients are often high-risk and require close and complex monitoring. On average, the department manages eight active pregnancies and approximately 55 postnatal patients, collaborating with midwives for specific services. Birthing home services were implemented last fall, with the first birth in December; the Birthing Home will open this year. Well-Baby Clinic (WBC) priority is given to children under 18 months to ensure vaccinations are up to date.

Currently, there are approximately 150 patients aged two to five who are overdue for WBC appointments and physician follow-up, with nurses working to reduce the backlog. The team is standardizing clinical documentation and developing tools to ensure consistency and quality of care.

In Uschinîchisû, the school nurse addresses Sexually Transmitted and Blood-Borne Infections with high school students and young adults twice weekly and has worked with a PCCR to reach out to the school age youth.

Administration works to support CMC objectives and uphold safety protocols across all facilities. Temporary staff has been recruited to strengthen housekeeping; this team ensures that all accommodations are safe, well-maintained, and comfortable. The shortage of available housing and office space limit the ability to recruit and accommodate new employees effectively.



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EASTMAIN



Nancy Shecapio Blacksmith
Regional Proximity Director (i)



Mervina Cheezo
Local Director (i)

"One thing we focused on this past year has been capacity building for our staff," says interim local director Mervina Cheezo. "We've been providing trainings and workshops for experienced staff as well as new recruits to make sure we can offer the best services to the community."

The Eastmain CMC continues to be a strong and caring presence within the community, offering essential programs and services that focus on health, wellness, and prevention. Through ongoing efforts, the CMC supports individuals and families across all stages of life by promoting healthy lifestyles, early prevention and access to quality care close to home. These programs play a vital role in strengthening community well-being and encouraging a proactive approach to health.

At the heart of the Eastmain CMC's success is the dedication of its leadership and staff. We extend sincere appreciation to former local director Leslie Tomatuk, whose years of committed service to the community have been invaluable. Her consistent presence, guidance and dedication have helped shape a workplace rooted in respect, collaboration and shared purpose. Her contributions are appreciated and valued by the team and the community alike.

As the CMC continues to grow, there is a strong focus on workplace harmony and positive relationships. The team embraces change as an opportunity for improvement, understanding that change can lead to better services, stronger collaboration and renewed energy. Recent shifts in team dynamics have brought new perspectives, strengthened cooperation and enhanced communication, contributing to a healthier and more supportive work environment.

Training and professional development remain priorities at the Eastmain CMC. Staff are provided with learning opportunities that support skill development, confidence and personal growth, ensuring they are well equipped to meet evolving community needs. These trainings not only support individual betterment but also strengthen the collective capacity of the team.

Welcoming new staff members has added fresh enthusiasm and ideas, further enriching the work environment. The current work dynamic is positive, collaborative and steadily blooming. Together, the team continues to build a workplace that values mutual respect, adaptability and shared commitment to serving the Eastmain community with care and excellence.

Looking ahead, the Eastmain CMC will be introducing the Nisk model to improve continuity and quality of care. This care team will consist of a doctor, nurse, community worker, medical secretary and PCCR, together supporting a client list of approximately 225 people. More details will be shared in the near future with both CMC staff and the community. This change is intended to allow clients to consistently see the same care team, reducing repetitive visits and minimizing the need to repeatedly explain medical histories. While this change will take time, it is a meaningful step toward more coordinated, respectful and client-centreed care for the Eastmain community.

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NEMASKA

Nancy Shecapio Blacksmith
Regional Proximity Director (i)



Beatrice Trapper
Local Director (i)



"In the past year, our community faced a variety of challenges and traumas," explains local director Beatrice Trapper. "Nevertheless, we were fortunate to have an outstanding team that not only operated with limited resources but also exhibited extraordinary resilience in their capacity to perform at their highest level."



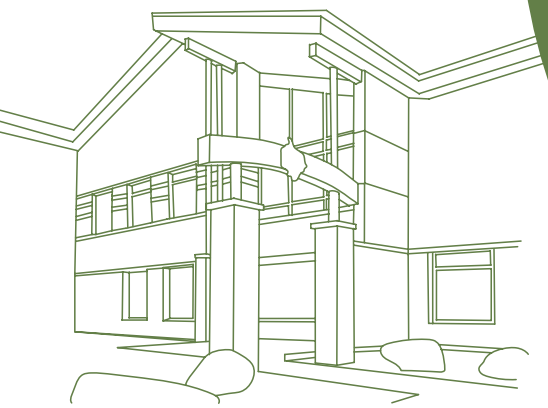
The Nemaska CMC supports the health and wellbeing of all community members by providing integrated health and social services that honour the physical, emotional, mental and spiritual dimensions of wellness, blending clinical practice with culturally meaningful care rooted in Cree traditions and community priorities. In the coming year, we will emphasize implementing the Nisk Model.

The Current/Chishâyiyû team operated through significant staffing transitions, increased service demand, and heightened operational complexity. Services continued thanks to targeted recruitment, role restructuring, staff training and expanded regional on-call coverage; critical nursing and homecare roles were stabilized. The team benefited from new software integration, laboratory upgrades, improved records management, and strengthened pharmacy and community-based services. The Multi-Service Day Centre and Kapatakân harm-reduction project was successfully launched, providing culturally grounded counselling and post-rehabilitation support. In the coming year, we will prioritize enhancing succession planning for essential key clinical and leadership roles, improving regional-local coordination for replacements and onboarding and continuing to invest in staff wellbeing, training and capacity building.

The Awash/Uschinîchisû team provides community-based health services through nursing, PCCR and psychosocial teams. The team welcomed 12 newborns this past year, and Awash programs supported maternal and child health. Despite staffing constraints, the team delivered education on healthy lifestyles, nutrition, diabetes, STIs and wellness, and provided counselling, prevention and therapeutic services. The team also ran a successful Special Needs Summer Program as well as regular annual events, including Suicide Awareness Week, Nemaska Healing Week, the Summer Teepee Gathering and art therapy programs for the school year. It continued collaborations with partners on community-wide initiatives and programs for youth and families. In the coming year, the focus will be on implementing the Nisk Model as well as enhancing recruitment and retention efforts.

The Administrative Unit supports program delivery by providing ongoing comprehensive administrative and logistical support, including urgent assistance to the psychosocial team. Transportation services played a critical role in ensuring continuity of care, and collaborations with service teams are key in facilitating patient transportation. The unit continues to face several challenges, including management instability, gaps in housing maintenance and a limited number of recall employees.





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pîpîchâu uchishtûn

ROBIN'S NEST

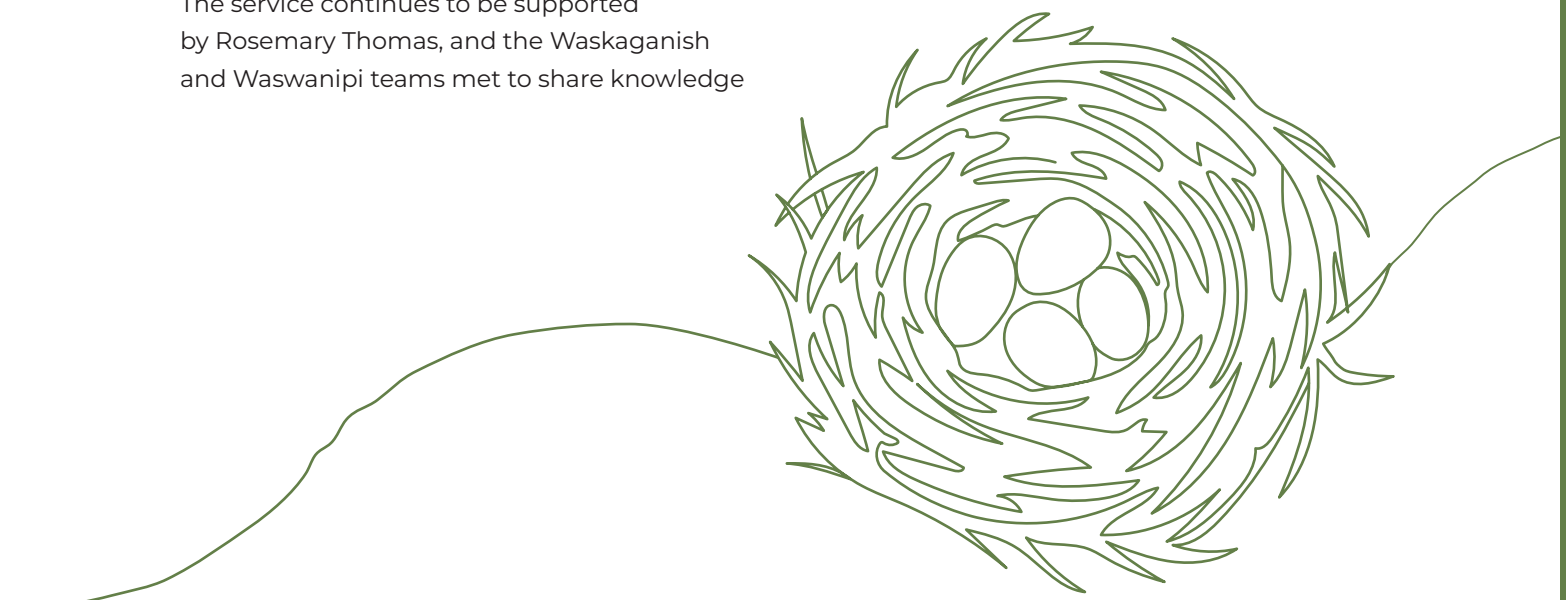
The Pîpîchâu Uchishtûn (PU)/Robin's Nest Women's Shelters continued to provide culturally safe spaces for women and their children experiencing or at risk of experiencing domestic violence. Several operational trainings took place in 2025, namely for the Care4 software. Forms and tools were reviewed, and updates were proposed to ensure accessibility and efficiency.

The PU team worked on building partnerships with other women's shelters across the province, to increase collaboration and identify areas of improvements in Robin's Nest services. Efforts to increase collaboration and awareness were also made within the CBHSSJB, as PU team members met with clinical staff and attended the Annual Nurse's Training and Annual Psychosocial Gathering.

The service continues to be supported by Rosemary Thomas, and the Waskaganish and Waswanipi teams met to share knowledge and ensure alignment. Gathering data on inquiries and appointments allowed for a greater understanding of the challenges faced by clients as well as the demographics (communities and age groups) that reached out most often for help.

Activities and therapies offered to clients included a land-based program, Elder visits to provide counselling, traditional cooking, nature walks, snowshoe walks, other outdoor activities like blueberry picking, self-care workshops, art therapy, sewing and beading, meditation, and sharing circles.

Moving forward, efforts will focus on enhancing efficiency, strengthening performance monitoring, and continuing to improve service quality.



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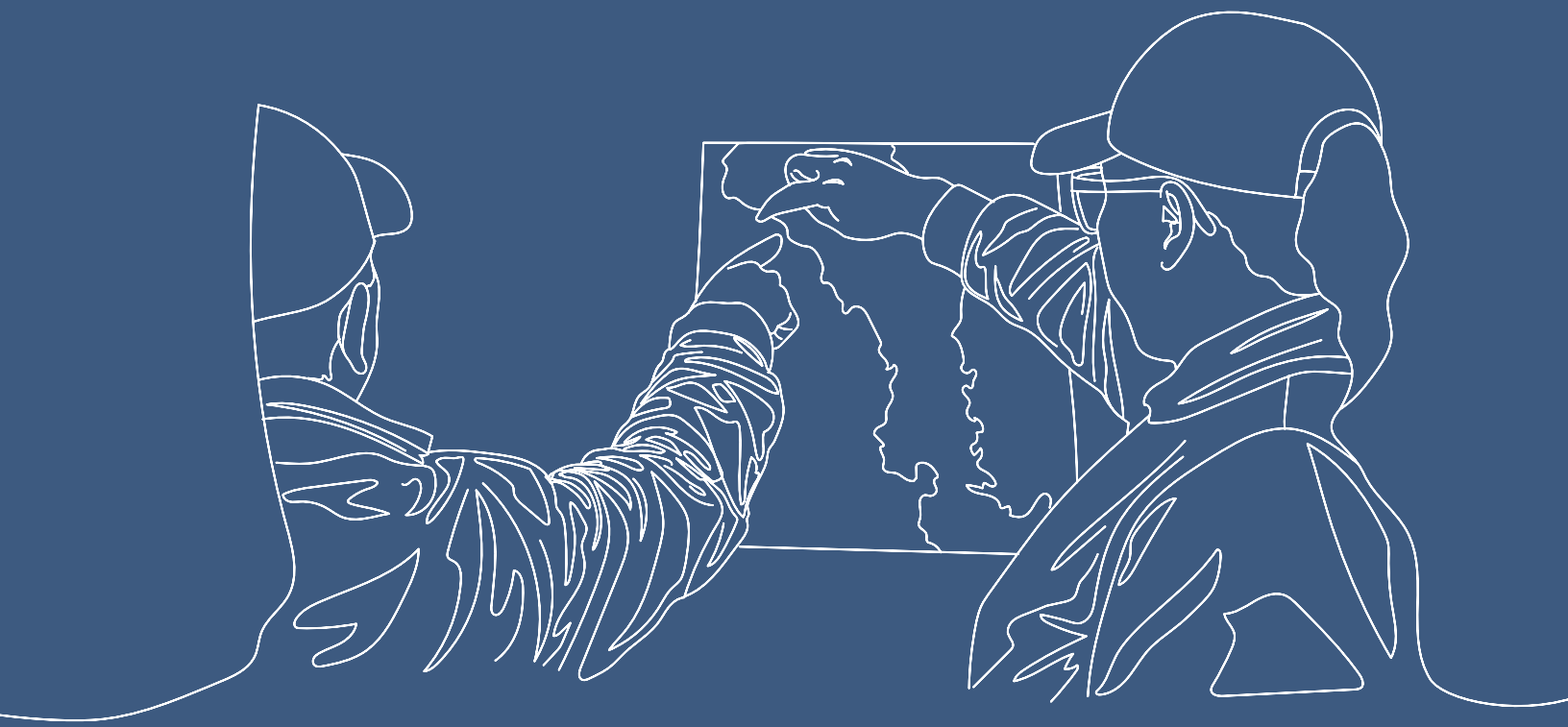
ADMINISTRATIVE SERVICES

Administrative Services provides essential regional support functions to the organization. Our vision is simple: to work together toward a common goal, built on respect and a genuine understanding of each other. We believe trust, openness, and our sense of fellowship are what make our collaboration meaningful.





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ADMINISTRATIVE SERVICES



Liliane Groleau
Assistant Executive Director

As we close the year 2025, I would like to express my sincere appreciation to all members of the administrative teams. Your work plays an essential role in supporting the mission of the Cree Board of Health and Social Services of James Bay and in ensuring the smooth functioning of our organization.

Throughout the year, the challenges we faced highlighted your professionalism, dedication and commitment. Through your daily efforts, you demonstrated rigour, adaptability and a strong sense of responsibility. Your contributions, often behind the scenes, are critical to the delivery of quality health and social services across the territory.

I also wish to recognize your spirit of collaboration and mutual support. You consistently contribute to a positive and respectful work environment, supporting colleagues and partners alike. While your roles may not always involve direct contact with clients, the support you provide has a real and lasting impact, strengthening our collective ability to serve the population.

Beyond the outcomes achieved, it is your energy, creativity and engagement that continue to move our work forward. You can be proud of what has been accomplished.

Let us continue working together in service of the Cree Nation, building day by day a strong, responsive and human-centred organization.



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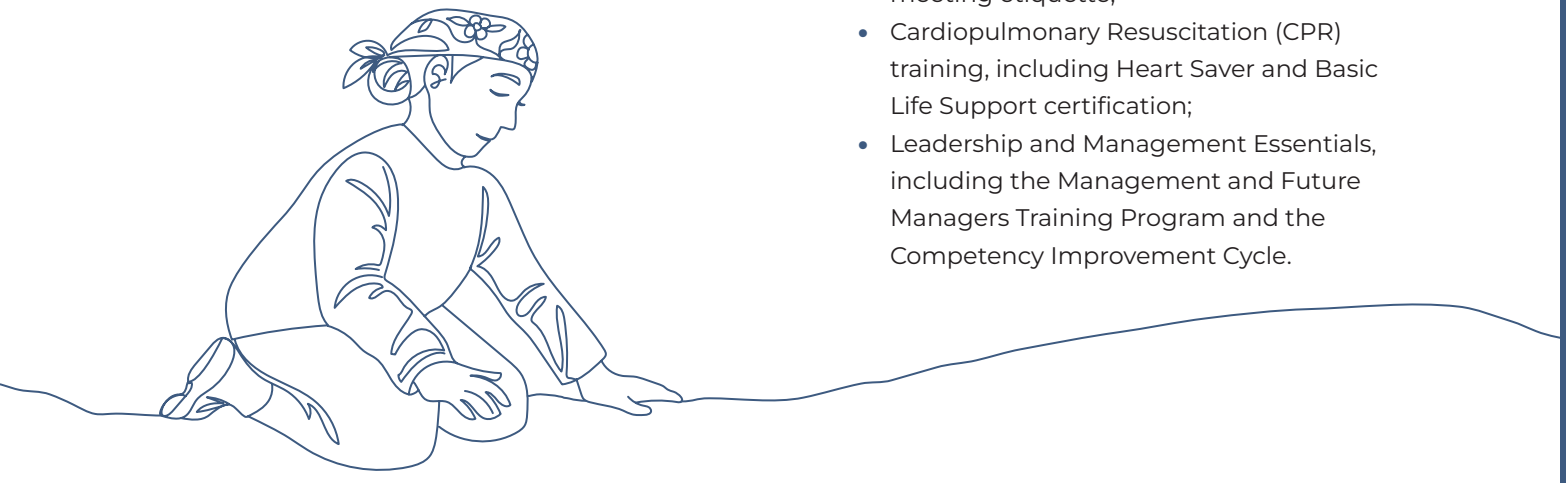
HUMAN RESOURCES



Virginie Hamel
Director (i)

During the 2025–2026 fiscal year, the Department of Human Resources continued to advance its mandate of strengthening organizational capacity by supporting managers and employees while ensuring the sustainability of a skilled and resilient workforce. Efforts remained focused on maintaining continuity of services, responding to current staffing requirements, and supporting workforce planning initiatives aimed at preparing for the next generation of health and social services professionals.

The second cycle of the Employee Work Satisfaction Survey was conducted during the 2025–2026 fiscal year. Initially launched in 2021, this survey serves as an essential organizational tool for identifying areas for improvement and guiding strategic actions related to employee engagement, retention and wellbeing. The results support the CBHSSJB's ongoing commitment to fostering a healthy, respectful, and supportive work environment where employees are empowered to deliver quality care and services.



BUILDING INTERNAL CAPACITY AT ALL LEVELS

Throughout 2025–2026, training officers and the Executive Services to Managers team supported organizational learning and capacity building, continuing to expand in-house training programs. Their ongoing efforts contributed to strengthening employee competencies while supporting managers in their operational and leadership responsibilities.

Training initiatives focused on a broad range of priority topics aimed at enhancing efficiency, service quality and professional development. Training sessions were delivered in the following areas:

- Microsoft 365 Suite tools to support collaboration and productivity;
- Administrative support fundamentals, including Virtuo GPRH, WEHOOP, note-taking and minute-taking best practices, and professional email and meeting etiquette;
- Cardiopulmonary Resuscitation (CPR) training, including Heart Saver and Basic Life Support certification;
- Leadership and Management Essentials, including the Management and Future Managers Training Program and the Competency Improvement Cycle.





These learning activities supported both individual skill development and organizational capacity, contributing to a more prepared, knowledgeable and resilient workforce capable of meeting the evolving needs of CBHSSJB programs and services.

We continue to develop relationships with educational institutions to recruit summer students, providing internship opportunities to future CBHSSJB recruits and scholarships to students studying in the health and social services fields.

The 2025 summer student program welcomed 78 students, which is an increase of 16 students over the summer of 2024. Students were placed in areas related to their field of study and interest. They enriched their skills and knowledge while working in the CMCs, the MSDCs, the hospital or in other departments across the CBHSSJB.

In December, a second career fair was held at the Big River High School in Chisasibi. A total of 20 CBHSSJB departments attended this event, with roughly 55 staff members in active participation. The event provided a valuable opportunity for students to explore current and future job prospects. Similar career fairs will be planned for 2026 in other communities.

This career fair is one of Human Resources' outreach activities for high school and post-secondary students. In-class visits at local high schools and to post-secondary educational institutions as well as our attendance at the Cree School Board Higher Learning, Capacity Building student conference in February 2026 were also integral parts of the department's year-round community engagement strategy.

We have continued our partnership with many post-secondary educational institutions that are helping us in providing access to post-secondary study programs. This year, we continued to collaborate with the Université du Québec en Abitibi-Témiscamingue (UQAT) as the certificate in Human Resources Management continues. We also partnered with the Cree School Board and McGill University to provide access to a Bachelor's in Social Work program for CBHSSJB employees. Our partnerships with both Collège Marie-Victorin and Saint Elizabeth College of Health continued in 2025-2026. Collège Marie-Victorin supported our workforce in delivering Attestations of College Studies in communication and administration and the College diploma in Social Work (DEC in Social Studies), while Saint Elizabeth College of Health concentrated on providing a tailor-made certification for the CBHSSJB Primary Care Community Representatives (PCCR).

The coming year will be dedicated to pursuing our commitment towards building capacity and empowering employees to invest in their learning through in-person activities, internal training and online access to quality learning content through the Digital Learning Environment (l'Environnement numérique d'apprentissage – ENA). Our leadership development initiatives will also continue in order to develop a competent, safe and healthy management team with a strong focus on long-term Cree Leadership.

STAFFING, COMPENSATION, AND RECALL LIST MANAGEMENT

In response to the growing need to strengthen the pool of employees available for occasional replacements, the CBHSSJB Staffing team intensified its recruitment efforts during the past fiscal year. Multiple recruitment activities were organized across various communities to address the needs. As a result of these efforts, the number of employees available on the recall list increased by 74 per cent over the past year, with the hiring of 316 new employees in this sector.

The recall list processed a substantial volume of replacement requests for assignments exceeding five consecutive days. During the 2025–2026 year, more than 3,100 replacement requests were managed.

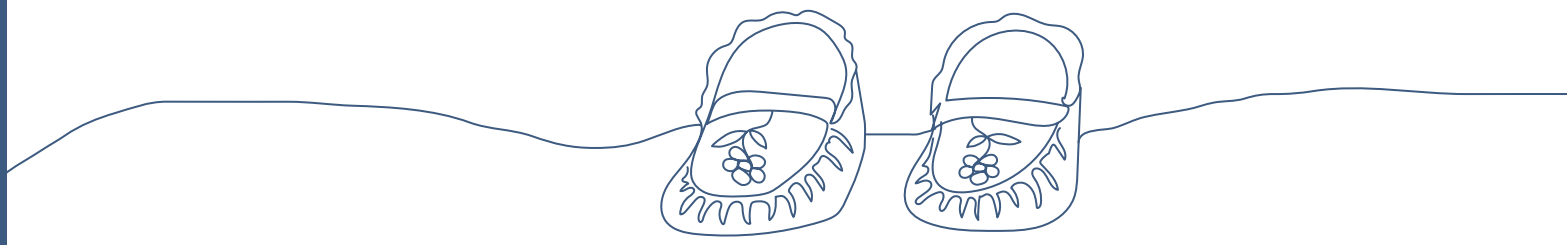
For each of these situations, close collaboration with managers was maintained to ensure continuity of services and effective coverage.

During the year, the Staffing team also implemented a new online applicant tracking and recruitment system (Njoyn™). The system's user friendly interface and visually appealing career page significantly enhanced the candidate experience while improving the efficiency of recruitment operations.

2025–2026 was also a significant period for the Compensation and Benefits Service with the implementation of updates to the Agreement on the Process for the Recognition of Seniority (PURA). This initiative required extensive coordination efforts, as more than 400 requests were submitted, necessitating detailed analysis and updates to employee records.

In addition, the year was marked by the deployment of short-term recall list planning and management functionalities within the Virtuo GPRH system at the Ouje-Bougoumou CMC. This implementation served as a pilot project, allowing the organization to test, refine, and validate operational practices prior to broader implementation. Given the positive outcomes of the pilot, a wider rollout is planned for 2026–2027.





HEALTH, SAFETY AND ORGANIZATIONAL WELL-BEING

During the last fiscal year, the Prevention Department conducted 14 workplace preventive inspections to ensure the health and safety of CBHSSJB employees. An online incident reporting tool is currently under development to streamline the declaration of workplace incidents and accidents. In addition, over 80 employees completed respirator fit testing with the department.

The Panic Button App deployment project advanced to a new phase, with initial testing expected to begin at the start of the upcoming fiscal year.

To further support employee's well-being, a new kinesiologist started with the team in summer 2025. A project aimed at developing ergonomic workstations and offices was launched, in support of employees' physical health. Several offices in Montréal and Chisasibi are currently being converted to support active work environments, reduce sedentary behaviour and promote healthy habits. Additional physical wellness initiatives are under development and will be communicated in the near future.

Significant efforts were also made to promote psychological well-being. More than 500 employees attended the presentation "Your Wellness–Journey to Self," which focused on raising awareness, educating employees, reducing stigma, and promoting psychological safety in the workplace. To support a healthy work climate, the Resolution Officer completed two conflict resolution processes and seven mediation interventions. Additionally, 16 presentations of "Let's Reflect on Ourselves" were delivered throughout the year.

From a clinical perspective, the department managed 43 files under the Safe Maternity Experience Program, with 79% of participating employees reassigned to safer duties or positions during their pregnancy. The team also managed 23 bio-exposure cases and monitored over 330 cases of infectious diseases affecting employees.

LABOUR RELATIONS

Throughout the year, the Labour Relations Department played a pivotal role in supporting organizational transformation and maintaining constructive labour relations. Notably, the team contributed to the negotiation and implementation of a framework agreement with the CSN and FIQ unions, facilitating the progressive integration of employees into the Nisk Model.

The department also held multiple labour relations committee meetings with CSN and FIQ, contributing to the timely resolution of grievances and fostering collaborative labour relations. Furthermore, the team supported operational needs by facilitating several special work schedule agreements, including the implementation of 12-hour shift arrangements.

RECOGNITION AND RETENTION

The 2025–2026 fiscal year was also marked by a number of recognition and retention initiatives aimed at strengthening employee engagement and workforce stability across the organization.

Initially launched in 2021, the Initiative for Nurse Retention continued its efforts in 2025–2026 with a focus on improving the retention of nursing staff. The initiative emphasizes enhancing the onboarding experience for newly recruited nurses while identifying opportunities to strengthen organizational practices related to their integration and long-term engagement. Over the past three years, the CBHSSJB has observed an increase in nursing retention rates, along with a high level of satisfaction among newly recruited nurses, reflected in an average satisfaction rating of 8.94 out of 10.

In addition, a Manager Consultation Group was established during the year to address retention challenges at the departmental level and promote the sharing of best practices among managers. This collaborative approach led to the development of a structured questionnaire, created in partnership with key stakeholders, to support more consistent analysis of retention issues and inform targeted improvement strategies.





The organization also remained committed to recognizing employee contributions and achievements. During 2025–2026, the CBHSSJB supported the recognition of service milestones and retirement celebrations for more than 350 employees. Launched in 2023, the employee recognition program continued to reinforce a culture of appreciation and respect. This initiative will pursue its efforts in 2026–2027, contributing to a positive and healthy workplace environment that values and acknowledges the contributions of each employee.

CBHSSJB 2025-2026 WORKFORCE OVERVIEW

MEASURE	MARCH 31, 2026
Total No. Employees	3,417
Permanent Full-Time	2,043
Total No. Indigenous Employees	2,247 (66%)
Cree (JBNQA) Employees	2,169 (63%)
Total No. Managers	170
Permanent Full-Time Managers	165
Total No. Employees Hired	550

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INFORMATION RESOURCES
AND TECHNOLOGY



Pino Virgilio
Director

The Informational Resources Department (IRD) supports the CBHSSJB by managing the organization's technical infrastructure and digital systems. The department plays a key role in supporting the expansion and continuity of health and social services across Eeyou Istchee by designing, implementing and maintaining solutions that respond to operational requirements while advancing strategic priorities identified in the Strategic Regional Plan.

IRD oversees a complex and evolving information technology environment that enables secure access to systems, reliable communications and effective data management. This infrastructure accommodates local service needs, contributing to service quality, organizational performance and digital transformation, while aligning with the orientations and requirements of the Ministère de la Santé et des Services sociaux.

The department continues to focus on improving service quality by streamlining processes, standardizing practices and working closely with all departments to better support organizational objectives. Sustained performance depends on skilled and dedicated professionals, reliable technologies and consistent system implementation. Recruiting and retaining qualified personnel remains a priority for long-term success.

HELPDESK AND SUPPORT SERVICES

Employees can obtain technical assistance from the Helpdesk and Support Services 24 hours a day, 365 days a year. The team responds to requests related to software applications, computer hardware, network connectivity and information security. Requests are prioritized and processed according to established service standards that ensure timely resolution and minimal disruption to operations.

Over the reporting period, the IT Helpdesk processed and closed approximately 80 per cent of all requests received. Staff can track their requests online, follow progress in real time and review completed solutions, enhancing transparency and user confidence.

Helpdesk Activity Overview	2024 2025	2025 2026
Helpdesk Requests	10,909	11,721
User Devices	3,112	3,402
Service Devices	290	306
Phone Devices	2,378	2,278
Inter-Community Network Devices	189	201





CYBERSECURITY SERVICES

Cybersecurity efforts protect confidential information and secure digital assets at the CBHSSJB. All activities are guided by the OCAP® principles established by the First Nations Information Governance Centre, ensuring that data governance remains respectful of Cree rights and priorities. The team coordinates responses to cybersecurity incidents, monitors vulnerabilities and follows government directives. This service also provides guidance and recommendations to strengthen organizational resilience and reduce cyber risk exposure.

PROJECT CONTROLLER AND BUSINESS CASE OFFICE

The Project Controller and Business Case Office supports strategic and operational projects across the organization. The team provides standardized documentation, tools and best practices required for project approval by leadership. It ensures compliance with applicable laws, regulations and directives of the Ministère de la Santé et des Services sociaux.

This office also monitors project progress and plays an active role in the Digital Transformation Subcommittee. Its work supports the government's Stratégie de transformation numérique and contributes to project governance, accountability and alignment with organizational priorities.

APPLICATION SUPPORT

The Application Support team ensures that administrative and clinical software applications operate reliably and meet user needs. The team resolves application issues, assists users, monitors system performance and provides proactive support. This work is essential to maintaining continuity of operations and supporting staff in their daily responsibilities.

SYSTEM ADMINISTRATION AND INFRASTRUCTURE DEVELOPMENT

The Architectural and Infrastructure Development team, including system administrators, is responsible for the design, implementation and maintenance of the CBHSSJB's technical environment. Working closely with the project management office, the team supports the deployment of new clinical and administrative systems while ensuring system stability, compliance and security.

CLINICAL INFORMATION SYSTEMS

Clinical Information Systems empowers the digital journey of client health information across Eeyou Istchee. The team works with healthcare professionals in hospitals, community services, long-term care settings and care teams, aligned with the Nisk Model. By providing training, support and frameworks, the team strengthens access to reliable and secure health information. This work contributes to improved continuity of care and higher standards of service delivery.

DATA AND ANALYTICS SERVICES

The role of the Data and Analytics Services team is to help the organization transform raw data into accurate, timely and meaningful information that supports evidence-based decision-making. They also lead the organization's digital transformation strategy, supporting the transition from paper-based processes to electronic systems across service points. Several initiatives are underway to improve access to information and better support professionals and clients. These efforts will contribute to improved coordination of care, enhanced reporting and informed organizational planning.



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MATERIAL RESOURCES



Charlie Alisappi
Director

During the past year, the Material Resources Department continued to operate in a challenging financial environment due to reductions in the provincial infrastructure plan. Despite these constraints, the department remained focused on maintaining safe, functional and compliant facilities across all communities.

The Construction Division concentrated its efforts on priority maintenance of assets and renovation projects that addressed aging infrastructure, improved living conditions, and supported the continuity of health and social services.

Significant work was completed on residential units, clinical support spaces such as the hospital laboratory, and institutional renovations aligned with the Nisk Model. These initiatives strengthened both client environments and staff workspaces. Major projects across several communities included interior and exterior renovations, installation of new residential units, emergency interventions, and upgrades to clinical departments, ensuring that essential facilities remained operational and responsive to evolving needs. Housing remained a major priority, with close follow-up on residence turnover to help address ongoing shortages.

The department also completed a minor restructuring of the Maintenance Division to better serve clients. A new office was established at 12 Maamuu, where an Administrative Officer now oversees and coordinates incoming maintenance requests. This improvement enhanced tracking, prioritization and communication with local teams. Over the year, 475 work orders were completed, in addition to numerous emergency calls, demonstrating strong responsiveness and improved operational oversight. The year also marked progress in key performance areas, including the implementation of new maintenance management software, more effective monitoring of work orders and continued strengthening of the Preventive Maintenance Program.

To reinforce long-term stability, the department secured new regional maintenance contracts, including agreements for generator servicing and fire alarm systems, which improve reliability and standardize safety practices. Planning advanced for service contracts covering medical gas, ventilation, elevators and grease traps. The department also expanded and maintained its vehicle fleet and supported rapid operational needs, including the relocation of Wîchihîtuwin operations to the Espresso Hotel.

On the Biomedical Engineering operations side, our team provided continuous support to Regional Clinical Operations, standardization initiatives and capital projects involving medical equipment planning, execution, deployment and contractual coordination.

A key operational highlight was the acquisition and implementation of critical equipment, notably Optical Coherence Tomography (OCT) cameras, carried out in collaboration with clinical teams at the provincial level. This deployment has directly contributed to improving care for diabetic patients across the territory by enabling early detection of vision impairments, ultimately supporting the prevention of vision loss.

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WÎCHIHÎTUWIN



Helen Bélanger-Shecapio-Blacksmith
Director

Wîchihîtuwin plays a vital role in ensuring access to essential health-care services for clients from Cree communities when these services are not available locally. The department supports continuity of care through coordinated medical travel, appointment scheduling and psychosocial support across its four service points in Montréal, Chisasibi, Chibougamau and Val-d'Or.

HIGHLIGHTS OF 2025-2026

Wîchihîtuwin maintained essential operations in the context of sustained service demand and increasing client complexity, while strengthening coordination mechanisms and internal processes to support safe, timely and client-centred services.

Initiatives were advanced to improve client coverage outside communities, including support for clients located out of region or out of territory, through close collaboration with clinical teams, internal partners and external stakeholders to ensure services remained responsive, compliant and aligned with evolving needs.

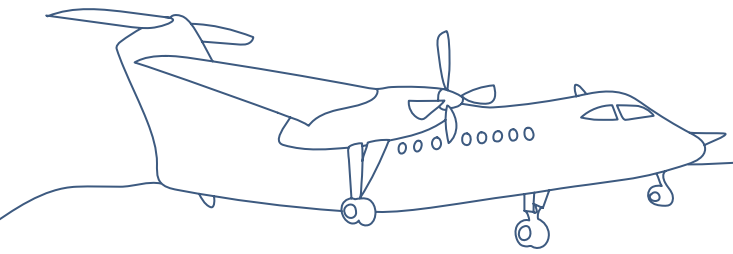
The 1-800 customer service line became operational for outbound calls, enabling proactive communication with clients and improved coordination of upcoming travel and appointments.

A high volume of medical travel, lodging, transportation, dispatch services and after-hours responses was coordinated throughout the year, with staff demonstrating adaptability and resilience in managing complex and often time-sensitive situations, while maintaining a strong focus on client safety and well-being as the clients travelled in our service points (Montréal, Val-d'Or, Chibougamau and Chisasibi).

For the upcoming year, Wîchihîtuwin will continue to focus on consolidating improvements, strengthening data-informed decision making, supporting staff development and well-being, and adapting services to evolving client and system needs.

Clients Arrivals	2024 2025	2025 2026
Patient	26,113	26,210
Caregiver	14,574	15,246
TOTAL	**40,687**	**41,456**

Appointments By Service Points	2024 2025	2025 2026
Chibougamau	7,878	7,288
Chisasibi	254	253
Montréal	28,640	31,689
Val-d'Or	13,384	13,073
TOTAL	**50,156**	**52,303**



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COMMUNICATIONS



Marie-Claude Roussin
Director

The Communications Department continued to strengthen its role as a strategic and trusted partner, delivering clear, accessible, and culturally safe communications in support of health and social services for Eeyou/Eenou. Through close collaboration with leadership, programs and regional partners, the team helped ensure alignment, clarity and impact across key organizational priorities.

Over the past year, Communications supported the development and dissemination of major reports and strategic initiatives, translating complex information into clear and meaningful messages for diverse audiences. The team also contributed to important advancements in culturally grounded care, including communications surrounding the Nisk Model, midwifery regulatory changes and Nâtimâchâukimikm/Mobile Health Unit training initiatives, marking key milestones in partnerships and service delivery.

Internally, Communications played a central role in supporting organizational cohesion and change, notably through the relaunch of Tipâchimûsinhîkan/Newsletter and ongoing support for new facilities and transformation initiatives. This work has strengthened connections across the organization and enhanced the flow of information. Looking ahead, the planned launch of a new intranet in 2026–2027 represents an important step forward: enhancing how employees access information and find the tools they need to better serve communities.

The department also supported several major infrastructure and service milestones and the opening of community-based health facilities: reinforcing a shared commitment to accessible, culturally safe care.

Regional collaboration remained a cornerstone of the department's approach. Ongoing partnerships with the Cree Nation Government and the Cree School Board supported coordinated initiatives such as the National Day for Truth and Reconciliation, while advancing alignment through a shared five-year communications vision.

Overall, the past year reflects the department's continued evolution as a fully staffed, proactive, and high-performing team, delivering thoughtful, strategic communications that support both organizational priorities and community engagement.



STRATEGIC COMMUNICATIONS AND OUTREACH

Media relations remained a priority, with strong collaboration across regional Eeyou Istchee media and targeted outreach beyond the region. Over the course of the year, the department responded to more than 40 media requests, reinforcing its role as a trusted point of contact and contributing to increased visibility of Cree-led approaches to health and social services.

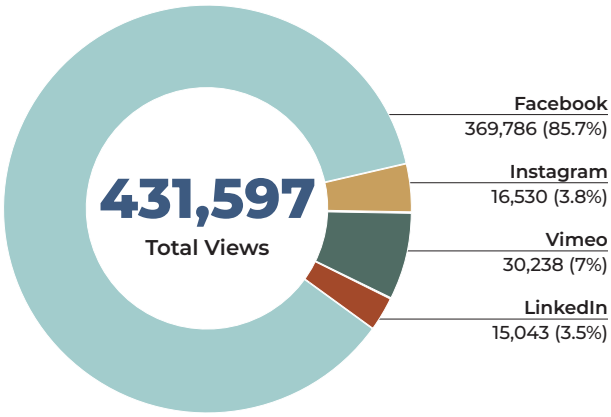
In parallel, the department fulfilled its responsibilities related to Access to Information, responding to eight formal requests, in accordance with legislative requirements and supporting transparency and accountability across the organization.

Department Output

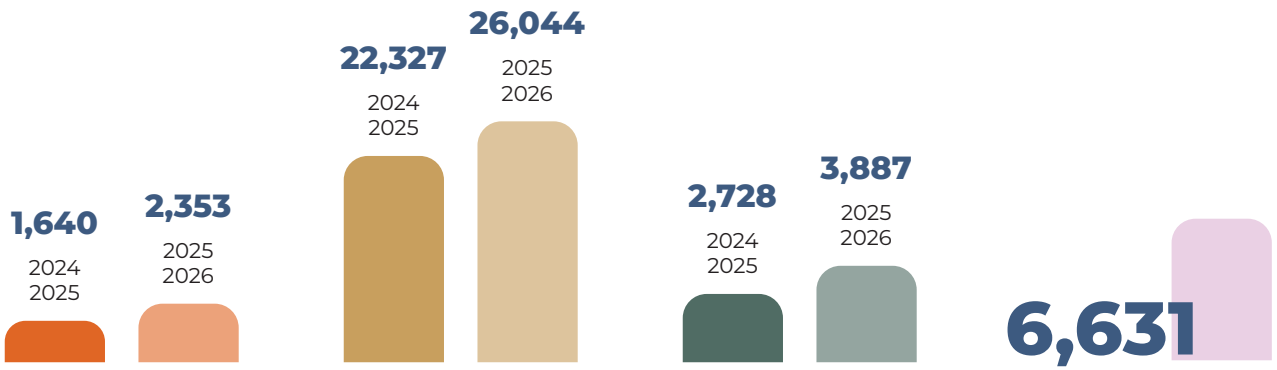
522
Visual Assets Produced

2,353
Social Media Posts

Video Views



Digital Reach and Growth Overview, 2025–2026



Social Posts
+43.5%

Total Audience
+16.6%

Net Audience Growth
+42.5%

QR Code Engagements*

*QR codes help connect print, events and offline materials to digital content.

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FINANCIAL RESOURCES



Jean-François Champigny
Director

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

Breakdown of Gross Expenses by Program

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	8,328,984	1.58	7,579,589	1.55
General Services - Clinical and Assistance Activities	25,058,463	4.75	21,370,478	4.38
Support for Autonomy of the Elderly	8,882,369	1.68	14,523,689	2.98
Physical Disability	10,705,227	2.03	11,205,883	2.30
Intellectual Disability and Autism Spectrum Disorders (ASD)	5,677,431	1.08	1,204,476	0.25
Youth in Difficulty	51,355,011	9.74	46,269,185	9.49
Dependencies	1,280,845	0.24	1,064,461	0.22
Mental Health	6,621,367	1.26	6,089,617	1.25
Physical Health	247,948,954	47.04	227,009,559	46.54
Support Programs				
Administration	88,990,151	16.88	87,889,832	18.02
Support to Services	21,899,423	4.15	19,144,253	3.92
Management of Buildings and Equipment	50,403,367	9.57	44,386,088	9.10
Total	**527,151,592**	**100.00**	**487,737,110**	**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 $ 316,829 therefore respected this legal obligation.



CBHSSJB

Statement of Operations - Operation Funds | 31 March 2026

		Budget	Operations Cur. Yr. (R.of P358 C4)	Capital Assets Current Yr. (Note 1)	Current Year Total C2 + C3	Prior Yr. Total
		1	2	3	4	5
REVENUES						
MSSS Grants (FI : P.408)	1	512 369 837	525 417 434	14 170 419	539 587 853	496 636 949
Government of Canada (FI : P.294)	2	20 200 524	17 808 666		17 808 666	23 046 290
User contributions (FE : P.301)	3	850 000	581 675	XXXX	581 675	744 372
Sale of services and recoveries	4	3 000 000	790 117	XXXX	790 117	2 251 335
Donations (FI : P.294)	5					
Investment revenue (FI : P.302)	6					
Business revenue	7	4 380 000	3 599 688		3 599 688	2 522 551
Gain on disposal (FI : P.302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (FI : P.302)	11	2 000 000	2 376 425		2 376 425	2 258 439
TOTAL (L.01 to L.11)	12	542 800 361	550 574 005	14 170 419	564 744 424	527 459 936
EXPENDITURES						
Salaries, benefits and payroll taxes	13	286 171 592	300 947 322	XXXX	300 947 322	282 468 609
Medications	14	27 000 000	30 546 077	XXXX	30 546 077	26 317 142
Blood products	15	250 000	303 290	XXXX	303 290	272 690
Medical and surgical supplies	16	7 778 175	6 626 788	XXXX	6 626 788	7 073 376
Food products	17	1 982 650	2 544 098	XXXX	2 544 098	1 902 753
Honoraria paid to non-instutional resources	18	550 000	519 571	XXXX	519 571	990 344
Financial charges (FI : P.325)	19	8 600 000	3 382 228	3 432 059	6 814 287	8 917 570
Maintenance and repairs, including non-capital costs related to capital assets	20	9 891 572	9 686 254		9 686 254	10 244 561
Bad debt	21			XXXX		
Rent	22	10 882 354	7 550 446	XXXX	7 550 446	9 120 954
Capital asset depreciation (FI :P.422)	23	11 250 000	XXXX	11 970 840	11 970 840	10 814 312
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures (FI : P.325)	27	180 144 018	187 342 190	210 090	187 552 280	170 627 771
TOTAL (L.13 to L.27)	28	544 500 361	549 448 264	15 612 989	565 061 253	528 750 082
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)	29	(1 700 000)	1 125 741	(1 442 570)	(316 829)	(1 290 146)

CBHSSJB

Statement of Operations - Operation Funds | 31 March 2026

		Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year
		1	2	3	4	5
REVENUES						
MSSS Grants (P.362)	1	498 719 837	525 417 434		525 417 434	483 208 871
Government of Canada (C.2 : P.290/C.3 : P.291)	2	20 200 524		17 808 666	17 808 666	23 046 290
User contributions (P.301)	3	850 000	581 675	XXXX	581 675	744 372
Sale of services and recoveries (P.320)	4	3 000 000	790 117	XXXX	790 117	2 251 335
Donations (C.2 : P.290/C.3 : P.291)	5					
Investment revenue (P.302)	6					
Business revenue (C.3 : P.351)	7	4 380 000		3 599 688	3 599 688	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	2 000 000	1 488 107	888 318	2 376 425	2 258 439
TOTAL (L.01 to L.11)	12	529 150 361	528 277 333	22 296 672	550 574 005	514 031 858
EXPENDITURES						
Salaries, benefits and payroll taxes (C.2 : P.320/C.3 : P.351)	13	286 171 592	287 942 870	13 004 452	300 947 322	282 468 609
Medications (P.750)	14	27 000 000	30 546 077	XXXX	30 546 077	26 317 142
Blood products	15	250 000	303 290	XXXX	303 290	272 690
Medical and surgical supplies (P.755)	16	7 778 175	6 626 788	XXXX	6 626 788	7 073 376
Food products	17	1 982 650	2 544 098	XXXX	2 544 098	1 902 753
Honoraria paid to non-instutional resources	18	550 000	519 571	XXXX	519 571	990 344
Financial charges (P.325)	19	4 500 000	3 382 228	XXXX	3 382 228	4 924 286
Maintenance and repairs, including non-capital costs related to capital assets (C.2 : P.325)	20	9 891 572	9 449 731	236 523	9 686 254	10 244 561
Bad debt (P.321)	21					
Rent	22	10 882 354	6 813 874	736 572	7 550 446	9 120 954
Transfer expenses (P.325)	23					
Other expenditures (P.325)	24	180 144 018	179 023 065	8 319 125	187 342 190	170 451 267
TOTAL (L.13 to L.24)	25	529 150 361	527 151 592	22 296 672	549 448 264	513 765 982
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)	26	0	1 125 741	0	1 125 741	265 876

CBHSSJB

Statement of Accumulated Surplus (Deficit) - All Funds | 31 March 2026

		Operating fund Current year 1	Capital assets Fund Current year 2	Current Year Total (C1 +C2) 3	Prior Yr. Total 4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	1	6 957 050	25 861 863	32 818 913	34 109 059
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)	4	6 957 050	25 861 863	32 818 913	34 109 059
SURPLUS (DEFICIT) FOR THE YEAR	5	1 125 741	(1 442 570)	(316 829)	(1 290 146)
Other changes: Inter-institution transfers (specify P.297)	6				
Interfund transfers (specify P.297)	7	(1 303 074)	1 303 074	0	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	(1 303 074)	1 303 074		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	11	6 779 717	25 722 367	32 502 084	32 818 913
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	32 502 084	32 818 913
TOTAL (L.12 to L.14)	15	XXXX	XXXX	32 502 084	32 818 913

CBHSSJB

Statement of Financial Position - All Funds | 31 March 2026

	FUND	General	Capital assets	Current Year Total (C1+C2)	Prior Yr. Total
		1	2	3	4
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	23 146 829		23 146 829	14 475 158
Short-term investments	2	XXXX	XXXX	XXXX	XXXX
Receivables - MSSS (FE : P.362, FI : P.408)	3	177 522 743	890 020	178 412 763	114 202 855
Other receivables (FE : P.360, FI : P.400)	4	11 506 786		11 506 786	8 077 854
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	46 728 612	(46 728 612)	0	0
Grant receivable (deferred grants) - accounting reform (FE : P.362, FI : P.408)	7		98 156 453	98 156 453	112 410 205
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX	XXXX	XXXX	XXXX
Assets for sale	10	XXXX			
Other items (FE : P.360, FI : P.400)	11	154 207		154 207	247 624
TOTAL FINANCIAL ASSETS (L1 to L11)	12	259 059 177	52 317 861	311 377 038	249 413 696
LIABILITIES					
Short-term debt (FE : P.365, FI : P.403)	13	135 000 000	15 521 822	150 521 822	78 460 890
Accounts payable - MSSS (FE : P.362, FI : P.408)	14				
Other accounts payable and accruals (FE : P.361, FI : P.401)	15	66 602 322		66 602 322	79 440 882
Cash advances - decentralized envelopes	16	XXXX			
Accrued interest payable (FE : P.361, FI : P.401)	17	276 076	890 020	1 166 096	1 155 659
Deferred revenue (FE : P.290 et 291, FI : P.294)	18	13 029 798	357 406 504	370 436 302	317 443 061
	19	XXXX	XXXX	XXXX	XXXX
Long-term debts (FI : P.403)	20	XXXX	77 695 362	77 695 362	84 554 203
Liability for contaminated sites (FI : P.401)	21	XXXX			
Liability for employee future benefits (FE : P363)	22	41 402 221	XXXX	41 402 221	35 213 259
Asset retirement obligations (FI : P.401)	23	XXXX	4 939 269	4 939 269	4 395 112
Other items (FE : P.361, FI : P.401)	24	535 585		535 585	492 790
TOTAL LIABILITIES (L.13 to L.24)	25	256 846 002	456 452 977	713 298 979	601 155 856
NET FINANCIAL ASSETS (NET DEBT) (L.12 - L.25)	26	2 213 175	(404 135 116)	(401 921 941)	(351 742 160)
NON FINANCIAL ASSETS					
Capital assets (FI : P.423)	27	XXXX	429 857 483	429 857 483	378 738 709
Intangibles purchased	28	XXXX			
Supply inventory (FE : P.360)	29	3 250 538	XXXX	3 250 538	3 116 871
Prepaid expenses (FE : P.360, FI : P.400)	30	1 316 004		1 316 004	2 705 493
TOTAL NON FINANCIAL ASSETS (L.27 to L.30)	31	4 566 542	429 857 483	434 424 025	384 561 073
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT) (L.26 + L.31 - L.32 - L.34)	33	6 779 717	25 722 367	32 502 084	32 818 913

CBHSSJB

Statement of Variance of Net Financial Assets/Debts | 31 March 2026

		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)	1 134 686	(352 876 846)	(351 742 160)	(268 390 977)
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)	1 134 686	(352 876 846)	(351 742 160)	(268 390 977)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5	1 700 000	1 125 741	(1 442 570)	(316 829)	(1 290 146)
VARIANCE DUE TO CAPITAL ASSETS: Acquisitions (FI : P.421)	6	63 234 752	XXXX	(63 089 614)	(63 089 614)	(91 910 570)
Annual depreciation (FI : P.422)	7	11 250 000	XXXX	11 970 840	11 970 840	10 814 312
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			
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	74 484 752	XXXX	(51 118 774)	(51 118 774)	(81 096 258)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES: Acquisition of supply inventory	15		(133 667)	XXXX	(133 667)	(287 290)
Acquisition of prepaid expenses	16		1 389 489		1 389 489	(677 489)
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		(1 255 822)		1 255 822	(964 779)
Other variance in accumulated surplus (deficit)	20		(1 303 074)	1 303 074	0	
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21	76 184 752	1 078 489	(51 258 270)	(50 179 781)	(83 351 183)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)	22	(222 370 842)	2 213 175	(404 135 116)	(401 921 941)	(351 742 160)

CBHSSJB

Cash Flow Statement | 31 March 2026

		Current Year 1	Prior Year 2
OPERATING ACTIVITIES			
Surplus (deficit) for the year	1	(316 829)	(1 290 146)
TOTAL ITEMS NOT AFFECTING CASH FLOW (P.208-01)	2	2 488 302	414 739
Changes in financial assets and liabilities related to operation (P.208-02)	3	(71 821 608)	67 271 394
CASH FLOW RELATED TO OPERATING ACTIVITIES (L.01 + L.03)	4	(69 650 135)	66 395 987
CAPITAL ASSET INVESTMENT ACTIVITIES			
Cash outflow related to capital asset purchases	5	(64 346 501)	(88 742 634)
Proceeds of disposition of capital assets	6		
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.05 + L.06)	7	(64 346 501)	(88 742 634)
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		

		Current Year	Prior Year
		1	2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:			
Receivables - MSSS	1	(64 209 908)	56 395 515
Other receivables	2	(3 428 932)	(447 576)
Cash advances to public institutions	3		
Grant receivable - accounting reform - employee future benefits	4		
Deferred debt issuance costs	5	XXXX	XXXX
Other assets	6	93 417	4 472 178
Accounts payable - MSSS	7		
Other accounts payable and accruals	8	(12 838 560)	5 038 085
Cash advances - decentralized envelopes	9		
Accrued interest payable	10	10 437	(545 008)
Deferred revenue	11	1 776 024	(5 858 526)
Liability for contaminated sites	12		
Liability for employee future benefits	13	6 188 962	7 345 897
Asset retirement obligations	14	544 157	868 445
Other liability items	15	42 795	2 384
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.15)	16	(71 821 608)	67 271 394

OTHER INFORMATION:

Capital asset acquisitions included in accounts payable as at March 31	17	10 410 424	11 667 311
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		

INTEREST:

Creditor interest (revenue)	20		
Interest received (revenue)	21		
Interest received (expenses)	22	6 814 287	8 917 570
Interest spent (expenses)	23	3 346 502	5 255 379



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REGIONAL SERVICES

REGIONAL ADMINISTRATION

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

Complaints: 1 866 923-2624

CHISASIBI REGIONAL HOSPITAL

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

RECRUITMENT CENTRE

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

PUBLIC HEALTH DEPARTMENT

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

YOUTH HEALING SERVICES / RECEPTION CENTRE

302 Main Street, Mistissini, QC G0W 1C0
418 923-3600

WÎCHIHÎTUWIN

Chisasibi Regional Hospital
819 855-9019

Espresso Hotel
1005 Guy St, 2nd Floor, Montréal, QC H3H 2K4
514 989-1393, ext. 73270

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

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

WÎCHIHÎWÂUWIN HELPLINE

1 833 632-4357 (HELP)

ROBIN'S NEST WOMEN'S SHELTER

1 855 753-2094

YOUTH PROTECTION HOTLINE

1 800 409-6884

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COMMUNITY MIYUPIMÂTISÎUN CENTRES (CMCs)



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