Sioux Lookout
First Nations
Health Authority

ANNUAL REPORT 2018-2019

WE REMEMBER

TINA KAKEPETUM SCHULTZ (1953 - 2018)

Sioux Lookout First Nations Health Authority (SLFNHA) dedicates this Annual Report to the late Tina Kakepetum Schultz of Keewaywin First Nation.

Tina began at Keewaytinook Okimakanak (K.O.). eHealth services and then moved on to serve as Health Director for Keewaytinook Okimakanak. Prior to working at K.O. She worked in theatre and her playwriting incorporated her love of her peoples' strengths and struggles. It also included her love of opera music. This love began while she attended residential school and opera was played to soothe the children at bedtime. She brought this love into her work in the health field when she moved to Red Lake with her husband in 2001. Her passionate desire was to improve the comprehensive need for health services in the communities that she served underlined by a strong sense of community and self.

Tina was a Keewaywin band member. She was born on a trapline and overcame many difficulties that she faced during her lifetime. She raised three boys and loved them dearly and was proud of them beyond words. Family was everything to Tina. This love extended to her many grandchildren and her three great grandchildren. Children of the remote north were the driving force in her desire to think outside of the "western box" way of thinking and create a substantial change that would have direct and real results in peoples' daily lives. Tina also hoped that future changes would improve children and peoples' quality of life. Tina saw this "quality of life" shift as a change that would include peoples' joy which came from residing in the north, near the land, and the capabilities that recent developments allowed them such as video/medical technology.

Tina is greatly missed by the people she lived and worked with. Personal growth, faith in God, and never giving up were her driving forces in everything that she did. Her laughter and positivity were her guiding principles in life that are missed so much by the people that were blessed to know and work with her.


Fort Severn
Kitchenuhmaykoosib Inninuwug
Bearskin Lake
Wapekeka
Sachigo Lake
Wawakapewin
Kasabonika La
Muskrat Dam
Sandy Lake
Koocheching
Kingfisher Lake
Wunnumin
Wel
Treaty 5
Keewaywin
Weagamow
Nibinamik
Deer Lake
North Spirit Lake
McDowell Lake
Poplar Hill
Neskantag
Pikangikum
Cat Lake
Eabame
Pickle Lake
Mishkeegogamang
Slate Falls
Red Lake
Treaty 3
Wabauskang
Saugeen
Lac Seul
Savant Lake
Eagle Lake
Dryden
Sioux Lookout
Wabigoon Lake
Kenora

TABLE OF CONTENTS

Brenda Fox, Bertha Trout, Thomas Spade, John Cutfeet, Terri Farrell & Orpah McKenzie. Not pictured: Allan Jethro Tait, John Mckay, & Howard Meshake.

BOARD OF DIRECTORS

BOARD CHAIR

John Cutfeet, Kitchenuhmaykoosib Inninuwug
Independent First Nations Alliance

BOARD SECRETARY/TREASURER

Bertha Trout, Lac Seul First Nation

BOARD MEMBERS

Orpah McKenzie, MacDowell Lake First Nation
Keewaytinook Okimakanak

Allan Jethro Tait, Sachigo Lake First Nation
Windigo First Nations Council

Brenda Fox, Mishkeegogamang First Nation

John Mckay, Sandy Lake First Nation

Howard Meshake – Shibogama First Nations Council

Vacant – Matawa First Nations Management

EX-OFFICIO BOARD MEMBER

Terri Farrell, SLFNHA Medical Director

BOARD ELDERS

Thomas Spade, Mishkeegogamang First Nation

Emily Jacob, Webequie First Nation

JOHN CUTFEET

BOARD CHAIR

It's been said that ancient wisdom, new technology and new ways of doing things, when applied correctly together, can change the world.

If we were to apply this framework to the current health care system, how would it look?

ANCIENT WISDOM

We as First Nations have no shortage of ancient wisdom through the teachings passed on through our Elders. Our lifestyle has changed dramatically since the days our people lived solely off the land. Our traditions, culture, language, and our health have all been under attack. Our people have endured extreme trauma through the mistakes made by the Canadian government, and we continue to bear the burden of these mistakes to this day.

Our ancestors didn't have the health problems we have today. Our unhealthy intake of processed foods and lack of exercise has resulted in many ailments that would have been unthinkable in the past. In the days when our people lived off the land, we got our exercise by walking, hunting, and trapping. We essentially ate what is now being called the Paleo diet. We ate wild meat and harvested berries and other edible plants. Our people harvested medicines from plants and animals and passed on this knowledge from generation to generation.

Prevention was the focus of the Anishnabe way of life. Our people passed down teachings on how to hunt, fish, and trap in a safe and effective way.

We took care of ourselves so we could take care of others. With the introduction of this new health care system, the health of our people was controlled by a system created from the outside. We are treated after we get injured or get sick. Doctors are trained to fix you - they are not trained to do prevention. It's up to us to do that ourselves.

NEW TECHNOLOGY

Using technology now and in the future, and blending it with our past, is going to be key to making this change a success. SLFNHA has already utilized current technologies to assist in serving our people. The Sioux Lookout Area Indigenous Interprofessional Primary Care Team, Developmental Services, Nodin, and Approaches to Community Wellbeing have all used today's technology to help serve our people.

We can't be satisfied with what we currently have. We need to be innovative. Technology is forever changing, and so should our health care system. Imagine a day where it becomes rare for us to travel for a doctor's appointment. This cannot be a "what if" but should be viewed as an essential goal.

NEW METHODS

In the last 50 years, the healthcare system has consisted of a hospital in Sioux Lookout and nursing stations or health clinics in our communities staffed by nurses and visiting doctors or other health care professionals. The current health care system is obviously not working. If you look at the health status reports on our people, we are getting sicker every year.

The government has made steps to provide reparations, but nothing has been done to mend the actual wounds. As a result, our people have sought out treatment in the form of various harmful addictions such as alcohol and drugs. We need to look at what our community can do, and what we as individuals can do.

This is where the health transformation process comes into play. This is an opportunity for us to create the best health care system. We need to look at healing from the community perspective. How do we create a health care system that better meets the needs of our people? Our leadership, on all levels, has a responsibility to look after their people, but we as individuals share that responsibility.

APPLYING THE METHODS CORRECTLY

Prevention can start now. Prevention requires us to focus on what our communities can do, and what we as individuals can do to begin healing. Are there programs that need more support and promotion at the community-level? Maybe community members who can participate and speak up for services they'd like to see, such as hosting traditional land-based activities or starting up confidential addiction support meetings at our local churches.

Our communities are struggling, but we as individuals and communities must be the change in order to begin community healing and ensure health transformation is a success. The people within the communities need to be consulted properly. If the advice the people give is not considered, then health transformation will not work. I see many strong leaders, youth, and Elders, who feel this way too. If our community members can show up and be a part of this positive change, then we can really build health transformation into something meaningful for each and every one of us.

Health transformation requires creating a space for our people to have a say into how our health system is delivered to our people. As individuals and as a Peoples, we were invested with that authority in order to maintain our own health. With the traditional medicines and the other natural resources we were given, we can design a system that will, indeed, be beneficial for our people. We have the wisdom, the technology, and the new methods. It is up to us.

JAMES MORRIS

EXECUTIVE DIRECTOR

We have successfully completed another year of operations at Sioux Lookout First Nations Health Authority (SLFNHA). We have seen an increase in the number of clients travelling to Sioux Lookout to access health services. At the same time, we have seen a steady increase in the number of allied health professionals travelling to provide health services in-community. We also have seen some major changes in the SLFNHA programming. The program reports contained in this annual report will explain all the details, but I want to highlight a few areas that we are particularly proud to report.

One of the highlights of the year is the rapid growth of the Primary Health Team, and the number of people who have accessed these specialty services, especially the children who need the service. Finally, after many years of waiting, the number of children seen who require specialty services grew from 37 in 2017/18 to 979 in 2018/19, a phenomenal 2,546 per cent increase.

From a program services context, there has been a significant growth in availability of programs/services for all ages, via the Primary Health Team during fiscal year 2018/19, resulting in a total of 2,079 (adults and children) being seen for the following specialty services being available to clients of all ages; nursing (includes diabetic foot care, case management for complex clients, and nurse practitioner who is licensed to assess client symptoms/conditions, diagnose, treat, refer for specialized testing and treatment, write prescriptions, etc. The nurse practitioner provides services to clients from northern communities and those living in Sioux Lookout), pharmacy, psychiatry, physiotherapy, occupational therapy, kinesiology, speech language pathology, dietary, and social work. In addition, the mobile Primary

Care Team began to travel directly to communities to provide services in January 2019 and made 14 community visits for a total of 20 days of in-community services in a three-month period. When the mobile team is not in the community the programs/services are supplemented by a secure communications system (video conferencing and via computer) to ensure "continuity of care" for community members.

One of the other highlights that we worked on this year was addressing some of the gaps caused by a lack of mental health counsellors and the high demand for psychology services. In October 2018, we began our seven-month partnership with Dalton and Associates to focus our efforts on providing services to four communities, providing access to clients in our Sioux Lookout based outpatient mental health service, and completing psychology assessments. In total, there were 203 clients seen with 78 per cent seen in-community. In addition, the team conducted several clinical mental health and psychology file reviews, and case management specific to discharges/file closures.

These are the kinds of service that we want to build and will have a positive impact on the health of people in the communities. The mobile Primary Care Team is forecasting 102 trips to remote communities with 125 days of in-community services for fiscal year 2019/20. Our partnership with Dalton and Associates is forecasted to continue into the new fiscal year with more mental health counselling services in the communities.

The other development that came about rather suddenly was the purchase of the Days Inn to be used as a hostel. This required a committed cooperation with our partners, and most especially we want to thank SLFNHA Board and staff, Indigenous Services Canada, and Kenora District Services Board who made this purchase possible. Now, we have the means to alleviate some of the overcrowding that we have experienced at the Jeremiah McKay Kabayshewekamik (JMK) Hostel.

The overcrowding at the hostel pointed to the large increase of the number of people leaving their communities to access health services. We still do not know the precise reason why this is happening. Are the people getting sicker? Is the population growing fast? Or is it a combination of the two? Is the increase in physician services in the communities referring more people out? Or, is it the opioid crisis in the communities? We still do not know the exact answer yet, but we are starting to produce some reports that will help us to find the reasons.

There are now two reports that we have to help us understand the trends. These are the Our Children and Youth Health Report produced by Approaches to Community Wellbeing and Learning from Our Ancestors: Mortality Experience of First Nations in Northern Ontario produced by the First Nations partnership Mamo Ahyamowen. They were released last year after approval by the Chiefs in Assembly at last year's Annual General Meeting. This is the first overview of the health in the region since 1995. We were also able to produce 24 individual community-level reports with the same data. These reports provide us with an understanding of the current picture of children's health. This allows communities, and us as a region, to plan strategically and have numbers to include in our advocacy work and funding applications. We intend to produce this report again in the future, so we will also be able to compare how programs and services are impacting health in the communities and whether there are changes in health outcomes over time. There's a saying, "Show me your numbers today and I will tell you what you will be doing 10 years from now". That is the kind of data collection and planning that we need to do at SLFNHA. The public health team in Approaches to Community Wellbeing supports data collection and analysis and continues to advocate for First Nations data to be under First Nations control.

It is apparent that no one organization can do everything. We all need to work closely with all our partners. There needs to be more cooperation among agencies and coordination of services so that the people do not have to run around trying to find out who should help them. We need mechanisms for making sure that there is coordination of services because when we create more agencies or health services, we create lines of jurisdiction, and therefore, more chances that people will "fall through the cracks", as the saying goes. This is the problem that the American Indians in Alaska conquered by developing the Nuka Health System. The ingredient that ensured the success of the Nuka system is that, they did not ask the health care administrator (how do you want your health care system to work?), they asked that question to the community people and the answers that the community people provided are what created the successful Nuka Healthcare System. We are hopeful that the health transformation process in our area will do the same thing, and we as the Health Authority will cooperate fully with that process to make sure it is successful.

LONG-TERM SERVICE

Miigwetch

This Annual Report describes the ways in which SLFNHA's work has touched many thousands of lives over the past year. Here we want to recognize the tireless contributions from SLFNHA's team members who are celebrating the following milestones - 15 years of service, 10 years of service and five years of service

To all our team members new and old we would like to say Miigwetch for all your hard work!

15 YEARS OF SERVICE

David Makahnouk

10 YEARS OF SERVICE

Mary-Ann Beardy
April Derouin
Naomi Hoppe-Mackechnie
April Koostachin

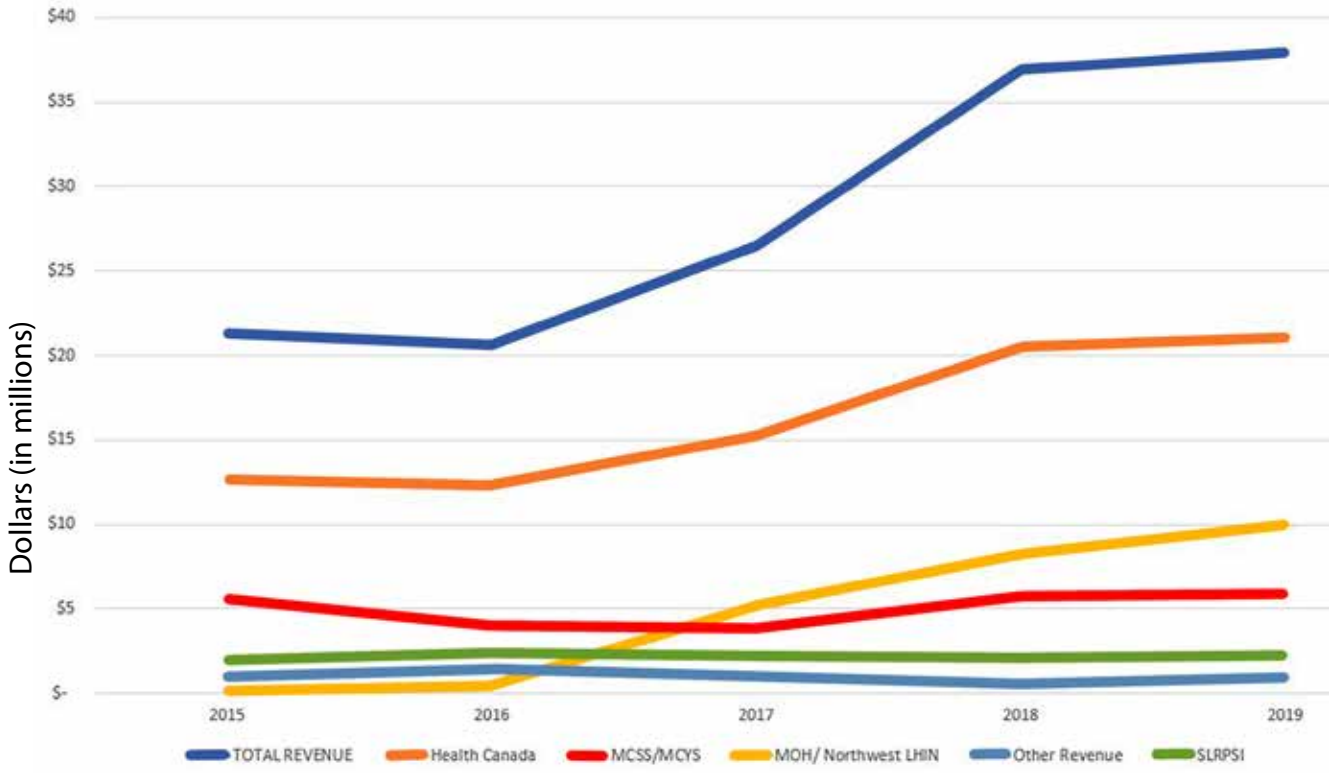
5 YEARS OF SERVICE

Hana Beitl
Mary Childforever
Brenda Bergman
Trish Hancharuk
Glenda Meshake
Christine Ostamus
Bertha Quisses
Cathy Therriault
Beulah Wabasse
Teyah Wren
Kadey Kennedy
Cathy Therriault
Mary Oombash

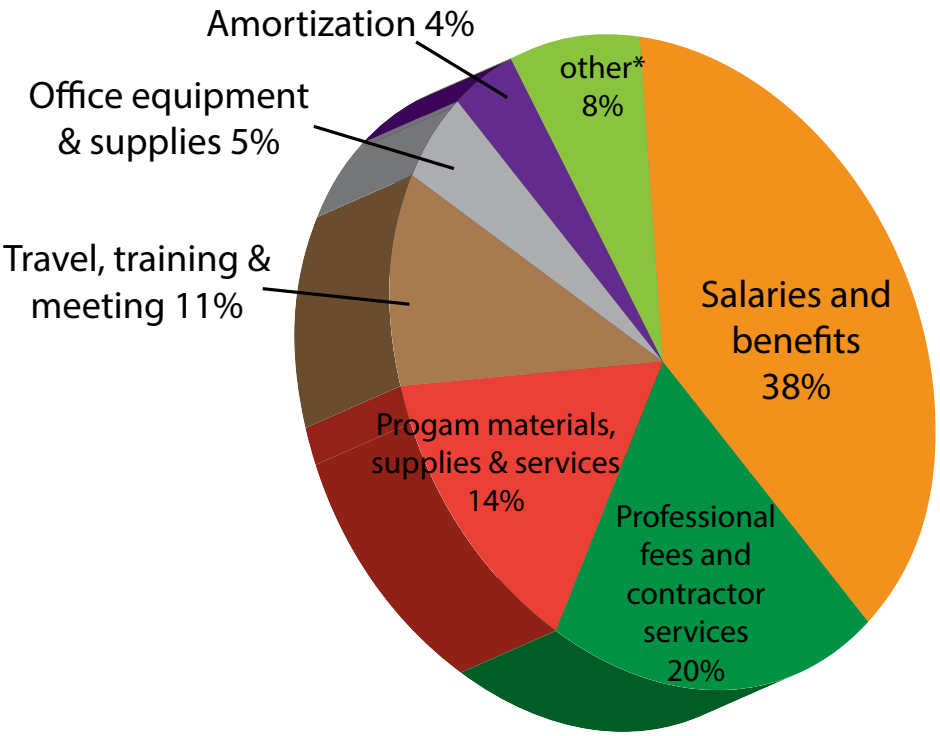
ADMINISTRATION & FINANCIAL REPORTS

FINANCIALS

Trends in revenue by funding source from 2015 - 2019



Expenditure by category



* Other category includes occupancy costs, repairs and maintenance, recruiting, automobile, insurance, physician services, administration, interest on long term debt, and honoraria

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 26, 2019

Executive Director

Independent Auditor's Report

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

Qualified Opinion

We have audited the financial statements of Sioux Lookout First Nations Health Authority (the "Organization"), which comprise the statement of financial position as at March 31, 2019, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Qualified Opinion

The Organization receives some cash payments for incidentals at the Hostel, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the Organization and we were not able to determine whether any adjustments might be necessary to other revenue and excess of revenue over expenses for the year ended March 31, 2019 and assets and net assets as at March 31, 2019. The audit opinion on the financial statements for the year ended March 31, 2018 was qualified accordingly because of the possible effects of the limitation in scope.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

Responsibilities of Management and those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

MNP

- Obtain an understanding of internal control relevant to the audit 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 Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

MNP LLP

Thunder Bay, Ontario

Chartered Professional Accountants

August 26, 2019

Licensed Public Accountants

MNP

Sioux Lookout First Nations Health Authority
Statement of Financial Position
As at March 31, 2019

	2019	2018
Assets		
Current		
Cash and cash equivalents *(Note 3)*	**3,074,511**	9,992,621
Accounts receivable *(Note 4)*	**244,972**	355,131
Prepaid expenses and deposits	**17,788**	-
HST recoverable	**228,062**	432,634
Due from funding agencies *(Note 5)*	**8,917,954**	6,531,749
	12,483,287	17,312,135
Due from Sioux Lookout Regional Physician Services Inc. *(Note 6)*	**614,871**	509,416
Capital assets *(Note 7)*	**14,604,634**	9,243,316
	27,702,792	27,064,867
Liabilities		
Current		
Accounts payable and accruals	**4,504,220**	4,395,293
Government remittances payable	**191,467**	63,000
Deferred revenue *(Note 8)*	**2,380,535**	4,679,597
Due to funding agencies *(Note 9)*	**4,524,651**	6,515,741
Deferred contributions related to capital assets *(Note 10)*	**918,584**	-
	12,519,457	15,653,631
Term loan due on demand *(Note 11)*	**6,132,676**	1,909,933
	18,652,133	17,563,564
Commitments *(Note 12)*		
Contingencies *(Note 13)*		
Net Assets		
Unrestricted	**1,363,285**	123,987
Invested in capital assets	**7,553,374**	9,243,316
Restricted	**134,000**	134,000
	9,050,659	9,501,303
	27,702,792	27,064,867

Approved on behalf of the Board

Director

Director

The accompanying notes are an integral part of these financial statements

MARIE LANDS

CHIEF ADMINISTRATIVE OFFICER

I want to say Miigwech to the Drum and Prayer given to us today. Miigwech to all the Elders, Chiefs and Delegates, and Dignitaries in attendance. I also acknowledge the Traditional Territory of Lac Seul First Nations in the Treaty Three location for allowing us to host our Annual General Meeting in their community. Lastly, I want to acknowledge the staff of the Sioux Lookout First Nations Health Authority (SLFNHA) for all their commitment and dedication to make SLFNHA a model to be followed.

This fiscal year 2018/19 has been busy with more programs being brought in by the Chief Operating Officer Janet Gordon. This has also increased the size of the Administration of SLFNHA. Saying this, we have grown a lot as an organization. My role as Chief Administrative Officer is overseeing: Human Resources, Information Technology, Communications, Finance, JMK I and II Hostels, and the Discharge/ Benefit Coordination Unit.

The two departments we needed to expand are Finance and Human Resources. HR is set up to better support the employees within SLFNHA. We have one Human Resources Health Services Specialist to oversee the Advisors in Health Services. We have one HR Manager that oversees the HR Advisors for JMK I and II as well as Administration. Finance is organized to ensure all areas for reporting is meeting compliance. As a result of expansions, we are running out of office space.

As part of the work, we had to create two committees, one for HR and the other for Policies. We are in the process of reviewing the Finance Department.

This past year, SLFNHA purchased the former Days Inn and it is now known as JMK II. We hope this will stop sending clients to Dryden for accommodations. The grand opening will happen while the AGM is in process.

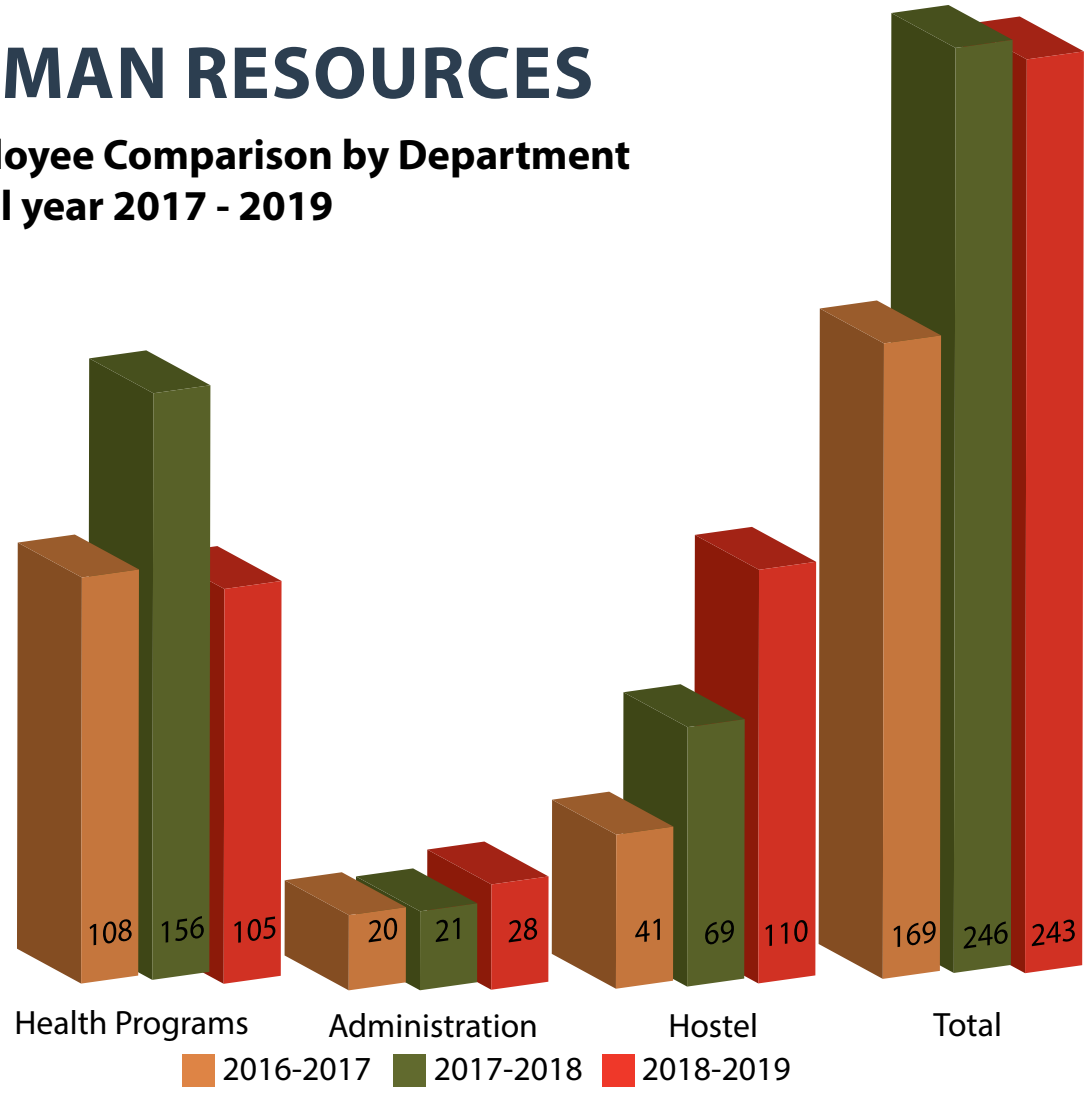
Another initiative we undertook is evaluating the JMK services, programs, and staffing. We will be implementing recommendations to better serve the needs of the clients. A new Elders Lounge has also been opened at the airport and the Open House is happening while the Chiefs are here for the AGM. New policies and procedures were developed for the JMK I and II staff. Training will commence in September.

Administration continues to grow as Health Services grows. It is a very interesting and wonderful time to be with SLFNHA!

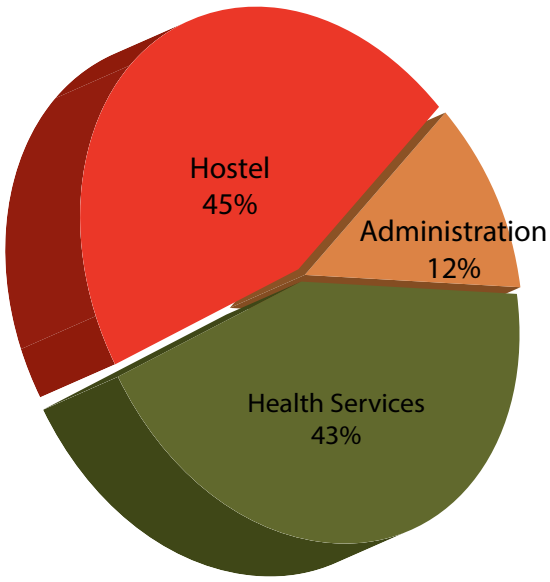
Miigwech!

HUMAN RESOURCES

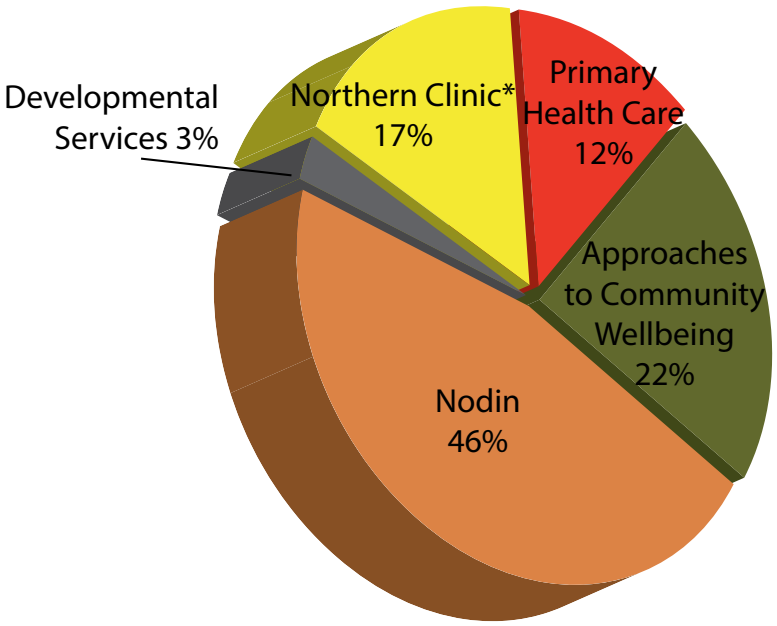
Employee Comparison by Department
Fiscal year 2017 - 2019



Employees by Area

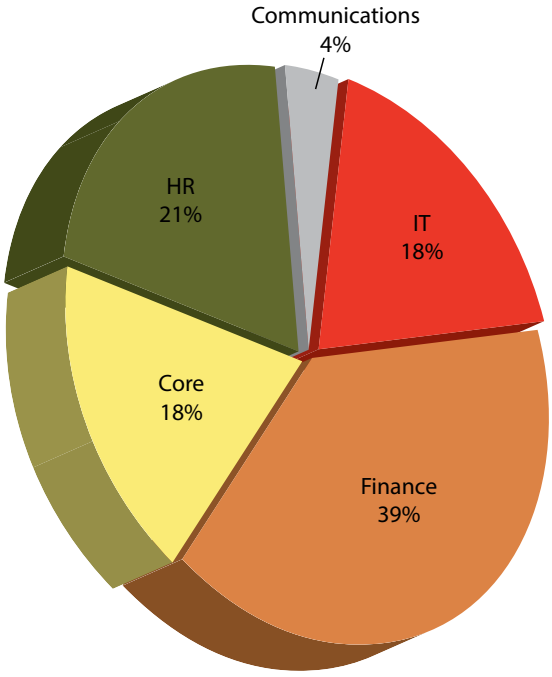


Health Services Employees by Team



* includes Physician Services

Administration Employees by Area



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 provides technical support the SLFNHA and SLRPSI programs.

YEAR IN REVIEW

- Continued implementation (Year four) of the IT Gap Analysis that was approved by SLFNHA Board
  - Active Directory implementation throughout the agency was completed
  - Setup New Virtual Servers for various departments, including the new CEMR (Community Electronic Medical Records) Mustimuhw
- Setup VoIP (Voice Over Internet Protocol phone system) for Jeremiah McKay Kabayshewekamik II (JMK II) hostel (former Days Inn Hotel)
- Setup new finance office in Lac Seul and linked site to SLFNHA's internal network
- With the addition of JMK II, IT has linked the two buildings together to share database resources and services. Mustimuhw is ready for implementation on our new virtual server. With this new CEMR (Community Electronic Medical Record), various SLFNHA departments (Approaches to Community Wellbeing, Primary Care Team, Developmental Services Unit and Nodin services) will share and centralize our client data to provide a better service experience to our clients.
- Continued to provide after hour support for the Physician Services, Client Services Department and Discharge programs

Change Requests	28
Incidents	11
Problems	2728
Questions	54
Service Requests	46

2867

Total number of help desk tickets processed by the IT Department

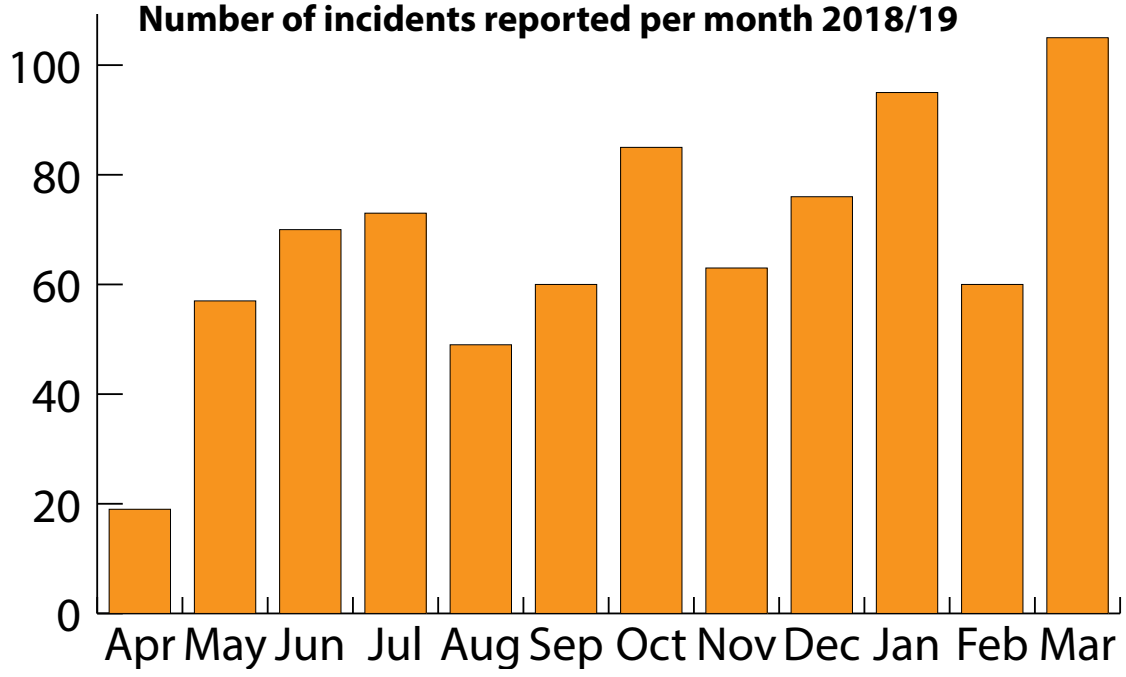
CLIENT SERVICES DEPARTMENT

YEAR IN REVIEW

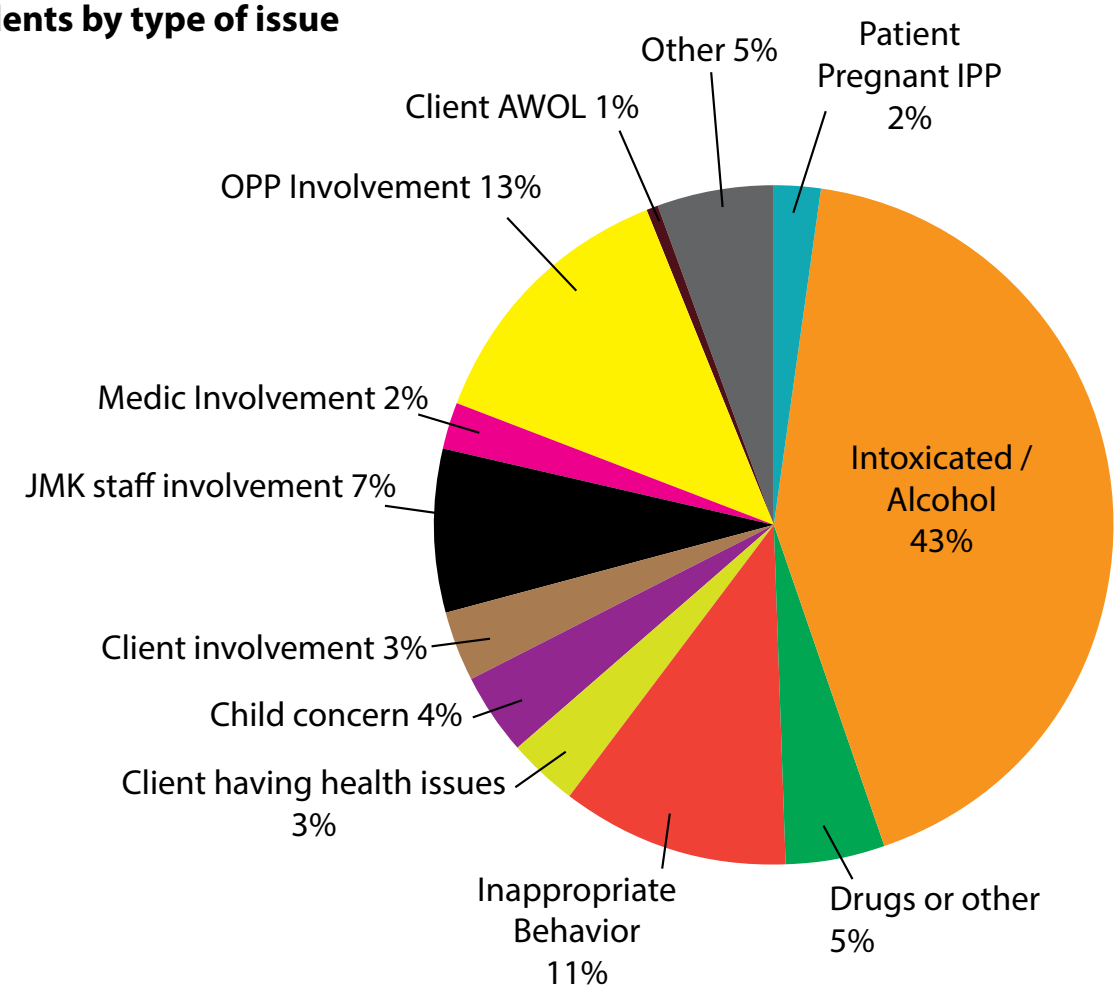
- SLFNHA is working with Aramark Canada Ltd. to improve food quality for hostel clients and includes food surveys and quarterly taste testing for new food items added to its menu ;
- SLFNHA opened a waiting room at Sioux Lookout Airport for medical clients and Elders, in addition, a new office was opened for airport interpreter and dispatcher;
- New garbage compound for JMK was completed in August 2018;
- Renovations were made to JMK to relocate offices for security and accommodation services;
- SLFNHA's Information Technology department began to upgrade the telephone system for JMK and the new phone system will integrate with the JMK II building;
- Installed two Ductless Air Conditioning systems for security and laundry offices for improved air quality

CLIENT SERVICES DEPARTMENT (CONTINUED)

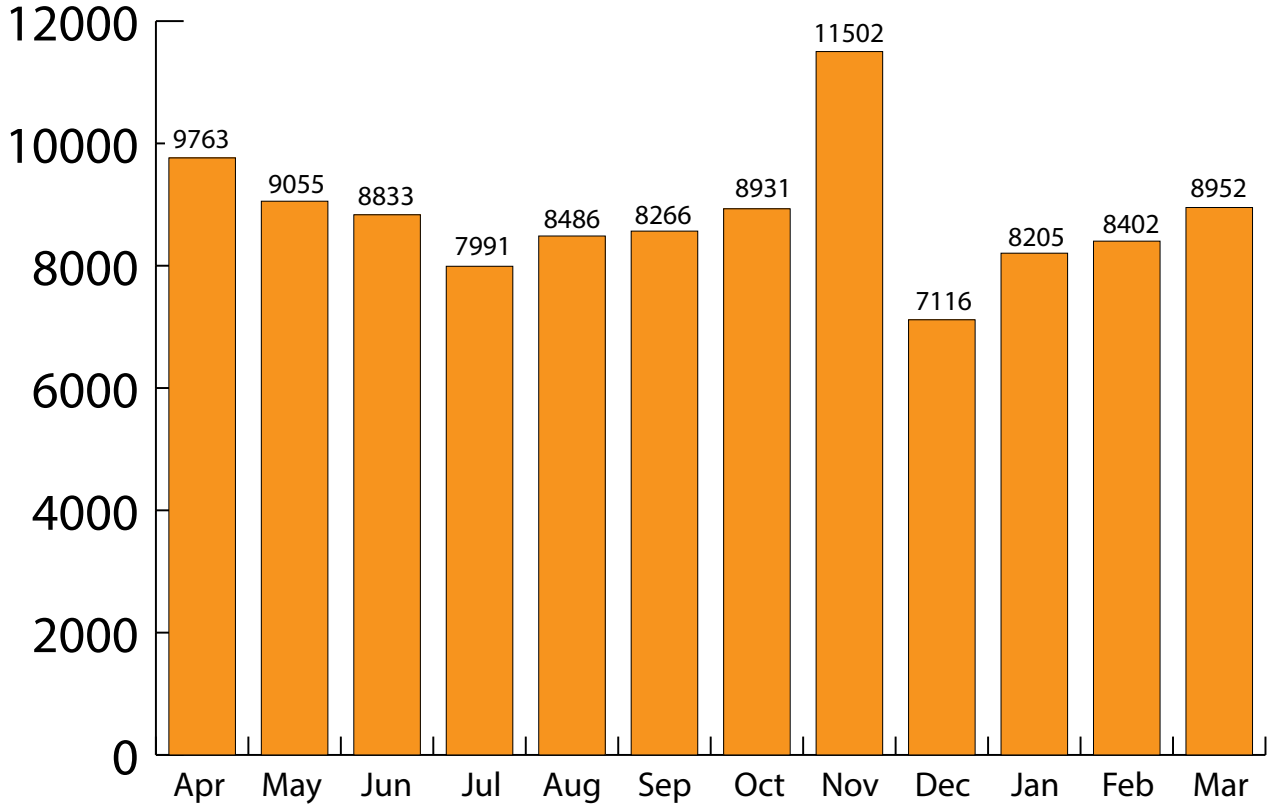
Number of incidents reported per month 2018/19



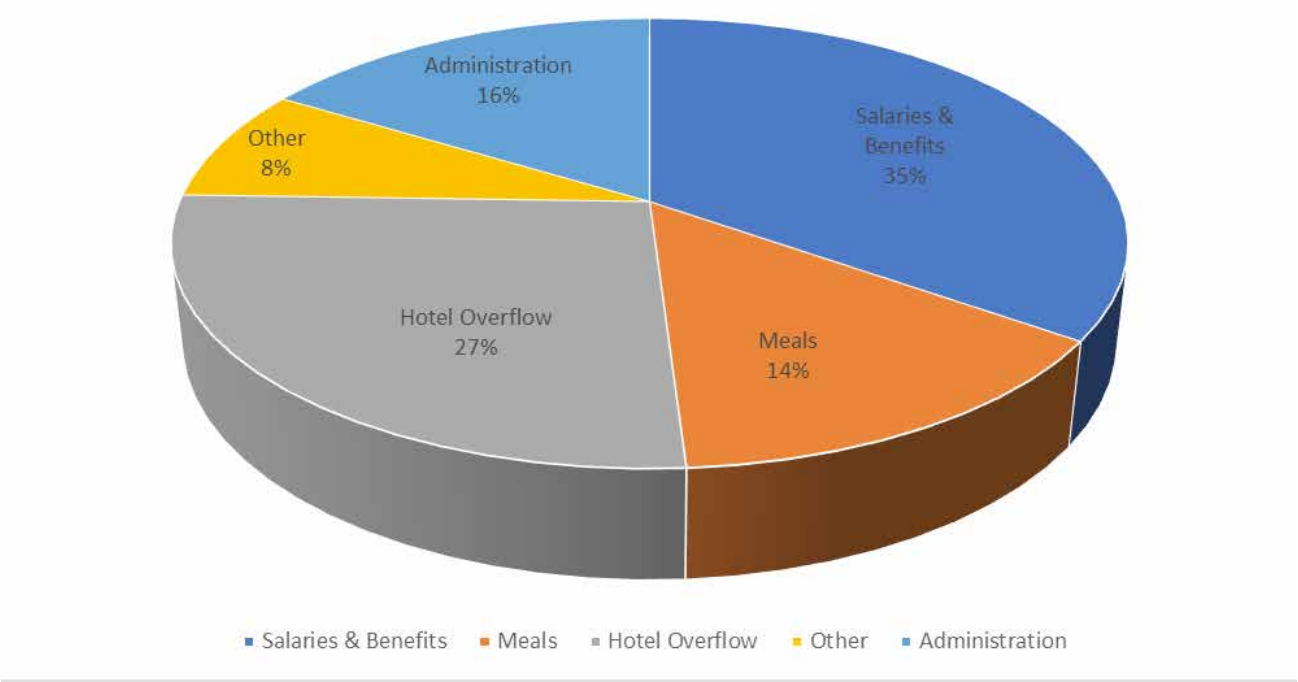
Incidents by type of issue

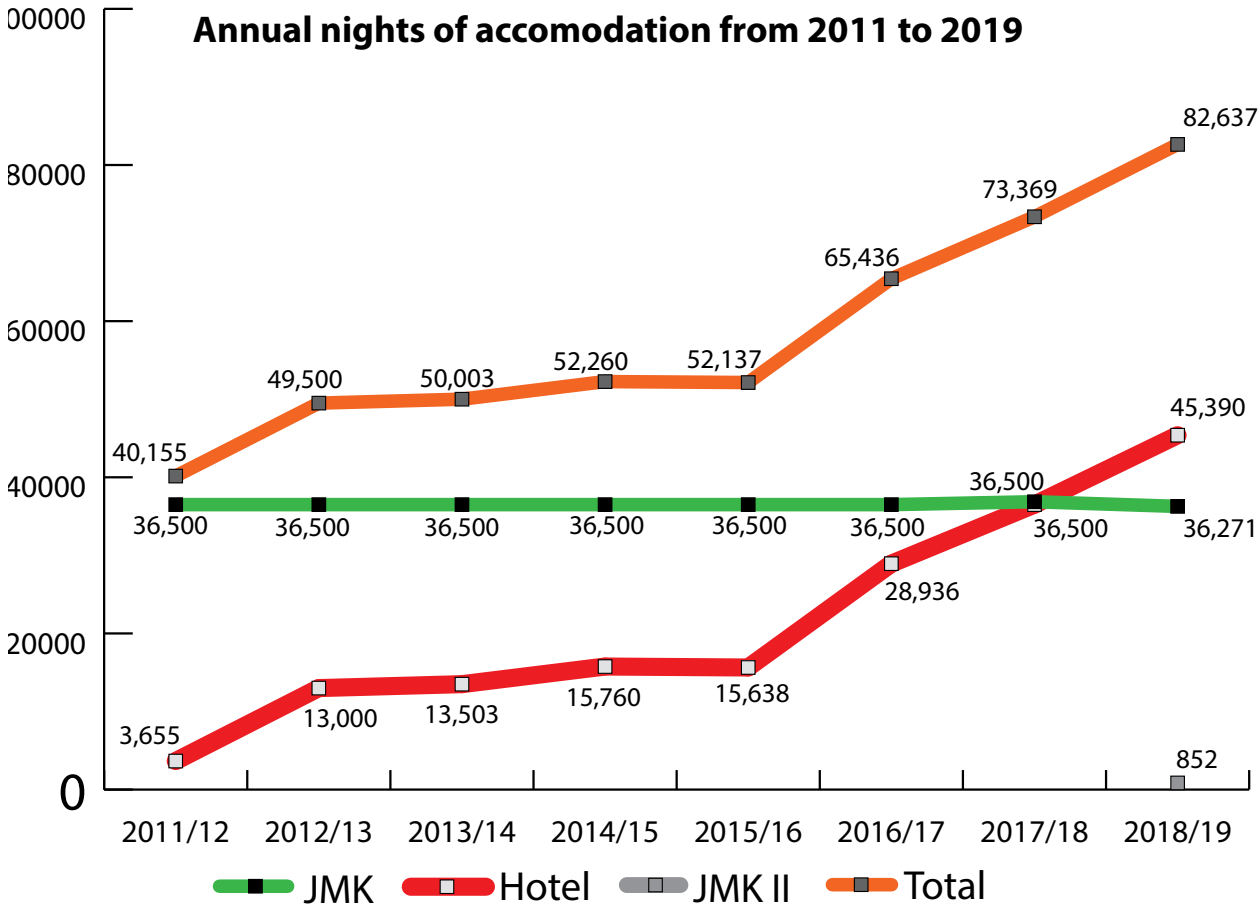


Food Count per month 2018/19



Hostel Operating Costs by Category

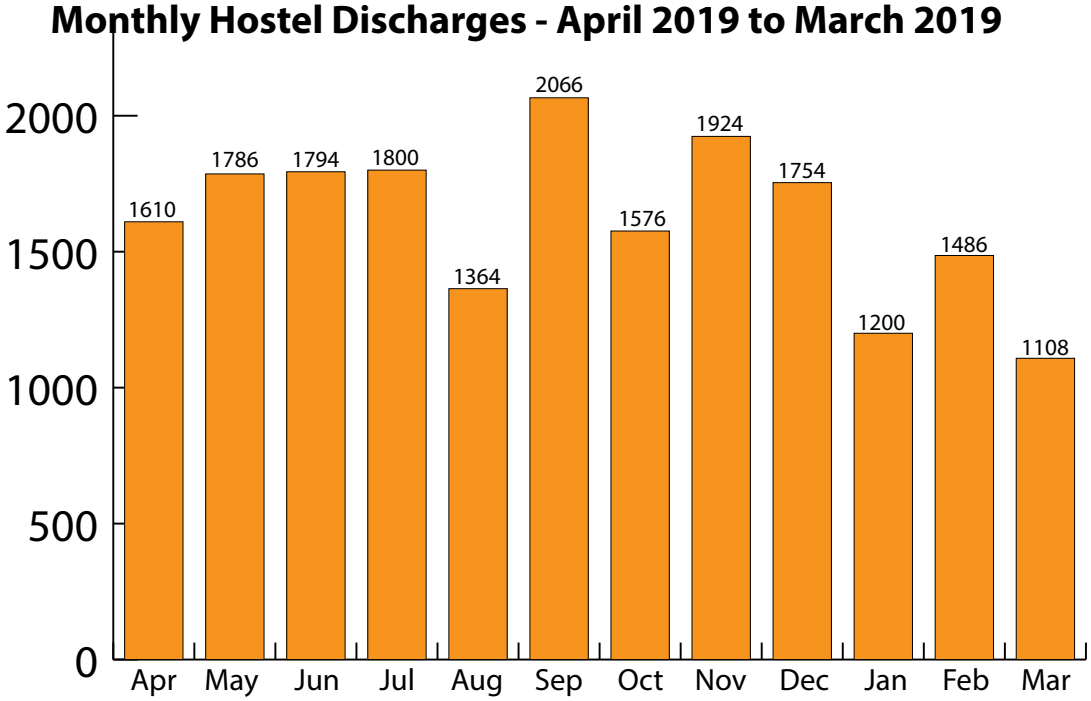




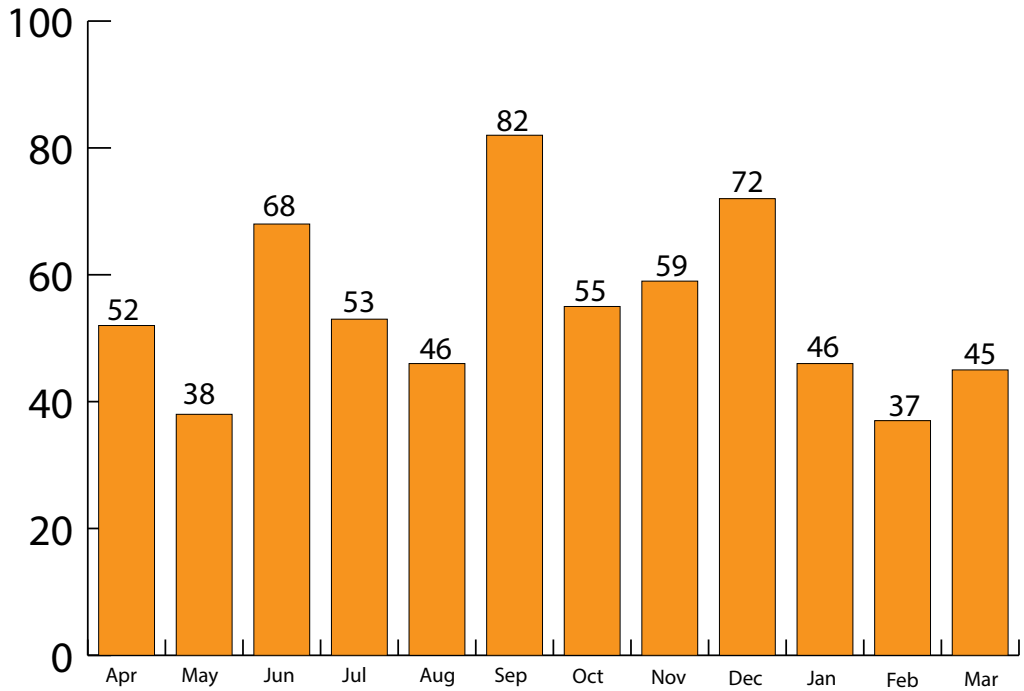
DISCHARGE

Implemented after-hours support for clients and escorts needing accommodations, meals and ground transportation that already have a Travel Authorization number.

Monthly Hostel Discharges - April 2019 to March 2019



Monthy Hostel No Shows - April 2018 to March 2019



PROGRAM REPORTS

JANET GORDON

CHIEF OPERATING OFFICER

The 2018-2019 year continued to see growth in health services and program delivery for the communities that we work with.

The Sioux Lookout First Nations Health Authority (SLFNHA) has expanded with continued integration of services and programs to support a team approach and with a comprehensive lens to ensure effective use of resources.

These program/service areas are in:

- Approaches to Community Wellbeing
- Primary Care Team
- Nodin CFI
- Developmental Services

Expansion and Integration

- During this fiscal year, we have concentrated work on improving our referral and intake process for the Primary Care, Nodin CFI and Developmental Services.
- Nodin – revamping Outpatient Mental Health Program – moving from crisis response to building resiliency – wrap-around mental health programming including case management, cultural support workers, land-based healing, clinical psychology, expressive art therapy, etc.

Supporting communities and community-based programing

- We have continued to move towards bringing in health services to the community as much as possible. This is hindered somewhat by workspace and accommodation in the community.
- Community Health Worker Diabetes Project is going well and plans to expand to four more communities

- Primary Care Facility (PFC) planning team engaging communities to coordinate capital planning at the community level (MOHLTC position unclear following change in government, but we continue to plan in coordination with communities and health provider stakeholders)

System Planning

- Coordinating with NAN around Health Transformation planning
- Nursing Strategy – feedback from Nurse In Charges(NICs), more detailed Human Resources planning underway to prepare for transition to First Nations
- Coordinating with NAN with Special Needs Clinical Mentorship Plan

CHALLENGES

- Recruitment continues to be a challenge
- Change in government, uncertainty of funding
  - New Ontario legislation will create a centralized superagency to administer health care across Ontario. No consultation with First Nation. SLFNHA support Chief's in pursuing health transformation for their communities.
  - New Public Health direction with reduction of Public Health Units and new legislation.

MOVING FORWARD

- Requested funds for SLFNHA to implement Oral Health strategy as first stage in transition to FN governance
- Requested funds for development of Environmental Health program within Approaches to Community Wellbeing model
- Expand Community Health Worker program for Diabetes.
- Begin work on Nursing Strategy
- Oral Health planning and transition work
- Environmental planning and transition
- Expand Developmental Services
- Expand Mental Health Services
- Continue to expand Primary Care

APPROACHES TO COMMUNITY WELLBEING

Approaches to Community Wellbeing (ACW) is SLFNHA's public health program. Public health/ community wellbeing looks at the health of the community or population as a whole, instead of individuals. It focuses on the prevention of illnesses and the promotion of healthy lifestyles, as opposed to treating illnesses. Public Health/ Community Wellbeing looks at what needs to be in place in systems or communities in order to keep people as healthy as possible for as long as possible. The following progress updates are organized by the program areas within ACW.

ROOTS FOR COMMUNITY WELLBEING

Planning and Evaluation

- Community wellbeing facilitators were hired at Matawa First Nations Management, Shibogama First Nations Council, Windigo First Nations Council, Independent First Nations Alliance, Keewaytinook Okimakanak, Sandy Lake First Nation, and Mishkeegogamang Ojibway Nation. Their role is to support community-level public health planning.
- Workshops on program planning, proposal writing, and strategic planning were hosted for community health directors.
- In 2019-2020, we will continue to support communities and Tribal Councils in planning and begin community engagement and planning around environmental health programming.

Data Collection and Analysis

- Maintained the database of immunization records in the First Nations and Inuit Health Information System.

- Produced the "Our Children and Youth Health Report" Regional report and developed 24 community-specific child health status reports.
- Co-hosted, with Weeneybayko Area Health Authority (WAHA), a three-day conference on health data attended by 40 community health directors and other front line staff.
- Participated in the Mamow Ahyamowen Northern Ontario Indigenous Health Information Partnership with 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 Tribal Councils and communities in investigating community based electronic medical record systems.
- Supported IT infrastructure purchases and configuration for 35 sites and installation for 29.
- In 2019-2020, we will release the community-specific child health status reports for the region and support communities in interpreting the data. We will continue to support communities in implementing Mustimuhw Information Solutions.

Regional Wellness Response Program

- Conducted 19 community visits to support communities in restorative practices, drug and alcohol awareness, bullying, education and promotional booths, land-based healing program design, community-based funding applications, community assessments, addiction and mental health trainings, and evaluation planning support.
- Conducted three family healing programs reaching a total of 29 participants.
- Trained 71 people in Mental Health First Aid First Nations Course and 16 people in ASIST.
- Conducted an evaluation of the Aboriginal Healing and Wellness Strategy Non-residential Mental Health Program in the 2017/2018 fiscal year and hosted a follow-up meeting with 14 health directors.
- Developed health promotion materials (with videos) on several topics, including stigma, addiction related to youth, methamphetamines, and bullying.
- In 2019-2020, we will be piloting a Family Healing program for the whole family unit. We have also submitted a funding application to host a youth elder conference along with Raising our Children.

71

People trained in Mental Health First Aid Course

APPROACHES TO COMMUNITY WELLBEING (CONTINUED)

HEALTHY LIVING

Prevention Infectious Diseases

Expanded our Harm Reduction Services by:

- Providing 374,000 needles to 21 communities that host needle distribution services.
- Implementing an Opioid Overdose Prevention program in three additional communities (while continuing to support the initial program adopters) and getting four communities to sign on to implement in 2019-2020.
- Providing Naloxone training to one community that had expressed Naloxone training only.
- Conducting two Harm Reduction trainings for 24 participants representing 13 communities.
- Hosting the Stronger Together: Sharing Wise Practices in Harm Reduction Conference (in partnership with the Regional Wellness Response Program), reaching 130 attendees from 27 communities in the greater SLFNHA catchment area, 4 communities in the Community Wellness Development Team additional communities, two communities outside of SLFNHA/ CWDT catchment area and representatives from Tribal Councils and SLFNHA.

374,000

needles distributed to
21 communities for harm reduction

Continued to respond to an increase in blood borne infections by:

- Supporting health education on blood borne infections (e.g. hepatitis). Developed new health promotion materials (including videos) and activities, including Hep C embroidery, beaded condoms, and button making.
- Facilitating three Community Readiness Assessments – a tool used to help communities determine their next steps to address blood borne infections.
- Hosting 26 Hep C Treatment clinics in Sioux Lookout and seven in communities.
- Supporting improved access to testing for blood borne infections through introduction of a new type of test – Dried Blood Spots, a collaboration with the National HIV Reference Lab. Provided training to community health workers and supported implementation in one community. Providing six hepatitis C education sessions to the Outpatient Withdrawal Program at the Sioux Lookout Meno Ya Win Health Centre.

- Hosting events at the Jeremiah McKay Kabayshewekamik Hostel for World Hepatitis C Day.

Continued to support community and regional tuberculosis (TB) prevention and care by:

- Hosting workshop for community health nurses, health directors, and Community Health Representatives (CHRs) in five communities recently impacted by TB. Supporting individuals diagnosed with active TB to ensure treatment completed
- Supporting communities and nursing stations with contact tracing and management – including accessing a new medication for the treatment of latent TB infection. Hosting events at the Jeremiah McKay Kabayshewekamik Hostel l for World TB day.

Conducted infection prevention and control regional workshops with a total of 10 participants from seven communities and one Tribal Council, and hosted infection prevention and control education sessions in three communities.

In 2019-2020 we will continue to enhance our supports to communities to provide harm reduction and health promotion services and transition the responsibility for case and contact management of infectious diseases from FNIHB to SLFNHA.

Preventing Chronic Diseases

- Supported Bearskin Lake First Nation in holding a five-day program to increases awareness in diabetes prevention and management. The program included cooking sessions and meal planning workshops with healthy ingredients.
- Supported Muskrat Dam's home care program in increasing access to healthy food options and developing food preparation skills to promote healthy eating.
- Reviewed food security initiatives in the region through background research and a comprehensive assessment of initiatives in each community. The final report will be available in the spring of 2019.
- Developed a manual to support communities in developing food security programs which would include infrastructure, human and monetary resources. This will be finalized and available in the spring of 2019.
- In 2019-2020 we will hire a nutritionist to support us with ongoing nutrition education and food security initiatives.

Safe Communities

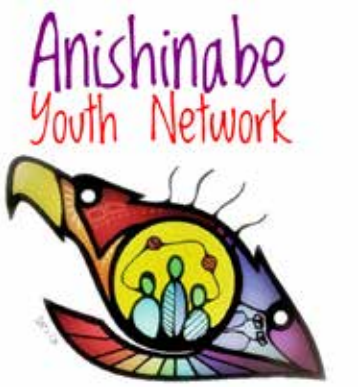
- Supported emergency management and incident management training for community members through Emergency Management Ontario in August and September 2018.

- Developed a framework for a train-the-trainer pilot project for pest control in community (bed bugs, cockroaches). The pilot project will be done in one road-access community and one fly-in community in 2019-2020. The framework will be evaluated, and then additional plans will be developed for broader roll out of the initiative, if successful.
- In 2019-2020 we will begin community engagement and research best practices to support the development of an environmental health strategy and transition plan.

RAISING OUR CHILDREN

Youth Development

- Completed ongoing health promotion and youth engagement through the Anishinabe Youth Network Facebook page.



- Hosted four webinars for the Community Youth Workers network.
- Hosted regional arts festival in Sioux Lookout, supporting art submissions (e.g. paintings, photographs, digital art, etc.) from local, regional, and community schools.
- Hosted information booths at NAN student orientation events, Pelican Falls First Nations High School, Sioux North High School, and Dryden High School.
- Conducted workshops and presentations at Jeremiah McKay Kabayshewekamik Hostel, schools, in communities (17 community visits), and at conferences.
- Conducted birch bark basket making and paddle making/painting at Pelican Falls First Nations High School as part of the Youth Elder Grant.
- Conducted situational assessment of health curriculum in schools, as well as assessment of resources for students transitioning from community to regional school and partnered with Northwestern Health Unit, NAN, and WINKS to host a boarding parent forum/information evening.
- Hosted two youth worker workshops (40 participants), an applied suicide intervention skills training workshop (20 participants), Crisis and Trauma Resource Institute (CTRI) mental health awareness and CTRI suicide prevention, intervention and postvention (20 participants)
- In 2019-2020 we will continue to look at the best strategies to support youth workers as a regional organization and what health promotion strategies are the best to reach youth.

Family Health

- Reviewed and adapted the 'You're the Chef' food literacy program, in partnership with Northwestern Health Unit, to be culturally appropriate (including traditional foods) and more relevant for a northern context (availability of ingredients). In the 2019-2020 fiscal year, we will develop a plan to implement the program.
- Hosted two traditional family parenting trainings with Janet Fox (total of 50 participants), and Zaagi'idiwin Indigenous Doula Training (14 participants). A doula provides professional support to new and expentant parents before, during and after birth, and in the early postpartum period.
- Produced an activity book for kids aged 0-6 years old, which includes original artwork from community member Ringo Fiddler for colouring, puzzles, stories and language.
- Finalized Early Childhood Screening Strategy and Evaluation and presented to Chiefs in Assembly September 2018.
- In 2019-2020 we will continue to provide more professional development and support for community workers through relevant workshops and trainings and begin providing support to clients staying at the hostel while awaiting delivery of their child.

DR. NATALIE BOCKING

PUBLIC HEALTH PHYSICIAN

Throughout 2018/19 the team at Approaches to Community Wellbeing (ACW) has continued to support communities in strengthening their public health programming. As a new department at SLFNHA, the team has continued to grow and worked to find its footing. So much of our work is based on relationships with communities and partners, which we are continuing to strengthen and expand.

The role of the public health physician in ACW continues to evolve. Most of my work has been to provide guidance and technical support to the team at ACW. This is particularly focused in the areas of data collection and analysis and preventing infectious diseases. Creating 24 community-specific Child and Youth Health Reports was a big achievement and we hope that they will be useful at community level for advocacy and program planning and evaluation. We are looking forward to hearing your feedback on our health status reports so that we can continue to serve you better.

Another main area of focus is building meaningful working relationships with federal and provincial partners. We are working to break down legislative, policy, and practise level barriers that prevent ACW from realizing its vision of a First Nation governed public health system. For example, we have developed a Protocol for working with Indigenous Services Canada, Northwestern Health Unit, and Thunder Bay District Health Unit for ACW to implement preventing infectious diseases. The interim solutions we have

developed enable us to do the work and the additional legislative and policy barriers identified will be used to inform Health Transformation work at NAN for public health.

In the provincial budget released in February 2019, the new provincial government announced significant changes to be made to the public health sector in Ontario. Existing health units will be merged into 10 regional public health entities and provincial funding will decrease. While these changes may have negative implications on funding for ACW, it may also serve as an opportunity to advocate for legislative and policy changes that will enable a First Nation governed public health system that is unique and separate from the provincial and federal systems.

COMMUNITY HEALTH WORKER DIABETES PROGRAM

In 2014, the Community Health Worker (CHW) Diabetes Program was developed in partnership between SLFHNA and Dignitas International (DI). The purpose of the program is to strengthen prevention and improve care for people living with diabetes. Based on the complementary knowledge and experience of both organizations, SLFNHA and DI designed and implemented the CHW Diabetes Pilot Program in four communities: Kingfisher Lake, Kitchenuhmaykoosib Inninuwug, Slate Falls and Kasabonika Lake.

This past year saw much progress towards program enhancement and expansion activities, including the integration of three additional communities into the Program: Weagamow, Cat Lake and Mushkeegogamang.

PROGRAM ENHANCEMENT AND EXPANSION

2018 commenced with a re-engagement forum with the original four communities participating in the pilot program. The forum was held in Sioux Lookout and was a two-day annual planning workshop with both health directors and CHWs.

As a result of the planning meetings, the four original communities were provided a training refresher based on the initial two-day diabetes training workshop they received years earlier as part of the pilot program. The two day training sessions focused on diabetes treatment support and a total of 10 CHWs received the training, which included an updated and enhanced curriculum. Weagamow, Cat Lake and Mushkeegogamang will receive the same training in June 2019.

Along with the delivery of training refreshers, consistent community visits have also helped to strengthen the CHW Diabetes Program by building capacity, supporting continuous program improvement and exploring ways to implement the program across additional communities. The data management system, a large component of the pilot program, was also evaluated and modified to better suit community needs.

DEVELOPING A REGIONAL DIABETES STRATEGY

The CHW Diabetes Program Team was also successful in obtaining an award from the Canadian Institutes for Health Research, which focused heavily on community consultations and the mapping of diabetes services across Sioux Lookout. The purpose of the work was to strengthen the diabetes continuum of care at the community level and develop a comprehensive Regional Diabetes Strategy with the ultimate goal of integrating diabetes programs and services under First Nations governance and management to effectively address diabetes prevention and control across the Sioux Lookout Region.

This work builds upon the CHW Diabetes Program and involved two key activities: i) mapping diabetes programs and services across SLFNHA and Sioux Lookout region and ii) developing a coordinated regional diabetes strategy with community leadership and service providers, including integration of the CHW Model of Care across the region.

LESSONS LEARNED THROUGH KNOWLEDGE TRANSLATION

Throughout 2018/2019, the CHW Diabetes Program Team also participated in a number of forums to share program results and lessons learned across the province. Members of the program team reached audiences through a variety of forums including the Indigenous Health Conference in Mississauga, the Indigenous Healthy Life Trajectories Initiative workshop in Ottawa, and the NAN Health Summit in Thunder Bay.

DEVELOPMENTAL SERVICES

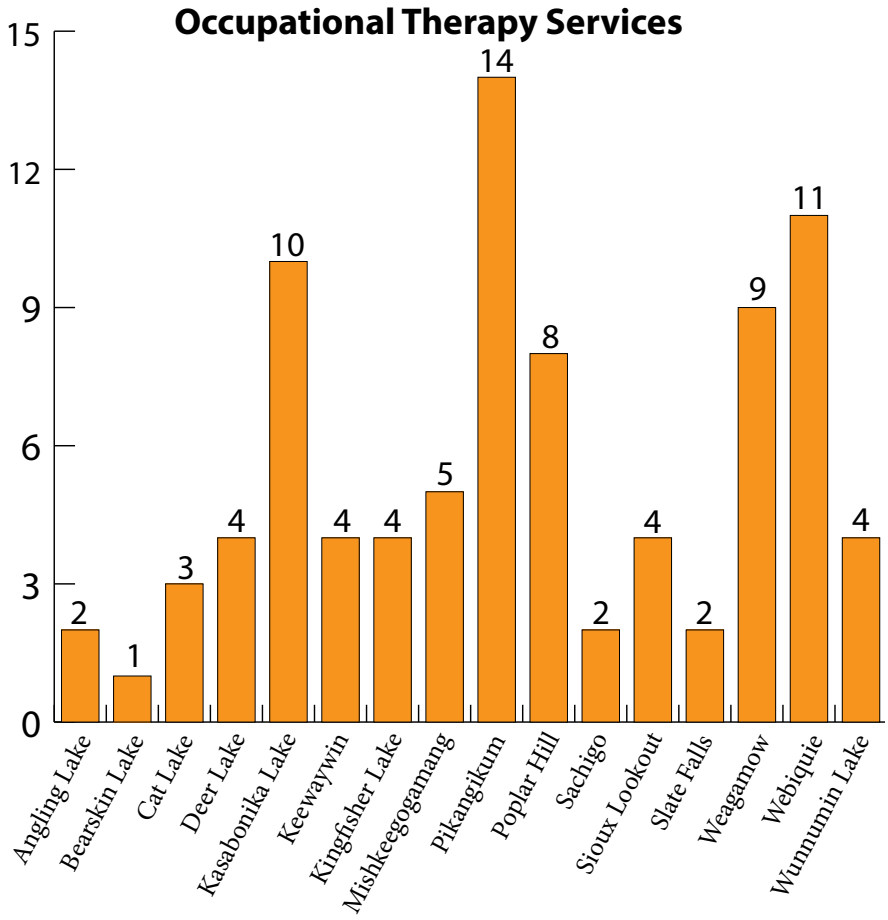
ONGOING ACTIVITIES

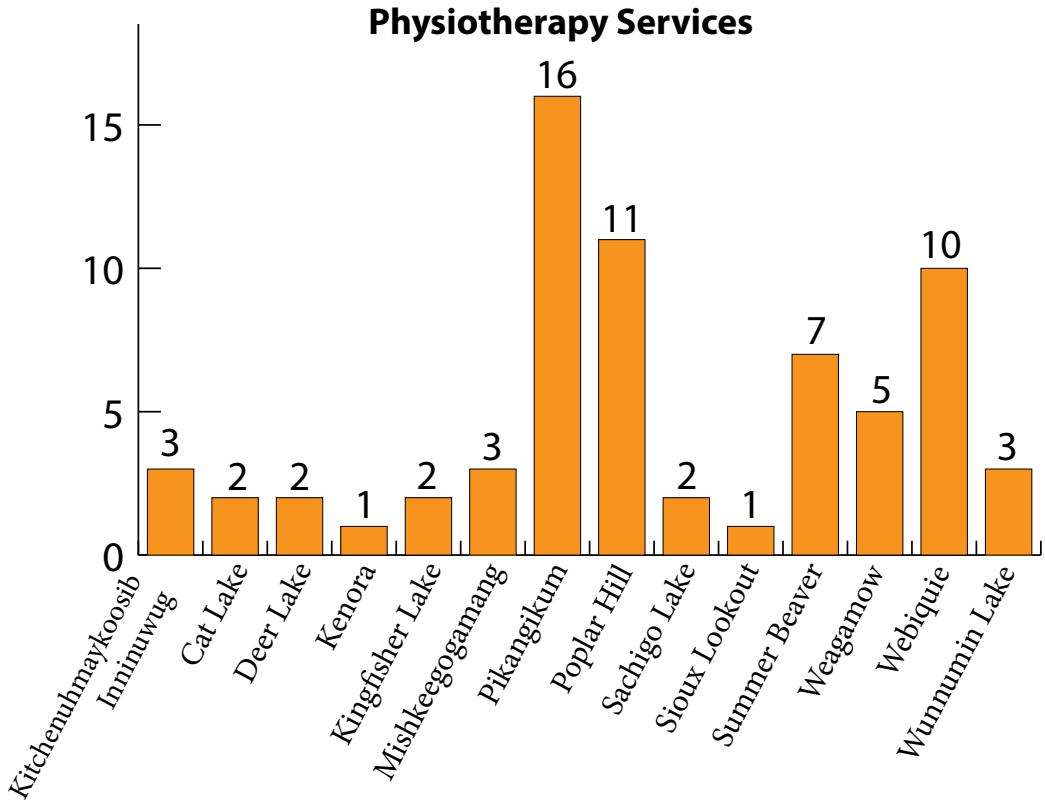
- SLFNHA is creating a multiservice pediatric developmental services unit that hosts specialty clinics in Sioux Lookout, as well as delivering services in community through active mobile service teams, allowing for timely and effective delivery of services to the North.
- In order to be able to provide service as quickly as possible, SLFNHA developed contract agreements with other pediatric service delivery agencies: FIREFLY in Q1, Speech Works Q1, Surrey Place in Q1, and Creative Therapy Associates is Q2.
- SLFNHA is pursuing recruitment of director of service, but until the position is filled permanently it is being filled by a secondment from FIREFLY.
- A Combination of both provincial funded clinical positions from FIREFLY and Jordan's principle funded clinical positions at SLFNHA are working together to try to meet the service needs, all travel for both provincial and federal clinical staff being provided by Jordan's Principle.
- SLFNHA continues to nurture a positive and productive collaboration between all the agencies;
- SLFNHA continues to recruit in order to build our team and continuing to develop program resources as needed.
- SLFNHA continues to provide Cultural Teachings to new staff and FIREFLY clinicians in order to promote cultural competency.

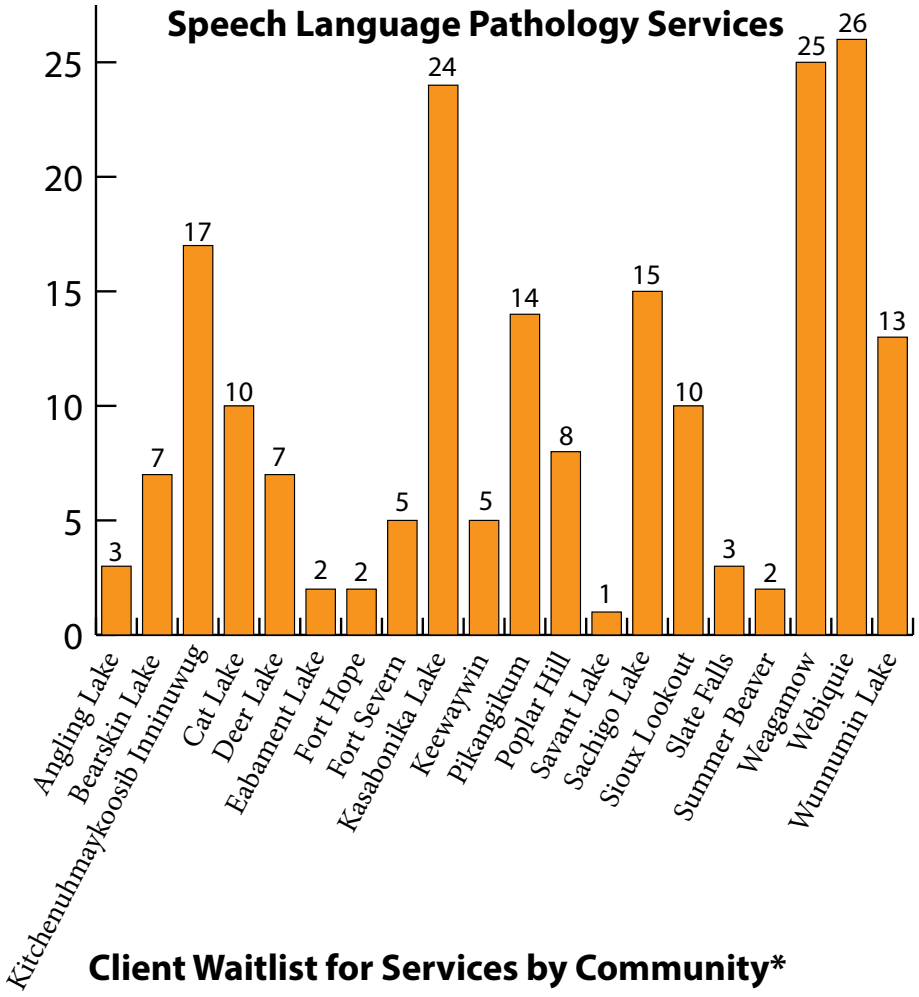
CHALLENGES & MODIFICATIONS

- Pediatric clinical staff are difficult to recruit to the north. SLFNHA and FIREFLY have been able to hire occupational therapy (OT), speech language pathology (SLP) and physiotherapy (PT) staff who reside in Sioux Lookout, however the full complement is not yet hired. There has been a reach out to private companies to complement those staff residing in Sioux Lookout. These providers live elsewhere in the province.
- An additional Communication Disorder Assistant has been hired to support the SLPs in the communities.
- Recruitment of community-based rehabilitation assistants –positions have been advertised in the communities, but no applications have been received. The next step is to reconsider the approach for these positions while providing education and coaching for potential applicants.
- In Q3 staff participated in a Health Directors meeting and conducted community surveys to see who has funding, who has been able to secure services with the funding and what services they are providing. Multiple Jordan's principle funding applications had been made for an individual– some clients have individual funding and are looking to purchase service – these same clients may have community health and education JP funding plus SLFNHA JP funding. Identified unmet needs apart from more OT, PT and SLP were audiology services and behavioural services (apart from the overwhelming unmet need for mental health services).
- Reallocated funds (from unfilled staffing positions) were used to develop the audiology program as well as augment behavioural therapy and psychology services to fill the gaps in service that had been identified.
- In Q4 a full audiology assessment suite was built in Sioux Lookout with the capacity and capability to meet the service needs of the region.
- Multiple electronic record keeping systems (SLFNHA OneHSN, FIREFLY EMHware, Surrey Place's system and private companies' paperwork) make it difficult to track services. SLFNHA is looking at one system that all will use and the target for implementation is 2019-2020.
- Community relationship building continues with the awareness to be respectful of community dynamics and community process.
- Program procedures continue to adjust in order to ensure that a competent and culturally respectful service is being provided and led by the families and communities that are receiving services.
- SLFNHA continues to provide Cultural Teachings to new staff and FIREFLY clinicians in order to promote cultural competency.

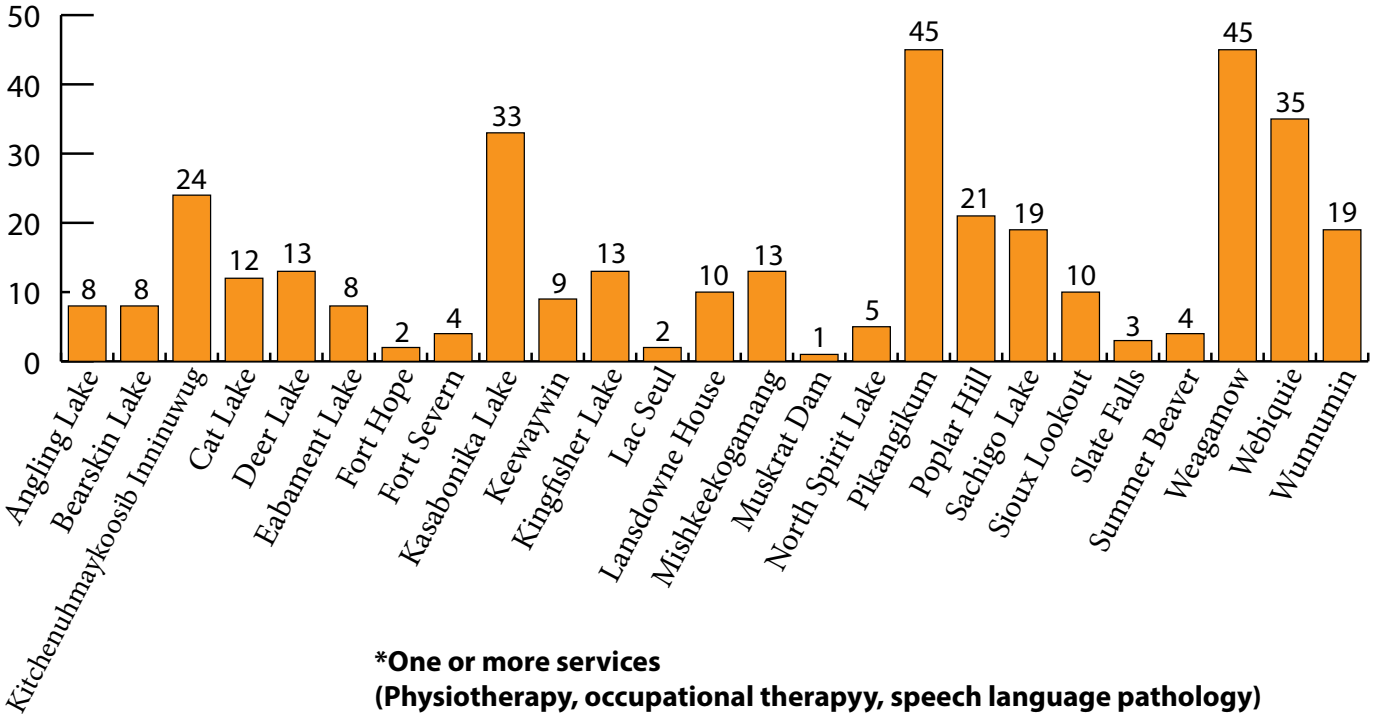
QUANTITATIVE DATE: SERVICE DELIVERY





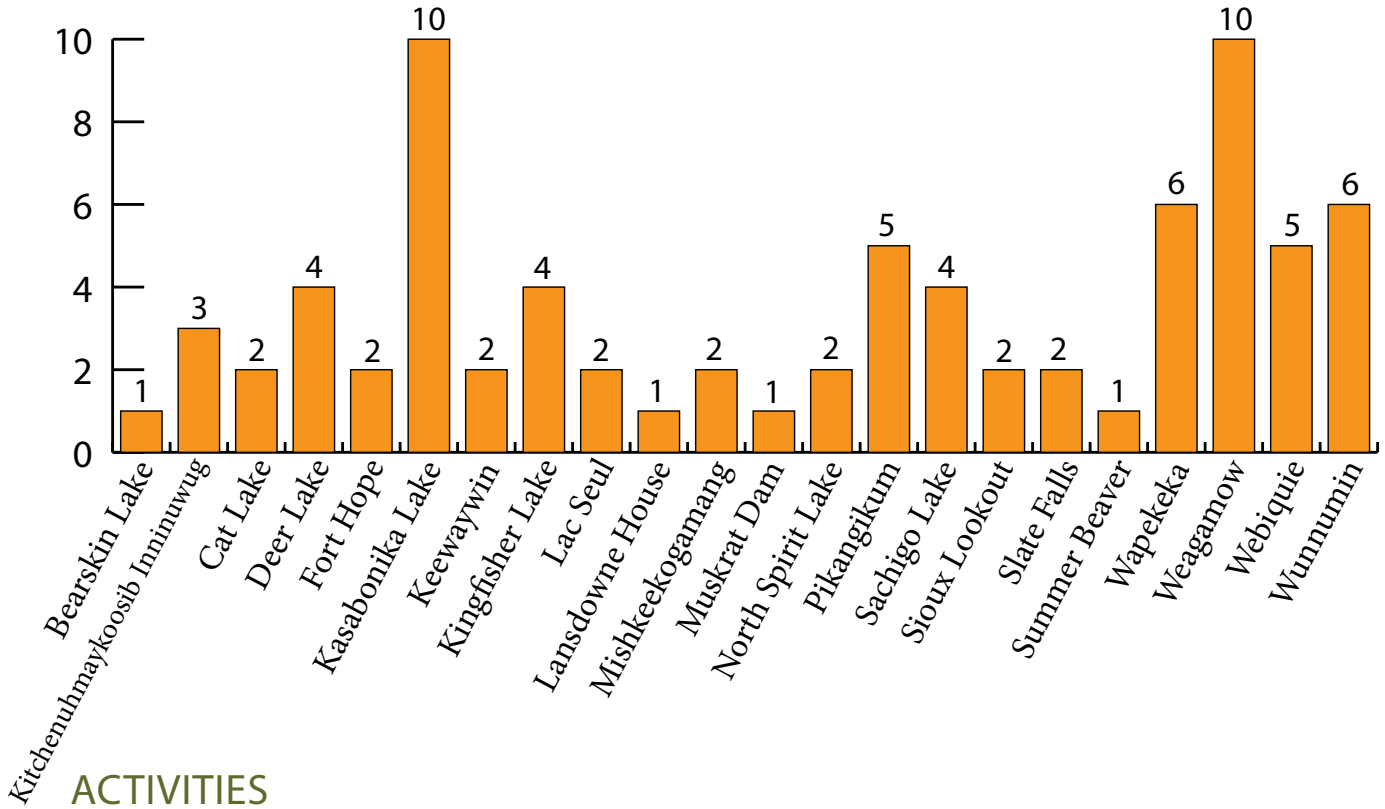


Client Waitlist for Services by Community*



***One or more services**
(Physiotherapy, occupational therapyy, speech language pathology)

Developmental Psychology Waitlist by Community



ACTIVITIES

Community Visits:

Kitchenuhmaykoosib Inninuwug	Apr 10, 2019; Nov 20, 2018
Cat Lake	Jan 17, 2019
Kasabonika Lake	- Jul 15, 2019; Jan 14-15, 2019
Kingfisher Lake	Apr 4, 2018; Jan 24, 2019
Landsdowne House	Nov 14-16; 28, 2018
Pikangikum	May 31, 2018; Nov 29, 2018
Mishkeegogamang/Savant Saugeeen	May 7-9, 2018; June 12-14, 2018; Oct 3-5, 2018; Nov 14-16, 2018; Dec 12-14, 2018; Jan 21-23, 2019; Mar 6-9, 2019
Sachigo Lake	Apr 4, 2018; Oct 18, 2018; Jan 29, 2019
Slate Falls	Dec 13, 2018; Jan 21, 2019
Weagamow Lake	Oct 17, 2018; Feb 20, 2019
Webequie	Apr 11, 2018; Jun 5, 2018; Oct 2, 2018; Nov 26-27,2018; Jan 29, 2019; Mar 2019
Wunnumin Lake	Nov 19, 2018; Mar 26, 2019

Dr. Bakovic Pediatric Clinics

April 16-20, June 18-22, August 9-10, September 1014, December 3-7,
February 11-15, 2019
Therapy staff is on site to provide assessment and followup for any children coming through Dr. Bakovc's clinic.

SLFNHA/FIREFLY Rehabilitation Clinics
April 23-27, June 25-29, Sept. 24-28, Nov. 6-9, Feb. 25 – Mar. 1, 2019,
Feb. 12 and 15, 2019
Families and their children are seen in Sioux lookout for initial and follow-up appointments.

SLFNHA/Speech Works Clinics
Provincial Funding through SLFNHA Primary Care Team for service and Jordan's Principle funding for travel
Nov. 19-23, Dec. 3-7, 2018 , Jan. 21 -25, 2019, March 4-8, 2019, March 25-29, 2019
Families and their children are seen in Sioux lookout for initial and follow-up appointments.

SLFNHA/Surrey Place Clinics and Education Workshops – Psychology & Behavioral Therapy

During the service weeks, several communities were traveled to including:

Kasabonkia
Lac Seul (Frenchman's Head, Whitefish Bay, Kejick Bay)
Mishkeegogamang
Sioux Lookout area
July 16- 19, 2018, Aug 16-19, 2018, Sept. 23-28, 2018, Nov. 5-9, 2018,
Nov 19-23, 2018, Jan 28-Feb.1, 2019, March 25- 29, 2019

These trips would typically be day trips (in-and-out of the community in the same day) with most weeks split between two to four communities and/or schools. Clinics in Sioux Lookout were held as well to bring clients down from Fort Hope to see the clinicians
During their trips the following services were provided:

1. Behavioral therapy and occupational therapy services
2. Psychological assessments and screenings
3. Education workshops- sessions provided to teachers until the end of school

SLFNHA Audiology Clinics - Sioux Lookout & Lac Seul assessment clinics
September 23 – 28, 2018, November 4 – 9, 2018, December 2 – 7, 2018,
January 27 – February 1, 2019, February 24 – March 1, 2019
(March 31 – April 5, 2019 – sound booth installation)

Video conferencing for follow-up

In September 2016 FIREFLY prioritized videoconferencing as a means of providing follow-up support with clients, families and support personnel in their own communities. Through personal computer videoconference (PCVC) therapists have been able to connect via encrypted network to daycares, schools and nursing stations. There are now over ten communities linked and receiving service this way. This has dramatically affected the intervention and follow-up of children and their families. Community rehabilitation assistants will be assisting with facilitation of videoconferencing and follow-up on the recommendations once they have been hired by SLFNHA.

Intensive Camps

For the past 2 years, FIREFLY has successfully held speech camps for Sioux Lookout area children and children from the northern communities. These camps were designed to provide group therapy and small group/individual therapy so that children could continue working towards their speech therapy goals during the summer. A trial spring clinic was held this year.

This year, SLFNHA/FIREFLY partnerships were able to run 4 different targeted therapy intensive "camps".

1. **Speech Camp – July 16 -20**

- Two attendees from Weagamow and Sioux Lookout
- In collaboration with the Northwestern Health Unit, a camp targeting language for younger children was trialled. Many children receiving speech services have significant language delays: some are non-verbal, speak with only one word at a time, or understand little of what is said to them. This camp supported children in developing new/more words, using alternate communication (such as pictures) for everyday communication, and/or develop their comprehension.

- One thing that is often missing in a therapy room is a functional reason for the child to communicate. During this camp, staff had the unique opportunity to collaborate with Cedar Bay in having their horses to motivate the children to use the vocabulary they have learned that same day. For example, if a child learns colours during camp, s/he can request paint colours during an activity to paint pictures of the horses. Another example, if a child learns directions (e.g. stop, go, fast, slow), they can give directions to the person leading the horse they are sitting on.
- It was a small camp, but our therapists believe it was very beneficial for the children who attended, as well as their families. Leaps and bounds were made, both regarding communication and sensory processing (sensory support was not the initial goal, but provided great insight for next year!).

2. Augmentative/Alternative Communication Camp – Aug. 8

- 5 attendees from Webequie, Weagamow, Landsdown House, Kitchenuhmaykoos Inninuwug, and Sioux Lookout
- Applicable for children who require an alternative means of communication. This intensive camp helped families and children learn how to communicate together. Parents engaged with their child in structured functional activities with the support of their speech language pathologist, as well as an occupational therapist who supported their sensory needs.

3. Speech Camp – August 13-17

- 20 attendees (13 from the Far North communities) from Wunnimun, Kasabonika, Sandy Lake, Mishkeegogamang, Weagamow, Kitchenuhmaykoos Inninuwug, Lac Seul, and Sioux Lookout.
- This camp was a week long, half-day intensive articulation therapy camp for children to work on their current speech production goals, and improve their overall speech intelligibility.

4. Momenta Camp – August 21-24

- Eight attendees from Keewaywin, Kingfisher, Poplar Hill, Webequie, Lac Seul, and Sioux Lookout.
- This camp focused on pro-social skills, positive recreation and relationship building, and sportsmanship.
- A program was provided for the children from 9-4, and family programming (including child and attending parent/ guardian) from 6-7:30 in the evenings.

- Skills were developed on through a forest school model (including land-based learning, experiential education and adventure therapy), games, and an art program.
- Participants were chosen from the OT and SLP caseloads.
- This camp was held in partnership with the Momenta organization out of Winnipeg.

Due to the success at the summer intensive camps the team completed two additional spring camps.

5. Social Language Camp March 19-20, 2019

- Children from different communities were divided in morning and afternoon groups. Activities were targeting social skills and social interaction.
- Eight attendees: two children from Kitchenuhmaykoos Inninuwug, two children from Weagamow, one child from Sachigo Lake, one child from Keewaywin and two children from Kasabonika Lake.
- Parents/guardians were invited to attend a parent information and education session facilitated by speech-language pathologists while their child attended the camp programming.

6. Language Stimulation Camp March 21-22

- Children from different communities were divided in morning and afternoon groups. Activities were targeting early language development.
- 19 attendees: 3 children from Kitchenuhmaykoos Inninuwug, 3 children from Cat Lake, 5 children from Kasabonika, 2 children from Kingfisher, 3 children from Weagamow, 2 children from Wunnumin, and 1 child from Sioux Lookout.
- Parents/guardians were invited to attend a parent information and education session facilitated by speech-language pathologists while their child attended the camp programming.

NORTHWESTERN ONTARIO FASD DIAGNOSTIC CLINIC SUMMARY

- The Ontario Ministry of Children and Youth Services (MCCSS) has committed to annualized funding for clinical staff starting April 1, 2014.
- Health Canada has committed to fiscal funding for the Clinic Coordinators, Cultural Liaison and secretarial support to Kenora Chiefs Advisory (Treaty 3 communities) and Sioux Lookout First Nations Health Authority (Treaty 9 communities) on July 1, 2017.

- Collaboration continues between several agencies in our region:
    - Creighton Youth Services - Community Support Team
    - FIREFLY
    - Fort Frances Area Tribal Health
    - Kenora Association for Community Living
    - Kenora Chiefs Advisory
    - Kenora Rainy River Child and Family Services
    - Lake of the Woods District Hospital Community Programs
    - Northwestern Health Unit
    - Meno Ya Win Health Care
    - WAASEGIIZHIG NANAANDAWE'IYEWIGAMIG
    - Sioux Lookout First Nations Health Authority

- During the 2018-2019 fiscal year, the Northwestern Ontario FASD Diagnostic Clinic received 24 new FASD Clinic referrals from Sioux Lookout/Far North. Full diagnostic assessments were completed with 10 children through 2 scheduled clinics (November 2018/February 2019). The Sioux Lookout/Far North Clinic Coordinator was hired in September of 2018, filling a vacancy that had been in place for over a year.
- The Northwestern Ontario FASD Diagnostic Clinic uses an interdisciplinary team approach to assess and diagnosis. The team is comprised of the following professionals:
    - **Physician:** provides a general physical exam, documentation of growth parameters and assessment/measurement of facial features.
    - **Neuropsychologist:** assesses and/or screens cognitive and executive functioning, attention/hyperactivity, academic achievement, memory, adaptive behavior, social skills and social communication.
    - **Psychometrist:** conducts face-to-face assessments for the Neuropsychologist and assists with questionnaires.

- **Speech-Language Pathologist:** assesses receptive and expressive language skills, clarity of speech and pragmatics.
- Occupational Therapist: assesses fine & gross motor skills, visual-perceptual & visual-motor skills as well as assessment of sensory processing skills.
- **Bi-Cultural Clinician:** Job title changed from Anishinaabe Cultural Liaison to better reflect role and responsibilities on team. Provides mental health supports and serves as a cultural resource for the diagnostic team, as well as clients and families by facilitating traditional healing practices.
- **Clinic Coordinator:** receives referrals, works with families and provides support to complete the intake package, gathers information for Diagnostic Team, and provides support post-diagnosis.
- **FASD Worker:** works with families, service providers and educators to build capacity for supporting children/youth and their family, based on the best available evidence of FASD supports.

QUANTITATIVE DATE: SERVICE COORDINATION

SLFNHA provides services to 33 First Nations communities:

Aroland
Bearskin Lake
Cat Lake
Deer Lake
Eabametoong
Eagle Lake
Fort Severn
Kasabonika Lake
Keewaywin
Kingfisher Lake
Kitchenuhmaykoosib Inninuwug
Koocheching
Lac Seul
Martin Falls
McDowell Lake
Mishkeegogamang
Muskrat Dam
Neskantaga
Nibinamik
North Spirit Lake
Ojibway Nation of Saugeen
Pikangikum
Poplar Hill
Sachigo Lake
Sandy Lake*
Slate Falls
Wabauskang
Wabigoon Lake
Wapekeka
Wawakapewin
Weagamow
Webequie
Wunnumin Lake

*** Sandy Lake recieved their own Jordan's Principle program for OT, PT, SLP services**

1. Total number of children served who live on-reserve; 310 (SLP,OT,PT) + (other programs)
2. Total number of children served who live off-reserve: 18
3. Total number of children referred to regional JP focal point for Service Access Resolution funding; 0 (all requests have been done internally by the clinic coordinator and clinical team).
4. Number of children living on and off-reserve by type of service/support received through service coordination;

Service / Support	Number of Children On-Reserve	Number of Children Off-Reserve
Enhanced Service Coordinators	125	0
FASD service Coordination	115	0

Number of children and total cost by type of services/support provided:

Service/Support	Number of Children	Total Cost
Occupational Therapy	88	$72,781.25
Physiotheraphy	68	$49,656.25
Speech Language Pathology	199 81 (travel costs only) 280 Total	$145,469.05
FASD Coordination	115	$98,000
Psychology Screenings	57	
Psychology Assessments	34	$128,112
Behavioral Theraphy	20	$80,978
Audiology	105	$109,368
Enhanced service coordination	125	$91,459

Service/Support	Total Cost
Travel for Clients to Sioux Lookout	$610,018.29
Travel for Staff to communities	$340,963.98

NODIN CHILD AND FAMILY INTERVENTION SERVICES

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

INCREMENTAL AND DEVELOPMENTAL CHANGE MANAGEMENT

- Nodin experienced many incremental changes this year;
- Directed change in the form of restructuring and developmental change;
- Persistent, gradual introduction of factors and "newness" to improve existing skills, processes, methods, team development, performance standards, and quality of service;
- Objective was to enhance and improve the functioning of Nodin to strengthen quality of care.

INTAKE

- Intake received 1,791 referrals, many asking for multiple services
- Highest referrals were asking for counselling in communities and counselling at Nodin's Sioux Lookout office which helps high risk individuals
- The top three referral sources: #1 physicians, #2 nursing station, #3 community resources;
- An intake service review was initiated due to concerns raised by management and staff regarding the effectiveness of the intake process;
- James Docherty and Associates were commissioned to conduct the review;
- Scope of work was to: map out and analyze the current intake system, obtain feedback from staff, research other models, provide a recommendation on a best fit revised model, and to produce a summary report.

CRISIS RESPONSE/IRS SUPPORT PROGRAM

- From April 2, 2018 to March 31, 2019 Nodin received reports of 10 suicides (four being youth), 30 tragic deaths and three homicides. The suicide rate dropped from the previous fiscal year when there were 28 reported suicides (nineteen being youth), 18 tragic deaths and eight homicides;
- There were a total of 73 requests for crisis response program support;
- Nine crisis counsellors/cultural workers spent a total of 1025 days in communities;
- 92 volunteer teams were deployed who spent a total of 460 days in communities;

- Through group activities alone, the crisis workers supported a total of 26,815 people and this number doesn't include all the individual counselling support and how many the volunteer teams helped.

REDESIGNING THE OUTPATIENT MENTAL HEALTH SERVICE (OMHS FORMERLY KNOWN AS ACUTE CARE)

- Due to the alarming rate of suicides, suicide ideation and attempts this dramatically impacted Nodin's Sioux Lookout based OMHS;
- Top 3 reasons for referrals were: #1 suicidal ideation, #2 grief and loss, #3 drug and alcohol use related to high risk behaviours;
- Extremely difficult to keep up with high demand;
- Number of referrals to OMHS has escalated dramatically in the last few decades, more than doubling in the last five years;
- There were 280 referrals in 2014-2015 and 721 new referrals (many repeat clients) for individual counselling in 2018-2019;
- 575 individuals were seen for individual counselling
- In addition to the 721 referrals, 15 families were seen to address grief and loss with a total of 45 individuals;
- Trying to accommodate with limited resources, at times having as few as two counsellors and having to pull other counsellors from other areas to assist;
- Plans in place for the formation of a comprehensive multi-disciplinary team;
- Increased staffing will help to better meet demand and move through waitlists faster;
- Multi-disciplinary team will consist of 13 FTE's:
  - Outpatient Clinical Mental Health Manager
  - Receptionist/Scheduler
  - Administrative Assistant
  - Mental Health Counsellor (x4)
  - Clinical Psychologist
  - Expressive Arts Therapist
  - Case Manager
  - Substance Abuse Counsellor (x2)
  - Indigenous Cultural Support Worker

TRAVELLING MENTAL HEALTH COUNSELLORS AND COMMUNITY-BASED CHILDREN'S MENTAL HEALTH AND ADDICTIONS WORKERS

- Critical lack of mental health counsellors in our region and this has presented challenges with full-time recruitment and meeting community and client needs;
- One of the main hard to fill positions has been the travelling mental health

counsellors and vacancies have been long-standing;

- To fill some gaps, address high waitlists, and increase service until full-time travelling mental health counsellors can be hired, Nodin built a strong partnership starting in October 2018 to outsource for four (4) counsellors to serve four communities with high numbers requiring mental health service;
- Six (6) Childhood Mental Health and Workers's (CMHAW) have graduated from the Oshki-Wenjack – Advanced Chemical Addictions Worker Diploma Program June 2019 and one (1) CMHAW graduated from the 7 Generations Education Institute – Indigenous Wellness and Addictions Prevention Diploma Program
- Frontline staff training (February 2018) focused on child sexual abuse prevention and trauma-informed care. Internal Lunch & Learn sessions, program consults, and education sessions promote and encourage knowledge transfer
- Participated in regional Mental Health Week Initiatives – May 6-12, 2019 to help reduce the stigma of mental health and promote mental wellness
- Clinical Supervisors increased community visits, thereby increasing visibility in-community
- Enhanced working relationships with tribal councils and external partners

PARTNERSHIPS FOR PSYCHOLOGICAL SERVICES

- Due to the high number of individuals on waitlists for psychological assessments and not having full-time psychologists at Nodin, psychologists were contracted to provide this service;
- Nodin also works with the Northern Ontario Psychology Internship
- Northern Ontario Psychology Internship Consortium (NORPIC). Four organizations comprise NORPIC including SLFNHA, St. Joseph's Care Group, Children's Centre Thunder Bay, and Thunder Bay Regional Health Sciences Centre. Psychology students apply through NORPIC to secure year long internships, and Nodin accepts an intern each year. Nodin had a psychology intern for 10 days per month.

EXPRESSIVE ARTS THERAPY

- Have one (1) Expressive Arts Therapist (EXAT);
- Very high demand for this service;
- One EXAT saw 61 individuals;
- There are approximately 525 on the waitlist;
- Shown to be very valuable for children and youth due to the

emphasis on the arts and play, rather than talking; children naturally process their experiences through play and the arts;

- Proven that EXAT is a more effective way of working with children than counselling alone; additionally, many children and youth do not have the vocabulary to explain their feelings and this therapy has been able to help young people express thoughts and feelings when they are unable to do so verbally;
- Is a form of psychotherapy and has helped individuals work through feelings and experiences from the past, in addition to their presenting issue, where counselling tends to focus primarily on the present, psychotherapy addresses the roots of an individual's issues;
- EXAT has provided a safe and effective way of working through trauma or has been effective in processing unconscious trauma and experiences;
- Has focussed on helping children and youth develop healthy coping strategies;
- Outpatient mental health counsellors who have worked with clients receiving EXAT have described a positive shift in their clients following EXAT, particularly around clients' willingness to engage in counselling;
- Children and youth attending EXAT sessions have been able to express feelings and experiences from the past which they have been unable to address through counselling alone.

YOUTH SCHOOL COUNSELLORS

- Received Jordan's Principle funding for two Youth School Counsellors to provide counselling in Sioux North High School in Sioux Lookout;
- Have one Youth School Counsellor at Pelican First Nations High School (PFC) with a plan to hire another
- Referrals received for PFC = 102
- Referrals received for Sioux North = 49
- The Youth School Counsellors starting later in the year saw 21 students and had group sessions with students;
- The PFC Youth School Counsellor saw 52 individuals and also held group sessions.

With one (1) Traditional Healing Coordinator and Traditional Healers or

TRADITIONAL HEALING PROGRAM

Helpers on contract, the activity for this fiscal year includes:

- 15 community visits upon request to six First Nations communities
- 305 children/youth were seen and 1,546 adults with a total of 1,851 individuals
- 27 Sweat Lodge ceremonies conducted with 302 participants of all ages
- Plant medicine teachings to Pelican Falls High School and Dennis Franklin Cromarty High School, and the local Sioux North High School in Sioux Lookout
- Other ceremonies: name giving ceremonies, attending funerals, Sacred Fires, Smudging, and Home Blessings
- Participated in NAN Youth and Women's Gatherings, MMIWG work, and Indian Residential School Survivors' Walks
- Plant Medicine Teachings, Workshops and Walks in collaboration with the Minestry of Natural Resources, Nishawbe Gamik Friendship Centre, six day course with Algoma University and four day workshop with Shibogama Tribal Council
- Meetings with organizations in the region including NAN, Grand Council Treaty #3, Northern Ontario School of Medicine, Meno Ya Win Health Centre, and Tribal Councils. Lakehead University Anthropology and Psychology departments requested
- Worked with community elders and informed Ph.D. candidates of traditional healing practices

Challenges

- Client to counsellor ratio is too high and unreasonable for effective and responsible management of cases
- Travelling counsellors cover two communities each

- Travelling mental health counsellors and psychologists are difficult to recruit
- Challenging to recruit community-based workers and supervise from a distance
- Expenses for crisis response far exceed funding and hard to match the higher per diem rate other contractors make in the region
- Specialist services (e.g. Psychologist, Art Therapy) are lacking; the number of requests greatly outnumber availability and therefore there are high waitlists
- Not having an inpatient unit in Sioux Lookout for very high-risk cases to be monitored or an inpatient longer-term program that is in a secure unit

Moving Forward

- Incremental and developmental change management will be on-going (e.g. written standard clinical procedures);
- Implementation of the recommendation in the intake review

- To advocate for more annualized funding to operate the crisis response program in order to keep up with demand and prevent deficits each year
- Increased collaboration efforts and meetings with communities and Tribal Councils to prevent duplication of mental health and crisis services, better case management and to clarity of roles
- To have all positions hired for a full multi-disciplinary team in OMHS and to develop a more comprehensive program
- Continue recruitment and retention efforts, concentrating specifically on acquiring more travelling mental health counsellors and psychologists
- Review on-call after-hours system
- Review the Children's Mental Health and Addictions program
- Implement the new client information system, Mustimuhw
- Strengthen relationships with internal and external partners
- Continue to advocate for funding for a more comprehensive traditional program

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

- 11 articles published and accepted for publication, six articles submitted for publication, with an additional 44 projects in progress, to date.
- 12 new and amended existing research proposals reviewed for ethics approval, with nine granted ethics approval and three denied approval through the Research Review and Ethics Committee
- Plan to continue services to First Nations communities wishing to engage in community-based participatory research projects, based on specific community priorities and interests.
- Engaged in projects with nine universities and 10 research institutes across Canada.

MOVING FORWARD

The Anishinaabe Bimaadiziwin Research Program continues to engage with outside research partners on topics appropriate to our area. We also believe 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.

The Anishinaabe Bimaadiziwin Research Program continues its growth in collaboration with various partners in application for grants and supports regional clinicians and communities in research development.

SIOUX LOOKOUT AREA INDIGENOUS INTERPROFESSIONAL PRIMARY CARE TEAM

Through the Sioux Lookout Area Primary Care Team (SLAPCT), community members will be able to establish a continuous relationship with health care providers for comprehensive, primary health care close to home. As a collaborative team practice, the Primary Care Team provides services to all age groups, with a specific focus on children and youth, preventative care and improved management of chronic disease, through both treatment and monitoring, as well as support for clients in improving self-management skills.

The intention of the service delivery model has been to fill gaps in services and to ensure that service providers are operating in a team environment, to provide wraparound services and seamless primary care. The SLAPCT provides primary care services to the residents of Indigenous communities within the catchment area along with residents of Sioux Lookout.

As the team evolves, the model will see the SLAPCT divided into smaller teams that will be responsible for the provision of care to a cluster of Indigenous communities. The team will travel on a regular basis to remote isolated communities to provide team-based collaborative care, including working alongside the local resources at the nursing station (nurses, physicians and community-based workers).

SIOUX LOOKOUT AREA PROFESSIONAL PRIMARY CARE TEAM *(CONTINUED)*

CLINICAL SERVICES

The SLAPCT began providing direct service delivery in March 2018. The following (table #1) outlines the volume of appointments booked, clients seen, no-shows and a breakdown of the location of the clients referred to the SLAPCT during the April 1st, 2018 to March 31st, 2019 period:

SLAPCT Client Service Delivery Statistics - 2018/19 FY:

Program/Service	Service Provision Start Date	# of Appts booked for service	Total # of clients seen	Face to face	Tele Health	# of No Shows	# of Appts from Northern Community	# of appts from Sioux Lookout	# of Clients seen via Group Sessions
Psychiatry	April 2018	183	101	19 (19%)	82 (81%)	**82 (45%)**	96 (95%)	5 (5%)	0
Speech Language Pathology	May 2018	224	187	160 (86%)	27 (14%)	**37 (17%)**	165 (88%)	2 (1%)	0
Nurse Practitioner	April 2018	2016	1490	1490 (100%)	0	**526 (26%)**	715 (48%)	775 (52%)	0
Nutritional	October 2018	218	171	41 (24%)	11 (6%)	**47 (22%)**	39 (23%)	19 (11%)	113 (66%)
Pharmacy	October 2018	11	11	2	9 (82%)	**0**	7 (64%)	4 (36%)	0
Kinesiology	October 2018	45	32	23	9	**13 (29%)**	25	7	
Physiotherapy	December 2018	118	87	76	11	**31 (26%)**	41	46	
Occupational Theraphy	May 2019	N/A - Services started in May 2019							
Social Work	May 2019	N/A - Services started in May 2019							
Case Management	May 2019	N/A - Services started in May 2019							

TELEMEDICINE PROGRAM

In 2018/19 the Telemedicine Program transitioned from the accountability of the Developmental Services unit to the Sioux Lookout Area Primary Care Team (SLAPCT). With the implementation of the SLAPCT, the mandate for the Telemedicine Program was expanded to include enabling access to primary health care clinical needs along with mental health clinical services and non-clinical events via a confidential videoconference consultation (e-Health).

The Telemedicine Program currently has one Coordinator who supports the entire organization with their telemedicine needs and services. During fiscal year 2018/19, the following appointments/events were organized by the Telemedicine Program:

Annual Statistics - 2018/19 FY:

Event Type	Clients Seen	Coordinated Events
Clinical: Primary care, mental health, psychiatry, psychology, developmental services	300	558
Education: Primary Care, mental health, program presentations	85	98
Administrative: Job interviews, planning, policy development, partner meetings	33	46
Total	**418**	**702**

TELEMEDICINE - YEAR IN REVIEW

- Continued focus on advocacy for Children/Youth for all services, including Tele-Primary Care, Tele-Mental Health Services & development of comprehensive pathways between health care providers, clients, families & support workers in communities;
- All SLFNHA clients benefit from follow-ups via Telehealth for Primary Care and Mental Health specialists as needed;
- Community outreach & partnership development; Tele-Mental Health Services coordination provided to Tikinagan, NAADAP & NNEC students attending schools in Sioux Lookout;
- Ongoing engagement with Community Based Workers and Nursing Stations in First Nations communities;
- Ongoing collaboration with CAMH Telepsychiatry services delivery to enhance current services with the goal of reaching additional clients via Telepsychiatry services.
- Serviced four room-based OTN videoconferencing systems in three buildings;
- For this FY have enrolled 20+ 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;

IN COMMUNITY TRAVEL

In October 2018, the SLAPCT began travelling to remote isolated communities to provide in-community health service delivery. From October 2018 to March 31st, 2019, the team travelled to 11 communities and provided 20 days of allied health programs/services. (Table #2 outlines the specific communities that the team travelled to and the number of days of service per community)

For fiscal year 2019/20, the SLAPCT is forecasting that we will be travelling to remote isolated communities to deliver 125 to 135 days of service delivery. Communities travelled to will be determined based on the referrals received from physicians, nurses, community-based workers and self-referrals.

HUMAN RESOURCES

During fiscal year 2018/19, the SLAPCT was able to recruit resources to begin providing additional health services. In addition to the psychiatry, nurse practitioner and speech language services, we began to deliver, via our mobile team in northern communities and within the town of Sioux Lookout, nutritional, pharmaceutical, kinesiology and physiotherapy services. Details regarding these services are provided below:

- **Nutritional Services:** The SLAPCT presently has two registered nutritionists who provide client nutritional counselling, family nutritional counselling and group sessions. They also work alongside the community-based workers (diabetes workers) to assist in the facilitation of programming and events.
- **Pharmacy Services:** A full-time pharmacist joined the team in early October 2018 and is presently working on a pharmacy related project, along with providing client consultation and clinician consultation services.
- **Kinesiology Services:** We presently have a full-time kinesiologist and a rehabilitation assistant who provide clinical consultation, life-style coaching, and work alongside community-based workers to assist with the facilitation of in-community programming and events e.g. expert resource for the elder exercise program.
- **Physiotherapy Services:** Physiotherapy services are currently provided through one full-time physiotherapist and a contracted physiotherapist. This has been one of the busiest Allied Health Services requested by clinicians.

As outlined above, fiscal year 2018/19 has proven to be a strong HR growth year for the Sioux Lookout Area Primary Care Team. As of March 31st, 2019, the current HR complement is 10.5 (23.5%) of the overall funded positions (please see Table #3):

Table #2
In Community Travel

FY 2018/19	Oct Trips	Oct LOS	Nov Trips	Nov LOS	Dec Trips	Dec LOS	Jan Trips	Jan LOS	Feb Trips	Feb LOS	Mar Trips	Mar LOS	Total Trips	Total LOS in Community
Aroland													0	0
Bearskin Lake													0	0
Cat Lake					1	1							1	1
Deer Lake													0	0
Eabametoong	1	1											1	1
Eagle Lake													0	0
Frenchman's Head													0	0
Fort Severn							1	2					1	2
Kasabonika Lake													0	0
Keewaywin													0	0
Kejick Bay													0	0
Kingfisher Lake									1	1			1	1
Kitchenehmaykoosib Inninuwug							1	1	1	1			2	2
Koocheching													0	0
Martin Falls													0	0
McDowell Lake													0	0
Mishkeegogamang											2	3	2	3
Muskrat Dam													0	0
Neskantaga													0	0
Nibinamik													0	0
North Spirit Lake													0	0
Pikangikum													0	0
Poplar Hill											1	3	1	3
Sachigo Lake													0	0
Saugeen													0	0
Sandy Lake											1	3	1	3
Sioux Lookout													0	0
Slate Falls													0	0
Wabauskang													0	0
Wabigoon Lake													0	0
Wapekeka													0	0
Wawakapewin													0	0
Weagamow									1	1			1	1
Webequie							1	1					1	1
Whitefish Bay													0	
Wunnumin Lake			1	1					1	1			2	2
Total Trips	1	1	1	1	1	1	3	4	4	4	4	9	14	20

Table #3

Position	Full Complement of Positions	17/18 Staff Hired	18/19 Staff hired	19/20 Positions currently/ planned posting
Director	1	1		
Managers	2			2
Administrative Staff	6		3	3
Community Health Navigator	4			
Traditional Healer	2			
Interpreter	1			
Pharmacst	1			
Case Managers (RN)	4			
Nurse Practitioners	4			
Registered Practical Nurses	2			
Kinesoiologists	4			
Physiotherapists	3			
Occupational Therapists	3			
Speech Language Pathologists	3		(.25 contract)	
Registered Dieticians	2		2	
Social Worker	2			
Mental Health Specialist	2			
Specialty Sessional Services (Pshychiatry)			366 hrs	
TOTAL	46	1	9.5	35.5

Planned Staffing for FY 2019/20:

- **Management Positions:** Two management positions (administrative & clinical) were posted and a competition has identified two "right fit" candidates that will join the SLAPCT in May 2019.
- **Occupational Therapy Services:** We have a full-time occupational therapist who will be joining the Primary Care Team in May 2019.
- **Social Work Services:** Social Work services will be included in the health services delivered by the Primary Care Team in May 2019. A full-time social worker with an extensive background working with children & youth along with families and mental health and addictions has been hired.
- **Case Management Services:** Early in May 2019, a part-time case manager will join the SLAPCT and she will be assisting the AHP's with complex needs clients, to ensure that programs/services that

PARTNERSHIPS

- Ongoing participation with the Regional Rehab Care Coordinator for St. Joseph's Care Group, who is working PT/ OT in the Northwestern Region to address PT/OT gaps in service with a focus on health care delivery in Indigenous communities.
- Regular meetings are held with various external health care partners in the area, namely Matawa Coop, Sioux Lookout Meno Ya Win Health Centre (Rehab/ Diabetes), KO Health, KO eHealth Telemedicine Services, Firefly, Sioux Lookout Regional Physician Services Incorporated, Indigenous Primary Health Care Council, Northwest Prevention and Screening Consortium, Association of Family Health Teams of Ontario and the Northwestern Ontario Registered Dietitians Kenora-Rainy River District. These gatherings are helpful to communicate out the program and services required/available in our catchment area, along with building a network of resources/supports as the SLAPCT continues to expand.
- Continue to encourage candidates to explore the MOHLTC Grant and Retention Incentives that are available to include incentives for rehabilitation professionals and nurses working in underserviced areas. Additional information is available at the MOHLTC's website: http://www.health.gov.on.ca/en/pro/programs/northernhealth/

2019/2020 WORKPLAN

- Continued recruitment and retention efforts will result in enhancement of program/services.
- Continued provision of programs and services within Sioux Lookout along with travel to remote communities to provide programs/services at the community level.
- May 2019 – Introduction of a Central Administrative Referral and Intake Process for all Health Services provided by SLFNHA (Excluding Mental Health) and Partners (Firefly, Creative, George Jeffrey Children's Treatment Centre)
- June 2019 - Submission of the MOHLTC Capital Functional Plan for the new Primary Care Facility.
- September 2019, plan for SLAPCT Strategic Planning & Team Building
- Early FY 2019/20 – Staff training for Cultural Competency, CPR, AED, Crisis Intervention Training, BETTER Screening Training

CAPITAL PROJECT UPDATE

Background

In December 2017, the Sioux Lookout First Nations Health Authority received capital planning funding (175K) to develop the business case/functional plan for the permanent Primary Care Facility.

The preliminary vision outlined that the permanent Primary Care Facility will house the following:

- Sioux Lookout Area Primary Care Team
- The Northern Appointment Clinic
- Nodin Counselling Services
- Physician Services
- SLFNHA Support Services
- Indigenous Services Canada Dental program
- Sioux Lookout Meno Ya Win Health Centre programs, namely Diabetes Program and the Integrated Prenatal Program
- Additional programs and services maybe identified during future Steering Committee meetings

2018/2019 Actions/Status

- In May 2018, KAL/Colliers Project Leaders distributed a questionnaire and introduction letter to partners/funders and others to assist in the development of the business case/functional plan for the new Primary Care Facility.
- Two-day Capital Planning Working Group meeting was held in August 2018 and the agenda included bringing the group up to date on the project. The group reviewed the project commitment requirements from partners/stakeholders (Tribal Councils/SLMHC/Physicians/Communities/NAN/Health Programs) in order to complete the business sase/functional plan, the review of service data requirements and to begin discussions around capital needs in-community.
- We have ongoing engagement with partners/funders to ensure thorough completion of the BC-1 and BC-2 data for submission to the MOHLTC.

Completion of BC-1 (identifies services/programs to be delivered) and BC-2 (detailed FTE data worksheet regarding direct and indirect staff space requirements) in order to submit the first draft of the business case/functional plan to MOHLTC for consideration.

Next Steps

- Capital Planning Working Group meeting planned for early 2019/20 to continue discussions around capital needs in communities, primary care service needs in communities;, and the role of the Capital Planning Working Group.
- Submission of Draft BC-1 and BC-2 with SLFNHA Board – June 2019
- Submission of Board Approved BC-1 and BC-2 to MOHLTC – June 2019

DR. TERRI FARRELL

MEDICAL DIRECTOR

The Medical Director provides expert medical input to all health service programs under SLFNHA as required including Physician Services, Nodin, Primary Care Team, Developmental Disability Services, Addictions.

The Medical Director is a non-voting member of the SLFNHA Board and is active in advocacy, governance and Board responsibilities and service.

PHYSICIAN SERVICES

The Medical Director advises and supports the Sioux Lookout Regional Physician Services Inc. (SLRPSI) through operations support, advisory functions, and medical oversight. This often involves crisis management both locally in Sioux Lookout and in communities. The Medical Director also provides coaching and mentor-ship to the SLRPSI physicians to support them both professional and personally.

The Medical Director also has several roles specific to Northern Physician Services including:

- reviewing and approving physician qualifications and experience,
- reviewing references before contracting long-term and locum physicians and evaluating if the physician is a "good fit" for our area,
- recommendations for credentialing and privileging at SLMHC,
- participating in physician orientation to the practice, including hospital, clinic and Northern communities,
- advising and directing physician scheduling and deployment as per the SLRPSI Policies and workplans, and
- encouraging and supporting Northern physicians to develop positive relationships with community members and leadership and to meet with them regularly.

When the need arises (physician shortage, illness, family emergencies etc.), the Medical Director provides direct patient care in the Northern Clinic, SLMHC or in community.

QUALITY ASSURANCE

The Medical Director oversees the quality of medical services in the Northern Clinic and in communities. Specifically, the Medical Director performs the following quality assurance functions:

- Conduct periodic reviews of contracted physicians,
- Evaluate and resolve complaints regarding physician services and trigger assessments or investigations as needed,
- Regular reviews of patient records (electronic and paper),
- Direct case reviews in situations where a patient's medical outcomes were unexpected and outside of the normal,
- Dialogue with patients and doctors to ensures appropriate care, and
- Regular collaboration with Federal Nursing Services to review issues of mutual concern to assist in improving patient care, particularly at the community level.

The Medical Director also sits on several committees. The Medical Director responds to local and regional emergencies (individual, family and community) and coordinates with the appropriate services (e.g. Emergency response teams such as deployed in Forest Fire evacuations).

SPECIAL PROJECTS

Community Health Worker Diabetes Program

Advisory role in this joint project with Dignitas International, piloting a program of Community Health Workers providing management of diabetes in remote Northern communities. Community Health Workers received training and ongoing support. The project is has undergone repeated evaluation and improvements.

Nursing Strategy

Assisting with the development of a new and innovative approach to Nursing Service provision across the region, in collaboration with community Health Directors, Tribal Councils, federal and provincial governments, and nurses.

Approaches to Community Wellbeing

Interface with the Public Health Physician, including supporting this role, advocating for greater legislative authority, and assisting with the development of a governance model.

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 support to SLRPSI.

YEAR IN REVIEW

Local service needs continue to increase dramatically at both the community and hospital level. Sioux Lookout Meno Ya Win Health Center inpatient beds consistently are at near or full capacity with patients admitted with more than one acute issue. In an effort to address this, SLRPSI completed a business plan advocating for the Ministry of Health and Long-Term Care (MOHLTC) to fund locally-based specialist physician services for the region. The business plan requested funding specifically for psychiatry, pediatrics, internal medicine, gynecology, and radiology. It was submitted to the MOHLTC in September 2018.

In December 2018, SLRPSI conducted a physician engagement survey and analysis. The results are being used to improve recruitment and retention and to guide SLRPSI strategic priorities. SLRPSI continues to face challenges in recruitment and retention of physicians as does the entire province of Ontario. However, we continue to work to increase physician human resources and service supports for the area.

SLRPSI also works towards high-level improvement of the health system in coordination with other stakeholders. SLRPSI representatives partook in various NAN Health Transformation sessions. The SLRPSI Board has worked to improve its engagement with remote community leadership, health providers and allied services to improve integration of services and alignment of system planning initiatives. SLRPSI also undertook an internal governance review and is currently working to implement those recommendations.

Many remote communities continue to face the challenges providing accommodation and clinical space for service providers. Recent increases of a variety of professionals working in our remote communities apply pressure on the limited infrastructure in many communities, making it more difficult to manage the schedules of SLRPSI physicians and other providers.

2018-2019 STATISTICS

- 3014 in community physician days (of 3121 community total days funded)
- 2851.5 in-community family medicine physician days (of 2931 days funded)
- Currently funded through surplus in community family medicine physician days:
  - 21.5 integrated Pregnancy Program Outreach Physician days in community
  - 14.5 Hepatitis C Clinic Physisian days in community
  - 12 physician sports-medicine days in community
- 114.5 in community-addiction physician days Opiate Replacement Therapy Programs
- 46 physician sports-medicine days in Sioux Lookout
- 5866 client visits to the Sioux Lookout Northern Clinic
- 1095 ER shifts (36 had to be filled using the Ontario Emergency Department Locum Program)

BOARD OF DIRECTORS 2017/18

John Cutfeet, SLFNHA, Chair

Solomon Mamakwa, SLFNHA

Sadie Maxwell, SLMHC

Jethro Tait, SLMHC

Darcy Beardy, SLFNHA

Dr. Terry O'Driscoll/Dr. Barbara Russell-Mahoney SLMHC

Dr. Joseph Dooley, Hugh Allen Clinic

Dr. Kathy Pouteau, Northern Practice

Dr. David Folk, AMDOCS

Cindy Moffatt, Physician Manager

MOVING FORWARD

- SLRPSI is working to improve Electronic Medical Record (EMR) efficiency by merging the Northern Practice and Hugh Allen Clinic EMR systems. We have been working towards this throughout the 2018/2019 fiscal year and anticipate completing the merge in 2019.
- SLRPSI looks forward to creating more opportunities to improve regional health recordkeeping integration through collaboration with communities, Indigenous Services Canada, SLFHNA, and other regional stakeholders.
- Lack of local specialist physician support continues to impact on the daily workload of family physicians. SLRPSI looks forward to working with the MOHLTC to implement our business plan.
- SLRPSI will continue focus on areas noted in the recent physician engagement survey and their governance review.
- Management team is reviewing support services structure provided by SLFNHA for improved efficiencies in recognition of impacts of increased service load over the past several years.

CHIEFS COMMITTEE ON HEALTH

The Chiefs Committee on Health (CCOH) was formed in March 2004 (Resolution 04/46) by the Sioux Lookout Zone Chiefs. Its tasks were to lobby to safeguard current resources as well as seek additional resources for community health programs and services, to guide and direct the process of health initiatives, and to facilitate and improve communication between First Nations, organizations and service providers.

In 2006, the mandate of the CCOH (Resolution 06/08) was expanded to include providing oversight on activities carried out by SLFNHA as per the Anishinabe Health Plan (AHP) implementation. At that time, the CCOH was also asked to continue to lobby for resources to fill the gaps in health services for First Nations members and monitor issues relating to Non-Insured Health Benefits.

YEAR IN REVIEW

The CCOH received the following mandate at the 2018 Annual General Meeting:

- Conduct a legal review of options regarding First Nations ownership of the Zone Hospital Site and options for federal land designation and present those options to the Chiefs in Assembly.
- Form a Chiefs' Capital Planning Working Group to provide guidance for the high-level decision making involved in capital planning.
- Advocate for the continued financial commitment by the Ministry of Health and Long-Term Care for the development of the 76 new long-term care beds to be allocated to the Sioux Lookout Meno Ya Win Health Centre.

The CCOH held one meeting in the 2018/2019 fiscal year due to scheduling challenges. As a result, the CCOH has made minimal progress on fulfilling its mandate for the 2018/2019 fiscal year.

However, work from previous years continues to be carried out on behalf of the CCOH. In 2018, the CCOH decided to produce a multi-media campaign to promote careers in health care fields to local First Nations youth. On behalf of the CCOH, SLFNHA engaged Kwayaciiwin Education Resource Centre to partner on this project. Interviews have been filmed and the posters and videos are now in post-production. The campaign is expected to be launched early in the 2019/2020 school year. The CCOH will also be exploring the possibility of providing financial support to students who enter programs of study leading to a career in a health care.

OVERSIGHT FUNCTION

Both the CCOH and the SLFNHA Board of Directors provide oversight and direction for the activities of SLFNHA. The CCOH and the SLFNHA Board are working to streamline their relationship to develop a clear understanding of how responsibilities and information will be shared between these two bodies. Increased coordination of SLFNHA oversight roles will be especially important to align SLFNHA activities with the NAN Health Transformation process.

Since 2016, the CCOH has been participating with NAN at the Joint Action Table and any other high-level decision-making tables and participating in the alignment process that will move Health Transformation forward in a deliberate, planned, and measurable way as directed by SLFNHA Chiefs in Assembly (Res #16-09). However, no CCOH members participated in health transformation meetings this year since the previous chiefs that participated are no longer members of the CCOH. The Chiefs that will participate going forward have not been determined at this point.

MOVING FORWARD

- Developing a negotiations framework for the AHP
- Developing a communications strategy to foster increased connections between the community and political levels
- Implementing the SLFNHA Strategic Plan
- Strengthening relationships with other First Nations governing bodies
- Advocating for more funding to go directly to First Nations communities
- Monitoring health priorities
- Anishinaabe Bimaadiziwin Research Program
- Improving Approaches to Community Wellbeing system development
- Developing the permanent Primary Care facility
- Enhancing physician and nursing services
- Increasing specialized training for community-based workers
- Supporting implementation of electronic health records in all communities
- Recruiting and retaining nurses including student placements
- Aligning community based health services and specialty services

CHIEFS COMMITTEE ON HEALTH REPRESENTATIVES 2018/19

Chief Donny Morris, Kitchenuhmaykoosib Inninuwug First Nation
Chief Clifford Bull, Lac Seul First Nation (2018)
Chief David Masaykeyash, Mishkeegogamang First Nation
Chief Liz Atlookan, Matawa Tribal Council
Chief Arnold Gardner, Eagle Lake First Nation
Chief Eddie Mamakwa, Kingfisher Lake First Nation
Chief Titus Tait, Sachigo Lake First Nation (2018)
Chief Delores Kakegamic, Sandy Lake First Nation (TBC)
Tina Kakepetum-Schultz, Keewaytinook Okimakanak Council

Elders
Hammond Lac Seul, Lac Seul First Nation
Emily Jacobs, Webequie First Nation

PARTNERS

Aboriginal Healing & Wellness Strategy

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

First Nations & Inuit Health Branch

Government of Canada / Health Canada / Indigenous Services Canada

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

Sioux Lookout area Tribal Councils

Independent First Nations Alliance

Keewaytinook Okimakanak

Matawa First Nations Management

Shibogama First Nations Council

Windigo First Nations Council

Independent First Nations

Sandy Lake First Nation

Mishkeegogamang First Nation

First Nation Affilliates

- Eagle Lake
- Wabigoon
- Saugeen
- Wabauskang

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

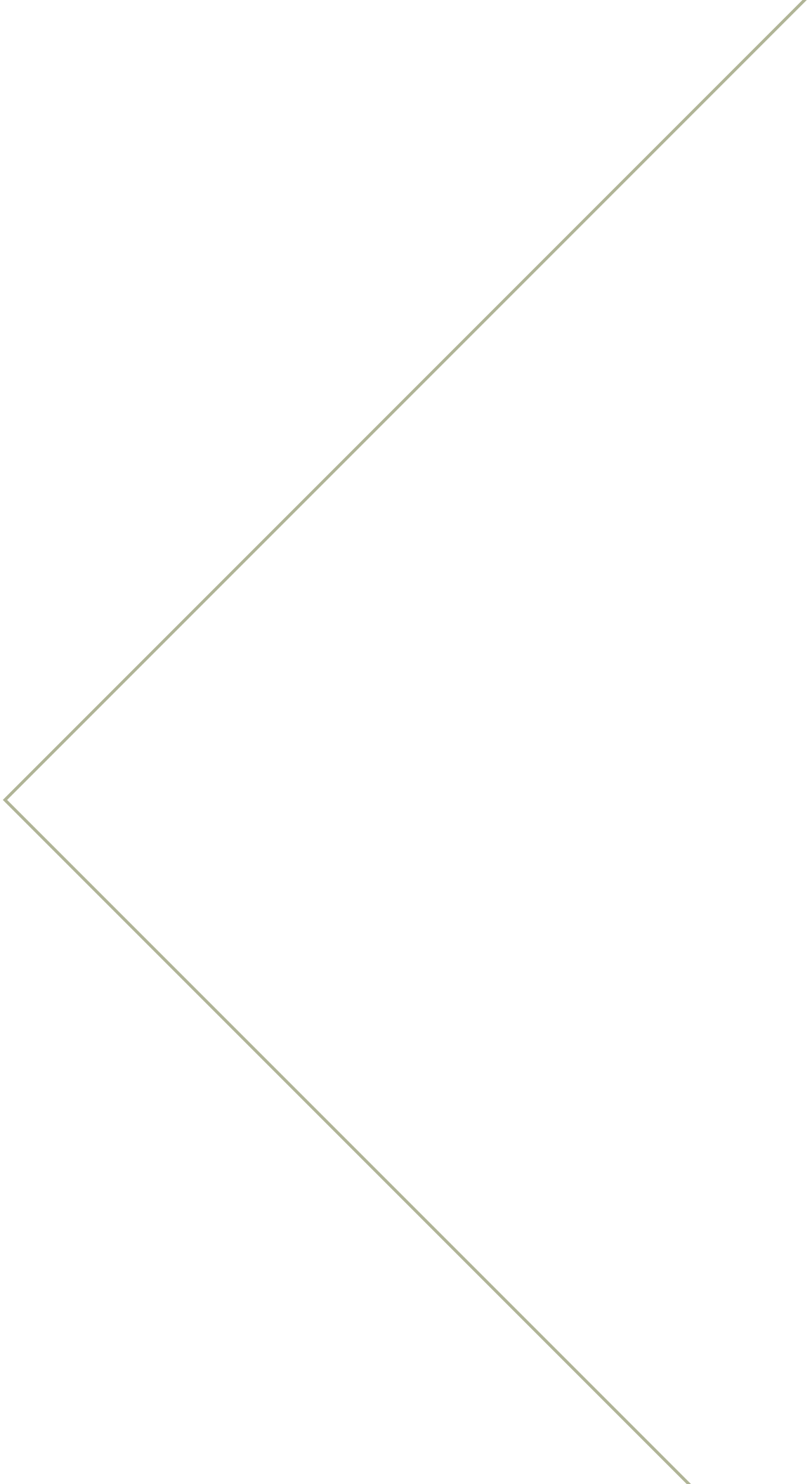
Thunder Bay District Health Unit

University Health Network

University of Toronto Psychiatric Outreach Program

Wabun Tribal Council

Weeneebayko Area Health Authority



Sioux Lookout
First Nations
Health Authority

61 Queen Street, PO Box 1300
Sioux Lookout, ON P8T 1B8

Tel: (807) 737-1802
Toll Free: 1-800-842-0681

www.slfnha.com