



Sioux Lookout
First Nations
Health Authority

Annual Report

2020-21



“From the physicians, healthcare workers, to the CRRT, the data entry personnel and every employee in between – thank you.”

Dedication

We dedicate this Annual Report to all our teammates during the COVID-19 Pandemic. We also dedicate this Annual Report to all the Sioux Lookout First Nations Health Authority (SHFLNA) employees of Approaches to Community Wellbeing (ACW) and the COVID Rapid Response Team (CRRT), who have all taken enormous steps in this unprecedented year and a half. We have seen not only ACW, but also all of SLFNHA been given more authority, responsibilities, and duties to coordinate and lead during this time. For that, every employee deserves their own recognition.

It took community and the collaboration of hundreds of individuals and teams working across Keewaytinook to lead this response. We are grateful for the guidance we received from the communities and our partnerships. The invaluable lessons we have learned with one another have been instrumental and are helping our region to slowly and equitably open when the time is right. As we continue the fight against the variants and the waves that will come and go, we know that we are in good hands to lead the way.





Sioux Lookout
First Nations
Health Authority

Annual Report 2020-21

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In Memoriam

David Makahnouk was a part of the Transportation Team for 18 years. His colleagues described him as punctual, hard working, had great ethics and was very friendly with all the clients. He was well admired by the other drivers and is sorely missed by everyone at the JMK Hostels.

David also did many activities on the side, such as being the trusted and loved bingo caller at the Legion, his continuous involvement with SLFNHA outside of work, and his hobbies such as fishing at the Vermillion River bridge and at the boat launch. David was also known to pick blueberries at some of his favourite locations, such as the Goodie Lake area near Hudson, where he would store blueberries in his freezer throughout the winter.



“Gone is the face we loved so dear, silent the voice we loved to hear.”



Pictured (left to right): Allan Tait, Bertha Trout, Brenda Fox, Oprah McKenzie, John Cutfeet, Howard Meshake. Missing: John McKay, Dr. Terri Farrell & Elder Thomas Spade

Board of Directors

Board Chair

John Cutfeet
Kitchenuhmaykoosib Inninuwug
Independent First Nations Alliance

Vice Chair

Brenda Fox
Mishkeegogamang First Nation

Board Secretary/Treasurer

Bertha Trout
Lac Seul First Nation

Board Members

Orpah Mckenzie
McDowell Lake First Nation
Keewaytinook Okimakanak

Allan Jethro Tait
Sachigo Lake First Nation
Windigo First Nations Council

John McKay
Sandy Lake First Nation

Howard Meshake
Shibogama First Nations Council

Vacant
Matawa First Nations Management

Ex-Officio Board Member

Terri Farrell
SLFNHA Medical Director

Board Elders

Thomas Spade
Mishkeegogamang First Nation

Vacant
Female Elder

Message from the Board Chair



John Cutfeet
Board Chair

Greetings to all the Anishinabe/Anishiniwug Peoples in the 33 communities across the Kiiwetinoong territory. We've had some very challenging times throughout this past year and the one before. These challenges have forced us to adapt in the way we do things. We watched a global pandemic unfold before our eyes taking the lives of millions of people around the world. For this year's message from the chair, I would like to focus on the COVID-19 pandemic that was declared on March 11, 2020 by the World Health Organization (WHO) and how this world-wide pandemic impacted us at the community level.

Early in the 2020 calendar year, we heard about the COVID-19 coronavirus when it was formally declared as a pandemic by WHO as it ravaged its way across the globe. In our region, the Sioux Lookout First Nations Health Authority (SLFNHA) quickly mobilized to respond through Dr. Natalie Bocking, who was the SLFNHA Public Health Physician at the time, along with the Board of Directors (Board) and Chiefs Committee on Health (CCOH), through the convening of joint health meetings using virtual technology. The focus of these meetings was to inform the communities of the evolving pandemic and to assist in community preparedness. Within a month, a formal approach was developed and implemented to further respond to the pandemic. The SLFNHA Board and community leadership worked hard to keep the communities and the people safe. It was not without its difficulties.

One of the biggest challenges in keeping communities safe was working within a system that claimed jurisdiction over public health using processes and procedures that didn't take into consideration life at an Indigenous community level. There was little to no community input in the provincial public health system on how we could provide and access timely information for making informed decisions to keep the communities safe from this deadly virus. The ambiguity over jurisdiction put SLFNHA and the community leadership in the delicate position of having to balance the support requirements of the communities and the outside legislation governing pandemic response.

Within the provincial public health system, the governing policies and procedures for dealing with pandemics were already in place. Some of the policies include privacy and confidentiality which created barriers to accessing timely information so that the leadership could make informed decisions for protecting their members. The public health units' procedures did not fit nor did they meet the needs of our communities.

To protect community members and keep them safe, detailed information was required. Reporting cases by the public health "hub" did not assist the communities in their preparation or ability to respond in a timely manner. The communities and their leadership needed to know the details of a case to know if the affected individual had any contact with community members and/or family members who lived in Sioux Lookout or

the surrounding area. Significant delays in reporting from the Health Units also impacted the leadership as the communities could not plan accordingly to provide support to individuals who may have come into contact with the positive cases.

Also, SLFNHA did not have much say on when information could be released which affected decision-making at the community level. It put communities at a risky and dangerous situation as they did not know where this invisible enemy would be coming from. The communities and SLFNHA had to constantly adapt when challenges arose, including deciding to release and agreeing amongst each other to announce the community names of those affected by positive cases. This differed from the information the public health units were providing.

At the community level, SLFNHA would respond immediately to support and help getting the swab tests out of the community for quick analysis when there was a potential threat to a community. In one instance, an individual came from an urban setting and flew into a community for meetings using precautions. A few days later it was determined that this individual had tested positive for COVID-19 and had attended local public places in one community and stopping in another community. This individual then visited with people and attended more public places. As the numbers of potential contacts increased, the anxiety level was palpable as the uncertainty, anger, frustration built up inside the community. The community then went into a crisis response mode by putting precautionary measures into place to mitigate the potential impacts of the virus, while trying to contain any potential spread inside the community. Fortunately, the positive person had not been in the viral shedding stage yet at the time of the visit and had not spread the virus.

With community preparedness, all the communities implemented protocols to keep their communities safe. Some of these protocols included limiting travel in and out of the communities. This meant that reducing the number of people allowed to access services out of town and number of physicians who could visit the communities. The various COVID precautions, have come at a cost, as there is now a backlog of health

care procedures that are required and access to services have been limited. In the area of dental services, the community protocols and the new guidelines from the dental college have resulted in a major reduction in services leading to an oral health crisis in the region.

The lack of isolation facilities upon return to the community became problematic. With the overcrowding and lack of housing in the communities, the members upon their return could not safely self-isolate. These isolation measures deterred community members from wanting to travel to access medical services impacting travel to medical appointments.

Midway through the year, vaccinations became available but taking the vaccine became an issue for some of the communities as people resisted vaccination due to multiple reasons. Time and resources were required to provide the education on the efficacy of the vaccines and to clear up the misunderstandings of the vaccines created by misinformation. However, through the regional partners working together with the provincial government, the first community received its first dose in February 2021. During this period, it became evident that the virus was mutating into Variants of Concerns (VOC) and the need to vaccinate the population became even more urgent.

Although the past year has brought many challenges, the SLFNHA Board of Directors continues to lead the organization to evolve and to advocate for a health system that better meets the needs of our communities. SLFNHA continues to fight to have First Nations jurisdiction over public health recognized and to recognize and respect the laws, protocols and decisions that community leadership make to keep their communities safe. With our collective response under the guidance of SLFNHA's Public Health Physician that we were able to confront and work through many challenges to keep our region safe. To conclude, I will leave you with a public health message that has become so significant today, "Wear your mask; wash hands frequently; use hand sanitizer; social distance; and get vaccinated to protect yourself, your loved one, and your community"

Miigwetch ●

Message from the Executive Director



James Morris
Executive Director

I would like to acknowledge and extend my greetings to the Anishinabe people and communities across the Keewatinook. As the Executive Director of Sioux Lookout First Nations Health Authority (SLFNHA), it is an honour to share our journey with you from this past year.

I guess you could call COVID-19 the mother of all game changers, but sometimes I think it hasn't sunk yet to a lot of people that we have a world-wide pandemic on our hands. The reality is that the pandemic is here, and it has changed all our lives, not only in our homes, but our workplaces as well.

When COVID-19 struck, we were very fortunate that SLFNHA had a Public Health Physician, a professional who knew exactly what she was doing. Her name was Dr. Natalie Bocking, and she immediately transformed SLFNHA so that we could meet this threat to health. She led the development of the COVID-19 Regional Response Team (CRRT), including an Internal COVID Response Team for the organization. The CRRT is based on the Incident Management System (IMS), which is normally used world-wide to respond to any kind of disaster. This system provided SLFNHA to respond effectively and efficiently by (1) providing a common structure, systems, and roles; (2) advancing communication using common terms and concepts; and (3) creating a flexible framework that adapted to the pandemic. However, Dr. Natalie Bocking's contribution to the IMS included the Community Response section which brought crisis response closer to the communities. The Community Response included both internal and external partners that allowed transmission of information to flow faster to and from the 33 communities.

The meeting schedules of the organization also transformed drastically. Not only did some of them become weekly meetings, most of them were virtual. 'Zoom' became an everyday word (whoever invented Zoom must be a rich man or woman now). The SLFNHA Board of Directors and the Chiefs Committee on Health (CCOH) also started weekly joint meetings to receive regular updates on the pandemic. Also, we started having regular Board meetings when doing SLFNHA business in the joint SLFNHA/CCOH became cumbersome, and finally, we started having bi-weekly Specials Chiefs Meetings to do business related to COVID-19, like the Isolation Units and other issues that Chiefs brought forward. So, instead of the SLFNHA Annual General Meeting that we had once a year and maybe one other Sioux Lookout District Chiefs meeting that we would have, usually focused on one issue, like public health; this year, we facilitated 10 Board of Directors meetings focused on organizational matters, 42 Joint SLFNHA Board/CCOH meetings focused on COVID-19 updates, and 16 Special Chiefs Meetings, most of them COVID-19 related.

At the operational level, most of the employees worked virtually from home after assessments were made on essential and non-essential staff. In this determination, if work could be done from home, the staff were deemed non-essential and were assigned to work virtually from home. Some staff, like the staff at the hostels and clinics were deemed essential and had to remain on the frontlines. These workers were the true heroes of our harrowing year under COVID-19. With that said, that does not take away from the contribution of the non-essential workers, the ones who had to work from home. All employees were critical to the success of SLFNHA's response to the pandemic and business continuity.

As I look towards the new year, the pandemic is still ongoing so SLFNHA will continue to support the communities in the catchment area. We look forward to the time when the pandemic is declared over as we will share celebrations with the communities on our collective strengths and successes throughout this time. We will always keep the victims of COVID-19 in our memories as we continue to develop and enhance our own responses to emergencies. In the meantime, I strongly recommend that we continue to be vigilant, please continue to practice the public health messages of washing your hands, practicing social distancing, wearing your masks, and getting vaccinated.

Miigwetch ●



Sioux Lookout
First Nations
Health Authority

Long-Term Service Miigwetch

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

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

5 years

Ben Bear
Benigno Macabeo
Byron Blandon
Juanita Jaravta
Kelly Randi
Shelly Archibald

20 years

Barabara Friesen
Mary-Jane Chisel

25 years

Mary Cantin
Elaine Elliott

10 years

Barry Wabosse
Cindy Moffatt
Debra Moskoytawenene
Linda Bourrier
Linda Magotta
Michelle Farlinger
Randy Wilson
Suzanne Snow
Trina Kakekagumick
Wayne Cecchetto

30 years

Janet Gordon
Charlene Samuel

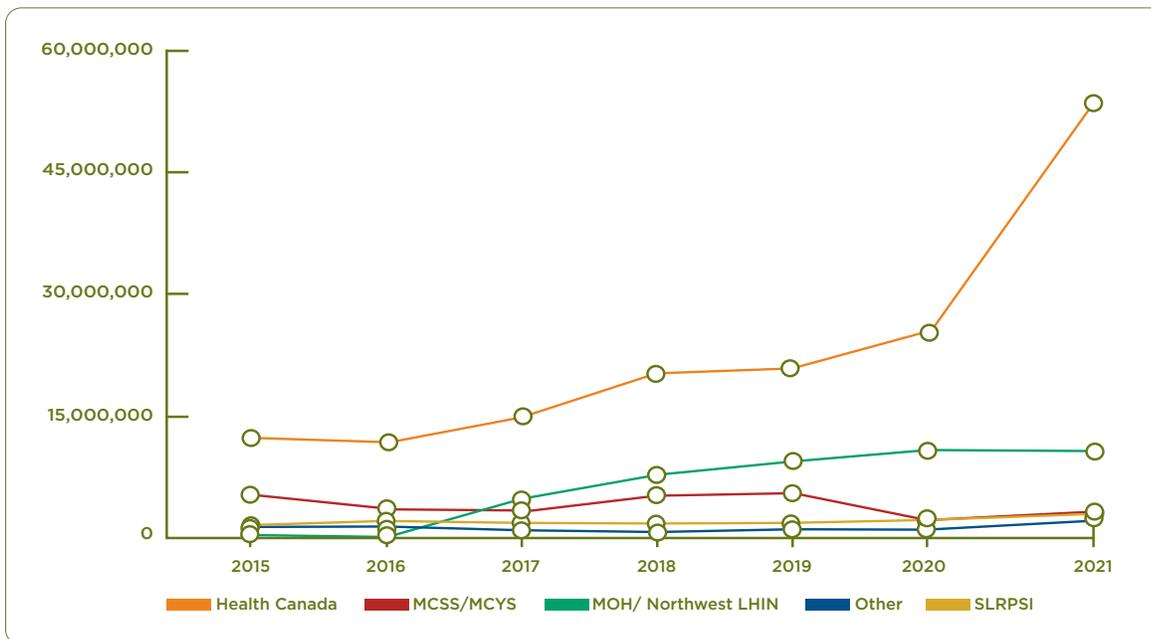
15 years

Angela Harrison
Lorna Fiddler
Nancy Greaves
Rod Horsman
Susan Barkman
Walter Lyon

Financials

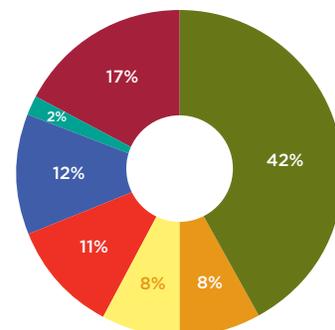
REVENUE ANALYSIS							
	2015	2016	2017	2018	2019	2020	2021
Total Revenue	\$21,275,799	\$20,609,970	\$26,387,551	\$36,955,205	\$39,871,427	\$43,064,798	\$73,793,173
REVENUE BY SOURCE							
	2015	2016	2017	2018	2019	2020	2021
Indigenous Services Canada	12,636,055	12,270,848	15,126,361	20,456,860	21,041,065	25,374,476	\$53,580,046
MCSS/MCYS	5,681,385	3,949,175	3,773,166	5,635,153	5,836,756	2,671,082	\$33,31425
MOH/ Northwest LHIN	220,000	453,300	5,096,026	8,262,536	9,912,828	11,061,135	\$11,048,294
Other Revenue	868,505	1,336,228	867,499	559,170	856,707	1,496,993	\$2,754,547
SLRPSI	1,906,916	2,299,323	2,129,376	2,041,486	2,224,071	2,461,112	\$3,078,861

Trends in Revenue by Funding Source from 2015 - 20201



Expenditure by Category

For the year ended March 31	2021		%
Salaries and benefits	\$28,790,197		42%
Professional fees and contractor services	\$5,549,007		8%
Program materials, supplies & services	\$5,213,582		8%
Travel, training & meeting	\$7,346,730		11%
Office equipment & supplies	\$8,368,600		12%
Amortization	\$1,695,592		2%
Other	\$11,575,747		17%



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

Opinion

We have audited the financial statements of Sioux Lookout First Nations Health Authority (the "Organization"), which comprise the statement of financial position as at March 31, 2021, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2021, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.

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

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

Thunder Bay, Ontario

August 20, 2021

MNP LLP

Chartered Professional Accountants

Licensed Public Accountants

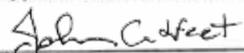
MNP
LLP

Sioux Lookout First Nations Health Authority
Statement of Financial Position

As at March 31, 2021

	2021	2020
Assets		
Current		
Cash and cash equivalents (Note 3)	21,607,369	1,372,556
Accounts receivable (Note 4)	402,472	399,518
Prepaid expenses and deposits	156,591	152,755
HST recoverable	447,685	545,043
Due from funding agencies (Note 5)	14,108,016	9,784,604
	36,722,133	12,254,476
Due from Sioux Lookout Regional Physician Services Inc. (Note 6)	389,978	262,729
Capital assets (Note 7)	13,198,385	13,027,673
Collections (Note 8)	10,000	10,000
	50,320,496	25,554,878
Liabilities		
Current		
Accounts payable and accruals	7,087,506	4,771,810
Government remittances payable	375,291	356,169
Deferred revenue (Note 9)	16,765,131	2,015,443
Due to funding agencies (Note 10)	6,529,010	4,269,859
Deferred contributions related to capital assets (Note 11)	1,065,773	671,791
	31,822,711	12,085,072
Term loans due on demand (Note 12)	5,396,203	5,621,942
	37,218,914	17,707,014
Commitments (Note 13)		
Contingencies (Note 14)		
Subsequent events (Note 21)		
Net Assets		
Unrestricted	5,283,173	969,924
Invested in capital assets	6,746,409	6,743,940
Restricted	1,072,000	134,000
	13,101,582	7,847,864
	50,320,496	25,554,878

Approved on behalf of the Board


 Director


 Director

The accompanying notes are an integral part of these financial statements

Sioux Lookout First Nations Health Authority Statement of Operations and Changes in Net Assets

For the year ended March 31, 2021

	<i>Unrestricted Fund</i>	<i>Invested in Capital Assets</i>	<i>Restricted Fund</i>	2021	2020
Revenue					
Indigenous Services Canada	67,935,952	-	-	67,935,952	25,374,476
Ministry of Children, Community and Social Services	3,331,425	-	-	3,331,425	2,671,082
Ministry of Health	13,416,330	-	-	13,416,330	11,061,135
Other income	2,958,897	-	-	2,958,897	1,496,993
Sioux Lookout Regional Physician Services Inc. (Note 6)	3,078,861	-	-	3,078,861	2,461,112
Amortization of deferred capital contributions (Note 11)	280,518	-	-	280,518	246,793
Change in deferred revenue (Note 9)	(14,636,424)	-	-	(14,636,424)	281,313
Funder deficit/recoveries	(2,572,386)	-	-	(2,572,386)	(233,937)
Total revenue	73,793,173	-	-	73,793,173	43,358,967
Expenses					
Administration and internal allocations	(79,298)	-	-	(79,298)	83,937
Advertising, recruiting and promotion	325,646	-	-	325,646	246,554
Amortization	1,695,592	-	-	1,695,592	1,724,956
Automobile	147,478	-	-	147,478	216,488
COVID-19 supplies	1,358,891	-	-	1,358,891	486,816
COVID-19 support purchases	6,058,931	-	-	6,058,931	-
Honorariums	92,754	-	-	92,754	99,343
Insurance	216,225	-	-	216,225	10,766
Interest on long-term debt	290,579	-	-	290,579	354,309
Occupancy costs	2,096,380	-	-	2,096,380	1,281,445
Office equipment, materials and supplies	8,368,600	-	-	8,368,600	2,324,651
Physician services	51,169	-	-	51,169	375,466
Professional fees and contractor services	5,549,007	-	-	5,549,007	6,853,350
Program materials, supplies and services	5,213,582	-	-	5,213,582	4,244,800
Repairs and maintenance	1,016,992	-	-	1,016,992	627,212
Salaries and benefits	28,790,197	-	-	28,790,197	20,866,206
Travel, training and meetings	7,346,730	-	-	7,346,730	4,765,463
Total expenses	68,539,455	-	-	68,539,455	44,561,762
Excess (deficiency) of revenue over expenses	5,253,718	-	-	5,253,718	(1,202,795)
Net assets, beginning of year	969,924	6,743,940	134,000	7,847,864	9,050,659
Change in invested in capital assets (Note 15)	(2,469)	2,469	-	-	-
Interfund transfer (Note 16)	(938,000)	-	938,000	-	-
Net assets, end of year	5,283,173	6,746,409	1,072,000	13,101,582	7,847,864

The accompanying notes are an integral part of these financial statements

Administration & Financial Reports

Message from Acting Chief Administrative Officer



Brian Calleja

**Acting Chief Administrative
Officer/Chief Financial Officer**

The 2020/2021 fiscal year was a year of change, challenge and lessons learned. The COVID-19 Pandemic was the major focus of the year. I would like to acknowledge the commitment and dedication of the staff during this trying time and say Miigwetch to all community members, elders, and Board members for all their hard work and perseverance over the past year.

Jeremiah Mckay Kabayshevekamik hostels (JMK 1& 2) added a manager at each hostel, the addition has enhanced the management team's ability to improve/enhance services for the clients. Throughout the year the hostels implemented changes to comply with COVID-19 restrictions/regulations. JMK1 was designated as an isolation/quarantine site and supported community isolation requirements. Hostel staff worked diligently to comply with public health measures and ensuring the safety of clients.

Although no funding has been finalized, the Medical Transportation program hired a Director to commence planning for presence in Manitoba and work on putting in place an escort program. The program will also work to enhance and bring on the coordination of NIHB benefits that will be focused on ensuring community members are taken care of in a holistic manner.

The Human Resources team worked tirelessly through the COVID-19 pandemic to ensure our employees were able to continue to work in a safe environment and continue to deliver health services. The team has added a policy analyst to support the required constant policy development. Wellness and education activities helped to ensure employees remained connected and informed throughout the year.

Our communications team worked hard to ensure our region was well informed on the status of COVID-19 cases and assisted in providing high quality communications products to everyone. The team was on call 24 hours a day, 7 days a week and their dedication proved valuable as they proved to be the information source of choice for most of the region.

The Administrative team has aligned their departmental goals/objectives with SLFNHA strategic plan and are working to improve overall service for our clients.

The Finance Department is responsible for the financial administrative functions of Accounts Receivable, Accounts Payable, Travel, Expense Claims, and Payroll. Members of the team are assigned to one of these functional areas depending on the needs of the department and the agency overall. As well as the daily functions, the department provides broader functions such as project management and strategic planning. Each member of the Team is responsible for providing coverage and support as required by workflow and team member absences to ensure continuity of services. Over the past year the department has grown and now has 14 employees.

The Finance Department along with other members of the management team have been advocating with Indigenous Service Canada, to secure more funding and include more programs to block funding in contribution agreement to have consistent cash flow, as well as ability to move funds between the programs within the block section.

The finance department provides value added services to assist program managers in developing proposals and analysis.

Highlights and Achievements

- Organizing funding for Covid-19 charters
- The purchase of 57 & 61 Queen Street, as well as 42 King Street
- Helped secure funding for isolation units for SLFNHA communities and defibrillators
- Developed a property management program under the finance department
- Accounts Payable going paperless.
- Coordinated the purchase of over \$6 million of Covid-19 related supplies for communities.
- Increased per diem rate for the hostel in conjunction with Hostel Management

Challenges

The past year presented many challenges due to the Covid-19 pandemic. Finance was not immune to challenges brought on by the pandemic, some challenges include:

- Covid-19 related logistical challenges.
- Procuring PPE was a challenge due to a lack of reliable supply and pressure on supply chain
- Managing new health and safety procedures in the workplace.
- Recruiting staff

Moving Forward

- Transition more functions to a completely paperless workflow
- Working on procuring physical space to allow all SLFNHA departments to continue to grow and provide much needed services to community members.
- Facilitating the creation of new programs and the transferring of current programming to SLFNHA's control. Updating the payroll system and integration with a new HRIS
- Strive to have Managers training manual online by October and explore opportunities for automating tasks and processes.

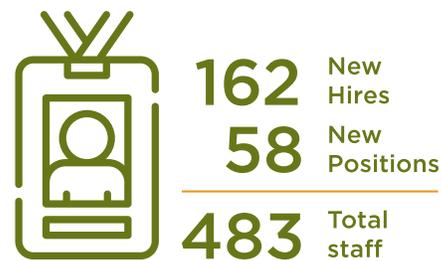
Administration & Financial Reports

Human Resources



The SLFNHA Human Resources Department have a total of 12 employees and provides the following services, organization-wide:

- Recruitment
- Retention
- Employee Relations
- Employee Training And Development
- Employee Wellness
- Employee Benefits



Health Services

Total Number Of Staff By Department (Status of Employment: Active)	
Approaches to Community Wellbeing	43
Primary Care	48
Development Services	19
Nodin	42
Physician Services	17
Northern Clinic	25
Inactive Employee	22
Terminated/Resigned	26

CSD, Finance, IT, Core & HR

Total Number Of Staff By Department (Status of Employment: Active)	
Hostels 1 & 2 Includes full time (113) and part-time (79)	192
Administration Core	11
Finance	15
Human Resources	14
Information Technology	9

Health & Safety Update

Continue to be busy with providing Health and Safety direction to all staff and facilitating an active Health and Safety Committee.

Wellness & Training Update

Wellness and Training continues to Coordinate/Administer various organization-wide activities.

Wellness & Training October 1 - March 31 2021	
Staff	1.5
Visits	98
Hours of Training provided	297

Highlights & Achievements

- Set-up training area with 4-5 designated workstations to support staff training activities: Developed streamlined process to create training accounts for all new staff via online platform (HR Downloads) and provision of ongoing support to staff with the completion of assignments, including regular in-person training sessions.
- Utilized HR Downloads to administer/distribute a wide variety of training courses and essential resources (ie: policies) to support a safe and productive workforce (critical to the delivery of Infection Prevention and Control/Covid training);
- Wellness activities: 2nd Annual Walktober Challenge, numerous virtual events (Bingo/scavenger hunts, cookbook), celebration of recognized days/weeks/months;
- Increased utilization of technology to offer virtual training/wellness initiatives.
- IPAC/COVID-19 Training
- All staff assigned courses/resources via HR Downloads:
 - Infection Prevention & Control Training
 - Covid-19 Training for Employees
 - Donning/Doffing PPE videos
 - How to Wear a Mask

Challenges

- Delivery of in-person training/wellness activities was negatively impacted by travel/gathering/group-size restrictions
- Limited space and staff resources (departmental and wellness volunteers), exacerbated by increased workload due to pandemic

Moving Forward

- Continue working with managers/supervisors to support staff completion of essential training and develop an onboarding/orientation checklist for new staff;
- Coordinate more organization-wide training opportunities/programs for staff (Customer Service, Culture, Diversity, Inclusion, Workplace Violence and Harassment) and professional/skills development training opportunities.
- Support leadership training program for management team;
- Increase participation amongst Wellness/Social Committee and develop a calendar of events (Golf Tournament, 3rd Annual Walktober Challenge, Holiday party, recognition dates).

Information Technology

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



Information Technology Team

Rod Horsman

Information Technology Manager

Larry Schultz

Corporate Team Lead

Hasan Mahmud

Network Administrator

Chris Duval

Information Technologist

Dheep Ayyapan

Help-Desk

Cody King

Help-Desk

Josh Hopko, OSCAR EMR

Corporate Team Lead

Andrew Lindquist

EMR Technician

Ravah Ponarayil

EMR Specialist

Highlights

IT Corporate

- Continued implementation of the IT Gap Analysis that was approved by SLFNHA Board
- Transitioned staff to a highly remote workforce with Remote Desktop and VPN during COVID-19
- Implemented Mustimuhw-Wellsky integration
- Implemented Multifactor authentication
- Hired new network administrator and Help-Desk Technician
- Transitioned network from KNET managed network to SLFNHA managed network
- 7211 tickets completed:
 - 77% responded to within 4 hours,
 - 74.5% resolved within one working week
 - Started to segregate the network to increase network security
- Continued to enter all new IT assets in Asset management software

IT Clinical

- Enabled prescribeIT for Oscar allows for electronic sending of prescriptions
- Chrome Books sent to each Northern Community for telemedicine
- PIA (Privacy Impact Assessment) for Oscar
- Outside user agreement for Oscar
- OLIS search for Oscar. This allows for lab searching and downloading from other facilities.



Sioux Lookout
First Nations
Health Authority



Sioux Lookout
First Nations
Health Authority

Communications

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

Highlights

- Assisted CRRT IRRT and ACW with COVID-19 response
 - 4-part video with Elder Emily Greig
 - Working with Dr. Guilfoyle, Public Health Physician created 112 COVID-19 update videos for Facebook from June 22. These videos provided the public with information on positive cases, COVID-19 information, and information on best practices.
 - Hosted eight Facebook Live Question and Answer sessions with Dr. Guilfoyle on the Sioux Lookout First Nations Health Authority's (SLFNHA) Facebook® page
 - Hosted two community specific Q and A sessions to assist with questions community members had due to cases within the community.
 - Sachigo Lake First Nation - July 9, 2020
 - Deer Lake First Nation - December 5, 2020
 - Various Animations created in-house
 - Social Distancing – Limits the Spread
 - SLFNHA Presents – How the COVID-19 Vaccines Work
 - SLFNHA Presents – Information about the Moderna Vaccine
 - Weekly Radio show on WRN hosted by Wally McKay
 - Hired contract worker to facilitate the radio show and assist ACW in health promotion
- Assisted Public Health Physician with media inquiries
- Assisted departments with branding various materials
- Assisted departments with website updates, posters, brochures and other promotional materials
- Organized and managed the creation of the 2019/2020 Annual Report
- Worked with IT and other SLFNHA staff in planning the 2019/2020 AGM

Challenges & Priorities

- Due to pandemic, plans were delayed.
 - Update Visual Identity Guide (last update 2015)
 - Establish a social media strategy for each department
 - Update brochures and other print materials in all departments
- Expand the department to better serve SLFNHA departments

Moving Forward

In this new fiscal year, Communications has several goals they wish to achieve. They are as follows:

- A focused approach on making the Intranet system more engaging to staff
- An updated visual identity guide
- Revamping the website to ensure content geared specially to our clients.

The Communications Department will continue to assist departments with promotional material, advertising, and social media/website updates.

Client Services

The Client Services Department provides non-medical services for First Nation clients travelling to Sioux Lookout and other urban centres for medical appointments. This includes accommodations at Jeremiah McKay Kabayshewekamik hostels I and II (JMK I & JMK II), ground transportation, as well as client advocacy and support.

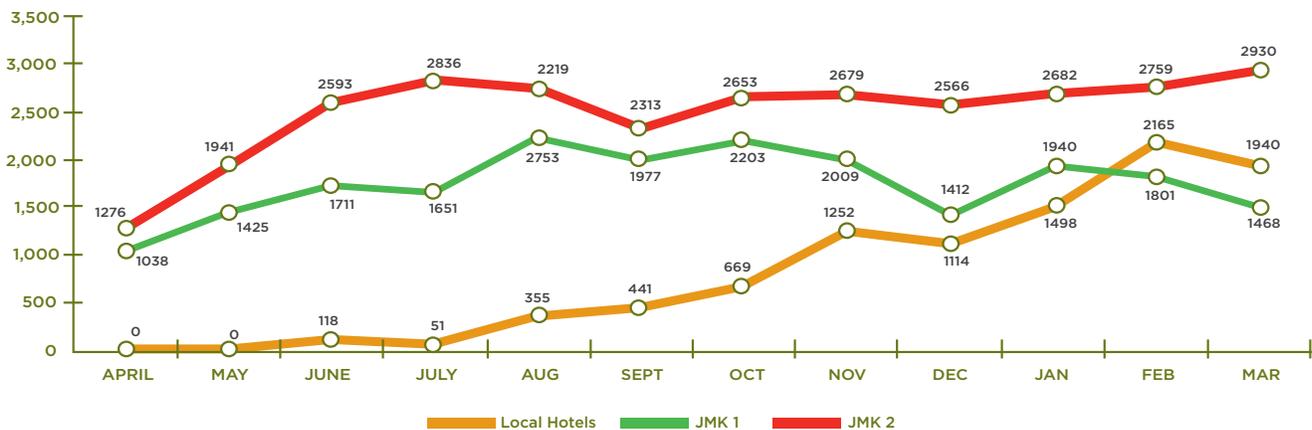
Accommodations

- Due to COVID Pandemic limit of one person per room, maximum combined occupancy for JMK I & II has been reduced to 140-160 persons.

This reflects a 57% occupancy at JMK 1 Hostel and 82% occupancy at JMK II Hostel.

- The decrease in the occupancy at JMK I & JMK II has resulted in an increase in the number of clients that have been referred to local hotels throughout the year.
- Annual combined accommodation for the year is 60,486, with an average of 166 clients per day. Clients have been referred to local hotels due to guestroom limits of one person per room.

12 Month Accommodations Statistics for JMK and Hotels



12 Month Synopsis Of JMK and Hotel Clients

Month	JMK1	JMK2	Hotels	Total
April	1038	1276	0	2,314
May	1425	1941	0	3,366
June	1711	2593	118	4,422
July	1651	2836	51	4,538
August	2219	2753	355	5,327
September	1977	2313	737	4,731
October	2203	2653	669	5,525
November	2009	2679	1252	5,940
December	1412	2566	1114	5,122
January	1940	2682	1498	6,120
February	1801	2655	2165	6,725
March	1486	2930	1940	6,356
Total	20,872	29,877	9,899	60,486

**Jeremiah McKay
Kabayshewekamik 1**

Yearly Total

20,872

**Jeremiah McKay
Kabayshewekamik 2**

Yearly Total

29,981

Hotel

Yearly Total

9,633

Clients per day

Average Total

166

Jeremiah McKay Kabayshewekamik Hostel 5 Year Statistical Overview

FISCAL YEAR	ANNUAL ACCOMMODATION TOTALS
2019-2020	60,486
2018-2019	83,539
2017-2018	73,539
2016-2017	65,436
2015-2016	52,138

Due to covid pandemic, number of client traveling in 2019/20 fiscal decreased by approx. 25%

Administration & Financial Reports

Client Services

JMK I & II Year In Review

- Wellness Worker positions implemented to assist with clients
- Relocation of Data / Billing room from JMK I to JMK II
- Increased staffing for Data & Billing by 3 to increase productivity and keep up with billing.
- Workspaces updated with barriers for COVID 19 and distancing
- Purchase of disinfecting foggers due to COVID 19 used to disinfect all areas of the hostel. After each check out, client rooms are completely disinfected before next client is assigned to room
- Security took training to be licensed by the province of Ontario (ongoing due to COVID 19)
- Creation of Security Policies and Procedures and SOPs with the help from Diana Elkin from Motion Intelligence.
- Added emergency pull cord system at both hostels.
- Client Surveys created to provide feedback of client stays
- One survey is selected every month and the client who filled it out wins a prize.
- Increased level of comfort for clients – new bedding and pillows, microwaves and fridges in all rooms.
- All staff have taken First Aid training. (Basic First Aid, Naloxone, CPR and AED)

JMK I Highlights

- Playground installation at rear yard
- Additional cameras throughout the facility to minimize blind spots
- New signage throughout the property i.e., wheelchair parking, no smoking, designated smoking areas, etc
- New flooring in one wing
- Bar size fridges ordered for all rooms
- Microwaves ordered for all rooms
- TV's installed in lobby areas
- New snack vending machine purchased
- New linens purchased for all rooms; coverlets
- New light fixtures installed in all rooms
- Dining area - new stainless steel counter, barrier and door installed
- Three (3) new industrial washing machines purchased and installed
- New barrier installed on floor in crawlspace – basement
- Donation area organized with mobile closets

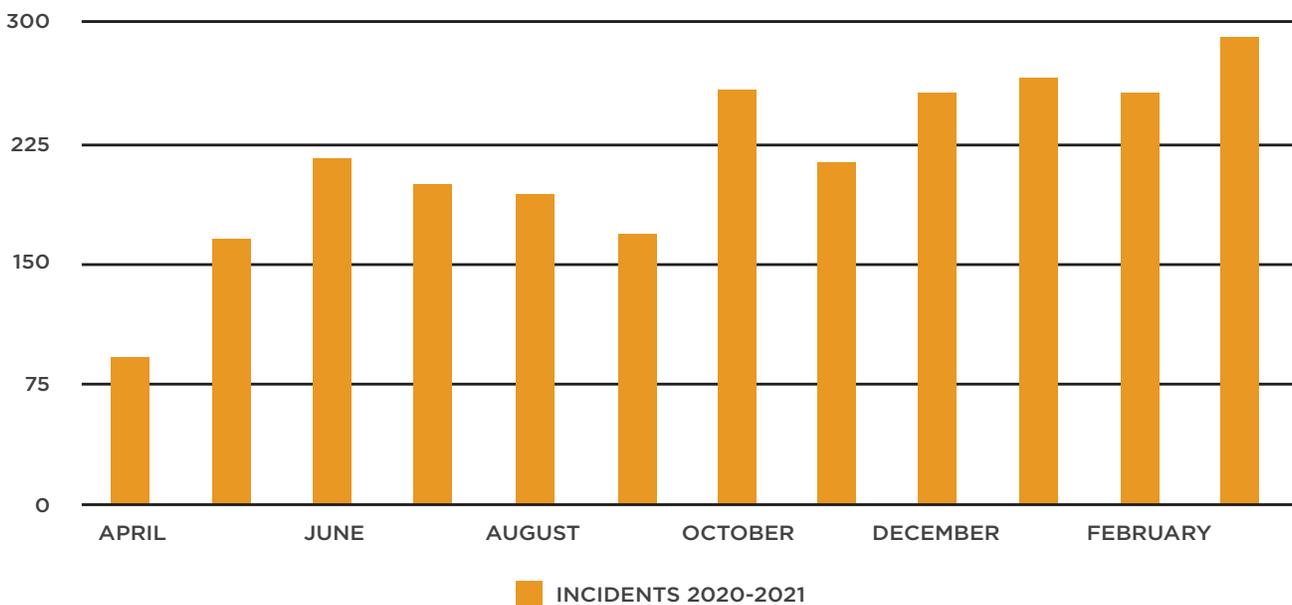
JMK II Highlights

- Completion of new elevator in January 2021. Work done by CGV.0
- Fitness Room for Clients - Room has dumbbells, elliptical machine, treadmill, stationary bike. Monitored by CCTV for client safety
- New lighting installed in hallways of JMK II for added client safety as old lighting was deemed too dark
- Added 7 new cameras for added client safety throughout the hostel
- Put in new flooring in several rooms. 25 more to be completed in 2021
- Creation of Hostel Manager Office in Main Lobby area
- AED has been purchased and stationed in JMK2 Front desk
- Meals being delivered from Windigo Catering while JMK2 undergoes construction of a new dietary area.
- Smart TV's installed in the lobby to relay important information to clients

Incident Rates

The total number of incidents from April 2020 to Mar 2021 has been 2,584 with an increase in the number of incidents reports throughout the year. Incidents relate to the following type of issues: alcohol, loud noise, child concerns, clients in distress and requests for help. The total number of 911 calls made by clients this year has been 219. COVID pandemic occupancy restrictions at JMK I & II has resulted in overflow rates at local hotels. This may have had some impact on the increased rate of incidents throughout the year.

Security Stats April 01,2020 to March 31,2021



Moving Forward

Goal 1:

Build Playground structures for JMK 1 & 2 Hostels.

Goal 2:

Implement NIHB 14 Accommodation Approval System. This system will Elimination for hardcopy paper forms and improve efficiency in the accommodation and discharge processes.

Goal 3:

Add Mental Health Program to JMK Hostel Operations

Goal 4:

JMK Hostel Operations will add Community Liaison Program. This Initiative will promote at First Nation community level

Administration & Financial Reports

Client Services

TRANSPORTATION PICK-UP CALL-OUT LOG APRIL - JULY 2021

APRIL	MAY	JUNE	JULY
159	64	111	52
43	62	111	252
96	190	262	111
68	159	232	94
87	203	113	198
222	216	113	203
222	203	218	207
240	73	219	189
179	91	213	221
106	181	225	104
100	190	217	101
219	213	89	193
194	184	120	163
197	219	210	177
186	104	212	156
162	75	176	187
82	103	199	114
82	196	195	103
177	176	117	178
193	196	124	186
140	212	56	156
151	100	186	173
161	41	167	184
71	43	96	103
66	223	85	107
179	193	105	147
171	212	77	148
154	240	185	123
198	120	156	107
175	122	152	151
	205		100
4480	4809	4741	4688

TOTALS OVERVIEW

April	4480
May	4809
June	4741
July	4688
Total	18,718

Administration & Financial Reports

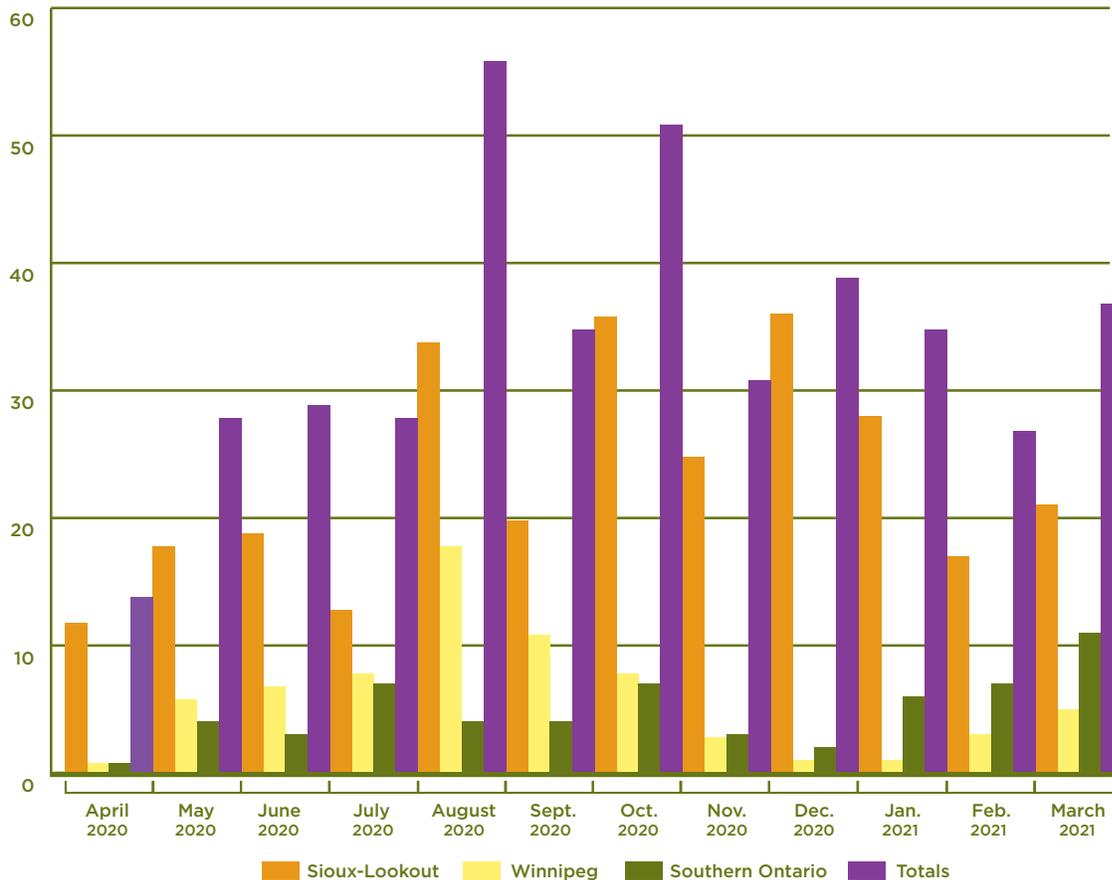
Discharge

2020 Discharge Statistics

Month	Sioux Lookout	Winnipeg	Southern ON	TOTAL
April	159	12	1	172
May	223	43	3	269
June	273	69	4	346
July	283	104	8	395
August	392	129	6	527
September	386	121	6	513
October	464	75	9	548
November	430	29	5	464
December	397	15	6	418
January	383	29	10	422
February	430	18	7	455
March	381	28	17	426
TOTAL	4201	672	82	4955

Month	TOTAL # OF NO SHOWS
April	14
May	16
June	14
July	13
August	16
September	26
October	36
November	26
December	24
January	7
February	23
March	21
TOTAL	236

Discharge Statistics per Origin of Flight





Sioux Lookout
First Nations
Health Authority

Message from the Chief Operating Officer



Janet Gordon
Chief Operating Officer

The 2020-2021 year has brought many challenges but has also highlighted the strengths of the communities and of the SLFNHA staff as they have worked tirelessly over the last year. The lack of adequate emergency resources has meant that many staff have been redeployed to respond to the COVID-19 pandemic while also continuing to work in their existing positions. The health services departments have worked incredibly hard to continue to deliver services despite travel restrictions and other barriers to service delivery. I wish to acknowledge the commitment and dedication of all our staff.

The pandemic has highlighted the importance and need for a strong public health system and our Approaches to Community Wellbeing (ACW) program succeeded in laying a strong foundation for a public health system and was well situated to support communities and take a lead role in the regional emergency response. In addition to highlighting the strengths, the pandemic also exposed the many cracks in the health care system including the jurisdictional ambiguity that continues to cause unnecessary challenges. SLFNHA and the Chiefs Council on Health (CCOH) have continued to advocate for public health equity including tools, resources, information and authorities that are comparable to the provincial health units. SLFNHA and the communities demand full recognition of our public health system by the governments and the various partners within the system.

COVID-19 has had detrimental impacts on many areas of health care delivery as many routine procedures have been delayed. We have worked closely with partners to ensure safe pathways to care and to find solutions to delivering care while also protecting communities from the virus. Unfortunately, the lack of dental services in communities has risen to a crisis situation as most community clinics do not meet infection control standards due to poor infrastructure and ISC has closed the Sioux Lookout dental clinic. Despite relentless advocacy and negotiations from SLFNHA and the CCOH, waitlists continue to grow and children and families continue to suffer.

Although the pandemic has certainly created delays in various planning processes, we have worked hard to resume planning and continue to develop new programs and services and ways of meeting the needs of the communities. Community direction and engagement lays the foundation of any new program, services or initiative. While we have not been able to have in-person meetings, the use of technology has enabled us to have regular meetings with the SLFNHA Board, Chiefs, Tribal Councils and partners which has provided opportunities to receive ongoing direction and feedback.

SLFNHA has continued to work in partnership with Nishnawbe Aski Nation (NAN) on Health Transformation and continues to ensure the regional needs and priorities of the communities served by SLFNHA are represented. We have developed a dedicated Health Transformation Unit to focus on key transformation activities such as dental services, nursing services, client coordination and the Hospital Without Borders project.

We continue to adapt and grow from the many lessons learned over the last year. While it has brought many challenges it has also demonstrated the strength, capacity and commitment of SLFNHA and the communities as we move forward together to improve the health of our peoples.

Approaches To Community Wellbeing

The Approaches to Community Wellbeing is SLFNHA's public health program and provides services in the broad categories of:

- Rotos for Community Wellbeing (data, planning, evaluation, policy, communications)
- Preventing Infectious Diseases
- Preventing Chronic Diseases
- Raising our Children
- Safe Communities

Roots for Community Wellbeing

Highlights

- Supported the CRRT planning with EpiBriefs, SLFNHA COVID-19 dashboard, COVID-19 surveillance, disease modelling, balance score-card preparedness assessments, guidance documents, and overseeing the evaluation
- Drafted an Alternate Care Site document for use by the CRRT -Public Health Operations team
- Reviewed community pandemic teams
- Ongoing data entry of routine immunizations and replying to client and nursing station requests for information
- Continued historical transfer of immunizations records from FNIHIS to Mustimuhw
- COVID-19 vaccine data entry into Mustimuhw Information Solutions
- Developed an analysis plan and conducted data analysis to draft an Immunization coverage report
- Developed an influenza immunization coverage report
- Developed a database for COVID-19 testing data
- Produced COVID-19 vaccine coverage reports using the data provided by Ornge during Operation Remote Immunity

- Developed Diabetes Health Status Report framework, conducted data analysis, reached out for a community and Tribal Council steering committee, developed guidance for collecting community member's stories to include in the report.

Challenges and Priorities

- COVID-19 health surveillance is an area that requires specific technical skills, which requires us to focus a heavy workload on a few individuals, recruitment to fill some of these technical positions took time
- Staff were redeployed to CRRT, which made moving forward with existing team priorities challenging and some had to be delayed or put on hold.

Moving Forward

- Expand the team to include a Data Analyst, Meno Ajimoowin Anookiwin (Knowledge Translation Specialist), and additional data clerks
- Finish and present Diabetes Health Status Report and Immunization Coverage Report for Chiefs review and approval, then develop community-level reports to accompany them.
- Continue historical transfer of immunization records from FNIHIS to Mustimuhw

Preventing Infectious Diseases

Preventing Infectious Diseases includes programming that aims to reduce the risk of spreading infections. This includes health promotion, infection prevention and control, and tuberculosis and COVID-19 case and contact management control.

Highlights

- Continued to support community and regional Tuberculosis (TB) Prevention and Care by:
 - Supporting communities and nursing stations with contact tracing and management – including accessing a new medication for the treatment of latent TB infection.

Approaches To Community Wellbeing

- Mailing information on Tuberculosis and local issues to the community health directors and NICs to celebrate World TB Day virtually (in-person event was cancelled due to COVID-19 pandemic)
- Supported 20 communities with COVID -19 case and contact management.
- Worked with communities to train community members in contact tracing for COVID-19.
- Develop a health promotion campaign to support the ISC annual Influenza Immunization delivery.
- Worked with others at the Approaches to Community Wellbeing to develop and deliver health promotion materials for COVID-19
- Hired a Data Clerk to support COVID-19 surveillance.
- Supported communities with health education and health promotion strategies for the COVID-19 vaccine including radio shows, sharing resources, attending meetings, visiting community to attend clinics.

Challenges & Priorities

- Due to the pandemic the team was only able to visit a few communities for in person support and training.
- Nursing staff shortages during peak infection period has impacted the remaining nurses

Moving Forward

- Continue to focus on supporting the COVID-19 response, specifically around case and contact management.
- Transition of all reportable diseases under ACW.
- When travel allows, the Preventing Infectious Diseases team will deliver in-community health promotion activities focusing on infection prevention and control, and infectious diseases.

Harm Reduction

Harm Reduction focuses on support services, policies and teachings that promote and enhance knowledge, skills, resources and supports to equip individuals who use substances, their families, and communities with the ability to make healthier and safer choices. The program provides safe drug use equipment to communities for distribution, naloxone training and supplies, support for community opioid substitution therapy programs (suboxone), hepatitis C testing campaigns, and health promotion.

Highlights

- Provided 580,000 needles to 23 communities that host needle distribution services in the 2020-2021 fiscal year
- Continued support to community-based harm reduction workers through funding agreements and mentorship
- Provided Opioid Overdose Prevention training (Naloxone training), as per community's requests, to two (2) communities and SLFNHA. In total, 92 people were reported to be trained including community members and SLFNHA staff and 97 Naloxone kits were distributed
- Visited one community to provide training and capacity to front line workers involved in the community-based harm reduction service. Topics included Harm Reduction Approach, Bee Stigma Free and embroidery activity, Opioid Substitution Therapy, Needle Kit Equipment, Drugs 101, STBBI's & Sexual Health, and Naloxone training to four (4) people.
- Health Promoters provided Sexual Health and Wellbeing webinar as per community request with six (6) participants attended.
- Hepatitis C Project Coordinator provided online training on Dried Blood Spot Testing to a community-based harm reduction worker and updated the Dried Blood Spot Testing manual.

Approaches To Community Wellbeing

- Harm reduction team developed Covid-19 and harm reduction related health promotion resources and videos.
- Supported Suboxone Program Coordinators on public health measures to adapt programming for COVID-19, education on the COVID-19 vaccine, and checking in on general programming.

Challenges & Priorities

- Team was created by merging staff from two previous teams (some from Preventing Infectious Diseases and some from Regional Wellness Response Program) right before COVID-19 pandemic started and most staff moved to remote work locations, which made developing a team more challenging. Recruitment for a manager was also challenging.
- Due to travel restrictions, had to shift primarily to online support and attendance and participation of online webinars or trainings seem to be lower.
- Redeployment of harm reduction team members to support SLFNHA and communities with COVID-19 related issues.
- COVID-19 pandemic issues became SLFNHA and communities' priority over harm reduction related issues which made program development work challenging

Moving Forward

In the 2021-2022 fiscal year, the Harm Reduction team hopes that with the uptake of Covid-19 vaccines, travel restrictions lessen, and team members can resume travelling into communities for service delivery. In the meantime, the harm reduction team will continue for ways to ensure supply chains are maintained during the COVID-19 pandemic and look for creative training and engagement opportunities to maintain services.

Preventing Chronic Disease

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

Highlights & Achievements

- Assisted communities in accessing funds for COVID-19 Alternative Care Sites including quarantine, isolation and assessment sites and other COVID-19 needs such as food security.
- Met with ad hoc group of organizations working to assist Indigenous communities with food security challenges during COVID-19. Worked with Second Harvest and other SLFNHA departments to provide food supplies to communities July 2020.
- Hosted Food Sovereignty Webinar in December 2020 which highlighted and shared the efforts of communities during COVID. Six community members provided powerpoint presentations on food programs and traditional practices that were offered in their communities. Several funders were also highlighted at this webinar to assist communities in accessing resources.
- Assisted communities in accessing provincial and federal funding for growing projects, food equipment, and traditional food harvesting.
- Submitted a proposal to support the Regional Distribution Centre, an organization spearheaded by a local Indigenous partnership which will assist with food and supplies access to communities.
- Worked with three communities on a remotely offered pilot for You're The Chef, a cooking skills program for children and youth focusing on traditional ingredients as well as fruits and vegetables.
- Provided ongoing social media Health Promotion resources to support Mental Wellbeing.
- Provided ongoing social media Health Promotion resources focusing on COVID-19.

Approaches To Community Wellbeing

- Created Health Promotion materials for distribution.
- Provided social media resources on diabetes topics.
- Worked as part of the COVID-19 Regional Response Team – Operations. Implemented the Incident Action Plans and coordinated all incident tactical operations. This included travelling to communities to do Alternative Care Site assessments, meeting with Chief and Council and pandemic teams to articulate services offered, carrying out Incident Management System (IMS) 100 trainings and working with communities to build their own IMS structures, supporting case and contact tracing for COVID-19, assisting with vaccine preparedness as well as with the actual vaccine clinics.

Challenges & Priorities

- Some staff were redeployed to support COVID work, impacting ability to move forward some areas of Preventing Chronic Diseases
- Regional workshops and community-based work had to be postponed and communication had to pivot to zoom and phone call meetings and webinars.

Moving Forward

- Work with communities and other organizations to support resource development which highlights traditional expertise, specifically curriculum development for school aged students.
- Healing journey resources and intuitive eating programming which aim to support community members in a trauma informed approach considering residential school impacts on individuals.
- Community garden and growing program resources and assistance to five communities. We will pilot You're the Chef, a cooking program for children, in three communities initially, and then expand upon community requests.

Raising Our Children

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

Highlights

- Hosted Baby-Friendly Initiative 20 Hour Breastfeeding Course for Meno Ya Win Maternity staff and ROC nurses
- Provided access to more than 50 virtual healing and cultural wellness sessions to community members and workers
- Created and circulated COVID-19 resources on pregnancy, breastfeeding, and protecting infants
- Developed “Welcome Baby” packages for expectant parents to be distributed at the hostels that contain baby items, personal care items for parents, masks and sanitizing wipes to prevent COVID-19 infections, and educational materials
- Developed a social media plan to get accurate, relevant information out to youth with a series of video presentations via Facebook Live, on topics such as Youth Mental Health During COVID-19: Tips & Tricks, “Helping You to Call for Help-Helplines & what to expect”, “COVID-19 & Substance Use”, “U Moose Stay 6 Feet Away”, “Health Through Hope”, & “Mask Moves”
- Provided virtual education sessions to IFNA Sioux North High School students
- Supported the CRRT by developing COVID-19 public health guidance documents, advice sheets, information sheets, and frequently asked questions.
- Supported communities with health education and health promotion strategies for the COVID-19 vaccine including radio shows, sharing resources, attending meetings, visiting community to attend clinics.

Approaches To Community Wellbeing

Challenges & Priorities

- Initiated discussions with Dennis Franklin Cromarty High School in Thunder Bay to develop planning for youth nursing position, but unable to move priorities forward at this time due to secondment of staff to support COVID case management and contact tracing
- Provided many virtual capacity building and learning sessions, but ensuring consistent access to reliable internet and devices is an issue for many community members

Moving Forward

- Connect and engage with youth, youth workers, and schools on topics related to their health, wellbeing, and safety, with an emphasis on COVID-19 infection prevention and vaccination
- Revisit early childhood screening strategy and develop programs with communities
- Connect and engage with maternal child health workers in community to assess and develop plan to meet needs
- Continue to offer virtual healing and wellness opportunities and learning sessions for community members and workers, and healing programs in person when COVID allows

Safe Communities

Safe Communities is a new program area this fiscal year that focuses on the community as a whole and how the community can be made safer for its members. It encompasses three main program areas namely: Environmental Concerns, Preventing Injuries and Emergency Preparedness. Safe Communities examines how the overall environment of the community influences health, how injuries within the communities can be prevented and finally, Safe Communities will ensure the communities are prepared

Highlights

- Created the team with the hiring of a Manager, Health Planner, and Health Promoter
- Commenced Environmental Scan to plan for/develop the Environmental Concerns program area and to prepare for the devolution of Environmental Public Health Inspection services from Indigenous Service Canada.
- Made presentations to various stakeholders and SLFNHA's partners about the operations of Safe Communities and discuss the needs and desired future state for environmental health.
- Published various health promotional materials on emergency preparedness and environmental stewardship.
- Supported the CRRT- Public Health Operations team through outreach to communities to offer our services, community visits to conduct assessments and provide recommendations on Alternate Care sites, contributed to the development of guidance materials for COVID-19 public health measures
- Adapted Incident Management System (IMS) 100 training materials to provide

Approaches To Community Wellbeing

- Conducted trainings in IMS and Basic Emergency Management for Board, CCOH, Tribal Councils, and communities including:
 - 143 participants over the course of 11 sessions of IMS 100 training (note 3 additional IMS100 trainings were provided by a consultant for SLFNHA staff prior to us adapting it for ourselves)
 - 62 participants over the course of four (4) sessions of IMS 200 training (note two additional trainings were provided specifically for SLFNHA staff)
 - 22 participants over the course of two (2) sessions of BEM training

Challenges

- Funding was secured late in the year and initial staff were hired in December. Funding agreements were short term, which made it challenging to recruit qualified staff
- Staff played multiple roles within SLFNHA such as being members of the CRRT
- Due to the focus on the COVID-19 pandemic it was hard connecting with Tribal Council and community representatives about environmental health

Moving Forward

- Continue advocating for funding and recruitment for additional positions to increase capacity of the team to better support communities.
- We will continue to build capacity in communities and the organization to respond to emergencies through training, simulation exercises and the creation of ERPs and various hazard-specific plans.
- We will commence the development of our Preventing Injuries program area and will develop a framework for Environmental Health Programming by December 2021.

Community Wellbeing Nursing

- As a result of increasing strain on nursing resources in the communities, SLFNHA applied for funding from the MOHLTC on behalf of 18 communities to enhance public health nursing services. The remaining communities were covered under funding proposals from their Tribal Councils
- Contacted communities to determine whether they wanted to employ their own public health nurse (0.5 FTE), have their Tribal Council employ the nurse, or have SLFNHA employ the nurse.
- Developed funding agreement to flow funding as necessary
- Supported some end-of-year budgetary pressures for communities and a Tribal Council
- Developed job descriptions for Manager, Administrative Assistant, Community-based nurses, as well as mobile nursing/paramedic team
- Began recruitment

Challenges

- Notification came in February, delaying the start, and only January – March expenditures were eligible
- Nursing resources across Ontario and Canada are stretched thin during the pandemic, making recruitment challenging

Moving Forward

- Recruit nurses and coordinate with communities to enhance public health services in communities
- Develop and implement orientation for nurses
- Collaborate with public health nurses employed by communities, Tribal Council, or ISC to align programming
- Negotiate for sustained funding since the current agreement expires March 2022.

Message from the Public Health Physician



Dr. John Guilfoyle
Public Health Physician

Approaches to Community Wellbeing

Throughout 2020-2021 the team at Approaches to Community Wellbeing (ACW) has continued to support communities in strengthening their public health programming. My role, this year, was an interim one while SLFNHA worked on a permanent replacement for Dr Bocking who had pioneered and did much to lay the foundation for this work. ACW pursues, as core business and a central strategy, the enhancement of capacity to develop and carry out public health programs in our communities. The pandemic has underscored the importance of human resources in the community that have the training and the necessary support to carry out public health activities that are essential for the wellbeing and safety of the communities. ACW is increasing and improving its ability to work with community with a combination of training and support. The success in case management and contact tracing for COVID-19 has largely depended on the capacity of the pandemic teams, the community leadership, and the preventing infectious diseases team (ACW_PID) working and learning together. The necessary bonds of trust between these elements will need ongoing attention as this dynamic will be needed if we are to deal with the more complex public health issues that face the communities. We have learned that the success of public health interventions hinge on having capacity in the community to ensure that these interventions meet community needs and are delivered in a fashion that

is acceptable to the communities. This has put pressure on ACW to put learning together as core business and accompaniment as a key process. ACW has worked with the communities to forge relationship that are strong, respectful, and effective. This is very much a work in progress. We will need to take the lessons learned from this year and apply them to other areas of concern. This will include other communicable diseases, mental health, nutrition, substance use, housing.

The multiple issues that we face underline the needs for permanent and comprehensive capacity for public health activity at the community level. These resources will require ongoing training and support. Indeed, ACW is focussed on creating a climate where learning at all levels fosters an environment that is looking for solutions that are tailored to community needs.

Public Health Governance

This year, we continued with the role designated as an Associate Medical Officer of Health through the Thunder Bay District Health Unit. This is a significant step in the recognition of the position by the provincial government, but still leaves challenges around jurisdictional issues and accountability. We continue to advocate for a long-term solution to support ACW having public health authority to leverage key components of the provincial public health system (i.e. data systems and laboratory results) while supporting communities in decision-making and culturally appropriate programming. We continue to work on this relationship. The capacity that SLFNHA has demonstrated in managing the impact of COVID-19 has been noted by our partners at provincial and national level. This is contributing to the burgeoning recognition that public health practice in First Nations communities requires an approach that puts the communities at the heart and is best suited to approaches that engage all stakeholders in a meaningful way that acknowledges, embraces, and respects the indigenous worldview.

We participated in the provincial engagement process around public health modernization to ensure the proposed changes to the Ontario public health system recognize the distinct needs of our region. Work on this front has been slowed because of the pandemic. It

Message from the Public Health Physician

is of vital importance that this continues as it provides us with an opportunity to advocate for legislative and policy changes that will enable a First Nation governed public health system that is unique and separate from the provincial and federal systems.

Management of COVID-19

There is nothing like a global pandemic to highlight the importance and need for a strong public health system. The appearance of COVID-19 has thrust into the global spotlight foundational elements of public health such as epidemiology (data collection and analysis), contact tracing, and health promotion. Unfortunately, public health on-reserve in northwestern Ontario has been neglected by funders and governments for decades. This is the core of what ACW is trying to change – we are trying to support communities in establishing strong public health (or community wellness) systems. Although this will take many years to achieve, our work over the last 5 years in establishing ACW meant that we were able to provide some support to communities in their COVID-19 preparedness and response.

By early 2020 it became clear that northwestern Ontario was not going to be spared from the global wave of COVID-19. All of SLFNHA was required to shift focus and many of ACW's resources were dedicated to supporting communities in preparing for COVID-19. SLFNHA and ACW worked quickly to develop processes to support communities in pandemic planning and preparedness, including setting up an Incident Management System (IMS) structure within our organization to coordinate our support efforts. The COVID-19 Regional Response Team (CRRT), with participation from Tribal Councils and local physicians, whose goal was to support communities in preparing and responding to COVID-19 continued its work under the leadership of the public health physician.

For me, the emergence of COVID-19 highlighted the importance of what ACW is advocating for and trying to establish. Firstly, there is a need for sustainable, integrated, and community-governed health data systems to guide public health responses. Secondly, there is a need for ongoing dedicated public health resources

in each community, with community workers trained to support management of outbreaks and promote key infectious disease control messages. Thirdly, the urgent need for housing, water, and other infrastructure to support health in communities must be addressed by federal and provincial funders and policy makers.

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

Exit Observations

It has been a privilege to serve as the public physician for SLFNHA since July 2020. It has been a difficult time for the organization as it has pivoted to face the pandemic. It has developed the COVID-19 Regional Response Team for whom I served as the incident commander for almost a year

In pursuit of learning together I would like to share with you a number of observations and related recommendations on my perceptions of the role of the public health physician, how SLFNHA currently functions and how SLFNHA might consider the challenges the future holds.

These observations reflect on the relatively short time I was in this position but are grounded in over 20 years of service to our communities.

Message from the Public Health Physician

Adopt SLFNHA emergency response plan and align with regional EMS approaches.

The world, in general, was not prepared for this pandemic. The Covid-19 Regional Response Team (CRRT) and SLFNHA has developed an emergency response plan which needs to be adopted and implemented. In particular, it needs to be aligned with a regional plan that include the tribal councils and Nishnawbe Aski Nation. This will ensure that SLFNHA is well placed to respond to a variety of emergencies. Emergency preparedness is a core function of public health.

Scale down and demobilize IMS response to COVID-19

The CRRT has served well in responding to the pandemic. Many activities, some of them new, have been undertaken and will need to continue. A careful and comprehensive transition plan is needed to ensure that these new functions are supported and funded while SLFNHA returns to its necessary ongoing activities.

Identify and build on capacity within SLFNHA to deal with COVID-19

A number of new activities have been undertaken or expanded while responding to the pandemic. These have included case management and contact tracing, point of care testing (POCT) and incident management system (IMS) training. This needs to be clearly identified and the required supports and funding put in place.

Maintain and expand public health capacity at community level

Critical to the success of public health programs is the existence of capacity at community level to engage with, to direct and to develop these programs. This has been essential to manage the complex requirements of the response of the communities to the pandemic. Training and support are key to ensuring that there is always a cadre of community members available to perform the necessary roles and responsibilities.

Expand mandate of public health to include urban community members

Given the increasing numbers of community members that live in Thunder Bay and to facilitate service to communities on the east side of Sioux Lookout area, SLFNHA may wish to consider how it would best serve the growing and complex public health needs of those off-reserve. The development of an office in Thunder Bay might help facilitate the management of the various relationships that are necessary to ensure a level of service commensurate with growing needs.

Public health is a key component of health transformation.

The successful management of the pandemic has underlined to Ontario and Canada that First Nations have the capacity to manage public health crises competently. It has emphasized the importance of public health as a key component of health transformation. Some would point to it as the linchpin of transforming health services to conform with community needs and aspiration. This recognition should infuse the consultations that, as a matter of some urgency, must continue on health transformation. Public health has to be seen as the foundation of the health care system.

Okimaa-owin is key to appropriate powers and authority for public health.

Integration of worldview of First Nations and the recognition that all laws and authorities flow from the Creator, as understood in Okimaa-owin, into the legal framework for public health is crucial. First Nations require a public health system that has a governance structure that reflects their unique history and allows the autonomy and self-determination that is needed to ensure public health programs are developed and implemented appropriately to meet community needs. First Nations will need to build a public health system within the surrounding system that will require the fulsome ongoing engagement and support of Ontario and Canada.

Message from the Public Health Physician

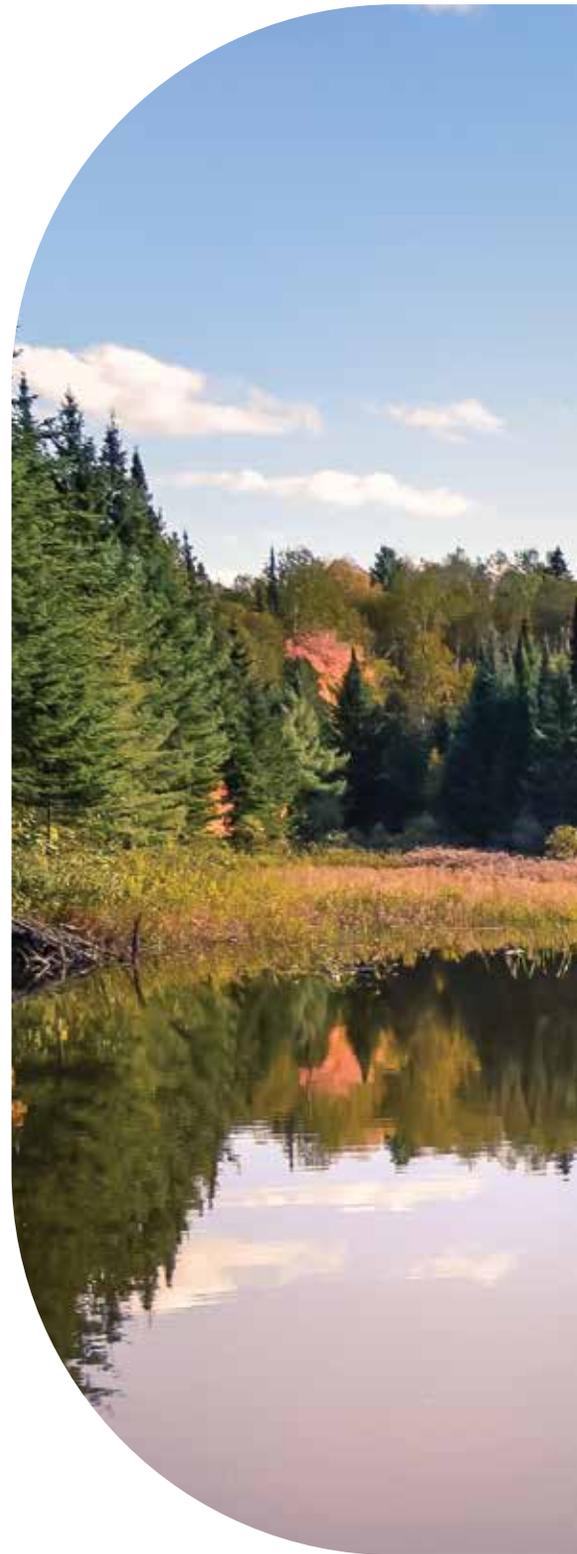
Integration of Health Care Systems

Public health cannot work in isolation from other aspects of the health system. Clinical services are a key component of the health care system. Adequate access to health services is a public health issue and can have significant impact on a population level. Public health also requires the cooperation of partners to access needed information to conduct health surveillance and manage reportable diseases. Health services in the region are provided and funded by different organizations, which adds to the complexity of health issues in the region. Consideration should be given to how these partners could collaborate to delivery more efficient services that are commensurate with the need and reflective of First Nations culture and history. Leadership could consider undertaking a review of the regional health delivery system, which could include an updated to the Anishinabe Health Plan.

As I close this year's message, I note that it is my first and that it will be my last. My tenure has been an interim one and I have welcomed the opportunity to assist in the mentorship of Dr. Douglas. I believe he has the approach, the personal attributes, the training and the experience that will allow him to develop the role of public health physician to the next level. I head into retirement with mixed feelings. I would like to be able to continue but there comes a time to pass the torch. I have been very honoured to be a family physician in the region and to be involved in helping bring so many members of our communities safely into the world. The women and mothers of our communities have taught me much about nurturing, courage, and resilience.

The brief experience with SLFNHA has allowed me to serve in an additional and unexpected capacity. It was an enriching experience and allowed me to work with a number of wonderful individuals. My thanks to all in SLFNHA, everyone treated me with unfailing courtesy and helpfulness. Special mention must be made of three individuals, Emily Paterson who guides ACW with selfless dedication and a laser sharp focus, Terri Farrell for her generous, unfailing and unstinting support, and Janet Gordon, for her quiet, consistent and unobtrusive leadership. Thank you to those who have taken the time to share their knowledge and experiences with me. I have learned so much from community members and colleagues, and I hope that I have been able to return the favour by sharing some of my thoughts and knowledge as well. I know that I will stay connected to the region through the many close relationships I have built over the years. Good luck as you and all of God's blessings as you continue your efforts to improve the health and wellbeing of your communities.

Chi-Miigwetch.



Community Health Worker Diabetes Program

The Community Health Worker (CHW) Diabetes Program is a joint initiative between SLFNHA and the University of Toronto. The goal of the program is to increase existing community health workers' capacities to care for patients with diabetes. The program incorporates scientific evaluation and evidence-based learning to support Community Health Workers in their roles. There were 13 communities who have been fully integrated into the program the past fiscal year.

Highlights

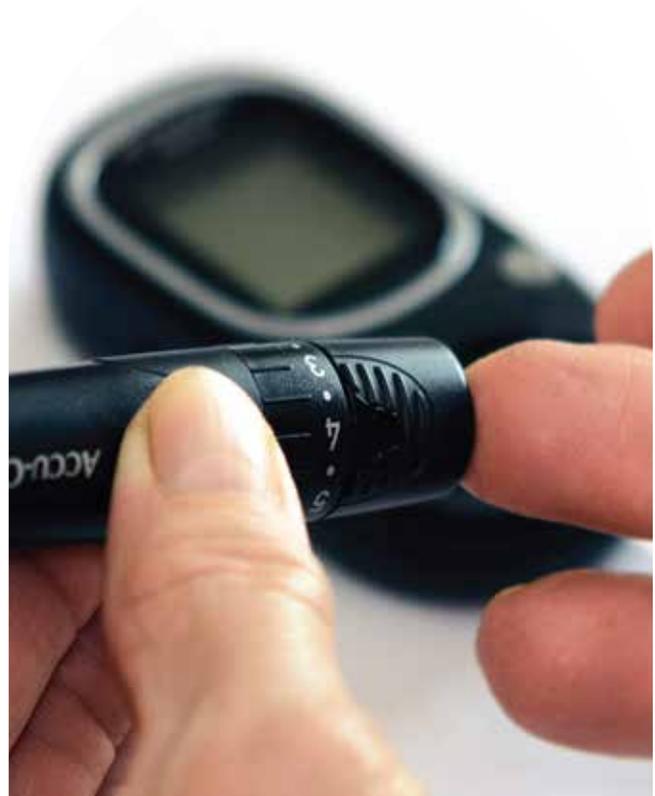
- The program expanded to three (3) new communities: Deer Lake FN, Fort Severn FN, Eabametoong FN
- Continuation of research project on Anishinabe traditional healing practices and how to incorporate them into the health care system
- Hired Program Assistant; there are now three salaries being supported by the CHW Diabetes Program
- Hosted a virtual annual forum for CHWs and Health Directors to discuss strengths and challenges of the program with the Program Team

Challenges & Priorities

- COVID-19 restricted ability of CHWs to provide in-person visits to diabetes patients and program team visits to community were minimal
- High CHW turnover brings challenges to capacity building and program implementation
- Turnover within the Program Team also continues to pose as a challenge (staff have left the program for other internal opportunities, maternity leave, career opportunities outside organization, etc.)
- There is an urgent need to increase CHWs' engagement in their role and within community health teams

Moving Forward

- Expand the CHW Diabetes Program to an additional three communities
- Strengthen capacity and confidence of CHWs through community support and engagement
- Provide ongoing training and networking opportunities for CHWs virtually and increase in person visits now that more people have been vaccinated and communities are allowing essential workers in community
- Strengthen the relationship between CHWs and the overall health care team in their communities
- Moving towards the implementation of the Regional Diabetes Strategy.



Oral Health Services

The Oral Health Project received its first year of funding through the Health Services Integration Fund (HSIF) funding stream. The objective of phase one of the project was to hire an Oral Health Project Coordinator to work with Tribal Councils, communities and partners to develop a transformed dental program to be operated by SLFNHA.

The COVID-19 pandemic created many challenges and brought the lack of dental services to the communities served by SLFNHA to crisis levels. The Oral Health Project therefore focused on both resumption of dental services and transformation of services.

Community Dental Clinics

As a result of the COVID-19 pandemic, the dental regulatory bodies developed new infection control standards. Given the many infrastructure challenges in communities, the majority of community dental clinics did not meet the new standards. This results in very limited services being provided.

We met with Tribal Council Technical Leads and the Health Directors of the Independent communities: Mishkeegogamang and Sandy Lake monthly to provide support, share information and hear of progress updates on their community dental infrastructure assessments.

Sioux Lookout Zone Dental Clinic

The COVID-19 pandemic highlighted the long-standing deficiencies of the Sioux Lookout Dental Clinic building. It was determined by Indigenous Services Canada that the clinic did not meet COVID-19 standards and that the condition of the building was so poor that was decided that it would not be re-opened. SLFNHA therefore offered to expedite the transfer of services to SLFNHA on an urgent basis by transferring the Sioux Lookout clinic portion of the program and opening a new clinic under SLFNHA.

Highlights

- Advocacy for resumption of dental services in community and pediatric oral surgery services at Menoyawin. Limited dental services have resumed at most communities.
- Received Children's Oral Health Initiative funding to begin transformation of services.
- Request for proposal for development of a SLFNHA dental business case has been issued.

- A project manager has been hired to support the dental infrastructure site assessments.
- Received funding for Phase 1 and the hired independent contractor has completed the dental clinic site assessment at Mishkeegogamang First Nation and Pelican Falls First Nation High School.

Challenges & Priorities

- Covid-19 put a temporary hold on the project. The Oral Health Project Coordinator continues to divide her work and provides support to SLFNHA communities on behalf of Community Response, a part of SLFNHAs Covid Response Regional Team.
- Long standing infrastructure challenges in community results in a long process for upgrading clinics to meet new standards.
- Resumption of clinical dental services in Sioux Lookout is impacted by unclear commitment from ISC to proceed with opening a new clinic in Sioux Lookout under SLFNHA.
- Travel restrictions and lack of operating space has resulted in long waitlists for children awaiting dental surgeries.
- Lack of information, data and transparency from ISC Dental Program.

Moving Forward

The Oral Health Project will be expanding their team to include a Program Assistant and a Children's Oral Health Development Facilitator. We also plan to start the Oral Health Advisory group that will provide direction on the development of the SLFNHA Oral Health Program and later, present a business case to our regional Chief's on transformation of dental services to SLFNHA.

Developmental Services

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

Highlights & Achievements

- The Developmental Services team currently works in collaboration with the Sioux Lookout Area Primary care team and each communities' own Jordan's Principle services to fill the gaps. The team provides the following pediatric services, directly to clients and communities:
- Audiology
- Autism Spectrum Disorder Diagnostic Hub
- Complex Care Case Coordination
- Developmental Psychological
- Fetal Alcohol Spectrum Disorder diagnostic clinic
- Occupational therapy
- Physiotherapy
- Speech Language therapy
- Mashkikiwininiwag Mazinaatesijigan Wichiiwewin (MMW) – Adult Developmental Services
- These positions are filled with either a SLFNHA employee or contracted services. The team continues to collaborate and be creative on best meeting client needs. This includes switching to more community-based services than clinics in Sioux lookout and increasing virtual practice even prior to COVID-19.
- COVID-19 pandemic completely disrupted service in the beginning and many of our staff were assigned to assist with the logistics team – getting PPE, food and supplies to communities.

Challenges

- The main challenge over the past year has been to connect with families due to travel restrictions and inconsistent access to virtual services due to poor internet.
- Waitlists, especially audiology, grew exponentially.
- Capacity in communities to provide accommodation and appropriate treatment space was very limited.
- Appropriate space in Sioux Lookout for the expansion of our staff and services is lacking.
- Assistance with Jordan's Principle individual applications for equipment and support significantly increased.
- Participated in the NAN Autism Action Team and the Autism Northern Collaborative Advisory team to bring a northern voice to Ontario Autism initiatives.
- Participated in the development of an Indigenous Rehabilitative Assistant program with NAN. This will assist to develop community capacity and in the recruitment of community-based rehabilitation assistants.
- Supported two new psychology intern positions for 2020-21 which grew our developmental psychology program.
- Fully utilization our new client information system Mustimuhw with transfer of all historical paper, OneHSN and EMHware data systems to create one file per child.
- Assisted families with high needs children to provide respite, equipment and alternative care where requested.

Developmental Services

Moving Forward

- In collaboration with World Wide Hearing, establish a hearing screening program in the schools in select communities.
- Explore a mobile hearing clinic so comprehensive assessments can be conducted in all-weather and winter road accessible communities.
- Train Communication Disorder Assistants (CDA) and Rehab Assistants (RA) in communities to assist with remote testing, virtual assistance and therapy follow up.
- Continued community relationship building to offer services with the awareness to be respectful of community dynamics and community processes.

Community Travel: (April – March 2021)

First Nation Communities Visited	Total Trips
Fort Severn	2
Kitchenehmaykoosib Inninuwug	2
Lac Seul	1
Mishkeegogamang	2
Nibinamik	4
Poplar Hill	1
Pikangikum	4
Slate Falls	2
Webequie	1
Total Trips	19

The travel schedule was greatly reduced from the 71 trips in 2019/20 due to COVID 19 and was based on the pandemic plans of each community.

Number of Individuals Served from April – March 2021

	Served	Wait list	Face to Face Visits	Virtual Visits
Intake	457	0		
Audiology	240	850	172	400
Autism Diagnostic Hub	61	39		
Complex Care Case Coordination	209	69	109	168
FASD Diagnostic Clinic	48	38	20	707
Occupational Therapy (OT)	104	45	157	748
Physiotherapy (PT)	84	5	107	929
Psychology (ASD Diagnostic & Dev. Psych)	176	109		
Children's Rehab Clinic Coordination	332	0	20	707
Speech Language Pathology (SLP)	226	99	372	2405
MMW	28	22		106
Number of Jordan's Principle individual equipment requests processed	450			

Nodin Mental Health Services



Nodin Mental Health Services is a resource available to First Nations children, youth, adults, and families from 33 remote northern communities served by SLFNHA. Total full-time employees funded is 72, plus several contractual workers.

Services include intake, a crisis response program, an outpatient mental health service based in Sioux Lookout, on-call, youth school counsellors, mental health counselling in communities, community-based children's mental health and addiction workers, and traditional healing. Nodin also has two counsellors on a crisis response/harm-reduction outreach team running in Sioux Lookout, working alongside positions from other partners. Nodin has also been available to provide telephone support to individuals in our region, under the Nishnawbe Aski Mental (NAN) Health and Addictions Pandemic Response Program.

Intake Service

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

Highlights

- Intake was busy this year as Nodin provided mental health services (i.e., phone/OTN, in-person counselling) throughout the covid 19 pandemic.
- Processed 815 incoming referrals, 716 out of the 815 met our criteria for service and others redirected.
- 364 of the referrals came from nursing stations and physicians.
- Between new referrals accepted for service plus existing open clients, there were a total of 979 unique clients served.
- There was a total of 2,023 face to face sessions, plus the total OTN Hub use was 567.
- There were 4,204 phone calls placed to clients.

Nodin Mental Health Services

Reason for Referrals to Nodin Mental Health Services

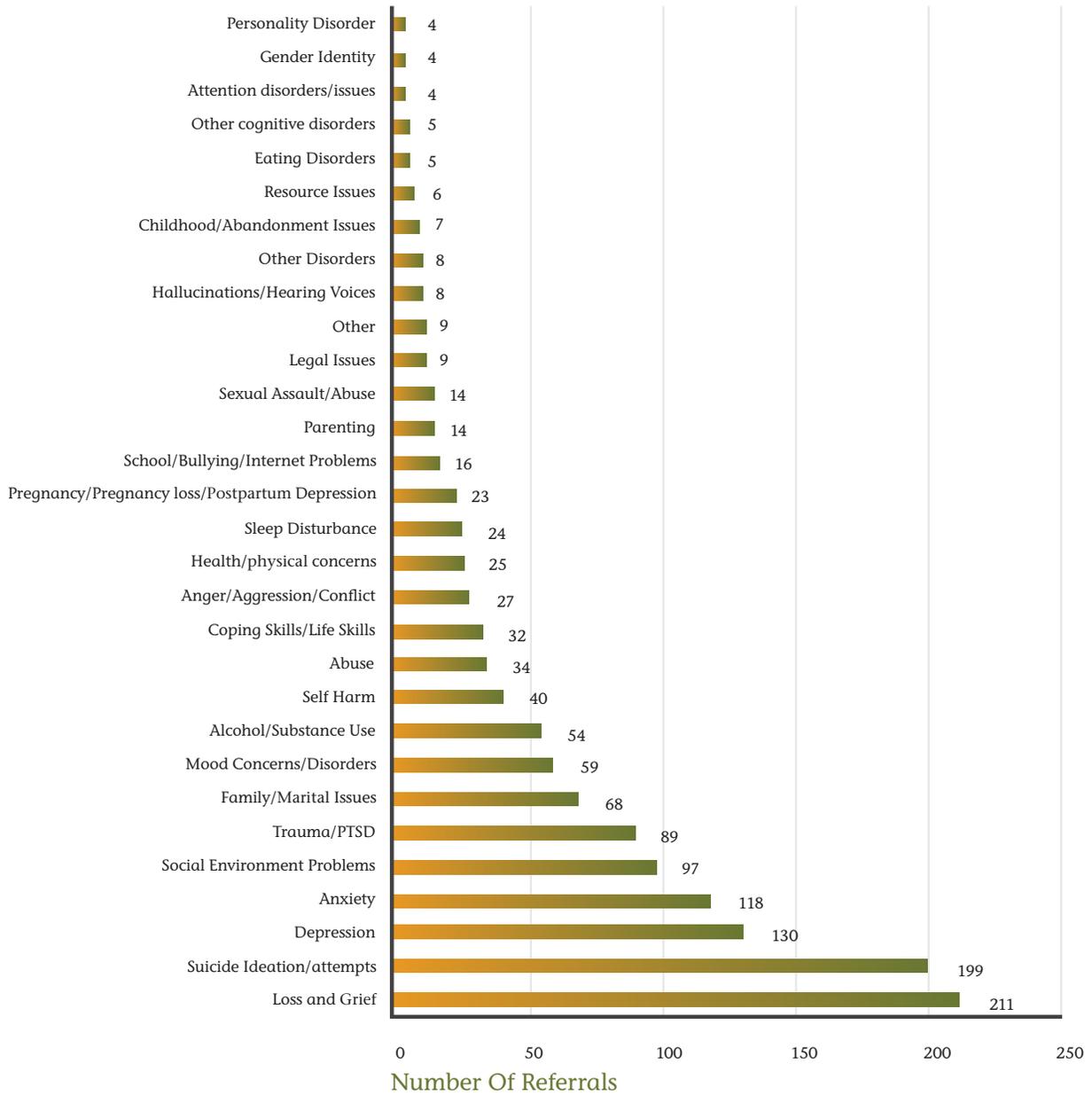
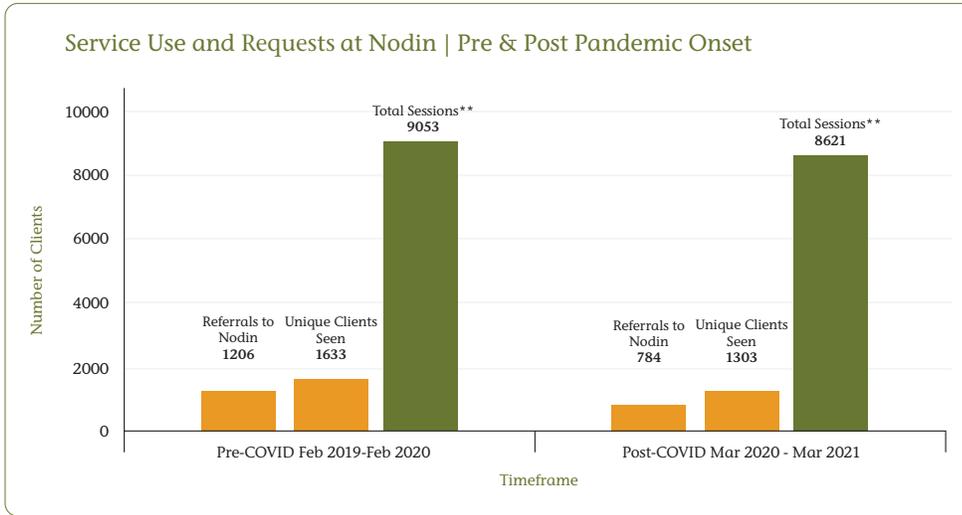


Figure #1
This graph shows the reasons for referral to Nodin, the top three reasons: loss and grief, suicide ideation/attempts, and depression.

Nodin Mental Health Services



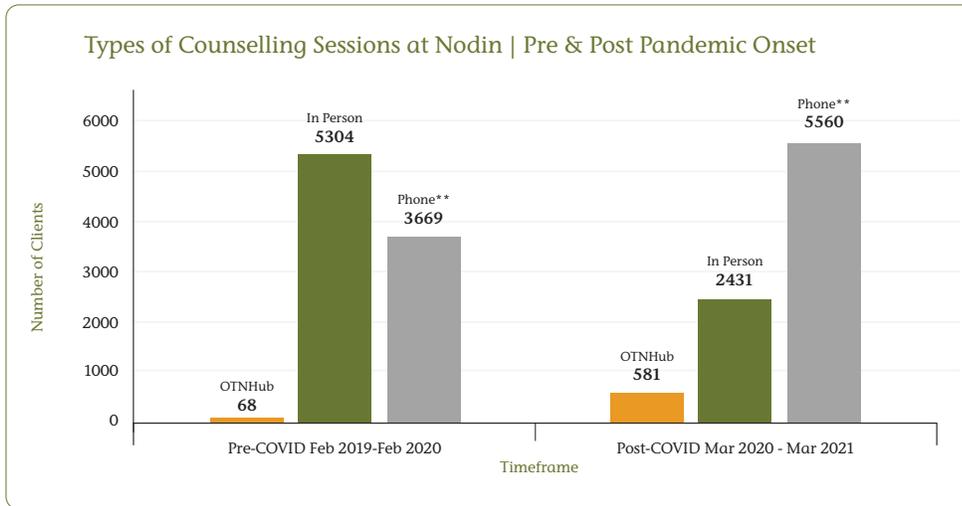
Key Points

- There has been minimal reduction in the number of counseling sessions held, number of unique clients seen and number of referrals to Nodin services post-pandemic onset.
- This lack of notable change indicates that Nodin counsellors are just as busy during this post-pandemic period as they were pre-pandemic, despite significant changes in service delivery methods.

Figure #2

This graph shows the number of requests for service (referrals), number of unique clients seen, and total # of counseling sessions held at Nodin.

**Note: Due to limitations in data collection, the total number of sessions reflects both the number of phone sessions and brief phone conversations with clients



Key Points

- There was a significant change in service delivery methods during the post-pandemic period.
- Prior to the pandemic, most counselling was delivered to clients in person, few sessions were delivered over the OTN network.
- During the pandemic period, most counselling was delivered over the phone. There was a significant increase in OTN network use and in-person counselling decreased by half compared to pre-pandemic numbers.

Figure #3

This graph shows us the type and number of counseling sessions provided by all Nodin staff compared between the pre COVID and Post COVID timeframes.

**Note: Due to limitations in data collection, the number of phone contacts with clients reflects both the number of phone sessions and brief phone conversations with clients.

Nodin Mental Health Services

Crisis Response Program

This program provides counselling and support to individuals/families and communities impacted by a crisis/tragedy (e.g., suicide, homicide, tragic accident). Upon leadership request, crisis workers (i.e., counsellors or cultural workers), and non-clinical volunteer crisis teams (from neighbouring communities) are mobilized to communities and/or communities receive support to form their own community-based volunteer teams. This program has one supervisor, three coordinators and contractual crisis workers.

Highlights

- Collaborative approach, worked very closely with communities and other partners (i.e., Tribal Councils, NAN etc) to effectively plan out crisis support, often pooling resources for sufficient support.
- With very few contractual crisis workers, at times required more manpower, and clinical staff from other Nodin service areas signed up to also go into communities.
- Received 53 community requests for support.

- Able to support communities following 5 youth suicides, 17 adult suicides, 2 homicides and 17 tragic deaths.
- Had only five (5) contractual crisis workers, and they worked a total of 787 days in-communities.
- Number of males seen individually was 638, the number of females seen was 1103.
- Supported community-based formation of volunteer teams rather than mobilizing volunteer teams from neighbouring communities.
- We had eleven (11) volunteer teams that worked a total of 57 days.
- Nodin’s Psychologist and Psychology Interns, pulled from a different service area of Nodin, joined into crisis response providing seven-day trips to one community.
- Five (5) Nodin Counsellors from other Nodin service areas joined into crisis response to help three communities, for a total of 18 days.
- Provided seven (7) Crisis Workers to be a part of NAN HOPE since August 10th from 8:30am – 11:00 pm Mon-Friday.

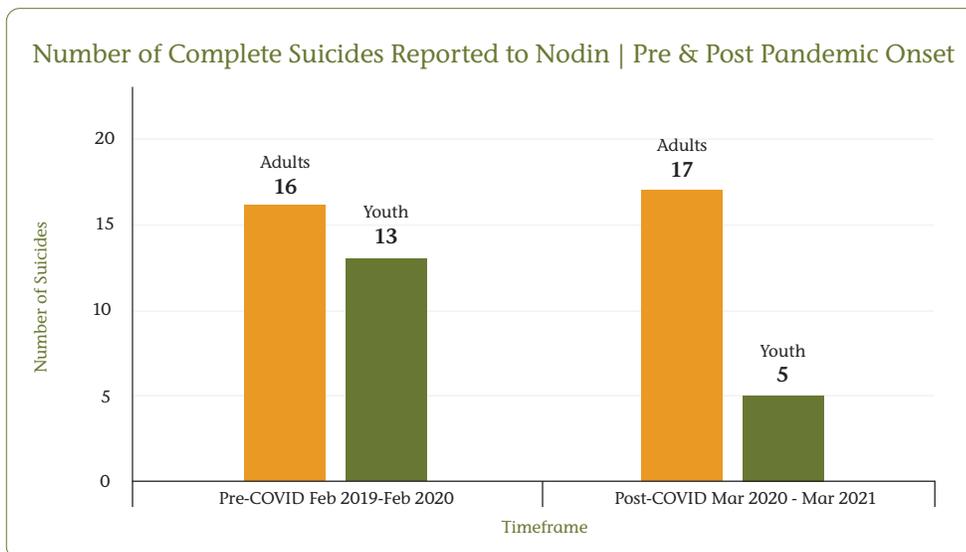


Figure #3

This graph shows the number of completed suicides reported to and responded to by Nodin’s Crisis Response Team. These numbers may not reflect all completed suicides occurring in our region. There is a reduction in the number of reported youth suicides (under 18) during the pandemic period.

Key Points

- There is no notable difference in the number of completed suicides in adults.
- There is a reduction in the number of completed suicides in youth (under 18) during the pandemic period.

Nodin Mental Health Services

Outpatient Mental Health Service

Operating in Sioux Lookout, this service provides short-term, week-long counselling, crisis intervention, psychoeducation, safety, and discharge planning with those demonstrating high-risk behaviours, serious emotional and behavioural disorders, and trauma symptoms. The multi-disciplinary team is comprised of mental health counsellors, substance abuse counsellors, art therapists, psychologist and psychology intern, case manager and cultural support workers.

Referrals are only accepted from nurses/physicians, and from Meno Ya Win Health Centre following a Medi-Vac to their ER department and assessment. During the covid pandemic, OMHS also accepting referrals from the Sioux Lookout Northern Clinic if an individual had urgent mental health needs and could not be put on a waitlist.

Normal practice was for Nodin to arrange for individuals to travel from communities to Sioux Lookout to attend OMHS and to see individuals referred by the hospital. This year, flights out were not arranged, individuals on the waitlist received OTN/phone sessions, and OMHS continued to have in-person counselling sessions with those referred by the hospital, Northern Clinic and Hugh Allen Clinic.

This service is under development, with a new criterion, new service description and enhanced programming.

Highlights

- Worked hard to connect to all individuals on the waitlist, providing phone counselling and OTN, and there is no longer a waitlist.
- When many other mental health agencies were not providing face-to-face mental health counselling sessions, OMHS continued to provide service.
- Incorporated many Indigenous cultural components into their work including, Indigenous teachings, drum making, beading, smudging, tobacco tie offering, preparing offering bundles, seven (7) grandfather teachings, and medicine wheel teachings - have multiple mental health counsellors and substance abuse counsellors competent in these areas.
- Clinical staff provided a lot of case management and service coordination, working closely with community resources such as National Native Alcohol and Drug Abuse Program workers, schools, family physicians, hospital emergency room department, community nursing stations, Choose Life programs, Tribal Councils, child welfare, hospitals other SLFNHA departments.
- Participated in numerous case conferences, letter writing, collaboration, completed multiple referrals and consultations to internal SLFNHA resources and external SLFNHA partners as well as communication with the clients' caregivers to ensure the client was receiving the best treatment.
- Many opportunities for training and skill development throughout the year, to make sure the team we equipped to help with, for example, trauma and attachment.
- Worked diligently to improve communication amongst the various SLFNHA departments, back to the referring agents, and back to the community upon discharge. A unified reporting system within SLFNHA will assist with this over the upcoming year.

Service/Support Outpatient Mental Health Service	Number
# of Referrals to OMHS	260
# of Unique Children/Youth under the age of 18 who Received Service by JP positions only	87
# of Mental Health Counselling Sessions provided by only the JP Funded Positions = 2 counsellors	769
# of Substance Abuse Individual Counselling Sessions = 2 counsellors	162
# of Unique Children/Youth under the age of 18 who Received Service by all Members of Team (JP and MOHLTC)	174
Additional information: # of Mental Health Counselling Sessions provided by all MH Counsellors (JP and MOHLTC)	1575

Nodin Mental Health Services

- Clinical staff provided support to children, youth, and adults who identified themselves as 2-Spirited, lesbian, gay, bisexual, transgender, queer, and other -- changed physical space to include many signs of inclusion and equal access to service.
- Due to Covid 19- OMHS was unable to provide in person group activities and family group counselling, however once Nodin MHS acquires enough space to social distance, family, and group counselling with resume.
- Clinical staff provided mental health support to communities in crisis, leaving their service area to go to communities to help with crisis.



Sioux Lookout
First Nations
Health Authority

Nodin Mental Health Services

Psychology

The Clinical Psychologist is responsible for administration of psychological tests, assessment, diagnosis, and treatment/prevention of mental disorders. This year had 1 part-time contract psychologist, 1 Intern, and 4 master's level students.

Highlights

- The psychology serviced a total of 79 clients and completed 370 sessions (217 face to face, 98 phone sessions, and 55 OTN sessions).
- There were 108 referrals (majority by physicians and internal)
- Manageable waitlist (11 people) which is a vast improvement from years past.
- Dalton & Associates' Psychologists have been able to support catch up on assessments and treatment cases.
- Dramatic increase in the amount of interest from Psychology students to complete internships and practicum experience with Nodin, evidenced by increased applications.
- The psychology team has transitioned away from paper-based assessments and has moved to interactive electronic administration of many assessment tools.
- Increase in consultations provided at the community level and increased collaboration with community resources upon discharge. Collaborative relationships have also been strengthened with Tikinagan Child and Family Services, Community Living, Meno Ya Win Health Centre, Lake of the Woods, and Thunder Bay Regional Health Sciences Centre.

On-Call

The On-Call Service was extremely busy connecting to clients involved with the Outpatient Mental Health Service, in addition, communities who called due to community crisis/tragedy requesting support. On-Call Workers provided phone monitoring and support outside regular office hours Monday to Friday from 4:30 p.m. to 8:30 a.m. and 24 hours on weekends and statutory holidays.

Mental Health Counselling in Communities

Fourteen (14) Mental Health Counsellors are designated to travel into First Nations communities to provide counselling, using a variety of therapeutic techniques to help individuals dealing with cognitive, behavioural, and emotional issues. Each counsellor is assigned two communities each, rotating visits to each community. They are assigned individuals based on referrals. Objectives are to help people experiencing psychological challenges to resolve or cope better, enhance overall well-being through problem solving, enhance resilience, etc.

Highlights

- With only 3-4 counsellors in place, these counsellors due to recruitment challenges.
- Due to the Covid 19 pandemic within the last year and the present restrictions of no travel all the counsellors resorted to Teleworking from home.
- Travelling counsellors reached out to their clients through OTN/PCVC or phone counselling sessions.
- Some counsellors sent letters to clients that were unreachable by phone service in their respective assigned communities.
- Travelling counsellors were able to follow up with some of their clients through OMHS if they were brought out for this service.
- Travelling counsellors also volunteered in the Crisis Response Program by provided crisis support to other communities that requested counselling services this past year. The counsellors would go into the community under the Crisis Program.

Nodin Mental Health Services

- Travelling counsellors also sent out art supplies/crafts to clients for additional supports.
- Travelling staff would also utilize NANHOPE line to their clients for additional supports if needed.
- Some travelling counsellors have been able to travel into their assigned communities such as the Fort Hope counsellor that is contracted by the Dalton & Associates with Nodin Mental Health Services.
- The Travelling Counsellor for Keewaywin (contracted from Dalton & Associates) by Nodin Mental Health Services was able to travel into the community June 16, 2021.

Community-Based Mental Health/Addiction Workers (CMHAWs)

Fourteen (14) Children's Mental Health and Addiction Workers are funded to be community-based, to provide children and youth with identified mental health and addiction difficulties with counselling, crisis intervention, psychoeducational sessions, group work, culturally appropriate care, and other supports as required. Communities allocated the positions are Sandy Lake, Poplar Hill, Wapekeka, Kasabonika, Big Trout Lake, Pikangikum, Cat Lake, Mishkeegogamang, Aroland, Marten Falls, Fort Hope, Summer Beaver, Webequie and Neskantaga.

Highlights

- Only had six (6) CMHAWs in place and very difficult at a community level to provide the same level of service due to covid cases, lockdowns etc.
- Still, there were 118 sessions.
- Achievements were accomplished in different ways:
 - Telework, phone sessions, use of social platforms like PCVC and OTN for mental health sessions, as well as outside office sessions with social distancing.
 - Land-based activities - conducting traditional cooking methods, using First Nation language when working with the youth, helped

communities to respond to covid protocols/restrictions by distribution of personal protection equipment, food, gathering medicines,

- Responded to crisis in their communities at the direction of their leadership (e.g., trauma, covid pandemic fatigue)
- Provided vaccine related help to members of their communities through various detailed support.
- Assisted individual mental health contractors in their communities; they represent an invaluable link and information resource to others coming into communities

Youth School Counsellors

Four (4) Youth School Counsellors provide mental health counselling to First Nation students attending two schools. Two counsellors have offices located at Sioux North High School based in Sioux Lookout and two have offices at Pelican Falls First Nations High School. The counsellors remain in the schools all day throughout the week, providing counselling and individual/group psychoeducational sessions, to help students overcome behavioural/mental health problems, and improve mental wellness and student success.

Highlights

- 46 new referrals this fiscal year - 114 open files - total of 1,070 counselling sessions
- Youth School Counsellors also were assigned cases in the Outpatient Mental Health Service when client overflow occurred (saw 33 individuals - 94 sessions).
- Provided tele-counselling throughout the pandemic to students who did schooling virtually from home.
- Counsellors maintained contact with youth through OTN and PCVC social platforms to continue support and service.
- Despite covid pandemic restrictions, lockdowns, Pelican Falls School not being open, Youth School Counsellors kept up case management (i.e., mailing out letters, calls etc) to try to locate/reach clients, and

Program Reports

Nodin Mental Health Services

assisting with housing resources and managing medical issues exacerbating mental illness.

- Youth School Counsellors were utilized to go to communities after community crisis/tragedy.
- Developed and maintained working relationships with external community providers, referring to psychologist, psychiatrist, substance abuse counsellors, art therapist, social worker, traditional counsellors etc.
- Counsellors recorded short video presentations about how to stay mentally, physically, spiritually healthy during the pandemic and how to access counselling services at Sioux North High School, posting on the school's Facebook page and SLFNHAs Approaches to Community Wellbeing Anishinaabe Youth Facebook page.

Traditional Healing

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

Highlights

- Total Number of Adults served - 279
- Total number of Youth served - 41
- Number of Sweat Lodge Ceremonies: 4 (13 participants)
- Number of Communities Visited: 1 – Lac Seul
- 14 individual requests for medicine to be made from plants
- Organizations worked with:
 - NOSM
 - Meno Ya Win Health Centre – Anishinaabe Cultural Training
- NAN Family Wellbeing Program

NAN HOPE

Nodin is also, in partnership with NAN, Dalton and KO, to provide support to individuals from communities served by SLFNHA through NAN HOPE. Nodin has contract workers available to take calls from individuals in our region requiring mental health and addiction support during the covid pandemic. Calls first are answered by Dalton and Associates and as required transferred to us or others.

Program Features

- 24/7 live answer at the toll-free telephone line at 1-844-NAN-HOPE (626-4673)
- Live webchat and text support through the website at nanhope.ca
- Streamlined navigation to existing community-based and regional support services, bridging possible gaps in services.
- Rapid access to confidential counselling support by telephone; and,
- Access to a 24/7 crisis/distress support line.

Highlights

- Nodin MHS is supporting the NAN-Hope 24/7 Crisis line by providing 5 day a week local back up phone support. The current schedule provides for 4 staff covering every weekday, in 8-hour shift rotations,
- NAN Hope has reached 512 clients NAN wide in 45 weeks of service. In terms of SLFNHA communities who have received NAN HOPE support, the breakdown is as follows by Tribal Council:
 - Independent communities had 33 clients
 - IFNA communities had 39 clients
 - KO had 48 clients
 - Matawa had 83,
 - Shibogama had 23
 - Windigo had 36.

Nodin Mental Health Services

Crisis Response and Harm Reduction Mobile Outreach Team

Nodin Mental Health Services has joined a collaborative project administered by Northwestern Health Unit Sioux Lookout. The NWHU, OPP, SLFNHA and CMHA will be working together on a Crisis Response and Harm Reduction Mobile Outreach Team for Sioux Lookout. Project duration: 2020-2024. The team will consist of the OPP, nurses, 2-Nodin Counsellors, and a physician. It will also support an after-hours call-in/text line managed by Nahnahda-Wee-ee-Waywin in Sioux Lookout that provides 24/7 crisis intervention services. The goals: efficiently connect healthcare professionals with individuals having complex mental health and substance abuse issues, who are unable to access or navigate the healthcare system via traditional streams; collaborate with local and regional services providers for timely access to services; enhance access to primary care, harm reduction, case management and crisis response; reduce the number of incidents that result in emergency department visits and criminal charges; meet individuals where they are at through outreach and help them access appropriate services.

Highlights

- Obtained a Mobile Outreach Van to allow the program to effectively reach clients wherever they may be located.
- Continued relationship/partnership building to provide a menu of services to our vulnerable populations.
- Advocacy for this collaborative project has been ongoing for 8 plus years with many funders. Securing pilot funds and growing this project into a fulsome inter-disciplinary team with the support of partner organizations has been very successful.
- Staff have been providing strong outreach services since beginning in May 2021 and made connections with 186 individuals during May. Throughout June they have interacted with 17-27 clients daily.

Overall Challenges

- Student hiring for psychology continues to be limited by the limited amount of housing available in Sioux Lookout and lack of office space at Nodin.
- Had only five (5) contractual crisis workers to provide support to many communities in crisis.
- Communities asking for psychology services from Nodin, but Nodin does not have a large robust team of psychologists.
- Lack of mental health travelling counsellors and community-based workers and very challenging to recruit and retain.
- Would like to move towards a new Outpatient Mental Health program and almost have all positions in place, which will be a total of 18 but Nodin's building does not have adequate space to do this, even worse now with spacing restrictions.
- Do not have appropriate services to refer to in our region (e.g., in-patient secure treatment for high-risk youth with a multi-disciplinary team, no medical withdrawal detox, lack of full menu of addiction services in our region).

Moving Forward

- Mental Health and Addictions review completed to guide the region on current state, issues, gaps, and recommendations.
- To build a more robust crisis response program, adding in more specialty services
- To advocate for program space
- To look at different approaches to hire travelling counsellors and community-based workers (e.g., out of town office space, new grads mentorship program)
- Continue to advocate for regional mental health and addiction service that should be equal to all.



Sioux Lookout
First Nations
Health Authority



Anishinaabe Bimaadiziwin Research Program

The Anishininiw Nanandowi'kikendamowin (ANK) program is new to SLFNHA, and replaces the "Anishinaabe Bimaadiziwin (AB) Research Program", which was a joint initiative between SLFNHA and the Sioux Lookout Meno Ya Win Health Centre (SLMHC). In 2020, SLFNHA determined that the AB Research Program was unable to meet the community-driven research objectives of SLFNHA.

In order to better support community-participatory research, SLFNHA and SLMHC decided to disband the AB Research Program. Instead, the two organizations will continue to collaborate on research projects and initiatives, but SLFNHA will build and house their own research unit in the ANK program.

The ANK program will:

- Support community-driven research projects
- Co-establish and develop research policies, procedures, and mandates alongside community leadership
- Support ongoing research projects in the region
- Share regional research findings with communities

Ongoing (and future) research projects with SLFNHA involvement have been transferred to management by the ANK Program, and will be reported herein. This program continues to support the following research projects:

- Indigenous Youth Futures Partnership (with Carleton University)
- Nishtam Niwiipitan ("My First Teeth"; with University of Toronto)

Highlights

ANK Program

- Established Anishininiw Nanandowi'kikendamowin program March 2021 via hiring manager to initiate program development
- Indigenous Youth Futures Partnership:
- Ongoing support of and collaboration with the Youth Apprentices in Kasabonika for their ribbon shirt and skirt dance, community library project, and community youth centre project

- Partnership with Bearskin Choose Life program for virtual speaker series featuring Brigitte Lacquette during local Wholistic Wellness Week
- Two article publications in the Canadian Journal of Program Evaluation; one book chapter publication in "Health and Healthcare in the Northern Canada"
- Nishtam Niwiipitan ("My First Teeth")
- Completed dental treatments in 1 of 4 communities (remaining treatments will be continued when travel restrictions are lifted)

Challenges

Travel restrictions due to COVID-19 have halted all research projects, meaning delayed timelines for completion. IYFP continues to maintain communications with communities involved as much as possible, but also understand the competing needs for communities to respond to pandemic planning and prevention methods. Nishtam Niwiipitan plans to continue dental treatments when deemed safe to travel to community.

Moving Forward

The ANK Program intends to establish protocols and procedures for communities wanting SLFNHA support on initiating research projects of their own, and for external researchers wanting to work with SLFNHA and/or a SLFNHA community. In addition to ongoing support of the IYFP and Nishtam Niwiipitan projects, the ANK Program will also partner on one qualitative project about opioid usage, and two a quality improvement project with Cancer Care Ontario. Anyone who would like SLFNHA support, or is interested in starting a research project in their community, is welcome to contact ANK Program Manager Ariel Root (ariel.root@slfnha.com | 807-737-6069) at anytime.

Program Reports

Sioux Lookout Area Indigenous Inter-Professional Primary Care Team

The Sioux Lookout Area Primary Care Team (SLAPCT), is a mobile interprofessional collaborative primary care team who provide communities with comprehensive primary health care services close to home. As an integrated collaborative team practice, the Primary Care Team provides allied health services (see Appendix A) to all age groups, with a specific focus on preventative care and improved management of chronic disease; through both treatment and monitoring, as well as support for clients in improving self-management skills.

The department is near completion of its staffing compliment this fiscal year; of the 53 positions there are only 6.55 vacancies that need to be filled (See Appendix B) which we will continue to use our Retention/Recruitments efforts to fill. With this continued growth, the staff have been divided into four teams (pods), who are now focused on specific communities, for the provision of clinical care. This year with the COVID-19 Pandemic, our team reached out to the communities to determine which services they would like to travel to them, and based travel plans on community guidance. We also increased our use of virtual methods substantially to continue to see clients during times of Community Lock Down where we were unable to travel into the communities.

Highlights

Clinical Services

- During fiscal year 2020/21, there were a total of 12,029 (10,618 Adults and 1411 Pediatrics) clients who were provided with allied health services by the PCT. (See Appendix C for Visit Encounter Types)
- The SLAPCT made 49 trips to northern communities, with a total of 51 days of allied health services being provided. Note, the ability to stay longer in communities is hindered by infrastructure issues and restrictions on community travel due to the current pandemic. (See Appendix D for individual community statistics)
- With the COVID-19 Pandemic, Telemedicine services has grown substantially (over 400%) this fiscal year with 2541 client consultations with

health professionals and 7 educational/program consultations. (See Appendix E for types of service provided by Telehealth)

- During the fiscal year 2020/21, the SLAPCT hosted a Nurse Practitioner student during the 4th quarter, an OT Student during the 3rd quarter, pharmacy students during the 3rd/4th quarter and an OTA/PTA student during the 4th quarter.
- Introduction of a “Shared Care” model for Psychiatry Services within the SLAPCT which involved the assigning of a Mental Health Specialist to each client who is referred for Psychiatry services, to ensure continuity of care for clients.
- SLAPCT organized multiple COVID-19 Vaccination Clinics on site for SLFNHA Staff and priority clients, following Public Health guidelines.
- Point of Care Testing was implemented within the SLFNHA organization in support of community mandates to have staff who travel into communities. Currently POCT is offered Monday through Friday for a 1.5 hour window.

Centralized Administrative Intake/Referral System

During the 2020/21 Fiscal Year, the “Centralized Administrative Intake/Referral System” received a total of 3,869 referral requests for clinical services; which were directed to the following programs/services (see Appendix F for a breakdown of service types):

SLFNHA Primary Care Team	3,423
SLFNHA Developmental Services	256
SLFNHA Contracted Services (Firefly)	198
Total	3,869

Sioux Lookout Area Indigenous Inter-Professional Primary Care Team

Capital Project

- Ongoing engagement with Partners/Funders throughout FY 2018/19 and FY 2019/20 to ensure completion of the BC-1 and BC-4 data for the Primary Care Facility in Sioux Lookout. BC-1 through BC-4 were submitted to the MOHLTC for consideration and approval were completed by March 31st, 2021.
- SLFNHA and Capital Consultants developed a “Community Environmental Scan/Capital Needs Assessment Data” template to collect community data to be used to ensure that ongoing community involvement is in place for the further development of the Primary Care Team model in-community and for ongoing evaluation and adaptation of the model to meet community needs. Data gathered included: Water systems, Wastewater systems, Hydro, Communications, Non-member housing/accommodations, etc.

Pharmacy Project

- Gaps in pharmaceutical care currently exist for community members who live in remote/isolated communities. It has been proposed that SLFNHA open a not-for-profit First Nations pharmacy in accordance with federal and provincial legislation. This pharmacy would focus on resolving care gaps and thereby be able to provide excellent pharmaceutical care for patients residing in the North. In addition, operating as a not-for-profit allows for surpluses from the business to be used towards further improvements in pharmaceutical care, as well as towards health-related programs and initiatives for the communities.
- The current system for pharmacy services involves most prescriptions being filled at pharmacies located in Sioux Lookout, Thunder Bay, or Mississauga. Once filled, most medications are sent North to the nursing stations where they are either picked up by or delivered to clients.
- This current model does not allow community members to receive medication counselling by a

pharmacist. For those that do receive counselling, language barriers may exist, making the experience ineffective. The proposed pharmacy envisions offering regular pharmacist consultations on new prescriptions with an interpreter if required.

- Delays in prescription delivery are also a reality that the communities face and is an issue that the proposed SLFNHA pharmacy strives to address through the eventual installation of Remote Dispensing Machines and creation of Remote Dispensing Locations in certain communities.
- The CHWs (community health workers) who typically hand out medications do not have specialized training in pharmacy. Therefore, it would be preferable to have dedicated staff trained to the level of either Pharmacy Assistant, or in some cases Registered Pharmacy Technician, in order to oversee the personal medication process in the northern communities in our catchment area.
- SLFNHA has been working with Bain Smith Consulting inc. in Thunder Bay in the development of a business plan that will provide an overview of the pharmacy operation.

Next Steps

- Presentation of the draft business plan to Sioux Lookout Area Chiefs/CCOH and the SLFNHA Board to receive further direction and guidance.

Challenges

- Due to the COVID-19 Pandemic, our team was not able to travel into communities as often as the previous year.
- Over the fiscal year, the SLAPCT was challenged with providing increased face-to-face services, due to lack of accommodation availability in communities.
- With the multiple Work from Home and Stay at Home Orders put in place this year, the team has had to adapt to the new telework from home.

Sioux Lookout Area Indigenous Inter-Professional Primary Care Team

Moving Forward

Administrative

- Succession Planning for the “Director” role is ongoing and goal is to have a new Director, PCT announced in April 2021 with capacity building taking place in April and May 2021.
- Working with Acting Chief Administrative Officer to identify additional office/treatment space, to support the growing team and need for ongoing service delivery.

Clinical Services

- Planned enhancement for the team to begin offering face to face “Wound Care”, aiming for services to be available in early Summer 2021 – this was put on hold due to the pandemic. Currently providing telewound support to communities.
- Options/alternatives available for accommodation in communities will be explored to enable the Allied Health Professionals to spend more time in communities.
- Planned development of a smoking cessation program to enhance clinical services.
- Continued Recruitment and Retention efforts will result in enhancement of program/services.
- Continued provision of programs and services within Sioux Lookout along with increased in-community services to remote communities to provide programs/services at the community level based on referrals received.
- Ongoing advocating for use of Telehealth to ensure continuum of care for clients, especially during the COVID-19 Pandemic.
- Working with KO E-Health to address Cancellations/ No Shows
- Ongoing Vaccination Clinics for SLFNHA Staff, Clients, Partners.
- Ongoing POCT in support of Community Pandemic Mandates.

Centralized Administrative Intake/Referral System

Moving forward in 2021/22, the goal will be to have the final clinical services department, NODIN Counselling Services, referrals added to this Centralized Referral System – postponed due to pandemic.

Capital Project

The MOHLTC Capital BC-5 – BC-9, for the new Primary Care Building in Sioux Lookout, will be submitted to the MOHLTC by April 2022.

Engagement with the Capital Working Group meeting to review data gathered by the Capital Consultants to begin working on in-community capital requirements for Primary Care delivery, which will also include a “Hospital without Borders” approach for larger communities.

Pharmacy Project

Due to the COVID-19 Pandemic, the Pharmacy Project was put ‘on-hold’. It is the hope that in May/June 2021 a presentation will be made to the SLFNHA Executive/CCOH/Board on the status of the project and to receive direction/authority to progress.



Program Reports

Medical Director's Report



Dr. Terri Farrell
Medical Director

This program/role provides medical guidance/direction and support to the SLFNHA Board, CCOH, Tribal Councils, Chiefs, Health Directors, SLFNHA Senior Managers and all departments within SLFNHA.

Further the Medical Director provides medical oversight and management to SLRPSI Board and Physician Services including recruitment and retention of physicians, physician scheduling and their fulfilment of contractual obligations, quality assurance and accountability, investigation of complaints as pertains to medical care and accountability for delivery of high-quality physician care in communities, the Sioux Lookout Meno Ya Win Health Centre, and the Northern Clinic.

Highlights

- Immediate response to the COVID Pandemic with a lead clinical/medical role within the CRRT
- Rapid deployment of physician expertise to develop policies, procedures, and Clinical Care Pathways for medical management of COVID at the community level in the event of outbreaks (such as Protected Code Blue, therapeutic case treatments etc.)
- Planning, procurement, and distribution of advanced medical equipment (oxygen concentrators, CPR machines, cardiac monitors, High Flow oxygen delivery systems, advanced intubation equipment, etc.)

- Facilitated training for medical and nursing staff on use of equipment.
- Tabletop exercises with all nursing stations, regional hospitals, ORNGE and physicians for early recognition of emergent situations, deficiencies (personnel, equipment, work/isolation space) and plan capacity to surge in an outbreak of COVID.
- Consulted with partners in developing Safe Pathways to and from Medical Care in Sioux Lookout and Thunder Bay
- Regular meetings with CRRT, CRO (community outreach team) physicians for purposes of updates and planning
- Weekly meetings with Board and CCOH to report and update.
- Supported Rapid Testing in PHCT and completed the "Train the Trainer" Program
- Participated in National, Provincial, and local Vaccine Planning.
- Supported vaccine programs in communities and Urban Indigenous Vaccine clinics in Sioux Lookout.

Challenges

- Maintaining acceptable levels of in community medical services through out the pandemic
- Maintaining an adequate pool of physicians to service the hospital, Northern Clinic, and the northern communities.
- Securing workspace and accommodations for health care personnel in communities
- Attempting to have the Zone Dental Program reinstated in Sioux Lookout and communities, encountered many challenges with ISC to support and provide funding.
- Challenges with provision of adequate non COVID health services to community members (nonessential surgery, endoscopies, mammograms, cancer screening etc.)

- Ongoing challenges with recruitment and retention of physicians because of limited access to Medical Schools and training programs and reluctance of physicians to travel to the Sioux Lookout region.

Moving Forward

- With increased mobility we can expect to attract more physicians to the region as well as expand our recruitment outreach.
- Resume some of the programs and planning that was delayed because of COVID.
- Increase the presence of SLFNHA Health Care Providers in the communities
- Establish improved health monitoring systems.
- Create a fully equipped Northern Dental Clinic in Sioux Lookout and in communities
- Complete the Specialist Agreement Negotiations with MOH and proceed with recruitment of full time Pediatricians, Psychiatrists, and Internists as well as part time OBS and Radiology.
- Support SLRPSI in renegotiation of the Physician's Mainframe Agreement
- Support the development of a comprehensive and effective Regional Addictions Program
- Participate in the consolidation of Emergency Planning for the region based on lessons learned from COVID.

Respectfully submitted,

Terri Farrell
Medical Director, SLFNHA



Sioux Lookout Regional Physician Services



Sioux Lookout Regional Physicians Services Inc. (SLRPSI) is a corporation founded to plan, govern, and manage physician services. Established in early 2010, it provides:

- Innovative, patient-focused physician services in the Sioux Lookout area.
- Administration and management support to SLRPSI.
- Consulting services from SLFNHA's Medical Director.
- Oversees the governance management and delivery of family physician services provided in Sioux Lookout and the 29 surrounding First Nation communities.

Board Of Directors

Joanne Fry

Physician Representative, Chairperson

Howard Meshake

SLFNHA, Vice-Chairperson

David Folk

Physician Representative

Lianne Gerber Finn

Physician Representative

Orpah McKenzie

SLFNHA

Roy Fiddler

SLFNHA

Allan Tait

SLMHC

Heather Lee

SLMHC

Barbara Russell Mahoney

SLMHC

Physician Services

Physician Services supports the delivery of family physician client care in the Sioux Lookout area, through the following activities:

- Maintaining electronic physician health records management and providing technical support.
- Providing nursing and clinical care including onsite interpreting services.
- Supporting the medical office by providing administrative assistance.
- Providing support to all physicians (contract or locum) through recruitment, orientation, retention, accommodations, travel coordination, human resource planning/scheduling, contracting, physician finance oversight and compensation (including physician OHIP processing).
- Executive Management to the governance of SLRPSI and its obligations within the Ministry of Health mainframe agreement.
- Physician Services has a total of 38 employees, with plans to continue growing to better serve the Sioux Lookout area.

Challenges

The past fiscal year 2020-2021 was very challenging, due to the impact of COVID-19 on our communities and on the services we provide. The following are some challenges we experienced.

- Onboarding, orientation and education for new board members and the re-establishment of committees planned for this period were delayed.
- Work arrangements for SLRPSI contracted and locum physicians who work in communities and in the region were severely disrupted. Communities went into full lockdown, physicians were not allowed in, flights into communities were reduced and severely limited.
- Addiction physician days of service in communities were negatively impacted.

Sioux Lookout Regional Physician Services

- Physician burnout resulted from increased and unsustainable workloads especially for those physicians who stayed in the region, worked through the pandemic, beyond their contractual commitments.
- Navigating and managing ongoing urgent changes due to the pandemic was heavily challenging, impacted all services areas and pressured the overall health-support system.
- The momentum gained from established committees and working groups was significantly slowed down during this first 6 months of the fiscal year due to the pandemic. However, activities for committees and working groups are increasing as of January 2021 and will continue in the new fiscal year.
- In addition, there are challenges with accommodating and supporting physicians while working in community, unavailability of clinical assessment space, overnight accommodation as well as nursing, and administrative support.
- Anticipating physician human resource shortages for the summer scheduling 2021.
- Improvements to processes within health records documenting, tracking, auditing, and user training to support best practices for quality assurances of client records.
- Collaborated with ISC by establishing a quality afterhours telephone answering service to support and improve on connecting northern community nursing with emergency/urgent afterhours physician consultations.
- Below are some facts and figures (2020-2021 Northern Clinic and Hugh Allen Statistics)

Moving Forward

- Updating SLPRSI's Strategic Plan.
- Continue building from the 2019 Board Governance review report and physician engagement survey.
- Preparations for negotiation of updated/new MOH Mainframe Agreement
- Building on SLRPSI relationship within our First Nation communities.
- Establishing Quality Assurance guidelines and procedures of physician contracts and physician administrative services.
- SLRPSI/Physician Services participating in collaborating with current regional initiatives for an integrated regional health records system.
- Northern Clinic Initiatives for new fiscal year:
 - Introduction of one (1) new speciality clinic – Ultrasound Injection Clinic
 - Expanding number of 2SLGBTQ+ clinic days to two (2) days per month
 - Increasing number of patients seen by Nurse Practitioner each month

Highlights

Despite the challenges, there were some achievements this year that we would like to highlight. Here are a few:

- North day service numbers remained high despite the restrictions imposed because of the pandemic.
- Adapted to the challenges and adjusted work environments to support the continuation of physician services within our facilities (clinics/hospital/offices), such as:
 - Increased virtual and phone care appointments,
 - Safe screening/testing processes for employees/physicians and visitors/clients accessing essential health care services including to meet community safety restrictions for in community services.

Program Reports

Sioux Lookout Regional Physician Services

Statistic	Facts
2828	Days of Family Medicine physician days in northern communities
16	Days of Addiction physician in northern communities - Opiate Replacement Therapy Programs.
4855	Client general health visits to the Sioux Lookout Northern Clinic
333	Client visits for speciality clinics (which includes both Sports Medicine and 2SLGBTQ+ clinics) at the Sioux Lookout Northern Clinic
1154	ER follow up visit to the Sioux Lookout Northern Clinic
425	Client visits with the Nurse Practitioner(s) at the Sioux Lookout Northern Clinic
20	Average number of clients seen per day, average per week at the Sioux Lookout Northern Clinic
99	Average number of clients seen average per week at the Sioux Lookout Northern Clinic
13,022	Client general health visit the Hugh Allen Clinic
58	Average number of clients seen per day at the Hugh Allen Clinic
250	Average number of clients seen per day at the Hugh Allen Clinic

Chiefs Committee on Health - Annual Message

**Co-Chair Chief Donny Morris,
Kitchenuhmaykoosib Inninuwug**

Waciye to the people across the Keewaytinook. It is an honour and privilege to share the annual message on behalf of the Chiefs Committee on Health (CCOH). When the World Health Organization declared a worldwide COVID-19 pandemic a little over two weeks before the beginning of this past year, Sioux Lookout First Nations Health Authority (SLFNHA) quickly adapted by facilitating weekly Board of Directors (Board) and CCOH Joint Meeting using current technology. Both the Board and CCOH worked closely with the SLFNHA management to navigate and formulate solutions and responses that would ensure the safety of the communities and their membership.

Under the guidance of Dr. Natalie Bocking, Approaches to Community Wellbeing Public Health Physician, SLFNHA also adapted the Ontario's Incident Management System (IMS) to implement the COVID-19 Regional Response Team (CRRT). Working with the 33 First Nations membership communities, area tribal councils and political territorial organizations, regional partners, and provincial and federal governments, this IMS structure provided a standardized response framework that assisted SLFNHA and communities to implement extraordinary measures to ensure safety of the whole region.

One of the significant causes that further exacerbated the health needs of the communities was essential travel. Prior to the pandemic, our region when compared to the province and across the nation had significant poorer health outcomes. Within our geographical area, approximately three quarters of our communities are fly-in thereby contributing to poorer health access. With the pandemic, community protocols only allowed essential travel. This protective and preventive measure created a bottleneck as the communities worked to keep their homes and members safe. The non-urgent scheduled medical appointments and community visits by doctors, dentists, and other health services were cancelled. This measure led to an increase of mental health crisis. By summer 2020, at the wake of the pandemic, our region reported more completed suicides than the number of mortalities caused by COVID-19 pandemic. The weekly

CCOH and Board Joint Meetings not only then had to focus on keeping communities safe but had to prioritize the emerging and exacerbated health issues which led to SLFNHA implementing bi-weekly Special Chiefs Meeting. The Chiefs from across the 33 communities met regularly to address all emerging issues.

As the year passed, it became apparent that the pandemic was creating fatigue not only in the communities but with regional partners. The pandemic impacted every aspect of community living. To support the waning energy of the community leadership and frontline workers, SLFNHA convened the CCOH and Board in a special prayer meeting twice. This gesture renewed the spirit of our community leadership to continue to remain vigilant.

In my reflection, this past year has been unlike any other year within the history of the CCOH. The immediate priorities identified in our region in the preceding year were parked as we collaborated to navigate the unknown. Sioux Lookout First Nations Health Authority with its COVID-19 response did a phenomenal job by pulling together all the communities, tribal councils, federal and provincial governments, and other partners to assist our communities in making informed choices. Therefore, I believe despite what was happening worldwide, our region did well in protecting our communities. But we should not relax our efforts yet as this year comes to an end, we have not heard that the pandemic has ended so we must be vigilant to ensure that our communities and region remain safe from the pandemic. It would be a remiss if I did not say that we will not achieve this without the 33 First Nation communities working together as a collective but in partnership with our area tribal councils, organizations, and Treaty partners. With this I would like to end by saying that as individuals, we also have a responsibility to keep ourselves and communities safe by practicing the public health message of washing our hands frequently, wearing our masks, practicing social distancing, and getting vaccinated.

Miigwetch ●

Health Information Team



The Health Information team was established in 2020 to support E-health initiatives within the organization. We coordinate resources and activities related to health information management; data governance, strategic planning, and community outreach related to digital health information.

The Health Information team is the primary point of contact between SLFNHA, and other organizations involved with digital health initiatives, including First Nations Digital Health Ontario (FNDHO), Mustimuhw Information Systems (MIS), and eHealth Ontario.

Our goal is to support digital health adoption within SLFNHA. Our work involves:

- Supporting the implementation and use of health information systems and schedulers, including set up, in-person training, video training, and live support;
- Identifying strategic priorities to enhance integration with existing digital health information databases to ensure equity in care for patients who receive care in the north versus those who receive care elsewhere in the province;
- Finding opportunities and facilitate the connection of independent databases to develop a robust single health record for clients who receive care under the SLFNHA umbrella;
- Developing data reporting practices to support quality improvement initiatives and identifying opportunities for program change or growth; and
- Honoring the Indigenous Principles that define our service delivery models by respecting OCAP Data Governance principles in our work.

Health Information Team

Mustimuhw: our community Electronic Medical Record (cEMR)

The Health Information team works closely with the Information Technology department to support the work of: Approaches to Community Wellbeing, Developmental Services, Nodin, and the Primary Care Team to manage health information using Mustimuhw and supplemental software, like WellSky (online scheduler), Ocean eReferral Network, and other provincial databases.

Highlights

- Started to build a team. A Health Information Manager and Health Information Administrative Coordinator were hired.
- Began internal consultations. Program Directors and Managers across the organization to understand challenges related to data systems use, standardized data collection, program evaluation, and funder reporting.
- Established a community of practice. We initiated the “Data Fan Club,” a collective of learners interested in issues related to quality improvement, quality assurance, evaluation, and research. 2020/21 topics included things like knowledge mobilization, resources for data visualization, and using plain language in the workplace. A speaker series is planned for the remainder of the year.

Challenges

- Limited capacity to build relationships in community. As with other departments, COVID-19 prevented travel and face-to-face meeting. This limited our ability to meaningfully engage with Health Directors and community members about their health information management requirements.
- Delayed implementation of Mustimuhw in community. Non-existent or poor internet connections in communities due to increased digital demand has disrupted the planning process for Mustimuhw rollout in communities.

Moving Forward

Software Improvements

We will continue our efforts to make the set-up and training processes for Mustimuhw and WellSky faster and easier for new users. We have started to work with our cEMR vendor to increase the reporting capacity of the system, and plan to encourage changes and improvements to the software so other SLFNHA programs will be able to use the system. We will work with program data analysts across SLFNHA to produce meaningful reports and program updates. We plan to implement data visualization technology (Tableau) to make it easier to interpret exported data.

Enhanced Digital Connection(s)

While the pandemic has presented many barriers to care, it also facilitated a significant leap in digital health transformation. The demonstrated value of digital connectivity has left us with a unique opportunity to close the circle of care through digital connections. We will look at options to integrate other digital health information systems, such as eReferral networks and provincial databases, into our platforms so clinicians have the best information available when providing care to clients.

Indigenous Youth Futures Partnership

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

Since the beginning of the IYFP, five communities have responded to the partnership's call for First Nation community engagement. These communities include Fort Severn, Kasabonika Lake, Bearskin Lake, Mishkeegogamang, and most recently Webequie.

In response to expressions of interest by community members, IYFPs lead academic, Kim Matheson, and other senior academic partners have been spending time in these communities building mutual understanding to identify community-led pathways toward achieving youth resilience. They have also been collaborating with various people and departments at SLFNHA to identify shared priorities and support relationship-building between people, organizations, communities, and youth.

Within SLFNHA there is one person in this department and within the project there are several team members.

Supporting Community Led Projects to Achieve Youth Resilience

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

Highlights

- In the summer of 2019, the community and IYFP partnered with Journalists for Human Rights to conduct a 6-week summer multimedia training program for high school students who were back in the community for the summer, they named themselves the Mushkego Lowland Advocates.
- This past summer 2019, the Bearskin Lake research team travelled to the community where they delivered a training session on the proper use of new gym equipment received through Choose Life program.
- On November 25, 2019, it was announced that the Mushkego Lowland Advocates won the JHR award for Outstanding Work by an Indigenous Youth Reporter, for their work on the radio and video piece, called Access to mental health services with CST. Alex Lewis, Nishnawbe-Aski Police Service.
- The hiring of Monica Pishew as the new Youth Resiliency Research Coordinator has added a positive energy to the work of IYFP.
- Shared Approaches meeting was held in Ottawa at the end of January of 2020.
- The review committee recommended, and SSHRC approved continuation of funding for 2nd half.
- The Kasabonika Lake youth apprentices are working with leadership, community partners, and project team in developing a youth centre proposal, which was one of the goals led by the youth apprentices.

Indigenous Youth Futures Partnership

Challenges & Priorities

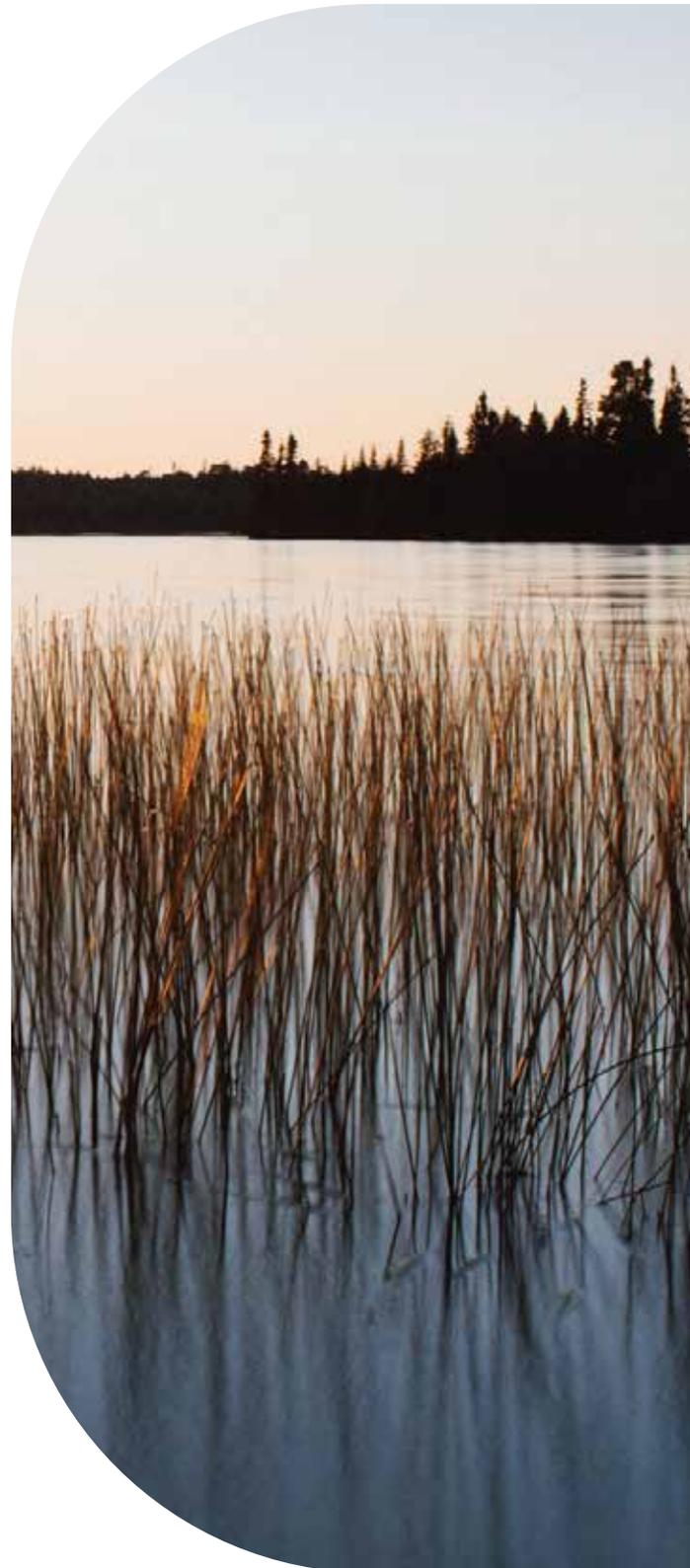
- The arrival of COVID-19 has changed the contexts in which we work and live in very profound ways. Amidst travel restrictions and social distancing rules, Partnership members have been seeking out ways of supporting and engaging Indigenous youth and community partners.
- Schools across Ontario closed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

Moving Forward

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

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

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



Program Reports

Privacy Program

SLFNHA started the Privacy Program to support our organization and our communities in meeting its Privacy obligations under the Privacy legislations (i.e., PHIPA, PIPEDA, and the principles of OCAP) based on the Privacy-related resolutions by the Chiefs in Assembly. SLFNHA takes 'Privacy and Confidentiality' seriously, as a part of our privacy culture and has the 'Privacy Management Program' to monitor the privacy and security of the data/information compliance, on an ongoing basis.

SLFNHA also has a Privacy governance structure in place that distributes accountability to the appropriate individuals and bodies, that includes the SLFNHA Board; Executive team (i.e., the ED, COO, CAO, and CFO); and the Privacy Officer. Where the designated SLFNHA Privacy Officer is accountable for the operational management, governance, and supporting organizational-wide staff compliance with their privacy obligations. Also, acts as the point of contact person to ensure Privacy compliances that are aligned with our Privacy policy, Confidentiality policy, and Privacy best practice guidelines. And continuously enforce the Privacy standards to all levels of the organization.

Further, SLFNHA Privacy Program is addressing the key considerations/structures of the Privacy office and implementing the Privacy compliance framework. That is the "NYMITY PRIVACY MANAGEMENT ACCOUNTABILITY FRAMEWORK™" (based on PHIPA and related legislations to protect the Personal Health Information) for SLFNHA-SLRPSI.

Privacy Office

SLFNHA Privacy Office supports SLFNHA regionally and the communities, that we serve based on the following primary goals:

Expertise & Communication

The information is secure under SLFNHA's custody and the team has the necessary training, awareness, and capability to provide the services, following the privacy best practices. And the Privacy Program governs and operates proactively. Also, helps to understand the rules and make them easily accessible to all.

Compliance & Fairness

The team agrees and compliance with SLFNHA Privacy and Confidentiality policies and agreements at all times at work. And the working team shares the same goals and values of SLFNHA as their priority.

Highlights

Governance & Operational Management

- Acting as the point of contact for Organizational-wide (SLFNHA/SLRPSI) privacy breaches and leading them to resolution under the direction of the SLFNHA COO/ SLFNHA Executive team
- Continuously monitors, supports, and established the reporting system for the Access and ROI (Release of Information) for Organization-wide. And successfully submitted the Annual ROI and Breach stat to the IPC (Office of Privacy Commissioner), for this fiscal year (2020-2021).
- **Annual Privacy Training:** Successfully Implemented the Annual staff training with the new module.

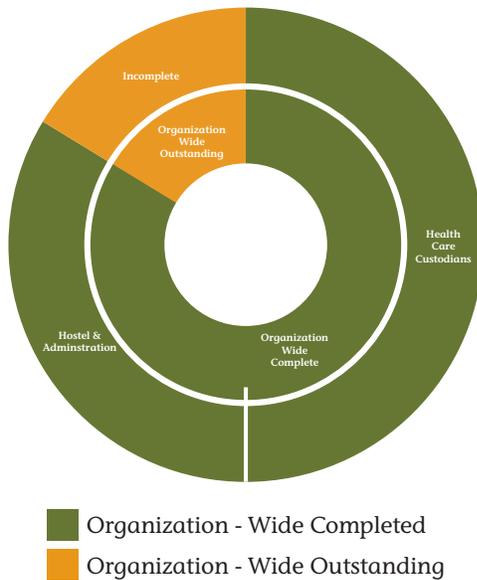
Privacy Training - 2020/2021 Annual Report	
Percentage of Training completed Organization-wide	72%
Percentage of Outstanding Training:	28%
Percentage of 'Healthcare Custodians' Training (Completed)	86%
Percentage of 'Hostel & Administration' Training (Completed)	57%

Collaboration & Initiatives

- In coordination with Human Resources, ensured all SLFNHA/SLRPSI staff signed the Oath of Confidentiality. And monitored Annual privacy training to all Staff (organization-wide)
- In coordination with SLFNHA Program Directors/ Department Managers, conducted the Privacy Impact Assessments (PIA) in all departments, following an effective end-user Auditing strategy. Also, Co-ordinated with the Mustimuhw cEMR and OSCAR EMR team, for Organization-wide Privacy audit and assessment.

Privacy Program

Privacy Training - 2020/2021 Annual Report



- Coordinated with the 'Finance officers' to update SLFNHA/SLRPSI's Vendor/Third-party Privacy agreements
- Built consistent collaboration with the Ontario Privacy Office – IPC & Office of Privacy Commissioner - OPC for new updates and implementation in our organization.
- Collaborating with the University of Toronto Expertise, First Nations Inuit and Metis Program, and Mamowahyamowen 's for Privacy Expertise
- Developed short and long-term Privacy goals/ initiatives to ensure the organization's privacy initiatives continuously and as needed.
- Identifying and managing Privacy Risks under the direction of the SLFNHA COO using the Privacy Framework (COBIT and NYMITY ACCOUNTABILITY FRAMEWORK™)

Successful Initiation & Implementations during Covid-19 Pandemic

- Privacy 'Telework Policy with Briefing', submitted to the Board
- Completed the SLFNHA Privacy Confidentiality policy and submitted it to the board
- Provided the Briefing note for "Privacy laws" regarding disclosing personal information (COVID) to the Chiefs in the Board. Completed a Privacy Briefing note to Executive Director on the Email breach Incident.
- Provided Privacy 'Telework Agreement' to all Staff (SLFNHA/SLRPSI)

- Completed the NDA (Non-Disclosure Agreement') and Vendor's Privacy agreements
- Posted the Virtual Care / Tele-conference – 'Statement of information' <https://www.slnha.com/covid/privacy-notice-for-virtual-care/>
- Privacy Memos and Reminders send to SLFNHA Senior Management and all Staff
- Provided Wrong Fax Memo and Standardized Fax cover sheet for a centralized procedure. Also, worked with SLRPSI and SLFNHA – the IT team updated the cover sheet for the online fax.
- Privacy Program's Briefing" send to all Senior Management's email, including the "Breach Incident report"
- Published LinkedIn Incident Scam Warning – Message on the SLFNHA Website Career page <https://slnha.com/2020/07/13/scam-warning/>. Also, supported/ working with the SLFNHA IT Department for the SLFNHA Email Incident.
- Privacy tools to the Communities like "Airport Screener with privacy statement and instruction on retention, transfer, and destruction of Collected PHI" to ACW are provided from Privacy Program.
- Supported Nodin services and the First Nations Communities (members of Matawa First Nations) for the referral agreements, to bridge the gap between the services.
- Supported PCT and the Thunder Bay Health Unit for the referral agreements, to bridge the gap between the services.
- Developed and posted the Privacy Program – 'Statement of Information on Client facings and the SLFNHA Website <https://www.slnha.com/health-services/privacy-program/>

Moving Forward

Privacy Program will be successfully moving forward towards the Phase-II implementation of the Privacy goals aligning the Privacy Framework to the Enterprise strategic goals, in the upcoming Fiscal Year (2021-2022).

Thank You

to our **Partners**

Aboriginal Healing & Wellness Strategy
Carleton University
Canada Council of the Arts
Centre for Addiction and Mental Health
Chiefs Committee on Health
Chiefs of Ontario
Children's Mental Health Centre of Excellence
Children's Hospital of Eastern Ontario
FIREFLY
First Nations Family Physicians and Health Services
Fort Frances Tribal Area Health Authority
First Nations & Inuit Health Branch
Government of Canada / Indigenous Services Canada
Keewatinook Okimakanak Telemedicine
Kenora Chiefs Advisory
Local Health Integration Network
Maamwesying North Shore Community Health Services
Nishnawbe Aski Nation
Northwestern Health Unit
Northwestern Ontario Infection Control Network
Northern Ontario School of Medicine
Ontario Sick Kids Telepsychiatry
Ontario Provincial Police
Ontario Trillium Foundation
Paawidigong First Nations Forum
Province of Ontario
Ministry of Community & Social Services
Ministry of Children & Youth Services

Ministry of Health & Long Term Care
Sioux Lookout
Sioux Lookout area Tribal Councils
Independent First Nations Alliance
Keewatinook Okimakanak
Matawa First Nations Management
Shibogama First Nations Council
Windigo First Nations Council
Independent First Nations
Sandy Lake First Nation
Mishkeegogamang First Nation
First Nation Affiliates

- Eagle Lake
- Wabigoon
- Saugeen
- Wabauskang

Sioux Lookout-Hudson Association for Community Living
Sioux Lookout Meno Ya Win Health Centre
Community Counselling & Addiction Services
Sioux Lookout Pastoral Care Committee
Sioux Lookout Regional Physicians Services Inc.
Surrey Place Centre
Tikinagan Child and Family Services
Thunder Bay District Health Unit
University Health Network
University of Toronto Psychiatric Outreach Program
Wabun Tribal Council
Weeneebayko Area Health Authority



Sioux Lookout
First Nations
Health Authority

Appendices

Sioux Lookout First Nations Health Authority | AR 2020-21



Sioux Lookout
First Nations
Health Authority

61 Queen Street, PO Box 1300
Sioux Lookout, ON P8T 1B8
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Toll Free: 1-800-842-0681

www.slnha.com

Allied Health Services

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

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

Clients Visits - Statistics 1st & 2nd & 3rd & 4th Quarter (April to March) 2020/21:

	Visit Encounter Types	Q1/Q2/Q3/Q4 Totals	
All Primary Care Team AHP's Direct Service Delivery	Total # of Clients Seen	12029	
	Total # of Individual Clients Seen	12014	
	Total # of Clients seen in a Group	15	
	Male	4724	
	Female	7292	
	Other	13	
	Adult (≥18 years)	10618	
	Pediatrics (<18 years)	1411	
	North	5731 (48%)	
	Town	6298 (52%)	
	Breakdown by AHP type visit	Allied Health Professional	
Kinesiology		1047	
Physiotherapy		2260	
Nutritional		954	
Pharmacist		111	
Mental Health Workers		2553	
Occupational Therapy		908	
Speech Language Pathology		618	
Psychiatry		782	
Reg Practical Nurse (Foot Care/Edu/Training/Other)		464	
Nurse Practitioner		2010	
Case Management		322	
Total		12029	

Community Travel

(April to March 2020/21)

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

During the time period April to March, the SLAPCT made 49 community visits to provide 51 days of service. Days of service are limited by the ability of the community to support overnight stays for the team.

With the current COVID-19 Pandemic, the team has not been able to travel into communities as often as the previous year due to lockdowns and the Stay at Home Order.

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

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

Community Visits

Communities Visited	Total Trips	Total Days
Bearskin Lake	3	3
Cat Lake	1	1
Deer Lake	4	4
Eabametoong (Fort Hope)	1	1
Frenchman’s Head	4	4
Fort Severn	3	4
Kasabonika Lake	1	1
Keewaywin	0	0
Kejick Bay	2	2
Kingfisher Lake	2	2
Kitchenehmaykoosib Inninuwig	2	2
Mishkeegogamang	7	8
Muskkrat Dam	1	1
Neskantaga (Lansdowne House)	1	1
Nibinamik (Summer Beaver)	1	1
North Spirit Lake	0	0
Pikangikum	0	0
Poplar Hill	1	1
Sachigo Lake	1	1
Saugeen	4	4
Sandy Lake	0	0
Slate Falls	3	3
Wapekeka	1	1
Weagamow	0	0
Webequie	3	3
Whitefish Bay	1	1
Wunnumin Lake	2	2
Total Trips	49	51

Telemedicine Service

We presently have a full-time Telemedicine Coordinator working within the Primary Care Team and have posted for a Telemedicine Clerk position. These positions supports both the Primary Care Team Allied Health Professionals with their telehealth appointments with clients, along with supporting all other SLFNHA departments with their telehealth needs and services. With the COVID-19 Pandemic, the use of Telemedicine Services have increased substantially (by more than 400%).

Telehealth appointments booked

Psychiatry (Dr. Allen/Dr. Haggarty/Dr. Anderson)	577
Psychiatry (Sick Kids)	2
SpeechWorks	74
Psychology	282
Mental Health Counselling	285
SLAPCT Clients (Dietary/Kin/PT)	1321
Zoom	205

Telehealth events booked

Educational Sessions	7
Program Consultations	1
Other (Mtgs/Interviews)	0

Incoming Referrals:

SLAPCT - Total No. of Referrals

Psychiatry	418
Speech Language Pathology	109
Dietary	506
Kinesiology	446
Physiotherapy	540
Pharmacy	45
Case Management	14
Occupational Therapy	315
Social Work	579
NP	32
Hep C	115
Wound Care	59
RPN	245
Total	3423

Firefly Contracted Services - Total No. of Referrals

Alternative/Augmentative Communication	12
FASD Diagnostic Assessment	14
FASD Support Worker (u19)	6
Occupational Therapy	23
Physiotherapy	22
Seating/Mobility Speciality	0
Service Coordination	32
Speech Language Pathology	69
SLP - Feeding & Swallowing (u19)	2
GJCTC - Via Firefly	0
Other	9
Total	189

SLFNHA Developmental Services - Total # of Referrals

Audiology	89
Community Outreach	14
Developmental Psychology	90
Transitional Youth (16 yrs+)	14
Other	49
Total	256

Human Resources

The following table represents the current staffing complement within the Sioux Lookout Area Primary Care Team (as of March 31, 2021):

Position	Staffed	Vacant	Total
Director	1.0	0	1.0
Managers	2.0	0	2.0
Administrative Staff	6.0	0	6.0
Interpreter	1.0	0	1.0
Telemedicine Coordinator	1.0	0	1.0
Telemedicine Clerk	0	1.0	1.0
Clinical Assistant	1.0	0	1.0
Intake Coordinator	1.0	0	1.0
Community Health Navigator	3.0	0	3.0
Traditional Healer	0	2.0	2.0
Pharmacist	1.0	0	1.0
Physiotherapist	4.0	0	4.0
Occupational Therapist	2.0	1.0	3.0
Kinesiologist/Rehab Assistant	4.0	0	4.0
Dietitians	4.0	0	4.0
Speech Language Pathologist	1.0	1.75	2.75
SW/MH	4.0	0	4.0
Registered Practical Nurse	3.0	0	3.0
Case Manager (RN)	4.0	0	4.0
Nurse Practitioner	2.2	0.8	3.0
Contract Staff (SPL)	0.25	0	0.25
Quality Improvement Specialist	1.0	0	1.0
Total	46.45 (88%)	6.55 (12%)	53

Due to the COVID-19 Pandemic and the multiple Work from Home and Stay at Home Orders, the SLAPCT has terminated the temporary leased building on Front Street and commenced a rotating schedule and supported staff to work from home.

Clients Visits – FY 2020/21(April to March):

Clients Visits - FY 2019/20

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Nibinamik (Summer Beaver)	1	1
North Spirit Lake	0	0
Pikangikum	0	0
Poplar Hill	1	1
Sachigo Lake	1	1
Saugeen	4	4
Sandy Lake	0	0
Slate Falls	3	3
Wapekeka	1	1
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