Sioux Lookout First Nations Health Authority

Annual Report 2019-20

Dedication

In memory of Donna Marie Roundhead

Born August 7th, 1959. Passed away February 20th, 2020. The years may wipe out many things but this they will never take, the memories of those happy days when we were all together. We think of her in our quiet times and her name we will recall but there is nothing left to answer but her picture on the wall and in our hearts. Just when her journey was the brightest, just when her hopes were the best, the Creator called her from her journey to a home in the Spirit World.

Always so good, unselfish, and kind. Few on Mother Earth possess this quality. Honorable, upright in all her ways, loyal and true to the end of her journey. She will never be forgotten.

And while she lies in peaceful sleep, our memory of her we shall hold closely to our hearts. She will be fondly remembered, and sweet memories will forever cling to her name. Those that loved her in life will love her in death just the same.

> *There will be no turning back. The sound of the drum and the ancestors have called this warrior home. She has laid down her sword and shield and the armour that she wore. She has won the battle. She has earned each battle scar with honour. She will rejoice and dance in the night sky, she will be the voice in the wind, she will be the first ray of sunlight, the first star at night, the gentle rain, the first flower in the spring; we only have to believe. She won the battle. Our love for her did not die. When you hear the heartbeat of the drum, we will know that she is dancing in the night sky.*
>
> ---Donna Marie Roundhead

Sioux Lookout First Nations Health Authority

Annual Report 2019-20

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Board of Directors

Board Chair

John Cutfeet
Kitchenuhmaykoosib Inninuwug
Independent First Nations Alliance

Vice Chair

Brenda Fox
Mishkeegogamang First Nation

Board Secretary/Treasurer

Bertha Trout
Lac Seul First Nation

Board Members

Orpah Mckenzie
McDowell Lake First Nation
Keewaytinook Okimakanak

Allan Jethro Tait
Sachigo Lake First Nation
Windigo First Nations Council

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

Vacant
Female Elder

Sioux Lookout
First Nations
Health Authority

Message from the Board Chair

John Cutfeet
Board Chair

Greetings. I would like to acknowledge and extend my greetings to all the Anishinabe and Anishininiwug people in the 33 communities across Kiiwetinoong. I also want to highlight the three major initiatives within this past year. They include the 2020 three-year strategic plan, the organizational assessment, and responding to COVID-19 pandemic.

We are very pleased to inform you that SLFNHA has embarked on a three-year 2022 strategic plan prioritizing community capacity, transformed services, and workplace wellness. The vision for the 33 communities is resilience and healthy Nations supported on their path to wellness. The transformation of health services for the Anishinabe and Anishininiwug throughout Kiiwetinoong can only happen through community-led services and a strong voice for community health needs. On this path, we value respect, relationships, culture, equity, and fairness. We've also said that SLFNHA would work to protect the Seven Sacred Teachings: love, respect, courage, wisdom, truth, honesty, and humility.

We recognized that part of meeting the vision is to look inward. We had to ask ourselves if the organizational practices and policies were aligned with this vision. Part of the work required was to review and see if SLFNHA is strategically positioned to effectively support our people on their path to wellness. This included conducting an organizational assessment on SLFNHA practices, policies, and procedures. Approximately 150 employees took part in this review by way of interviews and surveys. The organizational assessment produced excellent feedback and recommendations on strategic planning, leadership, culture, practices, succession management planning, and community and employee engagement.

As I reflect on this past year, an extraordinary event occurred which changed the world that we knew. In the second week of March 2020, the World Health Organization declared a COVID-19 pandemic. This declaration was felt across the world and within our communities. Our communities immediately responded by implementing full community lockdowns and only allowing essential travel in and out of their communities. The pandemic also halted the implementation of the three-year 2022 strategic plan, organizational assessment, and other initiatives. The priority was to respond to the pandemic, and this was led by SLFNHA's Public Health Physician, Dr. Natalie Bocking. She immediately assembled a COVID-19 Regional Response Team (CRRT) which included partnerships with communities, tribal councils, and SLFNHA.

In wrapping up my message, I just want to state that the board remains committed to improving the health outcomes for our Anishinabe and Anishininiwug people across Kiiwetinoong. This will be achieved by setting the strategic direction to ensure that communities receive community-based services that will contribute to strong, healthy Nations. With the organizational assessment implementation, SLFNHA will ensure that the people, culture, and processes are aligned with the strategic direction. We also acknowledge with the COVID-19 pandemic, it is indeed an extraordinary time and SLFNHA's board looks forward to how the organization will adapt to this new norm while making sure that SLFNHA works to meet its mandate of improving community health outcomes. As the chair of the board, I am grateful for this opportunity to share with you our journey through this past year. It is my hope that on the path ahead that communities will continue to thrive despite the current state of our environment, responding and adjusting to the COVID-19 pandemic.

Miigwetch ●

Message from the Executive Director

James Morris
Executive Director

I am happy to share this annual message with the First Nations community members. We are very pleased to provide you with the strategic directions that Sioux Lookout First Nations Health Authority (SLFNHA) embarked on for the next three years. At the operational level, we began the implementation of the three-year strategic plan and the organizational assessment. The Chiefs Committee on Health (CCOH) identified the five priorities that would improve the health outcomes of people across the north. The non-profit charitable organization, the Mikinakoos Children's Fund, was revived so we could continue to address the food security for the most vulnerable, the children. Then towards the end of the year, we saw two events that would change the world as we knew it. I am very happy and humbled to share our journey from this past year with you, I will begin with our strategic plan and organizational assessment.

This past year, we held a planning session with the SLFNHA board of directors to develop the three-year strategic plan which resulted in three pillars: building community capacity, transforming health services, and developing people. The message was loud and clear that communities wanted to see development in community capacity and its members. The vision, mission statement, and values were also redefined to align with the strategic priorities of the communities. Another significant development was the implementation of the organizational assessment. The review was meticulously done to ensure that the voices of the SLFNHA staff were heard. As the year came to an end, a special projects manager was hired to implement the strategic plan and organizational review.

In early fall, the CCOH began a series of meetings to focus on the areas that will improve the health outcomes for the communities. To begin the work, the CCOH reviewed its terms of reference to ensure clarity of its role. We also worked with the CCOH to fill the positions vacated by the preceding leadership. To provide onboarding for the newly selected chief representatives, a review of the organizational functional centres was completed, as well as presenting the various committees that SLFNHA represents on behalf of the 33 communities. This exercise of reviewing the various committees was to ensure that the CCOH did not interfere with SLFNHA's operational functions. The onboarding and review shed a light on the path where the CCOH will maximize its efforts on meeting its mandate. For this past year, the CCOH were focused on the following priorities: (1) Non-Insured Health Benefits; (2) Public Health Legislation; (3) Federal Lands; (4) Children & Youth Mental Health; and (5) Bringing Health Services Closer to Home.

Initially created in 2014, the need for Mikinakoos Children's Fund was seen by the inaugural Board of Directors who had a long-standing history of working in northern Ontario, often travelling up to the remote communities. In witnessing the living conditions of First Nations children, it was decided that through a children's fund, poverty conditions could be alleviated. Thus, Mikinakoos, "Little Turtle" Children's Fund was born. Initial projects focused on providing food and warm clothing to several hundred children living in the north as well as offering support to families grieving after the loss of family and community members. Due to unforeseen circumstances, Mikinakoos was dormant for two years and has recently been revived under new Operational Direction as well as new Board leadership. The mission remains the same as before, to improve the quality of life for First Nations Children in remote northwestern Ontario, while meeting their immediate

physical needs for food, clothing and basic amenities. Our projects have refined to focus on three main areas: Backpack Program which looks to assist with food security and emphasizes community building by empowering local community members to run this program based on their specific needs, through the support of our organization and donations; Warm Clothes Program, which has a goal to collect specific clothing items and ensure that they are then delivered to the communities we serve. Finally, the Healthy Living Program, which through community collaboration, will aim to provide children with healthy living activities to promote well-rounded lives.

One of the life-changing events that happened toward the end of the year was the sudden passing of our dear friend Donna Roundhead of Mishkeegogamang First Nation. Just a couple weeks earlier, we had shared a few days together at a gathering that was held in Thunder Bay, Ontario. At this community engagement, she had shared her vision of the work that needed to be done. Then without any warning, our dear friend departed on her spiritual journey. Late Donna spent her adult life working to help our communities be healthy. Her gift that she shared with us was not one that could be touched nor seen. Rather, one that can be felt, she had a gift for the spiritual. She worked tirelessly to ensure that the people could access mental health services. As a matter of fact, she was one of the change leaders in mental health, she worked for the trauma teams. She believed in wholistic care. At the CCOH meeting held in February 2020, the CCOH said that there will be a dedication to honour this woman. This dedication is still pending.

In late fall, we heard of COVID-19, the communicable disease that would change the world that we knew. The world came to a screeching halt. COVID-19 had such a powerful impact on everything throughout the world. Sometimes, it is hard to imagine the life before November 2019. When it first emerged in November 2019, we found that SLFNHA did not have a regional pandemic plan in place. As some of you may be aware after the severe acute respiratory syndrome (SARS) scare in early 2003, most communities received funds to have pandemic plans in place, but there is no record that provides details of how many communities and groups had pandemic plans in place. Then towards the end of the fiscal year, on March 12, 2020, the World Health Organization declared the COVID-19 communicable disease outbreak. Dr. Natalie Bocking, SLFNHA's very own Public Health Physician, quickly convened a system that would manage the pandemic response. Using the Incident Management System (IMS), the same system that the province of Ontario utilizes in its management, she brought together the COVID-19 Regional Response Team that included partnerships with the local area tribal councils. Many of the SLFNHA employees were deployed to positions. With the IMS structure, we modified it to include the community response.

There were major organizational initiatives underway in the full half of last fiscal year, we had hired the special projects manager to implement the strategic plan and the organizational assessment. We had also started working with the CCOH to focus on improving the health outcomes of the people across the north. Work was being done to continue to support the children in their early years. Then we heard of COVID-19. Then we lost our dear friend in mid-winter. Following the passing, the CCOH met to discuss how we could remember the work that she did in mental health. Then three weeks before the end of the 2019/2020 fiscal year, the world changed.

As we continue to look ahead, we remember who we are as Anishinabe people. We think about the history and the resilience of the people. Through the quick adaptation of the SLFNHA staff to move forward the advice and direction from the board of directors and CCOH, we demonstrated our resiliency to the changing times. We are committed to developing the capacity of communities and the people across the north. We will do this work using our values of respect, relationships, culture, equity, and fairness. ●

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 their milestones of service.

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

5 years

Charles Williams
Delaine Fiddler
Emily Paterson
Judy Mainville
Marie Lands
Raymond Binguis
Sandra MacLeod

15 years

Nancy Greaves
Rod Horsman
Susan Barkman

20 years

Charlene Dyment
Stephen Edwards
Susan Chapman

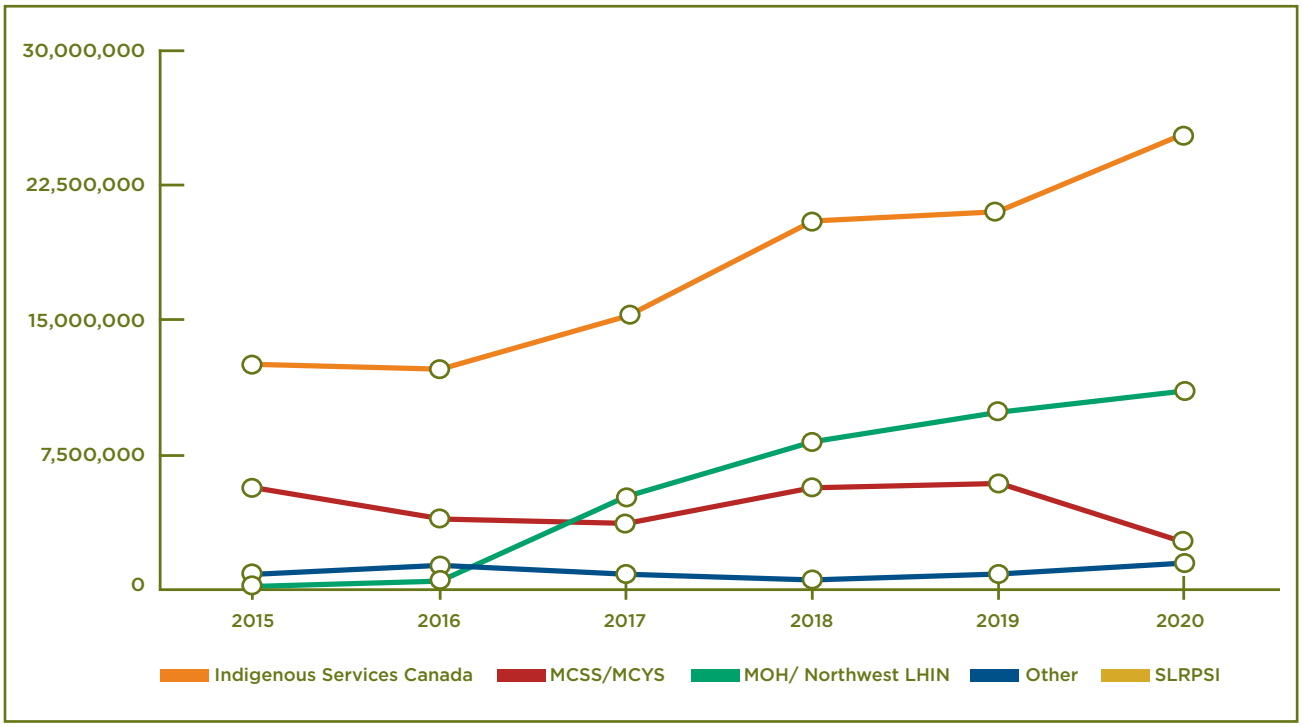
Retired

Marjorie Griffiths

Financials

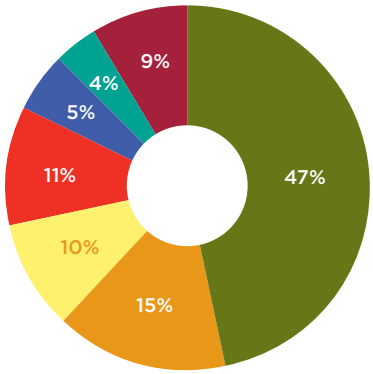
Sioux Lookout First Nations Health Authority						
REVENUE ANALYSIS						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Total Revenue	$21,275,799	$20,609,970	$26,387,551	$36,955,205	$39,871,427	$43,064,798
REVENUE BY SOURCE	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
Indigenous Services Canada	12,636,055	12,270,848	15,126,361	20,456,860	21,041,065	25,374,476
MCSS/MCYS	5,681,385	3,949,175	3,773,166	5,635,153	5,836,756	2,671,082
MOH/ Northwest LHIN	220,000	453,300	5,096,026	8,262,536	9,912,828	11,061,135
Other Revenue	868,505	1,336,228	867,499	559,170	856,707	1,496,993
SLRPSI	1,906,916	2,299,323	2,129,376	2,041,486	2,224,071	2,461,112

Trends in Revenue by Funding Source from 2015 - 2020



Expenditure by Category

For the year ended March 31	2020		%
Salaries and benefits	20,866,206		47%
Professional fees and contractor services	6,853,350		15%
Program materials, supplies & services	4,244,800		10%
Travel, training & meeting	4,765,463		11%
Office equipment & supplies	2,311,832		5%
Amortization	1,724,956		4%
Other	3,795,155		9%



Financials

Independent Auditor's Report

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

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, 2020, 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, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2020, 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 Opinion

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 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 LLP

- 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

September 22, 2020

Licensed Public Accountants

MNP LLP

Financials

Sioux Lookout First Nations Health Authority
Statement of Financial Position
As at March 31, 2020

	2020	2019
Assets		
Current		
Cash and cash equivalents *(Note 4)*	1,372,556	3,074,511
Accounts receivable *(Note 5)*	399,518	244,972
Prepaid expenses and deposits	152,755	17,788
HST recoverable	545,043	228,062
Due from funding agencies *(Note 6)*	9,784,604	8,917,954
	12,254,476	12,483,287
Due from Sioux Lookout Regional Physician Services Inc. *(Note 7)*	262,729	614,871
Capital assets *(Note 8)*	13,027,673	14,594,634
Collections *(Note 9)*	10,000	10,000
	25,554,878	27,702,792
Liabilities		
Current		
Accounts payable and accruals	4,771,810	4,504,220
Government remittances payable	356,169	191,467
Deferred revenue *(Note 10)*	2,015,443	2,380,535
Due to funding agencies *(Note 11)*	4,269,859	4,524,651
Deferred contributions related to capital assets *(Note 12)*	671,791	918,584
	12,085,072	12,519,457
Term loan due on demand *(Note 13)*	5,621,942	6,132,676
	17,707,014	18,652,133
Commitments *(Note 14)*		
Contingencies *(Note 15)*		
Subsequent events *(Note 21)*		
Net Assets		
Unrestricted	969,924	1,363,285
Invested in capital assets	6,743,940	7,553,374
Restricted	134,000	134,000
	7,847,864	9,050,659
	25,554,878	27,702,792

Approved on behalf of the Board

Director

Director

The accompanying notes are an integral part of these financial statements

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Sioux Lookout First Nations Health Authority
Statement of Operations and Changes in Net Assets
For the year ended March 31, 2020

	Unrestricted Fund	*Invested in Capital Assets*	*Restricted Fund*	*2020*	*2019*
Revenue					
Indigenous Services Canada	**25,374,476**	**-**	**-**	**25,374,476**	21,041,065
Ministry of Children, Community and Social Services	**2,671,082**	**-**	**-**	**2,671,082**	5,836,756
Ministry of Health	**11,061,135**	**-**	**-**	**11,061,135**	9,912,828
Other income	**1,496,993**	**-**	**-**	**1,496,993**	856,707
Sioux Lookout Regional Physician Services Inc. *(Note 7)*	**2,461,112**	**-**	**-**	**2,461,112**	2,224,071
Deferred capital contributions *(Note 12)*	**-**	**-**	**-**	**-**	(1,165,377)
Amortization of deferred capital contributions *(Note 12)*	**246,793**	**-**	**-**	**246,793**	246,793
Change in deferred revenue *(Note 10)*	**281,313**	**-**	**-**	**281,313**	2,285,487
Funder deficit/recoveries	**(233,937)**	**-**	**-**	**(233,937)**	(3,294,727)
Total revenue	**43,358,967**	**-**	**-**	**43,358,967**	37,943,603
Expenses					
Administration and internal allocations	**83,937**	**-**	**-**	**83,937**	215,141
Advertising, recruiting and promotion	**246,554**	**-**	**-**	**246,554**	293,677
Amortization	**1,724,956**	**-**	**-**	**1,724,956**	1,705,119
Automobile	**216,488**	**-**	**-**	**216,488**	180,175
COVID-19 supplies	**486,816**	**-**	**-**	**486,816**	-
Honorariums	**99,343**	**-**	**-**	**99,343**	27,329
Insurance	**10,766**	**-**	**-**	**10,766**	178,352
Interest on long-term debt	**354,309**	**-**	**-**	**354,309**	149,458
Occupancy costs	**1,281,445**	**-**	**-**	**1,281,445**	1,030,435
Office equipment, materials and supplies	**2,311,832**	**-**	**-**	**2,311,832**	1,731,300
Physician services	**375,466**	**-**	**-**	**375,466**	358,571
Professional fees and contractor services	**6,853,350**	**-**	**-**	**6,853,350**	7,865,863
Program materials, supplies and services	**4,244,800**	**-**	**-**	**4,244,800**	5,496,217
Repairs and maintenance	**640,031**	**-**	**-**	**640,031**	464,611
Salaries and benefits	**20,866,206**	**-**	**-**	**20,866,206**	14,548,748
Travel, training and meetings	**4,765,463**	**-**	**-**	**4,765,463**	4,149,251
Total expenses	**44,561,762**	**-**	**-**	**44,561,762**	38,394,247
Deficiency of revenue over expenses	**(1,202,795)**	**-**	**-**	**(1,202,795)**	(450,644)
Net assets, beginning of year	**1,363,285**	**7,553,374**	**134,000**	**9,050,659**	9,501,303
Change in invested in capital assets *(Note 16)*	**809,434**	**(809,434)**	**-**	**-**	-
Net assets, end of year	**969,924**	**6,743,940**	**134,000**	**7,847,864**	9,050,659

The accompanying notes are an integral part of these financial statements

Message from Acting Chief Administrative Officer

Brian Calleja

Acting Chief Adminstrative Officer/ Chief Financial Officer

The 2019/2020 fiscal year has been one of change and growth. I want to say Miigwetch to all the community members, employees, elders, and Board members who have worked very hard over the last year to contribute to the growth of our programs and organization.

Jeremiah McKay Kabayshewekamik II (JMK2) hostel was opened in May 2019. The opening of the second hostel was long overdue as many of the hostel clients were being sent to hotels in Sioux Lookout and neighboring communities for accommodations. The transition to operating two facilities created great challenges and opportunities to improve services for our clients.

An operational review was conducted on both hostels, that led to new processes being developed and a revised structure to improve the overall management of the organization and a constant improving client service experience.

An initial review of the Medical Transportation Policy Framework was conducted with recommendations for long-term change. Community engagement sessions with all tribal council and communities took place and a final report was drafted and presented to the Chiefs and Indigenous Services Canada (ISC). A proposal for funding was drafted and sent to ISC for approval. A five-year plan was set out that included the on-boarding of a presence in Manitoba and the hiring of escorts in Sioux Lookout to help ensure all community members coming to Sioux Lookout receive the medical support they require.

We have seen continual progress in our administrative functions, including the implementation of a new structure in our Finance Department, following recommendations received by Meyers Norris and Penny LLP. This new structure will allow us to further divide functions and have stronger financial controls. As our revenue and service has grown by over $5 million from 2018-19 to this fiscal year, strong controls and processes are required to ensure the organization can appropriately report to funders. More time will be spent in the upcoming year on improving SLFNHA's overall reporting mechanisms and providing more financial analytical support to our program areas.

This year has also brought about great improvements to SLFNHA's Human Resource area. A formal restructuring was initiated to recognize training and health and safety functions. Two new managers were put in place that helped support the hiring of 148 new full-time and part-time employees in 2019-20. This area will continue to push its boundaries and grow by ensuring SLFNHA continues to hire high quality employees that have the skills and abilities needed to improve the health of our clients.

A review of office space/real estate began in March and was put on hold due to COVID-19. SLFNHA is looking at the various real estate options available and will be looking for ways to bring the organization together, while getting the most value for our money as possible.

The administrative function of the SLFNHA will continue to ensure we stay up to date with the latest technologies to help support our clients and employees in the best way possible. Technology will continue to be embraced but modified, as required, to acknowledge the unique environment we live and work in. It has been our pleasure to serve the SLFNHA area communities over the last year and we look forward to continuing to improve our overall service. ●

Sioux Lookout
First Nations
Health Authority

Human Resources

The SLFNHA Human Resources Department has continued to be busy and experienced increased growth of three new additional staff during the 2019-2020 fiscal year. In January 2020, the Human Ressources Department relocated to a new office building located on Fifth Avenue. The move was based on the need to be able to provide privacy and confidentiality to our staff. During 2019-2020 fiscal year, HR successfully implemented ID cards for all staff members. All eligible staff were also provided with new benefits drug cards to better facilitate prescription medication purchases.

Health Services

Total Number Of Staff By Department	
Approaches to Community Wellbeing	34
Primary Care	47
Development Services	15
Nodin	47
Physician Services	18
Northern Clinic	22

CSD, Finance, IT, Core & HR

Total Number Of Staff By Department	
Hostels 1 & 2 Includes full time (85) and part-time (57)	181
Administration Core	8
Finance	16
Human Resources	12
Information Technology	8

Health & Safety

- Continued to be busy providing Health and Safety direction to all staff and facilitating an active Health and Safety Committee.
- Implemented a one-year trial in January 2020 of additional Employee and Family Assistance Program (EFAP). This added platform provides 24/7 access through several different options. This program also provides a wide range of support to employees and their family members.
- Implemented a Staff Health ticketing system that registers employees' requests and tracks responses to these requests.

Wellness & Social Committee

- Newly formed
- 14 members
- Initiatives planned:
  - SLFNHA recipe book Blueberry Edition (underway)
  - Walking / Running Challenge
  - Nature Walks
  - Self-care bingo game

Total Staff **408**

Total New Positions **60**

Human Resources

Wellness & Training

First Aid Training 2020

- February: 27 Staff trained SJA (Saint John's Ambulance)
- March: 8 Staff trained SJA (Saint John's Ambulance)
- Jan 2020: 23 ACW staff trained (Heart & Stroke)

IPAC/COVID-19 Training

- All staff assigned courses/resources via HR Downloads:
  - Infection Prevention & Control Training
  - Covid-19 Training for Employees
  - Donning/Doffing PPE videos
  - How to Wear a Mask
  - Currently working with Team Leaders/Supervisors to support staff training at the Learning Pad as required.

Conducting Performance Reviews Training for Leaders (HR Downloads)

- Assigned to Sr. Management Team and departmental supervisors as per Director's request (37 total) to assist with performance evaluation initiative.

Employee Onboarding

- Training/Assignment bundles via HR Downloads created, to be reviewed and assigned to all staff
- Department/position-specific bundles to be determined with supervisors.

Training Programs List

- Infection Prevention and Control Training
- Ontario Public Health Videos
- Protecting Confidential Information Training for Employees
- Personal Health Information Privacy Training (Ontario) * Health Services staff
- SLFNHA - Privacy Training 2019
- Oath of Confidentiality
- Privacy Office Contact Information
- SLFNHA - Code of Conduct (Privacy)
- Occupational Health and Safety Awareness Training for Workers (All Jurisdictions)
- Ergonomic Hazards Training (Animated)
- Workplace Violence and Harassment Training for All Audiences (Federal)
- Personal Workplace Safety and Security Training
- WHMIS 2015 Training
- Customer Service Excellence Training (Animated)
- Respect in the Workplace Training

Information Technology

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

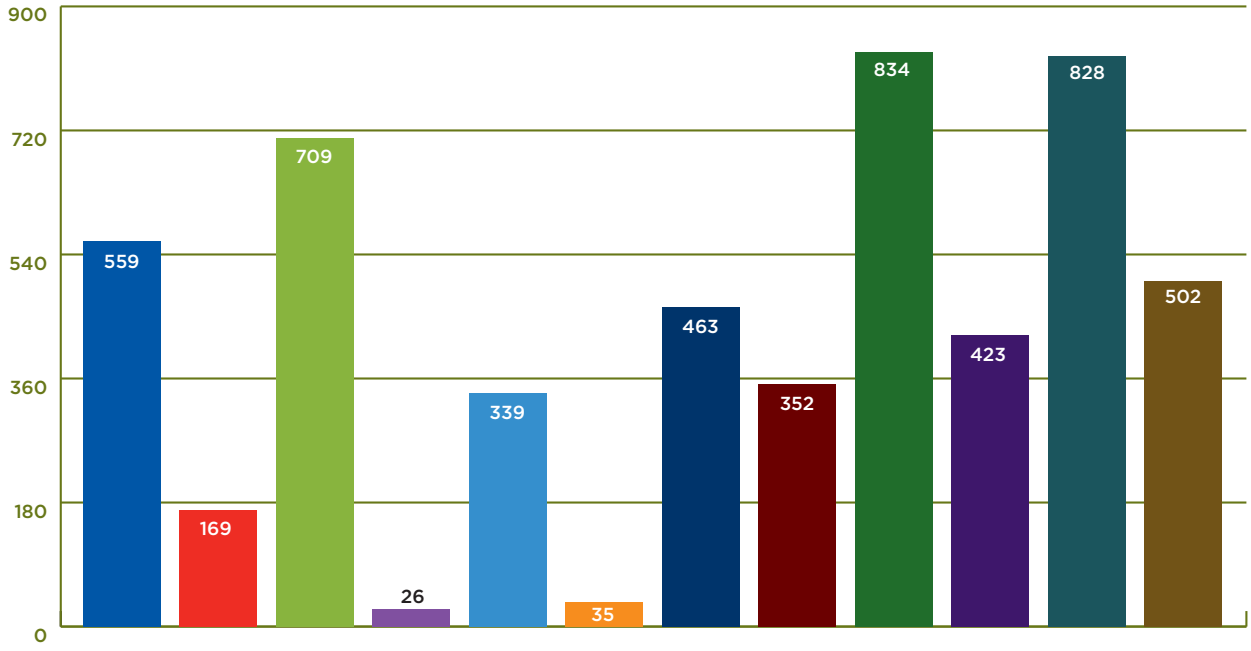
The IT Team consists of the Information Technology Manager, two Team Leaders and four support staff. Between all these technicians, both SLFNHA and Sioux Lookout Regional Physican Services Inc. programs are supported technologically.

Year in Review

- Continued implementation (Year 5) of the IT Gap Analysis that was approved by SLFNHA Board
- Started to segregate the network to increase network security.
- Started to enter all new IT assets in Asset management software.
- Implemented Thycrotic Secret server to manage all administrator passwords in an encrypted location.
- Started to pilot ESET Endpoint Full Disk Encryption for all mobile computers.
- Implemented change processes for server and network changes with automatic approval process for IT managers.
- Retired aging Windows 2008 or older servers and moved to entirely Windows 2016 server environment.
- Upgraded aging network hardware to UniFi network equipment with centralized management.
- Improved logging of tickets with categorization of tickets.
- Introduced Team Leader hierarchy to separate the Corporate from the OSCAR Electronic Medical Record sections of IT, to further improve efficiency and accountability for both SLFNHA and SLRPSI.
- Hired additional staff to support both SLFNHA (Corporate) and SLRPSI (OSCAR EMR).
- Implemented the Mustimuhw application for the Primary Care Team
- Enabled access to Mustimuhw for Primary Care Team.
- Setup virtual private network that allowed staff to access Mustimuhw from communities.
- During the COVID-19 pandemic in March, we enabled secured communications to SLFNHA's network, allowing employees to operate outside (working from home) of the office environment.
- Rapid deployment of extra user and network equipment to facilitate working from home for over 150 users during the initial two weeks staff had to work from home.
- Implemented Microsoft Teams to allow for communication internally.
- Implemented Zoom.us to allow for communications with community leaders and professionals.
- Started implementation of paperless Payroll process with pilots of IT, Finance, and HR.
- Enabled Deepfreeze on public computers in the hostels to protect client data.
- Expanded SLFNHA network with two new buildings for HR staff.
- Continued to provide after hours support for the SLFNHA.

Information Technology

Help-Desk Tickets Completed - Listed by department



• ACW	559	• Finance	463
• Administration	169	• HR	352
• Client Services	709	• Nodin	834
• Communications	26	• Physician Services	423
• Developmental Services	339	• Primary Care Team	828
• External	35	• SLRPSI	502

6,078
Help-Desk tickets completed

Sioux Lookout
First Nations
Health Authority

Communications

Sioux Lookout First Nations Health Authority's (SLFNHA) Communications Department manages the internal and external functions of communication for the organization. This includes managing the SLFNHA advertising, social media presence and website. The Communication Department currently employees two full-time staff.

Highlights & Achievements 2019-2020

- Assisted departments with branding various materials
- Assisted departments with website updates, posters, brochures, and other promotional materials
- Assisted with outdoor signage for JMK2
- Created the Annual Report 2018/2019 in-house
- Assisted with planning the 2018/2019 Annual General Meeting, and the Open House for both JMK2 and the Elders' Lounge
- Continued to work in partnership with the IT Department to develop an Intranet which will become a hub for all SLFNHA staff
- Hired a Communications Administrator to help assist the organization's needs.

Challenges and Priorities

- Update Visual Identity Guide (last update 2015)
- Establish a social media strategy
- Update brochures and other print materials throughout the organization.

Moving Forward

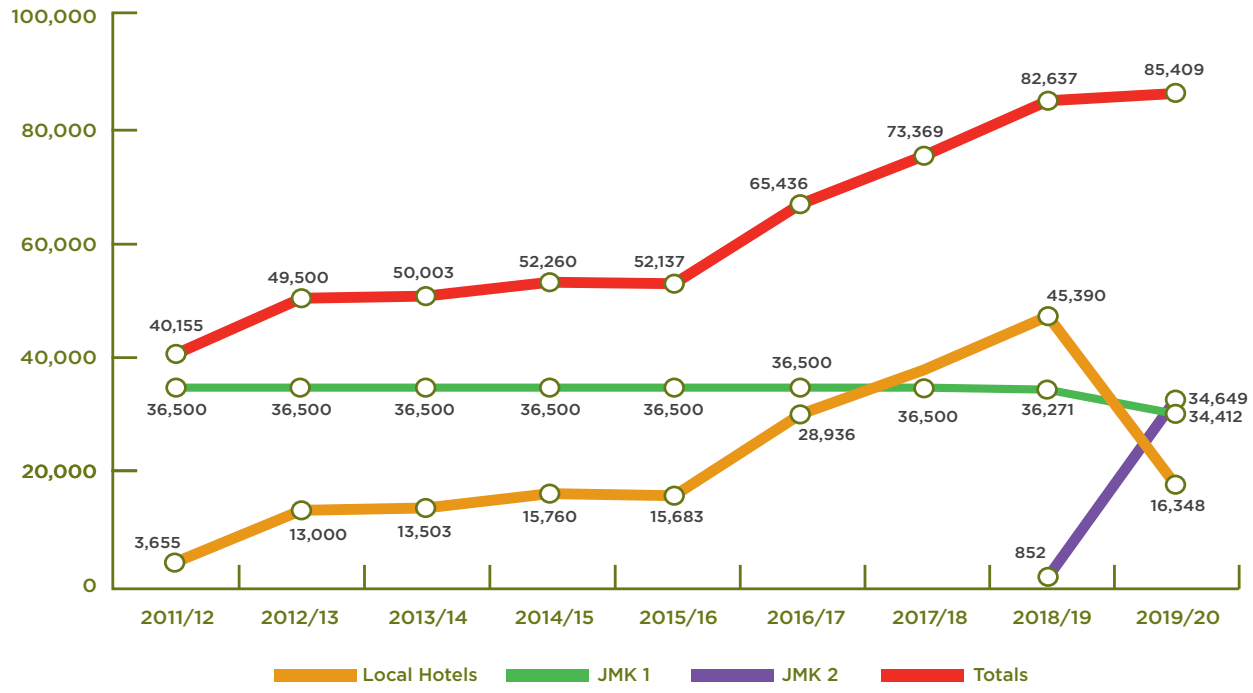
In this new fiscal year, Communications has a number of projects set for completion. The organization's Intranet system, an updated visual identity guide and a more responsive website will be completed. The Communications Department will continue to assist departments with promotional material, advertising, and social media/website updates.

Client Services

In January 2019, SLFNHA acquired the former Days Inn and was later opened as the new JMK 2 Hostel Residence. The new JMK 2 Hostel has 45,931 square feet of space and provides the capacity to accommodate an additional 120 patients and escorts per night travelling to Sioux Lookout for medical reasons.

SLFNHA retained Meyer Norris Penny (MNP) to develop an operating plan for expanding the hostel operations to include JMK Hostel 2. The operating plan provided recommendations for the most effective and efficient organizational structure, and ways to streamline operations for two hostel locations. This was a year of transition for JMK Hostel operations, which expanded from 56 rooms to 116 rooms, and increased overall guest capacity from 100 to 220 clients.

Annual nights of accommodation 2011-2020



Food Count: 108,277 Meals Provided

Month	Breakfast	Lunch	Dinner
April	2009	4009	3519
May	1892	4217	3833
June	1802	3993	3742
July	2181	4400	4019
August	1822	4079	3638
September	1825	3747	3381
October	1809	3661	3335
November	1884	3864	3670
December	1553	2870	2963
January	1953	3804	3656
February	1696	3370	3365
March	1465	2525	2726
Total	**21891**	**44539**	**41847**

Hostel Operating Costs

	Amount	Percentage
Administration	1,853,959	13.48%
Salaries & Benefits	5,984,784	43.51%
Meals	1,863,090	13.55%
Hotel Overflow	998,806	7.26%
Other	3,053,390	22.20%
Total	**13,754,029**	**100**
Source: As per Audit Program Schedule 2019-2020		

Year in Review

- MNP was contracted to complete an Operational Review. The work was completed in September 2019 and the final report lists 17 recommendations for improving hostel operations and client services. SLFNHA continues to implement the recommended changes.
- Eclectic Communications was hired in April 2019 to update the JMK Hostel Operations policies and procedures. The final draft was presented to JMK Hostel Management and staff in November 2019 for implementation.
- MNP was contracted to complete the JMK 2 Expansion Operating Plan and includes streamlining operations for managing two facilities and sharing services.
- JMK Hostel Management participated in project discussions with KI Consulting who developed the Nanehkatehnimohiiwehwin Medical Transportation Report in October 2019.
- Motion Intelligence was hired in January 2019 to conduct a review of JMK Hostel Security and provide recommendations, as well as update standard operating policies and procedures.
- SLFNHA extended its contract with Aramark Canada Ltd. for 3 years for the provision of food services for JMK Hostel operations.
- The COVID-19 pandemic resulted in a sharp decrease in the number of people accommodated at the JMK Hostel for February and March 2020.
- The JMK Hostel hired two Activity Coordinators to manage and operate an Activity Program for adults, youth, and children.
- The JMK Hostel purchased two new 15-seat vans to provide a shuttle transport program between JMK 1 and JMK 2 sites.
- The JMK Hostel hired an additional Airport Interpreter and increased its hours of service to between 7:00 a.m. and 9:00 p.m.

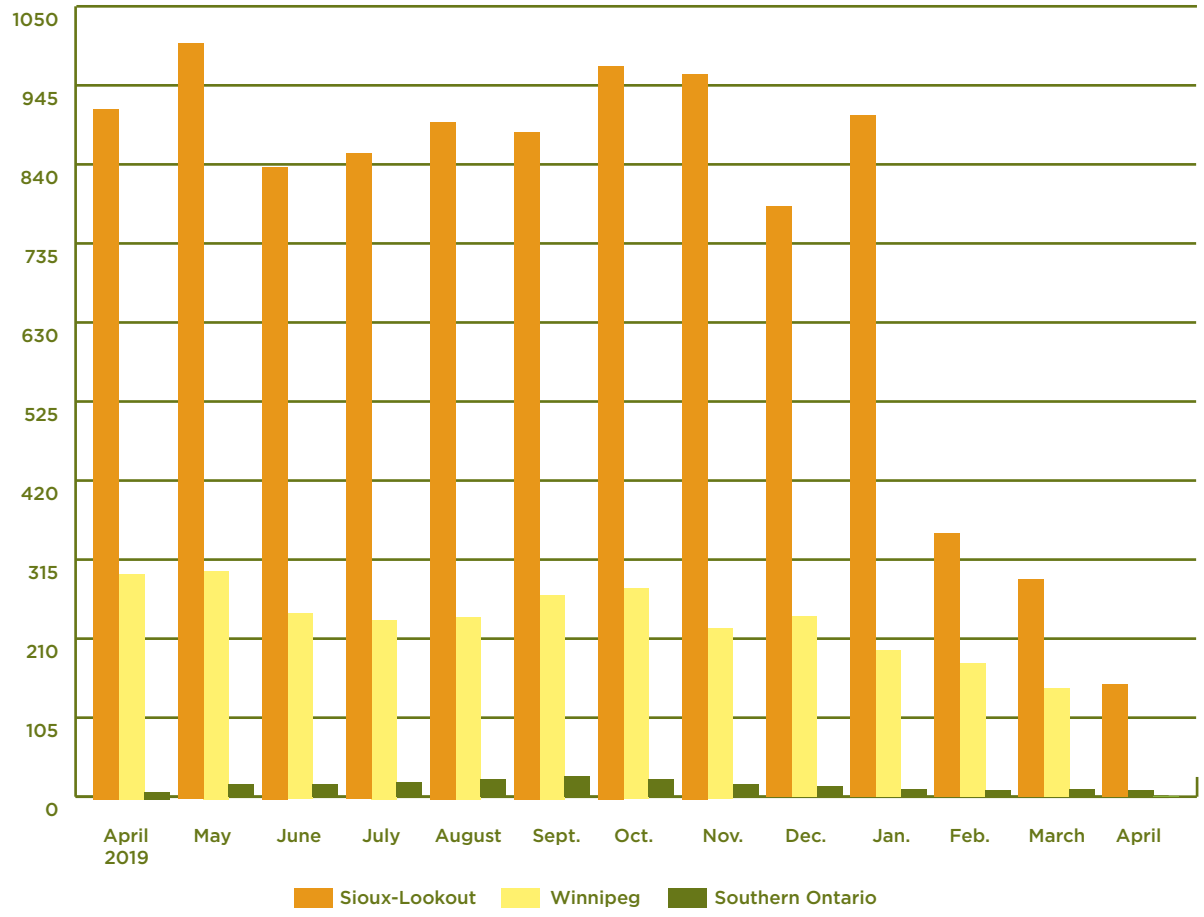
Discharge

2019 Discharge Statistics

Month	Sioux Lookout	Winnipeg	Southern ON	TOTAL
April 2019	917	299	10	**1226**
May	1004	303	17	**1324**
June	840	247	17	**1104**
July	858	238	19	**1115**
August	900	242	23	**1165**
September	887	272	27	**1186**
October	974	280	23	**1277**
November	964	227	17	**1208**
December	784	240	14	**1038**
January	905	194	10	**1109**
February	350	178	8	**536**
March	289	144	10	**443**
April 2020	149	8	1	**158**

Month	TOTAL # OF NO SHOWS
April	47
May	54
June	66
July	70
August	48
September	51
October	53
November	63
December	59
January	37
February	24
March	15

Discharge Statistics per Origin of Flight



Sioux Lookout
First Nations
Health Authority

Message from the Chief Operating Officer

Janet Gordon

Chief Operating Officer

The 2019-2020 year has been an exciting one as we have seen the continued implementation of SLFNHA's programs and services. In recent years, we have seen success in our advocacy through new funding and the development of new programs and departments to support our people and communities. We have been successful in recruiting the majority of positions and continue to work with communities to ensure that services are delivered in the ways that best meet their local needs and priorities. We continue to integrate programs and services to ensure wholistic care and team-based approaches.

SLFNHA has continued to transform health services in various areas including the further development and negotiation of a nursing strategy, diabetes strategy, primary care capital needs process and dental services. Additionally, SLFNHA has worked in partnership with Nishnawbe Aski Nation (NAN) on Health Transformation through the Health Transformation Advisory Council and partnering in the areas of:

- Hospital Services Network Model for communities served by SLFNHA
- Community paramedicine model for NAN communities
- Public Health Legislation to support Self-Determination over public health across NAN territory.

When the COVID-19 pandemic was declared in March 2020, SLFNHA quickly responded by pulling together resources and expertise within SLFNHA and the region to form the COVID-19 Regional Response Team (CRRT). Like the rest of the world, everything changed as we adapted and responded to the crisis. SLFNHA's development and implementation of a community-based public health system, Approaches to Community Wellbeing (ACW), has been critical to SLFNHA's ability to respond to the pandemic. This was based on the vision in the Anishinabe Health Plan (AHP) and took years of hard work and dedication by the SLFNHA team to build up this system. Additionally, the increased resources in primary care and mental health provided us with the expertise and resources to develop a response structure that would not otherwise have been possible a few years ago.

Accomplishments

I want to acknowledge the hard work of each of the departments under Health Services as they continue to enhance and improve services to meet the needs of our communities. This includes the following highlights:

- The Community Health Worker Diabetes Program has expanded into two new communities (Lac Seul First Nation and Nibinamik First Nation),and led in the development of the SLFNHA Regional Diabetes Strategy.
- Development of the Privacy Program to support the organization and the communities in meeting privacy obligations under both legislation and privacy-related resolutions from Chiefs in Assembly.
- The Indigenous Youth Futures Partnership has continued to work with the five communities that chose to participate in community engagement. They

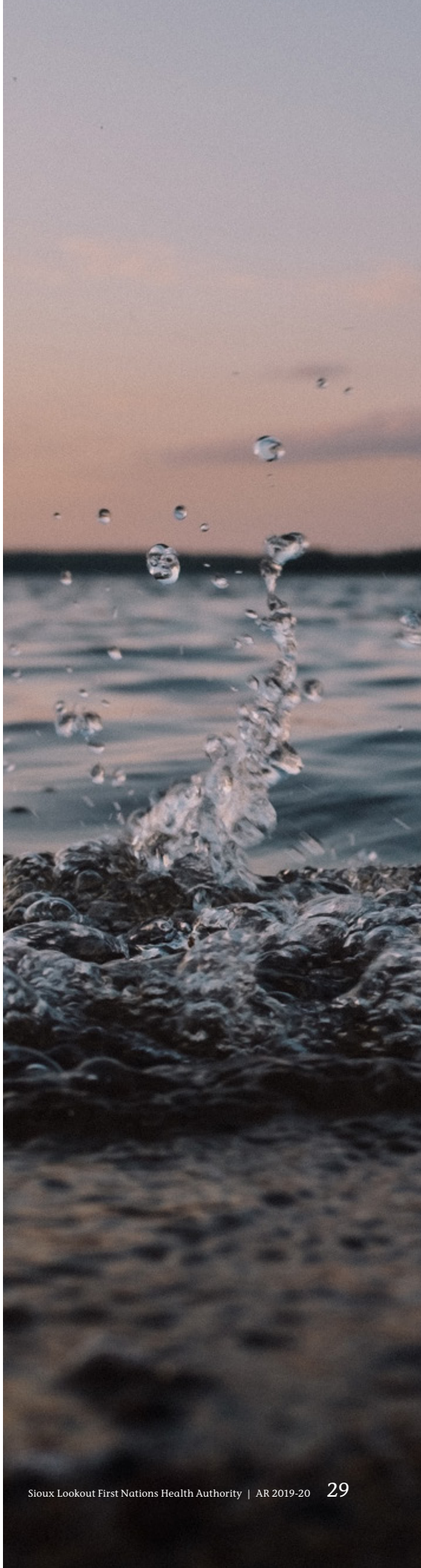
have continued to establish partnerships and celebrate the successes of communities and their youth.

- The Primary Care Team has been successful in their recruitment and retention efforts, enabling them to expand services and increase community visits. This department has also led the regional capital planning process including the business plan development and submission, and has led the further development of a not-for-profit pharmacy project.
- Approaches to Community Wellbeing (ACW) has continued to expand and develop new and innovative approaches to preventing illness, protecting health, and promoting healthy lifestyles. The department has developed an evaluation process to continue to learn, improve and grow. The overall strength and capacity of the department has enabled them to take a lead role in the COVID-19 response as they immediately reconfigured services and resources to meet the needs. The leadership of Dr Natalie Bocking as Incident Commander in this process was exemplary.
- Nodin-CFI has entered into an agreement to partner in the Sioux Lookout Crisis Response and Joint Mobile Outreach project which is a three year partnership including the Northwestern Health Unit, the Ontario Provincial Police and community supports with the objective of helping the most vulnerable, hard to reach population in Sioux Lookout and transient population.
- The Developmental Services program has seen success in working with the Primary Care Team and each community's Jordan's Principle services to fill gaps in services and work together in a coordinated manner to best meet the needs of the families.

Moving Forward

The COVID-19 pandemic has greatly impacted the ability of the Health Services programs to deliver their regular services. They have developed innovative ways to provide services through phone and internet, and many positions have been deployed to assist with the pandemic response. They have continued to work hard, support communities and persevere during these challenging times.

Additionally, the COVID-19 pandemic has further exposed the many cracks within the health care system and further highlighted the need for a transformed health care system and improved social determinants of health. SLFNHA will continue to advocate for increased funding at both community and regional levels as well as the flexibility in funding to allocate resources to be responsive to changing needs. We will continue to support communities in their capacity building to strengthen emergency responses to address the threat of COVID-19, as well as various other threats to community health and safety. ●



Approaches To Community Wellbeing

Approaches to Community Wellbeing is SLFNHA's public health department. It focuses on community approaches to prevent illness, protect health, and promote healthy lifestyles. The department provides programming around preventing infectious diseases, preventing chronic diseases, mental wellbeing and addictions, raising our children, data collection and analysis, planning and evaluation, and policy. The department is rooted in the traditional teachings of our people. Although the staffing levels change periodically, as of March 31, 2020 we had 34 staff within the department including the Director and Public Health Physician.

Roots for Community Wellbeing

Roots for Community Wellbeing is the foundation of Approaches to Community Wellbeing. We provide the necessary information and support to other components of the model to ensure the services provided are effective, sustainable, and culturally appropriate. We also provide timely and reliable information, share knowledge, and build capacity to support excellence and evidence informed decision making in public health practice within the region.

Highlights and Achievements

- Completed immunization transfer of all children under the age of 20 to new community electronic medical record system, Mustimuhw
- Produced the Adult Health Status report and individual community reports
- Completed of the pest control pilot project in 1 fly-in community and 1 road access community to address issues of bed bugs and cockroaches
- Hosted a Health Director's meeting to inform next steps towards the development of Safe Communities
- Continued work on a Cultural and Regional Orientation Manual to educate staff on Indigenous history and the challenges of being Indigenous and living in remote communities.
- Created an engagement protocol to assist with properly engaging with remote First Nations communities.
- Supported communities in pandemic planning, preparedness, and response
- Capacity building of ACW staff and communities in the areas of data interpretation and program evaluation.

Challenges and Priorities

- Redeployment of staff to support the SLFNHA COVID-19 response impacted our ability to complete the implementation of several evaluation projects (pest control, food sovereignty workshop, family healing and family wellness camps).
- Additional staffing is needed to help translate the new data we have been able to collect into useable information that supports planning, evaluation, and advocacy at the community level and to help build capacity within communities to collect and use their own data.

Moving Forward

- Surveillance of COVID-19 and support evidence-based decision making and planning efforts within the COVID-19 Regional Response Team
- Diabetes Health Status Report

- Complete immunization transfer of adults to Mustimuhw Information Solutions
- Conduct evaluations of the pest control pilot project, Food Sovereignty Grant Writing Workshop, Family Healing Program, Family Wellness Camp, and efforts of the SLFNHA COVID-19 Regional Response Team (CRRT).

Preventing Infectious Diseases

Preventing Infectious Diseases includes programming that aims to reduce the risk of spreading infections. This includes harm reduction, Hepatitis C testing initiatives, Hepatitis C treatment program, health promotion, infection prevention and control, and tuberculosis control.

Highlights and Achievements:

- Expanded our Harm Reduction Services by:
  - Providing 628,000 needles to 23 communities that host needle distribution services in the 2019-2020 fiscal year. Three new communities signed up for a Community-Based Needle Distribution Service.
  - Provided Opioid Overdose Prevention training (Naloxone training), as per community's requests, to 7 new communities. Continued to provide support and training to 4 stablished Community-based Opioid Overdose Prevention Programs. In total, 328 people were reported to be trained including community members and SLFNHA staff.
  - Provided a Harm Reduction workshop hosted September 24-25, in collaboration with the Regional Wellness Response Program, on topics such as: Understanding Trauma and Addictions, Harm Reduction Approach, Bee Stigma Free and embroidery Activity, Opioid Substitution Therapy, Hep C, Dry Blood Spot testing, Needle Kits Equipment, Drugs 101, STBBI's & Sexual Health Beading Condom Activity and Naloxone Training to 17 participants representing 10 communities.
  - Two community visits to provide community training and support on Needle Distribution Services
- Continued to respond to an increase in Blood-Borne Infections by:
  - Supporting health education on blood-borne infections (e.g. hepatitis). Continued to develop and revise health promotion materials and activities (Hep C Pop up events, stigma myth busting cards, Reel in the Facts activity, etc.)
  - Hosting 13 Hep C Treatment clinics in Sioux Lookout and 2 clinics in one in community.
  - Supporting the transition of the Hepatitis C Treatment program to the Primary Care Team (Completed January 2020).
  - Continuing supporting improved access to testing for blood-borne infections through Dried Blood Spots in collaboration with the National HIV Reference Lab. Provided ongoing support and training to one community and connected with training to community health workers and supported implementation in 1 community.
  - Providing Hepatitis C education sessions to the Out-patient Withdrawal Program at the Sioux Lookout Meno Ya Win Health Centre April to October 2019 when the program shut down.
  - Hosting events at the Jeremiah McKay Kabayshewekamik Hostel for World Hepatitis C Day.
  - Delivering evening programs in a community that included crafts (condom beading and Hep C embroidery) and health promotion around safer sex and Hepatitis C.
  - Hosting a Two Spirit Film night and Sexually Transmitted Blood Born Infections Education session in a community

Approaches To Community Wellbeing

- Assisting with community clean up in Sandy Lake during Earth Day.

- Continued to support community and regional Tuberculosis (TB) Prevention and Care by:
  - Supporting communities and nursing stations with contact tracing and management – including accessing a new medication for the treatment of latent TB infection.
  - Mailing information on Tuberculosis and local issues to the community health directors and NICs to celebrate World TB Day virtually (in-person event was cancelled due to COVID-19 pandemic).
- Conducted Infection Prevention and Control regional workshop with a total of 19 participants from 7 communities and 1 Tribal Council.

Challenges & Priorities

- The Hepatitis C Treatment program was moved and integrated into the Primary Care Team. The same service is available to clients needing Hepatitis C Treatment, but clients are now able to benefit from the multi-disciplinary team within the primary care team.
- The priority was to take on case and contact management of reportable diseases. This required significant negotiation with our federal and provincial partners and was scheduled to take effect early in the new fiscal year (April 2020), but had to be put on hold during the COVID-19 pandemic. As a result of this planned transition, the Harm Reduction components of Preventing Infectious Diseases were separated into their own team at the end of March 2020 to allow for more focused attention on each team.

Moving Forward

- In the next fiscal year, the focus of the Preventing Infectious Diseases team will be on supporting the COVID-19 response, specifically around case and contact management.
- When things settle down with COVID-19 we will reschedule the transition of all reportable diseases under ACW.
- The Harm Reduction team will be separate from the Preventing Infectious Diseases team and will look for ways to ensure supply chains are maintained during the COVID-19 pandemic and look for creative training and engagement opportunities to maintain services.

Preventing Chronic Diseases

Preventing Chronic Diseases is a new area that ACW began implementing this fiscal year. The team will focus on nutrition and mental wellbeing but will also look at expanding services into other areas of preventing chronic diseases such as the promotion of cancer screening, physical activities, smoking cessation, and health promotion around other risk factors.

Highlights & Achievements:

- Assisted communities with health and nutrition workshops including: food literacy, cooking with children, healthy eating on a budget and individual family food growing initiatives
- Prepared and implemented an information booth at the Jeremiah McKay Kabayshewekamik hostel promoting traditional food use and support.

- Participated in meetings with the Sioux Lookout Municipality to explore breakfast program needs of the region (e.g. we met with Breakfast Clubs of Canada representative) and developed an inventory of nutrition programs for students in the SLFNHA catchment area.
- Met with regional group to plan a more strategic method of providing funding support to First Nations communities with Northern Fruit and Vegetable Program Expansion funding (Large meeting postponed due to covid-19), although remote meetings continue regularly to provide information sharing and planning.
- Hosted a Food Sovereignty Workshop in November 2019 that laid the groundwork for communities to apply for ongoing federal and provincial food sovereignty grant opportunities.
- Finalized a Food Security Environmental scan that was launched at the November 2019 workshop, and circulated to all SLFNHA community Chiefs in winter 2020.
- Finalized manuals to support communities in developing food security programs that would include infrastructure, human and monetary resources. These three manuals: Indoor growing, small animal husbandry, and community food education programming were launched at the November 2019 workshop and circulated to all SLFNHA community Chiefs in winter 2020.

Challenges & Priorities

- Initially there was only one staff member assigned to this team, until we restructured at the end of the year.

Moving Forward

- In the next fiscal year, Preventing Chronic Diseases will work with communities to ensure adequate food supplies during COVID-19 lock downs.
- Preventing Infectious Diseases will look at how to provide ongoing mental wellbeing, nutrition, and food sovereignty/security within COVID-19 restrictions.

Regional Wellness Response Program

The Regional Wellness Response Program was established in response to the Opioid crisis in communities, and had been adapted to include the Indigenous Healing and Wellness Strategy initiatives.

Highlights & Achievements

- Delivered a self-care workshop for Confederation College students.
- Facilitated 12 20-hour Mental Health First Aid First Nations Courses (for SLAAMB and Nodin employees, KOSSS, Lac Seul, Eagle Lake, Kasabonika, Nibinamik, Pikangikum, and Kingfisher Lake)
- Provided Emergency Evacuation Assistance for Forest Fire Evacuees
- Assisted with a funding proposal for an addictions' treatment centre in one community
- Designed, in partnership with community, and facilitated a Land-based health staff retreat in Nibinamik
- Conducted education and activities at a community Land-based camp in Sachigo Lake
- Provided education and support for community harm reduction workers

Approaches To Community Wellbeing

- Developed and implemented, in collaboration with Raising Our Children, two separate week-long prevention-focused Family Wellness Camps for Adults and Children at Donnelly's Minnitaki Lodge, Sioux Lookout
- Raised Awareness and developed promotion materials for Orange Shirt Day
- Participated in the IFNA Health Summit
- Developed a planning strategy and implemented many components to prepare for a Community Healing Program that was intended to take place March 23-30, 2020, and was delayed/cancelled due to COVID-19. Travelled to support the "Just In Time" suboxone program in North Spirit Lake (multiple visits)
- Developed and facilitated a Grief and Loss workshop in Sandy Lake

Challenges & Priorities

The Community Wellness Response Team was canceled by funding partners at the end of the previous fiscal year and received 6 months of funding to wind down. SLFNHA was able to maintain staff and has restructured our teams.

Moving Forward

At the end of March, the Regional Wellness Response Team members were integrated into Raising our Children, Harm Reduction, and Preventing Chronic Diseases Teams. This allows us to better integrate mental health into all programming, which aligns with our value of being wholistic. ACW will continue to offer these services just under different teams.

Raising Our Children

The Raising Our Children (ROC) team supports children and families in building strong connections to family, community, spirituality, land, culture, language, and each other. We promote a supportive environment for children to grow and focus on healthy living from a young age.

Highlights & Achievements

- Hosted CAMH "Trauma-Informed Care: Framework for Practice with Aboriginal Peoples" workshop for the Community Youth Workers network and CAMH "Foundations for Understanding Trauma and the Health of Aboriginal Peoples" workshop for boarding home parents.
- Co-hosted Meet & Greet and recreational activities for youth during Lil' Bands Hockey Tournament with Tikinagan Child and Family Services.
- Created and executed 4-day summer youth camp in Fort Hope and developed 'SLFNHA Summer Wellness Camp Toolkit' for community-distribution.
- Conducted workshops and presentations at Pelican Falls First Nations High School, Sioux North High School, and with Shibogama Secondary Support Program, IFNA Student Support, and in communities on smoking cessation, healthy relationships, sexual health, sleep, screen time, stress management, nutrition, vaping, social media & mental health, cyerbullying, and setting boundaries.

- Hosted Zaagi'idiwin Indigenous Doula Training.
- Held Tikinagan making workshop at Jeremiah Kabayshewekamik Hostel for expectant parents.
- Developed and distributed resources on COVID-19, including guides on home visiting, handwashing, and stopping the spread of germs.

Challenges & Priorities

- Conducted Early Childhood Screening surveys with communities, but unable to host discussion to develop implementation plan due to COVID-19.
- Developed an implementation plan for 'You're the Chef' food literacy program, in partnership with Northwestern Health Unit, but training for pilot communities was postponed due to COVID-19.
- Created a planning table for a Maternal and Child Health Workers' conference, which was planned for May 2020, but has been postponed due to COVID-19.

Moving Forward

ROC is developing training plans for potential virtual learning for Community Youth Workers, and to host a Maternal Child Health Conference virtually. ROC is also planning ways to safely deliver education and support at local high schools and hostels, and for the Healing program for communities.

Message from the Public Health Physician

Dr. Natalie Bocking

Public Health Physician

Throughout 2019-2020 the team at Approaches to Community Wellbeing (ACW) has continued to support communities in strengthening their public health programming. In my role this year, I have focused on the role of the public health physician within the region, addressing legislative barriers, and providing guidance and direction to ACW programs. Specific areas of focus have been in strengthening systems for data collection and analysis and preventing infectious diseases.

As in previous years, the role of the public health physician continues to evolve as relationships with communities build and ACW grows. This year, we successfully had the role designated as an Associate Medical Officer of Health through the Thunder Bay District Health Unit. This is a significant step in the recognition of the position by the provincial government, but still leaves challenges around jurisdictional issues and accountability. We continue to advocate for a long-term solution to support the position in having public health authority to leverage key components of the provincial public health system (i.e. data systems and laboratory results) while supporting communities in decision-making and culturally appropriate programming.

We participated in the provincial engagement process around public health modernization to ensure the proposed changes to the Ontario public health system recognize the distinct needs of our region. This provided us with 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.

This year also focused on creating a report on the health status of adults, to complement the children and youth health report from the previous year. The regional report was presented at the SLFNHA Annual General Meeting in September 2019 and 24 individual community reports were also created. We contributed to a data report on the rate and causes of death across our region through our partnership with Mamow Ahyamowen. These reports provide communities and the region with numbers to support advocacy, funding proposals, and program planning and evaluation. We are looking forward to working with communities to use these reports to support their priorities.

Another main area of focus in 2019-2020 was preparation for the transition of management of diseases of public health significance (also known as reportable/infectious diseases) from First Nations and Inuit Health Branch to the Preventing Infectious Diseases team within ACW. This involved finalizing data sharing agreements with Northwestern Health Unit and the Thunder Bay District Health Unit, securing funding from Indigenous Services Canada, developing policies and procedures, hiring additional nurses, and ensuring nurses were trained and prepared. The transition was scheduled for April 2020 but was delayed due to the novel coronavirus (COVID-19) pandemic.

There is nothing like a global pandemic to highlight the importance and need for a strong public health system. The appearance of COVID-19 has thrust into the global spotlight foundational elements of public health such as epidemiology (data collection and analysis), contact tracing, and health

promotion. Unfortunately, public health on-reserve in northwestern Ontario has been neglected by funders and governments for decades. This is the core of what ACW is trying to change – we are trying to support communities in establishing strong public health (or community wellness) systems. Although this will take many years to achieve, our work over the last five years in establishing ACW meant that we were able to provide some support to communities in their COVID-19 preparedness and response.

By March 2020, it became clear that northwestern Ontario was not going to be spared from the global wave of COVID-19. All of SLFNHA was required to shift focus and many of ACW's resources were dedicated to supporting communities in preparing for COVID-19. SLFNHA and ACW worked quickly to develop processes to support communities in pandemic planning and preparedness, including setting up an Incident Management System (IMS) structure within our organization to coordinate our support efforts. We coordinated the creation of the COVID-19 Regional Response Team (CRRT), with participation from Tribal Councils and local physicians, whose goal was to support communities in preparing and responding to COVID-19. Given that COVID-19 is a public health emergency, the CRRT was led by the SLFNHA public health physician. I was also asked to support the NAN COVID-19 Task Team and provide guidance on public health responses across NAN territory.

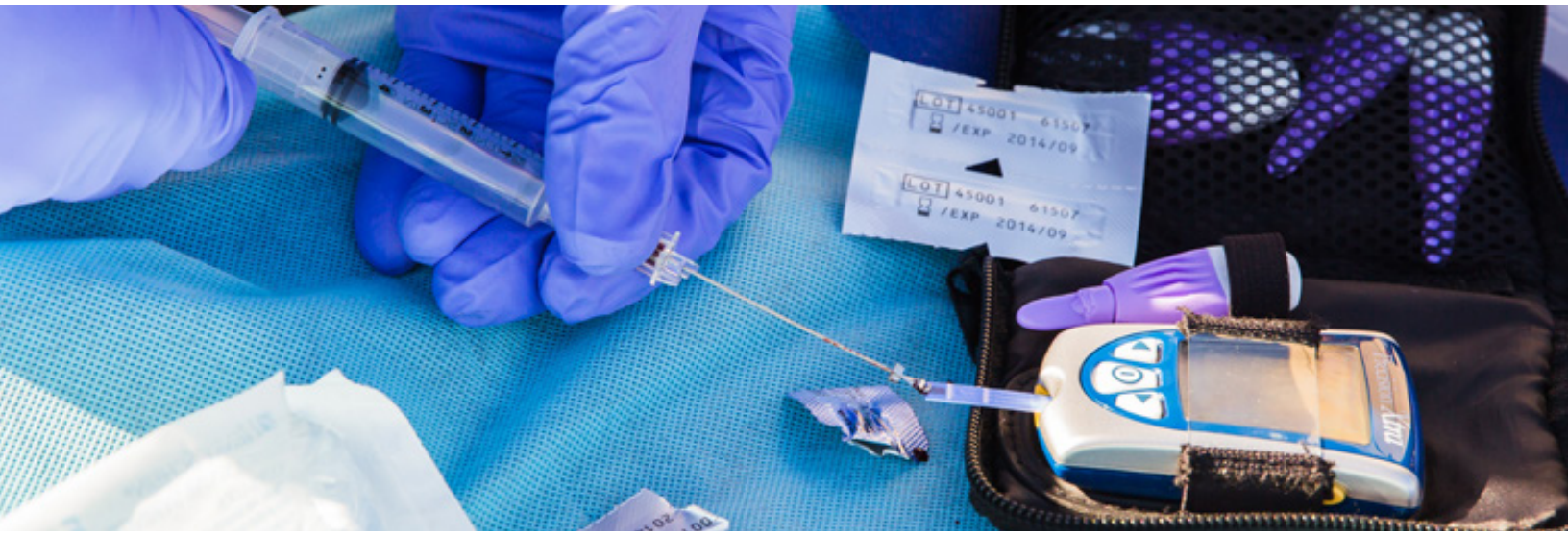
For me, the emergence of COVID-19 highlighted the importance of what ACW is advocating for and trying to establish. Firstly, there is a need for sustainable, integrated and community-governed health data systems to guide public health responses. Secondly, there is a need for ongoing dedicated public health resources in each community, with community workers trained to support management of outbreaks and promote key infectious disease control messages. Thirdly, the urgent need for housing, water, and other infrastructure to support health in communities must be addressed by federal and provincial funders and policy makers.

I would like to commend community and regional leadership for their quick response in recognizing the importance of COVID-19 and implementing public health measures, such as community lockdowns, to protect the health of their members. The strength in responding to public health threats is in the community, and we will continue to support each community's approach to wellness.

As I close this year's message, I am sad that it will be my last. I will be continuing with SLFNHA through the spring but will then be leaving the role and the region for now. I have been very honoured to be a family physician in the region and to be the public health physician with ACW. Thank you to those who have taken the time to share their knowledge and experiences with me. I have learned so much from community members and colleagues, and I hope that I have been able to return the favour by sharing some of my thoughts and knowledge as well. I know that I will stay connected to the region through the many close relationships I have built, and hope to return to work with you again some day. Good luck as you continue your efforts to improve the health and wellbeing of your communities.

Chi-Miigwetch ●

Community Health Worker Diabetes Program



The Community Health Worker (CHW) Diabetes Program is a joint initiative between SLFNHA and the University of Toronto. The goal of the program is to increase existing community health workers' capacities to care for patients with diabetes. The program incorporates scientific evaluation and evidence-based learning to support community health workers in their roles.

Highlights & Achievements

- Expanded to two new communities: Lac Seul and Nibinamik (Summer Beaver).
- Led in the development of the SLFNHA Regional Diabetes Strategy.
- Began research project on Anishinaabe healing practices and how to incorporate them into the health care system.
- Disseminated learnings from diabetes prevalence study and Anishinaabe healing practices at a national conference.
- Hired a second program manager to support program growth.

Challenges & Priorities

- COVID-19 restricted the ability of CHWs to provide in-person visits to diabetes patients and program team visits to community.
- High CHW turnover brings challenges to training and program implementation.
- There is an urgent need to increase CHWs' engagement in their role.

Moving Forward

- Expand the CHW Diabetes Program to an additional four to six communities.
- Provide ongoing training and networking opportunities for CHWs virtually.
- Begin implementation of the SLFNHA Regional Diabetes Strategy to better serve needs of diabetes patients in the region.

Oral Health Services

The Oral Health Project Coordinator is collaborating with SLFNHA communities and a Working Group to develop a new dental services program that will be operated by SLFNHA. The main program objectives are to improve access to dental services, limit travel to other cities and lower the current wait times to see a dental specialist for community members.

The Working Group will develop, implement and provide an enhanced and improved dental services program that will consist of Oral Health Promotion and Prevention initiatives, preventative care, restorative care and a denture program at both the regional and community levels. The program will also provide dental services such as pediatric oral surgery as well as specialty dental services at the regional clinic located in Sioux Lookout.

Highlights & Achievements

Proposal has been submitted to Indigenous Services Canada (ISC) for the Dental Project.

Challenges & Priorities

- The Dental Project has been put on hold due to the COVID-19 Pandemic, the Oral Health Project Coordinator has switched focus to provide support to SLFNHA communities.
- Restarting the Dental Project and creating a Working Group, finalizing the workplan for Phase 1.
- Community engagement.

Moving Forward

The plan is to complete all the community engagement sessions by next year and for SLFNHA to present the dental program framework and hire a Dental Services Director. Once a Director is hired, we can plan a target date for the transition of dental services from ISC to SLFNHA.

Developmental Services

Developmental Services provides a full spectrum of services to assist in promotion of the healthy development of infants, toddlers, children and youth throughout their childhood and into adulthood. Our intention is to support them in living their lives to the fullest and help them achieve their life goals, regardless of their health challenges.

Highlights & Achievements

The Developmental Services team currently works in collaboration with the Sioux Lookout Area Primary care team and each community's own Jordan's Principle services to fill the gaps. The team provides the following pediatric services, directly to clients and communities:

- Audiology
- Autism Spectrum Disorder Diagnostic Hub
- Complex Care Case Coordination
- Developmental Psychological
- Fetal Alcohol Spectrum Disorder diagnostic clinic
- Occupational therapy
- Physiotherapy
- Speech Language therapy
- Mashkikiiwininiwag Mazinaatesijigan Wichiiwewin (MMW) – Adult Developmental Services

These positions are all filled with either a SLFNHA employee or contracted services. In the first two quarters, the program successfully recruited a program assistant, a rehab clinic coordinator, a complex care coordinator and an audiology clinic coordinator. In quarter three the Intake Worker/ Data Entry position, additional complex care coordinator and a youth transition facilitator were filled. Recruiting efforts for Community based rehab assistants continues.

- The team continues to collaborate and be creative on best meeting client needs. This includes arranging intensive therapy camps, switching to more community based services than clinics in Sioux Lookout and increasing tele-practice even prior to COVID-19.
- Three different targeted therapy intensive "camps" were designed to provide small group/individual therapy and support to family members were held and ran with huge successes.

  I. July 22-26 Articulation camp; July 30-31 Social Language camp' August 1-2 Language Stimulation camp

  II. March 23-27 intensive camp – cancelled due to COVID 19 travel restrictions.

- Audiology clinic opened with the new sound booth in Sioux Lookout, and full audiological screenings and assessments were completed for 204 children. Other activities have included prescribing assistive hearing devices for children and providing training to their teachers and parents on the use of FM devices for use in homes and school. The team travelled to several communities and worked with the schools to equip their classrooms with FM transmitters and receivers, enabling children to hear their teachers and parents' voices clearly, for some of them, for the first time.
- The Audiologist set up the Fast Forward Project at the Frenchman's Head school and Kejick Bay School. It's a reading and listening program that helps make learning easier for children with auditory processing disorders, reading difficulties, dyslexia, autism, attention deficits, language difficulties or delays and learning disabilities. There were 50 children selected to be a part of this project.

Developmental Services

- Pediatric clinics with visiting pediatrician Dr. Bakovic continued approx. every six weeks with support from the team.
- Development of a team based in Red Lake that will service Pikangikum – Completed Oct 2019 – Clients can now be seen in either Pikangikum First Nation or Red Lake.
- Establishment of developmental psychology clinics to provide assessments, interventions and consultation to individuals who have developmental delays and those at risk for such delays. Reasons for referral include autism, intellectual disability, ADHD, psychoeducational assessment and other developmental delays
- Continued support for the MMW/Transitions Program which works with adults 18 years of age and older and their families living with developmental disabilities who may have mental health issues, challenging behaviours or who may require assessment for eligibility for services.

Challenges

- Capacity in communities to provide accommodation and appropriate treatment space – limits length of stay in community.
- Appropriate space in Sioux Lookout for the expansion of our staff and services
- Bandwidth in communities to support virtual services
- Recruitment of community rehabilitation assistants

Moving Forward

- Development of a rehabilitative indigenous assistant program is underway with NAN. This will assist to develop community capacity and in the recruitment of community-based rehabilitation assistants.
- Work with ACW, NAN and communities to development a screening program and referral pathway for service
- Mustimuhw has been chosen as the platform for a single electronic record keeping systems with SLFNHA services and we are working towards it's full utilization.
- Support for two psychology interns for 2020-21 to grow our developmental psychology program
- Options for respite care and residential care program in Sioux Lookout or in community so children do not need to go to southern Ontario.
- Strengthening lines of communication between families to schedule visits and provide service by overcoming the barriers faced by families.
- Community relationship building continues with the awareness to be respectful of community dynamics and community process.
- Providing service through the COVID-19 – becoming innovative and finding ways to support families and their children.

Developmental Services

Number of Individuals Served April–March 2020

Service	Total
Audiologist	204
Complex Care co-ordination	162
FASD Diagnostic Clinic	23
Occupational therapy	95
Physiotherapy	55
Psychology (ASD Diagnostic & Dev. Psych)	76
Rehab clinic coordination	282
Speech Language Pathology	202

Community Travel April–March 2020

Communities Visited	Total
Bearskin Lake FN	1
Cat Lake FN	2
Frenchman's Head (Lac Seul FN)	7
Fort Severn FN	1
Kasabonika Lake FN	5
Keewaywin FN	4
Kejick Bay FN	7
Kingfisher Lake FN	3
Kitchenehmaykoosib Inninuwug FN	3
Mishkeegogamang FN	16
Neskantaga FN	3
Nibinamik FN	3
Pikangikum FN	3
Sachigo Lake FN	4
Ojibway Nation of Saugeen	1
Sandy Lake FN	3
Slate Falls FN	1
Wapekeka FN	1
Weagamow FN	3
Webequie FN	6
Wunnumin Lake FN	3
Total Trips	**80**

- Currently the travel schedule is based on the needs of the communities in conjunction with their own Jordan's Principle program and on the number of 'referrals' received from the communities.
- The Primary Care team and the Developmental Services team have designated a lead team for pediatric OT, PT and SLP services for each community.
- During the time period April to March DS made 80 community visits to provide 124 days of service; Days of service are limited by the ability of the community to support overnight stays for the team.
- **Note:** For communities that have less referrals, we will have clients travel to Sioux Lookout for assessment and treatment often in conjunction with other services.


Sioux Lookout
First Nations
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Nodin Child & Family Intervention Services

Nodin Child and Family Intervention Services (Nodin) is a mental health resource available to First Nations children, youth, adults and families from communities served by SLFNHA. Services include intake, a crisis response program, an outpatient mental health service, on-call, counsellors travelling to communities, community-based children's mental health and addiction workers, traditional healing, and youth school counsellors. The total FTE's funded is 72, plus several contractual workers.

Intake

Intake is the first point of contact for individuals or referral sources requesting mental health support. Referrals are processed, eligibility reviewed and based on information provided, an individual is matched with the requested or appropriate service.

Crisis Response Program

Nodin provides crisis intervention, counselling and support to individuals and families impacted by a community crisis/tragedy (e.g. suicide, homicide, tragic accident). Upon leadership request, crisis workers (i.e. counsellors or cultural workers), and non-clinical volunteer crisis teams (from neighbouring communities) are mobilized to communities. This program has one supervisor, two coordinators and several crisis workers on contract.

Outpatient Mental Health Service

Provides short-term week-long intensive brief counselling, crisis intervention, psychoeducation, safety, and discharge planning with individuals demonstrating very "high risk" behaviours, serious emotional and behavioural disorders, and trauma symptoms. Referrals are only accepted from a community physician or nurse-in-charge, or from Meno Ya Win Health Centre following a Medi-Vac to their ER department and assessment of suitability to be seen on an outpatient basis. This service is under development with a new multi-disciplinary team, new criteria and enhanced programming.

On-Call

On-Call Workers provide phone monitoring outside regular office hours Monday to Friday from 4:30 p.m. to 8:30 a.m. and 24 hours on weekends and statutory holidays. On-Call does not provide one-on-one counselling in-office. This service only connects with clients involved with the Outpatient Mental Health Service or who have been referred from Meno-Ya-Win Health Centre by telephone. In addition, communities can call On-Call when there has been a community tragedy and they are seeking support.

Mental Health Counselling in Communities

Counsellors Travelling to Communities:

Funding to support 14 Mental Health Counsellors designated to travel into First Nations communities to work with individuals or groups to promote optimum mental and emotional health. Each counsellor is assigned to two communities each, rotating visits to each community. They concentrate on case assignments subsequent referrals. These counsellors use a variety of therapeutic techniques that specifically work with individuals dealing with cognitive, behavioural, and emotional issues. The objective is to help

Nodin Child & Family Intervention Services

people experiencing psychological challenges to resolve or cope better. Enhancing overall well-being by solving problems, improving resilience, encouraging healthy behaviours, and improving relationships is a key component of the counsellors' duties.

Community-Based Children's Mental Health and Addiction Workers:

Funded to support 14 community-based Children's Mental Health and Addiction Workers who provide children and youth with identified mental health and addiction difficulties with counselling, crisis intervention, psychoeducational sessions, group work, culturally appropriate care and other supports as required. Positions are currently funded for: Sandy Lake, Poplar Hill, Wapekeka, Kasabonika, Big Trout Lake, Pikangikum, Cat Lake, Mishkeegogamang, Aroland, Marten Falls, Fort Hope, Summer Beaver, Webequie and Neskantaga First Nations.

Traditional Healing

Upon request, ceremonies that meet cultural, spiritual, and mental health needs of individuals/communities, groups, and organizations can be provided. This include sweat lodge ceremonies, name giving ceremonies, circle talks, plant medicine teachings and making, traditional teachings, or counselling support.

Youth School Counsellors

There are four Youth School Counsellors providing mental health counselling to First Nation students attending two schools. Two counsellors have offices located in the Sioux North High School and two have offices at Pelican Falls First Nations High School. The counsellors remain in the schools all day throughout the week and provide individual or group psychoeducational sessions to help students overcome behavioural/mental health problems, and improve mental wellness and student success.

Highlights & Achievements

Total Referrals to all Nodin Services

- Intake received 1,787 referrals and 1,677 clients were seen.
- The highest referral sources are physicians and nursing stations.
- 16,149 is the total number of direct client care (i.e. individual counselling sessions, case conferences, OTN appointments, telephone contact, and consulting with other providers).

Crisis Response

- From April 1, 2019 to March 31, 2020 there were reports of 26 suicides (10 youth), 29 tragic deaths and three homicides.
- The suicide rate was recorded as higher than the previous fiscal year when there were 10 suicides reported (four youth).
- Total of 62 requests for support.
- Crisis workers spent a total of 982 days in communities.
- 43 volunteer teams were deployed, spending a total of 187 days in the communities.
- Through group activities alone, crisis workers supported a total of 32,414 people and this number does not include the delivery of individual counselling support or support to volunteer teams.

Nodin Child & Family Intervention Services

Outpatient Mental Health Service

- Funding was approved for a multi-disciplinary team for the Outpatient Mental Health Service (OMHS).
- Successful recruitment of the majority of the OMHS multi-disciplinary team.
- The team will consist of 18 staff.
- Team members include:

  1 manager
  2 clinical supervisors
  1 receptionist/scheduler
  1 admin assistant
  4 mental health counsellors
  2 substance abuse counsellors
  1 cultural support worker
  1 case manager
  1 psychologist
  1 psychology intern
  2 expressive arts therapists
  1 clinical assistant

- OMHS received 684 referrals and served 544 clients.
- 4,367 counselling sessions were delivered.
- 137 referrals were provided for suicidal ideation and 66 were due to suicide attempts.

Psychology & Expressive Arts Therapy

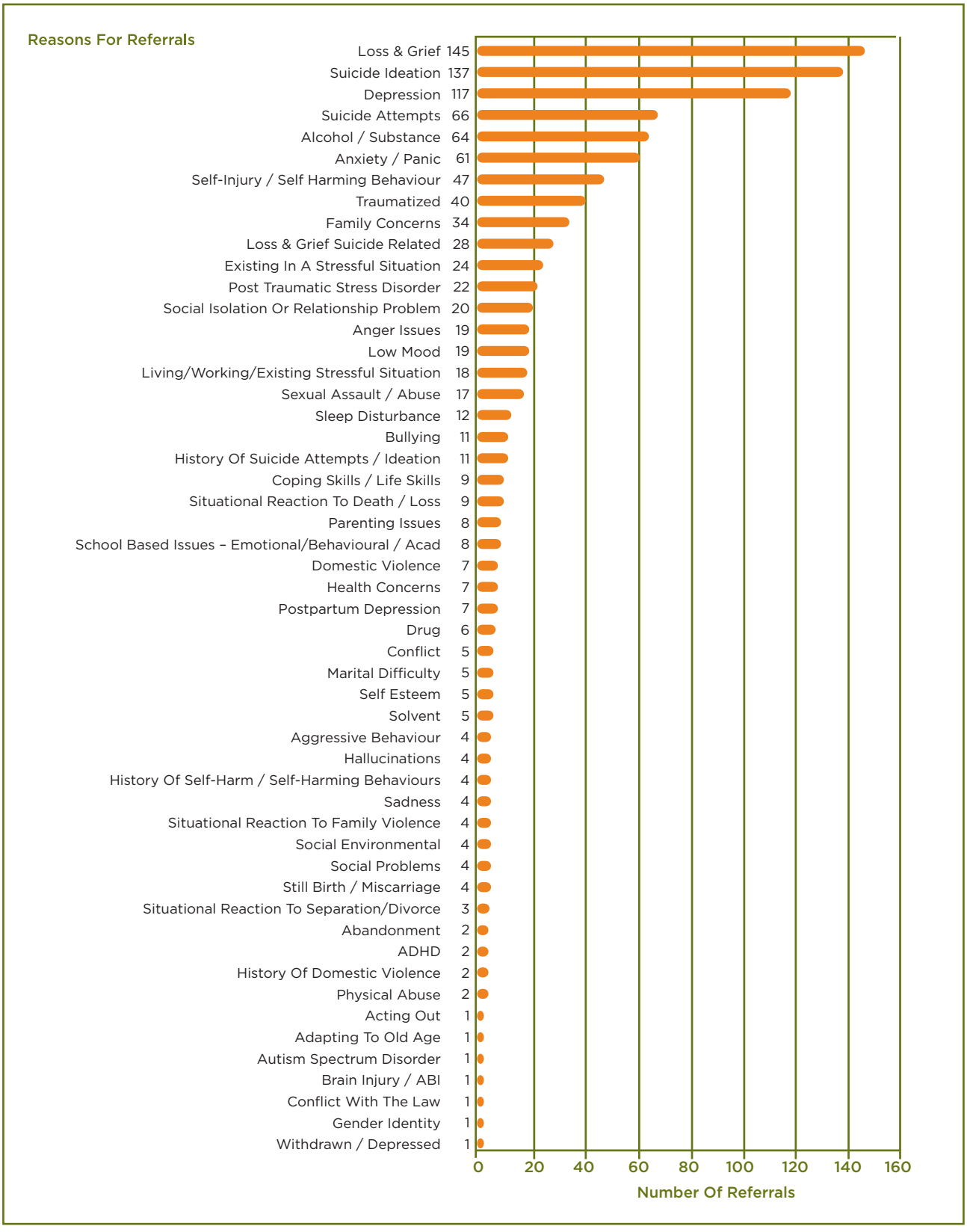
- Through the work of our in-house psychological associate, contractual psychologists, and our NORPIC (Northern Ontario Psychology Internship Consortium) intern, the high waitlist for psychology services (i.e. consultations, assessments, and treatment) was eliminated.
- Individuals referred for psychology services now experience little to no delay in receiving the care they require.
- Attracting and hosting psychology Master's Degree Level students.
- Through the NORPIC psychology internship program, students are becoming increasingly more interested in completing their placements with SLFNHA.
- Due to not having a large psychology team nor many expressive arts therapists, and to avoid facing a large waitlist again, both psychology and expressive arts therapy will merge into the Outpatient Mental Health Service.
- Those referred to OMHS will be assessed and cared for using a team approach to care.
- There will no longer be acceptance of referrals for psychology only, nor expressive arts therapy only.

Travelling Mental Health Counsellors and Community Based Counsellors

- 845 referrals were received for counsellors to travel to communities to see individuals.
- 5,057 is the total number of direct client care (i.e. individual counselling sessions, case conferences, OTN appointments, telephone contact, and consulting with other providers) provided by the travelling counsellors.
- Though at half capacity to provide travelling counsellors to all communities, some highlights are:
- 5,057 - total number of direct client care (i.e. individual counselling sessions, case conferences, OTN appointments, telephone contact, and consulting with other providers).
- Although there are several vacancies for the community-based mental health and addiction workers, for those in place, they have worked tirelessly to not only see their assigned clients but to help support their communities at times of crises or when asked to support other mental health related activities.

Nodin Child & Family Intervention Services

Breakdown of Presenting Issues on Referrals to only Nodin's Outpatient Mental Health Service (OMHS)



Nodin Child & Family Intervention Services

Youth School Counsellors

- 139 referrals were received for our counsellors to see students between both schools.
- 2,028 is the total number of direct client care (i.e. individual counselling sessions, case conferences, OTN appointments, telephone contact, and consulting with other providers).

The four counsellors have built good relationships with the schools, the students and with other professionals who work in collaboration to help with student success and mental wellness.

Serious Occurrence Management

It is mandatory to report all serious occurrences involving children and youth to the Ministry and for Nodin staff to respond to these occurrences to ensure the safety of clients. 91 serious occurrence reports were submitted and Nodin staff acted quickly to ensure a plan for safety was in place for clients (i.e. referrals to Tikinagan, client to go back to hospital ER, contacting police, etc.)

Traditional Healing

- Traditional Healing Coordinator and the three Healers provided services to:
  - 840 children and youth
  - 1,468 adults
  - 2,306 individuals in total
  - 56 Sweat Lodge Ceremonies with 396 participants
  - Seven First Nations communities invited healers to visit
  - Requests from our First Nation members living in Sioux Lookout, Red Lake, Kenora, Dryden and Thunder Bay were also visited.

Sioux Lookout Crisis Response and Joint Mobile Outreach

- Agreement for Nodin to be a partner in a three-year project to help the most vulnerable, hard to reach populations in Sioux Lookout and the transient population.
- Nodin to be a part of a multi-disciplinary mobile outreach team consisting of nurses, clinicians, mental health and addictions counsellors and OPP.
- Nodin to hire two mental health and addictions counsellors as part of the team.
- Proposals are submitted to Indigenous Services Canada and the LHIN and are waiting for approval.
- Collaboration between Northwestern Health Unit, the OPP, Canadian Mental Health Association, Kenora, Nodin as well as other community supports such as the Out of the Cold Shelter, First Step Women's Shelter/ Sexual Assault Centre and Elevate NWO.

Challenges & Priorities

- Not having a full complement of travelling counsellors and community-based counsellors.
- Shortage of mental health professionals in the region; others besides Nodin are also facing high vacancies and recruitment challenges.
- Proper service delivery is challenging without suitable office space.
- The region is fraught with challenges including a lack of coordination, an ever-changing landscape with emerging health and social issues, inconsistent funding and major gaps in services.

Nodin Child & Family Intervention Services

- A lack of language speakers and fewer still who are able to conduct ceremonies.
- The lack of funding for traditional services and programming as well as structures to house these services.
- Inappropriate escort or no escorts at all for high risk mental health clients.
- The short-term hospital in-patient stays, outpatient care and accommodation at the hostel is not appropriate for high risk individuals and extremely concerning.
- Securing accommodations and working space can be challenging.

Moving Forward

Nodin focused a lot of attention this past year on the recommendations outlined in service reviews in order to strengthen and change services to better meet client, community and stakeholder needs. We have still some work to do and our goals to accomplish in the coming year include:

- Outpatient Mental Health Service to be fully staffed, designed, communicated and operating differently.
- Work with HR to find more innovative recruitment methods and incentives to draw the interest of mental health counsellors to come to our region.
- Explore the readiness and ability for communities to form 3rd-party agreements with Nodin (i.e. community recruits and manages the community-based children's mental health and addiction workers – funds to community and reports submitted to Nodin).
- Identify office space requirements for adequate service delivery.
- Look at a strategy for rebranding Nodin CFI.
- Have the new intake model in place (i.e. new referral form, new service descriptions, new positions, enhanced data analysis).
- Transition to a new electronic medical record/Mustimuhw.
- Support a comprehensive review of all mental health and related programs and services conducted that will guide regional planning and overall coordination of services, as well as the development of a Youth Mental Health Strategy and a Comprehensive Addictions Strategy.
- Continue to work towards a more collaborative approach to care in the best interests of clients and communities.
- Explore a separate site for the delivery of traditional healing and cultural activities.
- Recruit and begin the delivery of the mobile outreach team.

Sioux Lookout Area Primary Care Team

The Sioux Lookout Area Primary Care Team (SLAPCT) is a mobile interprofessional collaborative primary care team who provide communities with comprehensive primary health care services close to home. As an integrated collaborative team practice, the Primary Care Team provides allied health services (see Appendix A) 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 department has been quite successful in their Recruitment/Retention efforts over this fiscal year, with the team growing to a staffing complement of 50 staff, leaving eight additional positions to be filled (See Appendix B). With this growth, the staff have been divided into three teams (pods), who are now focused on specific communities, for the provision of clinical care. Each team currently travels on a regular basis (four days per week) to communities to provide team-based collaborative care; including working alongside local resources at the nursing station; which include nurses, physicians and community-based workers.

Highlights & Achievements

Clinical Services

- During fiscal year 2019/20, there were a total of 6,812 (4,748 Adults and 2,064 Pediatrics) clients who were provided with allied health services by the PCT. (See Appendix C for Visit Encounter Types)
- The SLAPCT made 175 trips to northern communities, with a total of 211 days of allied health services being provided. Note, the ability to stay longer in communities is hindered by infrastructure issues. (See Appendix D for individual community statistics)
- Telemedicine services has grown over this fiscal year with 617 client consultations with health professionals and 101 educational/program consultations. (See Appendix E for types of service provided by Telehealth)
- During the fiscal year 2019/20, the SLAPCT hosted a Nurse Practitioner student during the 1st/2nd quarter and we had planned to host an additional NP student during the 4th Quarter in 2019/20, but due to the pandemic, this needed to be postponed.

Centralized Administrative Intake/Referral System

During the 2019/20 Fiscal Year, the "Centralized Administrative Intake/Referral System" received a total of 3,411 referral requests for clinical services; which were directed to the following programs/ services:

SLFNHA Primary Care Team	2,807
SLFNHA Developmental Services	348
SLFNHA Contracted Services (Firefly)	256
Total	**3,411**

Capital Project

A Capital Planning Working Group meeting was held in May 2019 to begin focused discussions on capital needs in communities; primary care service needs in communities; role of Capital Planning Working Group. The meeting brought together representatives from Tribal Councils, Independent First Nation Communities, Capital/

Sioux Lookout Area Primary Care Team

Technical development staff and funders.
The MOHLTC Capital BC-1 (draft), for the new Primary Care Building in Sioux Lookout, was submitted to the MOHLTC in January 2020. We continue to work with the Ministry to clarify the data prior to submitting the Final version.

Pharmacy Project

- SLFNHA engaged the services of Bain-Smith & Associates to begin development of a Business Plan for a Not-For-Profit Pharmacy. Various options for pharmacy service delivery are being explored, namely:
    - New pharmacy;
    - Purchase an existing pharmacy and expand the services to provide pharmaceutical services to more First Nation communities;
    - Develop a partnership with an existing pharmacy
- Key objectives of the not-for-profit pharmacy would be:
    - To provide consistent counselling services through increased frequency of in-person pharmacists visits, and regular access to consultation by telephone, telemedicine, or similar technology.
    - Provide language appropriate services. Ensure a translator is present during consultations when needed and provide literature about medication information in traditional dialects.
    - Offer Pharmacy Assistant training for a CHW in each community that would be dedicated to working in the medication rooms and provide pharmacy-related services at the Nursing Stations.
    - Assist with the storage and supply of both stock medications, wound care supplies and patients' medications waiting for distribution.
    - Utilize the profits earned in the Pharmacy's normal operations to provide improved pharmaceutical and other health care services to the First Nations.
- The Consultants prepared a survey which was distributed to Health Providers, Health Directors, Nursing Directors, and in-community Nurses.

Challenges

- Over the fiscal year, the SLAPCT was challenged with providing increased face-to-face services due to lack of accommodation availability in communities.
- As the team has grown and we have hired more Allied Health Professionals, the team has been challenged with finding suitable clinical and administrative space. We have obtained temporary space within the Town of Sioux Lookout and are exploring other options around additional clinical space as an interim measure, in recognition of the current Capital Plan which envisions a new Primary Care Building for all clinical services within one building.

Sioux Lookout Area Primary Care Team

Moving Forward

Clinical Services

- Planned enhancement for the team to begin offering Wound Care, aiming for services to be available by early Summer 2020.
- Planned introduction of a Shared Care model for Psychiatry Services within the SLAPCT. This involves the assigning of a Mental Health Specialist to each client who is referred for Psychiatry services to ensure continuity of care for clients.
- Options/alternatives available for accommodation in communities will be explored to enable the Allied Health Professionals to spend more time in communities.
- We had planned to host two Registered Practical Nursing Students during April/May of 2020/21, but this has been deferred due to the COVID-19 Pandemic. We will resume discussions on possible placements in the Fall of 2020.
- Continued Recruitment and Retention efforts will result in enhancement of program/services.
- Continued provision of programs and services within Sioux Lookout along with increased in-community services to remote communities to provide programs/services at the community level based on referrals received.
- Ongoing advocating for use of Telehealth to ensure continuum of care for clients, especially during the COVID-19 Pandemic.
- Working with KO E-Health to address Cancellations/No Shows.

Centralized Administrative Intake/ Referral System

Moving forward in 2020/21, the goal will be to have the final clinical services department, NODIN Counselling Services, referrals added to this Centralized Referral System. This was not undertaken initially because NODIN Counselling Services is a 24/7 department and we needed to ensure the communication pathways reflect this.

Capital Project

The MOHLTC Capital BC-1 (final), for the new Primary Care Building in Sioux Lookout, will be submitted to the MOHLTC in April 2020. September/October 2020: Capital Working Group meeting to review in-community data gathered by the Capital Consultants to begin working on in-community capital requirements for Primary Care delivery.

Pharmacy Project

Due to the COVID-19 Pandemic, the Pharmacy Project was put on-hold. It is the hope that in September/October 2020, a presentation will be made to the SLFNHA Executive/Board on the results of the survey which was distributed to Health Providers, Health Directors, Nursing Directors and in-community Nurses to outline the challenges/barriers and future expectations for a Pharmacy Model for the Sioux Lookout catchment area.

Sioux Lookout
First Nations
Health Authority

Medical Director's Report

Dr. Terri Farrell

Medical Director

This role continues to provide support, direction and medical expertise to all departments within SLFNHA. The Medical Director is an ex officio member of the SLFNHA Board of Directors.

The Medical Director also provides oversight of physician services including all aspects of recruitment and retention of physicians, quality assurance of medical care, investigation of cases with adverse outcomes, conflict resolution with community leadership and physicians, scheduling of physicians and assuring all the required services are covered (community, hospital, after hours support etc.)

Highlights

- COVID Pandemic challenges have been met over several months and required considerable time and effort. These include:
  - CRRT member with lead clinical role in planning activities for COVID-19 particularly for remote communities including public health support, acute medical care and support, development of Critical Medical Care Pathways, Protected Code Blue Protocols.
  - Participated in a multidisciplinary team tasked with decision making for the appropriate critical care supplies needed at the community level including advanced oxygen airway equipment.
  - Assisted with the procurement process and distribution of these supplies and the required training for their use in communities.
  - Ensured that physicians travelling to communities were appropriately screened and tested for COVID-19.
  - Assisted in the rapid development of a team to manage the complex challenges of a pandemic in a remote and underserviced area and to evaluate the needs and priorities of the communities. By pooling the expertise from a number of areas the team was able to respond rapidly and effectively.
  - Achievements were made in health care planning, public health, procurement of needed supplies, assisting with community funding applications, advising on best practices in health management of COVID-19 including the appropriate/correct use of PPE, isolation areas /protocols, testing procedures and the upscaling of local human resources in communities.
  - Recent safe reintroduction of multidisciplinary teams to communities after consultation with leadership and discussion of needs and priorities.
  - SLFNHA Internal response team reacting to organisational challenges and needs including education and advice around PPE, isolation, self-monitoring, anxiety and concerns about COVID-19 and its impact on the individual and the workplace.
- Special Projects

Community Health Worker (CHW) for diabetes

- Upscaling and the expansion of the Community Health Worker Project involving more communities with associated training and education, advocacy for enhanced diabetes services, and research into diabetes
- Currently supporting the development of a Regional Diabetes Strategy

Dental Services

- At this time, the Pandemic has led to a closure of the dental services both in Sioux Lookout and in communities. Work is being done in the short term to rapidly and safely reopen the dental services and in the long term to transition dental services to SLFNHA.
- Discussions with ISC are ongoing and have been accelerated to try to get dental services back.
- Mental Health and Addiction services are in great need and a collaboration between SLFNHA and SLMHC is commencing work on a new approach.

Medical Specialists' Services

- Currently there are three General Surgeons and one infectious diseases specialist in the area. Almost two years ago a proposal for increased services was submitted to the Ministry of Health.
- To date we have not had any response. However, the MOH has allowed some increased funding for psychiatric services as well as pediatric services in our area.
- We will continue to pursue this with the focus being on psychiatry, pediatrics and internal medicine.

Respectfully submitted,
Dr. Terri Farrell
SLFNHA, Medical Director

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

Year in Review:

SLRPSI Board membership is a complement of three representatives appointed by SLFNHA, three representatives appointed by SLMHC and three appointed physicians. SLRPSI Board went through a large membership change in the fall of 2019 with three members having completed ten years of service to the Board and one member leaving the region. As well, two earlier representatives resigned and new members were appointed. Therefore, 2019-2020 has been a year focused on orientation and education for members, re-establishing committees and ensuring oversight of physician services delivery within the region.

The current Mainframe Agreement with the Ministry of Health and Long-Term Care for Physician Services was developed in 2010. The Board created a working group to prepare for renegotiation of the agreement. The working group will gather information on current delivery, current needs and the future vision of physician and health service delivery in the region. This will develop the ask once the negotiation is set. A letter of intent for re-negotiation was sent to the MOHLC in early 2020. Identifying representatives for the negotiation table will also take place prior to the negotiations.
The Board Self-Assessment and Physician Engagement Survey work completed in 2018-19 are documents the Board continues to reflect on and will continue to be vital to the work the Board and management will focus on in the upcoming year. Board professional development, physician mental health and addressing burnout are identified action priorities.

SLRPSI works towards high-level improvement of the health system in coordination with other stakeholders. 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.

The arrival of COVID-19 in March 2020 impacted our service delivery at the end of this fiscal year. Collaborative efforts of various stakeholders, management and staff quickly put safety measures and practices in place to protect our clients, health professionals, management and staff. Ongoing work continues by health and physician services to meet the overall health needs of those in our region. We continue to learn and develop together how to navigate and practice with COVID-19.

2019-2020 Statistics Northern Community Clinic, Northern Clinic and Hugh Allen Clinic

- 2,766 days/2,941 family medicine physician days in northern community physician days.
- 100 days in northern community addiction physician Opiate Replacement Therapy Programs.
- Number of patient visits with physician while in northern community not available. (Improved tracking being put in place for 2020-21)
- 39 days in Sioux Lookout & 16 days in northern community days of Sport Medicine clinics.
- 5,783 client general health visits to the Sioux Lookout Northern Clinic.
- 1,523 client ER follow-up visits to the Sioux Lookout Northern Clinic.
- 1,115 client visits with the Nurse Practitioner(s) at the Sioux Lookout Northern Clinic.
- Average number of clients seen per day 23, average per week 102 at the Sioux Lookout Northern Clinic.
- Average number of clients seen per day 56, average per week 241 at the Hugh Allen Clinic.
- 12,543 client general health visits to the Hugh Allen Clinic.

Moving Forward

- Preparations for negotiation of updated/new MOHLTC Mainframe Agreement.
- External review of funding sources/budgets and per diem allocations.
- Creating more opportunities to improve regional health record keeping integration through collaboration with communities, Indigenous Services Canada, SLFHNA, and other regional stakeholders.
- Continue building from previous year's Governance review and physician engagement survey.
- Coordinate professional development for Board membership.
- Finalize and fully implement new management/staff Organization Chart for support of regional physician services.
- Participant on the SLFNHA Leadership Review Committee.

Board Of Directors 2019-2020

- John Cutfeet, SLFNHA, Chair (Oct 2019 – End of 10-year Term)
- Dr. Kathy Pouteau, Northern Practice, Vice Chair (Resigned Oct 2019)
- Dr. Joanne Fry, Physician Representative, New Chair October 2019
- Howard Meshake, SLFNHA, New Oct 2019 – Vice Chair
- Orpah McKenzie, SLFNHA
- Darcy Beardy, SLFNHA (Oct 2019 – End of 10-year Term)
- Sadie Maxwell, SLMHC (Dec 2019 – End of 10-year Term)
- Jethro Tait, SLMHC
- Dr. Barbara Russell-Mahoney, SLMHC
- Dr. David Folk, Physician Representative
- Roy Fiddler, SLFNHA New October 2019
- Heather Lee, SLMHC New December 2019
- Lianne Gerber Finn, Physician Representative New October 2019

Chiefs Committee on Health - Co-Chair's Message

As the co-chair of the Sioux Lookout area First Nations' Chiefs Committee on Health (CCOH) and on behalf of the CCOH, I want to extend my greetings. In October 2019 of this past year, the CCOH reconvened to work on the following priorities: bringing health services closer to home; youth and mental health; Public Health Legislation; Non-Insured Health Benefits; and Federal Lands. We also worked to fill the vacancies within the CCOH and update the Terms of Reference. As we worked to address these priorities, something happened that effectively halted the work and the world around us.

In early March, the World Health Organization declared the COVID-19 disease outbreak; the Sioux Lookout First Nations Health Authority was swift in responding to the outbreak. This included coordinating conference calls with both the CCOH and the Board of Directors and working with partners to develop and implement the COVID-19 Regional Response Team. As the year ended, the COVID-19 outbreak was just escalating throughout the world. In the north, our communities immediately implemented full lockdown to reduce the risk of transmission. The work that CCOH had been advancing was quickly halted by the outbreak and reducing the risk of transmission became the priority.

It is at this time, on behalf of the CCOH, I want to acknowledge the communities in their efforts to respond to COVID-19. We recognize the investments of our communities in ensuring that their members and communities are safe. We also want to recognize and acknowledge the leadership role that SLFNHA took to swiftly respond to the threat of health. Most specifically, we want to recognize and commend the leadership role of our Public Health Physician, Dr. Natalie Bocking, for organizing the response. Under her guidance and direction, Dr. Natalie Bocking led the response that quickly brought the CCOH, SLFNHA Board of Directors and employees, communities, and partners together. In addition, we want to thank and recognize the contributions of the SLFNHA employees when they were deployed to positions that were new and unknown. We thank those employees for going above and beyond. I also want to thank the SLFNHA Board of Directors for the commitment and dedication in working with the CCOH to respond to the disease outbreak. Finally, I want to thank my fellow chief representatives for their perseverance, guidance, and wisdom in navigating through these unchartered waters that COVID-19 disease outbreak has brought. As we look beyond this year, the CCOH will work with SLFNHA and communities to ensure that we remain vigilant to ensure the virus remains out of our communities.

Miigwetch.

Co-Chair Chief Donny Morris
Chiefs Committee on Health

Sioux Lookout
First Nations
Health Authority

Indigenous Youth Futures Partnership

The Indigenous Youth Futures Partnership (IYFP) is an initiative jointly led by SLFNHA and Carleton University. The goal of this partnership is to work collaboratively with other agencies, academics, and First Nation communities in the SLFNHA catchment area to foster youth resilience, and to empower youth to prosper in their communities.

- Since the beginning of the IYFP, five communities have responded to the partnership's call for First Nation community engagement. These communities include Fort Severn, Kasabonika Lake, Bearskin Lake, Mishkeegogamang, and most recently Webequie. In response to expressions of interest by community members, IYFPs lead academic, Kim Matheson, and other senior academic partners have been spending time in these communities building mutual understanding to identify community-led pathways toward achieving youth resilience. They have also been collaborating with various people and departments at SLFNHA to identify shared priorities and support relationship-building between people, organizations, communities, and youth.
- Within SLFNHA there is one person in this department and within the project there are several team members.

Supporting Community Led Projects to Achieve Youth Resilience

Following the lead of participating communities, we are working to build on community strengths in order to define a pathway to address community priorities related to the future for their youth. Together with our academic partners and allies, we facilitate the mobilization of resources needed to achieve and sustain these actions to support a positive family and community environment for youth.

Highlights & Achievements

- In the summer of 2019, the community and IYFP partnered with Journalists for Human Rights to conduct a 6-week summer multimedia training program for high school students who were back in the community for the summer, they named themselves the Mushkego Lowland Advocates.
- This past summer 2019, the Bearskin Lake research team travelled to the community where they delivered a training session on the proper use of new gym equipment received through Choose Life program.
- On November 25, 2019, it was announced that the Mushkego Lowland Advocates won the JHR award for Outstanding Work by an Indigenous Youth Reporter, for their work on the radio and video piece, called Access to mental health services with CST. Alex Lewis, Nishnawbe-Aski Police Service.
- The hiring of Monica Pishew as the new Youth Resiliency Research Coordinator has added a positive energy to the work of IYFP.

Indigenous Youth Futures Partnership

- Shared Approaches meeting was held in Ottawa at the end of January of 2020.
- The review committee recommended, and SSHRC approved continuation of funding for 2nd half.
- The Kasabonika Lake youth apprentices are working with leadership, community partners, and project team in developing a youth centre proposal, which was one of the goals led by the youth apprentices.

Challenges & Priorities

- The arrival of COVID-19 has changed the contexts in which we work and live in very profound ways. Amidst travel restrictions and social distancing rules, Partnership members have been seeking out ways of supporting and engaging Indigenous youth and community partners.
- Schools across Ontario closed in mid-March, hundreds of Indigenous youth, who had moved in order to attend high school, were told to return home. As such, the IYFP team sought new and relevant ways of supporting youth and people who work with youth in communities, to engage and educate their young people while promoting social distancing.
- On March 2nd, 2020 Fort Severn was forced to declare a state of emergency due to an equipment malfunction at their local water treatment plant. Then, as with other communities, they were forced to divert energy toward developing and implementing COVID-19 protocols to maintain safety while still meeting basic needs. The IYFP work with Fort Severn has been delayed, but partners remain in touch and we are hopeful about regaining momentum in the future.

Moving Forward

The next steps for IYFP are determined by community priorities. In all communities, we are moving toward sustainable program development by (1) engaging additional partners with relevant mandates (e.g., CAMH's Project ECHO, which provides a network of tele-mental health services), (2) building community capacity through train the trainer workshops, (3) creating resources that can be adopted on an ongoing basis by the community and shared with others (e.g., developing summer institutes and culturally appropriate educational curriculum).

IYFP is partnering with the Raising our Children unit to consider strategies for strengthening maternal-child relationships through promoting traditional practices that support maternal mental health.

IYFP is looking to partner with one or two additional communities within the year and is reaching out to communities to explore the possibilities.

Privacy Program

Background

SLFNHA started the Privacy Program to support our organization and communities in meeting their privacy obligations under the privacy-confidentiality legislations. These include the Provincial Personal Health Information Protection Act (PHIPA), the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) and the First Nations Principles of OCAP™ (ownership, control, access, and possession) and privacy-related resolutions from Chiefs in Assembly. In addition to supporting compliance with our organization's privacy obligations, SLFNHA's Privacy Program is intended to protect the privacy of clients' personal health information (PHI) and personal information (PI) and ensure that clients can fulfill their privacy rights. Further, SLFNHA Privacy Program aims to address the key considerations in developing the privacy program with the options for structuring the privacy office and implementing the privacy compliance framework (with the PbD – Privacy by Design) in the 2020-2021 fiscal year.

Privacy & Confidentiality

Sioux Lookout First Nations Health Authority takes privacy and confidentiality seriously, as a part of our privacy culture. With privacy and information accountability, SLFNHA has the Privacy Management Program to monitor the privacy and security of data compliance on an ongoing basis. SLFNHA has a privacy governance structure in place that distributes accountability and responsibility for privacy management and oversight to the appropriate individuals and bodies, which include the SLFNHA Board, Executive team and the Privacy Officer. The designated SLFNHA Privacy Officer acts as the point of contact for overseeing and managing the SLFNHA privacy program and compliances, aligned with our privacy policy, confidentiality policy and privacy best practice guidelines.

Highlights and Achievements for 2019-2020 Fiscal Year

Privacy Program accomplishments and implementation are as follows:

1. Managing SLFNHA and SLRPSI's Privacy Program.
2. Supporting our Communities:
    - Supported the Sandy Lake First Nation Health Authority for privacy training and supporting tools for implementation, with the privacy-legal support to accommodate the privacy issue in the community.
    - Supported the 'NAN Legal Services' to Consent Directives.
3. Built consistent association with the Ontario Privacy Office – Information and Privacy Commissioner of Ontario (IPC) and Office of Privacy Commissioner - OPC for new updates and implementation in our organization.
4. Privacy Office initiated and reports the Annual IPC stat for SLFNHA to the IPC.
5. Confirmed the Principle Laws (PHIPA and PIDEPA) that apply to SLFNHA for both the Personal Information (PI) and Personal Health Information (PHI).
6. Developed and posted the Privacy Statement of Information in high-traffic areas such as waiting rooms.

7. Completed and uploaded the Privacy Program - Statement of Information (web version – on the SLFNHA website) with the Privacy Supportive Materials:
    - Privacy FAQ (Frequently Asked Questions)
    - Privacy Statement – PDF
    - Privacy Poster
8. Initiated and implemented the privacy-program related tracking system (such as privacy training tracking, IPC stat tracking, audit logs, PHI/PI tracking etc.).
9. Developed the Privacy Orientation package for new staff.
10. In conjunction with Human Resources:
    - Ensured all SLFNHA staff signed the Oath of Confidentiality and also the Privacy and Confidentiality Agreement while working from home.
    - Tracked and monitored the annual privacy training to all staff.
    - Maintained the record of new and existing staff who accomplished the assigned privacy training for the 2019-2020 fiscal year.

Privacy Training - 2019/2020 Annual Stat Report	
Number Completed Training:	283 (78%)
Number Outstanding Training:	78 (22%)
Total No. currently employed SLFNHA Staff	**361**

11. SLFNHA Privacy Officer also initiated and tracked the following SLFNHA Privacy - Security Inquiry and Incident/Breach Stat Report:
    - We had a total percentage of 26% Inquiries, 33% needed supportive works, 28% of privacy-related issues and 13% of Privacy – Confidentiality incidents/breaches for the 2019-2020 fiscal year.
    - Though the Privacy – Security Incidents shows 13%, it is the main contributor to learning and understanding the current system issue. This helps to ensure privacy protection is built into every major function that involves health information.
    - The overall result is based on reactive measures and occur within a short duration.
    - For the next fiscal year, the privacy office is looking for better comparative trends with a proactive approach and established reporting mechanism.
    - Results are based on the categories:
        - Retention, disposal and storage
        - Secure transfer procedure and safeguard measures
        - Legislation governance and privacy best practices
        - ROI (Release of Information)
        - Consent form directives
        - Supportive privacy tools like tracking logs
        - Privacy-related protocol and agreements
        - Policy-directives and breach-related information
        - Privacy and confidentiality training.
12. SLFNHA Privacy Officer documented and completed all the Privacy and Confidentiality breach incident response reports, for the 2019-2020 fiscal year.

Privacy Program

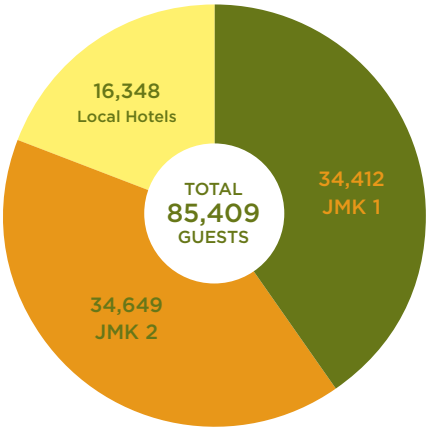
SLFNHA Privacy Office's Support during the COVID-19 Pandemic

- Represented Privacy on the Senior Management team, COVID-19 Response Team, Policy Committee and Regional Health Information Working Group.
- Created a new Privacy Telework Policy and submitted to the Board.
- Supported with Privacy Telework Agreement to staff and NDA (Non-Disclosure Agreement) privacy agreement.
- Posted the Virtual Care/Tele-Conference – Statement of Information on all client-facing communications and on the website.
- Sent out privacy memos and reminders to staff.
- In conjunction with Program/Department Managers, conduct/working with the Privacy Impact Assessments (PIA) for new tools and services.

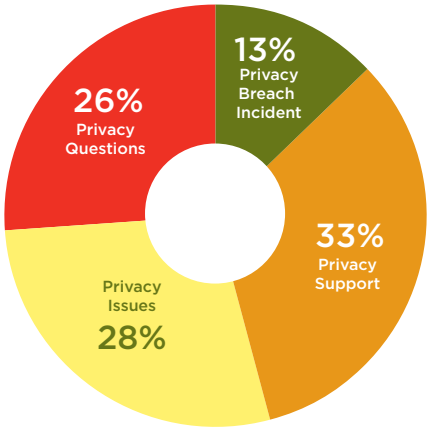
Moving Forward

- Ongoing Assessment and revision on Review Plan.
- Implementing Privacy (PHI and PI) Inventory Gap Analysis.
- Establishing privacy-related tracking and reporting mechanisms.
- Updating the privacy training and awareness materials annually.
- Updating the breach and incident response protocol from learnings.
- Updating Privacy Policy (with ROI, secure transfer, disposal procedure, etc.).
- Expecting to learn the trends with the Inquiry and Incident Stat Reports.
- Implementing PIA (risk assessment) and Privacy Audit on the SLFNHA's EHR Systems and Online software, which has PI and PHI, following an effective end-user auditing strategy. And further, looking forward to implementing a stronger privacy program framework for further continuous improvement.

Annual Privacy Training (2019 - 2020)



Privacy Program Inquiry and Incident



Thank You
to our Partners

Sioux Lookout
First Nations
Health Authority

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 / 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 Affiliates

- Eagle Lake
- Wabigoon
- Saugeen
- Wabauskang

Sioux Lookout-Hudson Association for Community Living

Sioux Lookout Meno Ya Win Health Centre

Community Counselling & 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

Allied Health Services

The SLAPCT currently provides the following clinical services, directly to clients and communities:

- Mental Health & Psychiatry
- Social Work Services
- Speech-Language Services
- Nurse Practitioner
- Foot Care via Registered Practical Nurses
- Case Management Services via Registered Nurses
- Nutritional Services
- Pharmacy Services
- Kinesiology Services
- Physiotherapy Services
- Occupational Services
- Social Work Services

Clients Visits - Statistics 1st & 2nd & 3rd & 4th Quarter (April to March) 2019/20

	Visit Encounter Types	Q1/Q2/Q3/Q4 Totals
All Primary Care Team AHP's Direct Service Delivery	**Total # of Clients Seen**	**6812**
	Total # of Individual Clients Seen	5974
	Total # of Clients seen in a Group	838
	Male	3271
	Female	3541
	Adult (16 & over)	4748
	Pediatrics (15 & under)	2064
	North	4345 (64%)
	Town	2467 (36%)
Breakdown by AHP type visit	**Allied Health Professional**	
	Kinesiology	1092
	Physiotherapy	1098
	Nutritional	759
	Pharmacist	76
	Social Work	462
	Occupational Therapy	447
	Speech Language Pathology	584
	Psychiatry	442
	Reg Practical Nurse (Foot Care/Edu/Training/Other)	214
	Nurse Practitioner	1446
	Case Management	192
	Total	**6812**

Community Travel

(April to March 2019/20)

Currently the travel schedule is based on the number of 'referrals' received from clinicians.

During the time period April to November, the SLAPCT made 103 community visits to provide 124 days of service; average of 16 trips per month. Days of service are limited by the ability of the community to support overnight stays for the team.

For Fiscal Year 2019/20, we were forecasting 157 trips with 186 days of service. This forecast was evergreen and was contingent on Referrals, In-community Infrastructure, unpredictable events (weather) and staffing resources. It is noted that we have surpassed our forecast in Quarter 3

Note: For communities that have less referrals, we will have clients travel to Sioux Lookout for assessment and treatment within the Primary Care Team building at 55 Queen Street.

We also ensure that we keep one or two appointments open for any drop-ins or urgent referrals.

Community Visits

Communities Visited	Total Trips	Total Days
Bearskin Lake	4	5
Cat Lake	7	8
Deer Lake	13	21
Eabametoong (Fort Hope)	2	3
Frenchman's Head	4	4
Fort Severn	6	6
Kasabonika Lake	8	9
Keewaywin	6	6
Kejick Bay	2	2
Kingfisher Lake	11	12
Kitchenehmaykoosib Inninuwug	10	10
Mishkeegogamang	14	15
Muskrat Dam	4	4
Neskantaga (Lansdowne House)	6	6
Nibinamik (Summer Beaver)	5	5
North Spirit Lake	3	3
Pikangikum	5	5
Poplar Hill	6	8
Sachigo Lake	9	17
Saugeen	1	1
Sandy Lake	12	22
Slate Falls	5	5
Wapekeka	8	8
Weagamow	5	7
Webequie	10	10
Whitefish Bay	1	1
Wunnumin Lake	8	8
Total Trips	**175**	**211**

Telemedicine Service

We presently have a full-time Telemedicine Coordinator working within the Primary Care Team. This position supports both the Primary Care Team Allied Health Professionals with their telehealth appointments with clients, along with supporting all other SLFNHA departments with their telehealth needs and services.

Telehealth appointments booked

Psychiatry (Dr. Allen)	391
Psychiatry (Sick Kids)	16
SpeechWorks	114
Psychology	26
Mental Health Counselling	27
SLAPCT Clients (Dietary/Kin/PT)	43

Telehealth events booked

Educational Sessions	51
Program Consultations	14
Other (Mtgs/Interviews)	36

SLAPCT - Total No. of Referrals

Psychiatry	214
Speech Language Pathology	181
Dietary	448
Kinesiology	478
Physiotherapy	676
Pharmacy	44
Case Management	92
Occupational Therapy	358
Social Work	173
NP	20
RPN	123
Total	**2807**

Firefly Contracted Services - Total No. of Referrals

Alternative/Augmentative Communication	19
FASD Diagnostic Assessment	30
FASD Support Worker (u19)	11
Occupational Therapy	35
Physiotherapy	25
Seating/Mobility Speciality	1
Service Coordination	36
Speech Language Pathology	68
SLP – Feeding & Swallowing (u19)	19
GJCTC – Via Firefly	6
Other	6
Total	**256**

SLFNHA Developmental Services - Total # of Referrals

Audiology	142
Community Outreach	10
Developmental Psychology	113
Transitional Youth (16 yrs+)	11
Other	72
Total	**348**

PCT Human Resources

The following table represents the current staffing complement within the Sioux Lookout Area Primary Care Team as of March 31, 2020.

Position	Staffed	Vacant	Total
Director	1.0	0	1.0
Managers	2.0	0	2.0
Administrative Staff	6.0	0	6.0
Telemedicine Coordinator	1.0	0	1.0
Clinical Assistant	1.0	0	1.0
Intake Coordinator	1.0	0	1.0
Community Health Navigator	3.0	0	3.0
Traditional Healer	0	2.0	2.0
Pharmacist	1.0	0	1.0
Physiotherapist	4.0	0	4.0
Occupational Therapist	3.0	0	3.0
Kinesiologist	3.0	1.0	4.0
Dietitians	2.0	1.0	3.0
Speech Language Pathologist	1.0	1.75	2.75
SW/MH	4.0	0	4.0
Registered Practical Nurse	3.0	0	3.0
Case Manager (RN)	3.5	0.5	4.0
Nurse Practitioner	2.0	1.0	3.0
Contract Staff (SPL)	0.25	0	0.25
Quality Improvement Specialist	0	1.0	1.0
Total	**41.75 (83.5%)**	**8.25 (16.5%)**	**50**

During the 2019/20 fiscal year, the SLAPCT saw a significant increase in staffing, which has necessitated the need to lease additional office space, therefore some of the staff were relocated to a temporary leased building on Front Street.

Clients Visits – FY 2019/20

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North Spirit Lake	3	3
Pikangikum	5	5
Poplar Hill	6	8
Sachigo Lake	9	17
Saugeen	1	1
Sandy Lake	12	22
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Centralized Intake/Referrals

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Other	6
Total	**256**

SLFNHA Developmental Services - Total # of Referrals

Audiology	142
Community Outreach	10
Developmental Psychology	113
Transitional Youth (16 yrs+)	11
Other	72
Total	**348**

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