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

United by Purpose, Guided by Hope

52nd Grand Council of the Crees (Eeyou Istchee) / 49th Cree Nation Government
Annual General Assembly

Jeannie Pelletier, Chairperson
Cree Board of Health and Social Services of James Bay

August 10-13, 2026

Our strongest services are built through relationships.

Between clients and providers. Between teams. Between communities and leadership. Between prevention and care.

VISION STATEMENT

Individuals, families and communities strive to achieve Miyupimâtisîun reflective of Nishîyû

- A vision rooted in Eeyou/Eenou strength, resilience, self-determination, and **values**
- A call to transform our system to reflect who we are
- Our story is written — by our collectivity, for future generations

Good Governance Protects Trust

Clinical expertise, community knowledge and Board stewardship each have a role.

Shared discipline: Decisions that serve clients and the whole organization.

Organizational governance

Stewardship of strategy, resources, risk and accountability.

Board Committees

- Administrative/HR
- Audit
- Governance Advisory
- Vigilance and Client Experience
- Risk Management
- Research Governance

Clinical governance

Quality within professional scopes of practice.

- Council of Physicians, Dentists and Pharmacist
- Council of Nurses
- Council of Midwives

Nitutâmh

Connection • Safety • Healing

Our journey as leaders at CBHSSJB is guided by the 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.

Healing-informed care

How we bring Nitutâmh into practice

Safety
People feel respected and protected.

Trust
People understand what is happening and why.

Connection
Care is relational, culturally grounded and continuous.

"Healing Informed Care invites us to reimagine how we show up, especially for those in need, creating environments where safety, trust and resilience can take root" DM

From services to healing journeys

A healing-informed system does not ask people to fit the system. It asks the system to organize around people.

Traditional system view

Client moves between programs. Handoffs can feel fragmented. Success may be measured mainly by activity.

Healing-informed journey view

Services organize around people and families. Continuity is protected. Success includes trust, access and outcomes.

Chapter S-5: From Vision to Action

2023 - Opportunity
New Québec health & social services Act (*Santé Québec*)

2024 – 2025
Joint Review Process

Future:
Modern Ch. S-5 Act

2024 – Framework Developed
MSSS|CNG|CBHSSJB

2026 (current)
Clinical Governance

Cree Health Act Defining how we work together

Framework
CNG|CBHSSJB

Council Board
Review January 2027

Target
August 2027

CBHSSJB BOD
Review Dec 2026

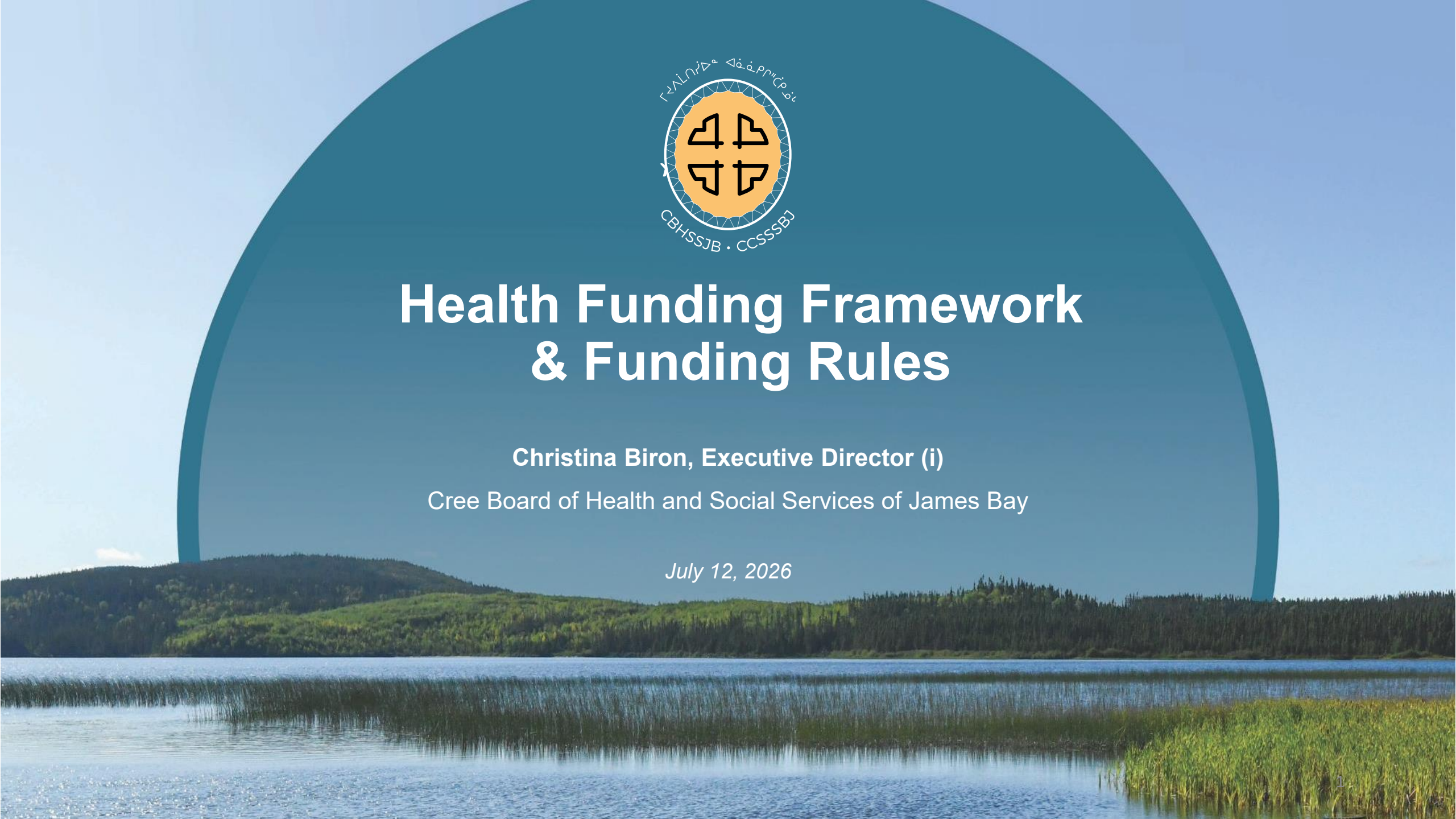
Consultations
Est. 3 mths

Tripartite

Collective commitment to partner in identified priorities; and lead three (3) calls to action:

1. Create integrated communication, data-sharing protocols, and a centralized information system
2. Shift all sectors from crises response to prevention-based, holistic wellness approaches
3. Implement joint case management and shared responsibility for high-risk individuals and families

Thank you

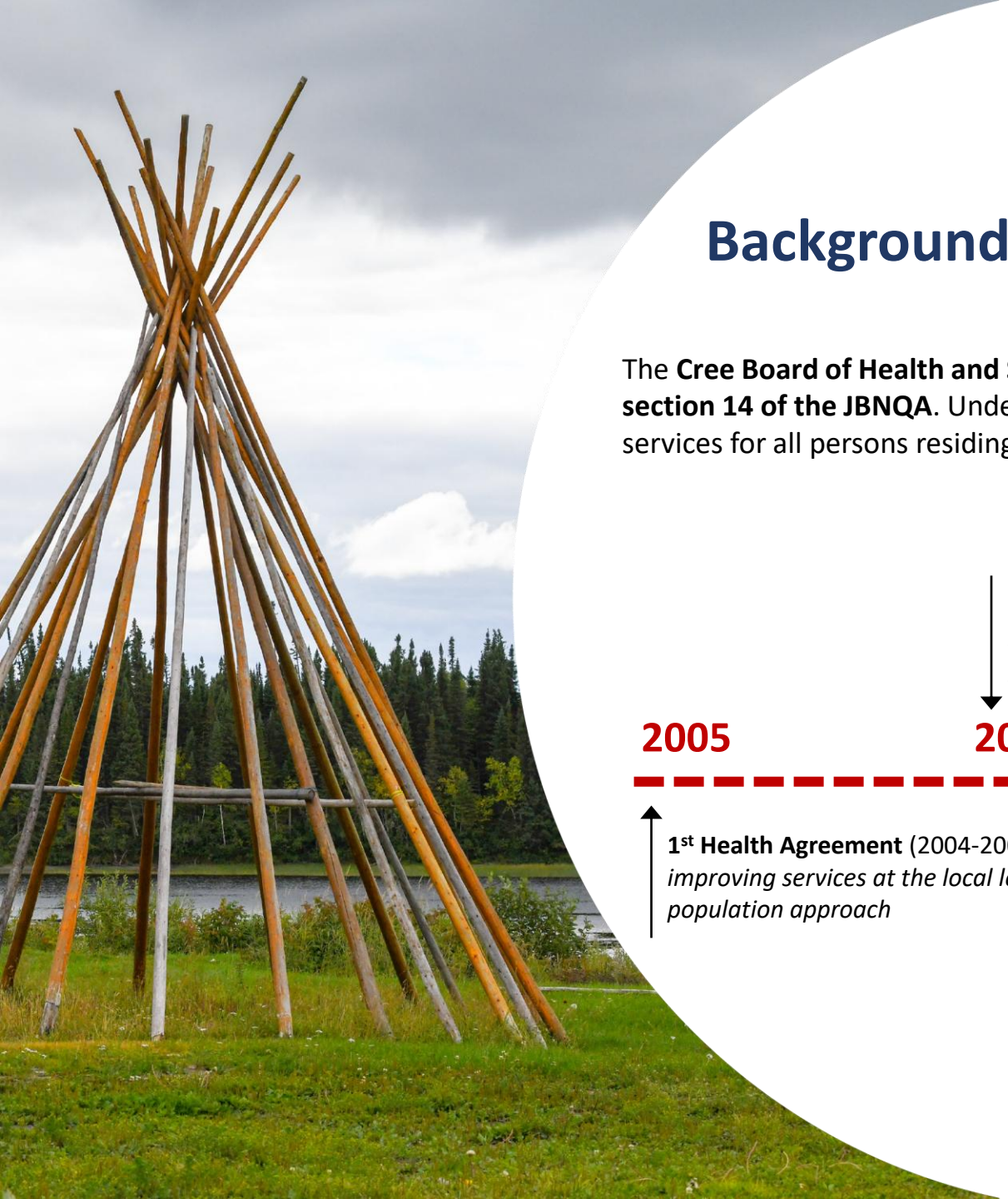


Health Funding Framework & Funding Rules

Christina Biron, Executive Director (i)

Cree Board of Health and Social Services of James Bay

July 12, 2026



Background|Context

The **Cree Board of Health and Social Services of James Bay (CBHSSJB)** was **established in 1978** in accordance with **section 14 of the JBNQA**. Under section 14, the CBHSSJB is **responsible for the administration** of health and social services for all persons residing either permanently or temporarily in Region 18.

2nd Health Agreement (2013-2018)
consolidation and development of regional services

4th Health Agreement (2026-2031)
Harmonizing care pathways and long-term care services

2005 **2012** **2019** **2026**

1st Health Agreement (2004-2009)
improving services at the local level with a population approach

3rd Health Agreement (2019-2024)
expanding existing services and creating specialized services

Cree-Quebec Health Funding Agreement

Negotiation Objectives

Current negotiations focus on renewing the health agreement to

- secure sustainable funding;
- enhance flexibility;
- align investments with evolving service delivery needs; and
- maintain partnership with MSSS within the broader Quebec Health Network.

Governance and Accountability

Negotiations include governance models and accountability structures to ensure transparent and effective management of health services. Board oversight ensures alignment with priorities, emphasizing relevant care and infrastructure equity.

Strategic Planning and Outcomes

The successor agreement links long-term strategic planning with measurable outcomes and annual implementation cycles for improved healthcare delivery. It reflects broader shifts in priorities, including integrated care, infrastructure renewal and improved accessibility.

Structure: Dual Time Horizon

Operational Stability Over *Five Years*

The core Health Agreement ensures predictable funding for recurring services, workforce planning and program delivery over a five-year period.

Seven-Year Capital Planning

The Public Quebec Infrastructure (PQI) framework spans seven years for CHBSSJB, allowing strategic sequencing of capital investments and infrastructure development.

Year-to-Year Flexibility in New Investments

Includes the *opportunity* for flexibility to adjust plans yearly based on project readiness, costs fluctuations, and community needs, vital for region 18.

Balanced and Resilient Healthcare Model

This dual framework balances stable baseline operations with adaptable capital investment planning. By decoupling operational funding from capital timelines, the agreement improves financial planning supporting a responsive healthcare system operating within our context.

Governance:
Oversight and Decision-Making Structures

Steering Committee

The Steering Committee oversees the health agreement implementation, resolves discrepancies, and ensures balanced decision-making between Cree leadership and MSSS.

CBHSSJB Governance

The CBHSSJB governance model fosters transparency and shared responsibility in managing the health agreement reporting cycles through its policies. The Board continuously monitors performance, provides strategic input, and adapts governance to emerging needs.

Stakeholder Communication

Effective communication with community and partners will be essential to ensure transparency and support throughout the process.

Health Agreement Signatories

Quebec Government

Mrs. Sonia Belanger, Minister of Health

Minister Responsible of Social Services

Minister Responsible of Seniors and Informal Caregivers

Mr. Jean Boulet, Minister Responsible for Canadian Relations

Grand Council of the Crees

Grand Chief Paul John Murdoch

Deputy Grand Chief Linden Spencer

Cree Nation Government

Mr. Paul John Murdoch, President

Cree Board of Health and Social Services of James bay

Mrs. Jeannie Pelletier, President

Mîkwec. Thank you.

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Strategy & Organizational Development

Stephanie Jonah, Director of Strategy
Cree Board of Health and Social Services of James Bay

July 12, 2026

United by Purpose

What we are trying to build together.

Care closer to home

Reducing avoidable travel and strengthening local capacity.

Prevention earlier

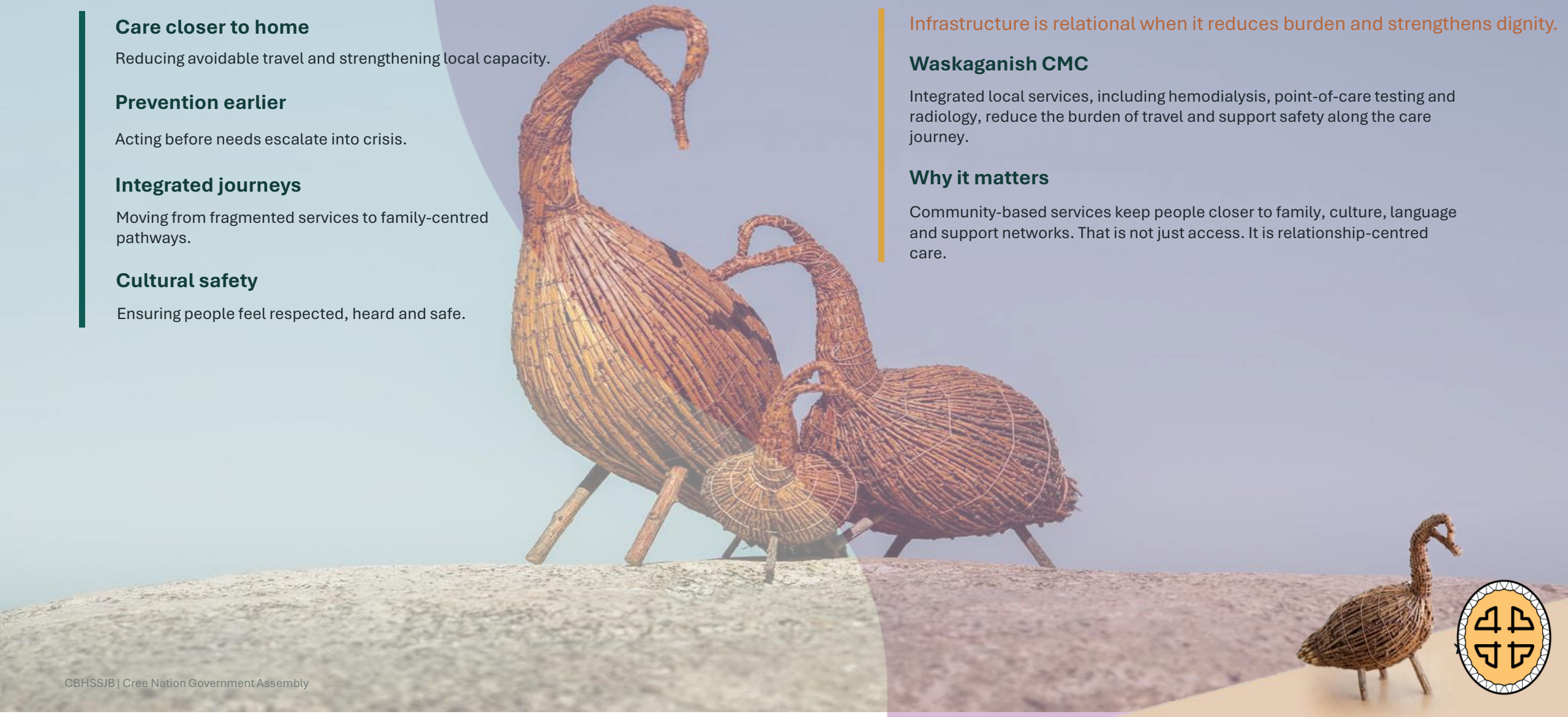
Acting before needs escalate into crisis.

Integrated journeys

Moving from fragmented services to family-centred pathways.

Cultural safety

Ensuring people feel respected, heard and safe.



Infrastructure is relational when it reduces burden and strengthens dignity.

Waskaganish CMC

Integrated local services, including hemodialysis, point-of-care testing and radiology, reduce the burden of travel and support safety along the care journey.

Why it matters

Community-based services keep people closer to family, culture, language and support networks. That is not just access. It is relationship-centred care.

Strategic Priorities

Grounded in service delivery

- **Implementing the Nisk Model:** A Phased Path to Purposeful Impact
- **Driving Change by Design:** An Organization Built Around Care
- **Advancing Safety & Elevating Quality Standards** for Youth Healing & Protection Services
- **Future-Focused Public Health:** Strengthening Upstream Collective Collaboration
- **Transforming Access:** Wiichihiituwin wrap-around services, client navigation and expanded accessibility

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Data-Driven Health Access

Long-Term Care	In-Territory	Off-Territory
	30	18

LTC is an institutional care setting for adults, primarily seniors, with ***significant and permanent loss of autonomy*** who require continuous supervision at a minimum of 4 clinical hours per day. *Admission is considered only when community-based resources is no longer safe or feasible, following a formal clinical assessment (MCAT) by the public system.*

In Québec, intermediate resources (Elders Homes) are ***community-based living environments*** that provide lodging along with support, or assistance to individuals whose needs cannot be met in their natural environment ***but who do not require institutional long-term care***. Operated by: ***Private individuals (self-employed), nonprofits, or private organizations.***

Community	Home Care Clients	Service Hours
Whapmagoostui	29	6,600
Chisasibi	76	10,415
Wemindji	38	5,574
Eastmain	21	4,815
Waskaganish	38	3,400
Nemaska	19	2,650
Waswanipi	40	5,580
Ouje-Bougoumou	15	880
Mistissini	67	7,800
Regional Total	**343**	**47,714**

Special Needs	Off-Territory	Waitlist
	22	9

Midwifery	El Births	Corridors'
178	24	107

Jordan's Principle

Approved Applications	Approved Services/Products	Total Funding Amounts
101	144	$732,970.91

Treatment	Avg. Access	Completion Rate
	75-95/yr	64%

- 2 seven-day land-base Wellness Recovery Programs
- 1 four-day after care program

} 29 Participants

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Data-Driven Health Access

Staffing	
Employees	3,417
Cree JBQNA Employees	63%
Managers	170
Summer Students	78

Type of A/I Events	2025-2026	Compared to 2024-2025
Fall	103	↑
Laboratory	148	↓
Medication	310	↓
Treatment/Intervention	119	↑
Other[1]	377	↓
TOTAL	1136	↓

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

Community	Lodging	Transit	Occupancy	Vacant
Whapmagoostui	27	9 rooms	23	4
Wemindji	33	25 rooms	51	7
Eastmain	20	10 rooms	25	5
Waskaganish	52	20 rooms	69	3
Nemaska	22	14 rooms	17	5
Mistissini	127	62 rooms	180	9
Ouje Bougoumou	25	10 rooms	32	3
Waswanipi	31	19 rooms	45	3
Chisasibi	167	80 rooms	234	13

Eligible Frontline Waitlist: 62
260 Units under lease for an annual cost of $3.7M

Complaints	
Accessibility	11
Care & Service	17
Interpersonal Relations	10

Data-Driven Health Access

Psychosocial	
Community Workers	4,152
Social Workers	10,107
NNADAP	824

24/7 Wiichiwauwin Helpline	
Calls	2,803
Answered need	63%

Traditional Counsellors	**1,127.5**
Eeyou/Eenou Knowledge Keepers	2,354

Nursing After Hour On-Call	
Annual Calls	4,845
Not transferred CMC	52.7%
8pm-12pm	2,950
1am-8am	1,896

Not including Regional Hospital & Mistissini CMC

Community	# of Participants
Chisasibi Pole	954
Waskaganish Pole	1,119
Mistissini Pole	750
Culture Safety	922

*Projects includes traditional healing, land-base healing, traditional medicine teachings and many more.

Days w/professional availability in community	
Chisasibi	190
Wemindji	186.5
Whapmagoostui	3.5
Eastmain	59
Waskaganish	151
Nemaska	32
Mistissini	161
Ouje-Bougamau	43%
Waswanipi	44%

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Youth Protection Services

Retained Reports	0-5	6-12	13-15	16-17	Total
Parental Responsibilities	2	0	0	0	2
Neglect (physical, health, education)	40	30	13	9	92
Serious risk of negligence	85	48	10	11	154
Psychological ill-treatment	14	5	3	4	26
Exposure to domestic violence	26	15	9	2	52
Sexual Abuse	5	15	12	10	42
Serious risk of sexual abuse	6	7	4	4	21
Physical Abuse	5	20	13	13	51
Serious risk of physical abuse	4	6	3	4	17
Serious behavioral disturbance	0	8	**22**	**21**	51
TOTAL	**107**	**154**	**89**	**78**	**508**

3,777
2018-2019 Placements

6,487
2022-2023 Placements

Signalment	943
Retained	508
Not Retained	425
Orientation	145

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Specialized Services

220 clinics organized on-territory; 28 weeks of resident visits.

- Dermatology
- Ophthalmology
- Gynecology
- Pneumology
- Child & Adolescent Psychiatry
- Nephrology

	2024-2025	2025-2026
Total Specialized Services appointments	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 Hospital - Chisasibi

	2025-2026
Admissions	352
Hospitalization days	6424
Transfer to other health centres	48
Deaths	19
Acute care avg. days	5.94 days
Bed occupation rate	73.3 %

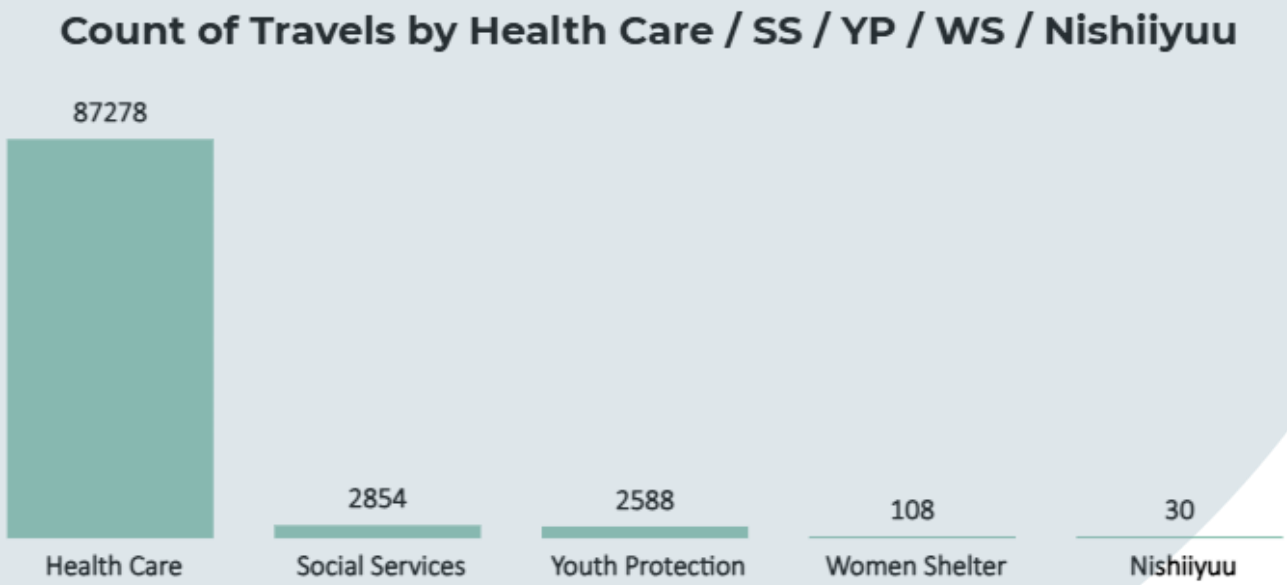
	Appointments	Hours
Speech & Language	2,263	1,630
Audiology	351	329.9
Orthotics	794	5,707

Overview of Travels for Health Care & Other Services

Regional and Inter-Community – Fiscal Year 2025-2026

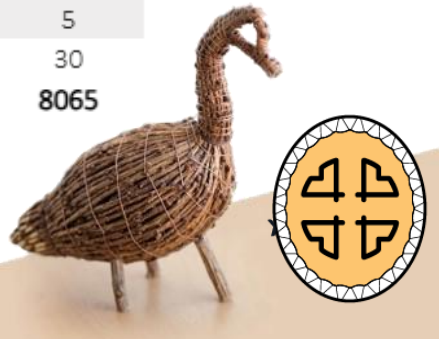
92,858

Total Arrivals & Departures
Regional and Inter-Community Travels



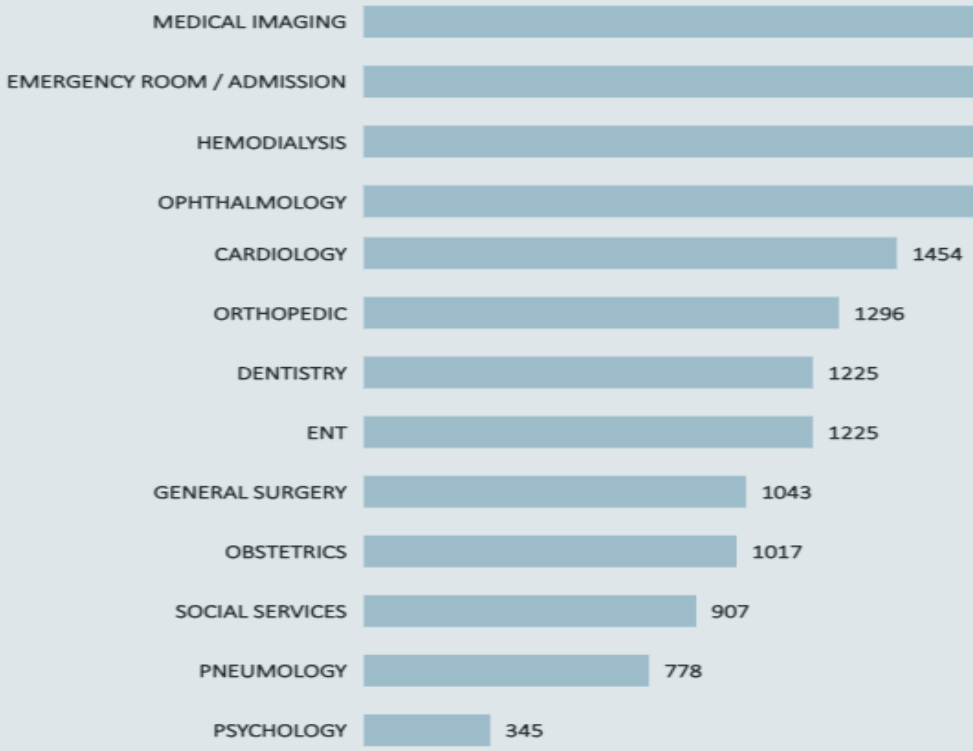
Data Break-Down

Services	April	May	June	July	August	September	October	November	December	January	February	March
Health Care	7184	6963	7251	7695	7126	7370	7596	7608	5616	7604	7600	7665
Social Services	264	189	199	215	259	233	208	196	369	324	230	168
Youth Protection	194	138	149	248	295	233	260	189	282	175	228	197
Women Shelter	1	29	18	21	4	10	13	4		3		5
Nishiiyuu												30
Total	**7643**	**7319**	**7617**	**8179**	**7684**	**7846**	**8077**	**7997**	**6267**	**8106**	**8058**	**8065**

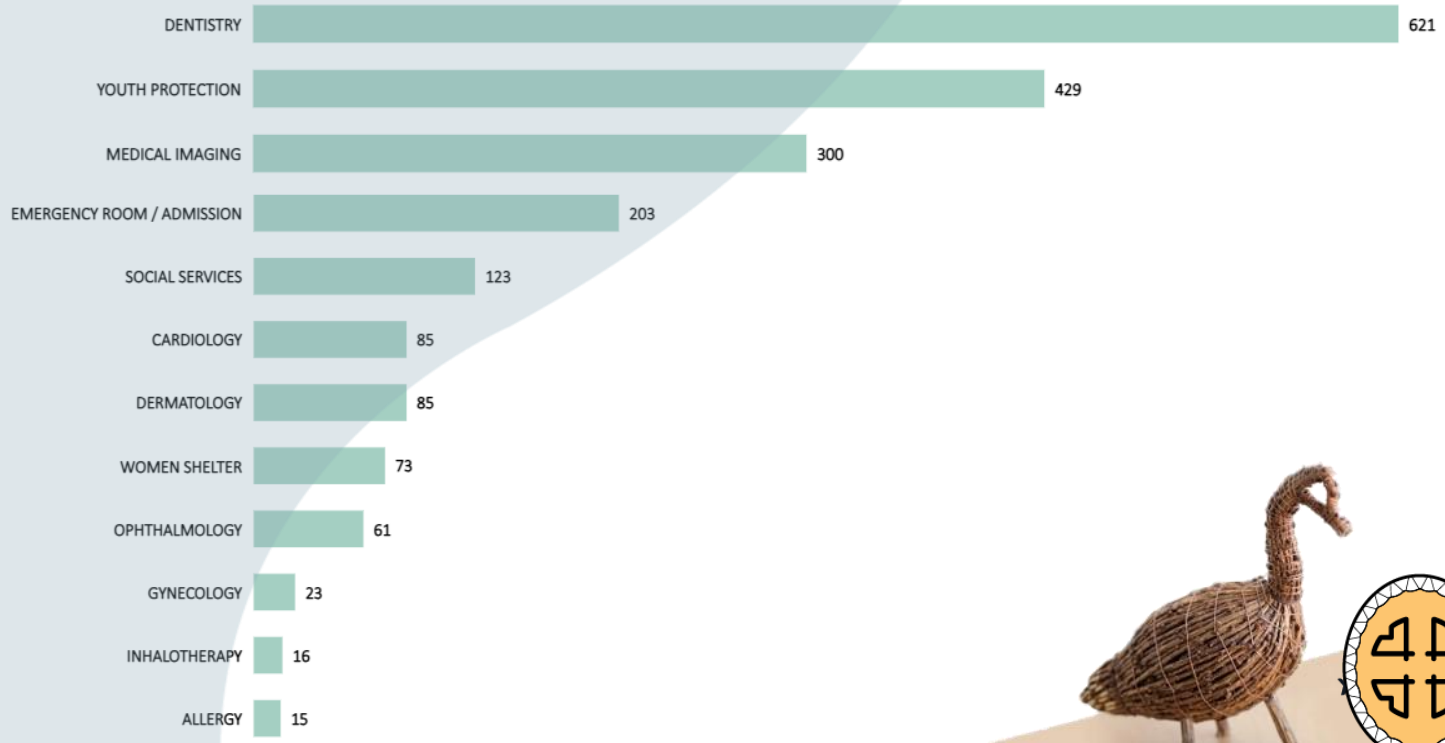


Main Reasons Requiring Clients to Travel

Regional – Fiscal Year 2025-2026



Inter-Community – Fiscal Year 2025-2026



Mîkwec. Thank you.

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Youth Protection

Stephanie Gilpin, Director of Youth Protection

Key Milestones | Summary

2012

- CDPDJ Investigation
- 2nd CBHSSJB Health Agreement

2016

Audit Report Recommendations

- RTS – Regional Emergency Reporting and Intake Services
- Accredited Training – Charlie Training & PCFI (Psychosocial Intervention with Children and Families) CIUSSS
- Equipping staff with tools (computers & client data system)
- Development positions and Team Lead clinical function role clarity

YPA amended to recognize kindship or customary care of indigenous children by family members or relatives, cultural identity considered during placement and the placement family and organization was expected to preserve that cultural identity

2017

- CBHSSJB By-Law on Youth Protection Services - A focus on Quality
- 2nd Audit focused on a portrait of first-line services and analysis of related services

2018

- Civil Code of Quebec – Customary Adoption & Customary Guardianship
- YP and CMC Collaboration Protocol

2019

- 3rd CBHSSJB Health Agreement (ended March 2024)
- Youth Healing Services Policy & Procedure on Intensive Supervision
- Implementations: rules to sharing confidential information, working group with EEPF, Orientation, ASSIST Training & TL supervision-case monitoring and intervention planning Training

2020

- MSSS initiation of revision for standards of practice from the 1988 development
- CSB-CBHSSJB joint provision of services – amended protocol (2016)
- Bill C-92 (Federal Law) affirms inherit right to govern YP services & establishes standards to apply services incl. under provincial law

2022

YPA amendments protections for exposure to domestic violence, updates on confidentiality, youth transition support etc.

Cree Youth Protection Needs

- Nurturing Foster Families\Communities;
- Short and long-term foster home(s);
- Care provider(s) stability and continuity;
- Streamlined Community Support Resources and Programs;
- Collaboration, Awareness and Education;
  - Mental Health Literacy
  - Grief Literacy
  - **Adverse Childhood Experiences (ACE's).**

Director of Youth Protection

- Familiarize & harmonize operations: past, current and future plans and ensure they are strategically carried out accordingly.
- Continue to ensure the safety and well-being of children and youth are prioritized by myself and the DYP staff and family.
- Collaborate with children, youth, families, communities and CSB.
- **Engage with frontline staff and gain a sense of understanding of the on-the-ground realities our Youth Protection team faces daily.**
- Engage in continuous learning in areas and application of the Youth Protection Act and Youth Criminal Justice Act, program development, policy planning, and reporting to the Assistant Executive Director.

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Youth Protection

- Invest in talent, experience and education; ensure that YP staff receive training, so they are equipped to recognize the specific risks that include:
  - Neglect
  - Behavioural issues
  - Abuse
- Oversee staff, identify training needs, and assess employee performance.
- Ensure our Cree traditional ways of child-rearing, kinship, and safety are upheld; a fundamental belief that children are a gift from the creator.

Pathway for youth in crisis

The Youth Protection Circle of Care for Youth in Crisis Intervention Framework.

Engage with frontline staff and gain a sense of understanding of the on-the-ground realities our Youth Protection team faces daily.

- Currently working on a project as part of my MSW assignment; in creating a pathway for youth in crisis. **The Youth Protection Circle of Care for Youth in Crisis Intervention Framework.**
- An effective crisis pathway for youth that fosters a **"Warm Handoff" Protocol** built on **Two-Eyed Seeing**, which braids Western crisis intervention with Indigenous traditional healing practices. By shifting from a system-centered model to a relation-centered circle, communities can establish a single, continuous safety blanket that prevents youth from being bounced between disconnected services
- **The Structural Framework: The "No Wrong Door" Circle:** To stop service bouncing, participating organizations that include Youth Protection, Wiichiiwaauwin Helpline, Eeyou-Eenou Police and Nurses must legally and operationally commit to a unified circle

Disturbing The Nest

William Mianscum, a second-generation survivor and a personal friend contributed a special parable that his mother had taught him about how community was affected when their children were taken away by the Indian agent.

“My son whenever you are out bird hunting there is one thing I never want you to do. If you come across a bird's nest, which contains eggs, and the mother is not there, please don’t ever touch them. Don’t even go near them. Once you touch or remove them, even for a short period of time, the nest has been disturbed; the mother will be hesitant to go back to them. Those eggs will eventually be abandoned, susceptible to or destroyed by a predator. The second thing is if the mother there never do anything to threaten or hurt it for if you do, you will forever traumatize that home and disrupt a loving family”

“Never forget my son that when the Indian Agent came around and took our children away he disturbed many nests and traumatized many families. Many of our people, especially those parents who have been forced to separate from their children, never fully recovered from having their nest disturbed. When you observe many of the people in our community today, and how it has affected their relationships you see the results of a loving nest that has been extensively disturbed.”

Nanny Jolly, Summer of 1966.

Source: Forgotten footprints by Dr. George Blacksmith

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Thank you

River Story

Upstream – Focus on structural inequities

Keep people from ending up in the water

Midstream – Focus on living and environmental conditions

Help people out of the water before things get worse

Downstream: Focus on behaviours, diseases, and injuries

Pull people out of the current

Promotion & Prevention

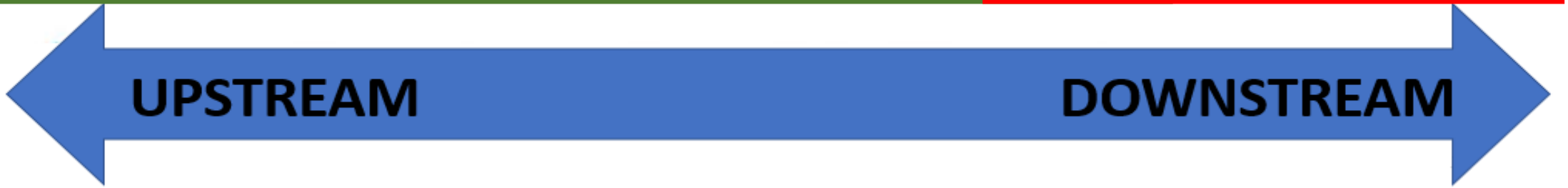
Clinical Care

Physical Environment

Social Environemnt

Economic & Work Environment

Service Environment



Both are essential. They are strongest when connected.

Public Health Core Functions

- Promotion
- Prevention
- Protection
- Surveillance

Public Health Core Functions

- **Promotion**
  - Promoting cultural activities, breastfeeding and infant nutrition programs
- **Prevention**
- **Protection**
- **Surveillance**

Public Health Core Functions

- Promotion
- Prevention
- Protection
- Surveillance

- Cancer screening, helmet use

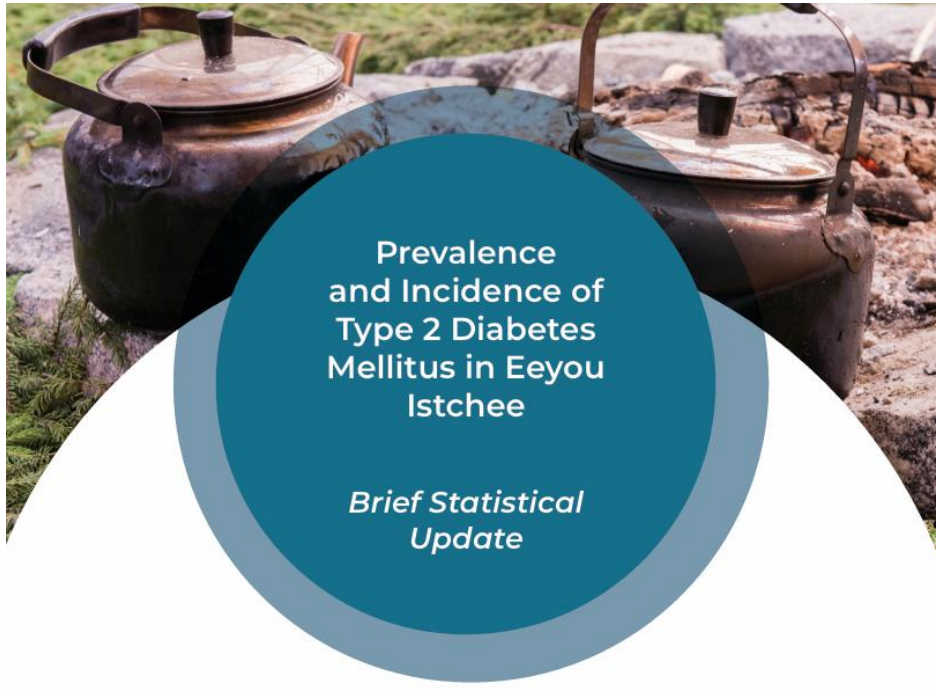
Public Health Core Functions

- Promotion
- Prevention
- Protection
- Surveillance

- Responding to outbreaks and threats to health

Public Health Core Functions

- Promotion
- Prevention
- Protection
- Surveillance



- Monitoring and sharing information about infections and chronic diseases like diabetes

CBHSSJB Research:
Fostering knowledge to achieve Miyupimâtisîun

- Authorizes and oversees health and social services-oriented research in Eeyou Istchee…

  ✓ ***guided by a robust community-led research governance framework.***

- Conducts multi-layered review for institutional, cultural, scientific, and ethical standards, resulting in legally binding research agreements

- Anchored in cultural safety and data sovereignty through the

  Miyupimâtisîun Research Principles

CBHSSJB Research:
Fostering knowledge to achieve Miyupimâtisîun

- Ensures meaningful community involvement from design to knowledge translation

- Protects Eeyou-Eenou data according to OCAP® principles (Ownership, Control, Access, Possession)

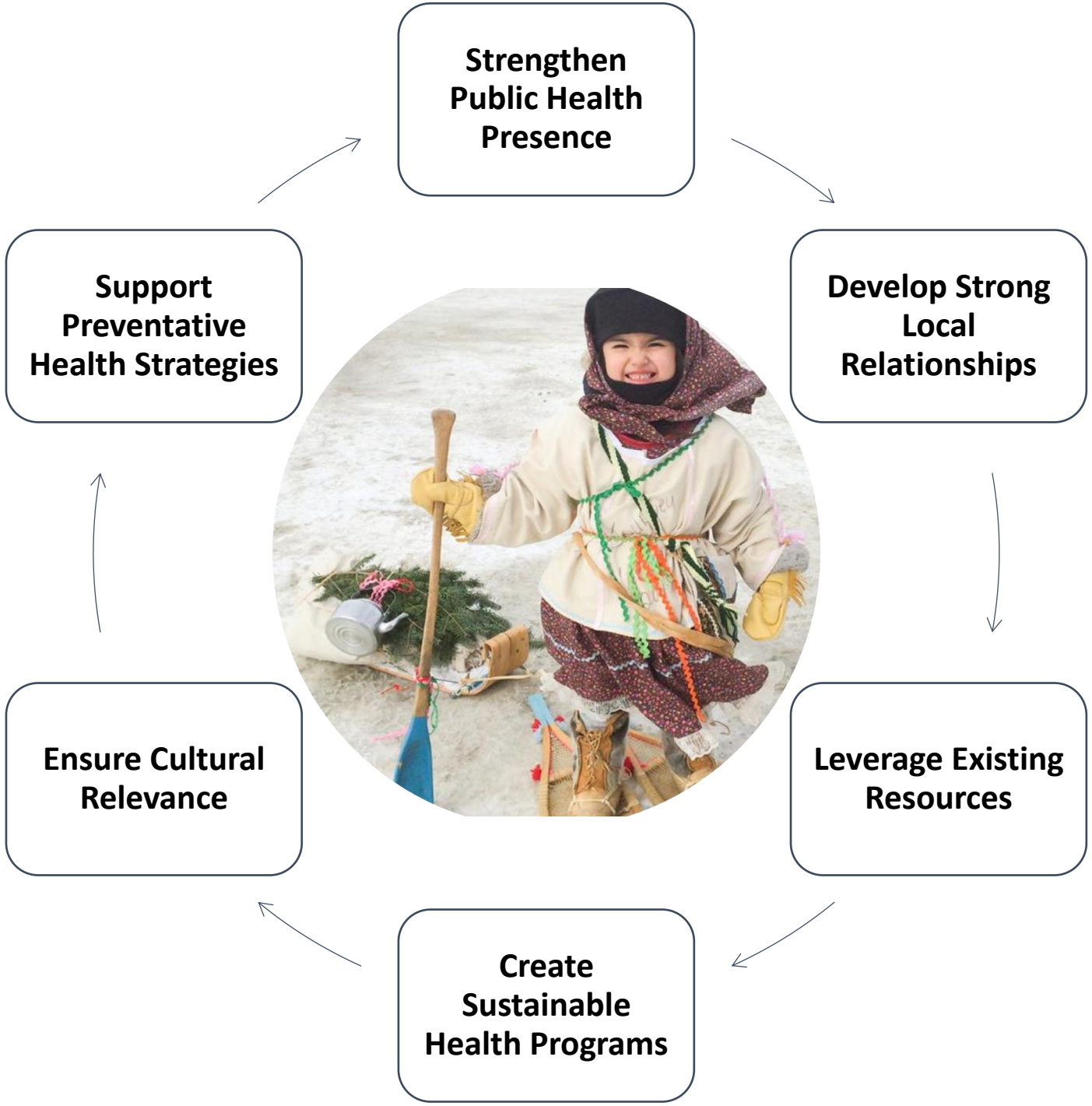
- Builds local research capacity by supporting the next generation of Eeyou-Eenou researchers.

Visit our Research Library :

Public Health Proximity

- Ground the work in **Cree ways of knowing, seeing, and doing**
- Bring together **community knowledge** and Public Health practice (**Two-Eyed Seeing**)
- Use **shared learning** to shape what local Public Health teams should look like
- Ensure approaches reflect **community realities, strengths, and priorities**
- Support **long-term health** and **well-being for future generations**

Guiding Objectives



What upstream work looks like …

Earlier

Act before crisis.

Together

Align partners and mandates.

Local

Adapt to each community.

Protective

Strengthen what keeps people well.

Long-term

Measure change over time.

Where partnership can strengthen hope …

Shared priorities

Shared action

Shared accountability