ANNUAL REPORT

2014/2015

SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY

HEALTH CARE IN PARTNERSHIP WITH FIRST NATIONS

CONTENTS

Dedicated to the late Don Sofea

Sioux Lookout First Nations Health Authority (SLFNHA) dedicates this Annual Report to the late Don Sofea, a well-respected board member from Nibinamik First Nation, who passed away on November 2, 2014.

Mr. Sofea was a board member and vice-chair for SLFNHA from 2010 until the time of his passing. Through his work on this Board, he represented his tribal council, Matawa First Nations Management. During his time with SLFNHA, he was an active board member, whose thoughtfulness, kindness and genuine warmth shone through all of his work. He greeted everyone with a smile.

His past work experience included a two-year term as Chief of Nibinamik First Nation (Summer Beaver) and a health director in the community for many years. He also previously worked for Wawatay Native Communications Society in the television department and as a counsellor for SLFNHA's Nodin CFI services. He also held a diploma in social work and was dedicated to helping others.

Mr. Sofea was a committed and hardworking individual and was integral in a lot of program development in the region, including the Suboxone program based in Summer Beaver. He was also integral in the development of the youth retreat with the late Mr. Mike Wabasse, his stepfather.

Don believed in the traditional ways of healing and participated with many community members in ceremonies, as well as provided traditional teachings and support.

He is survived by his wife, Mrs. Jessie Sofea, son Rodney (April Kejick), mother Sophie (Wabasse), brothers Mathias, Randy and Rick, and also leaves behind several grandchildren. Don was predeceased by his father Philip Quisses, stepfather Mike Wabasse and sisters Jessie Quisses, Edna Moonias and Clara Moonias.

Message from the Board Chair

John Cutfeet
Board Chair

"The challenge to rebuild a health care system, that is acceptable to First Nations and the region, will be an enormous task and it will require co-operation and goodwill of all parties for we must also rebuild relationships and partnerships."

- Frank Mckay, NAN Briefing Note

When you look at the quote by Frank Mckay, which is from a briefing note to the NAN Executive Council in August 1999, you can tell that a lot has happened since then.

The new hospital in Sioux Lookout, which is what the issue was about at that time, has been built. The new hostel has been built and is operational. Also, the Chiefs and community health staff, Tribal Councils, SLFNHA, other health care professionals, and the two levels of government collaborated on the District Health Plan (now called the Anishinabe Health Plan), which is our road map for improving health care in our region. This process did rebuild a lot of relationships and created new partnerships that are still there today.

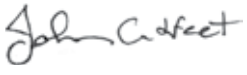
When you look at the big picture of health care today, what somebody said recently about the Four Party Agreement is a good way of looking at it. The Four Party Agreement that resulted in the construction of the new Meno Ya Win Health Centre, the new Jeremiah Mckay Kabayshewekamik (Hostel) and the work that is continuing on a long-term care facility, was "phase one." Now, we move onto "phase two," where we shift towards First Nations governance and jurisdiction, and it is all about exercising our right to determine the nature of health care to be provided to our people. Some of the work, like a public health system, has already started under the Anishinabe Health Plan. Not only will the focus be on community care issues such as Elderly care, nurses, community infrastructure, and so on, but those programs which are currently not under our control, but need to be.

As you may be aware, the Four Party Agreement was signed in April 1997 and expired in November 2014. What we have in place now is a Memorandum of Understanding, which is a bridging agreement during which the relevant parties will craft a new mechanism to carry the work forward. The substance of that document will be about "phase two" - improving the health of people. Now that we have the infrastructure issues mostly out of the way, more focus can be put on health status.

The last time there was a comprehensive community consultation on health care was with the Scott McKay Bain Health Panel, who released their report in 1989, which was 26 years ago. The Panel held hearings in 22 Anishinabe communities, but since then any consultation done has been limited to a sample of communities or the use of focus groups. If we want to control a health care system that meets the needs of the community people, then we need to talk to them to hear how they want services delivered. This is an issue that will certainly be discussed with the relevant parties. We need health status reports, population trends, and projections for the next 10-20 years. We know some of those things now. We also know that we need policies that make common sense and that can be accomplished by making the policies right here, where they apply.

It is interesting to note that the federal government agreed to the review of health services in 1988 within a framework which would be "consistent with, and support, the right of Indian people to determine their own health needs and to control the health delivery system by which their needs are met."

Some of the enormous tasks that Frank Mckay talked about in his 1999 briefing note have been accomplished, but it looks like we still have a lot of work to do. We believe, that with the support of the leadership and direction from the community people who use the services, these tasks will be accomplished.



Board of Directors

The Board of Directors govern the Sioux Lookout First Nations Health Authority (SLFNHA).

There are eleven (11) board members, comprised of representation from Tribal Councils, Independent Bands, Elders, and the medical community.

The board sets the Health Authority's directions and ensures these directions are implemented and board policies are followed. The strategic plan, developed with the Board and SLFNHA's senior management team, sets the overall direction for the organization. The Executive Director is accountable to the board for delivering the strategic plan for the stewardship of resources.

John Cutfeet
Board Chair

IFNA Representative

Bertha Bottle
Board Secretary/Treasurer

Lac Seul First Nation
Representative

Mary Ann Panacheese
Board Member

Independent Band
Representative

Joe Kakegamic
Board Member
Sandy Lake First Nation
Representative

Innes Sakchekapo
Board Member

Windigo First
Nations Council
Representative

Solomon Mamakwa
Board Member

Shibogama First
Nations Council
Representative

Orpah McKenzie
Board Member

Keewaytinook Okimakanak
Representative

Board of Directors

Thomas Spade
Board Elder

Emily Jacob
Board Elder

Dr. Terri Farrell
Medical Representative

Non-Voting
Board Member

Eabametoong First Nation

Chiefs Committee on Health

Background

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

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

Year in Review

Through 2014-15 fiscal year, the Chiefs Committee on Health continued to meet regularly and provide support and direction on a number of issues:

- Implemented application process for bursary program. Provided $28,500 to twenty-one (21) Sioux Lookout area First Nation students studying in the health field.
- Committed financial support to start-up costs of Mikinakoos Children's Fund
- Continued to financially support the development of the Anishinaabe Bimaadiziwin Research Program
- Provided oversight to the implementation of the AHP, which included reviewing and providing direction to the physician services delivery model and keeping informed of activities of Sioux Lookout Regional Physician Services Inc.
- Reviewed NIHB issues, including medical transportation issues and concerns on a regular basis.
- Received reports and supported SLFNHA on the proposed development of a First Nations owned and operated pharmacy
- Received Sioux Lookout Meno Ya Win Health Centre reports
- Reviewed progress on Four Party Agreement (Development of Primary Health Care Facility), Approaches to Community Wellbeing Project (formerly Public Health Project), Anishinaabe Bimaadiziwin Research Program, and Regional Wellness Response Program.

Challenges

- Finding effective ways to promote health care careers to First Nations youth

Moving Forward

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

- Public health system development
- Development of a Primary Health Care Facility
- Client coordination system development
- Regional Wellness Response Program
- Anishinaabe Bimaadiziwin Research Program

Continue to promote health careers by:

- Examining new ways to promote health careers to First Nations youth in the Sioux Lookout area (i.e. social media campaigns, using role models, etc.)
- Develop research project to examine where First Nations students are employed in various health fields. Use this data for health career promotion as well as in recruitment efforts.

The Chiefs Committee on Health wishes to recognize and honour the contributions of our Elders who passed away last year. Phyllis Semple, from Kitchenuhmaykoosib Inninuwug, and Jonas Fiddler, from Sandy Lake, will be sadly missed. They were dedicated members of the committee who provided meaningful contributions to the issues at hand.

Continue to provide bursaries to First Nations students by:

- Promoting application process to ensure more applications are received
- Developing screening tool to select applications

Continue to provide financial support for the development of:

- Anishinaabe Bimaadiziwin Research Program
- Mikinakoos Children's Fund

- Two CCOH members will travel to Anchorage, Alaska in July 2015 to learn from the Nuka Health Care System.

Representatives for 2014-15

Chief Donny Morris
Kitchenuhmaykoosib Inninuwug
Chief Clifford Bull
Lac Seul First Nation
Chief Connie Gray-Mckay
Mishkeegogamang First Nation
Chief Elizabeth Atlookan (Alternate: Coun. Felicia Sagutch)
Eabametoong First Nation
Chief Arnold Gardner (Alternate: Coun. Robert Gardner)
Eagle Lake First Nation
Chief James Mamakwa
Kingfisher Lake First Nation
Chief Titus Tait
Sachigo Lake First Nation
Chief Bart Meekis
Sandy Lake First Nation
Tina Kakepetum-Schultz,
Keewaytinook Okimakanak Council
Deputy Grand Chief Alvin Fiddler
Nishnawbe Aski Nation

Elders - Vacant

Message from the Executive Director

The year 2015 marks the 25th anniversary of Sioux Lookout First Nations Health Authority (SLFNHA).

Now, some people might argue that we might be rushing it a bit too fast if we celebrate our 25th anniversary in 2015 since SLFNHA was not formally incorporated until October 20, 1993. So, this requires a little explanation.

The approval to set up the Health Authority was given at a Nishnawbe Aski Nation (NAN) Chiefs' meeting in Thunder Bay on September 28, 1989. An Interim Board was set up and the funds were initially flowed through NAN. SLFNHA opened its doors for business in October 1990.

The two people who were hired to set up the corporation were Ennis Fiddler and the late Frank Beardy. The first staff member they hired was Charlene Samuel, as an Administrative Assistant, and she is still with SLFNHA today. She is currently the Director of Human Resources. The next person who was hired was Janet Gordon as Executive Assistant in December 1990, followed by Nellie Beardy as Executive Director shortly thereafter.

The late Frank Beardy became Chief of Muskrat Dam and also became a member of the Chiefs Negotiating Unit that negotiated the Four Party Hospital Services Agreement and Ennis Fiddler became the Co-ordinator for the Four Party Negotiations.

The Interim Board at that time consisted of: Mary Kejick, the late Silas Kakegamic, Nick Day, Roy Spence, Dora Beardy, Emily Gregg, Josie Ombash, James Mamakwa, the late Saggius Sainnawap, Douglas Semple and the late Victoria Beardy. The rest, as they say, is history.

Since that time, there have been too many milestones to fit into these pages, so we will recount only a few.

The first major program to be transferred to the Health Authority was Nodin Counseling Services, as it was known then. Before that, it had been operated by the University of Toronto under contract with the federal government, but after the Health Authority

Pictured: A group shot of SLFNHA staff in 1993.

James Morris
Executive Director

"The Scott-McKay-Bain Health Panel – From Here to There: Steps Along the Way" was presented to Nishnawbe Aski Nation general assembly in March 1989. The report recommended a move towards Native self-government with the full participation of First Nations communities for the ongoing responsibility of health care.

was established, Health Canada was keen for the Health Authority to take over programs. The next one to be transferred was Client Services – accommodations and transportation.

The Scott Mckay Bain Health Panel report found that there was general support for a new hospital in Sioux Lookout. After the report was released, we did a poll of the Chiefs to see where they stood on the hospital issue: nine were against amalgamation, nine wanted a new hospital and ten did not say either way, all they wanted was better health care overall. On that basis, a Letter of Intent to was sent to Canada, Ontario and the Municipality of Sioux Lookout indicating our interest in discussing a new hospital.

The negotiation process took six years and the Four Party Hospital Services Agreement was signed in April 1997. The new Meno Ya Win Hospital opened in October 2010 and the new Jeremiah Mckay Kabayshewekamik opened in February 2011.

In 2006, the Sioux Lookout area Chiefs approved the Anishinabe Health Plan which is our guide for improving health services in the region over the long term. As soon as the Health Plan was approved, Health Canada immediately requested that the physicians services transfer be done first, which is what was done and physicians services were devolved to Sioux Lookout Regional Physicians Inc. (SLRPSI) in 2010.

In terms of movement in the AHP in 2014/2015, the focus was on Public Health. The Chiefs approved the 'Approaches to Community Wellbeing' report in February 2015 and the process for implementation is now underway.

In a recent communication with Health Canada, they emphasized their interest in working toward integration and the eventual devolution of Health Canada functions to SLFNHA, so the process of transfer will continue in the years to come. We want to make sure that the transfer occurs in a way that is practical and meets the needs of the Anishinabek living in the communities.

In the meantime, we continue to streamline SLFNHA so that we are able to manage the changes as they come. This year, we added a Chief Administrative Officer (CAO) who will handle all the administration functions, plus look after the Client Services Department. We also hired a Chief Operating Officer (COO) who will look after all the health programs and Nodin CFI. Also, the Board and senior management developed a draft Strategic Plan for 2015-2017 which has been distributed to all our partners for their comments.

Marie Lands
Chief Administrative Officer

Message from the Chief Administrative Officer

My role as a CAO is to manage the day-to-day operations of SLFNHA. I report to the Executive Director and oversee Finance, Information Technology, Human Resources, Communications and Client Services. This role is a result of implementing a recommendation from the Governance & Management Review (2008 - Bowes HR). The recommendation was for the Executive Director to review his role and responsibilities and devolve as many front-line operational management decision making authorities as possible, so as to focus on strategic organizational issues.

Prior to being a CAO for SLFNHA, I was a Team Leader with the Trauma Team working in Mishkeegogamang First Nation. I had two previous appointments in Manitoba that required high level administrative and operational skills, one being an Executive Director for an Aboriginal Women's Shelter called Ikwe-Widdjiitiwin, and the other as Chief Executive Officer for the First Nations of Northern Manitoba Child and Family Services Authority. I possess a Bachelor of Social Work Degree from the University of Manitoba and have 20 years of applied experience in social work. I held positions in direct front-line to executive levels. My background and education in social work, coupled with my leadership and executive skills, are what I hope will make me an effective CAO who will work with the management and Board of SLFNHA while we grow as an organization serving the First Nation communities in this region.

The first priority is doing an internal review of the Hostel. Another priority will be realigning positions within the Human Resources Department to fit the needs of our departments.

In the areas of Finance, Information Technology and Communications, during the coming year we will be working on projects and initiatives in line with the 2015-2017 Strategic Plan. Communications is focusing on objectives in external communications, which includes enhanced community engagement and working with the Board and management on the concept of a new name for the organization. Updates on all projects in the strategic plan will be reported at our next Annual General Meeting and through regular communication with our stakeholders and community members.

FINANCIAL REPORT

Management's Responsibility

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

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

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

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

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

June 18, 2015

Executive Director

FINANCIAL REPORT

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

We have audited the accompanying financial statements of Sioux Lookout First Nations Health Authority, which comprise the statement of financial position as at March 31, 2015, and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

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

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

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

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

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of Sioux Lookout First Nations Health Authority as at March 31, 2015 and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Thunder Bay, Ontario

June 18, 2015

Chartered Professional Accountants

Licensed Public Accountants

MNP LLP

Statement of Financial Position

As at March 31, 2015

	2015	2014
Assets		
Current		
Cash and cash equivalents *(Note 3)*	**2,266,582**	1,648,529
Investments *(Note 4)*	**374,839**	371,864
Accounts receivable *(Note 5)*	**59,075**	213,048
Due from Sioux Lookout Regional Physician Services Inc. *(Note 6)*	**662,564**	607,055
Due from funding agencies *(Note 7)*	**1,164,371**	1,288,410
	4,527,431	4,128,906
Capital assets *(Note 8)*	**10,866,912**	11,659,170
	15,394,343	15,788,076
Liabilities		
Current		
Accounts payable and accruals	**1,945,277**	2,525,052
Government remittances payable	**51,316**	41,132
Deferred Revenue *(Note 9)*	**517,279**	480,216
Due to funding agencies *(Note 10)*	**338,700**	451,895
Current liabilities before term loan due on demand	**2,852,572**	3,498,295
Term loan due on demand *(Note 11)*	**2,886,727**	3,215,382
Total current liabilities	**5,739,299**	6,713,677
Contingencies *(Note 12)*		
Net Assets		
Unrestricted	**(1,211,868)**	(2,584,771)
Invested in capital assets	**10,866,912**	11,659,170
	9,655,044	9,074,399
	15,394,343	15,788,076

Approved on behalf of the Board

Director **Director**

The accompanying notes are an integral part of these financial statements.

FINANCIAL REPORT

Sioux Lookout First Nations Health Authority
Statement of Operations and Changes in Net Assets
For the year ended March 31, 2015

	Unrestricted Fund	*Invested in Capital assets*	*2015*	*2014*
Revenue				
Department of Justice	**-**	**-**	**-**	106,250
Health Canada	**12,636,055**	**-**	**12,636,055**	11,933,382
Ministry of Community and Social Services	**5,681,385**	**-**	**5,681,385**	6,233,423
Ministry of Health and Long-Term Care	**220,000**	**-**	**220,000**	141,723
Other income	**868,505**	**-**	**868,505**	1,064,799
Sioux Lookout Regional Physician Services Inc.	**1,906,916**	**-**	**1,906,916**	2,148,228
Change in deferred revenue	**(37,062)**	**-**	**(37,062)**	(271,718)
Funder deficit/recoveries	**(192,969)**	**-**	**(192,969)**	(194,363)
Total revenue	**21,082,830**	**-**	**21,082,830**	21,161,724
Expenses				
Administration and internal allocations	**7,826**	**-**	**7,826**	17,604
Advertising, recruiting and promotion	**188,128**	**-**	**188,128**	193,734
Amortization	**886,267**	**-**	**886,267**	930,825
Automobile	**125,963**	**-**	**125,963**	89,516
Insurance	**135,252**	**-**	**135,252**	124,546
Interest and service charges	**140,522**	**-**	**140,522**	153,755
Miscellaneous	**-**	**-**	**-**	505
Occupancy costs	**733,492**	**-**	**733,492**	963,741
Office supplies and materials	**766,211**	**-**	**766,211**	1,053,563
Physician services	**437,436**	**-**	**437,436**	448,907
Professional fees and contractor services	**2,859,255**	**-**	**2,859,255**	3,097,788
Program materials, supplies and services	**2,346,450**	**-**	**2,346,450**	1,849,596
Repairs and maintenance	**220,034**	**-**	**220,034**	5,160
Salaries and benefits	**9,307,116**	**-**	**9,307,116**	9,448,890
Travel, training and meetings	**2,348,233**	**-**	**2,348,233**	3,319,238
Total expenses	**20,502,185**	**-**	**20,502,185**	21,697,368
Excess (deficiency) of revenue over expenses	**580,645**	**-**	**580,645**	(535,644)
Net assets, beginning of year	**(2,584,771)**	**11,659,170**	**9,074,399**	9,610,043
Change in invested in capital assets *(Note 14)*	**792,258**	**(792,258)**	**-**	-
Net assets, end of year	**(1,211,868)**	**10,866,912**	**9,655,044**	9,074,399

The accompanying notes are an integral part of these financial statements.

Sioux Lookout First Nations Health Authority
Statement of Cash Flows
For the year ended March 31, 2015

	2015	*2014*
Cash provided by (used for) the following activities		
Operating		
Surplus (deficiency) of revenue over expenses	**580,645**	(535,644)
Amortization	**886,267**	930,825
Gain (loss) on sale of capital assets	**-**	(12,821)
	1,466,912	382,360
Changes in working capital accounts		
Accounts receivable	**153,973**	(10,572)
Due from Sioux Lookout Regional Physician Services Inc.	**(55,509)**	1,132,053
Due from funding agencies	**124,039**	2,006,380
Accounts payable and accruals	**(579,775)**	(485,545)
Due to funding agencies	**(113,196)**	(770,203)
Government remittances payable	**10,184**	(777,555)
Deferred revenue	**37,063**	271,717
	1,043,691	1,748,635
Financing		
Repayments short term debt	**(328,655)**	(319,128)
Investing		
Purchase of capital assets	**(94,008)**	(225,031)
Proceeds on disposal of capital assets	**-**	180,974
Investments	**(2,975)**	(371,864)
	(96,983)	(415,921)
Increase in cash resources	**618,053**	1,013,586
Cash resources, beginning of year	**1,648,529**	634,943
Cash resources, end of year	**2,266,582**	1,648,529
Supplementary cash flow information		
Cash paid for interest	**113,740**	127,782

The accompanying notes are an integral part of these financial statements.

Sioux Lookout First Nations Health Authority
Notes to the Financial Statements
For the year ended March 31, 2015

1. Incorporation and nature of the organization

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

2. Significant accounting policies

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

Cash and cash equivalents

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

Fund accounting

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

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

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

Revenue recognition

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

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

Contributed materials and services

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

Basis of Allocation

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

Capital assets

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

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

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

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

Financial instruments

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

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

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

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

Financial assets measured at amortized costs include cash, accounts receivable, due from funding agencies, and due from Sioux Lookout Regional Physician Services Inc.

Financial liabilities measured at amortized costs include accounts payable and accruals, government remittances payable, due to funding agencies and term loan due on demand.

Use of estimates

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

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

Accounts payable and accruals are estimated based on historical charges for unbilled goods and services.

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

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

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

Long-lived assets

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

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

Sioux Lookout First Nations Health Authority
Notes to the Financial Statements
For the year ended March 31, 2015

3. Cash and cash equivalents

	2015	*2014*
Cash		
Cash	**300**	300
Bank	**2,232,261**	1,614,478
GIC bearing interest at 0.8% maturing May 27, 2015	**18,209**	-
GIC bearing interest at 0.8% maturing June 11, 2015	**15,812**	-
GIC bearing interest at 0.8% matured May 27, 2014	**-**	18,065
GIC bearing interest at 0.8% matured June 11, 2014	**-**	15,686
	2,266,582	1,648,529

4. Investments

	2015	*2014*
GIC bearing interest at 0.8% maturing August 13, 2015	**69,880**	-
GIC bearing interest at 0.8% maturing September 4, 2015	**6,423**	-
GIC bearing interest at 0.8% maturing November 13, 2015	**275,583**	-
GIC bearing interest at 0.8% maturing November 25, 2015	**20,887**	-
GIC bearing interest at 0.8% maturing January 14, 2016	**2,066**	-
GIC bearing interest at 0.8% matured August 13, 2014	**-**	69,325
GIC bearing interest at 0.8% matured September 4, 2014	**-**	6,372
GIC bearing interest at 0.8% matured November 13, 2014	**-**	273,396
GIC bearing interest at 0.8% matured November 25, 2014	**-**	20,721
GIC bearing interest at 0.8% matured January 14, 2015	**-**	2,050
	374,839	371,864

5. Accounts receivable

	2015	*2014*
Other receivables	**69,075**	213,048
Allowance for doubtful accounts	**(10,000)**	-
	59,075	213,048

As at March 31, 2015, the carrying amount of impaired accounts receivable totalled $nil (2014 - $nil).

Sioux Lookout First Nations Health Authority
Notes to the Financial Statements
For the year ended March 31, 2015

6. Due from Sioux Lookout Regional Physician Services Inc.

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

During the year, management service fees of $1,906,917 (2014 - $2,148,228) were charged to the Sioux Lookout Regional Physician Services Inc. The related party transactions are in the normal course of operations and are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

	2015	*2014*
Balance at the end of the year		
Due from Sioux Lookout Regional Physician Services Inc., unsecured, non-interest bearing	**662,564**	607,055

7. Due from funding agencies

	2015	*2014*
Health Canada	**1,124,920**	1,205,485
Nishnawbe Aski Nation	**6,587**	16,054
University of Toronto	**14,262**	50,984
Department of Justice	**-**	75,287
Dignitas International	**18,602**	-
Allowance for doubtful accounts	**-**	(59,400)
	1,164,371	1,288,410

As at March 31, 2015, the carrying amount of impaired due from funding agencies totalled $nil (2014 - $1,146,085). The amounts due from funding agencies are presented net of the allowance for doubtful accounts of $nil (2014 - $59,400).

8. Capital assets

	Cost	***Accumulated amortization***	***2015 Net book value***	*2014 Net book value*
Land	**260**	**-**	**260**	260
Buildings	**14,208,794**	**3,529,865**	**10,678,929**	11,375,053
Automotive	**475,715**	**368,660**	**107,055**	167,576
Equipment	**646,512**	**574,844**	**71,668**	107,281
Artwork	**9,000**	**-**	**9,000**	9,000
	15,340,281	**4,473,369**	**10,866,912**	11,659,170

Sioux Lookout First Nations Health Authority
Notes to the Financial Statements
For the year ended March 31, 2015

9. Deferred revenue

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

	2015	*2014*
Balance, beginning of year	**480,216**	208,449
Amount received during the year	**517,279**	317,142
Less: Amounts recognized as revenue during the year	**(480,216)**	(45,375)
Balance, end of year	**517,279**	480,216

10. Due to funding agencies

	2015	*2014*
Health Canada	**311,792**	241,883
Ministry of Health	**26,908**	84,918
Ministry of Community and Social Services	**-**	95,740
Department of Justice	**-**	29,354
	338,700	451,895

11. Term loans due on demand

	2015	*2014*
Term loan due on demand bearing interest at 3.71% (2014 - 3.71%) payable in monthly instalments of $37,236 including interest, maturing May 2023, secured by a mortgage on the Hostel with a net book value of $10,678,929 (2014 - $11,375,053).	**2,886,727**	3,215,382

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

2016	345,738
2017	358,786
2018	372,325
2019	386,376
2020	400,957
	1,864,182

Sioux Lookout First Nations Health Authority
Notes to the Financial Statements
For the year ended March 31, 2015

12. Contingencies

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

In a prior year, claims were filed against the Organization by former vendors claiming an aggregate of $2,800,000 in monetary compensation and damages. The outcome of the claims are not yet determinable, and accordingly, no provision has been made in these financial statements with respect to these matters. Any loss with respect to the claims will be recorded as an expense of the period in which the loss becomes likely and the amount is measurable.

13. Commitments

The Organization is committed to the following leases:

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

Premises
Thirty six monthly payments of $3,656 commencing January 1, 2013 and ending December 31, 2015.
Twenty four monthly payments of $9,063 commencing October 2013 and ending October 2015.
Twenty four monthly payments of $1,400 commencing January 1, 2013 and ending December 31, 2015.
Thirty six monthly payments of $6,243 commencing May 1, 2012 and ending April 2015.
Thirty six monthly payments of $14,000 commencing September 1, 2014 and ending September 1, 2019

Office Equipment
Sixty monthly payments of $485 commencing March 2011 and ending February 2016.
Thirty six monthly payments of $573 commencing December 2012 and ending November 2015.

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

The estimated minimum annual payments as follows:

2016	1,183,948
2017	1,071,441
2018	1,065,636
2019	1,065,363
2020	249,409
	4,635,797

14. Change in invested in capital assets

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

	2015	*2014*
Purchase of capital assets	**94,009**	225,031
Amortization expense	**(886,267)**	(930,825)
Cost of disposed capital assets	**-**	(344,123)
Accumulated amortization of disposed of capital assets	**-**	175,971
	(792,258)	(873,946)

15. Bank indebtedness

The Organization has an operating line of credit with a limit of $1,000,000 on the Organization's bank accounts bearing interest at the bank's prime rate plus 1% (4% at year-end (2014 - 4%). The operating line of credit is secured by a general security agreement. The balance of the operating line of credit was $Nil at year-end (2014-$Nil).

16. Financial instruments

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

Credit concentration

Financial instruments that potentially subject the Organization to concentrations of credit risk consist primarily of trade accounts receivable. Organization sales are concentrated in the health care sector; however, credit exposure is limited due to the Organization's large customer base.

Interest rate risk

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

Liquidity risk

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

Fair value

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

17. Economic dependence

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

18. Employee future benefits

The Organization has a defined contribution plan administered by London Life Insurance Company for which virtually all full- time employees of the Organization are eligible. Employees contribute 5% of their wages with the employer contributing an equal amount. The amount contributed by the employer to the employees' pension plan for 2015 was $338,326 (2014 - $229,455) and is included in the Statement of Operations and Changes in Net Assets under the "Salaries and benefits" line. Actuarial valuations are normally not required as the pension obligation equals the net assets available for benefits.

19. Measurement uncertainty

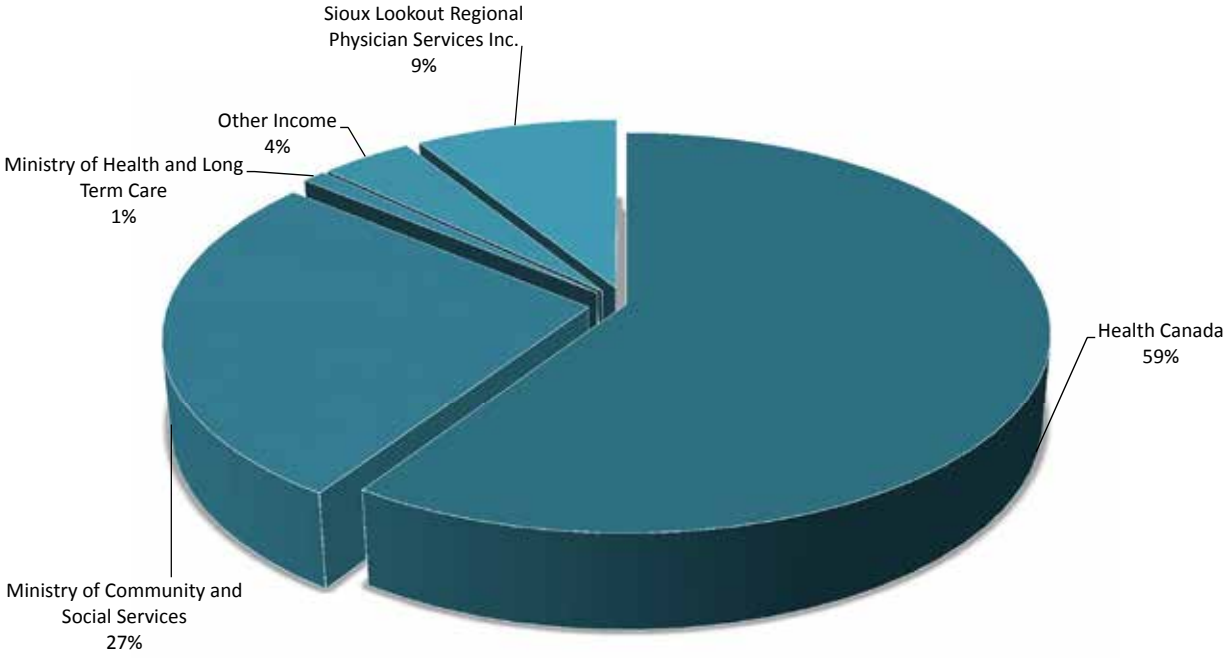
Included in accounts payable and accruals is an amount of $430,000 relating to estimated property taxes owing to the Township of Sioux Lookout for the 2013 and 2014 calendar years. The Organization's Hostel building has not yet been assessed by MPAC and the Township of Sioux Lookout has not yet levied any property taxes against the Hostel. The Organization is currently assessing its eligibility as a property tax-exempt entity, the outcome of which is unknown at this time. The actual amount of property taxes owing, if any, cannot be estimated and may be materially different than the amount currently recorded in the financial statements. The actual amount of the liability will not be known until such time as either the Hostel is assessed a value by MPAC and the Township of Sioux Lookout levies taxes against the Hostel or it is determined that the Hostel is, in fact, exempt from property taxes.

20. Comparative figures

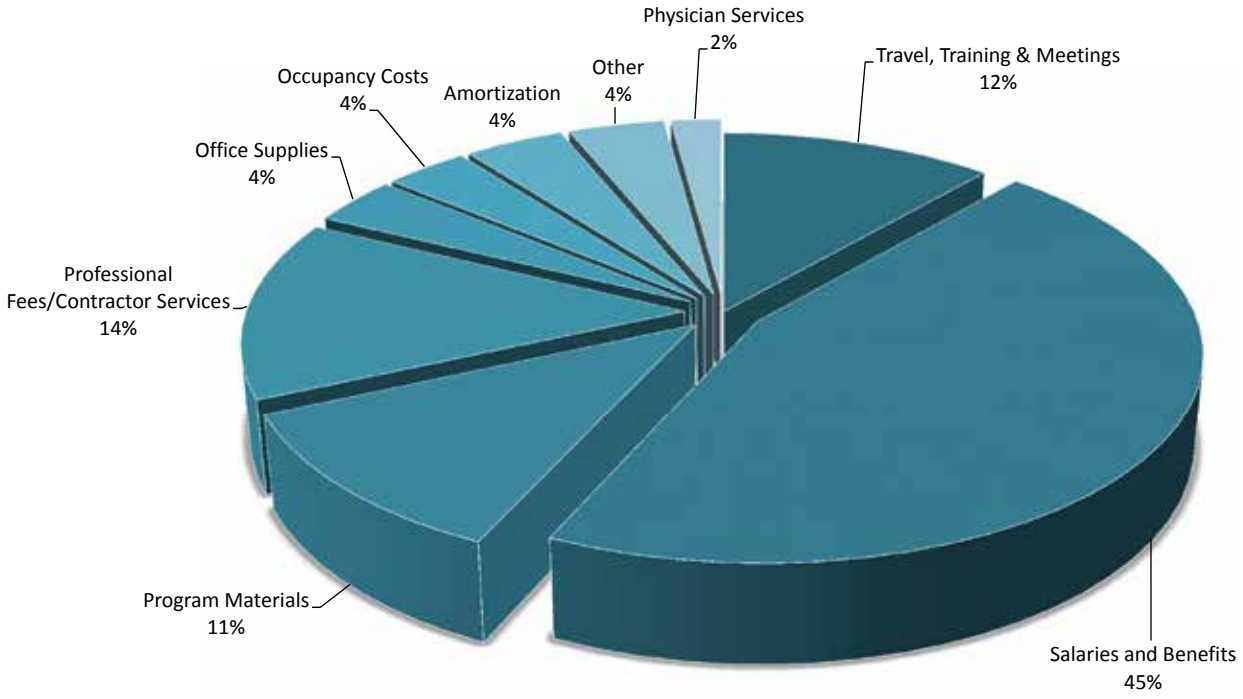
Certain comparative figures have been reclassified to conform with current year presentation.

FINANCIAL REPORT

Revenue by Category



Expenses by Category



Darryl Quedent

Director of Client Services

Client Services Department

WHO WE ARE AND WHAT WE DO

Under Sioux Lookout First Nations Health Authority (SLFNHA), the Client Services department (CSD) was established in 1995 to provide hostel services for clients travelling to Sioux Lookout for medical appointments. A new 38,000 square foot multi-level hostel was constructed and commenced operations in February 2011. With 56 guestrooms and 100 beds, the vision for the hostel is to create a warm, welcoming home-away-from-home environment for clients who need to live away from their home communities for short periods of time.

The Jeremiah McKay Kabayshewekamik (Hostel) was named after Jeremiah McKay, a respected member of Kasabonika Lake First Nation, and a passionate crusader for health care services for Aboriginal people. Kabayshewekamik in the Ojicree language means "a place of rest."

SLFNHA developed a business plan for the new hostel with the vision for providing:

- overnight accommodations for clients from northern First Nation communities
- extended stays for long-term clients
- accommodations for client escorts
- ground transportation and meal services for clients utilizing services at the hostel.

ACCOMMODATIONS PROGRAM

The Client Services department works with Health Canada's Non-Insured Health Benefits program (NIHB) to coordinate clients coming to Sioux Lookout for medical appointments. NIHB handles all prior-approval for the medical transportation program. The Accommodations Program is responsible for confirming prior approval information, coordinating guestroom check-in for the hostel, and completing referrals to hotels when the hostel is full. The Accommodations Program also oversees orientation of the hostel and informing clients of house rules. The hostel provided accommodations to 52,260 persons travelling for medical appointments last year. As shown on Table 1, the majority of clients stay at the hostel, and overflow is booked for at local hotels and motels.

Table 1: Accommodation Monthly Statistics

	Hostel	Hotel	Total
April 2014	3,076	1,516	4,592
May 2014	3,211	938	4,149
June 2014	2,980	1,169	4,149
July 2014	3,128	1,355	4,483
August 2014	3,270	1,465	4,735
Sept. 2014	3,152	1,732	4,884
October 2014	2,928	2,024	4,952
Nov. 2014	2,778	1,639	4,417
Dec, 2014	2,398	1,009	3,407
January 2015	2,844	1,397	4,241
Feb. 2015	2,794	925	3,719
March 2015	3,221	1,311	4,532
TOTAL:	35,780	16,480	52,260

Highlights and Achievements

- Over the past 12 months, 35,780 clients and escorts were accommodated at the hostel, which translates to an annual occupancy rating of 98%
- 16,480 clients were accommodated as overflow and booked into local hotels. This translates to an average of 45 clients accommodated at hotels each night
- Overall occupancy rating, including overflow, is 143%

Challenges and Priorities

- Average annual unused beds at the hostel is 2% and this vacancy is due to a room under repair and renovations
- Accommodations Clerks continue to utilize hotels for overflow and this creates hardship for clients who must travel back and forth for meals at the hostel and their medical appointments
- Utilization of hotels also creates financial pressures as per diem levels do not reflect actual costs to accommodate, transport and provide meals for clients

TRANSPORTATION PROGRAM

The Transportation Program is responsible for providing ground transportation to and from the airport, and rides to the medical appointment locations and pharmacies. The Transportation Program will also provide rides to hotels when there is no room at the hostel.

Highlights and Achievements

- Each year, the program completes an average of 50,000 trips, moving more than 100,000 passengers
- Safety Matters provides driver training in areas of Defensive Driving and Transportation of Dangerous Goods
- In-house training is provided for drivers in areas of proper lifting and car seat installation

Challenges and Priorities

- Taxis are not available after 10 p.m. and the hostel has incorporated an after-hours, on-call Driver Program, using drivers from casual relief pool. After-hours drivers move clients between the hostel and local hotels

HOSTEL SECURITY PROGRAM

The Hostel operates a 24/7 security program and it is responsible for ensuring the safety of all clients and employees. The security personnel enforce no smoking inside of the hostel and our zero tolerance policy for alcohol and illegal drug use on Hostel property.

Highlights and Achievements

- Supervisor and one staff attended Non-Violent Crisis Intervention training to properly deal with clients who become uncooperative and violent
- Five additional security cameras were added to monitor the hostel more efficiently
- Five additional panic buttons were installed in the second floor administration offices

Challenges and Priorities

- In order to address concerns for security personnel visibility in hostel, new uniforms and jackets will be implemented in the new fiscal year
- For the safety of clients and staff, all persons under the influence of alcohol are referred to the Out of the Cold shelter. Hostel staff arrange for beds at the shelter and coordinate taxi rides for clients.
- Hostel management continues to participate at quarterly meetings for the Healthy Communities Taskforce committee. It is expected that recommendations will be released in the 2015-2016 fiscal year to address social concerns which impact the Municipality of Sioux Lookout.
- Non-violent Crisis Intervention training will be provided to new staff and other departments in summer 2015

CLIENT ADVOCACY AND SUPPORT

The Client Representative continues to:

- participate in cross-cultural orientations for health care professionals
- attend patient rounds with medical staff
- work with clients at the hostel for referral to service providers
- assist with translation

Highlights and Achievements

- Continuing to assist clients who are applying for social housing and are here for long-term medical treatment
- Following up with clients who were dismissed from the hostel for public intoxication, reviewing hostel house rules, and signing forms to ensure they understand and adhere to house rules
- In January 2015, the CSD Director and Client Representative presented to Sioux Lookout Zone Health Directors that hostel incident reports, involving alcohol and drugs, will be sent to communities and there is a need for follow-up and discussions how to deal with the situations. This process will commence in April 2015.

Challenges and Priorities

- Continuing to provide updates using Wawatay Radio. Recordings of the radio shows are sent on CDs to each individual First Nation Health Director and Band Office
- Continuing work with the Patient Liaison Officer at Shibogama Tribal Council office for clients who have been denied Medical Transportation Benefits
- Working directly with local First Nation Health Directors when dealing with clients who are struggling with social issues while staying at the hostel

HOSTEL DATA ENTRY

The Hostel Data Entry Clerk is responsible for compiling data for the Finance department for all clients who utilize the hostel each night. The Clerk is also responsible for ensuring that all client information is stored in Medical Transportation System and Hostel 5 Star Reservation System.

Highlights and Achievements

- SLFNHA's Information Technology department works with Data Entry Clerk to reformat type of client information needed to complete invoicing to FNIHB
- SLFNHA has a working arrangement with FNIHB to access the Ontario Medical Transportation Database System to coordinate an effective billing process for all prior-approved clients

Challenges and Priorities

- Hostel Management is working with the Finance department to enhance and improve the billing process and to ensure quick turnaround time for payments

ACTIVITY PROGRAM

The Activity Program Coordinator plans and coordinates recreational and social activities for clients at the hostel.

Highlights and Achievements

- Christmas presents provided to clients staying at the hostel during the holidays
- New Year's Baby was presented with a gift basket
- Fun bingos and movie nights had 452 participants
- Cooking classes for pizza, bannock dogs and bannock making
- 344 children utilized Hostel playroom
- New moms program had 40 participants
- Activity Coordinator continues to provide used clothing giveaways and toy/book drives

Challenges and Priorities

- The Activity Coordinator has been able to partner with local service providers to provide daily programming and training opportunities for clients of the hostel
- Hostel management is also working with the Nodin CFI department and SLMHC to provide activities for clients

FOOD SERVICES PROGRAM

The hostel cafeteria provides three hot meals per day, per client. A domestic kitchen is also open for hostel guests to use to make coffee/tea and light snacks. We serve 122,600 meals for hostel clients each year. This total includes clients accommodated in local hotels/motels and airport bagged lunches.

Highlights and Achievements

- SLFNHA awarded Food Contract to Aramark Canada Ltd and implemented new hot food program in November 2014
- SLMHC and Aramark working in partnership to offer a Traditional Miichim Program which provides hostel clients with weekly food menu specials such as fish, moose, duck and geese.

Challenges and Priorities

- SLFNHA and Aramark working together to improve quality of hot food delivery, which includes making changes to weekly food menu items. SLFNHA and SLMHC in discussions to increase weekly traditional food items to two or three times per week. However, the Miichim Program is struggling to maintain sufficient quantities of wild game donations.
- Full-time dietary staff recertified on Safe Food Handling Course and new staff hires will be trained

HOSTEL GUEST SERVICES PROGRAM

A Hostel Guest Services Program is available for hostel clients who may require assistance and information about hostel and hospital services. The Guest Representative also provides front desk coverage, meets and greets incoming visitors to the hostel and provides translation services.

Highlights and Achievements

- Introduced a new guest services directory to all hostel guestrooms
- A new pamphlet was developed by SLFNHA's Communications department and Hostel Guest Services, which provides an overview of the Hostel's programs and services
- SLFNHA and Hostel did a Radio Show on Wawatay Radio to provide an update on hostel services and issues
- In addition to face-to-face customer surveys, the Guest Services Representative has placed new comment cards in guestrooms for clients to fill out

Challenges and Priorities

- Continue to work with clients who are having problems navigating in and around Meno Ya Win Health Campus
- Continue to work with clients on the promotion of the services available
- Looking at ways to improve communication between hostel staff and clients. This includes more frequent client surveys, more contact with clients to discuss hostel services, and promotion of hostel services using pamphlets and radio shows.

HOUSEKEEPING/LAUNDRY SERVICES

Housekeeping is responsible for cleaning each guestroom daily and maintaining cleanliness in the administration offices and public areas.

Highlights and Achievements

- Northwest Pest Controls completes monthly inspections for the hostel and have reported no bed bugs during inspections.
- Hostel management has partnered with Northwest Pest Controls to provide the hostel with training and cleaning equipment to perform bed bug treatment for guestrooms.
- Ecolab completing quarterly service visits to the hostel for equipment and completing WHMIS training for staff.

Challenges and Priorities

- SLFNHA is coordinating own in-house management services for housekeeping/laundry services
- In efforts to improve quality, the Hostel Team Leaders will be attending, and providing, regular training for housekeeping and laundry services
- SLFNHA and Hostel management in discussions with service providers who are interested in providing a cost-effective way to purchase materials and supplies for the organization.

MAINTENANCE PROGRAM

The Maintenance Program ensures that general maintenance functions and building repairs are completed for the hostel.

Highlights and Achievements

- Hostel management worked with Canadian Mechanical Ltd. to complete a thorough maintenance check on the facility's heating system, to ensure that the equipment was working according to operational specifications.
- Hostel management signed an annual contract with Barcol Controls Ltd to provide quarterly services for Hostel HVAC system and perform any after-hour emergency equipment repairs to HVAC systems.
- SLFNHA has contract with Thyssen Krupp Elevators for monthly equipment maintenance. SLFNHA also retains contract services from Superior Propane, Dryden Fire/Security and Troy Life for annual inspection of building components and systems.

Challenges and Priorities

- The Hostel management team plans to upgrade the HVAC computer equipment for remote control monitoring for maintenance department. Hostel is working with Barcol Controls Ltd to implement new system in the new year
- Hostel management continue to monitor the number of maintenance/repair request

MOVING FORWARD AT JEREMIAH MCKAY KABAYSHEWEKAMIK

The management at the Hostel is constantly looking for better ways to measure and improve on our services. As part of this process, SLFNHA and the hostel management team are conducting an Internal Hostel Review to ensure that hostel programs and services are meeting the needs of the clients and providing them in a culturally appropriate and comfortable environment. As we move forward on the review process, it is expected that internal changes will be made to better serve the clients and to ensure that standard processes are used when providing services.

END

Message from the Chief Operating Officer

This past year, we've undergone some changes to the organizational structure within SLFNHA. In January 2015, I was promoted to the role of Chief Operating Officer (COO). In this new role, I will continue to oversee health services, plus Nodin CFI. This role includes directing, administering and coordinating the operations assigned to me in accordance with the policies, goals and objectives established by the Board of Directors and Executive Director.

The work will also include the Anishinabe Health Plan (AHP). In March 2006, the Sioux Lookout district Chiefs approved and mandated SLFNHA to proceed with the implementation of this plan. The AHP details the steps and requirements necessary for the implementation of an integrated regional primary health care system under First Nations governance and management.

In the past nine years, SLFNHA has done the following work supporting the AHP:

- Planning, negotiating and implementing the long-term agreement for regional physician services
- Development of the Primary Care Integration Business Plan
- Client Coordination Review
- Development of Approaches to Community Wellbeing (Public Health Model) and moving forward with implementation
- Mental Health Review
- Dental Health Program Review
- Primary Health Care Clinic Review
- Planning and establishing the Regional Wellness Response Program

The AHP will reach its 10-year anniversary in 2016, but this Plan is still very relevant. The implementation is a long and challenging process, but SLFNHA continues to work with its partners and stakeholders at various levels to implement the AHP and work towards a coordinated regional health care system that is grounded in Anishinabe ways.

Janet Gordon
Chief Operating Officer

Guided by the Anishinabe Health Plan (AHP), SLFNHA continues to work with its partners and stakeholders at various levels to implement the AHP and work towards a coordinated regional health care system that is grounded in Anishinabe ways.

PROGRAMS AND SERVICES

PHYSICIAN SERVICES

Year in Review

Recruitment

- Recruitment was quite successful even though we do remain at approximately half of our full physician equivalent.
- We recruited three new grad physicians to the northern practice this last fall, all of whom had either worked with us as residents or medical students. This verifies that continued support as a learning site is very important to the region.
- Amdocs signed one part time physician recently.
- The Hugh Allen Clinic physicians saw the retirement of one physician in December 2014.
- The Northern Obstetrical Program was able to be supported with all three new grad physicians having an interest in the extra exposure to obstetrics to strengthen their skills.
- Sioux Lookout Regional Physician Services Inc. (SLRPSI) has great potential for at least four new physicians to join this upcoming year
- SLRPSI will host a two-day workshop in April 2015 to discuss what should be our focus for the retention of our regional physicians. Once we have the final paper from this workshop we will be setting our priorities for retention and recruitment for the current year and the next three to five years.

Electronic Medical Records

- Connectivity in most northern clinics for physicians to work with the electronic medical record (EMR) system has improved but there are challenges remaining in a few facilities with either not enough bandwidth designated to the nursing station or no fibre optics.
- The OntMD funding for the EMR and the current contract for the service provider company will end in March. Options to replace both will be reviewed.
- Various research projects/proposals using the vital information in the EMR system for best practice for all clients of our region are ongoing.

Northern Clinic

- Movement on the temporary Northern Clinic space has been experiencing a few delays, however we remain hopeful for a fall opening.
- Health Canada (to date) provided $65,000 toward clinic furnishings and equipment. SLRPSI is reviewing their budget for further funds required for operation of the clinic/office space.
- A nurse practitioner will join the clinic team on June 1st, 2015. The role and program delivery will be developed.
- During the fiscal year, there were 3,935 client visits to the northern clinic, of which 285 were seen by the Sports Medicine Specialist.

	2011/12	2012/13	2013/14	2014/15
Physician Community Days	2221	2048	2013	2229
Northern Appointment Clinic Days			3936	3935

Physician Services

Challenges

- Sustaining a level of physician resources required for the region
- Sustaining funding from the MOHLTC for the level of human resources needed for regional physician services
- Promote good working relationships between Board, Physicians, and Management/support services
- Sharing a common vision for a true regional physician service

Moving Forward

- Move/set up of new temporary clinic/office space
- Integrate the new nurse practitioner into the Northern Appointment Clinic
- Complete cultural orientation videos and manual
- Establish a new service provider for the physicians' regional EMR, as well as hiring local IT support and research ongoing funding options
- Continue efforts for creative recruitment and retention of physicians
- Review physician scheduling and work load distribution to help create a sustainable work environment while providing quality health services. Review remunerations set for work distribution.
- Launch new physician scheduling software
- Define our role within the area research programs
- Develop a Suboxone working group to discuss best practices and supports by physicians for community programs

DEVELOPMENTAL SERVICES PROGRAM

Background

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

- The program is currently staffed with two workers who support clients and their families, act as a resource for health care providers/social workers, and promote programs to communities.
- 125 referrals to date. 61 clients are active and six individuals on waiting list for eligibility assessment from Developmental Services Ontario (DSO).

Clinical Assessment Program

- The program serves adults 18 years of age and older and their families living with developmental disabilities.
- The Mashkikiiwininiwag Mazinaatesijigan Wichiiwewin (MMW) program uses video conferencing technology to provide northern Ontario communities with enhanced access to clinical services and resources for adults living with developmental disabilities.
- Partnership with Surrey Place Centre based in Toronto and Community Living Dryden/Sioux Lookout. These partnerships allow access to a multidisciplinary clinical team comprised of a psychiatrist, psychologists, behavioral therapist, speech and language pathologist and an occupational therapist.

Transitional Youth Program

- Designed for young adults ages 18 to 24 who have been identified with a developmental disability and who have graduated or have been out of high school for two years.

Year in Review

- 22 community visits
- Support and coordination of 155 Clinical Assessments
- 15 new intakes with 12 Developmental Services Ontario (DSO) assessments completed and two client files closed due to client not showing
- Supported 16 clients and families attending court. Four clients who were involved with the Ontario Review Board courts were supported with their release planning and identifying the supports/ needs required in their respective communities.
- Passport Funding Program approved eight passport funds to clients and enables them to seek support workers in homes and community.
- Ministry of Community Support Services (MCSS) approved five temporary Support Funding to clients in communities.
- Ministry of Social Services approved two specialized Accommodation Funding to clients who can leave the community and have access to Centres
- Three clients successfully transitioned from their respective communities into Group Living placements
- Assisted in securing successful employment for one client, client has been employed since April 2014.
- Partnership has been established with the recreation program in Lac Seul First Nation to focus on giving clients opportunities in volunteer placements, which may lead to employment if successful.
- Two clients have successfully graduated from high school
- Continued support is provided to clients in areas of skill development, social, recreational and healthy living through various hands-on activities and outings.
- 36 clients and caregivers attended the annual workshop

Challenges

- Individuals with developmental disabilities are often discharged back into their communities from health care facilities (i.e. psychiatric facility) without any further clinical supports
- Lack of specialized community services and resources in the community which may cause an individual to live in isolation. Relief for families & caregivers is absent
- Identifying people to work with clients if needed
- Families live in difficult situations such as overcrowding and poor housing conditions as well as living in crisis with a family member who has a dual diagnosis or severe behavioural issues.
- Lack of adequate facilities for program activities, i.e. social skills, life skills, relationships with peers and adults, recreational and social activities.

Moving Forward

- Continue to work with First Nation communities to provide education, supports and/or services and access to resources for individuals living with developmental disabilities
- Continue to lobby for improved/enhanced services and resources for clients
- Continue to train community members to work with clients with developmental disabilities
- Continue to identify educational needs and promote educational opportunities for health care professionals, families, clients and support networks
- Continue to move forward on the principle of networking with communities and agencies

TUBERCULOSIS CONTROL PROGRAM

Since 1997, Sioux Lookout First Nations Health Authority has delivered the Tuberculosis (TB) Program. The goal of the program is to decrease the incidence of tuberculosis in First Nation communities in the Sioux Lookout area through case finding, supportive case treatment, contact tracing, education and surveillance. Funding is through a yearly contribution agreement with First Nations and Inuit Health Branch. The TB Program follows the Canadian TB Standards, 7th Edition.

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

Year in Review

- The rate of tuberculosis in Sioux Lookout area communities had been declining steadily since 2001, but case numbers increased in 2013. We are happy to report that the number of TB cases decreased to five (5) in 2014.

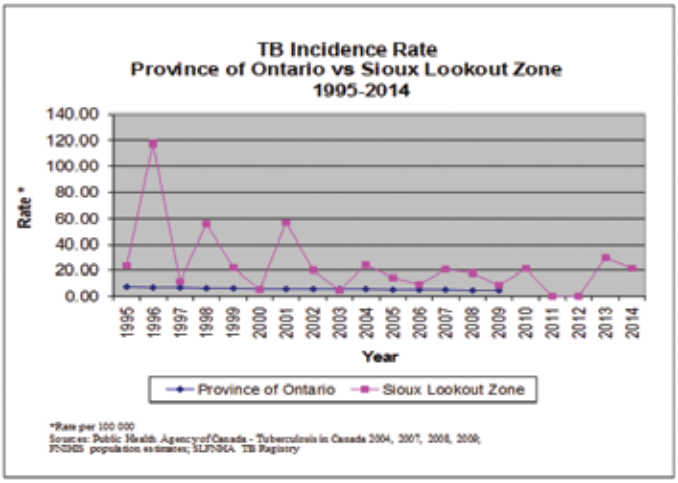
- In the past year, 60% of TB cases were identified by investigation of signs and symptoms. The other 40% of cases were found through contact tracing. This is in line with how cases are found across Canada ("Tuberculosis in Canada" 2012, Public Health Agency of Canada).
- Early in 2015, new medical directives for TB screening were developed by First Nations Inuit Health Branch (FNIHB), ON Region.
- Communities have embraced new technologies for learning. The SLFNHA website, which is updated regularly, provides information about TB and links to relevant sites.
- The TB Educator provided many educational sessions through community visits and regular TB information sessions were provided at the Jeremiah McKay Kabayshewekamik (hostel).
- The hostel was the venue to commemorate World TB Day on March 24. Educational packages with community specific information were sent to all Health Directors and nursing station staff to share with community members.

Challenges

- Due to the complexities and the multidisciplinary partners required for effective TB control, many challenges exist. Gaining access to expert TB advice can be a challenge.
- Co-ordinating care in remote communities can pose a challenge.

Moving Forward

In alignment with the principles of the Anishinabe Health Plan, the SLFNHA TB Program aims to continue a targeted approach towards the reduction of TB, as well as health protection.



Through community driven processes, we aim to:

- Promote initiatives to improve determinants of indigenous health
- Educate healthcare providers and community members about tuberculosis and focus on case finding tactics to more effectively meet the needs of the communities.
- Continue to work with community leadership
- Transitioning program to Approaches to Community Wellbeing

FIRST NATIONS AND INUIT HEALTH INFORMATION SYSTEM

SLFNHA manages a centralized database for the First Nation communities in the Sioux Lookout area. This database is called the First Nations and Inuit Health Information System (FNIHIS).

The FNIHIS program collects and enters immunizations, Mantoux (TB) tests, new client core information and client mortality information. The FNIHIS Clerk inputs all the data received from the nursing stations/clinics, as well as from the multiple health units and hospitals. The clerk creates monthly immunization schedules and yearly schedules for hepatitis B and Influenza for the First Nation communities in the region. Immunization/Mantoux (TB) records and specific client core or immunization/Mantoux reports are available upon request for the nursing stations in each community.

Client Core Data	
New Clients	342
Changes to Client Core	675
Deaths	66
Immunization Data	
Immunization Entries	12913
Mantoux Testing Entries	385
Immunization/Mantoux Records Requested	1144

Challenges

- Funding for this program has not changed for many years and has been in a deficit. This issue is being reviewed with First Nations Inuit Health Branch (FNIHB).

REGIONAL WELLNESS RESPONSE PROGRAM

Due to an emergence and steady increase of prescription drug abuse specific to opioids (needle usage and sharing), increased reported cases of blood-borne infections such as the hepatitis C virus and sexually transmitted infections in First Nation communities served by SLFNHA, it was imperative to implement measures to address these interrelated priority issues.

The Chiefs in Assembly at the 2011 SLFNHA Annual General Meeting passed a resolution mandating the development of a Regional Opiate Drug Abuse Strategy. Consequently, our Health Services department established the Regional Wellness Response Program (RWRP) in January 2013 to be a resource to all 33 First Nation communities, and developed several services to put the resolution into action. Funding from different sources allowed for the creation of an interdisciplinary team of seven staff to provide five services to help address the priority issues. Services include: Regional Coordination, Needle Distribution, Community Wellness Development Team, Hepatitis C Support, and Education.

Regional Coordination

- Successful liaison with community leadership, frontline workers, health care providers, etc.; allowing for further development of strategies to address prescription drug abuse and related harms.
- Data collection on addiction services operating in communities to allow for improved planning, collaboration and coordination.
- Program promotion through the development and distribution of RWRP service folders, a RWRP PowerPoint, information package, and program poster.

Needle Distribution Service

- Operated by SLFNHA since January 2013 and currently 17 communities utilizing the service.

April 2013 to March 2014	April 2014 to March 2015
9404 kits sent out	13,990 kits sent out
TOTAL - 94,040 needles	**TOTAL** - 139,900 needles

Community Wellness Development Team (CWDT)

- CWDT secured funding for this coming fiscal year 2015-2016
- Since inception, the team successfully helped a number of communities establish treatment programs or implement strategies to address opioid addiction.
- Team's catchment area includes 39 communities.
- Success is evident in the number of established community-based Suboxone programs.
- In SLFNHA's catchment area, there are 23 Suboxone programs operating.
- During this fiscal year, the team provided support, education and consultation to nine communities via community visits and teleconferences.
- In April and May 2015, the team provided guidance to five communities during proposal writing for multi-year (3) funding, to meet Health Canada's June 1, 2015 submission deadline.

Hepatitis C Support Service

- After receiving funding to support a Hepatitis Case Coordinator position in January 2014, an information package was developed for service initiation, and knowledge of hepatitis C virus (HCV) transmission and prevention was increased through communications materials and advertising
- Direct client care began March 2015 (i.e. eight referrals and anticipating more to come).
- Development of surveillance data collection spreadsheet to track clients.
- In process of developing a treatment component to add to our Hepatitis C Support Service.
- Recruiting for a Hep C Treatment Nurse to complete the treatment team, comprised of our Hep C Case Coordinator and treating Physician(s).
- Objective is to increase accessibility for hepatitis C treatment in our region for those living with HCV rather than having to access treatment in Thunder Bay or Winnipeg.

Educational Campaigns and Presentations

- Delivery of education on addiction, harm reduction, RWRP services, and on Hepatitis C have been delivered extensively this year by all staff.
- Four presentations to healthcare providers via teleconference, 11 presentations to partners and stakeholders, eight community-based presentations, and two display booths at events
- Printed materials and advertisements created and distributed throughout region

RWRP Challenges

- Program planning and recruitment/retention of staff difficult when funding is only secured on a yearly basis.
- No data program.
- Consultants are certainly of value however ideally all staff should be permanent.

Moving Forward

- Submitted multi-year funding proposal to Health Canada for salary dollars (for 4 more staff), to support the design/delivery of a culturally based "Mobile Land-Based Aftercare Program."
- To develop a Hepatitis C Support and Treatment Service, ideally to start treating during 2015-2016 fiscal year.
- Target for seven community visits (or more if requested) to provide education about the hepatitis C virus, facts on opioids/addiction, harm reduction.
- To continue to support communities to develop community-driven treatment responses, including aftercare, and to respond to blood-borne infections.

TELEMEDICINE PROGRAM

Program Overview

The primary purpose of the Telemedicine Program is to provide access to mental health specialized services and professional health care via private videoconference consultations.

Education and training, presentations and administrative meetings are delivered through videoconferencing technology on an ongoing basis, benefiting SLFNHA staff, community members and partner organizations.

Supporting First Nation communities within the Sioux Lookout area, the Program operates in partnership with the KOeHealth and Ontario Telemedicine Network (OTN). Working closely with the newly established Tele-mental Health Service Coordination Agency (Weechi-it-te-win Family Services), we provide access to child & youth tele-psychiatry at the Hospital for Sick Children in Toronto. As needed, other health care providers outside of our region are also utilized in overall support of health care needs delivered through video-link to remote First Nations.

Telemedicine Annual Statistics:

Event Type	Coordinated Events	Clients Seen
Clinical : Mental health counseling, psychology, psychiatry, special needs services & therapy, primary health care	312	182
Education: Mental health, primary health care, research, funding, policy & planning development, SLFNHA programs updates	81	
Administrative	44	
TOTAL	437	182

Year in Review

Program Development Activities:

- Participation of the Trauma Teams-Clinical & Case Management Workshop in Sioux Lookout
- Tele-mental health service case management and coordination, facilitation and scheduling
- Establishment of a productive relationship with the representative of Tele-mental Health Coordinating Agency- Weechi-it-te-win in Fort Frances
- Improved coordination of initial/follow-up referrals to child/youth mental health clinics
- Purchase of a new videoconferencing unit, delivered to Pikangikum First Nation
- Contributions to regular meetings with KOeHealth and community-based telemedicine coordinators
- Research and information sharing in respect to a new videoconferencing applications available through OTN
- SLFNHA Telemedicine Program representation at the eHealth 2014: National First Nations e-Health Showcase in Vancouver

Program Educational & Promotional Activities:

- Orientation of new staff in support of effective application of videoconferencing on the job, review of available services & support, procedures and completion of forms
- Celebration of World TB Day, two live webinars were offered to public: "New Technologies in Nunavut to diagnose active TB" and "Look at TB around the Globe."
- Public sharing of upcoming educational videoconferences & webinars on www.slfnha.com and via email distribution

Challenges

- Lack of effective communication and health information sharing between health service providers and community-based nursing stations, resulted in an increase of clinics cancellations and delays in timely service delivery.
- Invalid health cards and inaccurate client information contributed to longer wait-times for service
- Statistical information discrepancies between SLFNHA Telemedicine Program and KOeHealth resulted cutbacks in program funding

Moving Forward

- Strengthening coordination and integration of mental health service delivery within the region
- Resolving data collection discrepancies between SLFNHA, KOeHealth and OTN
- Partnership development
- Internal/external education supporting practical application of clinical videoconferencing, in particular within SLFNHA's Nodin CFI department and community-based mental health workers

ANISHINAABE BIMAADIZIWIN RESEARCH PROGRAM

The Anishinaabe Bimaadiziwin Research Program is completing its second year in operation as a joint initiative between SLFNHA and Sioux Lookout Meno Ya Win Health Centre (SLMHC).

The research unit coordinates and facilitates access to health data and evidence for health providers to support and advocate for the delivery of appropriate, adequate and proactive health care at the community-level. In addition, the unit assists communities in the Sioux Lookout area to set priorities for health research.

ANISHINAABE BIMAADIZIWIN RESEARCH PROGRAM

A joint initiative of Sioux Lookout Meno Ya Win Health Centre and Sioux Lookout First Nations Health Authority

Vision

Healthy communities through the preservation and growth of knowledge and understanding.

Mission

Work with communities and researchers to foster an environment of curiosity, inquiry, promotion and advocacy to improve health for people living in the Sioux Lookout area.

Goals

Advocate for the preservation and growth of knowledge and understanding; encourage research that is relevant, ethical and community-oriented; and assist researchers and communities to build strong and equitable partnerships.

Year in Review

- Research Program Lead is now located at both SLMHC and SLFNHA
- Participated in research projects from SLMHC, Northern Ontario School of Medicine and Lakehead University
- Contributed to the development of a number of grant proposals including NOAMA grants (Clinical Innovations Opportunities Fund), Women's Xchange (15K Challenge), and the Canadian Institutes for Health Research – Operating Grant: Pathways Implementation Research, LOI and Component 1 (two grant applications were submitted for this fund).

Challenges

- Continue to develop protocols and procedures as the program grows and the number of research projects increase
- Continue to promote the positive role of research as a tool to investigate health issues and provide education about community-based participatory research methodology, which has had positive outcomes for groups and communities.

Moving Forward

- As development of the unit continues, focus will shift to ensure the Research Program is a reliable

and credible go-to source for all things related to health research in the Sioux Lookout region. This will mean developing partnerships with universities, hospitals, research centres, communities, etc. to ensure activities taking place in First Nation communities and in the Sioux Lookout area are relevant to community needs.
- Continue to promote the research program locally and across the region for both communities and researchers so that there is a general understanding of how to move forward with research and who to go to for assistance when approached to participate in potentially valuable research projects.
- Explore and initiate partnerships that will assist the sustainability of the research program and help it to grow.
- Disseminate knowledge and provide opportunities for community members to share wisdom and concerns about health issues.
- Partnership with Northwestern Health Unit for Food Basket study

NODIN CHILD AND FAMILY INTERVENTION SERVICES

Nodin Child and Family Intervention Services (Nodin CFI) provides mental health services for children, adults and families to First Nation communities in the Sioux Lookout area. Services include: mental health counselling and assessments, early interventions, specialized clinics, cultural services support, crisis response support and special needs case management. Our services are funded by the Ministry of Children and Youth Services and First Nations and Inuit Health Branch of Health Canada.

Mental Health Services

Year in Review

- The area teams provide brief and ongoing counselling supports to clients. The goal of Nodin CFI is to provide a comprehensive continuum of quality mental wellness programs and services in the First Nation communities throughout the Sioux Lookout area.
- Acute care services are based in Sioux Lookout and provide intensive, brief counselling to individuals who are demonstrating 'high risk' behaviour that cannot be responded to at the community-level. A referral made by a physician or Nurse in Charge is required and travel is approved by Non Insured Health Benefits.
  - There were 303 individuals seen in acute care services this fiscal year and many of these clients were referred for follow-up in their home community by either a Nodin CFI counsellor or the community mental health worker.
  - Counselling services were provided to 124 students attending Pelican Falls First Nations High School.
- On-Call, after-hours response services provide monitoring and mental health counselling services after regular office hours and on statutory holidays. The After Hours Workers also provide emergency counselling services from 10:00 p.m. to 7:00 a.m., seven days a week at SLMHC and assist with the initial response to requests from communities for crisis response support.
- The speciality clinics provide a range of services to clients from First Nation communities including psychology, psychiatry, expressive arts therapy and special needs case management. These services are provided both in Sioux Lookout and the northern communities. There was a significant increase in the number of clients who received these specialized services and this, in part, was due to the hiring of an Expressive Arts Therapist based in Sioux Lookout.

Category	Services	2010-11	2011-12	2012-13	2013-14	2014-15
Counselling	Sioux Lookout Services	919	739	599	402	427
	Northern Services	1,879	2,149	844	1,507	1,139
Specialty Clinics		473	526	647	585	1,432
Traditional Healing		2,500	2,452	1,780	2,876	2,126
Total # of Clients Seen		**5,771**	**5,866**	**3,870**	**5,370**	**5,124**

- Our staff have provided workshops at the community-level, particularly with children and youth as requested by school principals. Debriefing sessions were facilitated for community resources workers upon request.

Challenges

- Meeting the increasing number and variety of requests for mental health services within the constraints of limited staff and financial resources. For example; mental health counsellors having to be assigned to two or three communities resulting in visits to the community once every six-weeks.
- Nodin CFI counsellors are seeing a rise in the complexity of their clients' problems and due to long wait lists and limited resources aren't able to fully work through each client's individual cases
- Lack of specialized mental health resources and supports being available in our communities and Northwestern Ontario
- Staff travelling to the communities to provide services are finding it increasingly difficult to secure accommodations and this results in the mental health counsellor not being able to travel to the community which ultimately leads to cancelled appointments and clients' needs not being met

Moving Forward

- Implementing changes to our client information management system as directed by the Ministry of Children and Youth Services, including new assessment tools, data elements and case management processes
- Increased use of tele-health sessions by the mental health counsellors for counselling appointments between community visits
- Increased number of specialty clinics being held in the communities
- Continue to work with the communities to provide supports and/or services for children and youth living with multi-complex special needs
- Group sharing circles and educational workshops will be offered at the hostel beginning in July 2015 several evenings per week
- A meeting with potential partners is planned for this coming fiscal year to present the completed Feasibility Study for the development of a Child Advocacy Centre to serve the First Nation communities in the Sioux Lookout area
    - A child and youth advocacy centre is a service that provides a child-friendly environment to investigate and work with child victims of crime. The centre brings together all of the services which would work with child victims (health, mental health, child welfare, police, crown attorney) to organize their efforts so the least amount of trauma is experienced by the child from the process of gathering information for any resulting court processes in a criminal case. It also ensures that timely supports are in place for the child victim and his/her family.
    - The purpose of the meeting is to discuss whether all partners are in support of the concept and willing to begin development of a centre in the region
- Participation in the Sioux Lookout Chiefs Task Force on Mental Wellness, which will be conducting a review of the mental health and addictions services in the Sioux Lookout region to: inform the development of strategies that will address gaps in services; increase collaboration among all the regional and community resources; and create a strength-based cultural approach to prevention, intervention and healing to support the Mental Wellness Continuum Framework
- Partnership with Tikinagan Child and Family Services to develop specialized mental health supports and services for children in their care

Crisis Response Program

The Crisis Response Program responds to community requests for services based on criteria established for the types of crisis we are able to assist with (e.g. suicide, homicide, multiple sexual abuse disclosures and fatalities from house fires, plane crash, motorized vehicle accident or drowning). The First Nation community determines their level of crisis based on their own assessment of needs and support required to deal with the crisis situation.

Once a request is received from the First Nation, the Crisis Response Program will arrange for crisis support teams from neighbouring communities to travel to the community in crisis and/or provide Crisis Consultants who are on contract with SLFNHA. The crisis teams and consultants work closely with the community's crisis coordinator or designate as they assist individuals and families in crisis, continuously assess the needs of the immediate family unit for ongoing intervention or monitoring, debrief local resource workers or volunteers and participate in any meetings called by the crisis coordinator.

Year in Review

During this year, the program received a total of 41 community incident reports and responded in the following ways:

- Crisis teams from 17 different communities were deployed on 31 occasions and provided 115 days of crisis support
- Crisis consultants were sent to 18 communities requesting assistance on 105 occasions and provided 430 days of crisis support to 1,433 individuals
- Crisis consultants facilitated 461 crisis intervention group activities with 11,688 participants attending

A five year statistical summary for the program is below (Table A)

Challenges

- Responding to all of the requests for crisis support is a challenge given the limited financial resources available, in particular requests by the First Nation communities for ongoing follow-up visits by the Crisis Consultants
- This area of service has a high probability of going into deficit due to the nature of work. With funding set at a specified amount, the challenge is addressing what happens when funding runs out and there are more community crises to respond to.
- Responding to requests from school principals for debriefing of all the children attending the school when there is a crisis situation

Children's Mental Health and Addictions Services

This program provides workers in 13 First Nations communities that were chosen by the Ministry of Children and Youth Services. The pattern of difficulty in recruiting workers at the community level and frequent staff turnover continue to challenge the program. During the 2014/15 fiscal year, 545 children and youth received counselling services.

Year in Review

- Workers participated in three training events during the year covering topics such as Loss and Grief, Addictions, Self-Esteem, Emotional Dysregulation and Self Harm, Suicide Prevention
- Monthly case consultation through video conferencing with Dr. Peter Braunberger, Child Psychiatrist

Challenges

- Difficult to recruit, hire and retain individuals qualified and/or interested in the position at the community-level
- There are no travel dollars available for workers in the program or for clinical supervision at the community-level

Moving Forward

- Continued training opportunities will be provided for the workers in the areas of Opioid Addictions and Relapse Prevention and Trauma Focused Cognitive Behavioural Play Therapy

Family Healing Program

The Family Healing Program (FHP) receives funding from the Aboriginal Healing and Wellness Strategy under the Ministry of Community and Social Services. The FHP delivers a three-week healing program based on the model offered at Kiikeewanniikaan in Muncey. Secondly, the program is able to provide financial resources for community resource workers and Nodin CFI workers to participate in capacity-building training events.

Crisis		2010-11	2011-12	2012-13	2013-14	2014-15
Suicide	Completions	10	12	12	16	8
	Attempts	78	91	73	97	70
Homicides						8
Tragic Deaths						19
Crisis	Responses	119	193	193	281	129

Crisis Response Program- Table A

Year in Review

- Six individuals completed Level One towards a certificate in Counselling through Hinks Dellcrest Centre in Toronto and 12 individuals completed a workshop on Edu-therapy Grief Resolution in Thunder Bay. Taking these courses allows individuals to facilitate portions of the curriculum for the FHP
- 23 clients from the communities of Neskantaga First Nation, Nibinamik First Nation and Pikangikum First Nation completed the FHP at Kiikeewanniikaan in Muncey. The FHP covered the costs for all travel and program delivery since the Kiikeewanniikaan is not funded by Non-Insured Health Benefits
- Mental Health First Aid workshop was delivered to Health Canada employees in Cat Lake First Nation
- Nine individuals from Nibinamik First Nation, Webequie First Nation and Wunnumin Lake First Nation participated in a Returning to Spirit workshop

Challenges

- Planned activities get changed due to other events/ priorities in the community, crisis situations or weather; rescheduling the three-week program is extremely difficult for everyone involved.
- Communities have limited space to hold the FHP and it is costly to have the program delivered outside the community
- Finding trained and available facilitators who have specific knowledge of the Kiikeewanniikaan model
- Negotiating mutually convenient times for training of individuals willing to facilitate portions of the program curriculum, staff turnover and confidence in facilitating groups of participants

Moving Forward

- Continue to offer the FHP at the community-level when requested
- Increased clarity on roles, responsibilities and commitment by communities who wish to deliver the FHP
- Continue to offer capacity-building training opportunities to community and Nodin CFI workers so there are an increased number of trained facilitators available at the community-level
- Explore the feasibility of developing a healing lodge in the Sioux Lookout area where the FHP could be delivered

END

PROJECTS AND RESEARCH INITIATIVES

PUBLIC HEALTH PROJECT

Under Resolution 10/06 the Sioux Lookout area Chiefs mandated SLFNHA to develop a public health system for the communities we serve. Since then, SLFNHA has received funding from the Health Services Integration Fund (HSIF) of Health Canada. Funding began in August 2012 and ended March 31, 2015. The program staff includes a Public Health Project Coordinator, a Public Health Project Assistant, and a part-time Communications Officer & Research Assistant. This team works closely with the Chief Operating Officer to achieve project goals. The Project Team also worked with a working group, which included representatives from Health Canada, Ministry of Health and Long-Term Care, North West Local Health Integration Network, Thunder Bay District Health Unit, Northwestern Health Unit, Matawa First Nations Management, Keewaytinook Okimakanak Tribal Council, and First Nation communities.

Year in Review

- Five communities were visited in the spring/summer of 2014 and two were visited again in the winter of 2015. We also hosted two round table discussions with Dryden-area communities (June 2014 and February 2015).
- From October to December 2014, the Public Health Project Team conducted eight video conferences and two teleconferences (reaching 26 communities and four Tribal Councils) to provide an update on the Public Health Project to Health Directors and garner feedback into the draft model for revisions. The Public Health Project also presented at Shibogama's Health Directors Meeting.
- In February 2015, we hosted a meeting with Chiefs and Health Directors to present the public health model, titled "Approaches to Community Wellbeing," and the transition plan. At the end of the meeting, the Chiefs approved the model through Resolution 15-03 and the transition plan through Resolution 15-04.
- An Associate Medical Officer of Health was hired for a short-term contract from January to March 2015. During his contract, he produced two reports: one outlined considerations for the role and the other outlined existing health information systems and sources.
- Throughout the year, the project team presented at the Indigenous Health Conference, the Ontario Public Health Convention (TOPHC), and the Health Services Integration Fund annual meeting.
- External evaluators conducted an evaluation for year three of the project.

Challenges

- There was turnover in the Project Assistant position, which led to an increased workload on the Project Coordinator and Communications & Research Assistant.
- Agreement on the Associate Medical Officer of Health position took longer than expected and then two recruitment processes did not provide a suitable candidate.

Moving Forward

- The project will be renamed the "Community Wellbeing Project" to fit in line with the model.
- The Public Health Working Group will be disbanded, and in its place there will be two committees developed. One committee with be the Transition and Implementation Working Group (TIWG), which will include representatives from Tribal Councils and Independent communities. The second committee will be the Negotiations Table, which will include representatives from Health Canada, Ministry of Health and Long Term Care, North West Local Health Integration Network, Thunder Bay District Health Unit, Northwestern Health Unit, and the TIWG.
- Another recruitment process will be undertaken in the spring of 2015 to find a long-term AMOH candidate.
- The Community Wellbeing Project team will work with the TIWG and communities to begin defining community and regional-level program and human resources requirements, and preparing change management strategies to transition into the new system.

BABY TEETH TALK STUDY

The International Collaborative Indigenous Health Research Partnership's Baby Teeth Talk Study is part of a tri-nation research project entitled "*Reducing disease burden and health inequalities arising from chronic dental disease among Indigenous children: an early childhood caries intervention.*" This study is being simultaneously conducted in Canada, Australia, and New Zealand. The Baby Teeth Talk (BTT) Study, the Canadian arm of the project, is a community-based participatory research project being conducted in partnership with Aboriginal communities and organizations.

In the Canadian arm of the project, the Sioux Lookout region has had significant representation. Of the 544 pregnant First Nations (92.8%) and Métis (7.2%) women living in urban and on-reserve communities in Ontario and Manitoba originally recruited, 225 are from the Sioux Lookout area. As of March 2015, 176 were retained and it should be noted that seven (7) of the recruited prenatals moved to Thunder Bay and are now working with the Thunder Bay Community Research Assistant.

Year in Review – Second Year of the Study

- Mothers or primary caregivers to complete questionnaire #3 (last of the three questionnaires)
- Second intra- oral clinical examinations for three-year-old participants by a registered dental hygienist
- Final delivery of dental educational sessions with the mothers or caregivers

The intra-oral examination is the most crucial part of the study. This is the point when we collect the primary outcome data for our project to assess the effectiveness of our pre- and post-natal preventive and behavioral interventions to prevent caries in young Indigenous children.

Before the start of the clinical oral examinations of the two and three-year-old participants, the Community Research Assistant Coordinator in Sioux Lookout was responsible for delivering the preventive and behavioral interventions to the participating mothers and their children in the region.

Challenges

- Difficulties in coordinating travel and accommodations needs due to unique challenges in remote communities (weather, community events, lack of accommodations, etc)

Moving Forward

- Complete study in March 2016

COMMUNITY WORKER MODEL PROJECT FOR DIABETES CARE

In 2014, SLFNHA and Dignitas International (DI) launched a collaboration to strengthen community-based care for Type 2 diabetes in First Nation communities in the Sioux Lookout area. We aim to develop, pilot and evaluate a program to train and support community health workers (CHWs) to deliver improved diabetes prevention, management and care services. This initiative will be based on international best practices and will integrate First Nation concepts of health and wellness.

The program will be piloted in four communities and evaluated to assess its impact on improving patient health outcomes, the quality of health services, and patient, provider and community satisfaction. The pilot will hopefully lead to evidence for a case to expand the model and improve community-level care in the Sioux Lookout area.

Statistics for the Final Stage of the Baby Teeth Talk Study as of April 1, 2015 – May 22, 2015

Total Number Recruited	Retention	Completed 2nd Questionnaire	Completed 1st Clinical intra - Oral Examination	Completed 3rd questionnaire (final)	Completed 2nd intra-oral clinical examination (final)	Completed the study
225	176	146	134	22	27	57

Year in Review

- Conducted study visits to five sites (Alaska, Minnesota, Ethiopia, Malawi, Zambia)
  - Anchorage, Alaska: internationally recognized Nuka System of Care delivered by and for Alaskan Native people through the Southcentral Foundation. CHWs are trained and accredited by a regional Tribal Authority to deliver frontline primary health care to remote communities.
  - Minneapolis, Minnesota: state-wide CHW initiative that has been implemented by a variety of health services organizations, such as the American Indian Cancer Foundation, serving different communities in both clinical and community settings.
  - Malawi and Zambia, Southeast Africa: CHW programs that are integrated into national health systems, which provide frontline health promotion, prevention and care services to rural and remote communities.
- Hired full-time Community Health Worker Coordinator in March 2015
- Making connections with community and medical leaders

Challenges

- Funding agreements took longer than expected, resulting in shortened timelines

Moving Forward

- Study visits to participating communities to inform CHW program design
- Detailed analysis of all site visits will inform the program design
- Pilot communities will be chosen and invited to participate
- Community dialogue forum to be held August 2015
- Learning, options and recommendations will be presented for feedback at a community health directors' forum planned for August/September.
- A training curriculum for CHWs and their supervisors will be developed with feedback from community health leadership.
- A web platform will be designed for sharing learning and tools from CHW project

Research Initiatives

We launched two initiatives to study diabetes and improve the availability of community health data:

Diabetes environmental scan and study about patient, provider and community experiences and perceptions of diabetes service provision in the region. This work responds to a resolution passed at the 2013 SLFNHA Annual General Meeting directing SLFNHA to conduct a review of current diabetes programs and services.

Year in Review

- A desk review was completed and is being edited

Challenges

- Information about agencies and others who provide diabetes services can be difficult to obtain from web-based information and is sometimes outdated

Moving forward

- Further information to be gathered from diabetes service providers
- Analysis of the information to optimize care, especially through the community health worker program

Initiative to generate and provide community-level diabetes quality improvement data to providers and decision makers, such as community health directors, in the 26 communities currently receiving physician services through SLFNHA. This initiative aims to develop indicators such as the extent to which patients have their blood sugar or cholesterol under control, and the rate of complications of diabetes. The Chiefs Committee on Health approved this initiative in principle in December 2014. An ethics protocol has been developed for submission locally and to the Chiefs of Ontario ethics review mechanism, which approves requests for access to First Nations health data in Ontario.

Challenges

- Some data necessary for tracking good diabetes care are not routinely entered into the EMR in a way that allows indicators to be automatically calculated. In the long term, this will require a better process for entering this data and may require providers, other than physicians, to be able to use the same record.

Moving forward

- Following ethics approval, data requests will be made both internally to SLFNHA IT staff and to the Institute for Clinical Evaluative Sciences. Reports on quality indicators will then be prepared for review, first by the Chiefs Committee on Health.

TRAUMA TEAM PROJECT

The work of the Trauma Teams began in 2013 in Pikangikum First Nation, Neskantaga First Nation and Mishkeegogamang First Nation. The Trauma Teams were a recommendation from the Chiefs Coroner's Office, who reviewed youth suicides in Pikangikum First Nation from 2006 to 2008. The purpose of the Trauma Teams, as explained in the Coroner's report, was to assist in providing a community-based program as a component to suicide prevention strategy:

- Education programs for youths and adults on topics including suicide, parenting and life skills. The Educational programs directed toward suicide prevention should have mental health literacy tools for parents promoting the identification of undiagnosed or untreated mental health disorders so that professional assistance will be accessed.
- Creating peer counsellors to respond to young people in crisis, and bringing them to the attention of health care providers.
- Outreach to families after suicide or traumatic death.
- Immediate response to a youth at risk.
- Creating suicide risk screening programs in mental health, addiction and social service programs

In meeting these objectives, the "soft approach" was used. Team members developed this approach to work with individuals and families, identified by community resources, through a home visit.

If received into the home, team members would keep the conversation light and controlled to develop trust and rapport with the individual and/or family. Often times, the introductory phase in the home consisted of lending a helping hand with some basic household tasks to provide time for the person's undivided focus and attention when the Trauma Team members were visiting. Over the course of a few months, when asked questions about genograms and family trees, people were forthcoming and engaged in exploring the impacts of their family history on their present life.

Members of the Trauma Teams worked in different ways in each community, respecting the unique dynamics of each First Nation. They collaborated closely with community resource workers and attended case management meetings in the communities as requested. The extensive resource of multiple professionals on the Trauma Teams provided an increase in external qualified individuals who were in the community on a consistent basis. Team members provided a high-quality of counselling, alongside the community's services and supports within the family's own cultural, environmental and community context.

This pilot project ended in March 2015 due to a lack of funding, much to the frustration and disappointment of everyone involved.

END

The Four Party Agreement

The Sioux Lookout Four Party Hospital Services Agreement, signed in 1997, was set to expire four years after the opening of the Sioux Lookout Meno Ya Win Health Centre. The Agreement therefore expired in October 2014. The four signatory parties (Nishnawbe Aski Nation, Health Canada, Ministry of Health and Long Term Care, and Municipality of Sioux Lookout) have agreed to continue working together to advance the primary commitments and principles found in the original Agreement.

Sioux Lookout First Nations Health Authority (SLFNHA) sits on the Four Party Agreement and Anishinabe Health Plan Oversight Committee as a technical/advisory member of the Committee, along with Sioux Lookout Meno Ya Win Health Centre (SLMHC) and the North West Local Health Integration Network (North West LHIN)

The parties have committed to working together to advance the following priorities:

Primary Care Facility: A temporary facility located on the hospital campus is scheduled to open its doors in the fall of 2015. Construction of a permanent facility is expected to occur in approximately five years time.

Mental Health: The Committee is working towards strengthening partnerships and improving integration in order to improve access to mental health and addiction services.

Long Term Care and Elder Care The Committee is working towards a planning process to create a seamless service model for access to a continuum of long term care services. This involves looking at funding opportunities for a new Long Term Care Facility as well as integrating and coordinating services at the community level.

In November 2014, a Four Party Agreement Coordinator was hired by SLFNHA to support the committee. Funding for this position is shared between Health Canada and SLMHC. On January 21, 2015, the Four Parties signed a Memorandum of Understanding with the objective of continuing to work with one another "to consider new possibilities for planning, funding, implementing and managing health care services in the Sioux Lookout area".

Natalie Hansen
Four Party Agreement Coordinator

Messages from Funders of the Four Party Agreement Coordinator position

Message from Health Canada

Health Canada, First Nation and Inuit Health Branch (FNIHB), Ontario Region, First Nation partners Nishnawbe Aski Nation (NAN) and SLFNHA, the Municipality of Sioux Lookout, and the Ministry of Health and Long Term Care have been working together since 1997 within a Four Party Agreement to develop a more responsive health care system for First Nations in the Sioux Lookout area. As a result of a strong commitment to see positive change, and with all parties working together collaboratively, considerable progress has been achieved on a number of fronts over the past 20 years. Most notably is: the integration of the Federal Zone hospital and provincial hospital resulting in the Sioux Lookout Meno Ya Win Health Centre; the construction of a new 100-bed hostel in Sioux Lookout; and a significant level of reinvestment funding provided directly to First Nation communities for improved health and social programs. Health Canada is committed to continued collaboration with the partners, building on the successes and ongoing work toward improving the health outcomes of First Nations in the Sioux Lookout area.

Message from Sioux Lookout Meno Ya Win Health Centre

Sioux Lookout Meno Ya Win Health Centre (SLMHC) is celebrating almost five years in its new facility, which represents the culmination of efforts of the many people involved in the Four Party process. SLMHC continues to introduce and expand services to meet the needs of the people we serve. We look forward to working with a renewed and refocused Four Party Table to make a significant impact on the health status of those we serve, by working with all parties to provide communities with the resources and services they need to provide care as close to home as possible.

Aerial shot of the Meno Ya Win Campus. Photo courtesy of Sioux Lookout Meno Ya Win Health Centre.

Message from the Medical Director

The Medical Director position at Sioux Lookout First Nations Health Authority (SLFNHA) was established in 2008, with funding provided by Health Canada. Currently this position is staffed by one physician, providing 26 weeks per year of full-time services in Sioux Lookout and coverage from away (telephone, email, conference calls, etc) for the remaining weeks of the year.

This is a diverse physician role which provides guidance, leadership, supervision and quality assurance for the practice of physicians in the Sioux Lookout area. This position also serves as a non-voting, advisory role for the SLFNHA Board, SLFNHA Senior Management team and Sioux Lookout Regional Physician Services Inc. (SLRPSI).

During this last fiscal year, the Medical Director continued to:

- Work closely and collaborate with SLFNHA's Chief Operating Officer and Manager of Physician Services, as well as the Northern Practice Coordinator and Medical Director of AMDocs.
- Be an active participant in the recruitment and retention of physicians while negotiating contracts with doctors, overseeing scheduling and community assignments, orientating new doctors and developing policies and guidelines around physician services.
- Investigate complaints involving physicians and respond to both individual and community concerns
- Provide peer evaluation, mentorship and feedback to physicians
- Play a liaison role with community leadership for all First Nation communities in our region, working directly with communities to identify gaps and concerns with physicians and other health services.
- Interact with other stakeholders including SLFNHA's Nodin CFI department and addictions services (Regional Wellness Response Program), Health Canada, Sioux Lookout Meno Ya Win Health Centre (SLMHC), and Northern Ontario School of Medicine
- Respond with appropriate supports/advocacy to community emergencies, such as natural disasters, withdrawal of nursing services from communities, suicides, etc
- Participate in regional program development and special projects, such as the Public Health Project, suboxone programs, Community Health Worker Project with Dignatas International and integration of Nurse Practitioners to the Northern Appointment Clinic and community clinics
- Investigate unusual disease outbreaks (ie: rheumatic fever, undiagnosed tuberculosis, etc) and make appropriate recommendations
- Provide updates on emerging health issues such as the recent increase in hepatitis C and other blood-borne infections, Invasive Group A Streptococcus infections and rheumatic fever.

Current Challenges

- Lack of adequate physician resources to fulfill the community service days, as well as the ongoing need to provide physicians for SLMHC day-to-day and emergency care
- While the addictions programs have been well-received and are largely effective, the programs are growing in scope and demand considerable physician time in the communities. This potentially impacts the physicians' time for primary care.
- Providing primary care in communities due to inadequate clinic space and accommodations

Dr. Terri Farrell **Medical Director**

- Advocating for change in the social determinants of health, which are seriously impacting the health and well-being of First Nations people in this region
- Continuous struggles with the Non-Insured Health Benefits program, which impacts many of our patients and results in personal hardships and missed essential care/appointments.

Moving Forward

Alongside Board Members and Senior Management, the Medical Director is currently examining alternative ways to deliver Primary Health Care Services, in particular the Nuka Health Care System of Alaska.

This is an Alaskan First Nation owned and operated Primary Health Care model that services 65,000 "customer owners " in Anchorage and 55 remote communities.

The Medical Director feels this model is exceptional, as it has been very successful and has received many international awards. Several members of the SLFNHA team have already visited the site in Alaska.

We feel a similar model in our area would better meet the needs of First Nations and we will continue to study and work with communities and other organizations to further develop this concept.

Partners and Funders

THE SLFNHA BOARD OF DIRECTORS, MANAGEMENT AND STAFF EXTEND OUR APPRECIATION TO OUR PARTNERS AND FUNDERS FOR THEIR CONTRIBUTIONS.

Aboriginal Healing & Wellness Strategy

Amdocs

Centre for Addiction and Mental Health

Chiefs Committee on Health

Chiefs of Ontario

Children's Hospital of Eastern Ontario

Firefly Children's Mental Health

First Nations Family Physicians and Health Services

Health Canada - First Nations & Inuit Health Branch

The Hospital for Sick Children (SickKids) - Telepyschiatry

Hugh Allen Clinic Family Health Group

Keewaytinook Okimakanak Telemedicine

Kinark Child and Family Services

Local Health Integration Network

Nishnawbe Aski Nation

The Northern Psychiatric Outreach Program at the Centre for Addiction and Mental Health (formerly known as University of Toronto Psychiatric Outreach Program)

Northwestern Health Unit

Northwestern Ontario Infection Control Network

Northern Ontario School of Medicine

Ontario Centre of Excellence for Child and Youth Mental Health

Ontario Trillium Foundation

Province of Ontario - Ministry of Community & Social Services

Province of Ontario - Ministry of Children and Youth Services

Province of Ontario - Ministry of Health & Long Term Care

Sioux Lookout area First Nations

Sioux Lookout area Tribal Councils

- Independent First Nations Alliance
- Keewaytinook Okimakanak
- Matawa First Nations Management
- Shibogama First Nations Council
- Windigo First Nations Council

Sioux Lookout-Hudson Association for Community Living

Sioux Lookout Meno Ya Win Health Centre

Sioux Lookout Meno Ya Win Health Centre - Community Counselling and Addiction Services

Sioux Lookout Pastoral Care Committee

Sioux Lookout Regional Physicians Services Inc.

Surrey Place Centre

Tikinagan Child and Family Services

Thunder Bay District Health Unit

University Health Network

Employees at SLFNHA

THE WORK WE DO AT SLFNHA COULDN'T BE DONE WITHOUT THE SKILLED PEOPLE WE EMPLOY

STAFF AT THE ADMINISTRATION SITE

Pictured, top row, from left: Carolyn Horbas, James Morris. Middle row, from left: Debra Moskotaywenene, Emily Paterson, Natalie Hansen. Front row, from left: Harriet Mckay, Star Mamakwa, Angela Madussi and Irene Dube.
Missing from photo: Marie Lands, Christine Chisel, Charlene Samuel, Kadey Kennedy, Teyah Wren, Angela Harrison, Rod Horsman, Chris Duval, Delaine Fiddler, Laureen Machimity, Linda Bourrier, Joanne Mainville, Audrey Trimble and Judy Buchan.

STAFF AT THE NODIN CFI SITE

From left: Florence Bouchard, Melissa Morrisseau, Mary Jane Chisel, Linda Magotte, Wava Fox, Cameron Dokis, Melenie Cheesequay, Brittany Johnson, Shauna Pitawanakwat, David Segerts, Norman Barratt.
Missing from the photo:
Carla Vinczeffy-Rose, Barb Hancock, Brenda Morison, Brian McIvor, Carolyn Goodman, Dave Poulin, Dean Cachagee, Donna Roundhead, Doris DeMatos, Hilda DeRose, Lisa Peel, Lyn Manitowabi, Marjorie Griffiths, Marilyn Lewis, Marion Morris, Naomi Hoppe, Patti Roussin, Raye Landry, Stephanie Kitchkeesick, Stephen Edwards, Susan Barkman, Tina Jacobson, Tom Chisel, Violet Tuesday, Walter Lyon, Trish Hancharuk, Byron Blandon, Tana Meekis, and Garth Geddes.

Employees at SLFNHA

THE WORK WE DO AT SLFNHA COULDN'T BE DONE WITHOUT THE SKILLED PEOPLE WE EMPLOY

PRIMARY HEALTH CARE UNIT & NORTHERN CLINIC

Front row, from left: Jessica Bighead, Judy Mainville, Alice Dodsworth, Jeannette Wisnowski, Sue Haukeness, Kristen Brunton, Randi Kelly, Jaimee Curtis, LeeAnn Lindquist

Back row, from left: Trina Kakekagumick, Marsha Favot, Mary Ann Beardy, Stephanie Bandola, Mary Oombash, Clifford Mushquash

Missing: Lowell Legros, Penny Bergman, Michelle Farlinger

STAFF AT THE JEREMIAH MCKAY KABAYSHEWEKAMIK (HOSTEL)

Front row, from left: Lorna Fiddler, Sandra Necan, Darryl Quedent, Barb Friesen, Mary Cantin, Ofelia Macabeo, April Tuesday, Delphine Crane, Sandra MacLeod and Nina Sugarhead. Middle row, from left: Rosie Lyon, Tim Davies, April Gray, Genevieve Binguis, Brad Danielson and Lennie Fiddler. Back row, from left: Chris St. Cyr, Brad Chisel and Ed Evens.

Employees of SLFNHA at a Non-Violent Intervention Training workshop in the summer of 2014.

STAFF AT THE HEALTH SERVICES/AHP SITE:

From left: Jamie Sitar, April Derouin, Dorothy Binguis, Brent Wesley, Suzanne Snow, Rochelle Koostachin and David St. Pierre.
Missing from photo: Janet Gordon, Charlene Dyment, Dr. Terri Farrell, and Cindy Moffat.

STAFF AT THE HEALTH SERVICES (61B KING STREET) SITE:

From left: Susan Chapman, Paddy Dasno, Tina Quequish, Hana Beitl, Kelly McIntosh, Janine Arpin and Christine Sawanas.
Missing from photo: James Bergman, Ann Cleland and Donna Morris.

Sioux Lookout First Nations 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
Fax: (807) 737-1076

email: info@slfnha.com ■ www.slfnha.com