ANNUAL REPORT 2016/17

Sioux Lookout
First Nations
Health Authority

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PROGRAM REPORTS

Message from

JOHN CUTFEET

CHAIR OF THE BOARD

First Nations have a long history of health and wellness which was abruptly and forcibly interrupted by colonialization (policies of assimilation, including the Indian Act, residential schools and Indian hospitals). We now have a health system in our area that is not producing the desired health outcomes, in fact, it is a system that is in perpetual crisis. Although efforts have been made, they have not significantly changed the health outcomes in our communities and our crises continues. The pathway to rebuilding our nations is to address the root causes resulting from the legacy of colonialism (inadequate and poor health services, poverty, boil water advisories, inadequate housing, inequitable access to justice, underfunded education services, etc).

The Truth and Reconciliation Commission (TRC) concluded that all Canadians have a responsibility to advance reconciliation through understanding and action to address the ongoing impacts of colonialization. This involves closing the persistent and unacceptable gaps in health outcomes between Indigenous and Non-Indigenous communities. The first step in the path towards reconciliation is the acknowledgement that the current state of Indigenous health is a direct result of colonialism. Second, is the development of ongoing respectful relationships between First Nations and our non-Indigenous partners. With respect to relationships with governments, this means working together on a Nation-to-Nation basis, in which there is recognition of our sovereignty and of our health care rights as identified in international law, constitutional law, human rights law and under the Treaties. The signing of the Charter of Relationship Principles Governing Health System Transformation in NAN Territory was a historic step in renewing the Nation-to-Nation relationship with Ontario and Canada.

In order to truly move towards reconciliation and better health, we must all be moving in the same direction. Currently, planning processes are disconnected as funders, clinicians, administrators, academics, communities and organizations are misaligned and

working at cross-purposes. SLFNHA is working in partnership with NAN to support an alignment process to strengthen health governance through community-led health system design. It will put communities and patients at the centre to ensure systems, policies and legislation lead to the right care, at the right time, in the right place, in the right way, by the right person.

SLFNHA is also committed on an ongoing basis to addressing the continued legacies of colonialism by supporting culture-based and wellness-based approaches. SLFNHA does this by advocating and negotiating for funding that breaks free from hand-me down, one-size-fits-all programming. Small but significant gains are being made in this regard. SLFNHA also works to ensure that First Nations participate more fully in the design and delivery of health services.

Reconciliation is truly a national process that will require tremendous efforts by all Canadians. Our role in the reconciliation process is to continue to advocate and bring understanding to non-Indigenous people and to hold governments accountable to the commitments they have made in the spirit of reconciliation. We must move beyond dialogue and ensure there is sustained action regardless of the particular party in power.

Finally, reconciliation is the restoring of friendly relations - but more than that, it must mean the restoration of health to Indigenous peoples, who have for too long been negatively impacted and burdened by colonial policies and practices, which takes away First Nations ability to have a say into their health care. The current systems and processes require an overhaul if we are to provide the right care at the right time.

Message from

JAMES MORRIS

EXECUTIVE DIRECTOR

The term Health System Transformation is being used at all levels, from federal, provincial and regional levels. Transformation occurs at many different levels and in different ways. While this may be confusing, it signifies a broader discussion and commitment to fundamental change to the way we do business when it comes to First Nations health care.

What is clear is that solutions must come from the community-level. As Einstein said, "*No problem can be solved from the same level of consciousness that created it.*"

The systems that we have in place are a continuation of colonialism; as such, the bureaucratic structure that administers the system is not equipped to make the necessary changes. Communities have the solutions so we need a process and a structure that taps into these solutions and is driven by patients.

Transformation is a long term process – it has taken SLFNHA over 25 years to get to where we are and we still have a long way to go. We have made significant progress over the years.

However, we continue to operate within an inefficient and ineffective system.

SLFNHA is guided by our mission and the Anishinabe Health Plan:

SLFNHA MISSION

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

ANISHINABE HEALTH PLAN OBJECTIVE

A holistic primary health care model that better coordinates and prepares for the integration of all services under First Nations governance.

With this direction, our goals are to improve service delivery and ensure equitable access to care while also

increasing First Nations governance through a community-driven approach. As such, it is essential that we support Tribal Council approaches and also support communities in their own community wellness plans so that they are able to identify and prioritise their services.

FIRST NATIONS GOVERNANCE OVER HEALTH

Our long-term goal of a system-wide approach governed by First Nations involves the development of our own policies (eg. our own NIHB frame-work) and the development of mechanisms that support community-based solutions, initiatives and priorities. This is a fundamental shift that will take time and extensive community engagement. We are working in partnership with NAN, Health Canada and MOHLTC to ensure a grass roots process is in place so that communities are the ones designing the system.

TRANSFORMED SERVICE DELIVERY

Both our Health Services and Client Services departments focus on identifying and implementing immediate improvements to services through ongoing community engagement, direction from the Chiefs and our 2015-2017 Strategic Plan (*see next page for details*). While remaining true to these directions we have also had to adapt our plans in order to respond to new funding initiatives from Health Canada and the Province.

As funding is received, we have continued to insist that models are developed in ways that work for our context. We have seen this with the Approaches to Community Wellbeing (Public Health) model, the initial development of the Interdisciplinary Primary Care Team and the initial development of a new client services model including Medical Transportation Discharge Coordination.

2015 – 2017 STRATEGIC PLAN

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 communitiesresulting 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.

2015 – 2017 STRATEGIC PLAN - PRIORITIES

PRIORITIES	KEY ACCOMPLISHMENTS	ONGOING
External Communications	• Information Tech Gap Analysis • Newsletter refinements (more community-focused news)	• Process to Change SLFNHA's name and visual identity (incl. logo) • Develop information portal & communication clearinghouse to keep people informed. • Community engagement and external communication strategy • Campaign drive.
Human Resources Strategy	• Compensation and salary review underway (to be completed Fall 2017). • Recruitment and Retention Strategy. • HR Review and Strategy to better meet and adapt to changing needs of SLFNHA.	• Ensure training plans and tracking tools in place for all employees. • Implement innovative recruitment strategies to support communities.
Improved Patient Advocacy	• Hostel Per Diem increase. • Implementation of Benefits Manager position and transfer of Client Discharge function from Health Canada to SLFNHA.	• Approaches to Community Wellbeing (ACW) services to improve social determinants of health. • Development of Call-Centre to provide appointment and travel information.
Framework for Mental Health & Addictions	• Developed Anishinabewaadiziwin (cultural) program (to operate outside of SLFNHA) - including drum and pipe for the program. • Multiple engagement sessions leading to the Draft Framework for Mental Health and Addictions.	• Further development of a service delivery model including Outpatient Acute Care services. • Further develop framework and coordinate planning and development of models of care.
Funding & Advocacy	• Research and analysis of other governance models (Alaska Nuka System, BC First Nations Health Authority, etc). • High level health summit (Feb 2016) & Issuance of Declaration of Health and Public Health Emergency – lead to new health funding.	• Ongoing advocacy regarding continued gaps in services and continued inequities. • Ongoing advocacy, in partnership with NAN, to ensure funding mechanisms developed to flow funding directly to communities.
Partnership & Coordination	• Collaborative Health Planning Meeting with partners (Nov 2015). • Health Summit for Health System Transformation. • Mamow Ayamowen data partnership between 78 communities in NAN and Treaty 3. • Implementation of Approaches to Community Wellbeing.	• Navigational tool for clients to be developed. • Discussions and processes regarding roles and responsibilities of SLFNH and partners.

Message from

MARIE LANDS

CHIEF ADMINISTRATIVE OFFICER

First, I want to thank the leaders present for the release of the Annual Report. The drums and singers who will share their traditional songs and the Elders present to hear and guide our organization. It is with their vision and support to SLFNHA we continue to become successful. I also want to say thank you to the staff who have and continue to do an excellent job in planning this event.

Also, thank you to all SLFNHA staff for their hard work and commitment to working towards improving the health of the First Nations we serve.

My message will summarize key accomplishment by departments. It has been a busy year within Administration as we continue to provide support to all of the SLFNHA employees. The day to day management of six departments is complex and the role of the CAO continues to be achieved.

This year we conducted two department reviews, one for Human Resources (HR) and one for Information Technology (IT) and the recommendations for improvement are well underway. The SLFNHA Board approved new SLFNHA Policies and Procedures in November 2016 and all staff have been trained and provided a new document called the Employee Handbook for quick reference. HR is engaged in a compensation review to ensure SLFNHA staff are paid appropriately as it is difficult to be competitive with the current compensation we offer to new hires. Being competitive is critical to keeping a stable workforce.

The SLFNHA Board approved the IT Gap Analysis last year and it will be an ongoing process as we will require many new policies as new health services programs are introduced to SLFNHA. IT has developed new policies such as privacy. The new policies are being monitored and applied and most importantly, adhered to by employees. Privacy breaches are handled through our HR Director, Charlene Samuel.

This past year SLFNHA hired a Benefits Manager, Naomi Hoppe, and two Discharge Coordinators, Tim Davies and Maxine Goodman. The goal is part of the strategic plan, improving client advocacy, and the

objective to ensure Clients and Escorts get home faster as opposed to sitting and waiting. Both the Benefits Manager and Client Services Director, Darryl Quedent, have shared responsibilities for the hostel. For instance, we held three one-day staff retreats to align responsibilities and hear the staff about the issues they face on a daily basis as they provide service to clients and escorts and they identified there is always room for improvement. The staff feedback from the staff retreats are part of making changes to The Jeremiah McKay Hostel (JMK).

The JMK Hostel continues to move towards stabilization of the new organizational structure and changes are constant and often unavoidable. Team Leaders and the Patient Liaison are the management at the hostel and it is through them the hostel operates and applies SLFNHA policies. Team Leadership meetings are held on a monthly basis, it is an ongoing process for hostel management as they provide clear direction to their staff. In turn, Team Leaders host monthly department meetings to inform staff of changes. We continue to ask our staff to smile. As I recall a message from one of our leaders last year, "It doesn't cost anything to smile." We keep that comment as a guide for our staff.

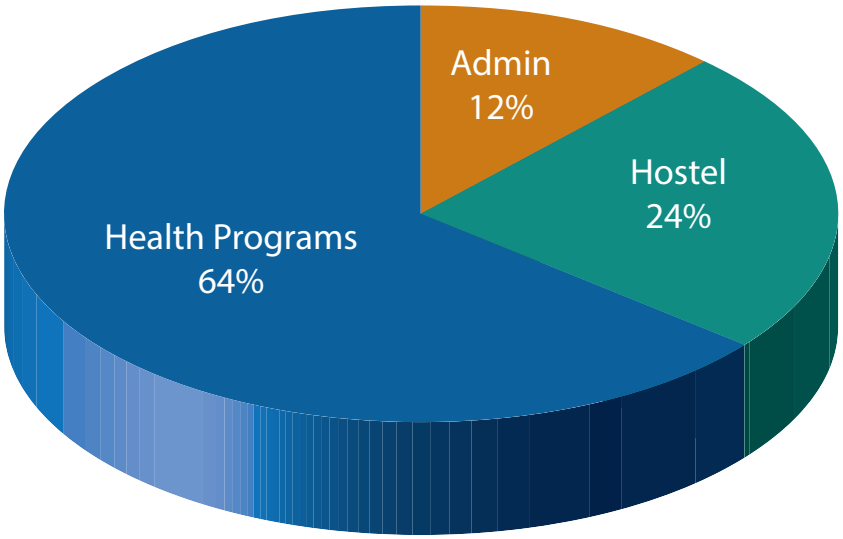
The communication program has operated with a half-time staff this past year. The focus has been to maintain the social media, upgrading the website and launch it this fall.

Our finance department is currently under review by an outside consultant and we have received recommendations that will be implemented this coming fiscal year.

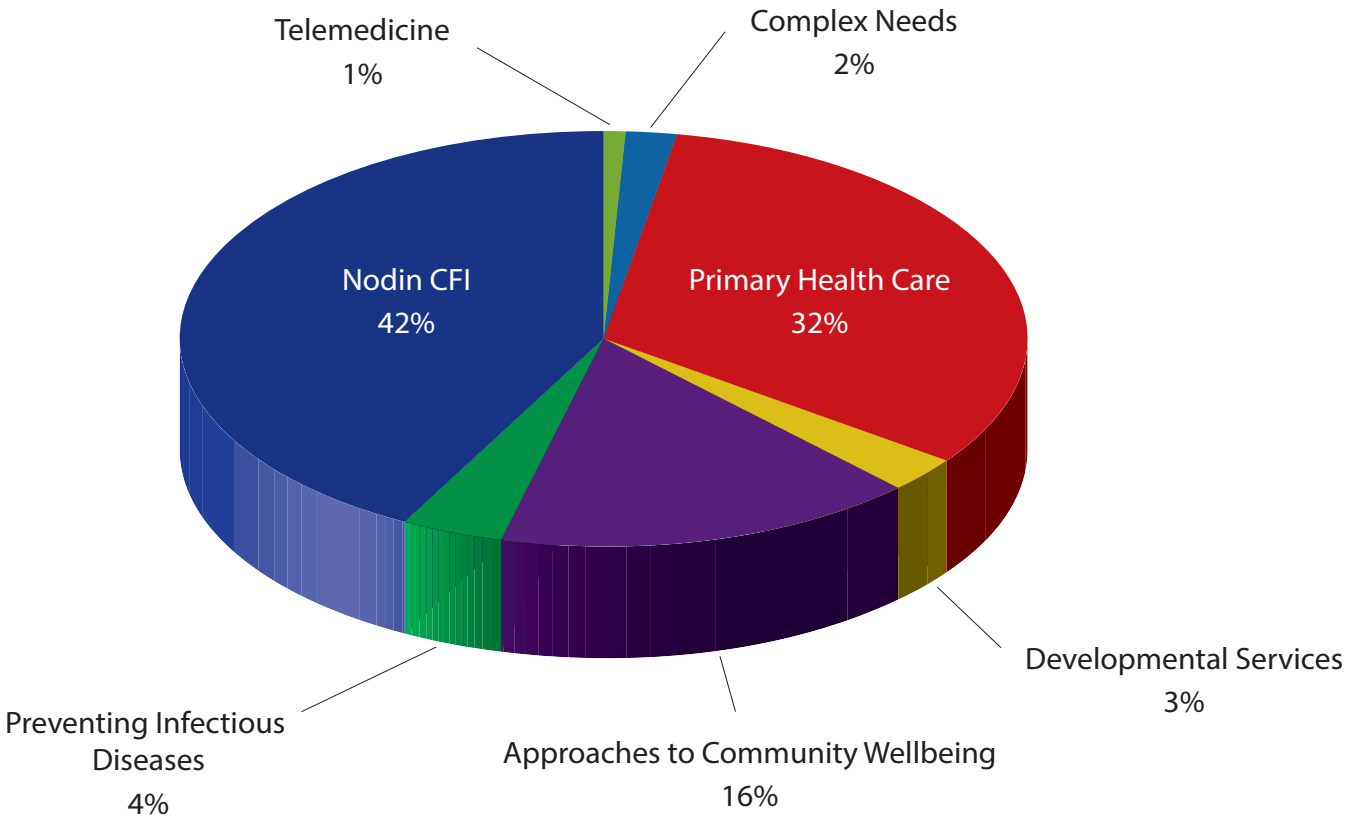
Miigwech!

HUMAN RESOURCES

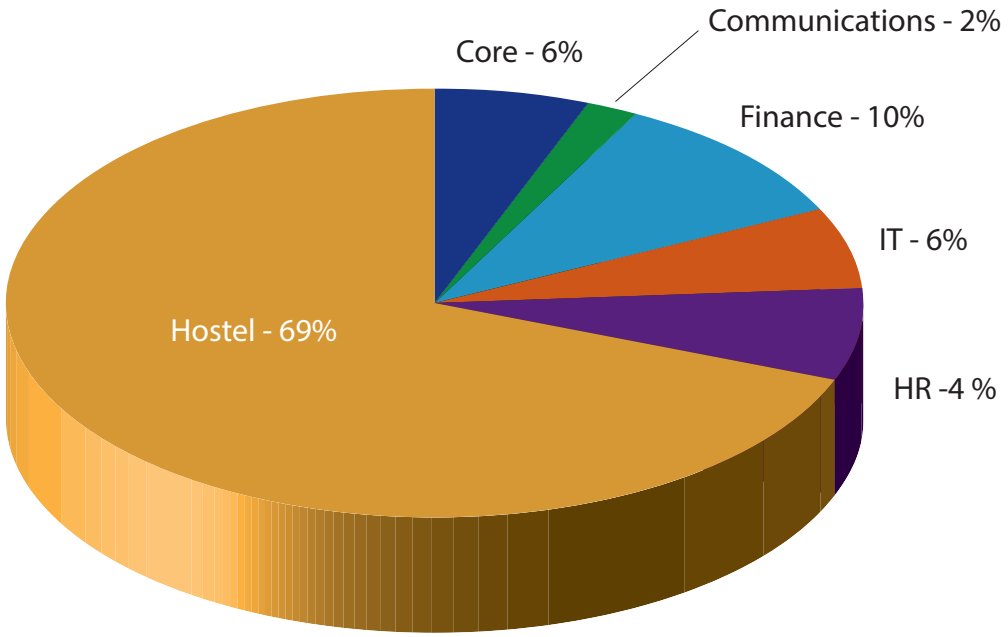
Employees by Area



Health Services



Administration



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.

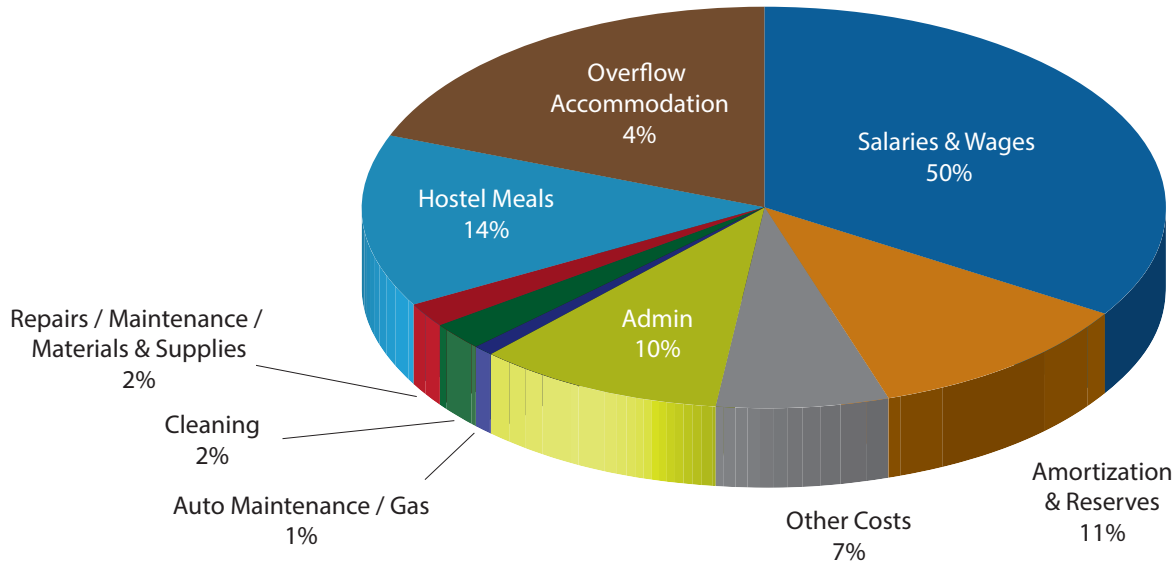
The IT Team consists of Chris Duval, Information Technologist; Andrew Lindquist, Help Desk Technician; Josh Hopko, EMR Technologist; and Rod Horsman, Information Technology Manager. Between these four, the SLFNHA and SLRPSI programs are supported technologically.

Year in Review

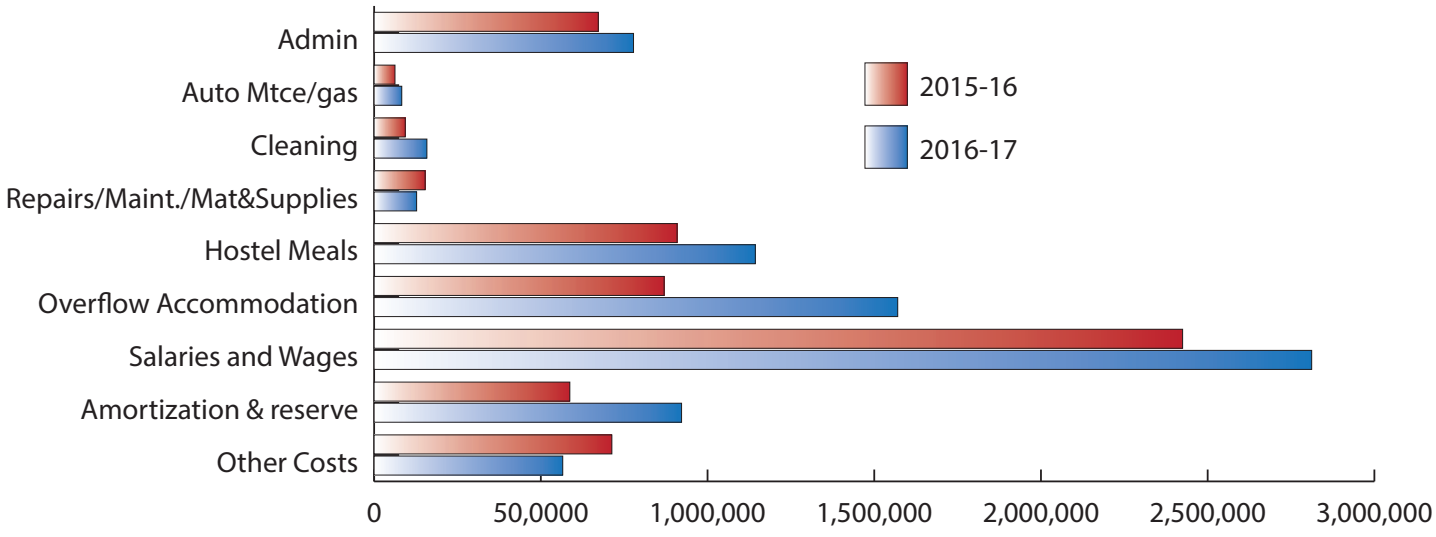
- Continued implementation of the IT Gap Analysis that was approved by SLFNHA Board.
- Hired a new EMR Technologist as well as a Help Desk Technician.
- Implemented new Software Training courses for IT Team.
- Implemented new security software for all SLFNHA/SLRPSI computers/laptops/tablets (Malwarebytes Ransomware).
- Assisted with purchase and implementation of new Radio System for the Hostel Transportation department.
- Conducted various northern site visits to ascertain the available infrastructure.

JEREMIAH MCKAY KABAYSHEWEKAMIK

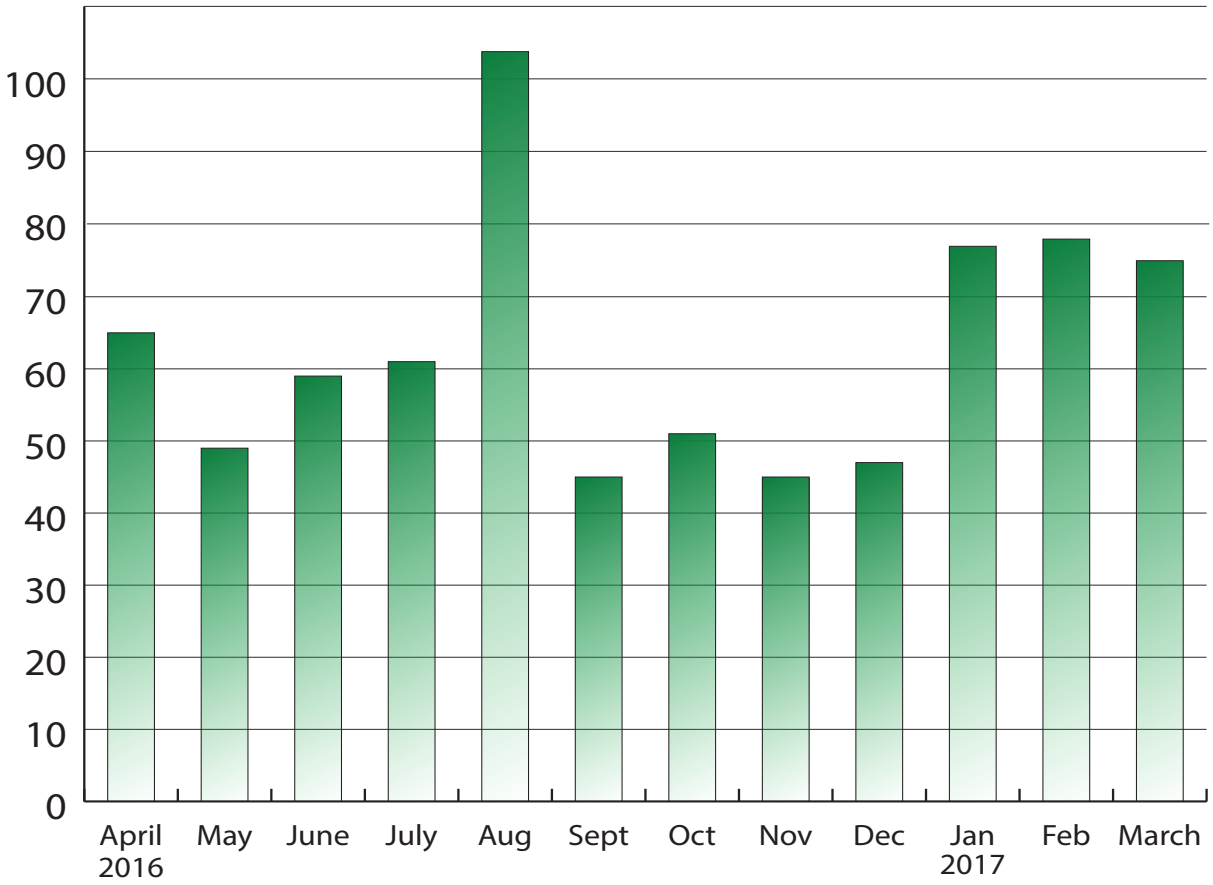
Hostel Operating Costs



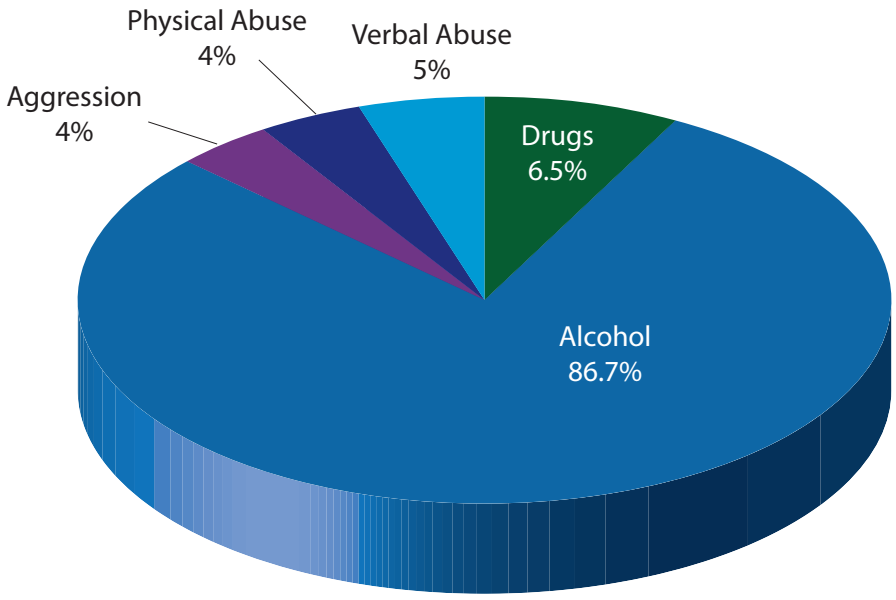
Hostel Cost Comparison



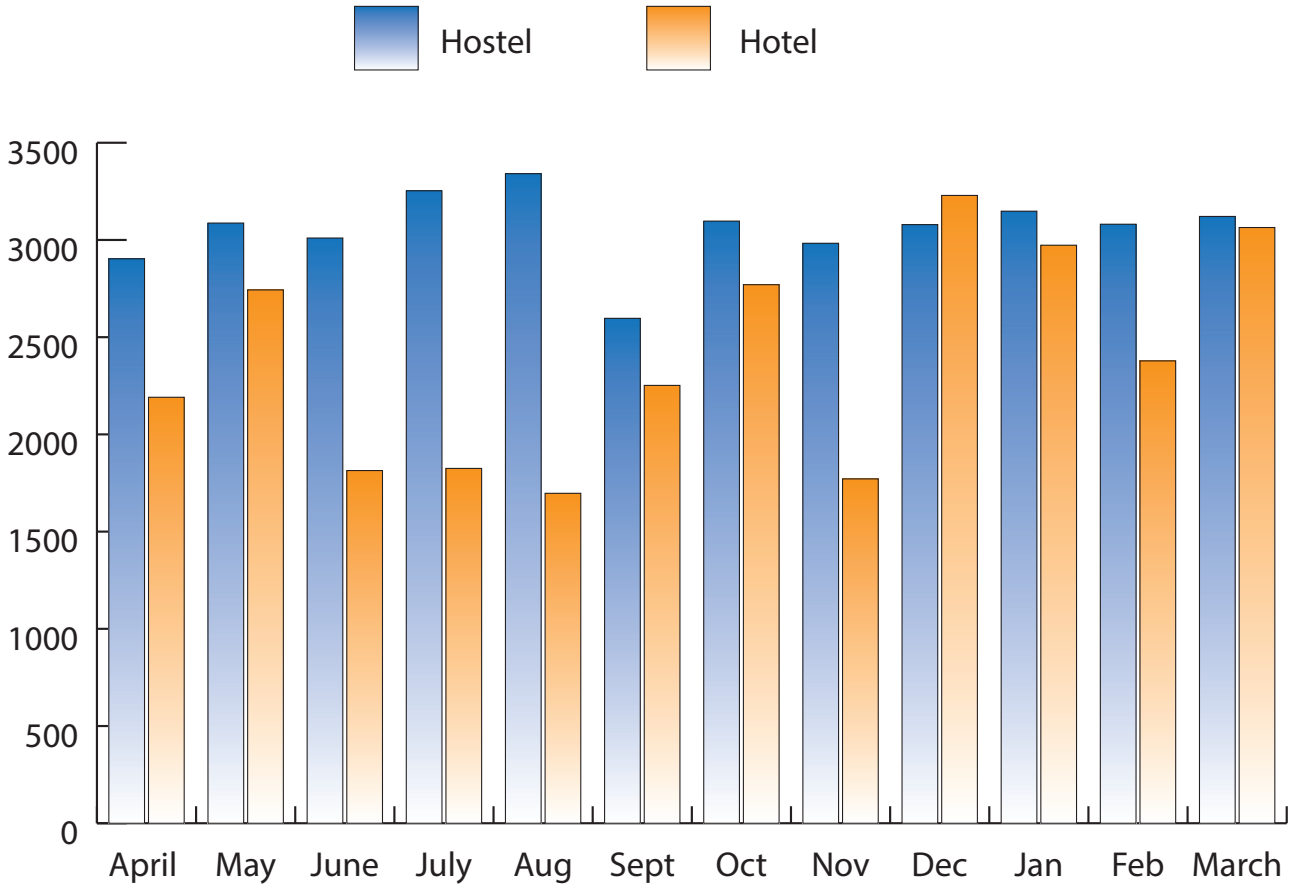
Incidents Per Months



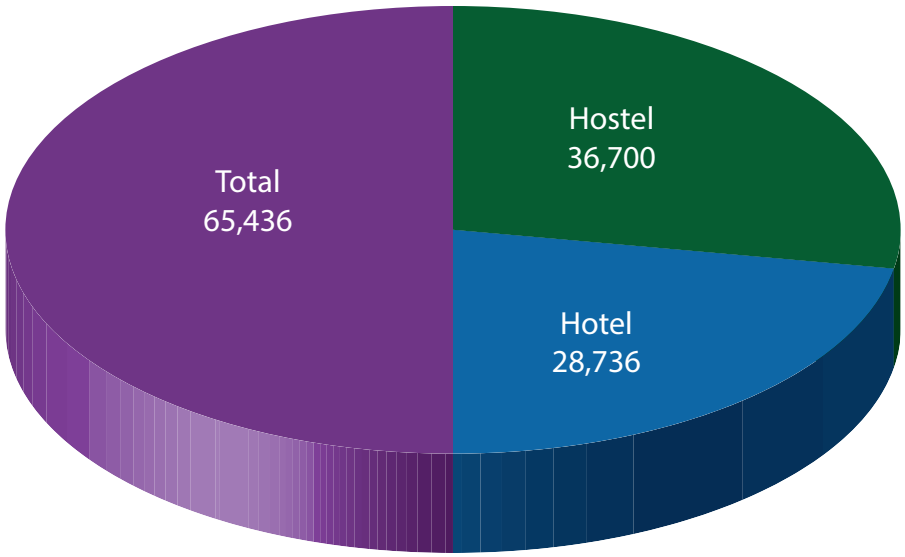
Incidents Per Issue



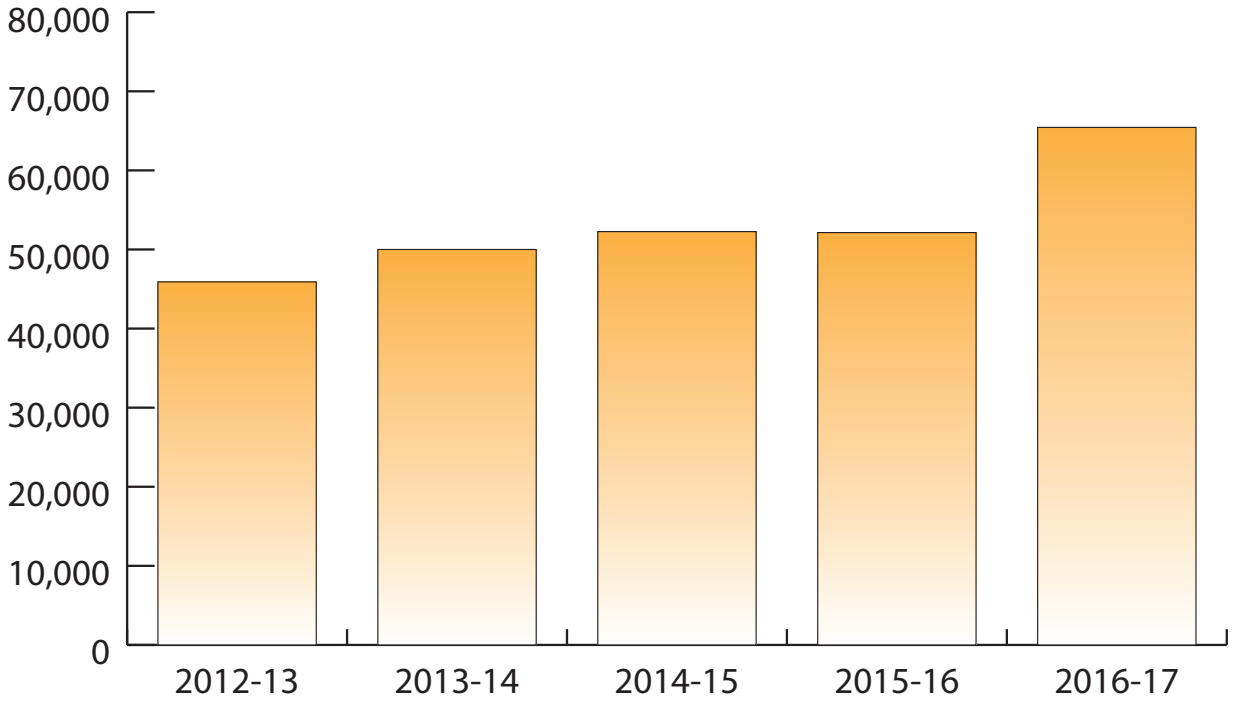
Hostel and Hotel Accommodations - Month-to-Month



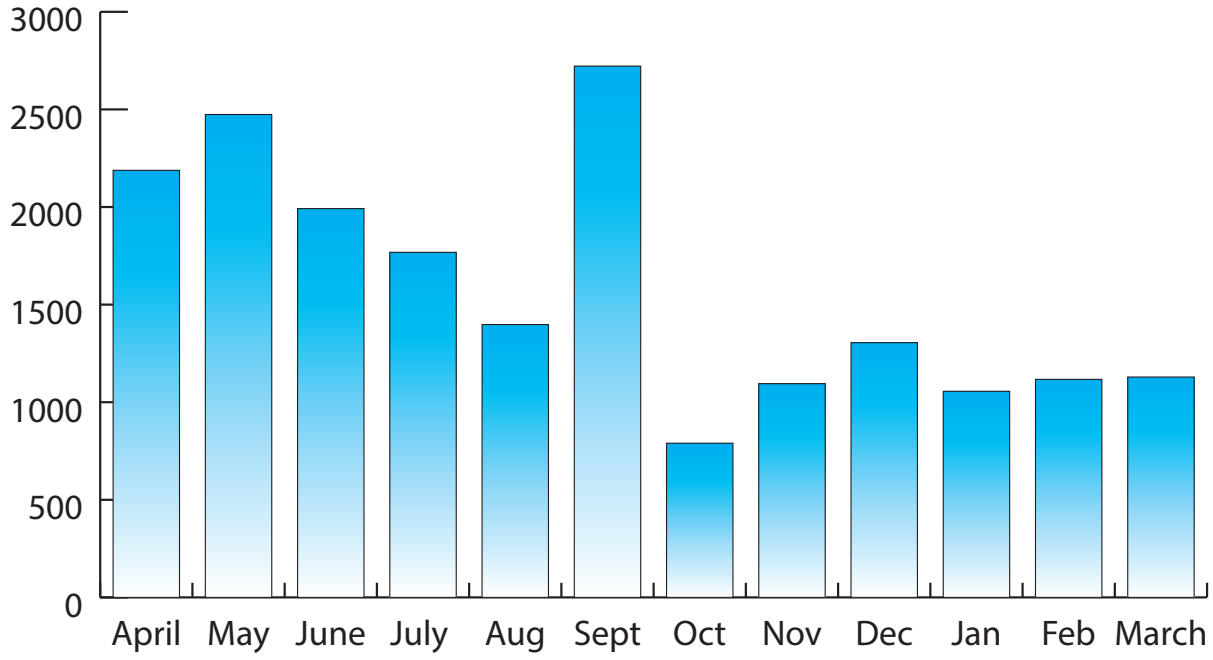
Hostel and Hotel Accommodations 2016/17



Annual Accommodation Comparions 2012 – 2017



Discharges



Note : In October 2016, Wequedong assumed NIHB dishcarges for Sioux Lookout Zone departing Thunder Bay


Jeremiah


COURTESY SHUTTLE

Message from

JANET GORDON

CHIEF OPERATING OFFICER

2016/17 was another busy and exciting year for Health Services. This year saw many changes and new developments as we grow and continue to adapt our services and programs to best serve the needs of all of our communities.

NEW INVESTMENTS

New investments in First Nations health have brought many new developments, with much planning and implementation work ahead of us.

FUNDING ANNOUNCEMENTS

During the 2016/17 year there were several large health funding announcements including:

- Ontario First Nations Health Action Plan – MOHLTC ($222 Million over 3 years)
- Ontario Journey Together – Several Provincial Ministries (MCYS, MIRR, MOHLTC, etc. - $222 Million over 3 years)
- Mental Wellness enhancements – Health Canada ($69 Million over 3 years across Canada)
- Jordan's Principle Funding – Health Canada ($385 Million over 3 years across Canada)

NEW INVESTMENTS TO SLFNHA

From these announcements, SLFNHA received new investments in the areas of:

- Public Health (Approaches to Community Wellbeing)
- Moderate enhancement of Crisis Funding
- Approval of a 25-person mobile Primary Care Team
- Increased Physician Services Days

Although funding to SLFNHA was to commence in the 2015/16, the majority of funding was not received until the very end of the year, causing many implementation and work plan challenges.

FUNDING TO COMMUNITIES

The majority of the remaining funding in these envelops is allocated to increase services at the community level (diabetes, mental health, elder care, etc); however, due to the phasing of the funding and a number of bureaucratic challenges, governments have been slow to it roll out. SLFNHA continues to work alongside NAN to lobby governments to flow funding to communities immediately.

ONGOING PLANNING AND COMMUNITY ENGAGEMENT

Health services will continue to focus on identifying and implementing immediate improvement to health services, informed by the Anishinabe Health Plan, ongoing community engagement and the guidance and vision from our communities. Planning processes have commenced in the following areas:

- Regional Mental Wellness Framework (Crisis Prevention and Response, Children and Youth, Specialized Services, etc)
- Anishinabe Wadizziwin (Traditional Healing)
- Children and Youth Services
- Special Needs Planning
- Nursing Strategy
- Oral Health Strategy

DEVELOPING AND STRENGTHENING PARTNERSHIPS

This year saw a number of activities come to fruition through new and existing partnerships. In addition to our many ongoing partnerships with service organizations, tribal councils and other First Nations organizations, recent developments include:

- Continue to implement the Diabetes Community Health Worker Pilot Program in partnership with Dignitas International.
- Development of the Data Partnerships
    - Mamow Ahaymowen data partnership led by SLFNHA and Weeneebayko Area Health Authority (WAHA) which includes many NAN and Treaty 3 Tribal Councils (at total of 73 communities).
    - SLFNHA/WAHA data management partnership.
- A 7-Year Youth Resiliency Research Project in partnership with Carleton University.

MOVING FORWARD

Through our commitment to improved quality and access to services, we take our direction from our Chiefs to move ahead on our priority areas.

APPROACHES TO COMMUNITY WELLBEING

Approaches to Community Wellbeing started its implementation by bringing together existing programs at SLFNHA (Regional Wellness Response Program, Mental Health Trainer, Aboriginal Healing and Wellness Strategy, TB Program, First Nations Health and Inuit Information System, Hepatitis C Support and Treatment Service, Needle Distribution Service, and the Community Wellbeing Project) and by beginning the expansion into other areas of public health.

Roots for Community Wellbeing

Data Collection and Analysis

- Continued data entry into First Nations and Inuit Health Information System and provided immunization schedules back to community nursing stations.
- Engaged communities about health and wellbeing indicators they would like tracked, and how communities would like to have the information shared back with them.
- Gained access to IntelliHealth and received support from Health Directors in conducting community analysis.
- Supported Tribal Councils and communities in investigating community based electronic health record systems.
- Continued negotiation for access to First Nations data as per resolution #15-25 Health Data Management.
- Participated in the Mamow Ahyamowen data partnership with Weeneebayko Area Health Authority (WAHA), Fort Frances Tribal Area Health Authority, Kenora Chiefs Advisory, Shibogama First Nations Council, Maamwesying North Shore Community Health Services, and Wabun Tribal Council.
- Supported the SLFNHA-WAHA Data management partnership.

Planning and Evaluation

- Hired and supported a consultant to conduct an environmental scan of oral health status and services, conduct a regional oral health assessment, and ultimately, develop a regional oral health strategy.
- Selected a consultancy team to develop a regional nursing strategy that will look at public health, primary care, home and community care, and emergency care nursing.
- Hosted two multiple day Health Directors meetings and hosted one day of a Health Canada's meeting for Health Directors.
- Received funding for Community Wellbeing Facilitators to support public health planning at SLFNHA, Matawa First Nations Management, Shibogama Health Authority, Windigo First Nations Council, Independent First Nations Alliance, Keewaytinook Okimakanak, Sandy Lake First Nation, and Mishkeegogamang Ojibway Nation.

Healthy Living

- Restructured and expanded Harm Reduction services from one program assistant to two Harm Reduction Workers and one Harm Reduction Coordinator.
- Conducted an evaluation of SLFNHA and Community-based Needle Distribution Services, so our Harm Reduction team can improve our service delivery model and better support communities in training and program development around Needle Distribution.
- Initiated the development of an Opioid Overdose Prevention Strategy and had all ACW staff trained in administering Naloxone. Trained Health Directors in Naloxone administration in partnership with Northwestern Health Unit.
- Continued education on Tuberculosis to nurses and communities.
- Started Hepatitis C Treatment Clinics in February 2017.
- Reviewed current Infection Prevention and Control practices in communities, developed and implemented a training program for community-based workers. The program will include ongoing mentorship, and provide supplies.
- Hosted a workshop with community representatives and current organizations involved in addressing skin infections to discuss current beliefs around skin infections and the current work being done by different stakeholders.
- Conducted a survey on infectious disease priorities and preferred health promotion methods, but due to low response rate we needed to re-administer.

Raising our Children

- Developed and distributed handbooks for youth and adults on how to develop Youth Councils.
- Developed a Community Youth Workers network, with bi-monthly videoconferences.
- Conducted workshops and presentations at schools, in communities, and at conferences.
- Conducted Mamow Nigamoowag: Reconciliation Through Art project, funded through the Canada Council for the Arts, including a Returning to Spirit Workshop, Art Workshop with local artist and Nodin Art Therapist, Songwriting and Music Video production with N'we Jinan, and songwriting workshop with Nick Sherman.
- Successful submission of Youth Elder Legacy grant from Canada Council of the Arts, to begin September 2017 at Pelican Falls First Nations High School.

APPROACHES TO COMMUNITY WELLBEING *(continued)*

Safe Communities

- Purchased two large heaters that use propane to heat up houses/buildings to kill bedbugs and cockroaches. In the 2017/2018 fiscal year, we are setting up a program to loan the machines to communities and to provide training on how to use it.

Regional Wellness Response Program

- The Community Wellness Development Team conducted 22 community visits.
- The Aboriginal Healing and Wellness Strategy (AHWS) and Mental Health Trainer moved over from Nodin to ACW as both programs focus on mental wellbeing.
- AHWS conducted 4 Family Healing Programs reaching a total of 58 participants, offered Edu-Grief Therapy, sponsored 190 participants in attending Mental Health First Aid First Nations, Child Adult Relationship Enhancements, Returning to Spirit, and Grief Processing workshops.
- The Mental Health Trainer conducted presentations at schools and workshops in communities, and promoted regional mental health training initiatives.

Moving Forward

- Continue to support the Community Wellbeing Facilitators, and support communities and SLFNHA in strategic planning and evaluation of programs.
- Continue to negotiate access to existing data sources, and begin producing regional and community level health status reports.
- Provide additional health promotion education and training around Preventing Infectious Diseases. We will also transition the responsibility for case and contact management of infectious diseases from FNIHB to SLFNHA.
- Begin planning and implementation of Preventing Chronic Diseases.
- Continue to look at the best strategies to support youth and youth workers. We will also expand to support the other areas of Family Health and Building Healthy Relationships, including trainings on breastfeeding and complementary feeding.
- Work on the development of a plan for Environmental Health.
- Regional Wellness Response Program will look at how to best utilize these programs to support the Approaches to Community Wellbeing and the communities in their mental wellbeing and healing.

TELEMEDICINE PROGRAM & NODIN TELE-MENTAL HEALTH SERVICES AND ADULT TELEPSYCHIATRY

The purpose of SLFNHA Telemedicine Program is to enable access to mental health clinical services and non-clinical events via confidential videoconference consultations (e-Health). Case management of clientele referred to Nodin Tele-psychiatry and Tele-Mental Health Services is provided by the Program Coordinator.

Year in Review

- Continued focus on advocacy of child/youth Tele-Mental Health Services & development of comprehensive pathway between health care providers, clients, families & support workers in communities; To date, case load of Nodin Telepsychiatry: 144 clients (107 of youth >18, 37 of adults <18).
- Children & youth clientele benefit from follow-ups with Tele-Mental Health specialists as needed.
- Community outreach & partnership development; Tele-Mental Health Services coordination provided to Tikinagan, NNADAP & NNEC students attending schools in Sioux Lookout.
- Improved working relationship with Nursing Stations in First Nations communities.
- Enhancement of the CAMH Adult Telepsychiatry services delivery.
- Coordination of mentoring consultations with Dr. Braunberger in support of Nodin Community Mental Health & Addiction Workers team.
- Community Mental Health & Addiction Workers in 11 First Nation communities.
- Serviced 3 room-based OTN videoconferencing systems.
- To date enrolled 6 personal video-conferencing users (PCVC) within the organization.
- Mentoring & technical support to staff, community telemedicine coordinators & allied professionals.
- Facilitation of educational videoconferences, research & promotion by email distribution updates.
- Orientation of staff on effective application of videoconferencing on job, review of clinical procedures & services.

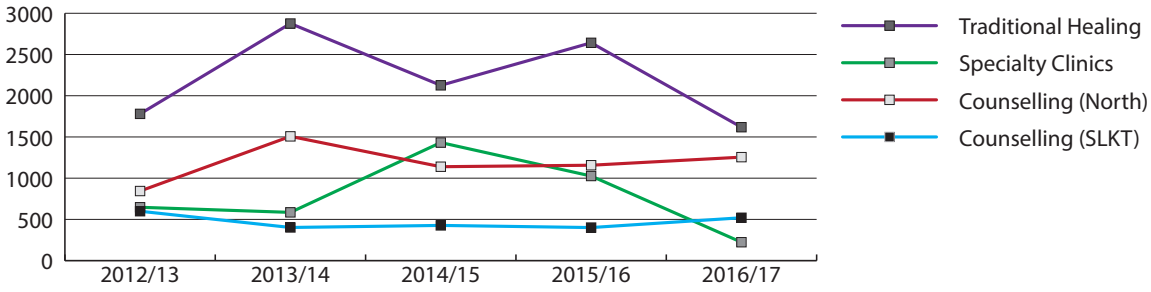
Event Type	Clients Seen	Coordinated Events
Clinical Tele-mental health, adult tele-psychiatry counseling, psychology, developmental services	237	378
Education Mental health, primary health care, program presentations		107
Administrative Job Interviews, planning, policy development, partner's meetings		37
Total	**237**	**522**

NODIN CHILD AND FAMILY INTERVENTION SERVICES

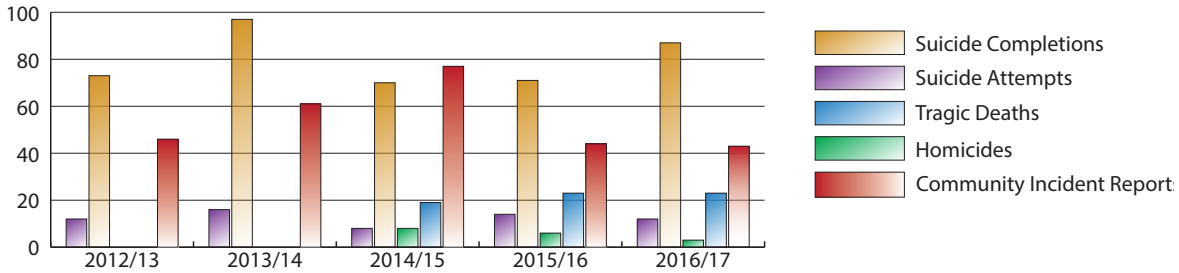
Nodin Child and Family Intervention Services provides mental health services for children, adults and families to the First Nation communities in the Sioux Lookout area.

Year in Review

- New Director of Treatment Services started May 2016.
- High demand for Acute Care counselling, resulting in 448 individuals being sent out to Sioux Lookout for counselling.
- 72 First Nation students received counselling support between PFC and QEDHS.
- 183 children and youth were assigned to CMHAWs.
- 43 community incident reports and crisis response program responded by: deploying 72-volunteer teams, sending crisis consultants into 18 communities who were requested to help on 159 occasions and provided 741 days of crisis support.
- Workshops delivered at a community level, particularly with children/youth as requested by school principals.
- Debriefing sessions facilitated for community resource workers upon request.
- Capacity building for CMHAWs (e.g. monthly case consultations with child Psychiatrist, attended Oshki Chemical Addictions Diploma Program, suicide intervention, Buffalo Rider's training).
- Several planning meetings to work towards the development of a comprehensive traditional healing program based on Anishinabe cultural ways.
- Trauma team support to Pikangikum; 221 sessions held with individuals/families and 21 mental health crisis sessions with individuals.
- Discontinued counsellor going into QEDHS due to school/Firefly hiring a full-time counsellor.
- Art therapy and psychology were both highly requested from the communities; received very positive feedback on the associated outcomes.



Crisis Response Program (Five Year Statistical Summary)



Moving Forward

- Training programs to enhance learning and improve client assessment, planning, and treatment
- Advocate for a significant increase in sustainable funding for Nodin CFI to form a specialized Acute Care team
- Advocate for more mental health service dollars to be allocated to communities.
- Advocate for more funding to hire more mobile mental health counsellors.
- Add staff to the crisis response program to help communities build more capacity at a community level to manage crisis.
- Provide trauma team support upon approval of proposals
- Strategic, financial, service development, departmental improvement, and enhanced operations.
- Develop Standard Operating Procedures, standardized clinical supervision model and group debriefing model.
- Complete intake department review and acute care criteria review.
- Hire Clinical Manager to ensure Nodin produces high quality and timely counselling interventions using culturally appropriate practices and best standards of care.
- Implement the Doctoral Psychology Student Placements Program to increase service provision and lower waitlist times.
- Hire a full-time Arts Therapist to replace contract worker.
- Hire a full-time Psychologist to replace contract worker.
- Increase tele-health mental health counselling in between community visits.
- Advocate for the development of an in-patient treatment program for youth in our region.
- Continue to meet with partners to address issues and service gaps; to work towards strengthening our region's mental health system.
- Continue to meet with partners to develop an improved mental health and addictions service model (i.e. youth, children, traditional, crisis management).

DEVELOPMENTAL SERVICES
MMW & TRANSITIONS

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

- 9 community visits for client assessments, follow-up, program promotion and to provide education resources for health care workers and community.
- Support and coordinated 155 clinical assessments; 58 active clients, 166 referrals and 11 on waiting list for eligibility assessments from (DSO) Developmental Services Ontario.
- Supported 8 clients and families while attending court. 3 clients involved with the Ontario Review Board courts were supported with their release by planning and identifying required supports/ needs at the community level.
- 2 clients successfully transitioned from their respective communities into Group Living placements; In addition, 2 Specialized Accommodations funding were approved through the Ministry of Social Services which supports clients who are in crisis in their homes/ community, this funding allows them to leave their homes/communities into the urban Centres.
- 9 intakes into the program with 7 Developmental Services Ontario assessments completed.
- 9 passport funds were approved through Passport Funding Program; in addition with 2 enhanced passport funding to clients and families that allows them to hire support workers to work/support in the client's developmental growth in the home and in the community.
- 6 successful applications for Ontario Disability Support Program and 6 pending approvals.
- Ministry of Community Support Services approved 2 Temporary Support funding which provides support to clients in Sioux Lookout and Dryden area.
- Continued focus on support and advocacy for services is a priority for clients and families.

DEVELOPMENTAL SERVICES PROGRAM
COMPLEX CARE CASE COORDINATOR

Under the Developmental Disabilities Services, the Complex Care Program works with children and youth up to the age of 18 years to provide intensive case management and coordination for complex special needs. These children may present with complex/multiple needs (physical and mental and challenges) that require services that are not normally provided by a children's mental health program. These children and youth fit the definition of special needs when they require services beyond the family's capacity.

Year in Review

- 8 community visits for follow-up, program promotion and providing educational resources for community resources; Telemedicine services were also utilized for follow-up with clients and families, service providers, and community resources for case management and planning purposes.
- 73 active clients. The demand for complex special needs children and youth services continues to increase; Referrals come from counsellors, community workers, and other service providers.
- Partnership, communication, and planning with other service providers on a regular basis has been precedence involving the prioritizing of service coordination and circle of care planning.
- SLFNHA, in partnership with NAN, has been actively involved in the planning and implementation of Jordan's Principle for community-based training (at the community level) and the second level of training for community-based workers. These trainings also allowed for community members and community-based workers to voice their concerns, experiences, and build support systems.
- The Complex Care Program is becoming more recognized in the communities with the support of other resources and service providers being able to help in the planning process such as Homecare services, Schools, Mental Health Counselors, Physicians, etc.

Moving Forward

- SLFNHA will continue to be actively involved of the implementation of Jordan's Principle and will work with First Nation communities to provide education, supports, services, and advocacy to families with complex special needs.
- Funding received from Health Canada to move forward with and expand special needs programming.

COMMUNITY HEALTH WORKERS DIABETES PROJECT

In 2014, SLFHNA partnered with Dignitas International (DI) to strengthen prevention and improve care for people living with diabetes through the development of a Community Health Worker (CHW) Diabetes Program. Based on the complimentary knowledge and experience of both organizations, SLFNHA and DI co-designed and implemented the CHW Diabetes Pilot Program in four communities: Kingfisher Lake, Kitchenuhmaykoosib Inninuwug, Slate Falls and Kasabonika Lake.

Over the course of this three-year program (2014 – 2017), the CHW Diabetes Pilot Program has succeeded in:

- Developing a multi-faceted program focused on knowledge synthesis, application, generation and sharing Sioux Lookout area communities and stakeholders
- Training and mentoring CHWs in diabetes prevention, management and support using customized and culturally appropriate training tools
- Executing a number of scientific evaluation and evidence-based bodies of work to support ongoing improvement throughout the program, and sharing that knowledge with Sioux Lookout area communities and beyond through CHWConnect and in-person forums.
- Building a foundation for the development of a regional diabetes strategic plan in the Sioux Lookout area through the integration of the CHW Diabetes Pilot Program.
- Developing a comprehensive expansion plan for the CHW Diabetes Program with a focus on increasing and strengthening the human resources structure to support it

CHW Training

The goal of the pilot program was to provide CHWs with the support required to better perform in their challenging roles. Using customized training tools, SLFNHA and DI trained and mentored CHWs to bridge the healthcare gaps that often put people living with diabetes at risk of developing serious complications. CHWs participated in three days of hands-on training in Treatment Plan Support - an area identified by community health leaders as one of three key health priorities in the Sioux Lookout area. After completion of the required training, CHWs were certified through an observation process and received a certificate in Treatment Plan Support. Quality improvement methods were then utilized to measure performance and foster continual learning and improved practice.

Research and Evaluation

The CHW Diabetes Pilot Program not only focused on the implementation of the training program for CHWs, but incorporated a number of scientific evaluation and evidence-based learning opportunities to support ongoing improvement throughout the program. Knowledge synthesis and generation activities as part of the CHW Diabetes Pilot Program included:

- A Global Case Studies Report that identifies key factors of successful CHW programs through an in-depth review of global health implementation contexts. Site visits were completed worldwide to collect data and information on best practices of CHW programs. Results from the study were shared with local health leadership in Sioux Lookout area and used to design the CHW Diabetes Pilot Program.
- A Diabetes Management Task-Shifting Systematic Review that examines the scientific literature on task-shifting from physicians to non-physician health workers for the management of Type 2 diabetes in high

income countries. The review contributed to the pilot program design and will be integrated into expansion planning for the CHW Diabetes Program.

- A Diabetes Environmental Scan that provides an overview on the current state of diabetes care and healthcare delivery across the Sioux Lookout area from different sources and perspectives, particularly that of patients. Completion of the Environmental Scan was in direct response to Chief's Resolution #13-07, Community-Based Diabetes Strategy and Programming, and is an important advocacy piece in disseminating patient perspectives.
- A Pilot Program Evaluation that measures improvement of the quality of care across process and outcome measures, as well as overall satisfaction with the CHW Pilot Program. The evaluation has captured important lessons learned associated with implementation of the pilot program and will be integrated into expansion planning for the CHW Diabetes Program.

Knowledge Translation and Exchange

To encourage knowledge translation and exchange (KTE) between the Program Team, partners, Sioux Lookout area communities and beyond, a web platform for CHWs was developed, allowing CHWs to engage across communities, access program training tools, and share resources such as the bodies of research outlined above. SLFNHA and DI also held a number of KTE forums throughout the duration of the program to review key accomplishments, challenges and lessons learned from the pilot program, and disseminate research findings with program partners, Sioux Lookout area communities, and other local stakeholders.

CHW Diabetes Program Expansion

SLFHNA is now working with DI to design a full-scale, integrated CHW Diabetes Program, comprised of training, research, and knowledge translation components. Over the next 5 years, SLFHNA and DI plan to enhance and expand the CHW Diabetes Program by:

1. Implementing the program across all 33 Sioux Lookout area communities.
2. Strengthening the CHW infrastructure by building the capacity of community-based human resources;
3. Expanding the CHW training curriculum and on-the-job tools.
4. Creating evidence-based learning through data generation and evaluation initiatives to support continuous program improvement.
5. Secure long term funding.

As SLFHNA embarks on this next stage of the CHW Diabetes Program, the bodies of research and evaluation that have been developed, as well as the lessons learned in collaboration with program partners and stakeholders, will have a significant impact on program expansion as it gets underway.

ANISHINAABE BIMAADIZIWIN RESEARCH PROGRAM

In 2013 the Anishinaabe Bimaadiziwin Research Program was created through partnership between Sioux Lookout First Nations Health Authority and the Sioux Lookout Meno Ya Win Health Centre, which grew from the increased interest of First Nations communities, SLFNHA, and SLMHC, in research that would act as a catalyst to affect and promote healthcare change, through identifying and documenting programming gaps, disease prevalence, and health and social inequities.

Year in Review

- New Research Program Manager was added in July 2016
- 19 articles published and accepted for publication, 7 articles submitted for publication, with an additional 26 projects in progress, to date.
- 14 new and amended existing research proposals reviewed for ethics approval, with 12 granted ethics approval and 2 denied approval through the Research Review and Ethics Committee
- Initiated services to First Nations communities wishing to engage in community-based participatory research projects, based on specific community priorities and interests.
- The article Acute rheumatic fever in First Nations communities in northwestern Ontario, was awarded Best Original Research Article of 2015 from Canadian Family Physician Journal in 2016.
- Research topics have included (but are not limited to) subjects of cross-cultural care, maternal-child care, palliative care, rural medicine, addiction medicine, and rural medical education.
- Creation of a monthly newsletter that highlights completed research projects connected to SLFNHA, SLMHC, and the region with attachment to the Anishinaabe Bimaadiziwin Research Program.
- Research at SLFNHA and SLMHC has resulted in 74 peer reviewed and published research articles from 2007 through 2015.

Support from SLFNHA communities, SLFNHA Board and administration, has made the Anishinaabe Bimaadiziwin Research Program a recognized leader for research regionally and provincially. The program continually engages with outside research partners on topics appropriate to our area and believes in creating a culture of inquiry that will foster local, relevant research, to better inform health care providers and act as a catalyst in promoting excellence in the delivery of optimal healthcare to all First Nations communities and clients.

Current Research Projects

- Youth Resiliency
- Chronic Kidney Disease
- Hepatitis C
- Air Quality

MEDICAL DIRECTOR'S REPORT

The SLFNHA Medical Director is a nonvoting member of the SLFNHA Board and this position reports directly to and collaborates with the SLFNHA Chief Operating Officer.

The position has been developed over the last few years and provides an advisory and supportive role as well as medical expertise to a number of SLFNHA mandates and initiatives.

Physician Services

- Provide support and advice to SIoux Lookout Regional Physician Services Inc. (SLRPSI) on day-to-day operations and challenges including crisis management. This would include direct patient care when the need arises.
- Participate in SLRPSI Board meetings and support decision making around Physician Services.
- Provide oversight to the process of selecting and approving physicians for the Northern Practice either as locums or long term contracted doctors. This involves a review of qualifications and references, interviews and detailed assessment of each individual physician's suitability to practice in remote northern communities with Indigenous peoples.
- Ensure that all new physicians have all the appropriate qualifications and that the Physician holds a full License to Practice issued by the College of Physicians and Surgeons of Ontario (CPSO) and that the Physician is in Good Standing with the CPSO.
- Participate in the orientation process with all new physicians to the Northern Practice and offer guidance in the practice of medicine in the Sioux Lookout area. Particular emphasis is placed on cultural sensitivity and awareness of the specific needs and health challenges of First Nations patients especially for those living on remote communities. The orientation provides an opportunity to educate and discuss with new physicians to the Sioux Lookout area some of the socioeconomic challenges including social determinants of health experienced by First Nation people. At orientation the political structure within First Nation communities, relationships with leadership in communities is discussed. At all times doctors are encouraged to develop a positive and trustful relationship with community leadership, to have regular meetings with leadership to improve communication and an understanding of challenges.

Quality Assurance

- The Medical Director audits patient records (both EMR and Meno Ya Win patient charts and engages in patient care meetings to ensure appropriate medical care is being provided.
- The Medical Director responds in a timely manner to all complaints raised around professionalism and direct patient care issues arising in community, Northern Clinic in Sioux Lookout or at Meno Ya Win Health Centre. These concerns may be raised by individuals, families, communities, nurses, other physicians. All are thoroughly investigated by reviewing charts and assessing the appropriateness of medical care, by discussion with parties involved including patients and the physician in question. Recommendations are provided, documented and follow up is done. As complaints generally involve a specific patient, reports must be kept strictly confidential.
- Efforts are made to support all parties involved with the outcome being improved patient care and satisfaction as well as enhanced communication skills and awareness by physicians.

Physician Recruitment and Retention

- Creative approaches to recruitment are reviewed and discussed to attempt to meet the needs of First Nation communities. The current Physician Human Resources pool is critically low and attracting new physicians to this area is extremely challenging and is an ongoing priority.
- The Medical Director directly supports and advises the SLRPSI Physician Recruiter. The Medical Director attends recruitment events such as two held this year in Ottawa and Toronto as well as Medical Conferences and other events.

SLFNHA Board

- The Medical Director is an nonvoting member of the Board and supports the Board by attending and being an active participant in Board Meetings and conference calls.
- Ad hoc Board Committee participation is provided such as to the Governance Committee on an as needs basis.
- Participates in meetings with FNIB and MOHLTC to advocate strongly for the enhancement of health care for First Nations.

Crisis Intervention

- Whereever and whenever possible physician services are enhanced in response to crisis situations. This response may involve community visits by a SLFNHA team including the Medical Director to meet with health care providers and community leadership.
- The Medical Director assists in and is involved in crisis management, resource planning and advice to SLFNHA Senior Management when a crisis arises (Mental Health, Suicides, Traumas etc.).

Collaborative Care with Health Canada Nursing

- The Medical Director, other physicians and Senior Nurse Managers meet a few times a year to review and plan improved services in Nursing Stations. This includes many areas such as QA, communication challenges, expertise, transferred skills, role of NPs in health care provision at community level.

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

This past year's primary focus for the Chiefs Committee on Health (CCOH) has been to continue supporting the Sioux Lookout First Nations Health Authority (SLFNHA) with Ontario's First Nations Health Action Plan which is to provide $222 million dollars over 3 years in the priority areas of:

- Primary Care
- Public Health and Health Promotion
- Senior Services
- Life Promotion and Crisis Support

CCOH has been encouraged by this recent announcement and wants to ensure negotiations continue with both levels of government to also secure permanent funding to support the changes that will be forthcoming and to ensure funding goes directly to community. A new multilateral government to government relationship is required and that there is a need for meaningful participation of First Nations in decision making and in the design of their health care system. A Charter of Relationship Principles GoverningHealth System Transformation in NAN Territory has been approved and all parties are moving forward on a NAN-wide strategy.

The CCOH conducted a two-day Strategic Planning Session to review the direction and composition of the committee. The draft plan will be presented to the Chiefs at SLFNHA's AGM in September 2017.

CCOH Elder positions have been vacant on this committee for the past couple of years. Recently, Hammond Lac Seul of Lac Seul and Emily Jacobs of Webequie have been appointed as Elders for CCOH.

Other CCOH activities:

- Provided oversight in the implementation of the AHP, which included reviewing and providing direction to the physician services delivery model and keeping informed of activities of Sioux Lookout Regional Physician Services Inc.
- Continued financial support of the Anishinabe Bimaadiziwin Research Program.
- Advocated for increased use of Telehealth in mental health and physician visits.
- Stays current on the 4 Party activities.
- Continued support for the development of the Approaches to Community Wellbeing Model.
- Received reports and supported SLFNHA on the proposed development of a First Nations' owned and operated pharmacy.
- Supports and encourages communities to participate in the Youth Resilience Project.
- Appointment of CCOH member to the Chiefs Political Group on Health and the Joint Action Table.
- Appointment of two CCOH members to the Chief's Task Force on Mental Health.
- Committed financial support for the Mikinakoos Children's Fund.
- Continued support and to encourage first nations youth to choose a career in health.
- Supports activities of the Hepatitis C Committee and the Needle Distribution Program.
- Continued support for the Diabetes Community Health Worker Program.

- Continued support for the Ontario Cancer Care program.
- Approval of the Indoor Air Quality Research project.
- Reviewed NIHB issues, including medical transportation and other concerns on a regular basis.
- Provided sponsorship funds for health activities.
- Strategic Plan.

Moving Forward

Continue to support the implementation of the AHP specifically in the areas of:

- Ontario First Nations Health Action Plan.
- Approaches to Community Wellbeing system development (public health).
- Development of the permanent Primary Health Care Facility.
- Anishinaabe Bimaadiziwin Research Program.
- Research and program development projects.
- Review of Membership and Terms of Reference.
- Explore relationship with organizations such as the LHIN's.

REPRESENTATIVES 2016/17

Chief James Cutfeet
Kitchenuhmaykoosib Inninuwug

Chief Clifford Bull
Lac Seul First Nation

Chief Connie Gray-Mckay
Mishkeegogamang First Nation

Chief Liz Atlookan
Matawa Tribal Council

Arnold Gardner
Eagle Lake First Nation

Chief Eddie Mamakwa
Kingfisher Lake First Nation

Chief Titus Tait
Sachigo Lake First Nation

No representation
Sandy Lake First Nation

Tina Kakepetum-Schultz
Keewaytinook Okimakanak Council

Elders

Hammond Lac Seul, Lac Seul

, Webequie

Sioux Lookout
Regional Physician Services Inc.

Sioux Lookout Regional Physicians 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. Sioux Lookout First Nation Health Authority (SLFNHA) has held a management agreement with SLRPSI since 2010. SLFNHA provides most the infrastructure for the SLRPSI Board by providing numerous areas of administration and support services. SLFNHA provides the overall management of the Physician Services Remuneration Program in accordance with the MOHLTC funding agreement. SLFNHA administers support services in areas such as, scheduling, transportation, reporting activities, electronic medical records program, coordination of recruitment and retention activities, payroll, fee for service billings and accounts payable/receivable, medical director services for professional matters and quality of care issues, development of policies and procedures for Board consideration and approval, implementation of its strategic direction and fulfilment of its governance function to list a few.

Year in Review

- October 2016 SLRPSI was informed by the Ministry of Health and Long Term Care (MOHLTC) that they were receiving additional physician services days for the area.
- Early 2017 seen the completion of opening all available inpatient beds at Sioux Lookout Meno Yah Win Health Centre (SLMHC). Physician services re-evaluated and moved forward with a scheduling model that better provides continuity of care for in-patients.
- SLRPSI continues to work and improve on strategies to increase their physician human resources for the area. They are advocating with the MOHLTC for area funding for specialty services/support.
- Information Technology staff continue to work with all northern communities to improve connectivity for physicians to better service clients within their electronic medical record (EMR).
- The Electronic Medical Records Working Group worked on many of the ongoing challenges within the workings of the Physicians EMR. They are researching ways to assist communities with being able to provide useful health information stats.
- SLRPSI made upgrades to the Sioux Lookout physician accommodations and will continue. This is a great help to our recruitment and retention to the area allowing physicians to feelmore welcomed while providing a relaxing home away from home
- Hepatitis C clinics started this year in the Northern Clinic. Sports Medicine Clinics continued.

2016/17 Stats:

- 2564/2940 in community physician days (increased days as of October 2016)
- 91/180 in community Addiction Physician Days to Suboxone Programs
- 5766 client visits to Sioux Lookout Northern Clinic
- Nurse Practitioner clinics with students were held Wednesdays at Pelican Falls High School throughout the school year.

Board of Directors 2016/17

John Cutfeet, SLFNHA
Dr. Terry O'Driscoll, SLMHC
Solomon Mamakwa, SLFNHA
Dr. Joseph Dooley, Hugh Allen Clinic
Sadie Maxwell, SLMHC
Dr. Kathy Pouteau, Northern Practice
Jethro Tait, SLMHC
Dr. David Folk, AMDOCS
Darcy Beardy, First Nations Family Physician
Health Services Group

FINANCIALS

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.

August 14, 2017

Executive Director

Sioux Lookout First Nations Health Authority
Statement of Financial Position
As at March 31, 2017

	2017	2016
Assets		
Current		
Cash and cash equivalents *(Note 3)*	**4,481,923**	1,437,476
Investments *(Note 4)*	**380,036**	377,838
Accounts receivable *(Note 5)*	**83,091**	91,578
HST recoverable	**199,641**	17,941
Due from funding agencies *(Note 6)*	**2,201,066**	2,107,020
	7,345,757	4,031,853
Due from Sioux Lookout Regional Physician Services Inc. *(Note 7)*	**1,062,829**	786,466
Capital assets *(Note 8)*	**9,765,741**	10,460,905
	18,174,327	15,279,224
Liabilities		
Current		
Accounts payable and accruals	**2,858,379**	1,808,494
Government remittances payable	**30,544**	12,189
Deferred revenue *(Note 9)*	**821,061**	216,183
Due to funding agencies *(Note 10)*	**2,139,128**	344,285
	5,849,112	2,381,151
Term loan due on demand *(Note 11)*	**2,308,358**	2,545,670
	8,157,470	4,926,821
Contingencies *(Note 13)*		
Net Assets		
Unrestricted	**117,116**	(108,502)
Invested in capital assets	**9,765,741**	10,460,905
Restricted	**134,000**	-
	10,016,857	10,352,403
	18,174,327	15,279,224

Approved on behalf of the Board

John Cutfeet
Director

L. Bertha Bottle
Director

PARTNERS

Aboriginal Healing & Wellness Strategy

Amdocs

Carleton University

Canada Council of the Arts

Centre for Addiction and Mental Health

Chiefs Committee on Health

Chiefs of Ontario

Children's Mental Health Centre of Excellence

Children's Hospital of Eastern Ontario

FIREFLY

First Nations Family Physicians
and Health Services

Fort Frances Tribal Area Health Authority

Health Canada
First Nations & Inuit Health Branch

Hugh Allen Clinic Family Health Group

Keewaytinook Okimakanak Telemedicine

Kenora Chiefs Advisory

Local Health Integration Network

Maamwesying North Shore
Community Health Services

Nishnawbe Aski Nation

Northwestern Health Unit

Northwestern Ontario Infection
Control Network

Northern Ontario School of Medicine

Ontario Sick Kids Telepsychiatry

Ontario Provincial Police

Ontario Trillium Foundation

Paawidigong First Nations Forum

Province of Ontario

- Ministry of Community & Social Services
- Ministry of Children & 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

- 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

University of Toronto Psychiatric Outreach
Program

Wabun Tribal Council

Weeneebayko Area Health Authority

Sioux Lookout
First Nations
Health Authority

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