ANNUAL REPORT

2015/16

SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY

MISSION

SLFNHA is dedicated to providing services, advocacy and leadership in the health of Anishinabe people across the Sioux Lookout region.

VISION

SLFNHA is recognized as the regional health authority for First Nations in the Sioux Lookout region that ensures equal and appropriate access to health care grounded in Anishinabe ways. We have earned this reputation by:

- Playing a regional coordinating role. There are strong defined working relationships & partnerships with all communities;
- Establishing the Approaches to Community Wellbeing model in communities resulting in better health promotion and prevention;
- Making mental health more accessible: shorter waiting lists, more counsellors, a system of care that meets the clients' needs;
- Promoting greater awareness & education of what SLFNHA does, with consultation and communication at the community level;
- Implementing a Human Resources strategy that increases First Nations health care professionals and well trained community-based care workers;
- Advocating for change at a broader level;

Leading to measurable improvements in the health status and outcomes of individuals and communities.

VALUES

We value, respect, and work to protect:

1. Anishinabe teachings of love, courage, respect, wisdom, truth, honesty, and humility;
2. Being agents of change in the First Nations health care system;
3. Re-powering individuals and communities to regain the rightful power over their health;
4. Individual, family and community beliefs and traditions;
5. Strengthening partnerships; and
6. Our Treaty rights to health care.

Sioux Lookout
First Nations
Health Authority

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PROGRAM REPORTS

MESSAGE FROM JOHN CUTFEET
CHAIR OF THE BOARD

At last year's AGM, the Chiefs-in-Assembly passed Resolution 15-23, Call for Declaration of Public Health Emergency, directing SLFNHA to advocate for the issuance of a Public Health Emergency in our communities. It was with this direction that SLFNHA and the Sioux Lookout area Chiefs Committee on Health (CCOH) began dedicated advocacy to elevate the awareness of the conditions in our communities and to demand that governments join First Nations in addressing the urgent and long-standing health issues caused by the inequality of health and health care services. As a result, we received much media and government attention.

Following the Declaration and our ongoing advocacy strategies, a meeting between First Nations leaders and the Ontario Minister of Health and the Federal Minister of Health took place. This was the first such meeting of its kind and it led to the parties agreeing to continue an ongoing relationship to develop and oversee transformative change in Indigenous health with a focus on NAN and SLFNHA communities.

Our issues were further elevated in April at the Parliamentary Standing Committee on Indigenous and Northern Affairs where leaders from NAN, SLFNHA, CCOH, and Mushkegowuk Tribal Council presented to the Committee.

Although there have been significant developments over the years, it is clear that systemic barriers and jurisdictional issues remain deeply entrenched and this prevents us from achieving the health equality that we require. Building on the many years of work of First Nations leaders, the key messages that we have been delivering are:

1. We have a treaty right to health care and a human right to equal health outcomes.

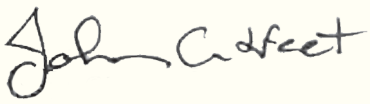
"With willing partners by our side, we have an opportunity to truly improve the health and health outcomes for our people. We must move quickly, but thoughtfully, with comprehensive engagement."

2. Our communities need immediate action and results must be seen at the community level.
3. We need a "whole of government" approach to collaborate with other organizations and governments to address social and environmental determinants of health (eg. poverty, water quality, housing, etc).
4. We need to move beyond band-aid solutions and work towards long term change to truly transform the health care system and the way it currently operates.

Our leadership continues to advocate for a nation-to-nation process to address the urgent issues and longstanding inequality of health and health care services. We have been guided by the historic documents that pave the way for greater control over services and improvements in health (Scott-McKay-Bain Health Report, Four Party Agreement, Anishinabe Health Plan, etc).

The timing for significant change is now. Government officials and our leadership refer to the current context as one where "the stars are aligned". With willing partners by our side, we have an opportunity to truly improve the health and health outcomes for our people. We must move quickly, but thoughtfully, with comprehensive engagement as our cornerstone to ensure programs, services and policy development are driven by the grassroots level.

Transforming the health care system is only a part of rebuilding our communities. In addition to poor health care, our communities have suffered other losses, such as the loss of culture, land and resources, and our children suffered abuses at the hands of the people who were supposed to be taking care of them (ie. residential schools, the Sixties Scoop, and Ralph Rowe abuses). Many people living in the communities are still suffering the impact of these abuses. In order to truly rebuild our communities, we must address and reconcile these losses and abuses; and we must design a system that supports individual, family, and community healing.



JOHN CUTFEET
CHAIR OF THE BOARD

MESSAGE FROM JAMES MORRIS
EXECUTIVE DIRECTOR

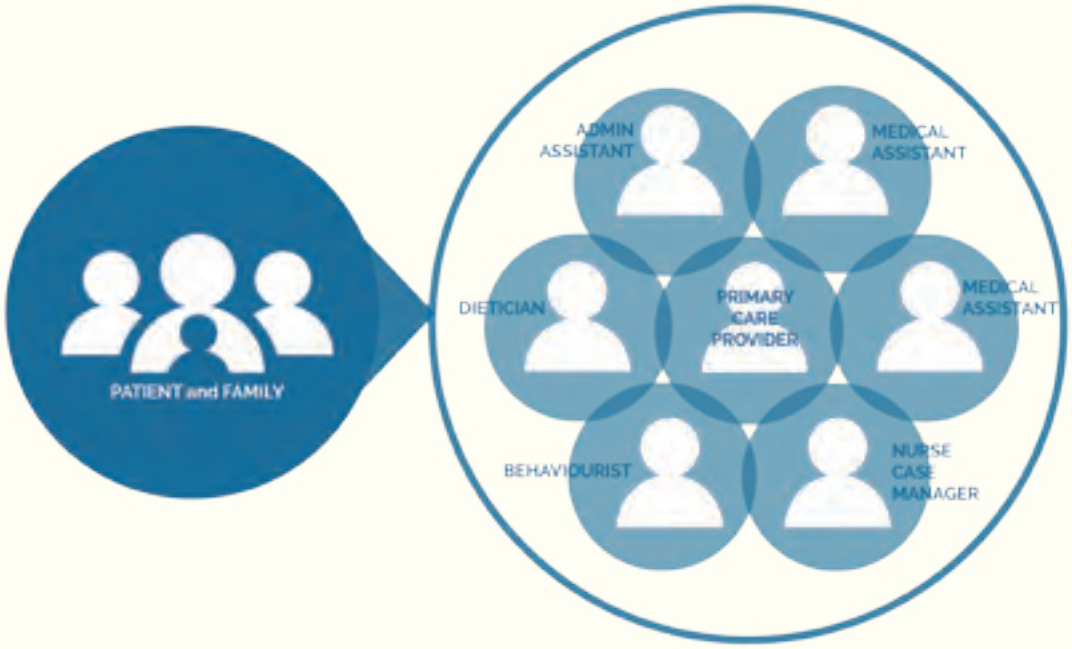
We are always looking for ways to make the Health Authority more efficient in how we deliver services to the Anishinabe people.

One of the methods that we use is to look at what other people are doing. One of those groups is the people in Alaska. They developed a system that they call the Nuka System.

In the late 1990's, the Native Americans in Alaska decided they would stop accepting programs that were handed to them (what we call "Health Transfer" in Canada) because those programs were not working that well. So, they decided to stop and take a step back and consult their people. They asked the people what types of health problems they were experiencing, how did they want to be helped, and how did they want their health care services to be set up. The result was the Nuka System.

One feature of the Nuka System that is most striking is their use of Primary Care Teams. They are integrated, co-located, inter-professional primary care teams that work together in what could be called "Pods" (*see diagram on opposite page*). In each pod, there is a scheduling assistant, a medical assistant, nurse case manager, a provider (a doctor or nurse practitioner), who all report to a non-clinical manager. A broader team, who are in the same area, includes other specialists such as a nutritionist and behavioural health consultant (mental health). The system is designed so that each team member works at the top of their scope – the nurse case manager role is key to orienting the team around the needs of the client (treating the whole person).

In Sioux Lookout, to look after one client coming to town for a medical appointment, we have the nurse or doctor in the northern nursing station, then we have NIHB in another building in Sioux Lookout, we have the Northern Clinic in another building, we have



An example of the Integrated Care Team model used by the Nuka System in Anchorage, Alaska.

hostel staff in another building, and finally we have Meno Ya Win Health Centre in another building.

So, one of the things we are currently doing at SLFNHA is exploring how we can make use of the efficiencies of the Nuka System. There are many similarities, but also key differences that we will have to adapt to our own environment, but because the people we serve are constantly reminding us about the problems they experience when accessing health care services, then making changes and innovations is something that must be done.

In the meantime we continue to run operations at SLFNHA as effectively as we can under the current system. We have received less complaints at the Hostel and are responding to the complaints and comments that we have received and we have hired new staff who bring a fresh perspective for dealing with old problems. We have two new senior staff that I would like to mention: Laura Stevenson, from Manitoba, is our new Finance Manager and brings many years of experience in financial management. Trish Hancharuk is our new Director of Treatment Services (Nodin) and was the first staff member to receive a mandate letter from me outlining specific expectations in her new position that are more detailed than what is contained in her job description.

Facilities is a major issue with us. Ultimately, we will build a primary health care facility beside the Meno Ya Win Health Centre. This facility will contain the permanent Northern Clinic (the temporary Northern Clinic opened in November 2015), doctors' offices, dental facilities and Nodin clinical offices. We also explored a plan to move the administration offices on-reserve.

Capacity building is another issue that we deal with. As an example, many of the people who are currently in the mental health field are not fully trained, therefore, we work with Nodin and community staff to upgrade their academic qualifications. One problem, in some cases, is getting staff to stay on the job long enough after they complete their training. Dealing with trauma is a very stressful job and that is what mental health workers deal with all the time. Mental health workers can be traumatized when they deal with suffering on an on-going basis. This is what we call 'vicarious trauma' and it happens to workers who regularly confront traumatic content. Training helps workers to learn what they are dealing with and how they can deal with cases in a trauma-informed manner.

We have a long way to go to reach our vision of improved health outcomes for the Anishinabe people in the Sioux Lookout area. However, we continue to push for a new system to improve how health care is delivered.

JAMES MORRIS
EXECUTIVE DIRECTOR

SLFNHA BOARD OF DIRECTORS

SLFNHA board members, from left: Solomom Mamakwa, Thomas Spade, Innes Sakchekapo, John Cutfeet, Emily Jacob, Bertha Bottle, Dr. Terri Farrell, Orpah McKenzie, and Joe Kakegamic. Missing: Mary Ann Panacheese.

BOARD OF DIRECTORS 2015/16

- John Cutfeet, Chair
- Bertha Bottle, Secretary/Treasurer
- Orpah McKenzie
- Mary Ann Panacheese
- Innes Sakchekapo
- Solomon Mamakwa
- Joe Kakegamic
- Emily Jacob, Elder
- Thomas Spade, Elder
- Dr. Terri Farrell, non-voting member

STRATEGIC PRIORITIES 2015-2017

- External Communications
- Human Resources Strategy
- Patient Advocacy
- Framework for Mental Health and Addictions
- Funding and Advocacy
- Partnership and Coordination

FINANCIAL REPORTS

Sioux Lookout First Nations Health Authority
Statement of Financial Position
As at March 31, 2016

	2016	2015
Assets		
Current		
Cash and cash equivalents *(Note 3)*	**1,437,476**	2,266,582
Investments *(Note 4)*	**377,838**	374,839
Accounts receivable *(Note 5)*	**91,578**	59,075
HST recoverable	**17,941**	17,377
Due from funding agencies *(Note 6)*	**2,107,020**	1,164,371
	4,031,853	3,882,244
Due from Sioux Lookout Regional Physician Services Inc. *(Note 7)*	**786,466**	662,564
Capital assets *(Note 8)*	**10,460,905**	10,866,912
	15,279,224	15,411,720
Liabilities		
Current		
Accounts payable and accruals	**1,808,494**	1,945,277
Government remittances payable	**12,189**	68,693
Deferred revenue *(Note 9)*	**216,183**	517,279
Due to funding agencies *(Note 10)*	**344,285**	338,700
Current liabilities before term loan due on demand	**2,381,151**	2,869,949
Term loan due on demand *(Note 11)*	**2,545,670**	2,886,727
Total current liabilities	**4,926,821**	5,756,676
Contingencies *(Note 12)*		
Net Assets		
Unrestricted	**(108,502)**	(1,211,868)
Invested in capital assets	**10,460,905**	10,866,912
	10,352,403	9,655,044
	15,279,224	15,411,720

Approved on behalf of the Board

Director

Director

The accompanying notes are an integral part of these financial statements

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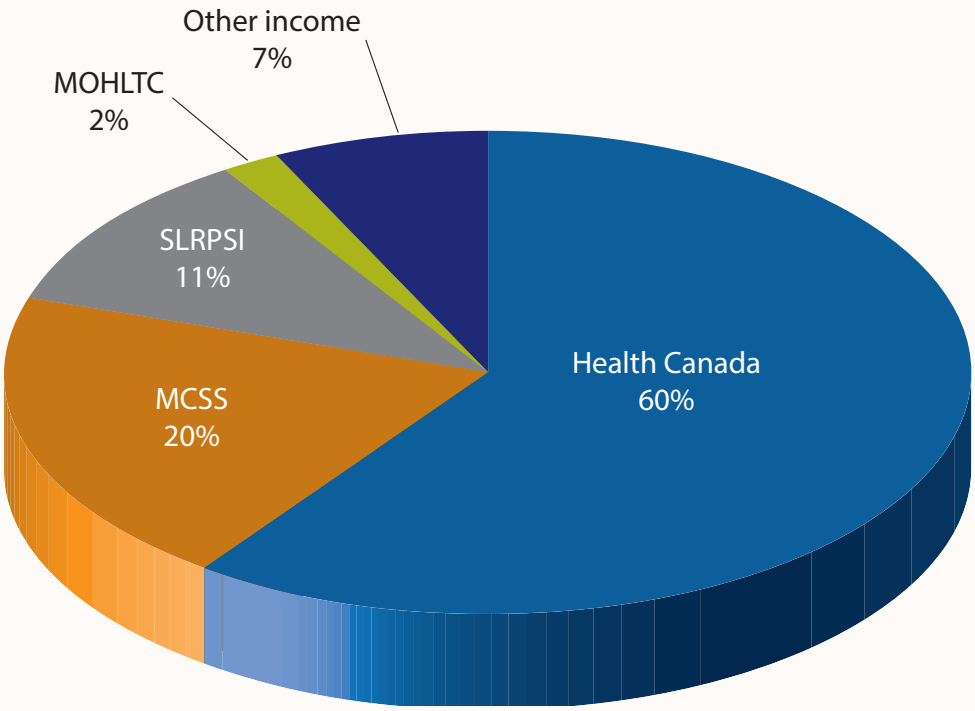
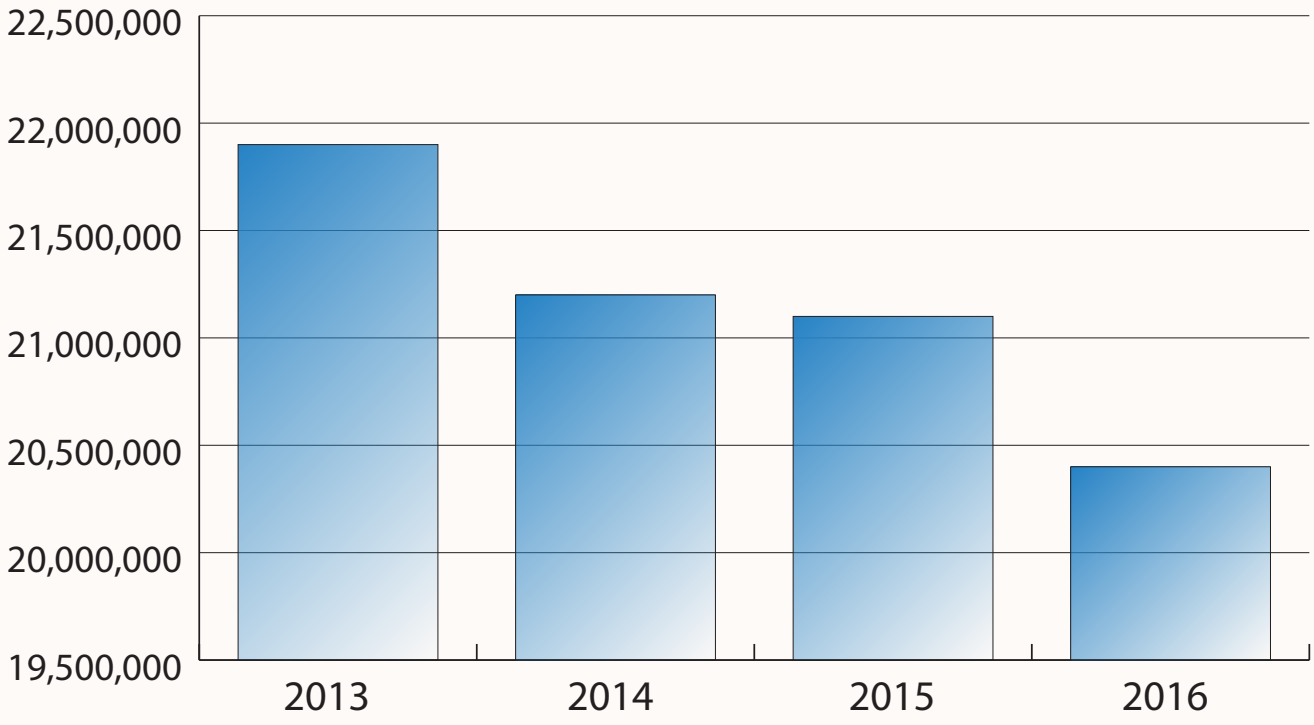
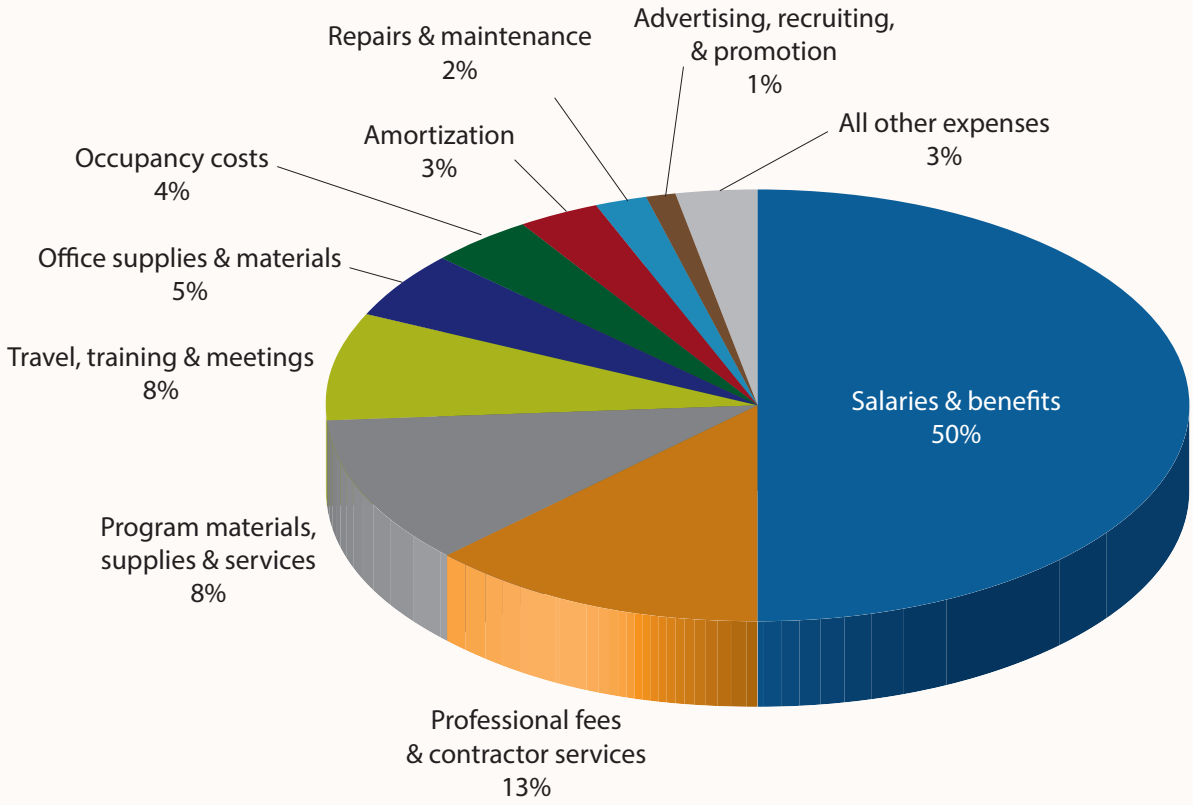
REVENUE BY SOURCE



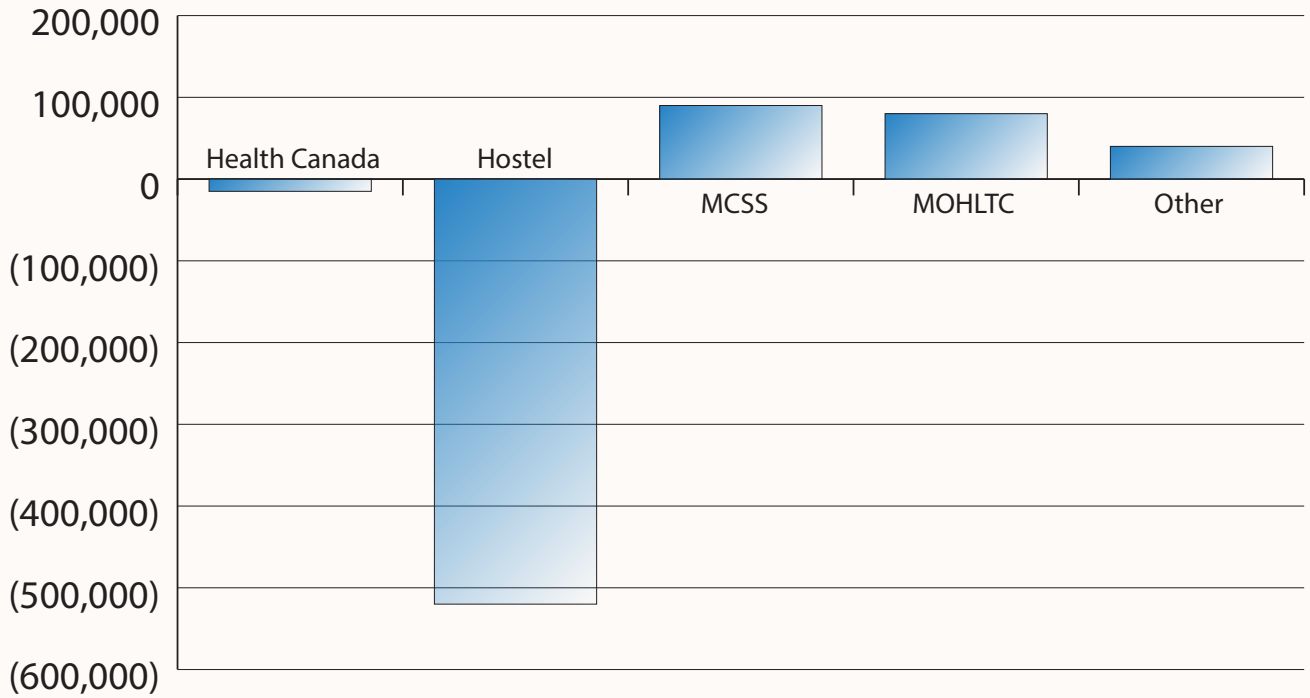
REVENUE TREND



EXPENSE BY OBJECT



SURPLUS (DEFICIT) BY FUNDER



MESSAGE FROM MARIE LANDS
CHIEF ADMINISTRATIVE OFFICER

Sioux Lookout First Nations Health Authority Chief Administrative Officer (CAO) is responsible for overseeing five administration departments within SLFNHA, which include Finance, Human Resources, Information Technology, Communications, and the Jeremiah McKay Kabayshewekamik Hostel. The Finance, Human Resources, Information Technology and Communications are the support branch to all SLFNHA employees and departments, and together they are oriented toward common goals in supporting the agency.

As CAO, I provide direction to all the administration departments and link those Directors to the functions in supporting all SLFNHA employees and often includes informing and advising on policy matters. My role interfaces with the Chief Operating Officer, which requires collaboration in all projects being undertaken from the Health Services areas.

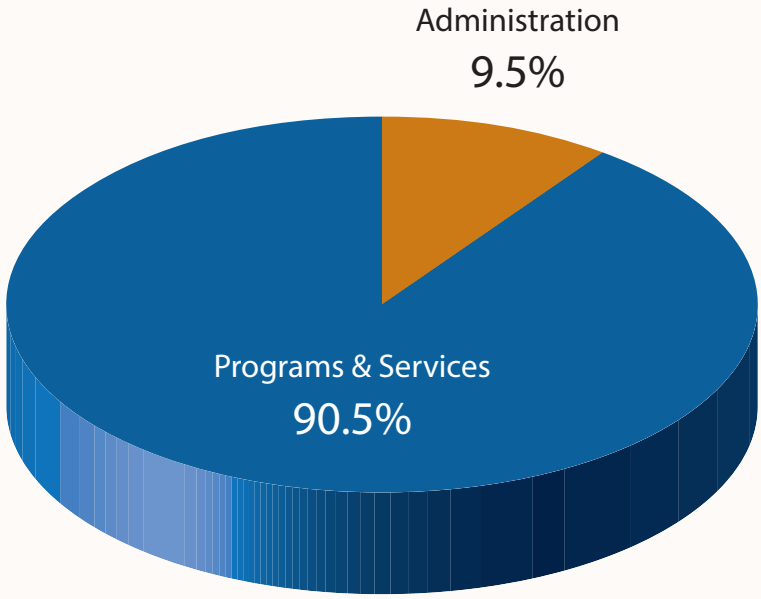
I am totally dedicated to SLFNHA Board of Director's strategic plans and priorities set out for 2015-2017. SLFNHA Strategic Plan is the foundation of our planning as an organization. I also respect the goals set by the Board as those priorities incorporate resolutions set out by the Chiefs of the Sioux Lookout area. Consequently, our planning is integrated with the resolutions as they set the vision for SLFNHA. Saying this, we work towards the vision and achieve our goals of SLFNHA, which in turn meets the needs of the First Nations communities it serves.

SLFNHA has been responsive in the changing landscape within health. We have increased the number of staff in all departments as Health Services takes on more functions. For this achievement I would like to congratulate the management teams who lead innovative change.

MARIE LANDS
CHIEF ADMINISTRATIVE OFFICER

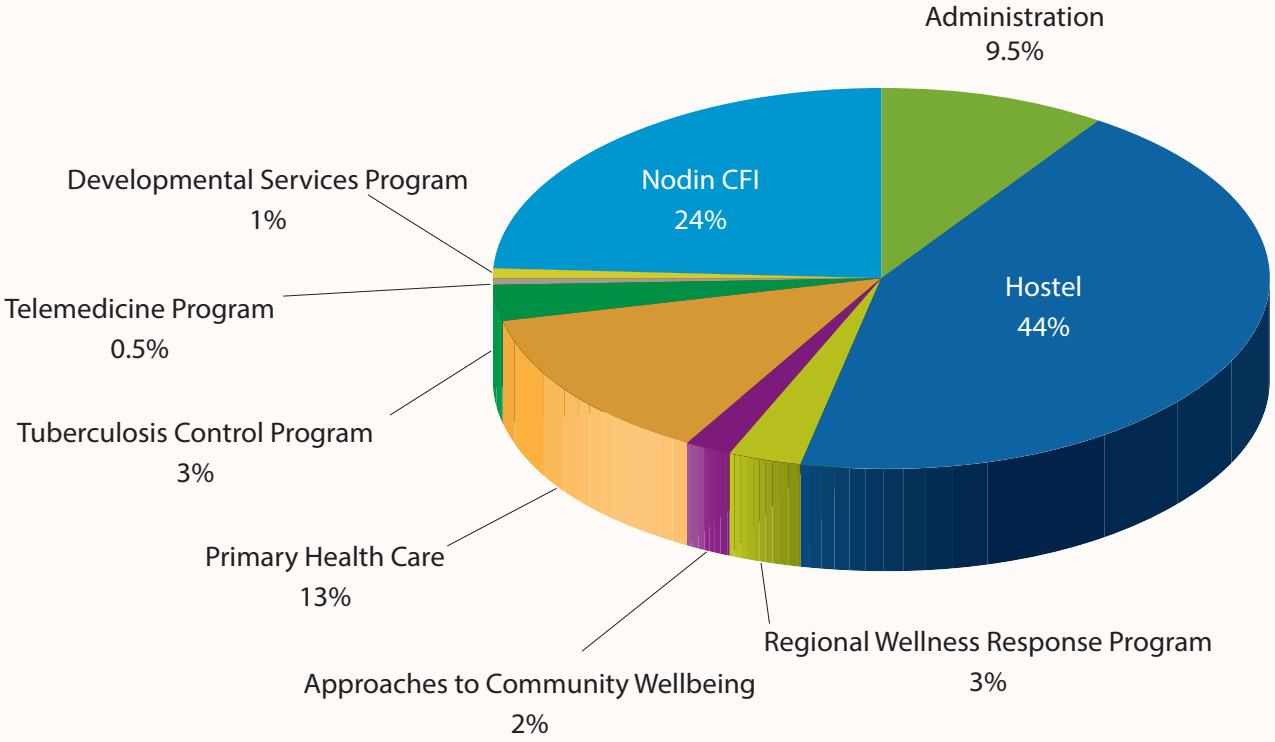
HUMAN RESOURCES

EMPLOYEES BY AREA



220
employees

EMPLOYEES BY DEPARTMENT



INFORMATION TECHNOLOGY

The Information Technology department is responsible for SLFNHA's technical infrastructure, network, electronic security, phone systems (legacy and Voice Over Internet Protocol - VOIP), cellphones, workstations, and tablets.

The IT Team consists of Chris Duval, Information Technologist; Christmas Norris, EMR Technologist; and Rod Horsman, Information Technology Manager. Between these three, the SLFNHA and SLRPSI programs are supported technologically.

YEAR IN REVIEW

- Completed an IT Gap Analysis that was approved by Senior Management.
- Completed 3-year IT Strategic Plan. SLFNHA Board has approved in concept.
- Implemented new servers.
- Purchased a Help Desk Ticketing System for SLFNHA.
- Setup various satellite offices (Public Health and New Clinic) within Sioux Lookout with VOIP (Voice Over Internet Protocol).
- Implemented new security software for all SLFNHA/SLRPSI computers/laptops/tablets (ESET and Malwarebytes).
- Kabba (Door system) upgrade at the Hostel.
- Transition to new version of OSCAR (Electronic Medical Record).
- Conducted various northern site visits to ascertain the available infrastructure.
- Transition security key card system to Human Resources.

COMMUNICATIONS

The Communications department is responsible for promoting and marketing SLFNHA to stakeholders and communities, as well as overseeing internal communication requirements.

YEAR IN REVIEW

- The Communications Strategy Working Group was established to oversee and execute the Strategic Plan's priority of enhancing external communications.
- Terms of reference developed for working group.
- Established objectives to improve external communications with communities and stakeholders.
- Communications work plan developed.

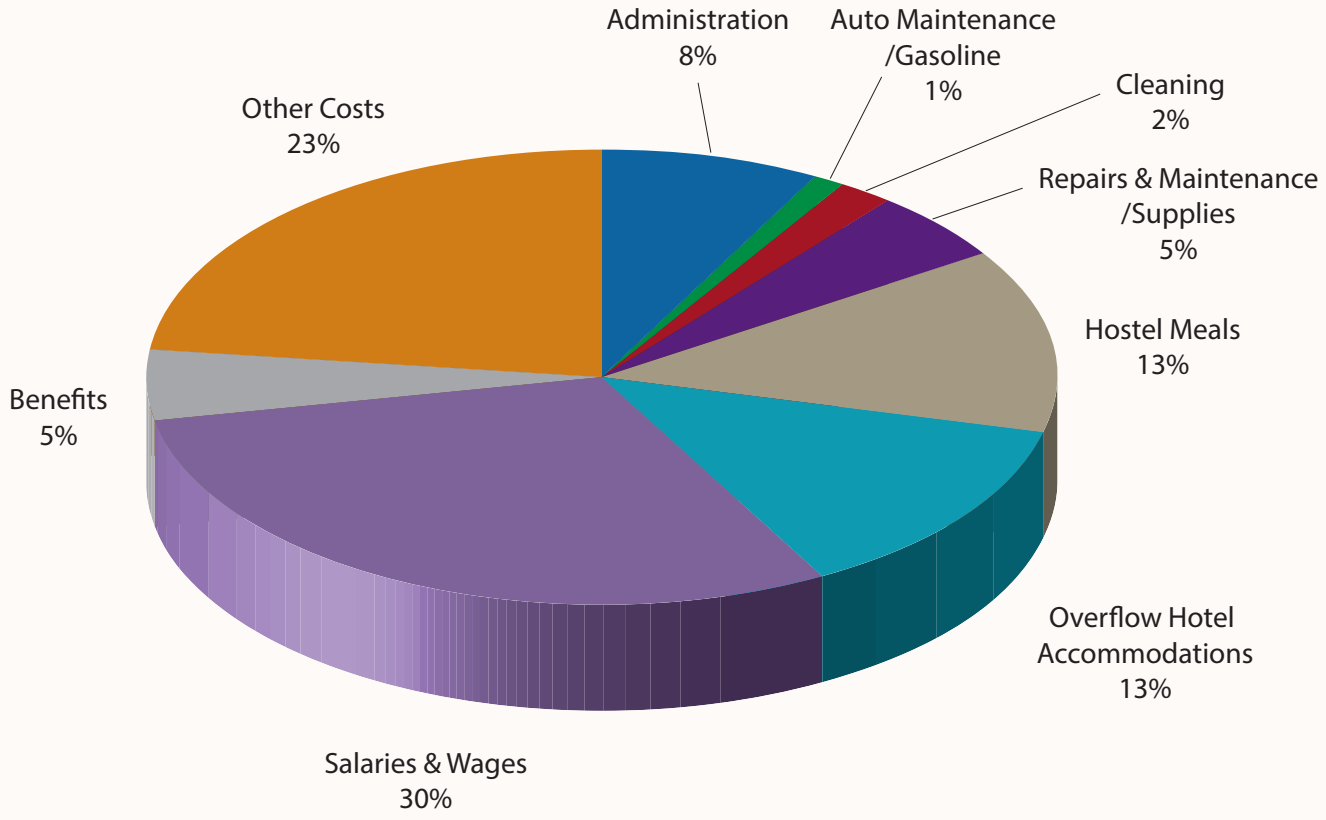
JEREMIAH MCKAY KABAYSHEWEKAMIK

The Hostel, located adjacent to Sioux Lookout Meno Ya Win Health Centre, is a 100-bed facility for clients travelling to and through Sioux Lookout from northern communities for medical appointments.

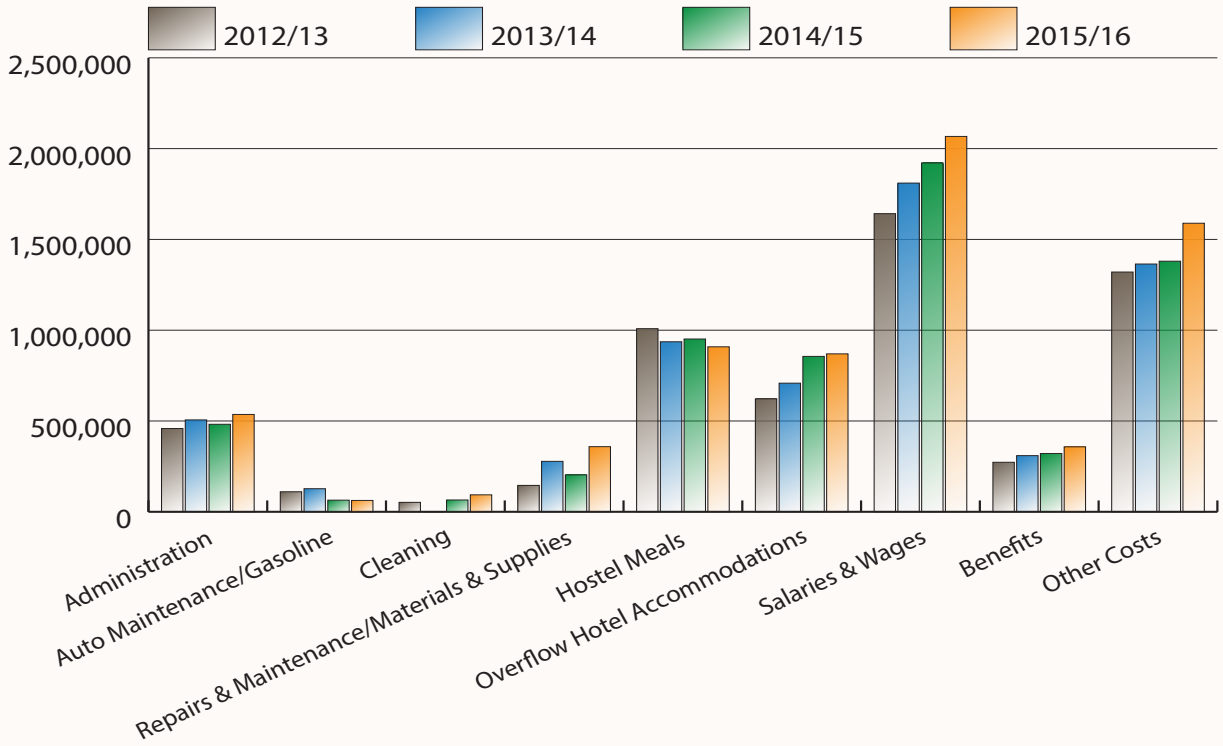
YEAR IN REVIEW

- A total of **36,394** clients and escorts were accommodated at the Hostel Facility and translates to an annual hostel occupancy rating of 99.7%.
- A total of **15,443** clients were accommodated as overflow and booked to local hotels and this translates to an average of 42 clients accommodated to hotels each night.
- Menu has significantly improved and SLFNHA continues to be assertive with Aramark to ensure quality.
- Discharge Coordinators have been hired to oversee the coordination of return travel for clients from northern communities.
- Senior Housekeeper position was created to provide quality control.
- Four new full-time security staff hired to assist in dealing with day-to-day activities.

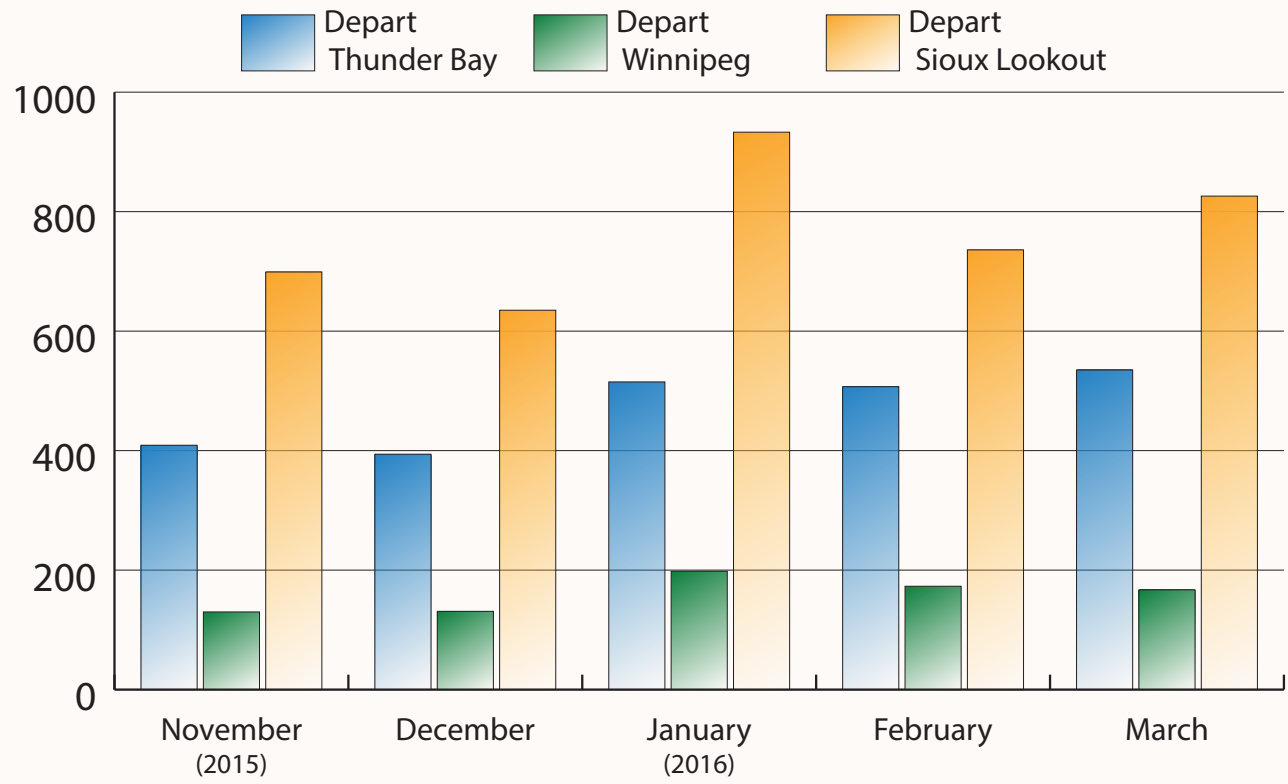
BREAKDOWN OF HOSTEL COSTS 2015/16



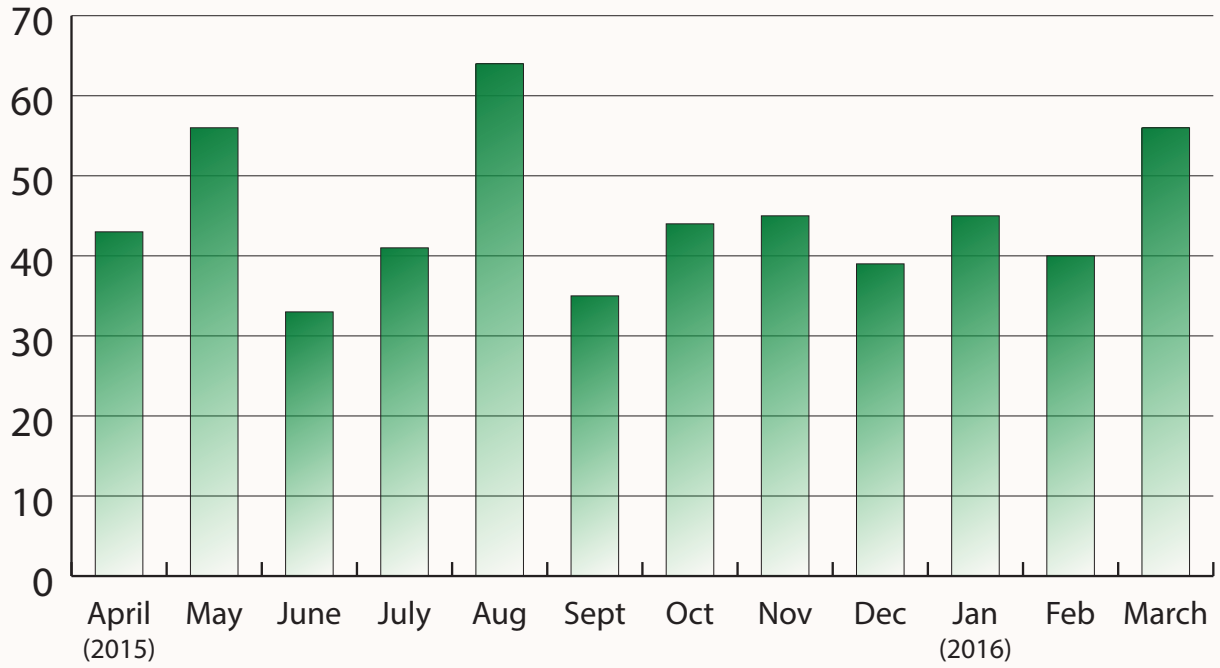
HOSTEL OPERATING COSTS (2013/14 - 2015/16)



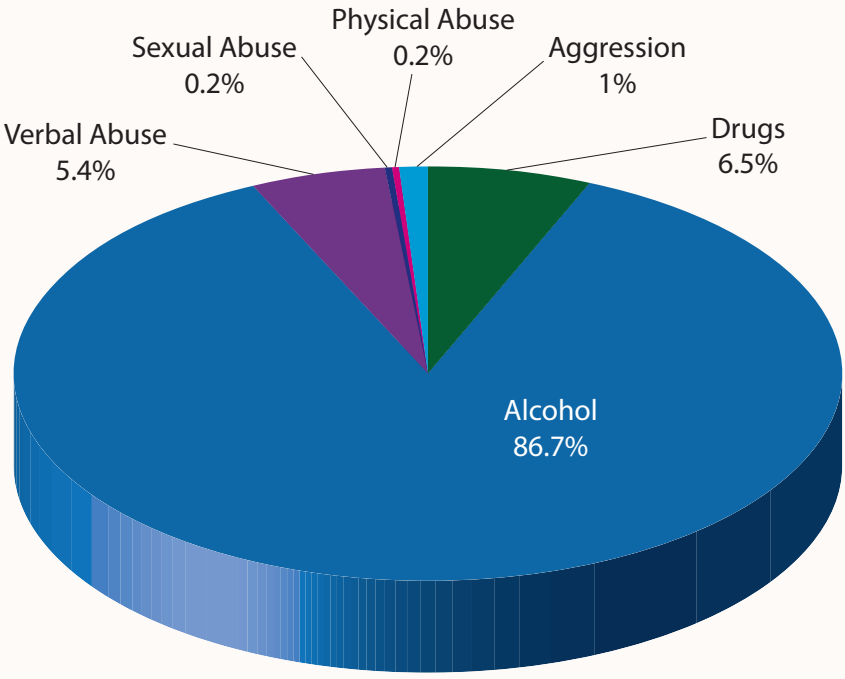
DISCHARGE SUMMARY

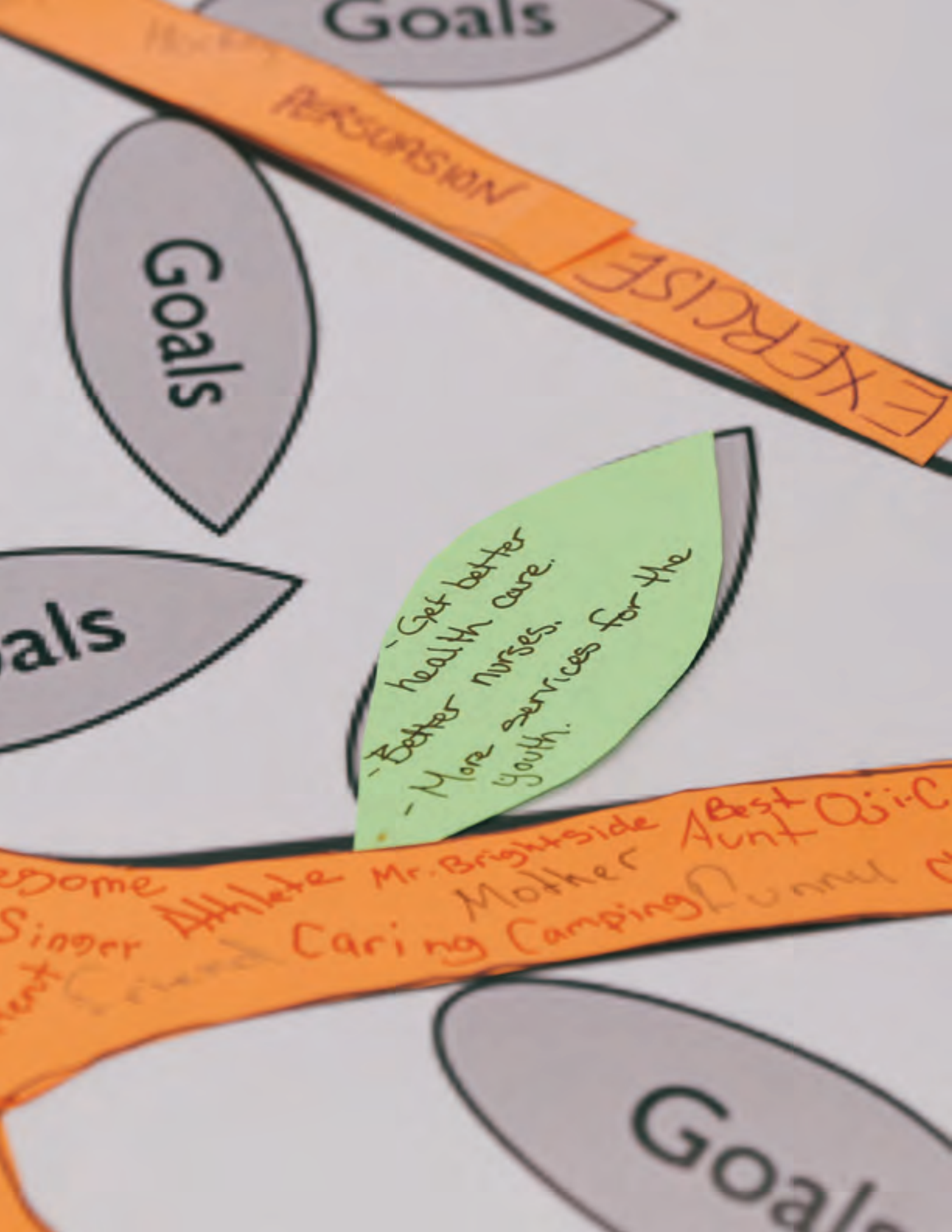


INCIDENTS PER MONTH



INCIDENTS PER ISSUE




Goals
Goals
Goals
Goals
EXERCISE
PERSUASION
- Get better health care.
- Better nurses.
- More services for the youth.
Mr. Brightside
Athlete
Caring
Camping
Mother
Best Aunt

PROGRAM REPORTS

"We must continue to lobby and advocate for a transformation of the health system."

MESSAGE FROM JANET GORDON
CHIEF OPERATING OFFICER

The 2015/16 year has been an active year as we continue to expand our services and better meet our communities' needs. With 28 All-Chiefs Resolutions and a changing political and funding landscape we have been busy!

Our delivery of health care has evolved over the years. When we first began operations, we assumed delivery of programs that were once under Health Canada, such as mental health services and the TB Control Program. However, it was clear that simply transferring programs from Health Canada to SLFNHA would not properly address the health concerns of our people. So through extensive dialogue and consultation we developed the Anishinabe Health Plan to guide and direct us to deliver culturally appropriate services designed by our people for our people.

From there, we moved into primary health care and physician services to address the immediate health issues facing so many of our people.

While we continue to address those immediate needs, it's time to begin a proactive approach to preventing the many ailments inflicting the overall population. That is why we are working to establish Approaches to Community Wellbeing (public health system). It also means developing partnerships that will help communities take ownership of health care delivery, such as the Community Health Workers Diabetes project.

We must continue to lobby and advocate for a transformation of the health system. We require a system level approach that involves integration and coordination of services to ensure resources are working together in a coordinated fashion.

We have another busy year ahead of us as we continue to plan and implement the various funding announcements that will be rolling out very quickly.

I look forward to these advancements and improvements to health care and access for our people.

JANET GORDON
CHIEF OPERATING OFFICER

REGIONAL WELLNESS RESPONSE PROGRAM

The Regional Wellness Response Program was established in January 2013 to help communities address priority issues of opioid addiction, associated mental health issues, and other related harms (i.e. injection drug use, sharing drug paraphernalia, increased hepatitis C).

YEAR IN REVIEW

- Program grew significantly in staffing, from 2.5 and consultants, to seven full-time staff.
- Comprises: CWDT Project Facilitator, CWDT Mental Specialist, CWDT Addiction Specialist, Hepatitis C Case Coordinator, Hepatitis C Treatment Nurse, Program Assistant, and Manager.

NEEDLE DISTRIBUTION SERVICE

- Sterile injection drug using equipment packed and shipped to 18 communities, totalling 14,140 kits.
- Safe disposal stickers adhered to all kits; inside, inspirational postcards to promote drug users to reach out for help and harm reduction.
- Safe disposal posters distributed.

HEPATITIS C SUPPORT AND TREATMENT SERVICE

- Developed a regional HCV Support and Treatment Service to work with people at risk of acquiring, living with or affected by the hepatitis C virus.
- Augmented from one position (HCV Case Coordinator) funded by the MOHLTC, to a HCV Treatment Nurse and Physicians through partnerships formed with NWO Elevate and SLRPSI.
- From commencement of direct client care at the end of last fiscal year up to the end of March 2016, 51 referrals were received.
- There were 8 community visits with a total of 43 hepatitis C educational presentations and or service promotion meetings during these visits.

COMMUNITY WELLNESS DEVELOPMENT TEAM

- Budget submitted to secure multi-year funding for the next three years (2016-2019)
- There were 26 community visits to assist communities during establishment of community-driven addiction treatment programs/approaches (e.g. Suboxone, Aftercare), totalling 231 educational groups/meetings with a total attendance of 1,033 persons.
- Provided guidance to seven communities during proposal writing for multi-year PDA funding.
- Five addictions related educational brochures developed.
- Manual developed to help community workers operate Suboxone and Aftercare programs with a plan to distribute within 2016/17 fiscal year.
- Share for Hope Program developed as an option to include in community addiction programs.

APPROACHES TO COMMUNITY WELLBEING

In 2010, the Sioux Lookout area Chiefs directed SLFNHA to develop a public health system for the region. In February 2015, the *Approaches to Community Wellbeing* model was presented to Chiefs and Health Directors. The Chiefs approved the model and directed SLFNHA to work towards transition and implementation.

YEAR IN REVIEW

- New staff were added during the year, including an Epidemiologist, Public Health & Preventive Medicine Specialist, and Community and Youth Engagement Officer.
- In September 2015, Resolution 15-25 provided SLFNHA with the direction to enter into data sharing agreements on behalf of the communities, which will enable the SLFNHA epidemiologist to analyze data and provide updates to communities on their health status.
- The Community Wellbeing Project conducted a series of videoconferences to explain what Community Wellbeing means and to explain the project and the vision moving forward.
- The Community Wellbeing Project team visited eight communities to engage community members and leaders on development of the Raising Our Children section of the Approaches to Community Wellbeing model.
- In the 2015/16 fiscal year, the Community Wellbeing Project conducted a Youth Art Challenge, a Youth Development Survey, and a Social Media survey in order to gain feedback from First Nations youth. In addition, they conducted approximately 18 presentations during eight school visits. These presentations reached approximately 250 students from 16 different communities.
- The Community Wellbeing Project Team has developed a transition plan for Preventing Infectious Diseases, and a transition plan for Community Wellbeing (Public Health) Nursing.

Approaches to Community Wellbeing model

PUBLIC HEALTH AND PREVENTIVE MEDICINE SPECIALIST

In October 2015, Dr. Natalie Bocking joined Approaches to Community Wellbeing (ACW) as a *Public Health and Preventive Medicine Specialist*. This position, also sometimes referred to as the Associate Medical Officer of Health (AMOH), is jointly funded by Health Canada and the Ministry of Health and Long-Term Care.

Dr. Bocking provides overall support to Approaches to Community Wellbeing as well as SLFNHA senior management, the Chiefs Committee on Health, and the SLFNHA Board for population health planning and public health issues as they arise.

Within Approaches to Community Wellbeing, she has focused on the following areas:

- *Public health surveillance and health status reporting:* Dr. Bocking has been working with the ACW epidemiologist to gain access to different federal and provincial data sources that hold health information about SLFNHA communities.
- *Preventing infectious diseases:* work in this area has included providing direct support to the SLFNHA TB program as well as working with MOHLTC, FNIHB, and health units on how we can move forward on transferring management of reportable diseases to SLFNHA.

COMMUNITY HEALTH WORKER DIABETES PROJECT

In 2014, the Sioux Lookout First Nations Health Authority and Dignitas International launched a collaboration to strengthen community-based care for Type 2 diabetes in First Nations communities in the Sioux Lookout area.

YEAR IN REVIEW

- Two-day community dialogue forum in August 2015; 34 participants learned about global case studies and best practices, and made recommendations on how to design the program.
- Three priorities agreed at the August 2015 meeting: Treatment Plan Support, Self-management Support, and Community Education and Health Promotion.
- 11 CHWs and Health Directors trained in Treatment Plan Support in February 2016, in a custom-designed training module; three more CHWs later trained in-community due to staff changes and scheduling conflicts.
- Seven CHWs trained on how to access the St. Elizabeth First Nations Diabetes Circle of Care online course, a free, comprehensive course designed for community health workers in remote communities.
- Soft launch of the implementation in March 2016 in New Slate Falls, with other communities following in Spring 2016.

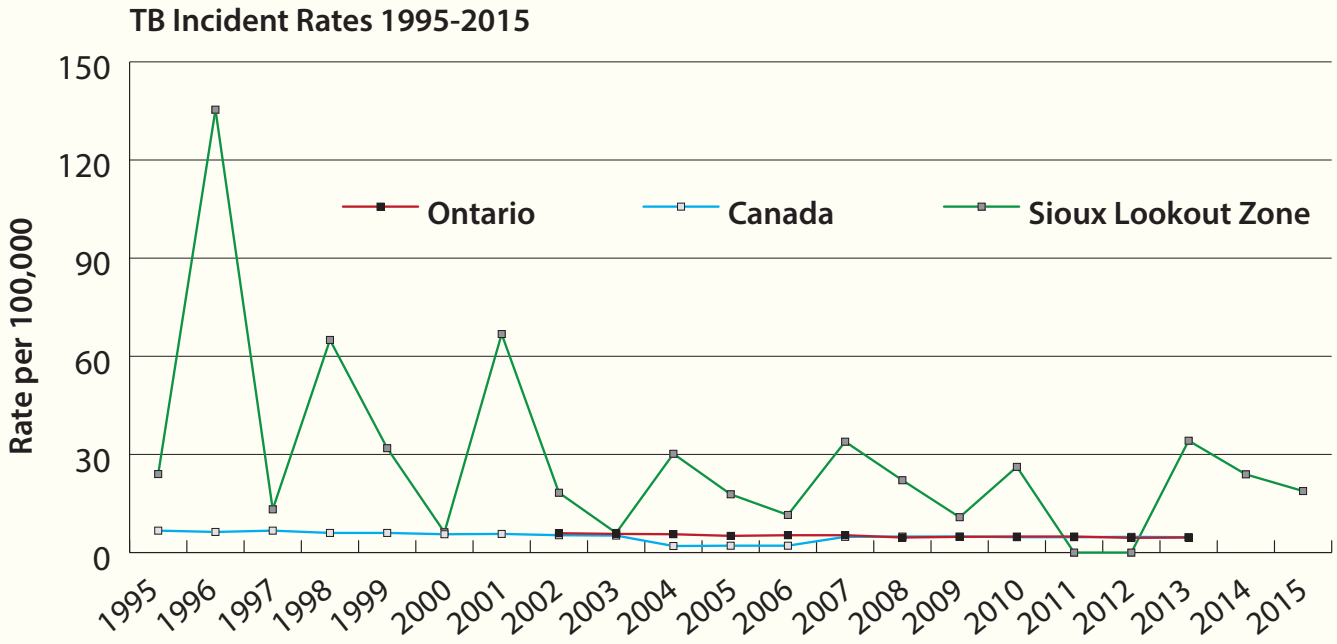
TUBERCULOSIS CONTROL PROGRAM

The goal of the Tuberculosis (TB) Program is to decrease the incidence of tuberculosis in First Nations in the Sioux Lookout area through case finding, supportive case treatment, contact tracing, education, and surveillance.

The TB Program provides support and advocacy for clients with tuberculosis and their families while in hospital and in the Jeremiah McKay Kabayshewekamik Hostel. Follow-up care at the community level continues to be a main focus during the long treatment regimens. Trips to communities continue to provide client and family support, screen contacts of TB cases, provide support for community health care providers, and give educational sessions.

YEAR IN REVIEW

- The number of TB cases decreased from five new cases in 2014 to four new cases in 2015.
- In 2015, 75% of TB cases were identified by investigation of signs and symptoms. The other 25% were found through contact tracing. This in line with how cases are found across Canada.
- Despite fluctuation there has been no significant increase in TB incidence rates over the last 10 years. Within the last year we saw a decrease in TB incidence.
- World TB Day (March 24) was acknowledged by sending an educational package to Health Directors and nursing stations where they could be shared with community members.

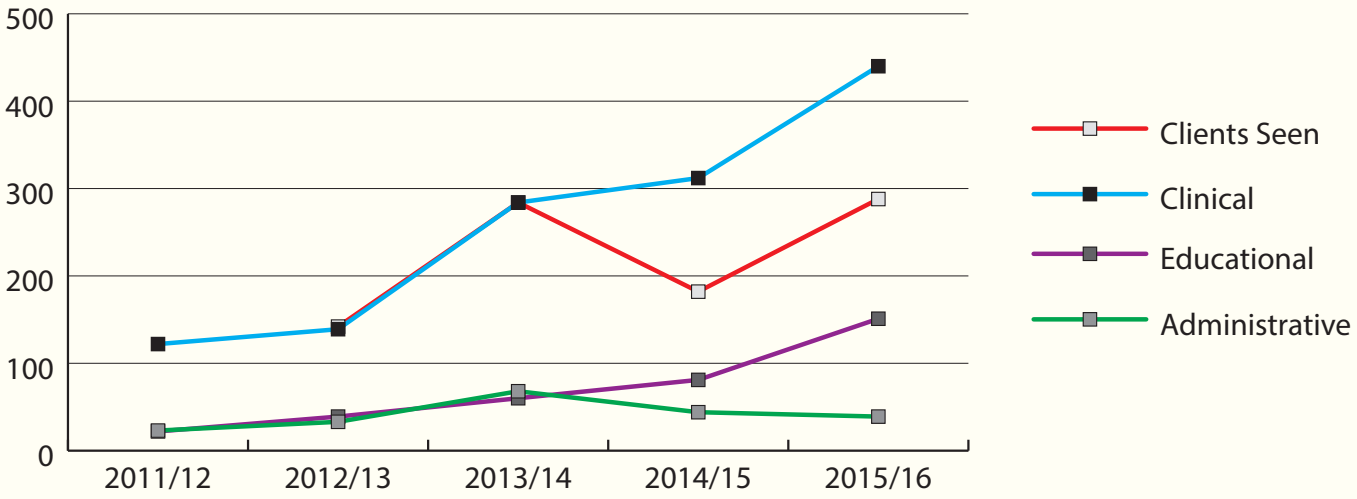


TELEMEDICINE PROGRAM AND NODIN TELEPSYCHIATRY

The purpose of SLFNHA Telemedicine Program is to enable access to mental health specialty services (i.e. Psychiatry, Psychology, Counseling, Art Therapy) and primary health care via confidential videoconference consultations (e-Health).

YEAR IN REVIEW

- Review of Tele-mental health services, case management, coordination and clinical scheduling; to date, total Nodin Telepsychiatry case load is 106 clients.
- Continued focus on advocacy of child/youth mental health service and development of common pathway between health care providers, clients, families and support workers in communities; to date, Nodin child/youth telepsychiatry case load is 65 clients.
- Replacement of a non-operational video unit at SLFNHA Health Services with a brand new videoconferencing system; to date we service four clinical units (three are fully operational).
- Introduction of OTN enabled Personal Videoconferencing at SLFNHA-administered Primary Health Care Unit.
- Coordination of bi-weekly clinical program consultations with Dr. Braunberger to enhance skills development of mental health workers based in 12 remote First Nations communities.



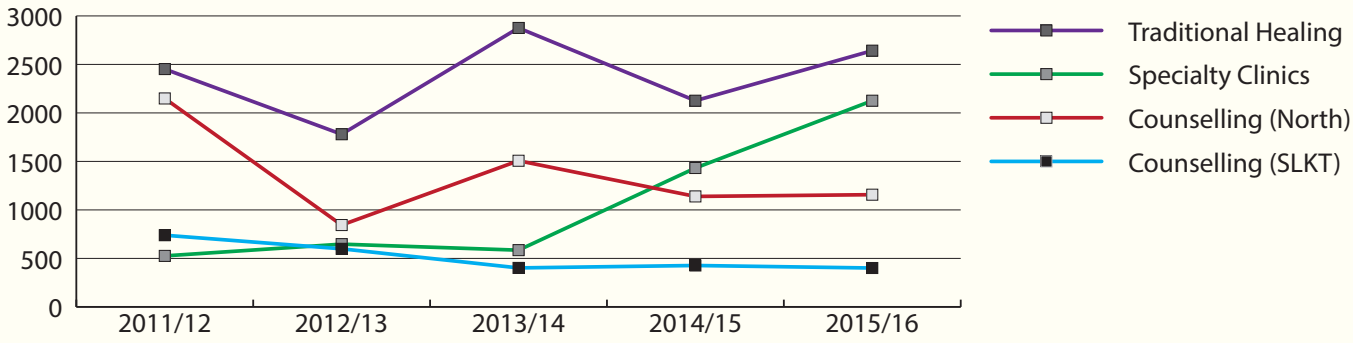
NODIN CHILD AND FAMILY INTERVENTION SERVICES

Nodin Child and Family Intervention (NCFI) Services provides mental health services for children, adults and families to the First Nation communities in the Sioux Lookout area.

YEAR IN REVIEW

MENTAL HEALTH SERVICES

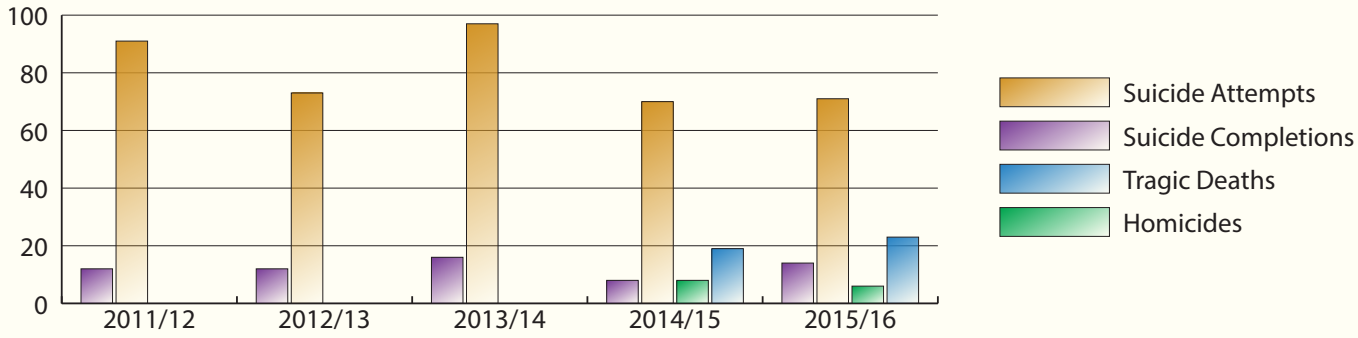
- There were 401 individuals seen in Acute Care Services this fiscal year and many of these clients were referred for follow-up in their home community by either a Nodin counsellor or the community mental health worker.
- Counselling services were provided to 203 First Nations students in Sioux Lookout attending Pelican Falls First Nations High School and Queen Elizabeth District High School.



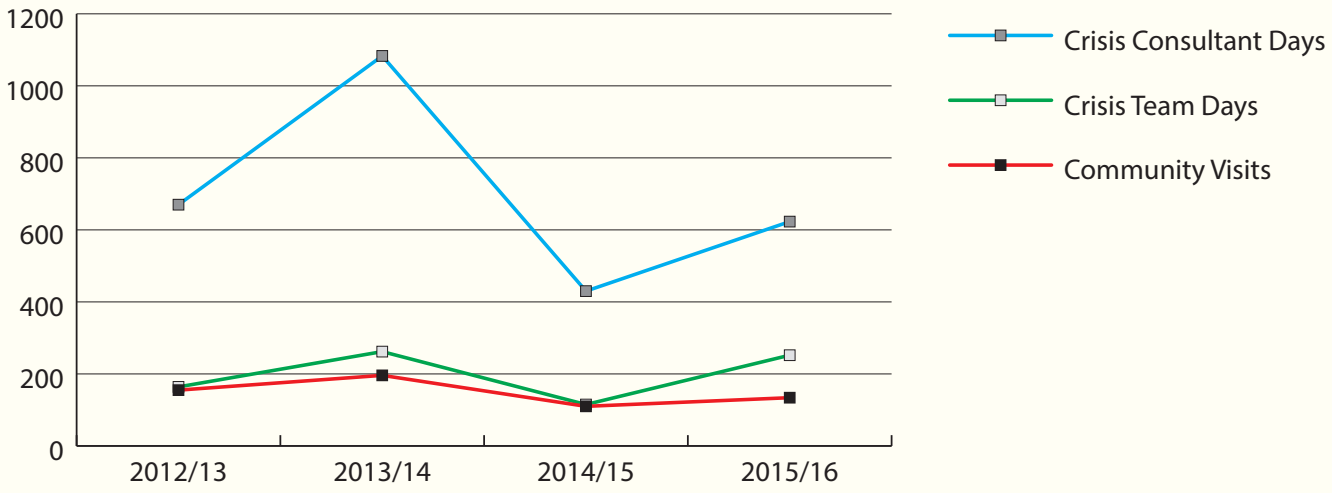
CRISIS RESPONSE PROGRAM

During this year the program received a total of 44 community incident reports and responded in the following ways:

- A total of 56 Crisis teams were deployed to provide crisis support.
- Crisis consultants were sent to 18 communities requesting assistance on 117 occasions and provided 252 days of crisis support.
- Crisis consultants facilitated 463 crisis intervention group activities.



CRISIS RESPONSE STATS



CHILDREN'S MENTAL HEALTH AND ADDICTION SERVICES

- During the 2015/16 fiscal year, 286 children and youth received counselling services.
- Workers participated in three training events during the year covering topics such as Clinical Documentation practices, Child & Adolescent Needs Assessment (CANS) and Columbia Suicide Risk Assessments.
- Monthly case consultation through video conferencing with Dr. Peter Braunberger, Child Psychiatrist.

FAMILY HEALING PROGRAM

- There are a total of 24 frontline workers who have both Level One and Two of the Certificate of Trauma counselling as delivered by Hinks Dellcrest; the project achieved that with 10 activities for 77 contacts.
- There were 10 frontline workers trained in grief counselling. Participating in these trainings give frontline workers the skills and knowledge to deal with trauma and grief as outlined in the Family Healing Program.
- 37 Workers and clients benefitted from attending the Returning to Spirit 5-day Aboriginal workshop. This workshop helps people with their responsibility of thoughts, feelings and behaviours that prevent them from enjoying life to the fullest.
- 130 Frontline workers and participants also benefitted from training with CAMH that enhances Child and Adult Relationships.
- 29 Clients completed the orientation to Community Family Healing Project, which involved three deliveries of traditional based activities, participant based activities that taught life skills and helped them begin to process events that may have left them stuck in self-defeating behaviours.
- A total of 87 clients participated in primary and secondary prevention activities.
- A total of 384 participants took part in 130 group activities that promotoed healing and wellness.

DEVELOPMENTAL SERVICES PROGRAM

The Developmental Program works with adults and youth with developmental disabilities, mental health issues and/or challenging behaviours. The Developmental Services has two components: Clinical Assessment Program (MMW) and Transitions Program.

YEAR IN REVIEW

- 37 community visits.
- Supported and coordination of 164 Clinical Assessments.
- 17 new intakes with six Developmental Services Ontario assessments completed.
- Supported 11 clients and families while attending court. Three clients involved with the Ontario Review Board courts were supported with their release by planning and identifying required supports/needs.
- Passport funding program approved eight passport funds to clients and enables them to seek support workers in homes and community.
- Three clients successfully transitioned from their respective communities into Group Living placements.
- Partnership has been established with Recreation Program in Lac Seul First Nation to focus on giving clients opportunities in volunteer placements, which may lead to employment if successful.

MEDICAL DIRECTOR REPORT

The SLFNHA Medical Director continues to serve in an advisory role to the organization, the Board of Directors (non-voting member), and to Sioux Lookout Regional Physician Services Inc. (SLRPSI).

YEAR IN REVIEW

- Assisted in planning the Declaration of Health Emergency for our communities. Subsequently, there has been extensive work done on further planning and implementation of short and long term changes associated with such a declaration.
- Provided expert medical advice to all health service programs, as well as responded to community concerns and inquiries. In addition, supported and mediated concerns between physicians and communities.
- Actively participated in strategic planning and implementation of physician services throughout the Sioux Lookout region, which includes primary health care teams and increased physician services as per recent funding announcement from Ministry of Health and Long Term Care.

BABY TEETH TALK STUDY

The Baby Teeth Talk Study was a three-year collaborative project to improve the dental health of First Nations children by working with mothers starting as early as possible during pregnancy. Simultaneous studies took place in New Zealand and Australia with Indigenous communities.

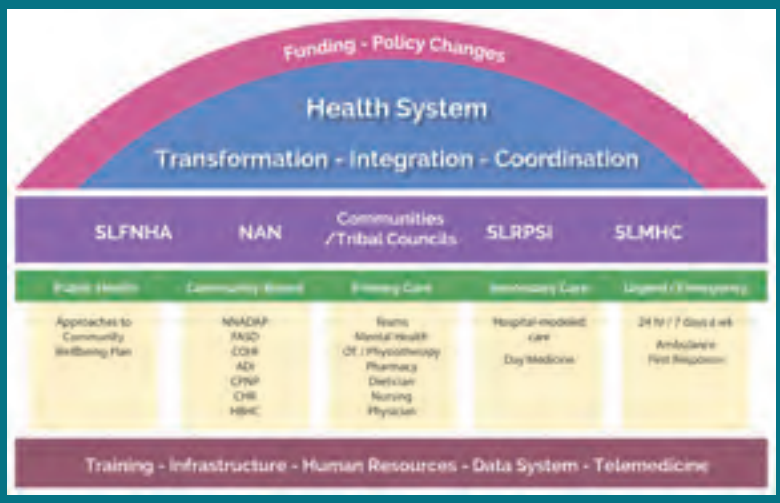
YEAR IN REVIEW

- Study was completed on March 2016. A final report will be completed by the fall of 2016.
- Recruited 255 pregnant First Nations women living in urban and on-reserve in Sioux Lookout area First Nations communities.
- Promoted and offered dental care during pregnancy and counselled mothers on caring for their children's teeth.

MOVING FORWARD

As we move forward, we have much to do. We are ramping up work on Approaches to Community Wellbeing. We are transitioning programs we currently operate to Approaches to Community Wellbeing, as well as restructuring and aligning programs and services as we develop and implement them. We are particularly looking at mental health and addiction services and how those programs can better serve our communities.

This also means working on collecting data on health issues affecting our communities. In that regard, we are working with Weeneebayko Area Health Authority on a data management surveillance system.



SLFNHA's vision for health system transformation for the Sioux Lookout area.

In regards to the Health and Public Health Emergency Declaration, we continue to participate on the Joint Action Table to advocate for the Transformation of Health Services. In the short term, governments have responded with funding and we are planning for it. We have also begun work on a business plan for primary care teams.

Partnerships will be key to these long-term and short-term goals and we'll continue to develop partnerships that are mutually beneficial.

SIOUX LOOKOUT REGIONAL PHYSICIAN SERVICES INC.

Sioux Lookout Regional Physician Services Inc. (SLRPSI) was established in early 2010 to provide innovative, patient-focused physician services in the Sioux Lookout area. SLRPSI is a corporation founded to plan, govern and manage physician services. SLFNHA provides administration and management supports to SLRPSI.

YEAR IN REVIEW

- SLRPSI reviewed it's strategies for recruiting and retaining physicians in April 2015 and have drafted a few short, medium, and long-term goals.
- The end of 2015 seen the move of the Northern Clinic from the Zone Hospital facility to a new interim facility on the Meno Ya Win campus.
- A Nurse Practitioner joined the clinic in June 2015 and has established a good roster of clients and she visits Pelican Falls School once weekly during the school year.
- Increase in physician human resources during the 2015/16 fiscal year.
- Ongoing development of the Electronic Medical Records (EMR) system. IT Tech has been and will continue to visit northern sites to assist communities and Health Canada with improving tech operations of a wireless based EMR.

2015-2016 Stats:

- 2364/2500 in community physician days.
- 107/180 in community Addiction Physician days to Suboxone Programs.
- 5277 client visits to the Sioux Lookout Northern Clinic.
- 265 Nurse Practitioner visits with students at Pelican Falls First Nations High School.

BOARD OF DIRECTORS 2015/16

- Dr. David Folk, Amdocs
- Dr. Joseph Dooley, Hugh Allen Clinic
- Dr. Fred Carlson, Northern Practice
- Dr. Terry O'Driscoll, Meno Ya Win
- David Murray, Meno Ya Win
- John Cutfeet, SLFNHA
- Solomon Mamakwa, SLFNHA
- Darcy Beardy, First Nations Family Physician & Health Services
- Sadie Maxwell, Meno Ya Win

CHIEFS COMMITTEE ON HEALTH

The Chiefs Committee on Health (CCOH) is an advocating and supporting body comprised of Chiefs from the Sioux Lookout area.

YEAR IN REVIEW

The CCOH has supported the SLFNHA resolution calling on the Chief Public Health Officer of Canada (CPHOA) to declare a public health emergency for First Nations in the Sioux Lookout area. In January 2016, the NAN Chiefs also passed a resolution calling on the CPHOA to declare a public health emergency for all the NAN First Nations.

On February 19, 2016 CCOH attended and supported a high level Health Summit meeting, which involved NAN, SLFNHA (Board and Executive), Health Canada, SLMHC, Municipality of Sioux Lookout, Ministry of Health and Long Term Care, and Public Health Agency of Canada.

They agreed that a new multilateral government-to-government relationship is required and there is a need for meaningful participation of First Nations in decision making and in the design of their health care system. A draft Charter of Relationship Principles for Anishinabe Health System Transformation was approved in principle. The Parties committed to finalizing the Charter within six weeks. In accordance with the Declaration, a NAN-wide strategy with immediate, intermediate and long term action items, is being developed.

Other CCOH activities:

- Two CCOH members travelled to Anchorage, Alaska to learn from the Nuka Health Care System.
- Continued support for the development of the Approaches to Community Wellbeing Model.
- Encouraged Meno Ya Win to implement a Patient Advocate Program.
- Continued support for the Needle Distribution Program.
- Committed financial support for start-up costs for the Mikinakoos Children's Fund.
- Approved of the Diabetes Community Worker Project.
- Continued to financially support the development of the Anishinabe Bimaadiziwin Research Program.
- Approval of a Rheumatic Fever Working Group and to take immediate action on a list of items.
- Provided oversight in the implementation of the Anishinabe Health Plan, which included reviewing and providing direction to the physician services delivery model and keeping informed of activities of Sioux Lookout Regional Physician Services Inc.

REPRESENTATIVES 2015/16

- Chief James Cutfeet, Kitchenuhmaykoosib Inninuwug
- Chief Clifford Bull, Lac Seul First Nation
- Chief Connie Gray-Mckay, Mishkeegogamang First Nation
- No representation, Matawa Tribal Council
- No representation, Eagle Lake First Nation
- Chief James Mamakwa, Kingfisher Lake First Nation
- Chief Titus Tait, Sachigo Lake First Nation
- No representation, Sandy Lake First Nation
- Tina Kakepetum-Schultz, Keewaytinook Okimakanak Council
- Jason Beardy, Nishnawbe Aski Nation

FOUR PARTY TABLE

The Sioux Lookout Four Party Hospital Services Agreement, signed in 1997, expired in October 2014. The four signatory parties (Nishnawbe Aski Nation, Health Canada, Ministry of Health and Long-Term Care, and the Municipality of Sioux Lookout) have agreed to continue working together to advance the primary commitments and principles found in the original agreement.

SLFNHA sits at the Four Party Table as a technical/advisory member, along with Sioux Lookout Meno Ya Win Health Centre (SLMHC) and the North West Local Health Integration Network (North West LHIN).

In response to SLFNHA Resolution 15-23 Call for Declaration of Public Health Emergency, SLFNHA collaborates with its Four Party Partners to address the issues raised in Resolution 15-23 and to work towards transforming the health care system in the Sioux Lookout area.

YEAR IN REVIEW

- Ongoing research, policy analysis and preparation of reports on the key priorities of the Four Party Table (Mental Health and Addictions, Primary Health Care Clinic, Long Term Care & Elder Care, etc).
- August 20 & 21, 2015 – Four Party Strategic Planning Session (Eabametoong First Nation)
- Ongoing technical support and advocacy regarding Declaration of Emergency and Health System Transformation.
- November 25 & 26, 2015 – Collaborative Planning Session with SLFNHA and partners.
- February 19, 2016 – Health Summit re: Health System Transformation in the Sioux Lookout area.
- March 31, 2016 – Meeting between Provincial and Federal Health Ministers and First Nations Leaders, in response to the Declaration of Emergency.
- Joint Action Table (Senior Officials from NAN, MOHLTC and Health Canada), an ongoing process directed by NAN and Health Ministers to respond to the Declaration of Emergency.

MOVING FORWARD

Building on our foundational documents (Scott-McKay-Bain Report, Four Party Agreement, Anishinabe Health Plan, etc) and ongoing directions from our communities, SLFNHA continues to work with our Four Party Partners at various planning tables. We continue to advocate for and provide technical expertise required for health system transformation for First Nations in the Sioux Lookout area. This will involve strengthening partnerships and continuing efforts to integrate and coordinate services in a way that makes sense for our area and improves access to health care for First Nations people.

PARTNERS & FUNDERS

Aboriginal Healing & Wellness Strategy
Amdocs
Cancer Care Ontario
Centre for Addiction and Mental Health
Chiefs Committee on Health
Chiefs of Ontario
Children's Hospital of Eastern Ontario
CIBC
Dignitas International
Elevate
Firefly Children's Mental Health
First Nations Family Physicians and Health Services
Health Canada - First Nations & Inuit Health Branch
The Hospital for Sick Children (SickKids) - Telepyschiatry
Hugh Allen Clinic Family Health Group
Keewaytinook Okimakanak Telemedicine
Kinark Child and Family Services
Local Health Integration Network
Municipality of Sioux Lookout
Nishnawbe Aski Nation
The Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health
Northwestern Health Unit
Northwestern Ontario Infection Control Network
Northern Ontario School of Medicine
Ontario Centre of Excellence for Child and Youth Mental Health
Ontario Provincial Police
Ontario Trillium Foundation
Out of the Cold Shelter
Project Journey
Province of Ontario
- Ministry of Community & Social Services
- Ministry of Children and Youth Services
- Ministry of Health & Long Term Care

Sioux Lookout area First Nations
Sioux Lookout area Tribal Councils
- Independent First Nations Alliance
- Keewaytinook Okimakanak
- Matawa First Nations Management
- Shibogama First Nations Council
- Windigo First Nations Council

Sioux Lookout-Hudson Association for Community Living
Sioux Lookout Meno Ya Win Health Centre
Sioux Lookout Meno Ya Win Health Centre - Community Counselling and Addiction Services
Sioux Lookout Pastoral Care Committee
Sioux Lookout Regional Physicians Services Inc.
Surrey Place Centre
Tikinagan Child and Family Services
Thunder Bay District Health Unit
University Health Network

Sioux Lookout First Nations Health Authority

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Email: info@slfnha.com

Sioux Lookout First Nations Health Authority

Financial Statements

March 31, 2016

Sioux Lookout First Nations Health Authority

Contents

For the year ended March 31, 2016

Management's Responsibility

To the Board of Directors of Sioux Lookout First Nations Health Authority:

Management is responsible for the preparation and presentation of the accompanying financial statements, including responsibility for significant accounting judgments and estimates in accordance with Canadian accounting standards for not-for-profit organizations. This responsibility includes selecting appropriate accounting principles and methods, and making decisions affecting the measurement of transactions in which objective judgment is required.

In discharging its responsibilities for the integrity and fairness of the financial statements, management designs and maintains the necessary accounting systems and related internal controls to provide reasonable assurance that transactions are authorized, assets are safeguarded and financial records are properly maintained to provide reliable information for the preparation of financial statements.

The Board of Directors is composed primarily of Directors who are neither management nor employees of the Organization. The Board is responsible for overseeing management in the performance of its financial reporting responsibilities, and for approving the financial information included in the annual report. The Board fulfils these responsibilities by reviewing the financial information prepared by management and discussing relevant matters with management and external auditors. The Board is also responsible for recommending the appointment of the Organization's external auditors.

MNP LLP is appointed by the Board of Directors to audit the financial statements and report directly to them; their report follows. The external auditors have full and free access to, and meet periodically and separately with, both the Board and management to discuss their audit findings.

June 29, 2016

Executive Director

Independent Auditors' Report

To the Board of Directors of Sioux Lookout First Nations Health Authority:

We have audited the accompanying financial statements of Sioux Lookout First Nations Health Authority, which comprise the statement of financial position as at March 31, 2016, and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Sioux Lookout First Nations Health Authority as at March 31, 2016 and the results of its operations and changes in net assets and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

MNP LLP

Thunder Bay, Ontario
June 29, 2016

Chartered Professional Accountants
Licensed Public Accountants

Sioux Lookout First Nations Health Authority
Statement of Financial Position
As at March 31, 2016

	2016	2015
Assets		
Current		
Cash and cash equivalents *(Note 3)*	**1,437,476**	2,266,582
Investments *(Note 4)*	**377,838**	374,839
Accounts receivable *(Note 5)*	**91,578**	59,075
HST recoverable	**17,941**	17,377
Due from funding agencies *(Note 6)*	**2,107,020**	1,164,371
	4,031,853	3,882,244
Due from Sioux Lookout Regional Physician Services Inc. *(Note 7)*	**786,466**	662,564
Capital assets *(Note 8)*	**10,460,905**	10,866,912
	15,279,224	15,411,720
Liabilities		
Current		
Accounts payable and accruals	**1,808,494**	1,945,277
Government remittances payable	**12,189**	68,693
Deferred revenue *(Note 9)*	**216,183**	517,279
Due to funding agencies *(Note 10)*	**344,285**	338,700
Current liabilities before term loan due on demand	**2,381,151**	2,869,949
Term loan due on demand *(Note 11)*	**2,545,670**	2,886,727
Total current liabilities	**4,926,821**	5,756,676
Contingencies *(Note 12)*		
Net Assets		
Unrestricted	**(108,502)**	(1,211,868)
Invested in capital assets	**10,460,905**	10,866,912
	10,352,403	9,655,044
	15,279,224	15,411,720

Approved on behalf of the Board

John Cutfeet
Director

Bertha Bottle
Director

The accompanying notes are an integral part of these financial statements

Sioux Lookout First Nations Health Authority
Statement of Operations and Changes in Net Assets
For the year ended March 31, 2016

	Unrestricted Fund	*Invested in Capital assets*	*2016*	*2015*
Revenue				
Health Canada	**12,271,848**	**-**	**12,271,848**	12,636,055
Ministry of Community and Social Services	**3,949,175**	**-**	**3,949,175**	5,681,385
Ministry of Health and Long-Term Care	**453,300**	**-**	**453,300**	220,000
Other income	**1,335,228**	**-**	**1,335,228**	868,505
Sioux Lookout Regional Physician Services Inc. *(Note 7)*	**2,299,323**	**-**	**2,299,323**	1,906,916
Change in deferred revenue	**301,096**	**-**	**301,096**	(37,062)
Funder deficit/recoveries	**(197,020)**	**-**	**(197,020)**	(192,969)
Total revenue	**20,412,950**	**-**	**20,412,950**	21,082,830
Expenses				
Administration and internal allocations	**11,534**	**-**	**11,534**	7,826
Advertising, recruiting and promotion	**215,252**	**-**	**215,252**	188,128
Amortization	**586,946**	**-**	**586,946**	886,267
Automobile	**94,661**	**-**	**94,661**	125,963
Insurance	**131,678**	**-**	**131,678**	135,252
Interest on long-term debt	**110,775**	**-**	**110,775**	140,522
Occupancy costs	**774,531**	**-**	**774,531**	733,492
Office equipment, materials and supplies	**920,525**	**-**	**920,525**	766,211
Physician services	**209,676**	**-**	**209,676**	437,436
Professional fees and contractor services	**2,518,427**	**-**	**2,518,427**	2,859,255
Program materials, supplies and services	**2,198,071**	**-**	**2,198,071**	2,346,450
Repairs and maintenance	**447,031**	**-**	**447,031**	220,034
Salaries and benefits	**9,891,955**	**-**	**9,891,955**	9,307,116
Travel, training and meetings	**1,604,529**	**-**	**1,604,529**	2,348,233
Total expenses	**19,715,591**	**-**	**19,715,591**	20,502,185
Excess of revenue over expenses	**697,359**	**-**	**697,359**	580,645
Net assets, beginning of year	**(1,211,868)**	**10,866,912**	**9,655,044**	9,074,399
Change in invested in capital assets *(Note 14)*	**406,007**	**(406,007)**	**-**	-
Net assets, end of year	**(108,502)**	**10,460,905**	**10,352,403**	9,655,044

The accompanying notes are an integral part of these financial statements

Sioux Lookout First Nations Health Authority
Statement of Cash Flows
For the year ended March 31, 2016

	2016	2015
Cash provided by (used for) the following activities		
Operating		
Excess of revenue over expenses	**697,359**	580,645
Amortization	**586,946**	886,267
	1,284,305	1,466,912
Changes in working capital accounts		
Accounts receivable	**(32,503)**	153,973
Due from Sioux Lookout Regional Physician Services Inc.	**(123,902)**	(55,509)
Due from funding agencies	**(942,649)**	124,039
HST recoverable	**(564)**	(17,377)
Accounts payable and accruals	**(136,783)**	(579,775)
Due to funding agencies	**5,585**	(113,196)
Government remittances payable	**(56,504)**	27,561
Deferred revenue	**(301,096)**	37,063
	(304,111)	1,043,691
Financing		
Repayments of short-term debt	**(341,057)**	(328,655)
Investing		
Purchase of capital assets	**(180,939)**	(94,008)
Purchase of investments	**(2,999)**	(2,975)
	(183,938)	(96,983)
Increase (decrease) in cash resources	**(829,106)**	618,053
Cash resources, beginning of year	**2,266,582**	1,648,529
Cash resources, end of year	**1,437,476**	2,266,582

The accompanying notes are an integral part of these financial statements

1. Incorporation and nature of the organization

Sioux Lookout First Nations Health Authority (the "Organization") is incorporated without share capital as a not-for-profit organization to represent and address the health needs of the thirty First Nations communities in the Sioux Lookout area. It receives base funding from Health Canada and the Ministry of Community and Social Services to cover its operations.

2. Significant accounting policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

Cash and cash equivalents

Cash and cash equivalents include balances with banks and short-term investments with maturities of three months or less.

Fund accounting

The Organization reports using fund accounting and maintains two funds: Unrestricted Fund and Invested in Capital Assets.

The Unrestricted Fund reports the Organization's revenue and expenses related to the general operations and administration.

The Invested in Capital Assets reports the Organization's assets, liabilities, revenue and expenses related to the capital assets.

Revenue recognition

The Organization follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Third party billings and other income are recognized as revenue upon completion of service provision, provided the amount is measurable and collectability is reasonably assured. Unrestricted investment income is recognized as revenue when earned.

Deferred revenue represents the unspent portion of income from grants and signed contracts which extend beyond the year-end.

Contributed materials and services

Contributions of materials and services are recognized both as contributions and expenses in the statement of operations when a fair value can be reasonably estimated and when the materials and services are used in the normal course of the Organization's operations and would otherwise have been purchased.

Basis of allocation

It is the Organization's policy to allocate administrative salaries, benefits, rent and other expenditures to the various programs based on budgeted amounts in accordance with funding guidelines.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives.

	Method	Rate
Buildings	straight-line	20 years
Automotive	straight-line	5 years
Equipment	straight-line	3 years

2. **Significant accounting policies** *(Continued from previous page)*

Financial instruments

The Organization recognizes its financial instruments when the Organization becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value, including financial assets and liabilities originated and issued in a related party transaction with management. Financial assets and liabilities originated and issued in all other related party transactions are initially measured at their carrying or exchange amount in accordance with CICA 3840 *Related Party Transactions*.

At initial recognition, the Organization may irrevocably elect to subsequently measure any financial instrument at fair value. The Organization has not made such an election during the year.

The Organization subsequently measures investments in equity instruments quoted in an active market at fair value. Fair value is determined by published price quotations. All other financial assets and liabilities are subsequently measured at amortized cost.

Transaction costs and financing fees directly attributable to the origination, acquisition, issuance or assumption of financial instruments subsequently measured at fair value are immediately recognized in the excess of revenue over expenses for the current period. Conversely, transaction costs and financing fees are added to the carrying amount for those financial instruments subsequently measured at cost or amortized cost.

Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary.

Accounts payable and accruals are estimated based on historical charges for unbilled goods and services at year-end.

Amortization is based on the estimated useful lives of capital assets.

Deferred revenue and due to funding agencies are estimated on management's review of revenue received but unspent at year-end.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenue over expenses in the period in which they become known.

Long-lived assets

Long-lived assets consist of capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

The Organization performs impairment testing on long-lived assets held for use whenever events or changes in circumstances indicate that the carrying amount of an asset, or group of assets, may not be recoverable. The carrying amount of a long-lived asset is not recoverable if the carrying amount exceeds the sum of the undiscounted future cash flows from its use and disposal. If the carrying amount is not recoverable, impairment is then measured as the amount by which the asset's carrying amount exceeds its fair value. Fair value is measured using discounted future cash flows. Any impairment is included in excess (deficiency) of revenue over expenses for the year.

Employee future benefits

The Organization's employee future benefit program consists of a defined contribution pension plan administered by London Life Insurance Company. Employees contribute 5% of their wages with the employer contributing an equal amount.

3. Cash and cash equivalents

	2016	*2015*
Cash		
Cash	**300**	300
Bank	**1,402,883**	2,232,261
Cashable GIC bearing interest at 0.7% maturing May 26, 2016	**18,355**	-
Cashable GIC bearing interest at 0.7% maturing June 10, 2016	**15,938**	-
Cashable GIC bearing interest at 0.8% matured May 27, 2015	**-**	18,209
Cashable GIC bearing interest at 0.8% matured June 11, 2015	**-**	15,812
	1,437,476	2,266,582

4. Investments

	2016	*2015*
Cashable GIC bearing interest at 0.5% maturing August 12, 2016	**70,439**	-
Cashable GIC bearing interest at 0.55% maturing September 6, 2016	**6,474**	-
Cashable GIC bearing interest at 0.6% maturing November 14, 2016	**277,788**	-
Cashable GIC bearing interest at 0.6% maturing November 24, 2016	**21,054**	-
Cashable GIC bearing interest at 0.6% maturing January 13, 2017	**2,083**	-
Cashable GIC bearing interest at 0.8% matured August 13, 2015	**-**	69,880
Cashable GIC bearing interest at 0.8% matured September 4, 2015	**-**	6,423
Cashable GIC bearing interest at 0.8% matured November 13, 2015	**-**	275,583
Cashable GIC bearing interest at 0.8% matured November 25, 2015	**-**	20,887
Cashable GIC bearing interest at 0.8% matured January 14, 2016	**-**	2,066
	377,838	374,839

5. Accounts receivable

	2016	*2015*
Other receivables	**101,578**	69,075
Allowance for doubtful accounts	**(10,000)**	(10,000)
	91,578	59,075

6. Due from funding agencies

	2016	2015
Health Canada	**1,852,634**	1,124,920
Nishnawbe Aski Nation	**43,955**	6,587
University of Toronto	**-**	14,262
Ministry of Attorney General	**1,258**	-
Dignitas International	**92,875**	18,602
Ministry of Health and Long-Term Care	**972**	-
Ministry of Community and Youth Services	**115,326**	-
	2,107,020	1,164,371

7. Due from Sioux Lookout Regional Physician Services Inc.

The Organization is related to Sioux Lookout Regional Physician Services Inc. which is a tax-exempt organization incorporated under the laws of the Province of Ontario without share capital. Its purpose is to provide management services to Sioux Lookout First Nations Health Authority. It is related by virtue of the fact that it is significantly influenced by the same Board of Directors.

During the year, management service fees of $2,299,323 (2015 - $1,906,916) were charged to the Sioux Lookout Regional Physician Services Inc. The related party transactions are in the normal course of operations and are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

	2016	2015
Balance at the end of the year		
Unsecured, non-interest bearing with no set terms of repayment	**786,466**	662,564

8. Capital assets

	Cost	Accumulated amortization	2016 Net book value	2015 Net book value
Land	**260**	**-**	**260**	260
Buildings	**14,208,794**	**3,970,304**	**10,238,490**	10,678,929
Automotive	**443,307**	**377,343**	**65,964**	107,055
Equipment	**827,451**	**680,260**	**147,191**	71,668
Artwork	**9,000**	**-**	**9,000**	9,000
	15,488,812	**5,027,907**	**10,460,905**	10,866,912

9. Deferred revenue

Deferred revenue represents the unspent portion of income from grants and signed contracts which extend beyond the year-end. The change in the deferred revenue balance is as follows:

	2016	*2015*
Balance, beginning of year	**517,279**	480,216
Amount received during the year	**16,932,989**	18,537,440
Less: Amounts recognized as revenue during the year	**(17,234,085)**	(18,500,377)
Balance, end of year	**216,183**	517,279

10. Due to funding agencies

	2016	*2015*
Health Canada	**147,265**	311,792
Ministry of Health	**86,816**	26,908
Ministry of Community and Social Services	**110,204**	-
	344,285	338,700

11. Term loan due on demand

	2016	*2015*
Term loan due on demand bearing interest at 3.71% (2015 - 3.71%) payable in monthly instalments of $37,236 including interest, maturing May 2023, secured by a mortgage on the Hostel with a net book value of $10,238,490 (2015 - $10,678,929).	**2,545,670**	2,886,727

Principal repayments on term loans due on demand in each of the next five years are estimated as follows, assuming renewal under similar terms and conditions:

2017	358,786
2018	372,325
2019	386,376
2020	400,957
2021	416,088
	1,934,532

12. Contingencies

The Organization is contingently liable to its funding agencies for any expenditures that it may have made in contravention of the contract agreement with these agencies. The actual amount of any contingent liability is currently not determinable.

In a prior year, claims were filed against the Organization by former vendors claiming an aggregate of approximately $3,745,000 in monetary compensation and damages. The outcome of the claims are not yet determinable, and accordingly, no provision has been made in these financial statements with respect to these matters. Any loss with respect to the claims will be recorded as an expense of the period in which the loss becomes likely and the amount is measurable.

13. Commitments

The Organization is committed to the following leases:

Food Services
Fifteen monthly payments of $74,803 commencing July 1, 2014 and ending July 1, 2019.

Premises
Twenty-four monthly payments of $3,740 commencing April 1, 2016 and ending March 2018.
Thirty-six monthly payments of $4,131 commencing January 1, 2016 and ending December 2018.
Twenty-four monthly payments of $9,063 commencing October 2015 and ending October 2017.
Twenty-four monthly payments of $1,400 commencing January 1, 2016 and ending Decembe, 2017.
Thirty-six monthly payments of $6,430 commencing May 1, 2015 and ending April 2018.
Thirty-six monthly payments of $14,000 commencing September 1, 2014 and ending September 1, 2017

Office Equipment
Sixty monthly payments of $490 commencing April 2016 and ending March 2017.
Thirty-six monthly payments of $573 commencing April 2016 and ending March 2017.

Vehicle
Thirty six monthly payments of $484 commencing April 1, 2014 and ending March 31, 2017.

The estimated minimum annual payments are as follows:

2017	1,245,479
2018	1,106,052
2019	941,245
2020	224,409
	3,517,185

14. Change in invested in capital assets

The change in invested in capital assets is calculated as follows:

	2016	*2015*
Purchase of capital assets	**180,939**	94,009
Amortization expense	**(586,946)**	(886,267)
Cost of disposed capital assets	**32,408**	-
Accumulated amortization of disposed of capital assets	**(32,408)**	-
	(406,007)	(792,258)

15. Bank indebtedness

The Organization has an operating line of credit with a limit of $1,000,000 on the Organization's bank accounts bearing interest at the bank's prime rate plus 1% (3.7% at year-end (2015 - 4%)). The operating line of credit is secured by a general security agreement. The balance of the operating line of credit was $Nil at year-end (2015 - $Nil).

16. Financial instruments

The Organization, as part of its operations, carries a number of financial instruments. It is management's opinion that the Organization is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Interest rate risk

The Organization is exposed to interest rate risk due to the variable rate of interest on the credit facilities. Changes in lending rates may cause fluctuation in cash flows and interest expense. In the opinion of management, the interest rate risk exposure to the Organization is low and is not material.

Liquidity risk

Liquidity risk is the risk that the Organization will encounter difficulty in meeting obligations associated with financial liabilities. The Organization enters into transactions to purchase goods and services on credit and borrow funds from financial institutions for which repayment is required at various maturity dates.

Fair value

The fair value of current financial assets and current financial liabilities approximates their carrying value due to their short-term maturity dates.

17. Economic dependence

The Organization's primary source of revenue is federal government grants. The grant funding can be cancelled if the Organization does not observe certain established guidelines. The Organization's ability to continue viable operations is dependent upon maintaining its right to follow the criteria within the federal government guidelines. As at the date of these financial statements, the Organization believes that it is in compliance with the guidelines.

18. Employee future benefits

The Organization has a defined contribution plan administered by London Life Insurance Company for which virtually all full-time employees of the Organization are eligible. Employees contribute 5% of their wages with the employer contributing an equal amount. The amount contributed by the employer to the employees' pension plan for 2016 was $293,078 (2015 - $338,326) and is included in the statement of operations and changes in net assets under the "salaries and benefits" line. Actuarial valuations are normally not required as the pension obligation equals the net assets available for benefits.