ANNUAL ACTIVITY REPORT

2024 - 2025

KANESATAKE
Tsi Tetiontatshnié: tha
HEALTH · CENTER

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Note to the reader: This document is also available electronically at: www.kanesatakehealthcenter.ca

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April 1, 2024-March 31, 2025

Jeremy Tomlinson

November 2025

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BOARD MEMBERS 2024-2025

April 1st, 2025 - November

Ellen Filippelli

Gabrielle Lamouche

Gordon Oke

Samantha Pepin

November 2024

Ellen Filippelli

Reriahsiio Isaiah Bonspille

Paul Nicholas

Gordon Oke

Samantha Pepin

GUIDING PRINCIPLES

Incorporation of The Kanesatake Health Center Inc.

In 2006, the Kanesatake Mohawk Council gave the mandate for the transfer of responsibility for the funding for health and wellness programs, as well as, the delivery of these and related services to the Kanesatake Health Center on the condition that the Center became an incorporated body. The Kanesatake Health Center Inc. (KHC) received it's Letters Patent in August 2007, and has been incorporated since that time. A certificate of Continuance for the corporation under the new Corporations Canada's Not-For-Profit Act was issued in June 2014.

Mission Statement

The Kanesatake Health Center Inc. will provide community-based, culturally-adapted health & wellness services that are holistic, universally accessible, inclusive, and which provide high quality, safe care, and respect the rights of individuals to make informed decisions regarding their health & well-being.

Organizational Values

The Values which define our organization and services are:

Respect

Culturally safe care

Integrity

Universality

Inclusivity

Fairness

Right of informed choice

Guiding Principles

The guiding principles on which we will successfully build and grow our organization, and deliver our health and wellness programs are:

1. All of our programs and services will provide culturally appropriate care.

2. We will provide quality programs and services using a holistic approach.

3. We will ensure that all clients are treated with courtesy and respect; and make certain they have the right of informed choice.

4. We will network with other community services and outside agencies as part of our inter-collaborative practice.

5. All programs and services will include components of language and cultural practice.

6. We will ensure that all community-based programs are universally accessible and inclusive to all community members.

7. We will endeavor to address the diversity of needs in our population through flexibility in our service delivery.

8. Community involvement will be at the fore-front of all our health planning.

MESSAGE FROM THE EXECUTIVE DIRECTOR

This past year has been one of steady growth, renewal, and forward momentum for the Kanesatake Health Center. Throughout the 2024–2025 fiscal year, our team remained deeply committed to strengthening the quality of care and expanding the ways we serve our community — always guided by the values and vision of wellness rooted in who we are as Kanien'kehà:ka.

We made important strides in clinical care, with the hiring of additional nursing staff and continued investments in the renovation of our clinic. These improvements have enhanced both our capacity and the experience of those who come through our doors for care and support.

In mental health and wellness, demand for services continued to grow. Through new partnerships with external therapy providers, we have been able to bring specialized services directly into our Health Center, reducing barriers and ensuring that our community members receive the help they need close to home.

We also invested in new medical transport vehicles, improving access to essential care and ensuring that every community member can reach the services and appointments they rely on safely and with dignity.

Perhaps most transformative this year was the purchase of the Tsonkwatentionhátie Farm — a milestone that represents far more than land acquisition. It is a return to our roots and a concrete step toward cultural revitalization as the foundation of proactive prevention services in child and family wellbeing. This initiative reflects our long-term vision: to weave cultural connection, land stewardship, and community health into one holistic path forward.

As we reflect on this year's achievements, I want to acknowledge the dedication of our staff, the guidance of our leadership, and the continued trust of our community. Together, we are building a stronger, healthier Kanehsatà:ke — one grounded in culture, care, and collective responsibility for generations to come.

KHC PRIORITIES 2024-2025

1. Maintaining and improving quality of care within service delivery
2. Continued improvement of administrative and financial processes and policies
3. Enhanced investments in proactive approaches social health prevention through cultural revitalization

CLIENTS RIGHTS AND RESPONSIBILITIES

The Kanesatake Health Center endeavors to provide health services within program guidelines that are accessible to all Kanesatake community members regardless of age, race, sex, income, education, lifestyle choices, or religion. The Kanesatake Health Center Inc. is committed to delivering quality health and wellness services to all members of the Kanesatake community, and therefore supports the following rights and responsibilities of clients:

Clients' Rights:

• The right to be treated with courtesy, empathy and respect;

• The right to be informed about policies, procedures and guidelines;

• The right to receive a punctual, polite response to a request;

• The right to receive quality and dependable services tailored to meet the needs of the individual;

• The right to treatment based upon assessed needs and available resources;

• The right to privacy;

• The right to make an informed choice regarding health and wellness services;

• The right to appeal whenever there is justifiable cause.

Clients' Responsibilities:

(or their representatives, as allowed under the Canada Health Act)

• Respect the confidentiality and privacy of other clients and KHC personnel.

• Be considerate of KHC personnel and other clients attending or receiving treatment at the KHC.

• Participate actively in their plan of care and services.

Including:

• Providing information about health and wellness practices, present and past illnesses, hospitalizations, medications and other matters relating to their health history;

• Helping their healthcare staff in providing care by following instructions and medical orders; and, accepting medical consequences if they do not follow the care, service, or treatment plan provided;

• Using medical equipment and supplies wisely (avoiding overuse) and generally respecting the property of other people and of the KHC;

• Authorizing members of their family to review their treatment, if they are unable to communicate with doctors or nurses.

Play an active part in their own safety by:

• Understanding and adhering to their prescribed medications and treatments; and asking questions if they do not understand directions or procedures;

• Avoiding drugs, alcoholic beverages or toxic substances, which have not been administered by their doctor;

• Not sharing their medications with others'

• Keeping their home safe and free from risk (i.e. falls, fires, etc.); or asking for help with this if needed;

• Reporting safety concerns immediately to their doctor, nurse, or any health care support staff.

COMMUNITY PROFILE

Kanehsatà:ke is a Kanien'kehá:ka Mohawk settlement on the shore of the Lake of Two Mountains in southwestern Quebec, Canada. The Kanien'kehá:ka were the most easterly nation of the Haudenosaunee.

Geography of the Community:

Kanehsatà:ke is located on the north shore of the Ottawa River, 53 kilometers west of Montreal. According to Indigenous Services Canada, Indian lands in accordance with 91(24) article of the Constitution Act constitute 907.7 hectares (2,242.9 acres) of land for the use of the community; however, Kanehsatà:ke was granted the Seigneury of Lake of Two Mountains by the King of France in 1717, and in 1735, a second grant enlarged the original land base. Kanehsatà:ke presently lays claim to an area of 260.11 square miles, bounded by Argenteuil (St. Andrews East), St. Canut, Mirabel, and St. Eustache.

Community Services:

The following services are available to the community through the Mohawk Council of Kanesatake.

• Education, including primary and secondary schooling, post-secondary, transportation and counselling services.

• Social Assistance

• Economic Development

• Kanesatake Employment and Training Service Center (KETSC)

• Band Operations for Finance and Resource Management.

• Public Works

• Housing and Infrastructure

• Lands and Trust

• Membership

• Daycare

• Culture and Language Services

• Onen'to:kon Healing Lodge

The following services are available to the Community through the Kanesatake Health Center Inc.:

• Primary Care

• Medical Services

• Medical Transportation & NIHB

• Home and Community Care

• Kaniatarak'ta Riverside Elders Home

• In-home support

• Immunizations

• Infection Prevention and Control

• Community-Based Drinking Water Monitoring

• Child and Family Support Services

• Mental Wellness

• Head start

• Diabetes Prevention

• Traditional Healing

• Psychotherapy

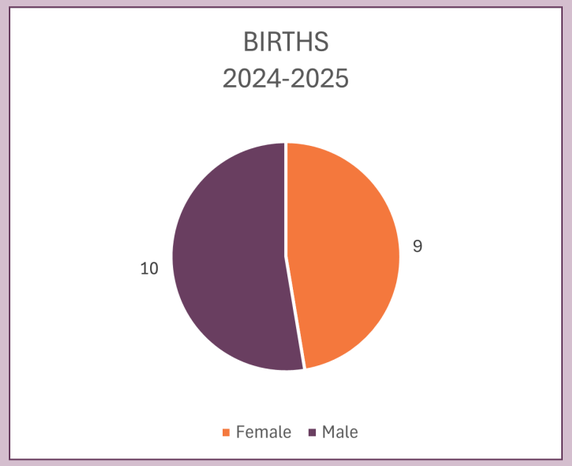
• Addictions Outreach

• Food Bank

• Art/Play Therapy

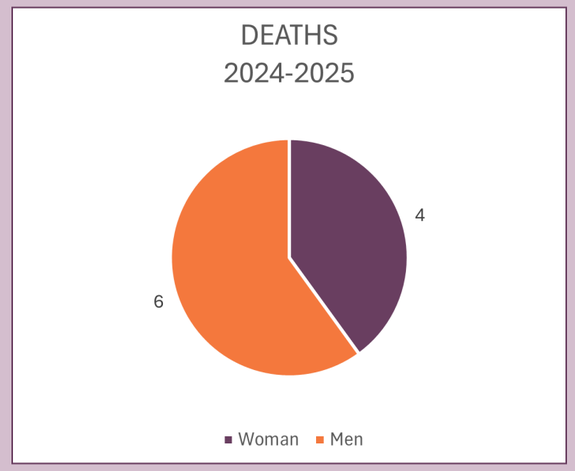
• In School Support

BIRTHS



In the fiscal year 2024-2025, KHC recorded 19 births and 10 deaths within the community.

DEATHS



MANAGEMENT STRUCTURE

Board of Directors

The Board of Directors is the administrative body responsible for overseeing the proper functioning of the Kanesatake Health Center Inc. As the governing body of the corporation, the board has the legal obligation and responsibility for strategic oversight of the organization in support of the Executive Director.

Executive Director

The Executive Director is an employee of the Board of Directors, and is responsible for the daily operations of the Health Center. The Executive Director sees to the efficient operation of the Corporation in accordance with the policies and goals determined in collaboration with the Board of Directors.

Management

Our managerial personnel work in close collaboration to ensure integrated service design and planning for Mental Wellness and Addictions Services, Child and Family Services, Nursing Services, and Human Resources and Administration.

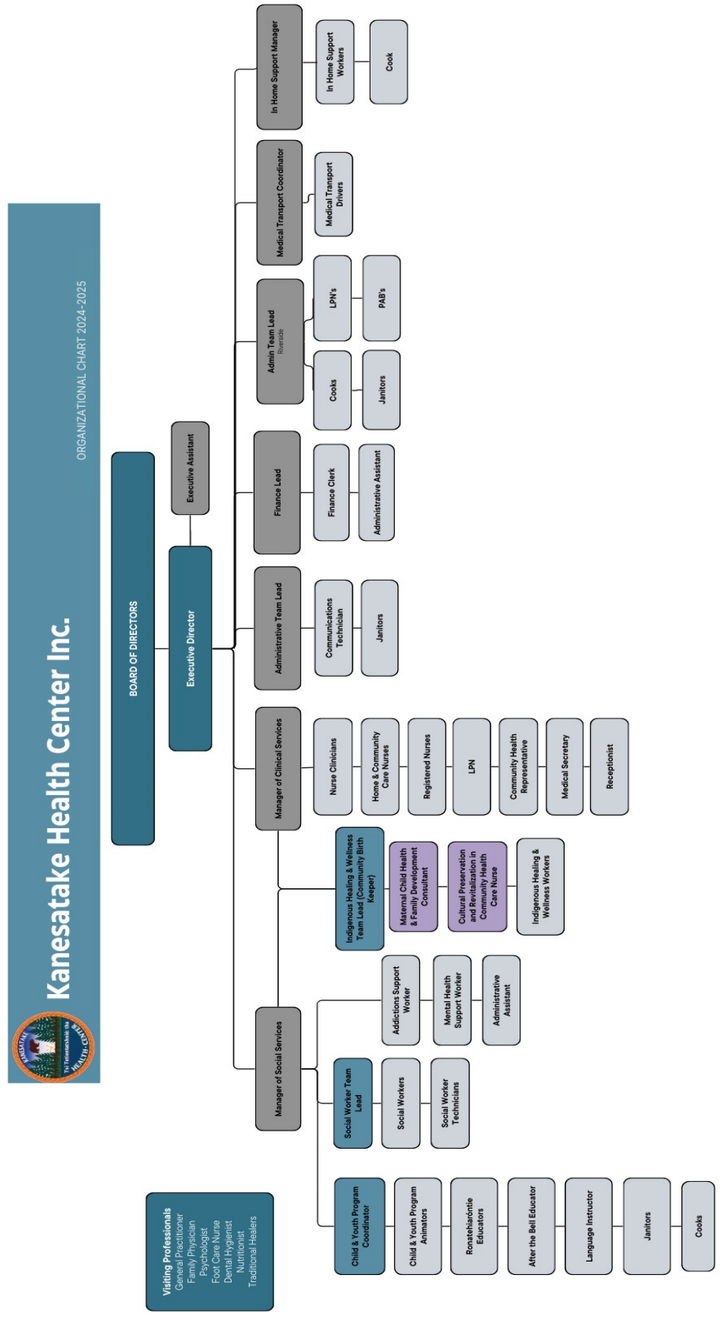
Services

Services are centered around the assessed needs of clients, families, and the community as a whole in a collaborative practice model.

Overview of Kanesatake Health Programs and Services:

The following sections describe the types of community programs and services that are being provided. However some programs are the result of collaboration with other services and partners.

KHC ORGANIZATIONAL CHART 2024-2025



PROGRAMS AND SERVICES

Community-Based Drinking Water Monitoring Program

	No. of Samples	Presence of Total Coliform	Presence of E.coli
Quality Control	24	12	12
Laboratory Analysis	12	0	0
Public Systems	89	1	0
Semi-Public Systems	100	2	1
Private Systems	189	8	2
Total	**414**	**23**	**15**

Physical-Chemical samples

Public System:

One sample was submitted. The results were satisfactory and are attached.

Semi-Public System:

Five systems underwent a comprehensive sampling during this time period (MCK Office, Education Building, Blue Building and the two Farm Buildings). The results were mostly satisfactory. The Blue Building's water softener may need adjusting as the sodium levels are elevated.

Private System:

95 private wells were sampled. The results and interpretations of the chemical analyses were distributed to the occupants of the homes/ buildings, except for 6 sites whose samples were submitted at the end of March 2025 and results are not yet available.

Lead in Childcare Facilities Drinking Water

The results (See Appendix F) for Lead sampling that was carried out on the following buildings:

Rotiwennakéhte Ionterihwaienhstáhkhwa – all satisfactory

Ratihén:te High School – one fountain was over the limit as previously identified

Tsi Rontswatakhwa Early Childhood Center – all satisfactory

Beach Sampling

Beach sampling was carried out on three beaches in July and August.

The results were all satisfactory and were included in the mid-year summary in October 2024.

Inspections

Health & Safety including Mold

Private homes 3

Public building 10

Septic/weepers and drainage issues

Private property 8

The evaluation and recommendations from each inspection were sent to the respective concerned parties.

Primary Care

A total of **8,858** appointments were scheduled, serving **1,214** individual clients.

STBBIs

• Free condoms are consistently available at the KHC.

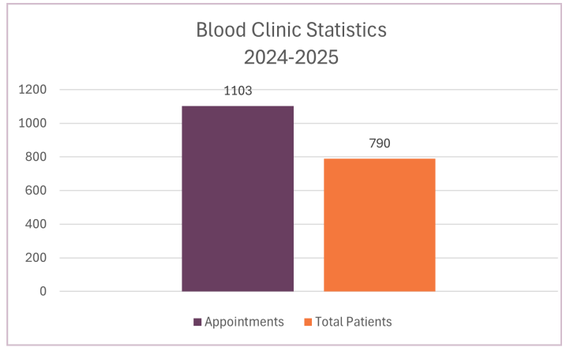
• Comprehensive STBBI (sexually transmitted and blood-borne infections) screening, counseling, and treatment are offered by the clinic nurse, MCH nurse, or school nurse, and our doctors.

• Women's health appointments are available with Dr. Daye and nursing staff.

• Appointments are typically available within 24 hours, often on the same day.

• Pap tests available through the MCH nurse.

• Approximately 50 STBBI (sexually transmitted and blood-borne infections) screenings were conducted during the 2024–2025 fiscal year, reflecting both the clinic's proactive approach to community health and the ongoing demand for accessible, confidential screening services among youth and other community members.



Family Doctors

Over the past fiscal year, our family doctors conducted a total of 2,381 appointments, highlighting their vital role in delivering comprehensive primary care to our community.

Blood Clinic

Blood Clinic takes place every tuesday and thursday with an appointment at the clinic. During the reporting period, the blood clinic conducted a total of 1,103 appointments, serving 790 patients.

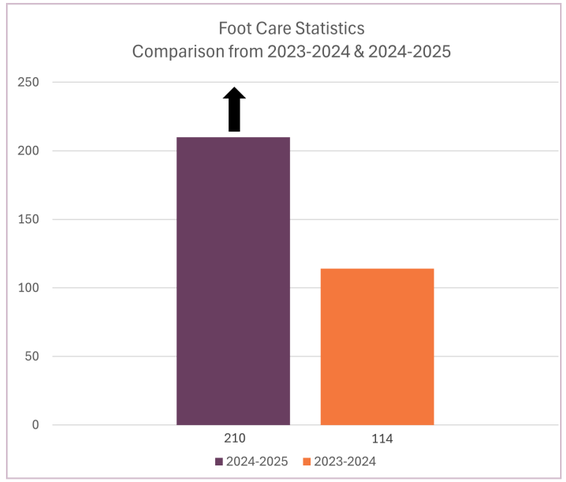
Aboriginal Diabetes Initiative

Nutritionist

The nutritionist conducted a total of 62 appointments, providing services to 30 individual clients during this fiscal year. Her visits to KHC occur three to four times per month.

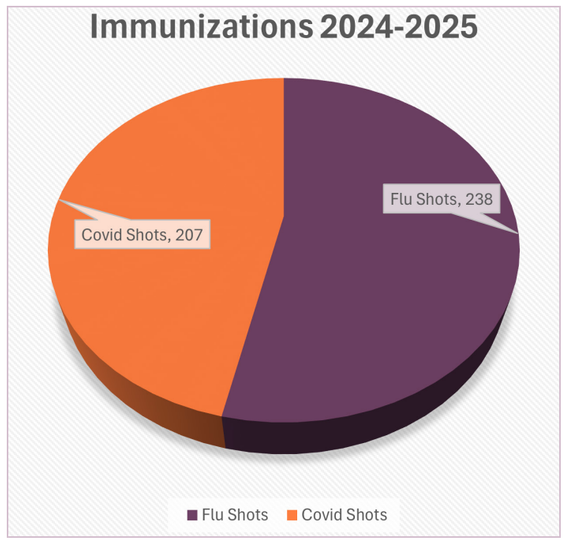
Foot Care

Offered to members who fit the eligible criteria. The Foot Care service completed 210 appointments at KHC during the reporting period, representing a 54% increase compared to the previous period. A total of 50 individual clients were served at the clinic. HCC foot care appointments consist of 65 appointments.

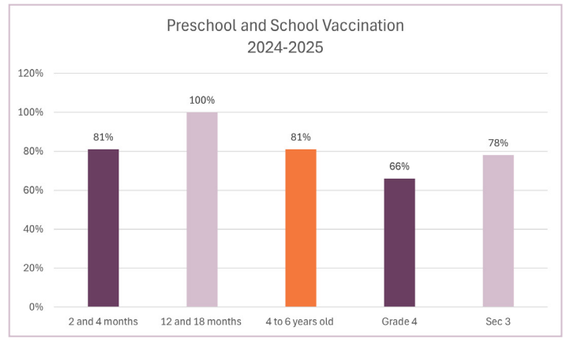


Immunizations 2024–2025 Overview

The pie chart illustrates the distribution of immunizations administered during the 2024–2025 period. A total of 445 immunizations were given, with Flu Shots accounting for the majority at 238 doses, while Covid Shots made up 207 doses. This data reflects a continued emphasis on flu prevention, while still maintaining significant efforts to combat COVID-19.



This following graph shows vaccination rates are highest at 12 and 18 months, with full coverage at 100%, indicating strong adherence during early childhood. Vaccinations at 2-4 months and 4-6 years drop slightly to 81%, showing room for improvement in infant and preschool-age follow-ups. In school-aged children, the vaccination rate decreases further, with 66% coverage in Grade 4 and 78% in Secondary 3, suggesting that booster or school-entry vaccines may face more barriers as children get older.



In the 2024–2025 fiscal year, a total of 45 appointments were completed at our schools with our school nurse, with 24 of those related specifically to school vaccinations. In contrast, the clinic saw significantly higher activity, with 3,440 total appointments, representing a 32% increase compared to the previous year. The clinic served 1,680 clients and managed 317 phone calls, highlighting a substantial demand for services both in person and over the phone.

HOME & COMMUNITY CARE

Home and Community Care services are provided to people based on needs identified through a client assessment by the Nurse. Home and Community Care will support and improve the care provided by the family and community but should not replace it. HCC's vision is to empower clients to be autonomous.

HOME & COMMUNITY CARE	
Riverside Visists	145
HCC Home Visists	1436
HCC Phone Calls	182

HCC CLIENTS PREVALENT CONDITIONS	
Cardiovascular disease	76%
Diabetes	52%
Chronic Obstructive pulmonary disease	34%
High Cholesterol and anemia	32%
Neurocognitive Disorders	26%
Cancer	14%

AVERAGE AGE HCC CLIENTELE
64% of clients are women with an average age of 79 years old
36% are men with average age of 72 years old
A total of 50 regular clients

ASSISTED LIVING

Assisted Living Services are provided for eligible recipients and are intended to give support to families in situations where individuals need special help due to age, illness, or disabilities. Services include institutional care, foster care, and in-home support for the elderly and to those who are ill or have disabilities.

Institutional Care (Kaniatarak'ta Riverside Elders Home)

Kaniatarak'ta Riverside Elders Home is a residential facility that provides 24-hour professional care and supervision in a protective, supportive, environment for people who have decreased autonomy and who can no longer be cared for in their own homes.

In-Home Support

On October 1, 2016, the In-Home Support Program was transferred from Centre de Jeunesse de laurentides, to the Kanesatake Health Center Inc. The In-Home Support Program is funded by Indigenous Services Canada (ISC) for First Nations to provide social support services to clients who require some type of assistance with their in-home daily activities.

MEALS ON WHEELS QUARTERLY STATS		
Months	**# of Meals**	**# of Post Partum Meals**
April/May/June	666	7
July/August/ September	674	38
October/ November/ December	760	32
January/February/ March	610	32
Total # of Meals	**2710**	**109**

IN-HOME SUPPORT CLIENTS	
Months	**# of Clients**
April/May/June	30
July/August/ September	27
October/ November/ December	28
January/ February/March	29

RIVERSIDE ELDERS HOME INSTITUTIONAL CLIENTS	
Months	**# of Clients**
April/May/June	12
July/August/ September	13
October/ November/ December	13
January/ February/March	12

ELDERS LUNCHEON EVENTS 2024-2025	
Date	**Activity**
May 1, 2024	Presentation from Funeraire Guay
May 15, 2024	Mothers Day hanging flower pot
June 26, 2024	Painting Class
July 9, 2024	Riverside BBQ & Elvis show
August 7, 2024	Casa Grecque Restaurant
August 21, 2024	Art class – making chimes
October 2, 2024	Thanksgiving Food Baskets
October 16, 2024	Labonte Orchard Apple picking & lunch
December 11, 2024	Christmas Food Baskets – Au Gres des Saison packaged meals
December 18, 2024	Elders Christmas Luncheon – Cabane a Sucre Lalande, Musician Entertainment
February 12, 2025	Dental Hygiene Presentation with Dental Hygienist
March 21, 2025	Intergenerational Social
March 26, 2025	Presentation – Art Therapy for Elders

Photos by: Patricia Gabriel

MATERNAL CHILD HEALTH

Prenatal Care:

58% of expectant mothers received prenatal care from a KHC family doctor and/or nurse, ensuring consistent medical support throughout their pregnancy.

Prenatal Education:

8 out of 19 mothers (42%) participated in prenatal classes facilitated by KHC nurses and a birth keeper. These sessions covered a variety of cultural and medically relevant topics, including:

- The creation story and moon time teachings
- Basics of pregnancy
- Labor pain and management
- Birth and postpartum care

Nutritional Support:

14 out of 19 mothers (74%) accessed the OLO coupon service (0-1 years old), which supports healthy eating habits during pregnancy and for parents of children aged 0–2 years.

Breastfeeding Initiation and Duration:

- 94% of mothers who gave birth in 2024–2025 initiated breastfeeding.
- 78% continued breastfeeding for at least 6 months.
- 72% breastfed for one year.
- 61% were still breastfeeding at the time of reporting.

Postnatal Care:

All mothers and newborns received a postnatal visit from a Maternal Child Health (MCH) nurse, CLSC Nurse, or a midwife within 24–72 hours of birth. Additionally, each family continued to receive follow-up care throughout the postpartum period from both a KHC family doctor and nurse, ensuring holistic support during this time.

Community Birthkeepers/Doula Statistics:

Community Birthkeepers are non-medical professionals carrying traditional/cultural knowledge that provide support to woman through all life stages with an emphasis on holistic approaches in the childbearing years.

Working alongside a doctor/midwife, birthkeepers are a complementary support to help bridge the gap between the healthcare system and Onkwehón:we families with culturally appropriate care.

“We are here to walk alongside Kanien’keha:ka women and families with gentle care, honoring cultural safety and offering trauma-informed support. By uplifting each person’s right to choose what’s best for themselves and their families, we hope to nurture healing, resilience, and a deep sense of well-being through every step of this sacred journey.”

2024-2025	
Two Prenatal Class Series	8 sessions total
Intakes	7 clients
Births Attended	2 clients
Postpartum Follow-Ups	6 clients
One on One Sessions	5 clients

CHILD & FAMILY SUPPORT SERVICES

The Kanesatake Health Center Child and Family Services (CFS) Department provides prevention and culturally based services to the Mohawk Community of Kanehsatake. The three types of prevention services offered are:

• Primary prevention services geared toward the general population.

• Secondary prevention services for families with one or more risk factors for child maltreatment.

• Tertiary prevention services aimed at preventing out-of-home placement for families in which maltreatment has already occurred, provided children can remain in their homes safely.

Community Events

Event	# of Participants
Orange Shirt Day Walk	in collaboration with the Cultural Center- 100 people
Haunted House, Hayride and Family Fun Activities	October 25th, 2024 - (130) October 30th, 2024 - (115) October 31st, 2024 - (56) children participated in activities at Rotiwennakehte Elementary School
Annual Toy and Grocery Bingo	December 1st - (420 community members)
Winter Carnival	February 9th- February 22nd, 2025 - Community activities occurring for 2 weeks - (366 community members)
March Madness	March 6th- Movie Trip (61) & Trampoline Park (55) March 7th - Tubing Trip (38 participants)

CFS Social Team

Community Support Worker – Elders and Vulnerable Clients

Since January 2025, we have had a Community Support Worker for Elders & Vulnerable Clients, who has taken over the responsibility of supporting the elderly in various areas within our community. This role promotes the integration of seniors into community activities and helps reduce isolation.

Our support worker offers home visits, assistance with various forms, support in preventing isolation, and referrals to assisted living services, as well as home and community care programs. The worker also provides transportation and/or accompaniment, when referred.

Additionally, the worker is present during luncheons and food bank distributions, offering support with organizing these activities and assisting the elders who use these services.

Our Community Support Worker was on a progressive return-to-work schedule this fiscal year, and the statistics presented reflect her part-time hours during that period.

Statistics:

Transport/accompaniments: 6

Assistance with forms: 2

Home visits: 12

Follow-up: 7

Social Worker

The Kanesatake Health Center has two social workers in the Child and Family Services department. The primary role of a social worker is to empower individuals and families so they can make their own informed decisions, as well as to assess a person's social functioning and level of autonomy.

One of the social workers works specifically with children, teenagers, and families. The social worker plays a key role in supporting the well-being of young people and their families. Their work focuses on promoting stability, strengthening parental skills, and preventing at-risk situations. They also serve as a bridge between social services, families, and community resources. An important part of the role is advocating for families and youth in the context of DYP (Director of Youth Protection) interventions.

Statistics:

Open files: 23

Closed files: 14

Referred to other departments: 3

The second social worker works with elders in collaboration with the Home and Community Care (HCC) team. They help clients navigate the health care and social services network of Québec and helps advocate for additional services from the CISSS des Laurentides. They also complete the assessments required to initiate and provide assisted living services. Their role includes helping seniors remain at home by implementing services that compensate for their loss of autonomy. The social worker visits the Riverside Elders Home to assess and support residents according to their needs. They make the initial assessment regarding admission at the Elders Home.

Statistics:

Assessments: 33

Follow-ups: 289

Assistance with forms: 49

Accompaniments: 9

Clients: 59

Total hours of direct intervention with clients: 340 hours

We also have a social worker currently on maternity leave, and we have not been able to replace her. Her specialty was working with children aged 0–5, supporting parenting skills, and helping new parents adjust.

Special Education Technician

Since September 2024, we have had a Special Education Technician working with the Child and Family Services (CFS) social team. The Special Education Technician works with parents to help manage children's behavior, offering tools and advice that can be applied in daily life. They support the development of autonomy, provide accompaniment for referrals, and assist clients in accessing new services. They also help parents develop new parenting skills and offer support to early childhood program workers. The technician typically works as part of a team with the social worker, supporting individuals in their personal processes and in finding solutions.

Statistics:

Open files: 8

Closed files: 3

Mental Health and Wellness

In 2024-2025, we continued our commitment to providing compassionate, culturally grounded, and effective mental health and addictions support to the Kanehsatà:ke community. This report highlights the year's activities, accomplishments, and key statistics, emphasizing our collective efforts to strengthen holistic wellness, resilience, and healing for individuals and the community as a whole.

KEY STATISTICS		
Referrals to mental health professionals	6	Psychologists
Referrals to outreach	8	Healing lodge & regional detox centers
Crisis interventions	8	Increased
Debriefings	4	
Number of individuals served	34	Youth to Elders, (2 who are houseless)
Counseling sessions provided	10	
Trainings coordinated	1	QNW training on domestic violence
Partnerships strengthened	6	CSSS de Laurentides, Saint-Eustache Hospital, SPAQ - Parajudicial services, Kaniatarak'ta - Elders Home, Café parenthèses, Le paravent

NON INSURED HEALTH BENEFITS/ MEDICAL TRANSPORTATION

During the 2024-2025 period the Medical Transportation Program obtained 2 new vehicles. In June 2024 we received an Adapted Ford Minibus which replaced our exhausted Mercedes Sprinter. In September 2024 we also received a Ford Transit which replaced our Nissan. Both new vehicles still support the number of clients that can be transported at a time.

The following numbers are indicative of single use for the 2024-2025 fiscal year.

KHC Band Vehicles	626.00
KHC Band Vehicles/Adapted	72.5
Commercial Taxi	9.00
Commercial Taxi/Adapted	5.5
Contracted Drivers	185.00
Private Drivers	1062.00
Train	0.00
Bus/Metro	0.00

Photo by: Shelly Simon

Photo by: Lee Etienne

INTEGRATED QUALITY, SAFETY, AND RISK MANAGEMENT

In order to ensure the quality of care and to improve our services, The KHC compiles statistics on incidents and accidents involving clients in our organization.

Recommendations from the risk prevention committee are then implemented to prevent these incidents and accidents from recurring.

SUMMARY APRIL 2024 - MARCH 2025				
Falls	Medication	Equipment	Other	Total
24	20	1	9	54

SPECIAL PROJECTS

Community Oral Health Services (COHS)

Provides access to culturally appropriate oral health services in First Nations and Inuit communities. Bridges the gap through community-based oral health aides, who serve as an essential link to the communities. Provides dental screenings and education to parents and babies/ young children at the KHC clinic.

What are the goals of COHS?

- Addressing oral health needs, reducing oral health disparities experienced by First Nations and Inuit individuals across their lifespan
- Improving access to preventive services to prevent cavities and gum disease
- Enhancing treatment services by improving access to necessary treatments
- Early risk detection to identify early risk factors for cavities
- Reducing the need for treatment under general anesthetic
- Providing health guidance by supporting children and families about healthy choices for good oral health, general health and nutrition

DENTAL SCREENINGS ROTIWENNAKEHTE 2024-2025

GRADE	TOTAL SCREENED	REFERRED TO DENTIST	HAD TEETH FIXED BY DENTIST	NEEDED SEALANT	SDF DONE	HAD G.A.	NEEDED CLEANING
Nursery	11	1	1	N/A	2	2	0
Kindergarten	8	3	1	3	4	0	1
Grade 1	16	8	7	6	4	2	0
Grade 2	7	0	0	0	0	0	0
Grade 3	9	0	0	2	0	0	3
Grade 4	4	1	1	0	0	0	1
Grade 5	9	1	0	7	0	0	3
Grade 6	7	0	0	7	0	0	3
TOTAL	**71**	**14**	**10**	**25**	**10**	**4**	**11**

RATIHENTE DENTAL SCREENING 2024-2025

GRADE	TOTAL SCREENED	REFERRED TO DENTIST	TEETH CLEANING DONE IN SCHOOL	NEEDED SEALANT	HAD SEALANTS DONE IN SCHOOL
Grade 7	5	1	5	3	0
Grade 8	3	1	3	3	1
Grade 9	5	0	5	4	2
Grade 10	1	0	1	1	1
TOTAL	**14**	**2**	**14**	**11**	**4**

Jordan's Principle

Ensuring First Nations children receive health, social, and educational supports when they need them, without delay due to jurisdictional issues. Below are categories of services that have been approved through Jordan's Principle during this past fiscal year. These reflect services that commonly appear in applications, including in our community.

Service Category	Examples of Supports Approved	Key Features/ Considerations
Orthodontics	Braces, corrective dental alignments, specialized orthodontic appliances	Often long-term; may require referrals and specialist endorsement; costs can be substantial; eligibility depends on medical necessity.
Applied Behavioural Analysis (ABA)	Behaviour intervention plans, therapy for children with autism or related developmental needs	Requires certified providers, ongoing reporting; frequent sessions; may need oversight or coordination with schools or health services.
Neuropsychological Assessments	Cognitive testing, executive function evaluation, memory, learning disabilities diagnostics	Specialists needed; important for planning interventions in education, mental health; long wait times can be an issue in many regions.
Psychoeducational Assessments	Learning disabilities, academic performance evaluations, school readiness assessments	Often used by schools or educational boards; needed for Extra Educational Supports or IEPs; sometimes overlapping with neuropsych services.
Dental Procedures	Fillings, extractions, crowns, surgeries; preventive care and urgent care	Access to dentists, travel may be needed; some types of dental work are more likely to be approved if there is risk to health or function.
Sleep Apnea Testing / Sleep Diagnostics	Polysomnography, home-based sleep studies, CPAP fitting	Equipment, specialist assessments; follow up required; sleep labs or mobile units may be involved.
Speech & Language Pathology	Assessments, therapy (language, articulation, fluency), early intervention	Often high demand; frequency of therapy matters; may include support for augmentative communication devices if needed.
Psychiatry	Consults, diagnosis, medication management, follow-ups for mental health challenges	Access to child/adolescent psychiatrists can be limited; wait times; ensuring culturally competent care is often flagged.
Augmentative & Alternative Communication (AAC)	Devices (speech generating devices), training for use, symbol boards, software/apps	Equipment is more costly; training support is vital; device maintenance and upgrades sometimes required.

STAFF TRAINING

Nursing

- Immunisation
- RVQ
- ITSS
- Mise à jour ITSS
- Chlam-gono
- Soins de plaie
- Health Planning for indegenous community
- Dépistage de la rétinopathie CSSSPNQL
- Formation diabète CSSSPNQL
- Ulcères aux membres inférieurs: ulcères artérielles ENA
- Prévention et Gestion des plaies ENA
- Ulcères du pied diabétique ENA
- Ulcères aux membres inférieurs: ulcères veineux ENA
- Système d'information de laboratoire softwebplus

To renew a nursing license, Nurses go through 20 hours of training, to stay up to date, each year.

Mental Health & Wellness

- Mental Health- Information and discussion
- Mental Health - Psychosis intervention & wellness
- Violence prevention training
- National Mental Health Summit- Sought sponsorship by ISC

CFS

- NCCP Canoe/Kayak Training- June 5th, 6th, 7th, 2024
- Best Practices in Suicide Intervention- June 6th,12th, 26th, 2024
- Food Safety Course- June 11, 2024
- Level C CPR course- June 12th & 13th, 2024
- Anxiety in Children and Youth – Practical Intervention Strategies – June 17th, 2024
- Addiction & Youth – Substances, Technology, Porn – June 18, 2024
- Mental Health Concerns in Children and Youth – June 19, 2024
- Autism - Strategies for Self-Regulation, Learning, and Challenging Behaviours – June 20th & 21st, 2024
- Health Planning Training- July 9th & 10th, 2024
- Dialogue for Life- November 25th - November 29th, 2024
- Team Building/Trauma Training- January 5th - January 8th, 2025
- Creating Safety Plans for Clients- February 5th, 2025

FINANCIAL STATEMENTS

Kanesatake Health Center Inc.
Statement of Financial Position
As at March 31, 2025

	2025	2024
Financial assets		
Cash *(Note 3)*	**12,939,105**	10,362,543
Accounts receivable *(Note 4)*	**3,281,894**	2,643,419
Total of financial assets	**16,220,999**	13,005,962
Liabilities		
Accounts payable and accruals *(Note 5)*	**532,863**	461,697
Deferred revenue *(Note 6)*	**9,100,769**	7,852,748
Total of liabilities	**9,633,632**	8,314,445
Net financial assets	**6,587,367**	4,691,517
Contingencies *(Note 7)*		
Non-financial assets		
Tangible capital assets *(Note 8) (Schedule 1)*	**5,065,986**	911,820
Prepaid expenses and deposits	**106,207**	285,511
Total non-financial assets	**5,172,193**	1,197,331
Accumulated surplus *(Note 11)*	**11,759,560**	5,888,848

Approved on behalf of the Board of Directors

e-Signed by Sohenrise Paul Nicholas
2025-11-08 08:19:17:17 EST — **Director**

e-Signed by Reriahsiio Isaiah Bonspille
2025-11-07 16:23:16:16 EST — **Director**

The accompanying notes are an integral part of these financial statements

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Kanesatake Health Center Inc.
Statement of Operations
For the year ended March 31, 2025

	Schedules	2025 Budget	2025	2024
Revenue				
Indigenous Services Canada *(Note 10)*		**9,062,005**	**14,710,440**	10,142,723
CISSS de Laurentide *(Note 10)*		**-**	**695,000**	-
Mohawk Council of Kanesatake *(Note 10)*		**-**	**138,077**	218,747
Economic Development Agency of Canada *(Note 10)*		**-**	**-**	47,000
Province of Quebec *(Note 10)*		**220,494**	**250,000**	-
Other revenue		**-**	**11,073**	51,527
Rental income		**95,000**	**197,982**	148,997
Interest income		**-**	**25,921**	-
Deferred revenue - prior year *(Note 6)*		**-**	**7,852,748**	5,382,273
Deferred revenue - current year *(Note 6)*		**-**	**(9,100,769)**	(7,852,748)
		9,377,499	**14,780,472**	8,138,519
Program expenses				
Social Services	*4*	**4,818,551**	**5,304,129**	3,489,103
Clinical Services	*5*	**1,312,737**	**1,559,367**	1,506,651
Long-Term Care	*6*	**455,260**	**416,036**	402,026
Medical Transport	*7*	**-**	**323,403**	293,184
Administration	*8*	**792,010**	**925,906**	600,602
Capital Fund	*9*	**-**	**316,419**	130,355
Total expenses *(Schedule 2)*		**7,378,558**	**8,845,260**	6,421,921
Surplus before other items		**1,998,941**	**5,935,212**	1,716,598
Other income (expense)				
Gain on disposal of capital assets		**-**	**3,500**	-
Asset under development costs		**-**	**(68,000)**	(292,639)
		-	**(64,500)**	(292,639)
Surplus		**1,998,941**	**5,870,712**	1,423,959

The accompanying notes are an integral part of these financial statements

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KANESATAKE
Tsi Tetiontatshnié: tha
HEALTH · CENTER