

Annual Report 2023-2024



Sioux Lookout
First Nations
Health Authority



Sioux Lookout First Nations Health Authority

Table of Contents

In Memoriam and Dedication	4
Board of Directors	5
Message from Chief's Council on Health	6
Message from Board Chair (Outgoing), Howard Meshake	8
Message from Board Chair (Incoming), Cynthia Fiddler	9
Message from President and Chief Executive Officer, Sonia Isaac-Mann	10
Years of Service	12
High Level Leadership	16
Strategic Direction 2022-2027	17
Strategic Policy, Planning & Quality	18
Message from Vice President, Finance and Corporate Services, Brian Calleja	22
Finance Department	24
Auditor's Report	26
Message from Vice President, Regional Services, Monica Hemeon	34
Anishinaabewaadiziwin	36
Health Benefits & Client Support	39
Meno Weecheeheeway Patient Navigators	40
Information Communication Technology	44
People & Culture	44
Client Services	46
Message from Vice President, Community Health, Janet Gordon	56
Approaches to Community Wellbeing	58
Message from Public Health Physician, Dr. Lloyd Douglas	70
Message from Medical Director, Dr. Terri Farrell	74
Primary Care Team	76
Developmental Services	83
Anishininiw Nanandowi'kikendamowin (Research) Program	87
Nodin Mental Health Services	88
Oral Health	99
Health Services Coordination	100
Nursing	102
Community Health Worker Diabetes Program	104
Physician Services	106
Miigwetch to our Partners	110

In Memoriam

The 2023-2024 Annual Report is dedicated to the memories of the Sioux Lookout First Nations Health Authority (SLFNHA) Employees that have passed this year and their commitment to Indigenous health.



Trina Kakekagumick



Glen Hill



Emily Gregg



Christine Ostamus

Sioux Lookout First Nations Health Authority Board of Directors

The SLFNHA Board of Directors is made up of representatives from Tribal Councils and independent communities within the Sioux Lookout area.

The Board sets SLFNHA's policies and directions and ensures these are implemented and followed. The strategic plan, implemented by the board members and SLFNHA management, sets the overall direction for the organization. The President and Chief Executive Officer (CEO) is accountable to the board for delivering the strategic plan and for stewardship of resources.



Cynthia Fiddler
Board Chair

Sandy Lake First Nation
Sandy Lake Representative
(Independent First Nation)



Michelle Kakegamic R.N.,
BScN - Vice Chair

Muskrat Dam First Nation
Keewaytinook Okimakanak
Representative



Tanya Bottle
Secretary / Treasurer

Mishkeegogamang Ojibway Nation
Mishkeegogamang Representative
(Independent First Nation)



Alan Jethro Tait
Director

Sachigo Lake First Nation
Windigo First Nations Council
Representative



Howard Meshake
Director

Aroland First Nation
Shibogama First Nations Council
Representative



Samuel Mckay
Director

Kitchenuhmaykoosib Inninuwig
Independent First Nations
Alliance Representative



Thomas Spade
SLFNHA Board Elder

Mishkeegogamang Ojibway
Nation

Chief's Council On Health Message



Chief's Council on Health (CCOH) Co-Chairs Chief Donny Morris and Chief Clifford Bull

One year has passed since our new President and CEO of SLFNHA, Sonia Isaac-Mann, was appointed. She has made significant strides at SLFNHA by effectively utilizing her vast knowledge and experience on Health Transfer, Integration, Innovation and Transformation, to bring control and authority to First Nations over their own health care. The CCOH is looking forward to another year of supporting Sonia as she continues to move forward on the Strategic Plan.

Since our mid-year report, we continued to focus on providing political direction, advocacy, and oversight to the SLFNHA Board of Directors based on the needs of the people in the communities served by SLFNHA. In moving forward on our own regional health care system, the role of the CCOH is to contribute to Anishinaabe control and authority to develop and enhance services guided by Anishinaabe ways of knowing.

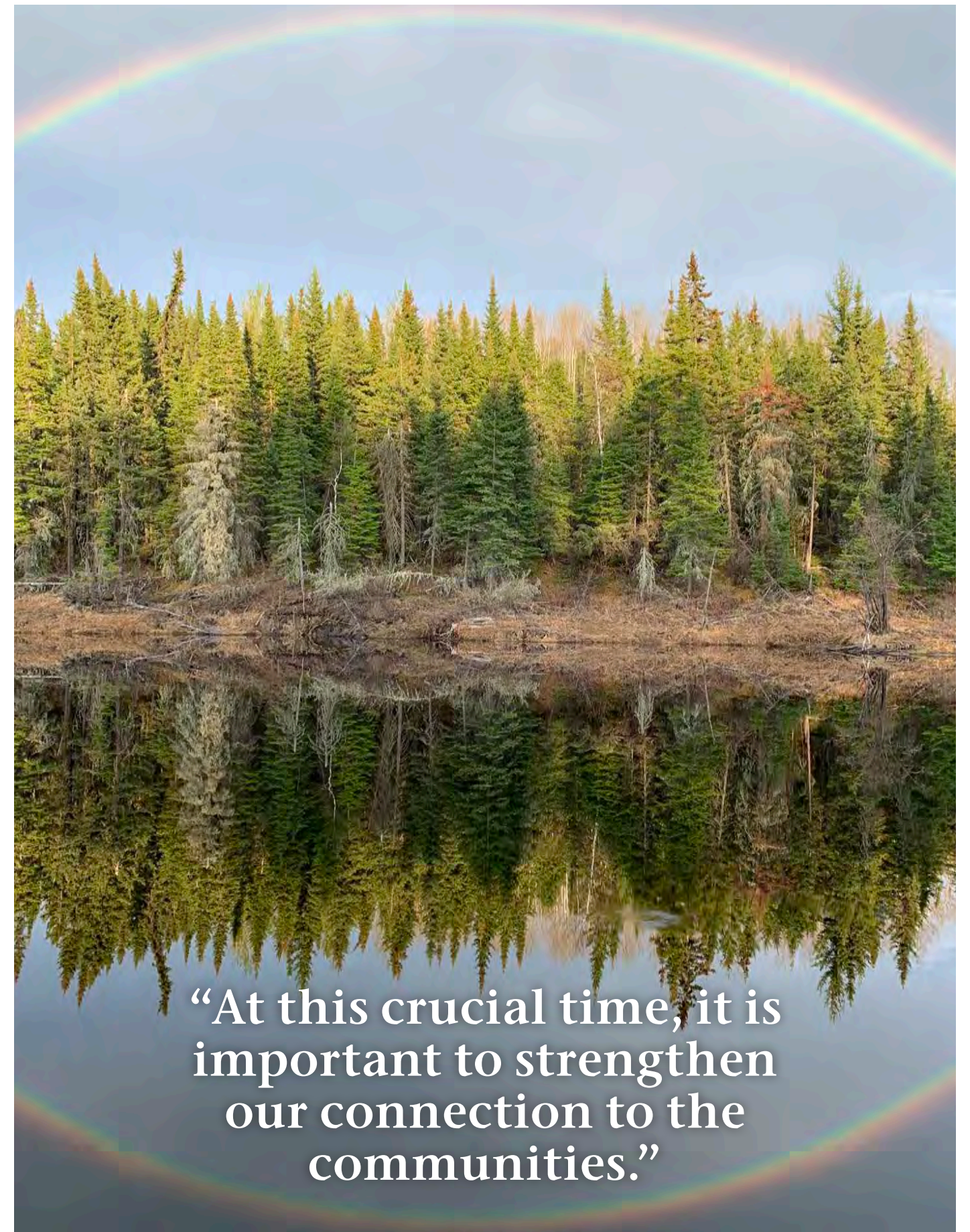
This means:

1. Funding to reflect Federal government's Treaty and Fiduciary obligations to Sioux

Lookout area First Nations.

2. Federal health funding to Ontario to be diverted to be provided directly to First Nations under First Nations governance.
3. Provincial role limited to providing services.

At this crucial time, it is important to strengthen our connection to the communities. We need to ensure that all necessary information is being provided to the communities about the work being done at SLFNHA to allow their voice at the community level to be heard. This will inform our decision-making. We commit to this with a plan to develop a communication strategy and information pathway between the CCOH, SLFNHA, and Tribal Councils. In addition, we proposed the First Nations Regional Health System Partners Table (Regional Partners Table) with the purpose of relationship building, collaboration, and identifying joint priorities and solutions. We recognize the importance of the regional tribal councils and the need to develop and enhance partnerships.



“At this crucial time, it is important to strengthen our connection to the communities.”

Double Rainbow: Ruth Wassaykeesic, 2022



Board Chair (Outgoing) Message

Howard Meshake

It has been a productive year for the SLFNHA Board of Directors. We have accomplished many great things and provided strategic direction to the organization. Our Board membership has changed with the nomination of a new Board member in December 2023. I would like to welcome Michelle Kakegamic, who represents Keewaytinook Okimakanak (KO), and has been a great asset on the SLFNHA Board. I would like to wish Leona Kakepetum, the previous representative, well in her future endeavors.

As part of improving our function as a Board, we have been developing board policies and governance practices that incorporate Anishinaabe ways, while still following the requirements of a corporate structure. In March 2024, the Board underwent training with an Indigenous organization that aligned with our intent and provided us with the resources to strengthen our Board governance. Since then, we have planned and developed Board-specific policies to formally guide our work, along with developing a Board Orientation package for new Board members.

There have been recent changes to the Ontario Not-for-Profit Corporations Act (ONCA) that required discussion throughout the year.

In being compliant as a corporate

structure, the Board has updated the SLFNHA by-laws to align with these changes and developed a voting process for SLFNHA's Annual General Meeting.

This past year, the Board began the practice of scheduling in-person and virtual Board meetings for the entire year ahead. This maintained the momentum of our work in implementing the Strategic Plan. We have formalized the following Board Committees—Financial, Audit and Risk Management (FARM) Committee, Executive Committee, Governance and Nominations Committee—which has allowed Board members to provide strategic direction to specific areas of SLFNHA.

Another goal as the Board was to develop and build relationships with our partners. We did this through joint Board meetings to discuss joint priorities and to determine how we could work together to provide improved services to Sioux Lookout area First Nations. Throughout all our work as the Board, we are thankful for the expertise of Sonia Isaac-Mann, President and CEO, as she has made significant progress in advancing the strategic vision of SLFNHA. The Board would also like to recognize the hard work and dedication of the SLFNHA Executive and staff. We are all committed to working together to strengthen the regional health system.



Board Chair (Incoming) Message

Cynthia Fiddler

Boozhoo, Waciye, Ndawehmahgunug.

Cynthia Fiddler ndizhinikaaz, Sandy Lake ndoonjii. My name is Cynthia Fiddler and I am from Sandy Lake First Nation. It is an honour and privilege to serve as your new Board Chair, effective June 2024.

On behalf of the Board, we would like to acknowledge our outgoing Board Chair, Howard Meshake, and thank him for his courage and leadership during his tenure. His on-going efforts to advocate for and improve health services to First Nations, regardless of residence, is admirable. We wish him and his family health and wellness.

We are committed to supporting the First Nations whom our organization serves. We will continue to develop the work required to advance the efforts to implement the Strategic Plan 2022-2027. Work towards the three strategic priorities (community ownership, health transformation, and service experience) is well underway, with multiple initiatives being led in various areas. As we continue to learn about the innovations underway, strengths and needs of the First Nations, we will work as a collective to advocate for on-going program delivery and health services.

We will also continue to work to improve board governance and practices. This will include increasing communication

as part of demonstrating accountability back to the First Nations and their members.

I look forward to collaborating with the Board of Directors, CCOH, SLFNHA Executive, Elders and health partners in the region. Our efforts are all aimed to improve health and wellness in First Nations. This will include revisiting the original vision of the organization to ensure that the regional health care system integrates into our First Nations worldviews.

This will also include investing time and energy in designing a Regional Engagement Approach. This will be built in partnership with communities. This will help ensure that we are aligning our efforts to understand, support and build upon the strengths of First Nations.

We value all feedback from the First Nations and their members and will work to integrate feedback as an effort to improve services and client experiences.

On behalf of the Board of Directors, we would like to thank all our partners for the work that they do. We believe that, as a collective, so much can be accomplished. I am inspired by the great work happening in the region and am humbled by the opportunity to play a role in supporting the work in the health sector. Kitchi-Miigwetch.



President and CEO **Message**

Sonia Isaac-Mann

I am honoured to provide this message for the SLFNHA Annual Report as part of reporting back on this past year as the new President and CEO. Together as an organization, we have accomplished significant achievements that have advanced the strategic vision developed by the SLFNHA Board, CCOH, and Tribal Council representatives. None of this work would have been possible without the hard work and dedication of the SLFNHA Executive and staff in all our departments.

It has been an exciting and informative experience in working with leadership and having the opportunity to engage with SLFNHA communities throughout the year. I learned about the specific issues and needs in each community which has helped me in performing my duties and responsibilities as the President and CEO of SLFNHA.

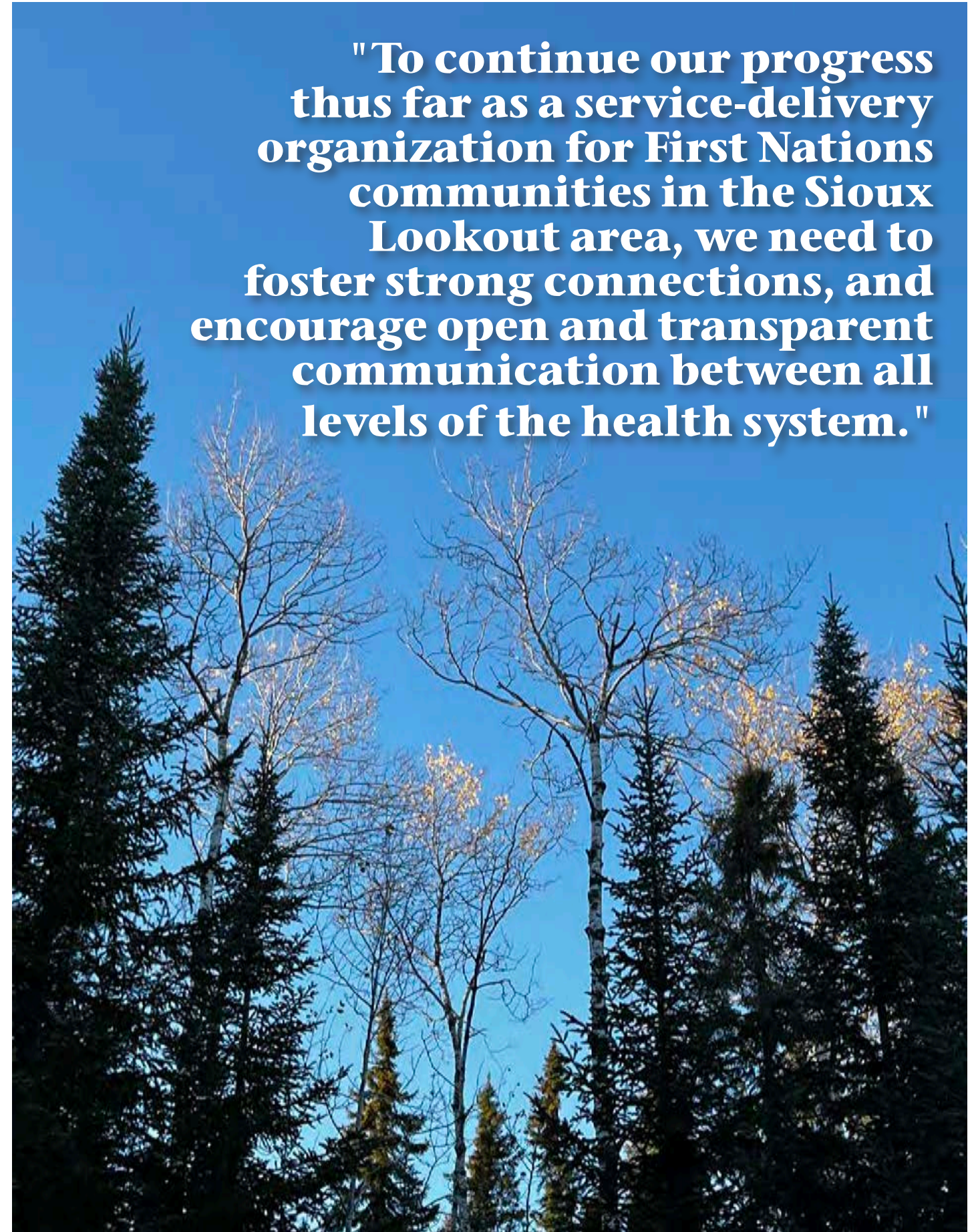
One of the main achievements this past year has been the formation of the Strategic Planning, Policy & Quality (SPPQ) team who have been supporting the implementation of the strategic management framework. Their hard work has been instrumental in working towards the alignment of the Strategic Plan within the entire organization.

I would like to thank the SLFNHA Executive and all SLFNHA staff on helping us to move towards a common goal: overall improvement in health outcomes for First Nations, bring services closer to home, and strengthen our connection with communities.

I firmly believe that to continue our progress thus far as a service-delivery organization for First Nations communities in the Sioux Lookout area, we need to foster strong connections, and encourage open and transparent communication between all levels of the health system. Complex health issues, such as mental health and addictions, require collaboration across organizations. As part of a Regional Engagement Approach, I will strive to co-develop a pathway forward with our partners on Nation driven decision-making processes, an Accountability Strategy, and identification of joint priority areas and solutions.

I look forward to another year of progress and achievements at SLFNHA. Together, I believe that we can achieve our goals.

"To continue our progress thus far as a service-delivery organization for First Nations communities in the Sioux Lookout area, we need to foster strong connections, and encourage open and transparent communication between all levels of the health system."



Fall Sky: Patricia Mamakwa, 2022

Years of Service

Miigwetch for your dedication!

SLFNHA in Community

Retired

Christine Chisel
 Ronnie Elliot
 James Morris
 Denise Williams

15 Years

Mary Ann Beardy
 April Derouin

10 Years

Graham Chisel
 Trish Hancharuk
 Lowell Legros
 Christine Ostamus
 Bertha Quissess
 Cathy Therriault

5 Years

Stephanie Abrunzo
 Marilyn Anderson
 Joavani Aranges
 Emerna Augustine
 Hana Beitl
 Brian Calleja
 Ashley Cassidy
 Linda Chikane-Chapman
 Bobbie Christink
 Josh Collin
 Andrea Dziadek
 Janel Genge
 Sonia Link
 Stacey Lukye
 Elissa Lyon
 Beverly Mattinas
 Charles Meekis
 Harrison McKay
 Shanna Neekan
 Trisha Ronstadt
 Ariel Root
 Larry Schultz
 Matthew Turner
 Katie Wantoro
 Tara Wiens
 Krista Williams



SLFNHA on Social Media

Sioux Lookout First Nations Health Authority
Published by Loomly
- July 12 -

#FeelGoodFriday
SLFNHA's Approaches to Community Wellbeing Department held a Youth Connections Conference with front line youth workers from 6 communities at the end of June in Thunder Bay. Elder Tom Chisel shared his knowledge with the participants. Brent Edwards "Mooselegs" lead the conference and shared his knowledge and experience of working with youth. Mooselegs had participants laughing, dancing, and moving. The Raising Our Children Youth team presented on some importan... [See more](#)



Sioux Lookout First Nations Health Authority
Published by Loomly
- March 21 -

The Anishinaabewaadiziwin Team, along with members of Developmental Services, were in Toronto presenting at two major events.
The team presented at the Indigenous Primary Health Care's Traditional Healing Advisory Circle Gathering on March 19 about Anishinaabewaadiziwin [Way of Life] Health Education and Promotion, as well as at the Chiefs of Ontario's First Nations Community Wellness Conference on March 20 about Anishinaabewaadiziwin [Way of Life]: Wellness from a Holistic... [See more](#)



Sioux Lookout First Nations Health Authority
Published by Loomly
- September 27, 2023 -

Miigwetch/Thank you to everyone that joined us for the Truth and Reconciliation Remembrance Walk! We had a great turnout.
Thank you to our speakers Howard Meshake, SLFNHA Board Chair, and Councillor Joe Cassidy on behalf of the Municipality of Sioux Lookout, as well as community members Garnet Angeconeb and Romaine Lyon for your words and song. And to Ralph Johnson for opening and closing for us. Lastly, thank you to the Nishnawbe Gamik Friendship Centre and to the Ontario... [See more](#)



Sioux Lookout First Nations Health Authority
Published by Loomly
- February 19 -

Happy Family Day! SLFNHA offices will be closed today and will resume normal operations tomorrow. Essential services will remain open.



Mission

Transforming the health of Anishinabe people across Kiiwetinoong by providing community led services and a strong voice for their community health needs.

Vision

Resilient and healthy Nations supported on their path to wellness.

Values

We value respect, relationships, culture, equality, and fairness. We work to protect the Anishinabe teachings of love, courage, respect, wisdom, truth, honesty, and humility.

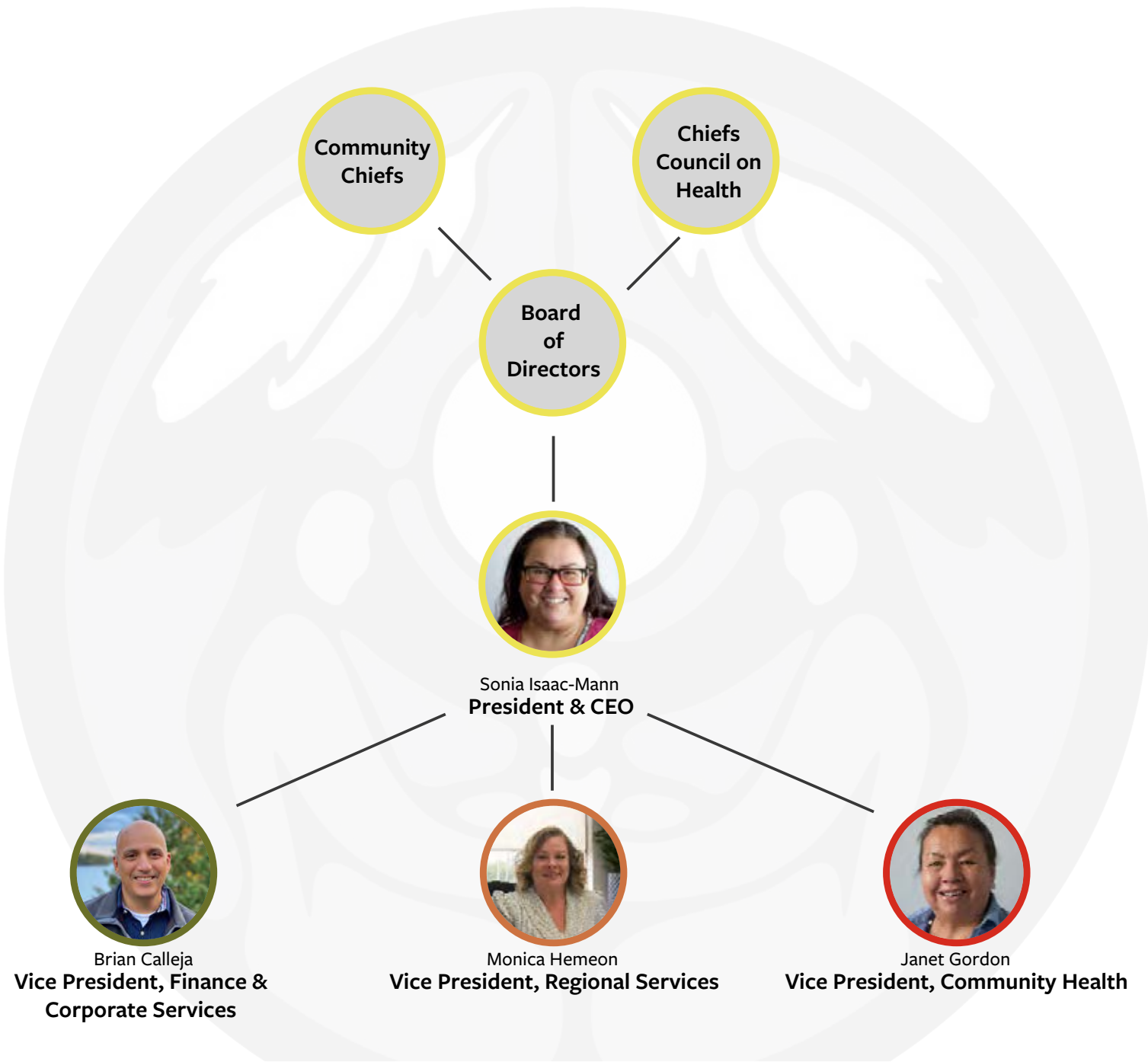


Sioux Lookout
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Health Authority

www.slnha.com



High Level Leadership

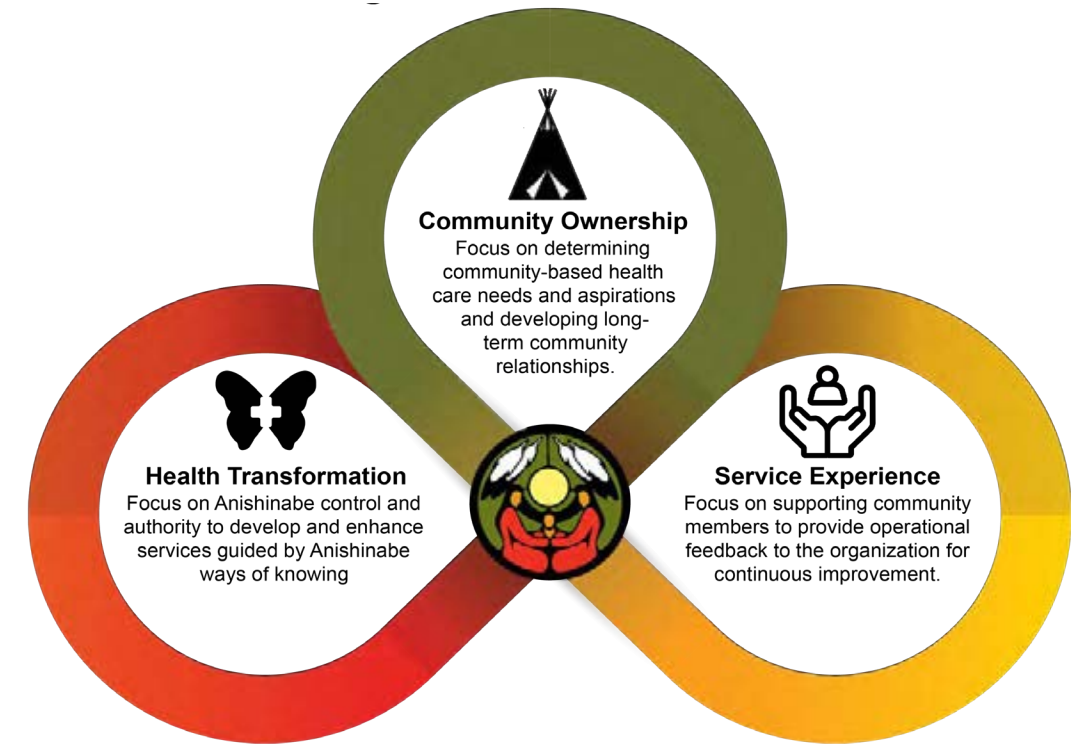


FINANCE
PAGES 22-33

ADMINISTRATION
PAGES 34- 55

HEALTH SERVICES
PAGES 56 - 109

Strategic Directions 2022-2027



Community Ownership

Focus on determining community-based health care needs and aspirations and developing long-term community relationships. The following initiatives will guide our work:

- Communication Strategy – Share the strategic plan for community input and feedback.
- Kanawenimitisowin – Develop a community engagement process to learn about the community health care needs and goals.
- Community Relations – Connect and collaborate on a long-term continuous basis with communities with the aim of facilitating a sense of ownership.

Health Transformation

Focus on Anishinabe control and authority to develop and enhance services guided by Anishinabe ways of knowing. The following initiatives will guide our work:

- Anishinabe control of health programs and services (ie. Non-Insured Health Benefits) – Acquire the needed decision-making, control and authority in order to bring services “closer to home”.
- Building Culturally-Informed Services – Develop a healthcare service standard to meet the Anishinabe practices and principles of our communities.
- Healthcare Professionals from and in the Community – Develop partnerships to educate, recruit, and mentor community members to meet their healthcare needs.
- Develop a Health Transformation plan, which will include an implementation plan that identifies how to work in collaboration with partners.

Service Experience

Focus on supporting community members to provide operational feedback to the organization for continuous improvement. The following initiatives will guide our work:

- Client Experience & Service Improvement Process – Capture, document, and classify the clients’ experiences with our health care services with a rapid follow up communication process with clients for the purpose of improving service delivery.
- Patient Advocacy – Build a robust patient advocacy framework to ensure responsive liaison between patients, families, and health care teams.
- Integrated Service Delivery – As part of the regional alignment, a review of the SLFNHA service delivery models will be completed with the goal of providing streamlined and seamless services.

Strategic Policy, Planning & Quality

The SLFNHA Board of Directors have approved the development of a new SPPQ team, under the direction of the President and CEO. This new team will support the development of tools and processes to assist in the implementation of the strategic management framework. This work will include planning and decision-making processes based on the direction of First Nations.

One of the primary goals is to improve coordination of mandates received from the Sioux Lookout area Chiefs, CCOH, and Board of Directors to help guide and create mechanisms to be more responsive to community needs.

Strategic Policy, Planning & Quality



Strategic Management Framework



Source: <https://vectorsgroup.com/services/strategic-planning/>

Key Objectives

- 1 Focus on creating efficiencies and alignment within the organization and among regional health partners.
- 2 Draw upon strengths and skills throughout the system to support strategic alignment of Nations based decision making.
- 3 Collaborate with partners to support the development of a mechanism to negotiate funding, develop policies and structures that underpin a regional health system.
- 4 Work will be done while recognizing the sovereignty of First Nations and the unique protocols, governance and knowledge systems of each community.

Strategic Policy, Planning & Quality

HOW TO PROVIDE COMPLIMENTS AND COMPLAINTS



Sioux Lookout First Nations Health Authority

✉ Mail:

Attention: Compliments and Complaints Specialist
 c/o Lorna Fiddler
 Sioux Lookout First Nations Health Authority
 2 Meno Ya Win Way, Sioux Lookout ON P8T 1B8

☎ Phone:

Cell - 807 738 3955

Indigenous language speaking staff available

@ Email:

lorna.fiddler@slfnha.com

Your feedback will be forwarded to the Quality Assurance Team. Please note; this is not an emergency support line, should immediate support be needed please contact the Meno Weecheeeway Patient Navigators (807-737-3850) or Hostel Support Services.

Strategic Policy, Planning & Quality

The team will work collaboratively and draw upon strengths and skills throughout the system to support strategic alignment of all decision-making throughout SLFNHA and amongst key partners. The key objective is to improve health services and delivery to First Nations.

The SPPQ team will provide technical support to the President and CEO, Board of Directors, CCOH, and the Sioux Lookout area Chiefs. The team will be introduced in a phased approach:

- Hiring of the Senior Director - March 2024.
- Restructuring and alignment of existing positions.
- Additional hiring to occur over the 2024/25 fiscal year.

Key Streams:

- Engagement and Partnerships
- Policy and Planning
- Research, Data, and Knowledge Exchange
- Quality Assurance

	Highlights	Moving Forward
SPPQ Team Development and Implementation	Recruitment and Restructuring: <ul style="list-style-type: none"> • Restructuring and alignment of existing positions. • Director of Quality Assurance hired (February 2023). • Senior Director hired (March 2024). 	Hiring of new positions and implementation of new teams: <ul style="list-style-type: none"> • Engagement & Partnerships • Policy & Planning • Research, Data & Knowledge Exchange • Quality Assurance
Communications and Information Sharing Pathway / Accountability	<ul style="list-style-type: none"> • Implementation of CCOH update and reporting process to Chiefs, Health Directors and Tribal Councils. • Implementation of Spring Report • Development of annual planning and reporting cycles. • Increased organizational reporting on strategic directions. 	<ul style="list-style-type: none"> • Development of Community Engagement Pathway. • 10-Year Resolution Audit. • Continued development of an Accountability and Evaluation Framework.
Engagement and Partnerships	<ul style="list-style-type: none"> • Development of a proposed First Nations Regional Engagement Approach. • President and CEO participated in initial meetings with First Nations Health Partners, including tribal councils and Nishnawbe Aski Nation (NAN). 	<ul style="list-style-type: none"> • Support an ongoing community engagement pathway to bring decision making to the community level through inclusion and meaningful participation.

Strategic Policy, Planning & Quality

Policy, Planning, and Health Innovations	<ul style="list-style-type: none"> • Development of strategies and mechanisms to support a policy, planning, and decision-making framework to ensure that alignment of all decisions and planning at various levels is in accordance with direction from leadership. 	<ul style="list-style-type: none"> • Further development of SLFNHA Policy Framework. • Ongoing research and analysis of changes in legal, political and policy landscape impacting First Nations health. • Development of Urban and Away from Strategy. • Regional process to clarify role, scope and function.
Governance	<p>Provide technical support to the CCOH on:</p> <ul style="list-style-type: none"> • Special Joint CCOH, Board, Tribal Council meetings re: Strategic & Governance Planning (January & July 2023). • Outcome: Development of a CCOH 5-Point Strategy – First Nations Authority and Control over Health. • Support CCOH political advocacy on immediate priorities and concerns. • Support CCOH on Rights-Based Advocacy Strategy. <p>Provide technical support to SLFNHA Board of Directors:</p> <ul style="list-style-type: none"> • Board governance policies and processes. 	<p>Continued support to CCOH:</p> <ul style="list-style-type: none"> • SLFNHA Resolutions Committee oversight. • Development of a Resolutions Policy and Rules of Procedures for Chiefs meetings. • Further development of 5-Point Strategy at upcoming Special Chiefs and Elders Meeting. • Technical support for advocacy items identified by CCOH. <p>Continue support to Board:</p> <ul style="list-style-type: none"> • Finalize board policy manual and orientation package. • Technical support to Board committees, as required.
Quality Assurance	<ul style="list-style-type: none"> • Assisted in efforts to move towards improvements in providing excellent services to First Nations. • Focused on setting standards and gathering data through both internal and external best practices and benchmarks to improve service delivery. • Privacy Management Program-ensuring compliance with privacy and confidentiality policies. • Enhanced privacy and confidentiality audits. • Development of systems for better data analysis. • Implemented organization-wide practices to align with strategic goals. • Development of a Compliments and Complaints process. 	<ul style="list-style-type: none"> • Continue to build process systems to collect data and feedback. • Begin to build analysis and trending and reporting on data. • Work towards achieving Accreditation.



Vice President, Finance and Corporate Services **Message**

Brian Calleja

The Finance Department is responsible for the financial administrative functions of Accounts Receivable & Payable, Travel, Purchasing, Expense Claims, Payroll, and Real Property functions. Members of the team are assigned to one of these functional areas depending on the needs of the Finance Department and the organization overall. As well as the daily functions, Finance also provides broader functions such as project management and strategic planning. Each member of the Finance Team is responsible for providing coverage and support as required by workflow and team member absences to ensure continuity of services. Finance Analysts/Clerks have been identified as ambassadors for each department area within the organization to better support and assist each program with their financial responsibilities and accountabilities.

Highlights

Some of the highlights and achievements for the Finance Department of the 2023-24 fiscal year are:

- Began the expansion of the Health-Hub network into 3 more communities.

- Provided support in drafting and submitting community Canadian Human Rights Tribunal (CHRT) 41 capital funding applications with communities.
- Assisted in coordinating funding and construction of a traditional healing centre for Onaman Ziibi.
- Supporting an exercise in projecting future health program growth and resource planning.
- Assisted in the introduction of medical transportation services in Thunder Bay
- Assisted in the expansion of hostel services in Sioux Lookout with the opening of a third hostel.
- Completed the implementation of the Sage Intacct accounting software.
- Payroll completed the transition from Paydirt to Ultimate Kronos Group Pro (UKG Pro) Human Resource Information System (HRIS).
- Updated training materials to include new software, policies and procedures.
- Implemented a reporting database to help track reporting requirements.



Challenges

Although the Finance Department considers the fiscal year to have been a success, some challenges faced by the Finance Department include:

- Inflation has stabilized over the past year but is still higher than years prior. This makes managing budgets efficiently a priority.
- The availability of funding has become increasingly more restrictive and has required active financial management of program budgets in a time where competitive forces for Health Human Resources is heightened.

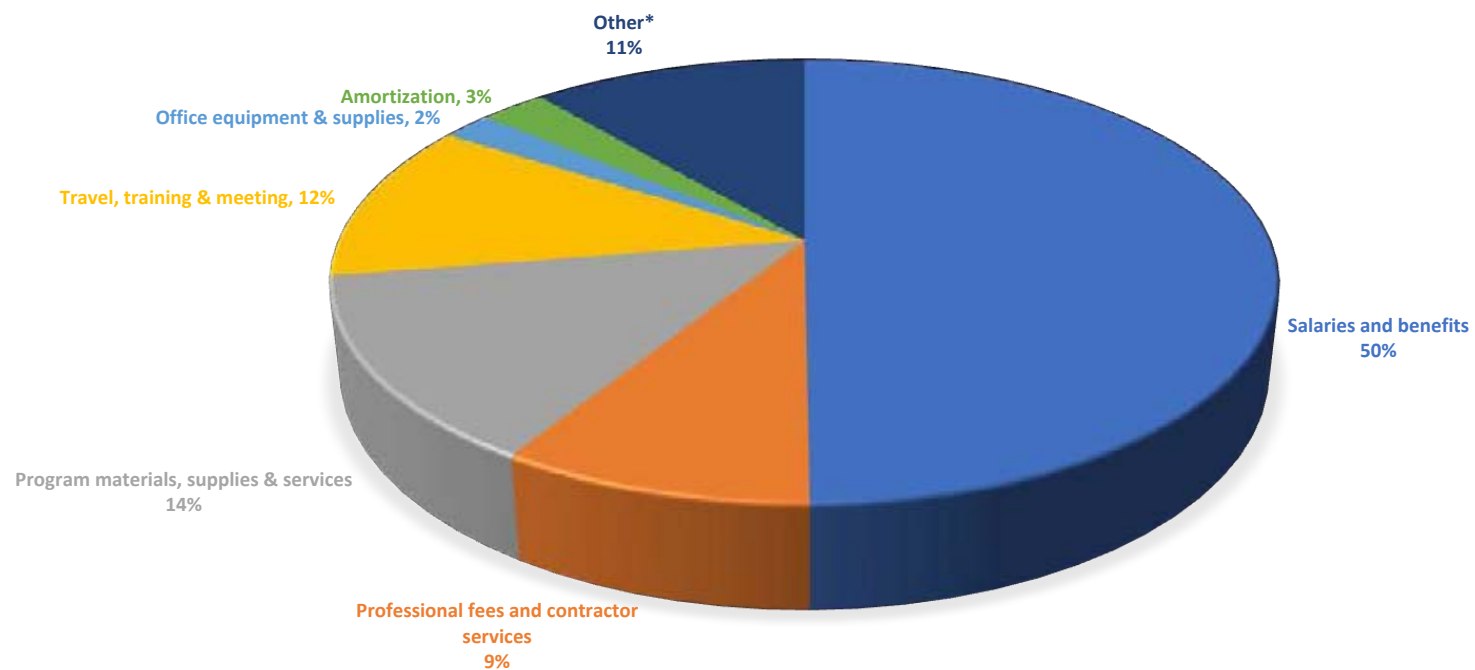
Moving Forward

Going into 2024 and beyond, Finance is committed to its goals set out in the Finance work plan:

- Deliver High Degree of Client Service to Internal and External Clients.
- Leverage Innovation with the Vision to Improve Services.
- Actively Manage Budgets while forecasting program growth and deliverables.

To achieve these goals Finance will implement a variety of strategies and initiatives: refine and enhance the Finance orientation processes, cross-train Finance staff to increase flexibility, continue to train and gain experience on Sage Intacct, continue to support the expansion and procurement of the Health-Hubs into more communities, and utilize new reporting tools to increase reporting compliance. SLFNHA will be working to negotiate a new contribution agreement with Indigenous Services Canada (ISC) starting in the 2025-26 fiscal year. Work will be done to ensure funding is as stable as can be for program delivery over the next phase of funding. Finance is also excited to support Onaman Ziibi in it's third full year of operations while it delivers improvements in health, both physical and mental, for all members of communities served by SLFNHA.

EXPENDITURE BY CATEGORY

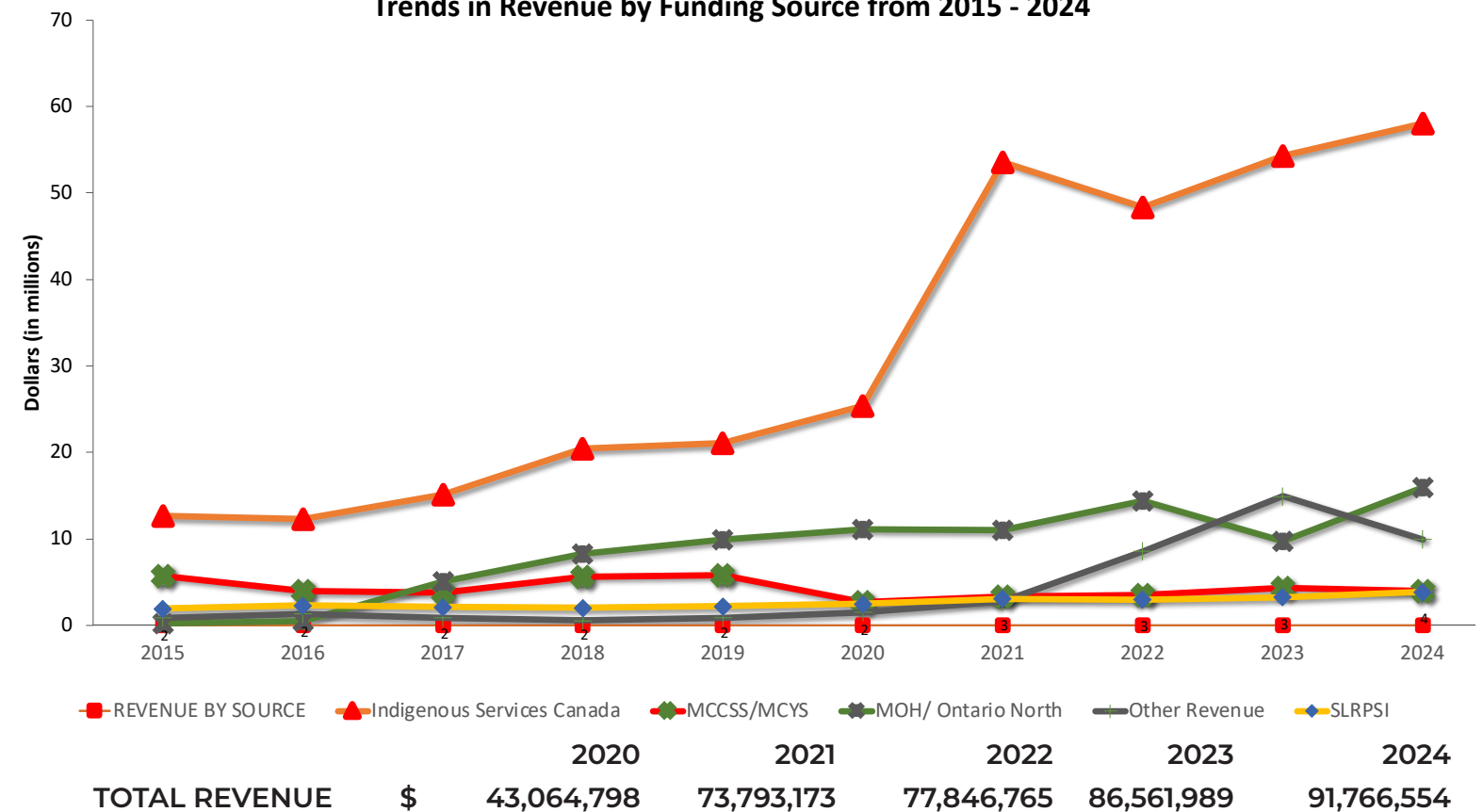


**Expense by Category
For the year ended March 31, 2024**

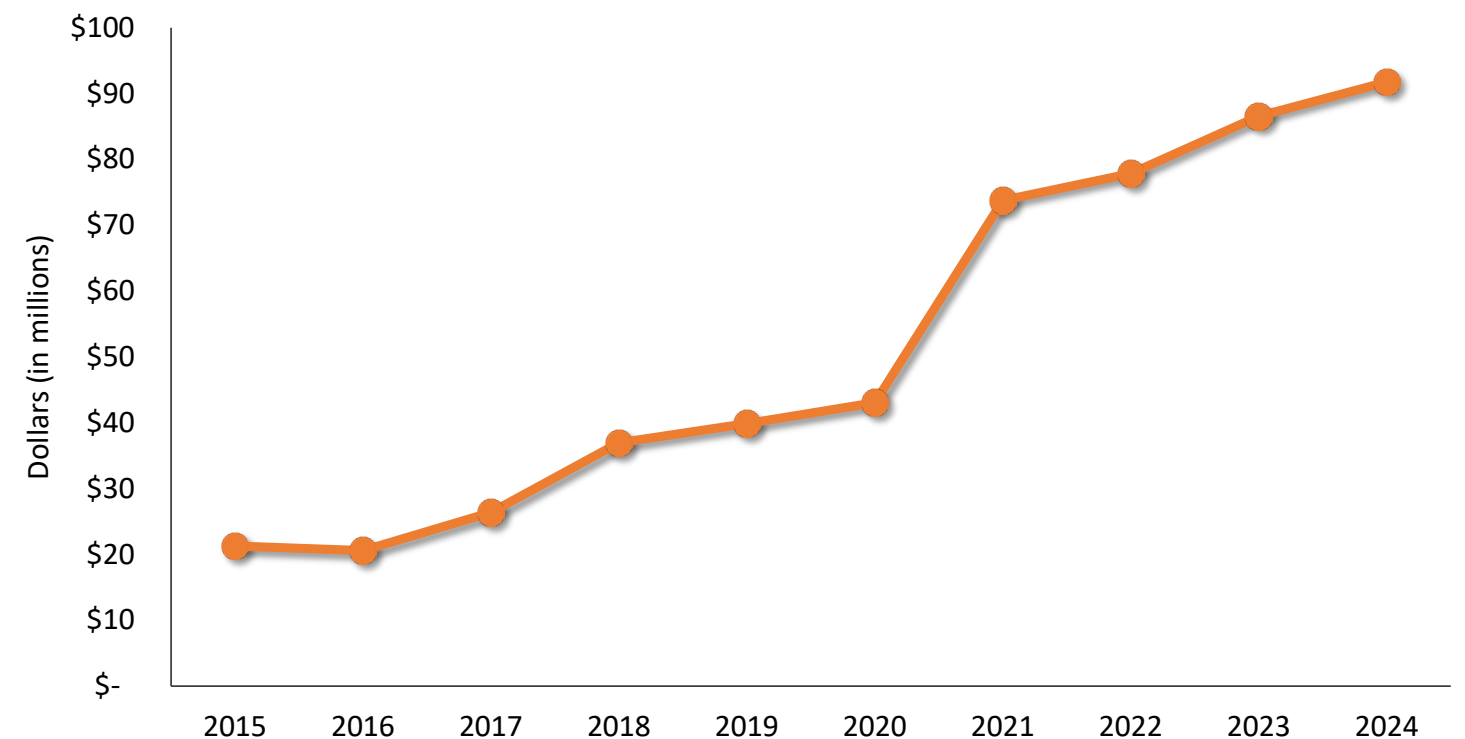
Salaries and benefits	43,633,611
Professional fees and contractor services	7,919,429
Program materials, supplies & services	11,866,358
Travel, training & meeting	10,179,004
Office equipment & supplies	1,765,218
Amortization	2,360,508
Other*	9,800,854

*Other category includes occupancy costs (2.7%), repairs and maintenance (1.2%), recruiting (0.8%), automobile (0.5%), insurance (0.5%), physician services (0.9%), administration (0.6%), interest on long term debt (0.4%), and honoraria (0.1%)

Trends in Revenue by Funding Source from 2015 - 2024



Total Revenue from 2015 to 2024



Independent Auditor's Report



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

Opinion

We have audited the financial statements of Sioux Lookout First Nations Health Authority (the "Organization"), which comprise the statement of financial position as at March 31, 2024, 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, 2024, 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.

MNP LLP

Chartered Professional Accountants

Thunder Bay, Ontario

September 18, 2024

Licensed Public Accountants



ACCOUNTING > CONSULTING > TAX
1205 AMBER DRIVE, SUITE 210, THUNDER BAY ON, P7B 6M4
1.866.623.2141 T: 807.623.2141 F: 807.622.1262 MNP.ca

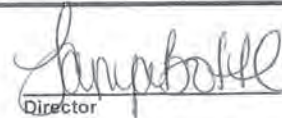


Sioux Lookout First Nations Health Authority Statement of Financial Position As at March 31, 2024

	2024	2023
Assets		
Current		
Cash and cash equivalents (Note 3)	40,506,805	43,223,837
Accounts receivable (Note 4)	1,503,618	2,231,938
HST recoverable	-	278,812
Due from funding agencies (Note 5)	15,854,189	8,406,694
	57,864,612	54,141,281
Due from Sioux Lookout Regional Physician Services Inc. (Note 6)	1,006,476	332,193
Tangible capital assets (Note 7)	23,562,058	17,019,616
Collections (Note 8)	15,000	15,000
	82,448,146	71,508,090
Liabilities		
Current		
Accounts payable and accruals	7,412,320	7,617,510
Government remittances payable	782,616	584,797
Deferred revenue (Note 9)	17,817,828	18,193,614
Due to funding agencies (Note 10)	13,616,576	13,498,849
Deferred contributions related to tangible capital assets (Note 11)	1,302,842	1,499,315
	40,932,182	41,394,085
Term loans due on demand (Note 12)	14,645,517	7,485,130
	55,577,699	48,879,215
Commitments (Note 13)		
Contingencies (Note 14)		
Net Assets		
General	17,231,748	12,970,704
Invested in tangible capital assets	7,628,699	8,050,171
Restricted	2,010,000	1,608,000
	26,870,447	22,628,875
	82,448,146	71,508,090

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, 2024

	General Fund	Invested in Tangible Capital Assets	Restricted Fund	2024	2023
Revenue					
Indigenous Services Canada	56,250,736	-	-	56,250,736	46,924,062
Ministry of Children, Community and Social Services	3,971,066	-	-	3,971,066	4,372,212
Ministry of Indigenous Affairs	228,500	-	-	228,500	3,865,314
Nishnawbe Aski Nation	-	-	-	-	1,581,761
Ministry of Health	17,532,220	-	-	17,532,220	14,410,405
Other income	9,719,986	-	-	9,719,986	9,458,084
Sioux Lookout Regional Physician Services Inc. (Note 6)	3,830,588	-	-	3,830,588	3,277,361
Amortization of deferred capital contributions (Note 11)	196,473	-	-	196,473	196,473
Change in deferred revenue (Note 9)	1,632,665	-	-	1,632,665	7,168,201
Funder recoveries	(1,595,680)	-	-	(1,595,680)	(4,691,884)
Total revenue	91,766,554	-	-	91,766,554	86,561,989
Expenses					
Administration and internal allocations	122,933	-	-	122,933	24,723
Advertising, recruiting and promotion	370,996	-	-	370,996	328,751
Amortization	2,360,508	-	-	2,360,508	1,874,311
Automobile	268,559	-	-	268,559	294,681
COVID-19 supplies	2,002	-	-	2,002	32,162
COVID-19 support purchases	-	-	-	-	445,598
Honorariums	88,395	-	-	88,395	273,636
Insurance	637,417	-	-	637,417	401,972
Interest on long-term debt	897,730	-	-	897,730	381,661
Occupancy costs	5,877,845	-	-	5,877,845	6,812,693
Office equipment, materials and supplies	1,765,218	-	-	1,765,218	4,172,099
Physician services	-	-	-	-	23,166
Professional fees and contractor services	7,919,429	-	-	7,919,429	6,950,321
Program materials, supplies and services	11,866,358	-	-	11,866,358	9,561,191
Repairs and maintenance	1,534,977	-	-	1,534,977	1,079,878
Salaries and benefits	43,633,611	-	-	43,633,611	37,866,360
Travel, training and meetings	10,179,004	-	-	10,179,004	10,229,299
Total expenses	87,524,982	-	-	87,524,982	80,752,502
Excess of revenue over expenses	4,241,572	-	-	4,241,572	5,809,487
Net assets, beginning of year	12,970,704	8,050,171	1,608,000	22,628,875	16,819,388
Change in invested in tangible capital assets (Note 15)	421,472	(421,472)	-	-	-
Interfund transfer (Note 16)	(402,000)	-	402,000	-	-
Net assets, end of year	17,231,748	7,628,699	2,010,000	26,870,447	22,628,875

The accompanying notes are an integral part of these financial statements

Sioux Lookout First Nations Health Authority
Statement of Cash Flows
For the year ended March 31, 2024

	2024	2023
Cash provided by (used for) the following activities		
Operating		
Excess of revenue over expenses	4,241,572	5,809,487
Amortization	2,360,508	1,874,311
Deferred capital contributions	(196,473)	(196,473)
	6,405,607	7,487,325
Changes in working capital accounts		
Accounts receivable	728,320	(1,593,794)
Due from Sioux Lookout Regional Physician Services Inc.	(674,283)	52,484
Due from funding agencies	(7,447,495)	1,695,647
HST recoverable	278,812	790,658
Prepaid expenses and deposits	-	1,047
Accounts payable and accruals	(205,190)	(89,503)
Due to funding agencies	43,924	4,545,041
Government remittances payable	197,819	141,307
Deferred revenue	(301,983)	(7,164,904)
	(974,469)	5,865,308
Financing		
Advances of term loans	7,785,000	1,426,694
Repayments of term loans	(624,613)	(700,219)
Capital contribution received	-	688,740
	7,160,387	1,415,215
Investing		
Purchase of tangible capital assets	(8,902,950)	(3,639,585)
Increase (decrease) in cash resources	(2,717,032)	3,640,938
Cash resources, beginning of year	43,223,837	39,582,899
Cash resources, end of year	40,506,805	43,223,837

The accompanying notes are an integral part of these financial statements

Sioux Lookout First Nations Health Authority
Notes to the Financial Statements
For the year ended March 31, 2024

1. Incorporation and nature of the organization

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

2. Significant accounting policies

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

Cash and cash equivalents

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

Fund accounting

The Organization reports using fund accounting and maintains three funds: General Fund, Restricted Fund and Invested in Tangible Capital Assets.

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

The Invested in Tangible Capital Assets reports the Organization's assets, liabilities, revenue and expenses related to the tangible capital assets.

The Restricted Fund is internally restricted to fund future capital replacements.

Revenue recognition

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

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

In-Community Health Professional & Services Statistics (April 2023 - March 2024)

Nodin - Psychiatry



Nodin - Counselling



Approaches to Community Wellbeing



Developmental Services



Health Professional Community Visits (April 2023 - March 2024)

	Primary Care Team Total # Trips	Primary Care Team Total # Days	ACW Total # Days	Nodin Mental Health Services Total # Trips	Developmental Services Engagement Trips
Aroland					
Bearskin Lake	9	9	79	1	6
Cat Lake	6	6	11	4	4
Deer Lake	7	7		9	
Eabametoong	7	7		4	7
Eagle Lake			110	9	
Fort Severn	8	10	4	8	7
Kasabonika Lake	9	12	114	12	24
Keewaywin	13	13		8	1
Kingfisher Lake	11	12		14	12
Kitchenuhmaykoosib Inninuwug	17	21	8	11	16
Koocheching					
Lac Seul	15	15	7	17	2
Marten Falls			9		
McDowell Lake					
Mishkeegogamang	13	18	50		8
Muskrat Dam	11	11	29	2	5
Neskantaga	11	11		4	6
Nibinamik	10	11	4		7
North Spirit Lake	9	9	3	1	1
Ojibway Nation of Saugeen	6	6	14.5		3
Pikangikum	9	10	22	9	42
Poplar Hill	6	6	1	21	8
Sachigo Lake	10	10	105	15	4
Sandy Lake	16	19	8	17	8
Slate Falls	10	10	2		6
Wabauskang			22.5		
Wabigoon Lake			31		8
Wapekeka	11	13		3	9
Wawakapewin					
Weagamow	10	11	45		17
Webequie	10	12	1	13	25
Wunnumin Lake	9	12	3		8
Total trips/days	253	281	683	182	244
Sioux Lookout			2		



Vice President, Regional Services Message

Monica Hemeon

I would like to start off by saying miigwetch to all the staff and leadership at SLFNHA, the Board, the communities, and my fellow executive team for their hard work and perseverance this past year. Miigwetch.

Over the past year we have faced many challenges and changes which include rising numbers of clients needing accommodation, concerns with accommodation in Thunder Bay and Winnipeg, staffing shortages, and department restructuring. More importantly we met these challenges with answers that have seen our services expand and strengthen over the 2023-2024 fiscal year, from launching transportation in Thunder Bay to expanding internal capacity within our departments. I am excited to see us continue to provide quality services while continuing to support all communities served by SLFNHA.

The Client Services Department (CSD) has continued their hard work and dedication to ensure ongoing and improved service to the clients and communities. I would like to introduce the new Director of CSD, Michael Cummine. With the opening of the third Hostel last year, we have seen the benefit to clients and addressed the ongoing accommodation issues.

Looking ahead, CSD is planning ceremonies for the naming of Hostel 2 and Hostel 3:

- Hostel 2 will be Naanan Nengo Saaga'iiganiiwag (Sandy Lake 5), in honour of the 5 Sandy Lake community members that participated in the hunger strike in 1988.

- Hostel 3 will be Mashkikii Odanohkiik (people in medicine/health providers and helpers), this name surrounds people in medicine, health care providers, helpers, workers.

Additionally, SLFNHA is now offering ground transportation services in Thunder Bay for medical clients. The team has worked hard to get this transportation service off the ground which included implementing new infrastructure and systems, securing office space, hiring new staff, and purchasing vehicles. While CSD has faced many challenges including staffing shortages, increasing accommodation numbers, as well as growth and expansion, they have continued to persevere and ensure client needs are being taken seriously and addressed.

Health Benefits and Client Support (HBCS) is a new department that started up this year which involves navigating Non-Insured Health Benefits (NIHB) for clients and overseeing the Menoweecheeeway Patient Navigator Program. Sandra Linklater, Director of HBCS, has been involved in working groups, ongoing research, knowledge sharing, and community engagement. These steps are being taken to gain knowledge and ensure her department has the tools to best navigate NIHB for the clients and community members. The Patient Navigation Program is currently fully staffed and has 4 Navigators in Sioux Lookout, 3 in Winnipeg and 3 in Thunder Bay. Over this past year they have continued to help guide, advocate, and ensure community members and clients are receiving the health care they need.

People and Culture (Human Resources-HR) has continued to be focused on policy updating, recruitment, and retention. SLFNHA currently has 591 active employees with over 40% being Indigenous staff. They are continuing to work towards First Nations capacity building by going into the communities and schools to talk to students about careers in Health Care and working at SLFNHA. A new HRIS system has been implemented which has helped make employee requests (such as time off, pay changes, etc) easier and less time-consuming for both the employee and management. Additionally, the HR team has been hard at work amending and updating all policies within the organization to help ensure consistency and efficiency; the goal being to meet provincial regulations and clarity on how SLFNHA operates. The HR team has faced some challenges which include recruitment/First Nations Community Employment and Capacity Building, succession planning, and HR systems. This will continue to be a focus this next year.

The Anishinaabewaadiziwin (Way of Life) is a department that focuses on regional Indigenous culture and specializes in First Nations Cultural Educational and Training programming. Anna Marie Kakegamic is the Director of Anishinaabewaadiziwin. Under her she currently has 5 staff who have been working on integrating culture, language, traditional healing and wellness support, and traditional teachings throughout the organization. An interdepartmental referral form has been created which offers support and services for clients and includes, grief support, Elder support, sharing circles, cultural awareness and traditional medicine teachings and arts and crafts. They have faced some challenges such as lack of funding, limited work and gathering space, and a centralized area for Traditional Healing and Wellness initiatives. As the Anishinaabewaadiziwin Department work to overcome their challenges, we are excited for the growth of this new department and all of the great initiatives they are working on for both SLFNHA staff and the 33 communities we serve.

Information, Communication, and Technology (ICT) has been busy over this past year with many new initiatives. Health Information is responsible for SLFNHA's health records management and has been working on various projects including the Mustimuhw and Wellsky systems, filing cabinet project, data governance, software integration, as well as assisting in new client/staff travel and accommodation

software. The Communications Team has been busy keeping up with all the communication needs for SLFNHA including social media strategies, visual identity, graphic design, resource development, and putting together a quarterly newsletter. Both Communications and Information Technology (IT) have worked together to rebuild our website and have integrated and are maintaining new advanced audio-video equipment which will be used for large meetings and events. IT has remained consistent with the needs of the organization and has kept up with the growth and advances in technology.

I would like to thank all our staff for your dedication to our communities and clients. All your hard work did not go unnoticed.

Highlights

- Startup of the transportation services in Thunder Bay.
- Startup of the HBCS Department.
- Implementation of a new HRIS system.
- Startup of the Anishinaabewaadiziwin cultural department.
- Addition of advanced audio-video and streaming equipment tailored for large conferences and meetings.

Challenges

- Engaging and retention of staff with vacancies across the healthcare system.
- Recruitment/First Nations Community Employment and Capacity Building.
- The providers for accommodations within Thunder Bay and Winnipeg receive many complaints and concerns. We continue to advocate for the clients and are working collaboratively to come up with solutions that are in the best interest of the clients we serve.

Moving Forward

- The Menoweecheeeway Patient Navigator Program will continue to assist clients coming out of their communities for medical appointments with translation, advocacy, collaboration, and support.
- Continuing to look at improved services in Winnipeg, Thunder Bay and what that would mean for SLFNHA.
- Working with ISC to provide better services to the clients.

Anishinaabewaadiziwin

Overview

Anishinaabewaadiziwin, SLFNHA's newly developed cultural department offers:

- Wholistic traditional healing and wellness support services.
- Culture and language education.
- Culturally responsive professional development to SLFNHA communities and clients.

Anishinaabewaadiziwin exists to support and collaborate with all SLFNHA departments in integrating First Nations culture into all aspects of the organization. The goal is centralizing and mobilizing Anishinaabe knowledge and teachings to ensure all initiatives are delivered in alignment with Pimatisiwin, our traditional healing and wellness framework.

Wiintamakewinan: Anishinaabe Guiding Principles and foundational pillars that will promote, support, and guide the work of Anishinaabewaadiziwin. All research-based and data collection initiatives will follow the Indigenous research methods of respect, relationships, relevance, reciprocity, and responsibility.

Kihkinohamakewinan: Through Izhi'taawin model, the department offers professional development, training, and cultural education to all staff, creates educational tools such as SLFNHA specific cultural education curriculum, offers virtual cultural, and orientation sessions.

Wiicihiwewinan: Through Pimatisiwin Model, the department intends to provide a supportive structure grounded in culture for all staff and create an Indigenous specific mentorship opportunity. In this area, the department will also provide support for communities as needed in areas of program development, training, and professional development.

Minowitanohkimitowin: The priority areas in this section focuses on building, and strengthening relationships, applying Anishinaabe communication approaches and protocols, and special projects in provision for community related services and supports.

Services offered by the department include traditional healing services, ceremony, cultural implementation, professional development and training, and the provision of support services that integrate cultural relations into projects and initiatives. Team members include traditional healing practitioners, Elders, experienced cultural trainers, language educators, land-based knowledge keepers, and fluent translators in Anishiniimowin and Anishinaabemowin.



Anishinaabewaadiziwin

Highlights

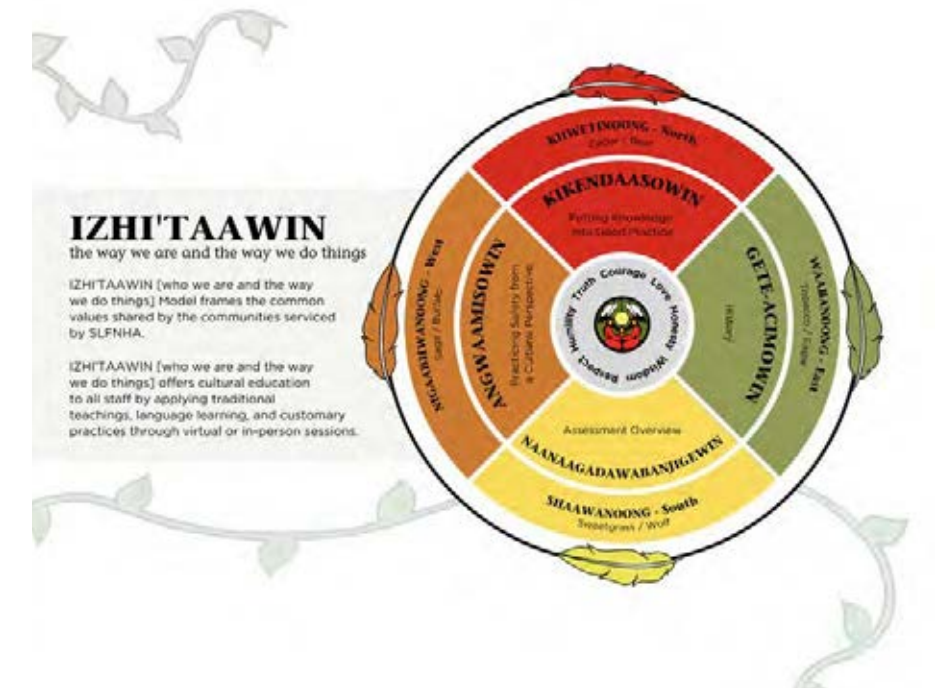
Since its inception as a department in August 2023, Anishinaabewaadiziwin has diligently and strategically created in-house programming initiatives and developments. This has brought shared Anishiniw, Anishinaabe and Omushkego perspectives, approaches, practices, and teachings. These stem from the community values and teachings from the land, with the land, and on the land.

ALŌŪŌŪ Pimatisiwin [Way of Life]: Traditional Healing and Wellness Framework

Developed by the Anishinaabewaadiziwin Team, Pimatisiwin [Way of Life] is a wholistic traditional and healing wellness framework inclusive in bringing programs and services that create access to traditional and cultural practices, such as teachings, land-based activities, ceremonies, and other cultural activities that are integrated into everyday programming.

Within Pimatisiwin, SLFNHA staff have access to its integrated cultural support services such as, grief debrief, and sharing circles, traditional medicine teachings, and an extended service to SLFNHA clients in areas of arts and crafts.

Through an Indigenous lens and as a cultural practice, Pimatisiwin has recently began supporting families in palliative care by providing cultural supportive approaches, cultural medicine and wild food options when requested.



Overview

ICT consists of the following departments:

- Health Information
- IT
- Communications

The Health Information Team is responsible for SLFNHA's health records management and helps with the process of transitioning to 'eHealth' systems.

The Communications Department helps SLFNHA communicate internally, with our partners, stakeholders, and to the communities we serve. As well, externally, with the general public through social media, print media, and news outlets.

IT is responsible for servers, networks, phones, workstations, applications, and IT physical and electronic security.

Our staff provide IT and Communication services to both SLFNHA and Sioux Lookout Regional Physician Services Incorporated (SLRPSI).

There are 19 staff in ICT.

Health Information

Highlights

- New features, application improvements, and new reports in Mustimuhw.
- Helping departments with improving workflows and updating workflows with each new version of Mustimuhw and Wellsky.
- Onboarding new departments onto Mustimuhw and Wellsky.
- Assisting Health Transformation in new client/staff travel and accommodation software.

Challenges

- Staff turnover and onboarding new staff.
- Unable to obtain adequate funding for Health Information.

Moving Forward

- Completion of Filing Cabinet project between April to May 2024, and start demonstrating core features necessary for enhancing a client's journey, and staff efficiency.
- Completion of Data Governance Project.
- Software implementation and integration projects with Filing Cabinet, Jeremiah McKay Kabayshewekamik (Hostel 1) database, Ocean, and Mustimuhw to improve the client journey.

Communications

Highlights

- Undertaken a comprehensive website overhaul, including a modern redesign, link audit, cross-departmental consultation, updated branding to better reflect the needs of the communities we serve.
- Successfully introduced an advanced audio-video and streaming solution tailored for large conferences and meetings, resulting in substantial annual cost savings amounting to tens of thousands of dollars for our organization.

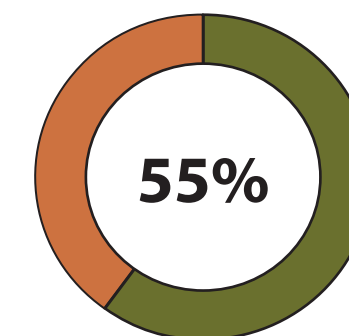
Challenges

- High volume of requests for design support.
- Implementation of new audio-video solution due to novel setup and the introduction of unfamiliar processes.

Moving Forward

- Enforce more rigorous design schedules during the upcoming fiscal year.
- Enhance audio-video and streaming solution for exceptional host and attendee experience.
- Explore innovative digital solutions to improve the distribution of information and resources to communities and staff.
- Develop a "one stop shop" for all staff to order approved promotional items and clothing.

Network	2023	2024	Growth (%)
Facebook	4300	5000	+ 9.30 %
Twitter	430	531	+ 23.5 %
LinkedIn	3800	4437	+ 16.7 %



55% of Facebook followers are from regional First Nations.



Information Technology (Corporate + Clinical)

Highlights

- SLRPSI approved and expanded access to the Open Source Clinical Application Resource (OSCAR) Electronic Medical Records (EMR) system for select external users, including: Healthcare providers from SLFNHA, Pikangikum Health Authority, ISC, and Matawa, to enhance patient care and facilitate information sharing across the region.
- Registered Northern Clinic MOAs and Health Records staff on this Launchpad to eliminate waiting times associated with phone calls to labs to view and download Lifelabs reports.
- Integrated the Ontario Drug Health Drug Repository (DHDR) into OSCAR providing access to information about publicly funded drugs, vaccines and pharmacy services.
- Streamlined IT processes through the adoption of automation tools and best practices, leading to an increase in operational efficiency and reduced system downtime.
- Enhanced network security protocols and implemented advanced threat detection systems, significantly reducing vulnerabilities and potential cyber threats.
- Integrated zero-trust architecture across the network, strengthening access control and minimizing the risk of internal and external breaches.

Challenges

- Tracking/Accountability of the devices shipped to the northern communities. Resolved by using chartered flights and staff to send equipment north.
- Lack of IT polices and procedures causing inconsistencies in service delivery.

Moving Forward

- Continue to onboard outside user access in collaboration with ISC and KO to onboard nurses onto OSCAR.
- Implementing Ocean e-Referral software to replace existing fax referrals to reduce delays in patient care and enhance security.
- Implementing Hypercare, a secure messaging platform between healthcare providers and administrative staff, for efficient and secure communication.
- Enhance OSCAR security measures by implementing Multi-Factor Authentication (MFA).
- Automate auditing using a language-based auditing platform to strengthen privacy and security practices.
- Developing online secured training website for OSCAR EMR users to streamline training and the onboarding process by hosting training materials and videos available on the internet.



IT Tickets in the past year

Open	Closed
6,217	6,179

85%	78%
% of tickets closed within 1 week	% of tickets responded to within the 1st hour

3,292	141
Tickets Resolved	OSCAR EMR Training Sessions

What is OSCAR?

OSCAR is an EMR software program designed by doctors by doctors, for use in medical offices.

Overview

The People and Culture - HR team is currently made up of 11 staff who work to support employees and leadership in providing service to the 33 communities we serve. HR services are provided through several systems including: Talent Management/Recruitment, Compensation and Benefits, Training and Development, Health and Safety, Employee Relations, and Performance Management/Consulting. **SLFNHA has 591 active employees of which more than 40% are First Nations.** SLFNHA's Client Services is staffed with more than 50% First Nations employees. We have more than 650 positions with many new and developing programs.

Highlights

- **UKG Pro HRIS** - We have introduced the implementation of the UKG Pro HRIS across the organization to streamline payroll and people operations (Completed in partnership with SLFNHA Finance). HR supported the implementation through 20+ training sessions and solved more than 1000 helpdesk tickets relating to HRIS. We launched a new performance management module for this fiscal year for employee utilization. Moving forward, we continue to refine HR processes as we roll out additional modules such as recruiting, onboarding, compensation management, and learning.
- **Recruitment** – We have hired 197 new employees in 2023-2024 fiscal year and have about 76 vacancies at the end of 2023-2024 fiscal year. Several adjustments have been made to our recruitment sourcing efforts and planning. We have increased social media-based advertising such as Facebook (Including First Nations community-based advertising), LinkedIn, and Indeed. We have sent more than 2,000 direct LinkedIn messages to candidates across the country about opportunities with SLFNHA. We attended more than 30 employment events, partnering with post-secondary institutions, First Nations communities, employment organizations, and regional/local organizations to increase awareness of the opportunities that we have available. We were able to support 6 First Nations students through our SLFNHA Bursary Program.
- **Leadership Orientation/On-boarding** – The HR team has worked with Executive in the development of a 2 day leadership orientation program.
- **Improved Systems Development** – We continue to examine and adjust our HR systems through policy and process development. Substantial changes have happened in the development of provincial based Health and Safety programming, committee development, and team training.
- **Training and Development** - Significant leadership training was introduced through workplace investigations and coaching strategies. We also saw success in providing Health and Services training (in person and online), and Chaakatay Culture Sessions; Virtual Traditional Teachings (facilitated by Anishinaabewaadiziwin Team). Our Learning Pad supported 193 Visits / 810 Training Hours for online training. We relocated the Learning Pad (training office) to Hostel 1. The staff also completed thousands of HR Downloads courses and special training.
- **Wellness/Recognition** – We had many wellness events like First Nations led sewing workshops, golf tournaments, employee curling bonspiel, holiday party, BBQs, skating, and walking competitions. We created, for the first time, Service Excellence Awards for both individuals and departmental teams. Many staff also received length of service recognition.

40%



Of SLFNHA's workforce identifies as First Nations



Challenges

- **Recruitment/First Nations Community Employment and Capacity Building** – Health Human Resources are a challenge in our region and across the country. We are developing more initiatives on improving how to bring our positions closer to communities and staffed by community members wherever possible. We need to continue to improve and refine our communication outreach through increased usage of social media and digital strategies (Facebook, LinkedIn and Indeed) and in person presence.
- **Succession Planning/Mentoring/Laddering** – Continued work on our Critical Role Talent Mapping and First Nations employee development processes to develop, retain, and recruit key candidates for roles and ensure a sustainable system.
- **HR Systems** – We have a great deal of system and policy development to create to ensure best practice and cultural appropriateness.
- **UKG Pro HRIS** – Continued work on the implementation and development of our UKG Pro HRIS.

Moving Forward

- **Strategic Human Resources Plan (SHRP)** – We continue the development of a SHRP that will work with the SLFNHA Strategic plan and mission, vision, and values. This plan will affect all areas of HR and each portfolio to improve our services.

Client Services

Overview

In March 1993, direction was given by NAN Chiefs (Resolution 93/16) to establish a coordinated communication system that would ensure organizations delivering services and working in cooperation with SLFNHA.

SLFNHA developed a Comprehensive CSD Proposal and was approved by NAN (Resolution 94/67) on November 30, 1994, for submission to the Medical Services Branch for negotiation. The proposal was submitted in January 1995. Approval was received during the summer of 1995 and the implementation of the CSD took effect that September.

The CSD provides non-medical accommodation services for First Nations clients travelling to Sioux Lookout and other urban centres for medical appointments. The following services are currently provided: Accommodations, meals, ground transportation, client advocacy, hostel support and Meno Weecheeheyway navigators.

Client Services are provided in 3 facilities:

Jeremiah McKay Kabayshewekamik:

The Jeremiah McKay Kabayshewekamik (Hostel 1), a 100-bed hostel facility, opened its doors to clients in February 2011. The hostel was named after Jeremiah McKay, a respected member of Kasabonika Lake First Nation and a passionate crusader for health care. Kabayshewekamik means "a place of rest" in the Anishinaabe language.

Niyanan Nengo Saaga'iiganiiwag Kabayshewekamik:

In 2019, the SLFNHA acquired the former Days Inn Hotel, which is now operating as Niyanan Nengo Saaga'iiganiiwag Kabayshewekamik (Hostel 2). This facility is named to honour the 5 individuals from Sandy Lake that travelled to Sioux Lookout in 1988 to begin a hunger strike to draw attention to the decades of lack of Health Services for the indigenous communities and members.

Mashkikii Odanohkiik Kabayshewekamik:

In the summer of 2023, SLFNHA acquired a third facility formerly known as the Best Western/Sioux Inn and Suites that is now operating as Mashkikii Odanohkiik Kabayshewekamik (Hostel 3). Mashkikii Odanohkiik Kabayshewekamik is named after the health ambassadors in the First Nations communities.

Highlights

- Acquisition of the Sioux Lookout Inn & Suites. This is a 59-room facility with 116 beds total.
- Client Journey Pathway booklet has been completed for circulation to the Remote First Nations community nursing stations.
- Implementation of Thunder Bay Transportation Services.

Challenges

- Continued challenges and constant advocacy for clients with ISC for approvals of medical transportation services.
- Substance abuse within and around the facilities. This poses many risks to clients and escorts (children, elders, etc).

Client Services

Moving Forward

- In Sioux lookout there can often be power outages. Client Services will be moving forward with the installation of generators to improve service deliveries during those times.
- Increased cultural activities with the hostel support team including visits to the Onaman Ziibi camp.



**A total of 303 Beds in 175 Rooms throughout
the 3 Hostels in Sioux Lookout**

Accommodations

Overview

Accommodations oversees the overall care of First Nations people from SLFNHA served communities by providing a home away from home. We also ensure clients and escorts an adequate safe environment while attending medical care in Sioux Lookout.

Accommodations staff:

- 19 full-time staff, including Senior Accommodation and Team Lead, that are on rotational shifts.
- 16 casual workers.
- 12 employees are stationed at each hostel every day.

Highlights

- Airport Triage: An Accommodations Clerk is stationed at the airport to provide services and guide clients to appointed hostels. This service facilitates access to help our elders, chronically ill, disabled, and prenatal clients get situated upon arrival.
- Clients Wristbands: At the time of check in wristbands are provided for client and escorts to show which of the 3 hostels they are staying. This system works for transportation and meals as well.
- Our new Hostel 3, Mashkikii Odanohkiik Kabayshewekamik, was opened June 2023. This has helped not displace clients.
- Hostel 3 has also helped in becoming temporary residence for new hires until finding a home in Sioux Lookout.

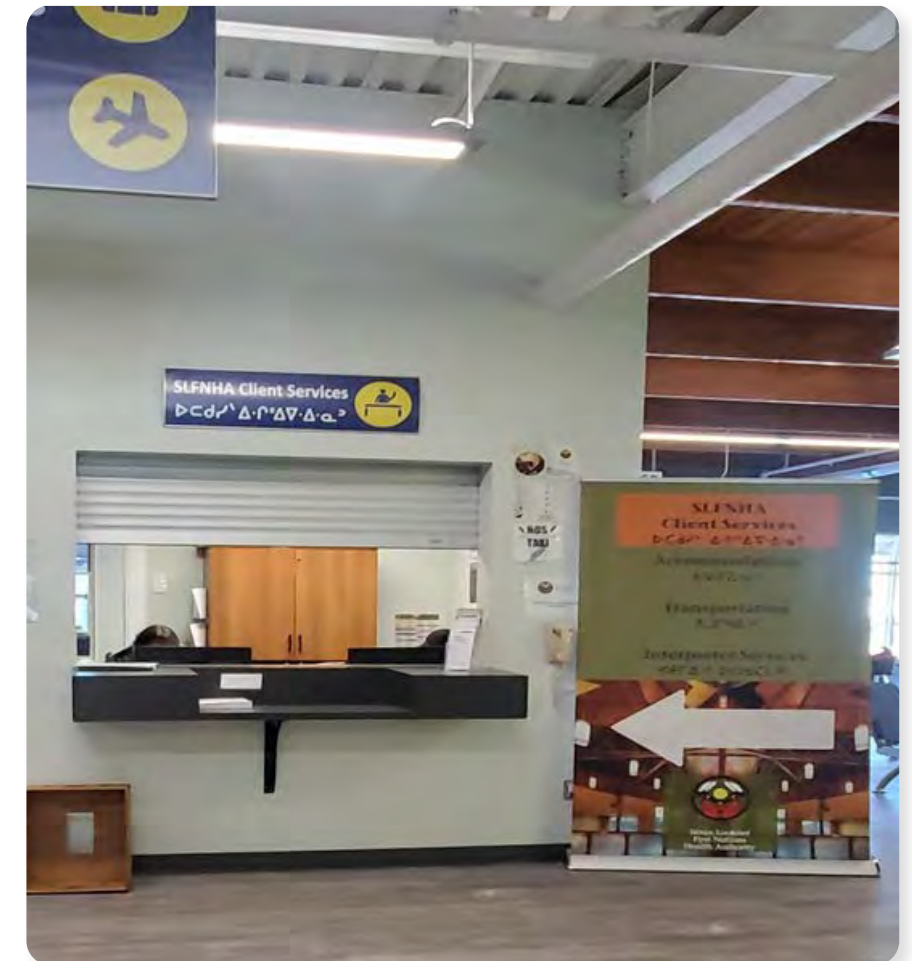
Challenges

- Stationing Accommodations Clerk at the airport helped with check in times by avoiding transport to Hostel 1 for intake.

Moving Forward

- Provide a stable area for intake accommodation process to all clients coming through. We would like the opportunity to sit down and connect with them.
- The signing out process needs to be updated. This will keep track of any additional information and health concerns for clients and escorts. This will assist clients that are not covered by non-insured and help them stay in a hostel for ongoing appointments.

	3	23	14
	Senior Housekeeping for the 3 Hostels	Full-time Housekeeping for the 3 Hostels	Casual Housekeeping for the 3 Hostels



Security

Overview

Hostel Security staff provides services 24 hours / 7 days per week. The Security staff provide safety for all clients travelling from First Nations communities to attend their medical appointments.

The hostel Security Department is composed of one team leader and 28 Security staff. This is broken down as 21 full-time and seven casual employees who monitor all three hostels.

Hostel Security currently monitors the 3 hostels which are comprised of 56 rooms at Hostel 1, 60 rooms at Hostel 2, and 59 rooms at Hostel 3 with a total of 303 beds.

Training

Hostel security staff receives yearly training on topics such as:

- Cultural Awareness Training
- First Nations Mental Health First Aid
- Non-Violent Crisis Intervention Training
- First Aid / Cardiopulmonary Resuscitation (CPR) Training
- Naloxone Training
- Safe Needle Pick-up Training
- Applied Suicide Intervention Skills Training (ASIST)
- Compassion Fatigue Training
- Basic Security Training

Highlights

Working closely with third parties. The Security Department works daily with outside agencies such as: Meno Ya Win Health Centre, medical staff, the Ontario Provincial Police (OPP), Tikinagan Child and Family Services, and the Northern Clinic. Security staff assist and escort nurses when visiting clients at the hostels.

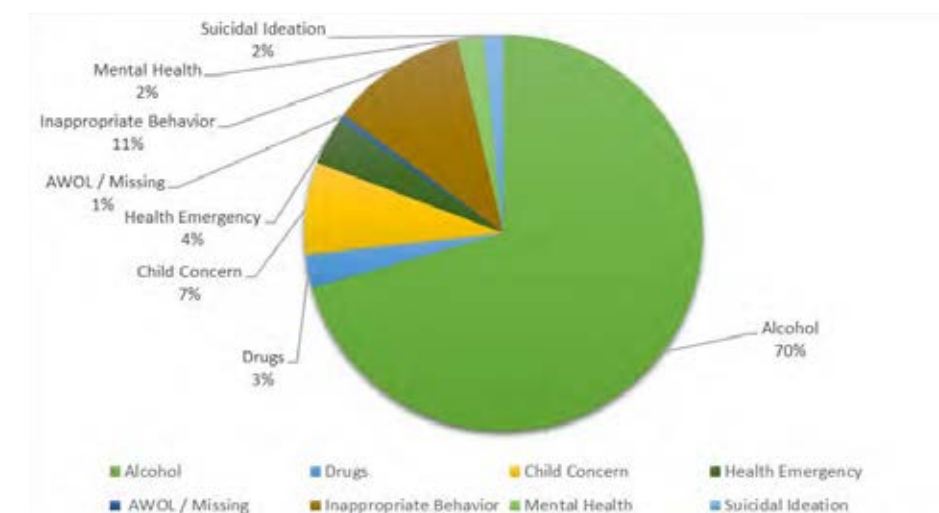


Moving Forward

- Increased First Nations staff in the department. Applicants with a First Nations background are given priority over other non-First Nations applicants. The Security Department currently has eight full-time and one casual First Nations employees. This counts as 43% from the department.
- Training and licensing for the position are offered after hiring.
- Increase the number of our licensed security guards.

Incidents Responded to by Security

Month	Alcohol	Drugs	Child Concern	Health Emergency	AWOL/ Missing	Inappropriate Behaviour	Mental Health	Suicidal Ideation
April, 2023	209	3	7	7	1	13	2	2
May, 2023	116	5	8	9	0	8	5	1
June, 2023	128	3	13	10	1	15	3	1
July, 2023	131	2	6	7	2	12	4	2
Aug, 2023	176	4	16	9	1	11	1	4
Sep, 2023	121	4	17	6	2	10	3	2
Oct, 2023	149	6	23	13	1	16	4	3
Nov, 2023	177	9	21	16	0	35	4	5
Dec, 2023	215	6	26	9	1	41	4	5
Jan, 2024	169	12	13	4	3	40	6	4
Feb, 2024	171	9	35	6	1	44	4	6
Mar, 2024	150	10	19	9	2	55	17	9
Total	1912	73	204	105	15	300	57	44



Month	Total Incidents
Apr-23	244
May-23	152
Jun-23	174
Jul-23	166
Aug-23	222
Sep-23	165
Oct-23	215
Nov-23	267
Dec-23	307
Jan-24	251
Feb-24	276
Mar-24	271

Dietary

Overview

The Clients Services Dietary Department offers meal services to all the clients that come to Sioux Lookout for medical care. Our Dietary Aides ensure that all the clients are meeting their dietary requirements.

The Dietary Department is comprised of one Team Leader, in addition to a Senior Dietary Aide. Dietary has 14 full-time employees and seven casual employees. All full-time staff are based at each specified location with our casual staff rotating locations.

Highlights

- Ensuring that all the Dietary staff have their required Safe Food Handling certification.
- All our meals are cooked and prepared by HUB YXL/Windigo Catering LP. We serve an average of 5000 meals per month for both locations.
- First Aid training for employees.

Challenges

With the opening of Hostel 3 location at the former Sioux Lookout Inn & Suites, it was a bit of a challenge in the beginning to hire staff. We have now filled all the positions needed for the Dietary Department to function as needed.

Moving Forward

Moving forward with the department at the Hostel 3 location, we are excited to introduce a full service servery in the future.



Hostel 1 Meal Count

MONTH	BREAKFAST	LUNCH	SUPPER	TOTAL MEALS
April 2023	1383	2328	1940	5651
May 2023	1352	2116	2078	5546
June 2023	1456	2073	1857	5386
July 2023	1211	1786	1769	4766
August 2023	1333	1863	1611	4807
September 2023	1297	1681	1625	4603
October 2023	1210	1574	1608	4392
November 2023	1430	1911	1891	5232
December 2023	1195	1518	1482	4195
January 2024	1246	2015	1856	5117
February 2024	1159	1671	1546	4376
March 2024	1096	1473	1416	3985

Hostel 2 Meal Count

MONTH	BREAKFAST	LUNCH	SUPPER	TOTAL MEALS
April 2023	1160	1587	1912	4659
May 2023	1310	1644	1803	4757
June 2023	976	1362	1892	4230
July 2023	854	1354	1606	3814
August 2023	1113	1759	1906	4778
September 2023	1063	1808	2871	5742
October 2023	1164	2086	2604	5854
November 2023	1311	2659	3089	7059
December 2023	1074	1911	2208	5193
January 2024	1136	1879	2207	5222
February 2024	1074	1901	2246	5221
March 2024	693	1145	1366	3204

Data Entry Unit

Overview

For every client that stays at one of our sites, the Data Entry Unit submits billing to the appropriate funding source. ISC makes up the bulk of our funding. However, we also bill Jordan's Principle, the regional airlines, Kenora District School Board (KDSB), and other sources.

Staff:

Three clerks, one team leader for data entry.

Highlights

- This year we're billing an average of 8,700 nights per month.
- Based on those numbers we may exceed 100,000 nights this year.
- We have provided accommodations to 10,605 clients so far.

Challenges

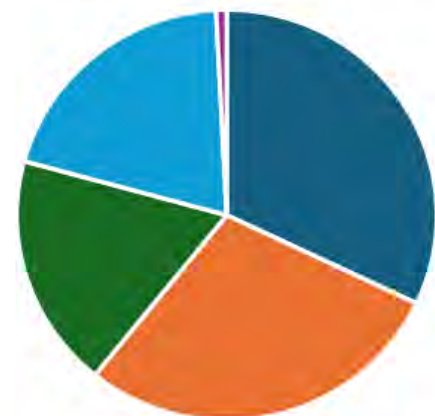
- We are constantly evaluating our billing procedures to ensure we receive all the funding that we apply for.

Moving Forward

- We will dedicate one clerk to review all the denied files. We will provide ISC more information in order to receive missed funding for the denied files.
- We are improving our checking procedures to ensure greater accuracy when submitting billing to ISC.

Number of Stays Per Night

Nights	# of Clients
1 to 2	3401
3 to 5	3050
6 to 10	1954
11 to 59	2117
60 +	86



■ 1 to 2 ■ 3 to 5 ■ 6 to 10 ■ 11 to 59 ■ 60 plus

Transportation

Overview

Transportation office is based out of Hostel 2 – Niyanan Nengo Saaga'iiganiwinag Kabayshewekamik at 3 Sturgeon River Rd. We are responsible for providing transportation to clients and escorts from the 33 communities we serve. We often provide interpreting services as well for clients who have just arrived in Sioux Lookout.

Transportation (Sioux Lookout) has 10 full-time drivers and 14 casual drivers.

Highlights

- To better serve the clients, we have added three new vehicles to our existing fleet, bringing the total number of vehicles to 12.
- Our current inventory includes: six caravans, two medium-sized Ford Transits, two large Ford Transits, one wheelchair-accessible large Ford Transit van, and 1 brand new airport shuttle bus that is also equipped with wheelchair accessibility features.

Challenges

- Our daily staff faced challenges with the limited availability of vehicles. Due to the high number of kilometers driven each day, it meant increased visits to the auto shops. This is a challenge we face often. We do have plans in the near future to replace our older vehicles.
- We also encounter challenges in addressing client complaints regarding extended wait periods.
- The increasing number of clients and authorized pickup & drop off locations strains our drivers' ability to manage trips effectively.

Moving Forward

- Working towards hiring a larger number of full-time staff and purchasing more vehicles so we can better serve our growing number of clients.

In 2023-2024 our transportation drivers have transported over 141,000 clients and escorts.





Vice President,
Community Health
Message

Janet Gordon

I would like to begin with a heartfelt thank you to the staff of SLFNHA. Without each of you, the amazing work underway this past year would not have been possible. And to the communities supported by SLFNHA, thank you for trusting in the organization to care for, represent, and advocate for your healthcare needs.

The Health Services Department has witnessed tremendous growth this fiscal year. Projects and initiatives underway prior to COVID-19 continue to develop, with a focus placed on dental care, nursing transfer, client coordination, and pharmacy services.

The Mental Health and Addictions report was finalized and presented to the Chiefs-in-Assembly, who directed SLFNHA, through Resolution #23-08, to form a Mental Health and Addictions Task Force and to plan for a Mental Health and Addictions Forum. The Task Group have met a few times and has started to implement the work around the model in the report. Planning is also underway for

a Mental Health and Addictions Forum this fall. I have also been working with our Communications Department on a media strategy to highlight this report.

The Nursing Transfer portfolio saw the formation of a Nursing Advisory Team, with representation from communities and Tribal Councils. Together with SLFNHA, the Nursing Advisory Team hosted a Nursing Meeting in late fall which included both provincial and federal representatives.

The Hospital Without Borders initiative continues, with a final report nearly completed. Also, the development and implementation of Health Services policies will help ensure clients' needs continue to be met.

Health Services will continue to support the 2022-2027 Strategic Plan with the introduction of a Training initiative, with the goal of growing community-based healthcare providers. Health Services is committed to providing care closer to home.



“Health Services is committed to providing care closer to home.”

Baby in Tikinagan: Danielle Beardy, 2022

Approaches to Community Wellbeing

Overview

Approaches to Community Wellbeing (ACW) is SLFNHA's public health department. ACW looks at the health of the community or population as a whole, instead of individuals. It focuses on the prevention of illnesses and the promotion of healthy lifestyles, as opposed to treating illnesses.

ACW has 80 staff working in the following program areas:

Preventing Infectious Diseases	Preventing Chronic Diseases	Harm Reduction	Safe Communities
Raising Our Children	Roots for Community Wellbeing	Community Wellbeing Nursing	

Preventing Chronic Diseases:

The Preventing Chronic Diseases (PCD) team supports communities with their approaches to preventing and living well with chronic diseases, like diabetes, cancer, and mental illness.

The team develops health promotion materials, and hosts and participates in knowledge sharing events, like conversation booths and workshops. We also support community workers by facilitating training opportunities, promoting, and sharing health data reports, and providing technical support, particularly for food security and food sovereignty projects.

Highlights

- Provided trapping and snaring equipment to 10 communities to support traditional hunting and food gathering activities and programs.
- Hosted an in-person garden and greenhouse growing training for community workers from 4 communities.
- Responded to 17 community requests to support work related to mental health, grief and self-care, nutrition, food sovereignty, cancer screening, and commercial tobacco use.

Challenges

- Staff turnover meant that remaining PCD staff had to fill gaps, which decreased their capacity for other projects. However, we were still able to deliver and complete important projects, including a food storage project, a funding proposal for a community greenhouse, and preparing content and activities for the Dagwaagin (Fall) health promotion campaign.
- The team saw an increase in requests for education around commercial tobacco use. These requests were sometimes challenging to respond to due to the team's limited capacity. Thankfully, the PCD team was able to partner with the Cancer Care Ontario Indigenous Tobacco Program to support the requests.

Moving Forward

PCD is looking forward to collaborating with community leaders and partners to support community approaches to preventing chronic diseases and helping people live well. We aim to expand our resource library to offer more health promotion materials on diabetes, mental wellness, cancer, and commercial tobacco use.

Approaches to Community Wellbeing

We plan to facilitate more Mental Health First Aid First Nations training, in addition to 3 new life promotion/suicide prevention trainings. This will promote support for children, youth, and adults experiencing mental health challenges. Finally, the team looks forward to working with communities to source new funding to support community-led food security and food sovereignty initiatives.



Preventing Infectious Diseases:

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

Highlights

Continued to support community and regional TB prevention and care by:

- Providing communities and nursing stations with contact and case management, including outbreak management for one community.
- Mailing information on TB and local issues to the community Health Directors and Nurses in the community to promote and celebrate World TB Day virtually.
- Working with ISC Practice Consultants to provide TB education for Community Health Nurses for World TB Day.

Supported communities with COVID-19 case and contact management, including community outbreaks by:

- Providing health education and health promotion strategies for COVID-19 vaccine and influenza vaccine.
- Organizing and attending nine vaccination clinics for COVID-19 and influenza, delivering 265 flu shots and 96 COVID-19 shots, in collaboration with Community Wellbeing Nurses (CWN) and Tribal Councils.
- Working with communities, CWN, and Tribal Councils to plan routine immunization clinics.
- Number of reported cases of COVID-19 April 1, 2023 - March 15, 2024: 258

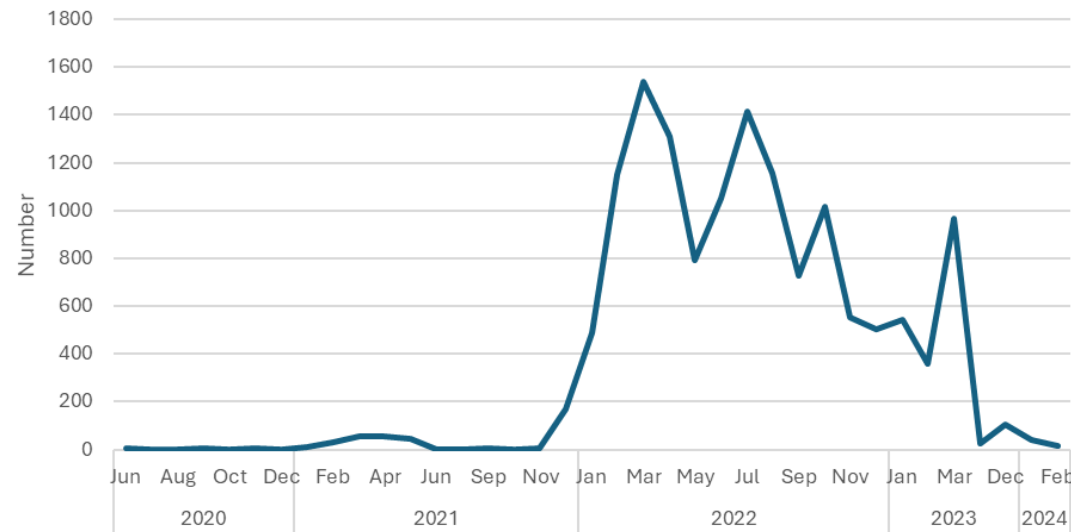
Challenges

- As COVID-19 transitioned from pandemic to endemic status, pandemic funding for communities was discontinued, resulting in the disbanding of community pandemic teams which greatly affected surveillance testing for COVID-19. Communities have been relying on Rapid Antigen Testing (RATs) for diagnosing COVID-19 cases in the north, however, there is currently no reliable process for reporting these cases to SLFNHA.
- As we saw an increase in measles cases in Ontario, we worked to educate community members about measles, and the importance of vaccination in collaboration with ISC, Tribal Councils, Health Units, and CWN.

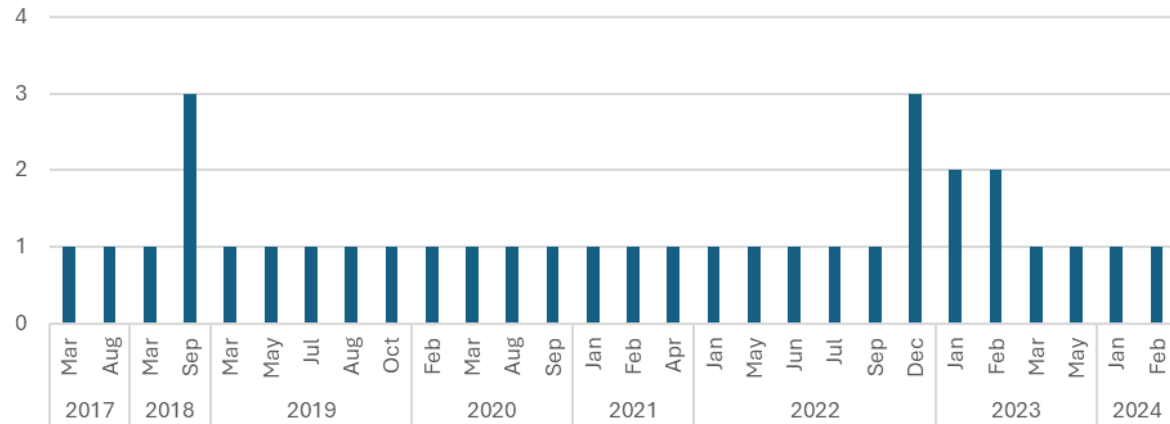
Moving Forward

The team will review human resource requirements to support the current workload (TB, COVID-19, and health promotion for infectious and vaccine preventable diseases) and future needs for the possible transition into other diseases of public health significance from ISC to SLFNHA, and the increased requests for health promotion resources and community visits.

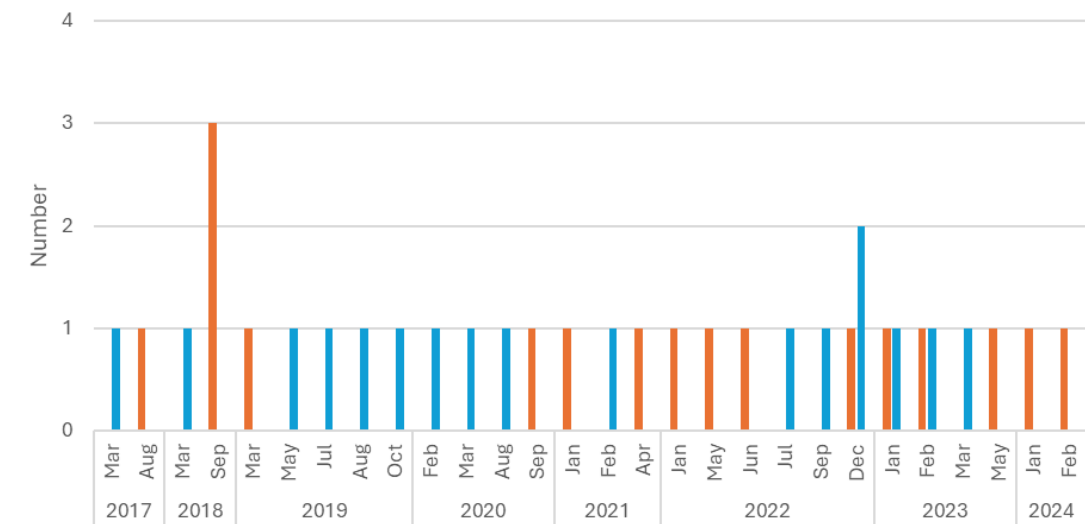
COVID-19 New Cases - Numbers by Month and Year



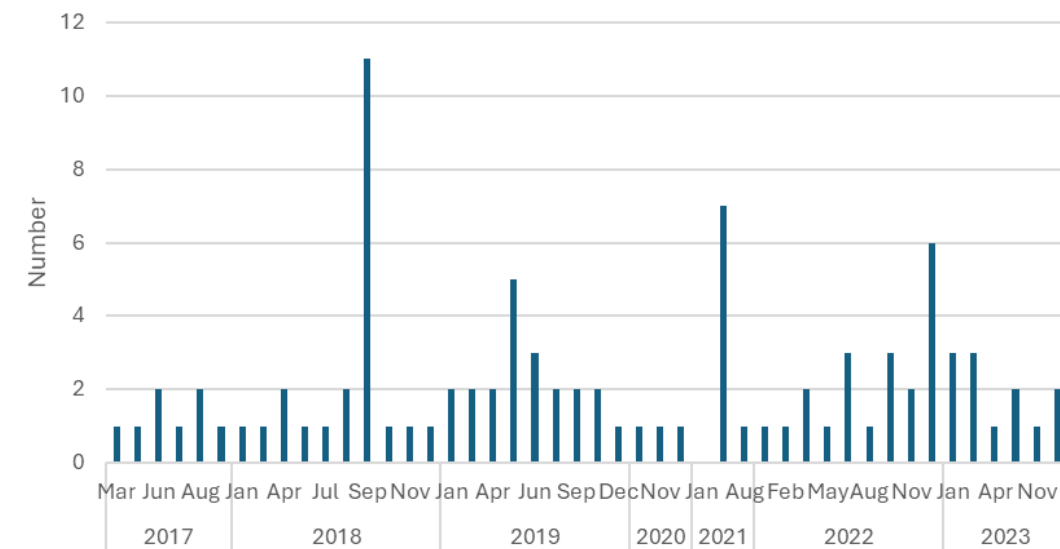
Number of active TB Cases



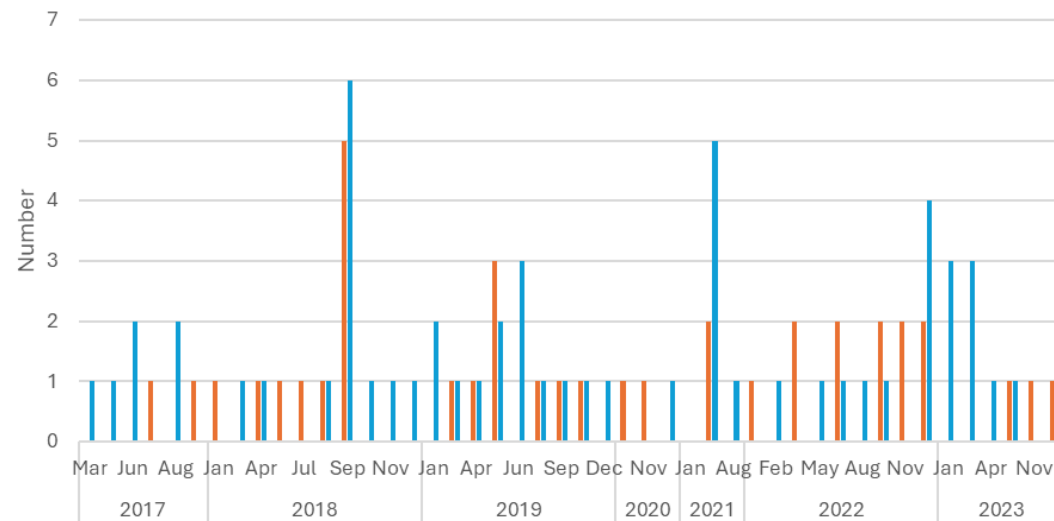
Number of Active TB Cases by Gender



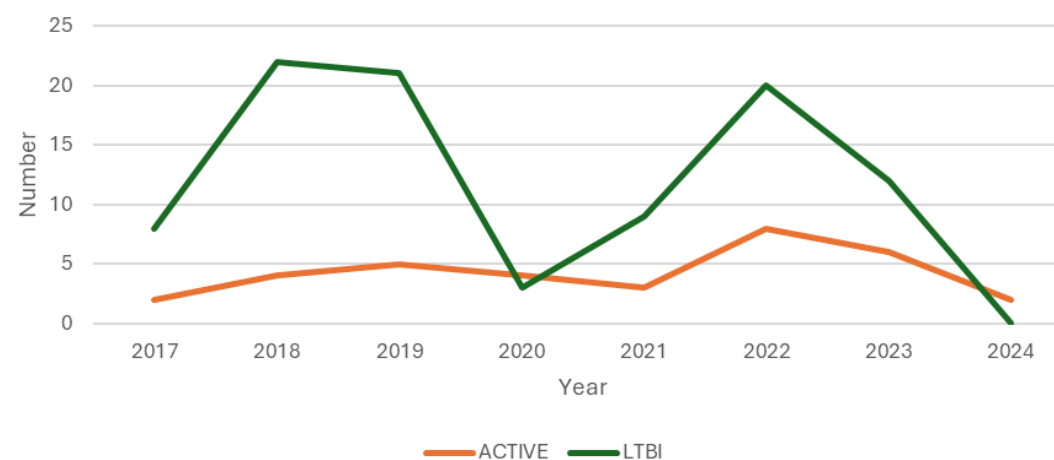
Number of Latent Tuberculosis Infection (LTBI) Cases



Number of LTBI Cases by Gender



Number of Active TB and LTBI Cases



Harm Reduction:

Highlights

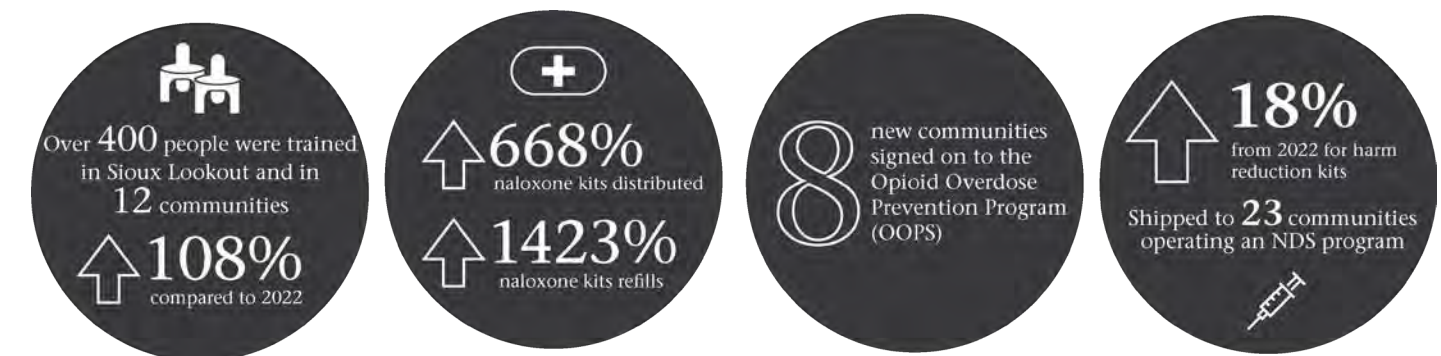
Developed naloxone training that emphasizes the wholistic aspects of naloxone, toxic drug supply, and provides education on substance use and addiction in the context of trauma and mental health. In total, over 400 people were trained in naloxone in 2023, a 108% increase from 2022. Training was conducted in 12 different communities, interdepartmentally for SLFNHA staff, and for additional organizations in Sioux Lookout. Additionally, there was a 668% increase in naloxone kits distributed, and a 1423% increase in refills provided. In total, 8 new communities signed on to the Opioid Overdose Prevention program (OOPS). For Needle Distribution Service (NDS), there was an 18% increase in harm reduction kits shipped to the 23 communities operating an NDS program from 2022.

Challenges

Harm Reduction has been waiting for Community Readiness Assessment (CRA) training from Canadian Aboriginal AIDS Network in order to begin implementing Dried Blood Spot Testing (DBST) for Hepatitis C, as it ensures the participation of communities in creating and owning their own testing programs and helps to mitigate ethical concerns related to testing. The training was scheduled for February 2023, however the CRA model was being revamped. The team received training in September 2023.

Moving Forward

In the 2024-2025 fiscal year, Harm Reduction will travel into community for service delivery, maintain safer substance use supply chains, support and mentor community harm reduction programs, pilot DBST initiatives in 2 communities, engage communities in novel opioid overdose prevention strategies, and continue to look for creative training and engagement strategies to promote sexual health, Indigenous harm reduction practices, and safer substance use.



Raising Our Children:

Raising Our Children supports children and families in the communities to ensure children are being raised with strong connections to family, community, spirituality, land, culture, language, and each other. It promotes a supportive environment for children to grow and focuses on setting people on a healthy path in life from a young age. Raising Our Children offers support in Family Health, Youth Development, and Building Healthy Relationships.

Highlights

- Hosted monthly Youth Connection meetings with other programs and organizations that work with youth in communities for collaboration.
- Hosted 6 Mental Health First Aid First Nations Trainings for community workers and SLFNHA staff with 93 participants becoming certified.
- Hosted Perinatal Mood and Anxiety Disorder Conference for 16 community workers.
- Hosted Maternal Child Health Conference for 60 community workers and SLFNHA staff.
- Hosted Indigenous Women's Leadership Conference for 38 community members and SLFNHA staff.

Challenges

- Staff vacancies impacted ability to provide services and programming. Staff positions are now filled. Staff are settling into their roles while working together to provide services and programming upon community requests.
- Unexpected travel restrictions due to weather and other circumstances impacted ability to meet with community members to provide services and programming.

Moving Forward

The Raising Our Children team plans to continue hosting Mental Health First Aid First Nations training for community workers and community members, as well as for SLFNHA staff and partner organizations. We want to provide more support for frontline workers to provide programming, workshops, and trainings to engage youth in community. This includes further collaboration with other programs that work with youth. We want to continue to support maternal child health workers, family workers, and nurses to support community members on their breastfeeding journeys and raising children.



Community Wellbeing Nursing:

CWN offer community-led nursing services to First Nations communities in the Kiiwetinoong region. CWN provides support and advocacy for communities by collaborating with Chief and Council, Health Directors, and community workers with the same goal of promoting health.

Highlights

- Developed and began providing well-baby/well-child education, training, and checks.
- Supported influenza, COVID-19, and routine immunization vaccine clinics in communities.
- Began a cancer screening program for cervical, breast and colorectal cancer, and trained CWNs in education, distribution, and collection of Fecal Immunochemical Testing (FIT).
- CWN complemented Sexually Transmitted and Blood-borne Infection (STBBI) screening services alongside ISC and Communicable Disease Unit Nurses.
- Nurses engaged with communities in a number of ways, providing health education and support through community events such as medicine harvesting, traditional feasts, school and daycare visits, Elders lunches, home visits, and wellness checks.
- Updated nursing education check lists (well-baby, TB, orientation, immunization, STBBI).
- Partnered with ISC surge teams to deploy nursing staff to enhance uptake of routine immunizations, focusing on Measles, Mumps, and Rubella (MMR), education and promotion.

Challenges

- Accommodations and workspaces in community are often scarce or unavailable. To begin alleviating this, ACW has begun seeking alternative space in communities and leveraging community health hubs.
- Ensuring CWN staff are well-trained while still providing community support. To support this, training is being offered to CWNs in smaller groups to maintain other nursing availability/call outs, as well as to provide a more personal educational experience.
- Scheduling of immunization clinics is often on short notice, leaving little time to determine CWN availability to support. To promote vaccine uptake with tight timelines, CWN and PID are creating a health promotion plan and organizing resource distribution prior to immunization clinics and CWN staff arrival.



Approaches to Community Wellbeing

Moving Forward

CWNs will participate in ongoing training with McMaster University on Clinical Skills in Gynecological Health, with theory and simulation for certification and credit to enhance cervical cancer screening program. CWNs will also access training-for-trainers in basic life support (BLS), First Aid, and CPR to provide courses for community workers in health centres, schools, and daycares centres, as well as SLFNHA staff. CWNs will obtain training to provide diabetes and peritoneal dialysis education, training, and support for community members and families. CWNs will also provide foot screening and education on healthy feet to detect early vascular concerns, or diabetic foot ulcers, and promote lower limb health and preservation. Additionally, CWNs will obtain mental health and addictions education and training to enhance mental health counselling skills specific to health care providers. This will assist with the increased mental health and addictions needs of the communities served by SLFNHA. The CWN team will establish an evacuation nursing support process for the upcoming fire season and other emergencies. As well, CWNs will coordinate ongoing health promotion, education, and other wellness activities to the 3 Hostel located in Sioux Lookout.

Safe Communities:

Safe Communities targets the community as a whole and focuses on how it can be made safer for community members, as well as looking at how the overall environment of the community influences health. We engage in activities to prevent injuries in communities and supporting emergency preparedness efforts.

Highlights

- Completed an environmental scan on various environmental public health functions. The purpose of this was to inform the work being done in Safe Communities, while identifying wise practices that could be adopted to the SLFNHA catchment area.
- Initiated and partnered on an indoor air quality pilot project in homes in communities with Health Canada. This project included educating community members as well as providing products and equipment to help improve indoor air quality in homes. The results of this project will be used to advocate for improved housing conditions in communities.
- Conducted training sessions for over 200 community members, Tribal Councils, and SLFNHA staff, covering Incident Management System 100 (IMS 100) and IMS 200, enhancing emergency response capabilities.



Approaches to Community Wellbeing

Challenges

- Recruitment and retention of staff have placed more pressure on the existing staff to deliver high quality programming and services to communities.
- Many staff had to shift their focus to supporting community emergency preparedness and response as many requests for various related services were received. This negatively impacted the degree to which other goals and objectives in the work plan were achieved.

Moving Forward

Safe Communities will continue to work on developing a framework for a regional emergency preparedness and response system. This framework will help to identify all partners involved in an emergency incident and collaboratively work together to mitigate these incidents in communities. Safe Communities will also collaborate with communities to get their input and perspectives into a framework for the regional environmental public health program.

Roots for Community Wellbeing:

Roots for Community Wellbeing is the component of ACW that provides the necessary information and support to the ACW model. This ensures the services provided are effective, sustainable, ethical, and culturally appropriate. These components serve as the roots for the wellbeing programs to grow and flourish.

Highlights

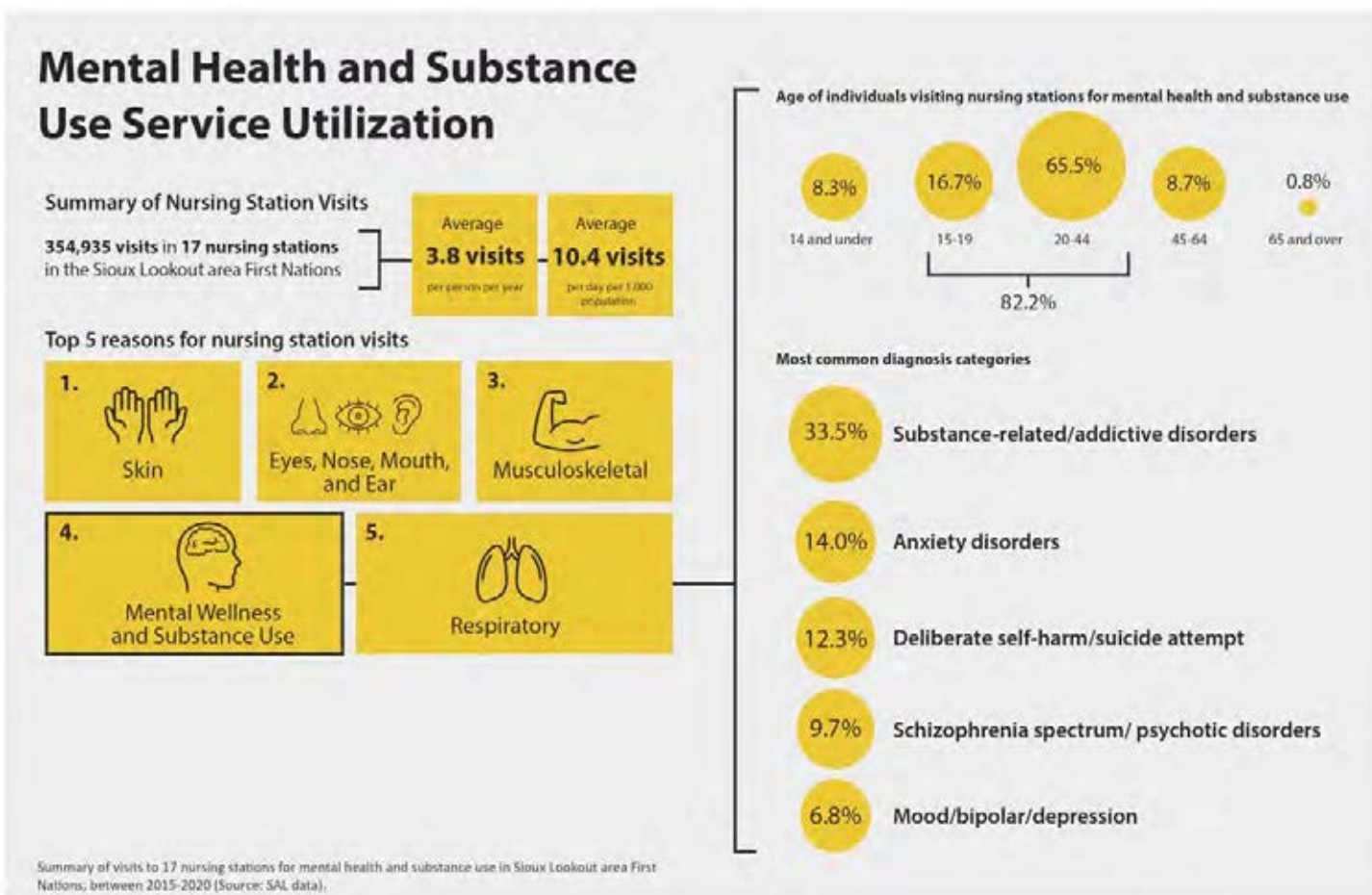
- Completed the first ever Anishiniwug Ajimoowin Animisewiinan: Mental Wellness and Substance Use Health Status Report (2023) for the region which placed a strong emphasis on Indigenous Knowledge Gathering to provide greater context into the realities in the region as it relates to mental health and substance use issues.
- Hosted a Data Conference to increase data competencies for Health Directors and community professionals in conjunction with other partners.
- Continued to provide timely immunization records to community nursing stations and individuals when requested from the Immunization Repository (IR). The IR is also continuing its work of transferring immunization records from the Health Information System (HIS) into Mustimuhw Information Solutions (MIS), the database for immunizations.

Challenges

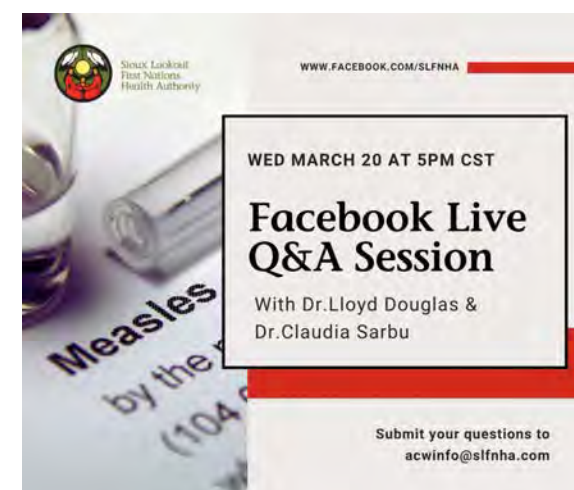
- Experienced significant barriers in getting access to community data for the purpose of health surveillance. This has prompted discussions with partners about getting direct access to various databases and/or other solutions that can be employed by the team so we can uphold First Nations data sovereignty. This further includes developing data sharing agreements between partners.
- Experienced turnover of staff throughout the year affecting how much support could be offered to communities. Roots to Community Wellbeing will continue to work with HR on recruitment strategies.

Moving Forward

- Working on the next health status report focusing on cancer in First Nations communities. Roots to Community Wellbeing will continue to incorporate Indigenous Knowledge Gathering and a two-eyed seeing approach into the development of the work, with community members and other partners providing guidance for the report.
- Creating an updated immunization / vaccination coverage report to assess coverage rates in the region. This will help with targeted efforts to improve vaccination rates in communities.
- Actively engage with the Community Wellbeing Facilitators to support their work in public health at the community level and enhance their capacity and skillset.



Approaches to Community Wellbeing social media posts in 2024:





Public Health Physician Message

Dr. Lloyd Douglas

In 2024, ACW commemorates its eighth year, operating both as the Sioux Lookout area First Nations public health system and as a department within SLFNHA. This milestone reaffirms ACW's commitment to supporting the Anishinaabe and Anishinew people in achieving good health and wellness through advancing culturally rooted healthy lifestyles since its inception in 2016. To uphold this commitment, it is essential to enhance and optimize the current ACW model and the Sioux Lookout area First Nations public health system by aligning them with SLFNHA's strategic directions. This involves ongoing advocacy for the legal recognition of a First Nations public health system developed and governed by First Nations, with a focus on key public health priorities to improve health and wellbeing outcomes for First Nations communities in the Sioux Lookout area.

To address health outcome gaps and inequities identified in the Sioux Lookout area First Nations health status reports, ACW and public health stakeholders must focus on the following specific public health priorities. These priorities aim to protect and promote the wellbeing of First Nations communities in the Sioux Lookout area.

1. The Evolving Public Health Landscape, Priorities, and Goals:

Over time, communities have faced changing health demands and challenges resulting from

a variety of factors, including ongoing colonial policies, emerging public health crises such as the COVID-19 pandemic, epidemiological transition, demographic shifts, lifestyle changes, and environmental conditions. Presently, we are facing a resurgence of measles and pertussis, concurrent with declining global immunization rates. Additionally, there has been a significant increase in the detection of Highly Pathogenic Avian Influenza (HPAI) in non-avian species, including wild and domestic land and marine mammals.

However, as important as these infectious disease threats may be, contemporary public health efforts must adopt a wholistic approach that includes the unique First Nations and social determinants of health and wellbeing impacting First Nations communities. These determinants, including factors such as socioeconomic status, education, housing, cultural identity, colonial history, nutrition and food security, social support networks, and access to healthcare, play a crucial role in shaping individuals' health experiences and outcomes. Understanding and addressing these determinants is essential for developing evidence-based and responsive public health strategies and programs that promote equitable health outcomes and improve the overall wellbeing of communities. The evolving public health landscape is also driven by breakthroughs in research

and technological innovations. These advancements not only deepen our understanding of health and disease but also provide powerful tools and strategies for improving population health outcomes. To remain relevant in addressing both historical and emerging public health challenges, we must adapt to these changes. We need to keep in mind that we are not in a post-pandemic era, but rather in an intra-pandemic phase, as another pandemic could emerge at any time. Hence, it's crucial to stay prepared. Furthermore, we must continue to advocate for the necessary resources to adequately meet the public health needs of the communities we serve.

2. Community Engagement and Accountability:

ACW has engaged and will continue to engage in ongoing dialogue with community members and stakeholders, including healthcare providers and community leaders, and partners. This process is a cornerstone for improving ACW programs and services. The engagement and feedback loop not only provide valuable insights into the effectiveness of current initiatives but also identify areas where improvements are needed and where opportunities for innovation exist.

By actively involving community members and stakeholders in decision-making processes and program planning, ACW fosters a sense of community ownership and investment in its initiatives. This collaborative approach not only strengthens relationships and partnerships but also fosters trust and accountability and lays the groundwork for sustainable and impactful public health interventions. Embracing a culture of openness, responsiveness, and collaboration, ACW can harness the collective wisdom and expertise of its stakeholders including First Nations communities, to drive meaningful and lasting change in public health.

We will continue to establish clear and robust accountability mechanisms to ensure transparency, efficiency, and trustworthiness

in the implementation of the ACW model. These accountability mechanisms provide stakeholders with assurance that resources are being utilized effectively, goals are being pursued diligently, and outcomes are being achieved.

3. Partnership and Collaboration:

Building strong relationships, partnerships, collaborations, and networks with First Nations communities, Tribal Councils, and key health and public health stakeholders is vital for the efficient delivery of services and initiatives. One example is our ongoing engagement with key stakeholders aims to enhance childhood immunization coverage rates within the Sioux Lookout area First Nations. A recent comparative analysis from 2019 to 2024 on measles, mumps, and rubella vaccine coverage in this region revealed minimal progress. This underscores how collaborative efforts are essential in addressing critical public health needs and objectives.

4. Increased Capacity and Sustainability:

Building a strong foundation of capacity and sustainability within ACW is essential for its long-term success and impact in serving First Nations communities. This involves strengthening not only the ACW's resources and infrastructure but also its human capital, passion, and resilience of First Nations communities. Continued investment in staff training and professional development including for First Nations community-based members is essential to equip team members with the skills and knowledge needed to navigate complex public health challenges and respond to the evolving needs of the communities we serve. Sustainability is equally important, requiring ACW to secure ongoing flexible, adequate, equitable, and long-term funding to deliver high-quality services and support over the long term.

5. Legal Framework:

Establishing a First Nations based and governed public health system with legal

Continued on next page.

Public Health Physician **Message** - Continued

recognition is crucial for actively participating in organized efforts aimed at protecting and promoting the health of First Nations communities. Such recognition ensures that decision-making processes are rooted in cultural values, community input, and Indigenous knowledge, leading to more effective and sustainable health outcomes. This also ensures that the communities served by SLFNHA have a right to a fully functioning public health system with equitable access to tools, resources, and funding.

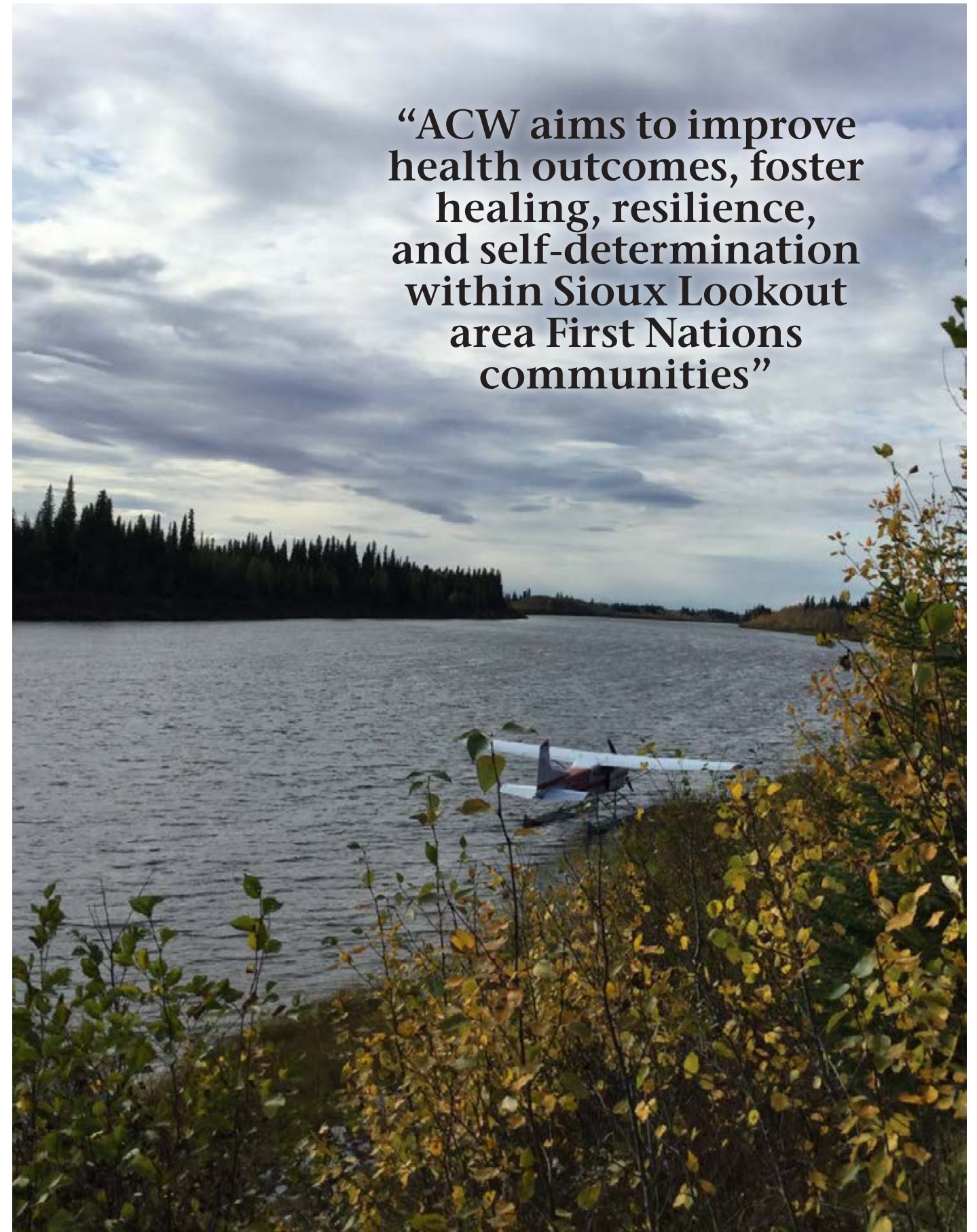
However, achieving this goal depends on securing recognition within decolonized legal and political frameworks. This recognition is not only essential for empowering First Nations communities to exercise sovereignty over their health systems but also for addressing the systemic injustices and disparities that have historically marginalized members of the Sioux Lookout area First Nations communities in accessing healthcare and experiencing wellness. Achieving these goals require concerted efforts to acknowledge and decolonize existing structures and policies, centering First Nations' voices and perspectives in decision-making processes.

ACW recognizes the importance of collaborating with First Nations leaders, community members, and stakeholders to co-create sustainable and culturally responsive solutions that prioritize the health and wellbeing of First Nations communities. Furthermore, ACW acknowledges that the journey towards a fully realized First Nations-led public health system will be multifaceted and may face challenges along the way. However, the SLFNHA remains committed to tirelessly advocating for the necessary resources, support, and recognition needed to advance this transformative vision.

ACW aims to improve health outcomes, foster healing, resilience, and self-determination within Sioux Lookout area First Nations communities; by centering First Nations knowledge, values, and rights in the design and implementation of public health initiatives. ACW seeks to contribute to the broader movement toward health equity for all. Join us on this journey and let's see what the next eight years will bring.



“ACW aims to improve health outcomes, foster healing, resilience, and self-determination within Sioux Lookout area First Nations communities”





Medical Director Message

Dr. Terri Farrell

It has been a privilege and honour to continue to provide medical services to the people of the Sioux Lookout Region.

I extend my sincere thanks to SLFNHA's Vice President, Community Health; the Executive; the Physician Services Director; and team for their wisdom, vision, advice and support for my role. The objective to innovate, advocate for, plus sustain and improve comprehensive medical care for our patients would not be possible without this support.

Highlights

Advisory Role and Partnerships:

- Provision of medical oversight to all SLFNHA Programs.
- Advisory role to SLFNHA Board and Executive.
- Collaboration with partners: Tribal Councils, SLMHC, Ornge, NAN, Thunder Bay Regional Health Sciences Centre (TBRHSC), and others.
- Advisory to SLRPSI.
- Workload sharing and mentorship of recently acquired Medical Director for SLRPSI including recruitment and retention strategies, orientation, and mentorship of new physicians to the region.
- Participated in the development of the SLFNHA Dental Program and the General Anesthetic Dental Initiative (GADI) which has been a highly successful program.

Program Development and Supports:

- Development of the new Specialist Program (Psychiatry, Pediatrics, and Internal Medicine). This included planning and involving stakeholders, working groups, recruitment, and policy development.
- Support for new regional programs such as Rapid Access Addiction Medicine Clinic (RAAM) in Sioux Lookout in partnership with the Homeless Shelter, Nodin Mental Health Services and SLMHC.
- Collaboration with regional psychiatry facilities (Lake of the Woods District Hospital and TBRHSC) to facilitate access to acute care for mental health crises.
- Assisted in developing a more streamlined pathway for Mental Health patients transferred to Sioux Lookout for assessment and care.

Patient Advocacy:

- Patient advocacy for improved care and enhanced services for First Nations clients, especially with NIHB, Ornge, ISC and, TBRHSC.
- Investigation of adverse patient outcomes. Also, the participation in critical incident reviews and educational reviews.
- Partnering with a group of Ministry of Health (MOH) Emergency Physicians to trial the impact of extra support for after hour emergencies from physicians who do not regularly practice in the region.

- Advocated for the switch of community based opioid dependent patients from oral Suboxone to long-acting injectable form Sublocade. This included the longer-term plan to wean them completely from opioid dependency. This initiative has had considerable success in many communities.

Special Projects:

- SLFNHA / University of Toronto Diabetes Community Health Workers (CHW) has grown in numbers, capacity and strength. Additionally, they saw a huge achievement in being awarded a grant of 2 million dollars over 5 years from the Canadian Institute of Health Research (CIHR).
- Contributed to the development of a strategy for renegotiation of the MOH Physicians Agreement, an agreement that is now many years outdated.

Challenges

- Health Human Resource shortages in all spheres, in particular physicians and nurses. SLRPSI is funded for 51.5 FTE (Full Time Equivalents) to serve the region. Despite our best efforts our current total of contracted physicians is 28 FTEs. Therefore, we supplement with short term locum doctors. Over the past year we have onboarded, orientated, and mentored 56 new locums (48 to Northern Practice and 8 for Hugh Allen Clinic) to the region. Many do return and provide continuity of care to patients in the communities and hospital. We are very grateful for their service. We have had challenges in retaining physicians in the region for multiple reasons (lack of day care and housing, limited educational opportunities for children, lack of spousal employment opportunities, etc).
- Exponential increase in the need for

physician consults and support to community-based nurses due to both the nursing shortage and use of agency nurses. Another reason was changes in the College of Nurses regulations.

- Challenges at the community level with accommodation space and workspace for visiting health care providers.
- Very limited or nonexistent support for physicians at the community level.
- Lack of a single EMR to be used by all providers in the region. Multiple providers are using different EMRs which is inefficient and leads to poor patient care and outcomes.
- NIHB continues to be huge barriers to patients and their health care providers. Some examples are poor communications, tardy response to requests for travel, medications, etc. This results in missed appointments with specialists, surgery, diagnostic imaging, cancer treatments, etc. Physicians and SLFNHA have advocated strongly for an improved service or transfer of the program to SLFNHA to administer.
- Ornge/Medevac/Schedevac issues. Post pandemic has seen an increased burden of illness, both acute and chronic, in our patient population. Medevac delays have increased. It is not unusual to see 10-hour delays and even up to 72 hours. SLFNHA has proactively brought together SLFNHA, SLMHC, Ornge, NAN, and Tribal Councils. SLFNHA is developing a collaborative strategy to advocate for resolution of critical barriers such as airport infrastructure, staffing, etc.
- Addiction services at the community level are greatly under resourced resulting in totally inadequate programming. This includes counselling and elder services, land-based programs and after care.

Primary Care Team

Overview

The Primary Care Team (PCT) is a mobile interprofessional collaborative team that provides 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. There is 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 complement this fiscal year. Of the 48.5 positions there are 10.25 vacancies that need to be filled (See Appendix B) which we will continue to use our Retention/Recruitment efforts to fill. Staff have been divided into 4 teams (pods), who focus on specific communities for the provision of clinical care. Staff continue to travel into communities to provide PCT's services during the fiscal year. Staff also utilize virtual methods to continue to see clients when unable to travel into communities due to travel restrictions, or infrastructure limitations.



Highlights

Clinical Services:

- There was a total of 10,738 booked appointments, however, of that number only 6,333 (5,379 Adults, 361 Pediatrics, 593 Groups) attended client visits for allied health services provided by the PCT. (See Appendix C on page 78 for Visit Encounter Types).
- The PCT increased their travel this year to 253 trips to northern communities, with a total of 281 days of allied health services being provided. Note: the ability to stay longer in communities continues to be hindered by infrastructure issues. (See Appendix D on page 79 for individual community statistics).
- With the opportunity to travel into community more often, SLFNHA saw a decrease in Telemedicine services. There was a total of 654 Telemedicine consultations and 101 Zoom consultations attended with the health professionals at SLFNHA. (See Appendix E on page 80 for types of service provided by Telehealth).
- In 2023/24 PCT organized 4 COVID-19/Flu Vaccination Clinics on site for SLFNHA Staff and priority clients, following Public Health guidelines. A total of 146 doses of COVID-19 vaccine and 169 Flu shots were administered to 188 clients/staff. (See Appendix F on page 80 for COVID-19/Flu Vaccinations and testing).
- Point of Care Testing continued for staff travelling into community, however, the number of tests were decreased from the prior year due to community mandates being lifted. During 2023/24 PCT conducted 758 COVID-19 screening tests.

PCT Intake/Referral System:

- During the 2023/24 Fiscal Year, the PCT received a total of 2057 requests for services. (See Appendix G on page 80 for a breakdown of service types).

Primary Care Team

Capital Project - Primary Care Facility:

Background

As outlined in previous updates, SLFNHA was successful in obtaining a capital planning grant in December 2017. During the time period 2018 to 2022, the 'Capital Planning Working Group' comprised of representatives from area tribal councils, SLMHC, physicians, communities, Municipality of Sioux Lookout, NAN, health programs, funders and political bodies have met in order to complete the business case/functional plan, review service data requirements; and to discuss the needs around capital in remote isolated communities in order to be able to provide primary care services.

Key Updates

- The Ministry of Long-Term Care (MOHLTC) Capital Business Case (BC#1) through BC#7 have been submitted to the MOHLTC, where we identified the old Zone Hospital site in Sioux Lookout, as the preferred land site for the building of the new Primary Care Building.
- In March 2023, we completed the cost estimate – BC#8, which involved preparing a cost estimate to complete the construction of the Primary Care Facility and was submitted to the MOH Capital Branch at the end of April 2023.
- As part of the Lac Seul First Nation Nindawaashishiiminaanak initiative (Bring Our Children Home), it was identified that the property that the old Zone Hospital currently sits on needs to be explored archeologically, to see if there are any unmarked grave sites on the property. As outlined previously, SLFNHA has been working in partnership with Lac Seul First Nation, to assist in having this task completed, prior to any ground penetrating related to the new Primary Care Facility. To date (April 2024), Lac Seul First Nation has not received any funding to support this task, therefore, the Primary Care Facility Capital Project is on hold until such time as Lac Seul First Nation receives this funding and the archeological scan can be completed on the proposed site.

Next Steps

Once the archeological exploration of the old Zone Hospital site has been completed by Lac Seul First Nation, a meeting of all partners, including funders, will be arranged. Partners and funders will review the overall costs and associated funding required from each funder. At this point in time, we are looking to arrange the meeting in August/September 2024.

- Following this, we will begin working on BC#9, which outlines the Furnishings & Equipment required. The development of tender packages according to the approved plans within the funding allocation will be prepared and posted for tendering.

Pharmacy Project:

The proposed SLFNHA not-for-profit First Nations pharmacy will aim to resolve gaps in pharmaceutical care that currently exist for individuals living in the communities that we serve. The pharmacy's key business strategy is to develop a reliable, culturally appropriate, and coordinated pharmaceutical service, dedicated to better health in the region in a fiscally and socially responsible manner. Job descriptions are currently being developed with plans to initially post for key positions required pre-start up.

Primary Care Team

Challenges

- Over the fiscal year, PCT was continuously challenged with providing increased in-person services, due to lack of accommodation availability in communities. We have been reaching out to each community to see if there are alternate spaces available. If no space is available, we continue to support via day trips into communities and by seeing clients virtually.
- Over the last fiscal year, PCT has had some issues with recruitment and retention of staff. PCT noticed an influx of staff returning to their home communities for personal reasons, (i.e. wanting to be closer to family, attending schooling, etc). We have been attending multiple career fairs to replace staff that have left and ensuring our job postings are sent to appropriate employment centres, colleges, and universities.
- Due to accommodation issues in Sioux Lookout, the PCT continued a rotating schedule and supported staff to work from home. However, this gives staff the flexibility to see clients in the office but allows them the complete administrative tasks from the comfort of their home office and helps with retention.

Moving Forward

- Options/alternatives available for accommodation in communities continues to be explored to enable the allied health professionals to spend more time in communities.
- Continued recruitment and retention efforts will result in enhancement of programs/ services. We will have both frontline staff and management attend career fairs for some of our hard to fill positions.
- Ongoing advocating for use of Telehealth to ensure continuum of care for clients in between clinician visits to communities.
- Continue to capacity build with the CHW Diabetes Program as well as with other community workers and programs.
- Continue to capacity build with the Physicians group and include them in the “Pod structure” for a more seamless care.
- Administration of an updated client satisfaction survey, where clients can provide feedback and suggestions for improvement to our team.
- Continue to conduct group education sessions with clients in communities and increase our presence in communities.

Primary Care Team

Appendix A: Allied Health Services

During the fiscal year of April 1st, 2023, to March 31st, 2024, PCT provided the following clinical services, directly to clients and communities.

- Speech-Language Services
- Nurse Practitioner
- Foot Care via Registered Practical Nurses
- Nutritional Services via Registered Dietitian
- Pharmacy Services
- Kinesiology Services
- Physiotherapy Services
- Occupational Services
- Interpreter Services
- Wound Care Services via Registered Nurse
- Smoking Cessation
- COVID-19 & Flu Clinics

Appendix B: HR

The following table represents the current staffing complement within the Sioux Lookout area PCT for the fiscal year of 2023-24 (as of March 31, 2024):

Position	Staffed	Vacant	Total
Director	1.0	0	1.0
Program Assistant	1.0	0	1.0
Clinical Manager	2.0	0	2.0
Nurse Manager	1.0	0	1.0
Quality Improvement Specialist	1.0	0	1.0
Cleaner/Maintenance	1.0	0	1.0
Telehealth Coordinator	1.0	0	1.0
PCT Clerk	4.0	0	4.0
Community Health Navigator	3.0	0	3.0
Intake Coordinator	1.0	0	1.0
Nurse Practitioner	2.75	1.25	4
Registered Nurse (Wound Care)	0	1.0	1.0
Registered Practical Nurse	3.0	1.0	4.0
Registered Dietician	3.0	1.0	4.0
Pharmacist	1.0	0	1.0
Pod Manager	4.0	0	4.0
Speech Therapist	0.5	2.0	2.5
Occupational Therapist	1.0	2.0	3.0
Kinesiologist	3.0	1.0	4.0
Physiotherapist	3.0	1.0	4.0
Interpreter	1.0	0	1.0
Totals	38.25(79%)	10.25(21%)	48.5

Primary Care Team

Appendix C: Client Visit Encounter Types

There was a total of 10,738 booked appointments, however, of that number only 6,333 (5,379 Adults, 361 Pediatrics, 593 Groups) attended client visits for allied health services provided by the PCT.

Total in Fiscal year 2023-24			
Total Clients Seen by PCT	Client Demographics	Total # of Client Interactions	6333
		Male	2246
		Female	3529
		Other	12
		Anonymous (groups)	546
		Adult	5379
		Child	361
		Anonymous (groups)	593
	Northern Community	Total Clients Seen	3243 (51%)
	Sioux Lookout	Total Clients Seen	3090 (49%)
		Total # of Cancels	2320
	Total # of No Shows	2085	
Total # of Clients Booked		10738	

Attended Allied Health Professional Appointments -Fiscal year 2023-24		Totals
Kinesiology		453
Physiotherapy		816
Nutritional		501
Pharmacist		115
Occupational Therapy		123
Speech Language Pathology		174
Registered Nurse		37
Reg Practical Nurse (Foot Care/Edu/Training/Other)		907
Nurse Practitioner		1666
Interpreter		2
COVID-19 Screening		758
COVID-19 & Flu Vaccines		188
Group Sessions		593
Total		6333

Primary Care Team

Appendix D: Community Travel (April to March 2023/24)

The travel schedule is based on the number of 'referrals' received from clinicians. Days of service are limited by the ability of the community to support overnight stays for the team. PCT increased their travel this year to 253 trips to northern communities, with a total of 281 days of allied health services being provided.

Note: the ability to stay longer in communities continues to be hindered by infrastructure issues.

Total in Fiscal year 2023-24		Total Trips	Total Days in Community
Communities Visited	Bearskin Lake	9	9
	Cat Lake	6	6
	Deer Lake	7	7
	Eabametoong (Fort Hope)	7	7
	Eagle Lake	0	0
	Frenchman's Head	8	8
	Fort Severn	8	10
	Kasabonika Lake	9	12
	Keewaywin	13	13
	Kejick Bay	5	5
	Kingfisher Lake	11	12
	Kitchenuhmaykoosib Inninuwig (Big Trout Lake)	17	21
	Mishkeegogamang (Osnaburgh)	13	18
	Muskrat Dam	11	11
	Neskantaga (Landsdowne House)	11	11
	Nibinamik (Summer Beaver)	10	11
	North Spirit Lake	9	9
	Pikangikum	9	10
	Poplar Hill	6	6
	Sachigo Lake	10	10
	Saugeen	6	6
	Sandy Lake	16	19
	Slate Falls	10	10
	Wapekeka (Angling Lake)	11	13
	Wawakapewin (Long Dog)	0	0
	Waubaskang	0	0
	Weagamow (Round Lake or North Caribou Lake)	10	11
	Webequie	10	12
	Whitefish Bay	2	2
	Wunnumin Lake	9	12
Total Trips:		253	281

Primary Care Team

Appendix E: Telemedicine Services

There is one full-time Telemedicine Coordinator working with PCT. They support both the PCT allied health professionals with their telehealth appointments, and all other SLFNHA departments with their telehealth needs and services. With the opportunity to travel into communities more often, SLFNHA saw a decrease in Telemedicine services.

Types of Telehealth	Total in 2023-24	
		Total
	Psychiatry	444
	Psychiatry (Sick Kids)	0
	Speechworks	37
	Psychology	0
	Mental Health Counseling	6
	PCT Department	142
	Regional Wound	0
	DS Pediatrician	0
	DS Department	6
	DS Psychology	7
	DS Audiology	0
	Other	1
	Program Consultations	11
Total Clients Seen via Telehealth	654	
Total Clients Seen via Zoom	101	

Appendix F & G: COVID-19 / Flu Vaccination Clinics / COVID-19 Testing

PCT ran 4 COVID-19 & Flu Vaccination Clinics from April 1, 2023, to March 31, 2024. PCT administered 146 COVID-19 vaccine doses and 169 Flu vaccines for 188 individuals. PCT provided COVID-19 screenings for SLFNHA staff prior to travelling into communities and conducted 758 tests from April 1, 2023, to March 31, 2024.

Total in 2023-24	# of Client Interactions	188
Client Demographics	Male	64
	Female	121
	Other	3
	Adult	181
	Child	7
Northern Community	COVID-19 & Flu	0
	COVID-19	0
	Flu	0
Sioux Lookout/Hudson	COVID-19 & Flu	127
	COVID-19	19
	Flu	42

Total in 2023-24	# of Clients (Q3)	758
Client Demographics	Male	259
	Female	499
	Other	0
	Adult	758
	Child	0
Northern Community	Total Clients Seen	0
Sioux Lookout	Total Clients Seen	758

Developmental Services

Overview

Developmental Services provides a full spectrum of services to assist in promotion of the healthy development of infants, toddlers, children, and youth from childhood into adulthood. Our intention is to support them in living their lives to the fullest, help them to achieve their life goals, and lead healthy and socially inclusive lives within their communities.

Pediatric Developmental Services:

- Audiology
- Autism Diagnostic Hub
- Behavioral Therapy (vacant)
- Child Development Educators
- Community and Clinic Coordination
- Complex Care Navigation
- Cultural Liaison Program
- Developmental Pediatrician
- Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Clinic (pediatric & adults)
- Occupational Therapy
- Optometry
- Physiotherapy
- School and Clinical Psychology
- Speech Language Pathology

Adult Developmental Services:

- Mashkikiwininiwag Mazinaatesijigan Wichiiwewin (MMW) Regional Clinical Access Coordinator

Number of Staff

- 45 full-time staff
- One casual staff
- 28 contracted health services staff

Highlights

Developmental Services continues to provide services in community through school, home, and health centre visits. Clinics in Sioux Lookout and virtual supports are also utilized as needed (See *Highlights of Services table on page 77 for an overview of referrals, caseload, waitlist, and discharge numbers for the past year for several core services*).

- 139 children and youth completed assessment and were given an Autism Spectrum Disorder Diagnosis.
- 226 clinical assessments were supported through the MMW program.
- 548 pediatric and 635 adult clients were seen by optometrists in community.
- 411 individual Jordan's Principle requests were submitted and processed for 271 clients.
- 469 group events were captured which include activities such as training and education to school staff, cultural trips run by staff, support for community feasts, tax and water settlement support, cultural activities (drum & rattle making, singing etc.), ID Clinics, social games nights, classroom programming with students, Ages and Stages Questionnaire screening events, cultural nights at the Muskrat Dam Health Hub, and many more.

Developmental Services

- Nine pediatric and four adult clients were seen through the FASD Clinic. Clients were from eight different communities.
- Continued internal team growth including the addition of three occupational therapists, one physiotherapist, one dietician, one nurse case manager, and three child development educators. Strong relationships with contracted staff have also continued to support service gaps.
- In partnership with World Wide Hearing, school-aged hearing screenings have started to be implemented. This led to 134 children being screened in February 2024 alone. The Audiology Program continues to work with Ear, Nose, and Throat (ENT) clinics, the Infant Hearing Program, and World Wide Hearing to support hearing needs across the lifespan.
- Cultural Liaison Worker, Dieter Sainnawap, took the lead on hosting SLFNHA's first Round Dance in Dryden in March 2024 with support from the Developmental Services team and staff from other departments. Approximately 350 people attended the event.
- Two successful multi-disciplinary summer camps were held at the Onaman Ziibi that focused on building skills through participating in cultural activities. An additional six smaller speech and language camps were held in communities during July-August 2023.
- Community Assistants continue to be a strong support for the program in Muskrat Dam and Weagamow, with another addition in Mishkeegogamang.
- The Child Development Education team provided multi-day trainings on the Ages and Stages Questionnaires to preschool staff in Muskrat Dam, Michikan Lake, and Kitchenuhmaykoosib Inninuwug to support development of community-based developmental screening programs.

Challenges

Highlights of Services Statistics:

Services	Service Applications/ Referrals	Caseload	Waitlist	Service Graduation/ Discharge
Audiology	298	410	410	372
Complex Care Navigator	188	374	105	203
Cultural Liaison	31	35	27	0
Registered Dietitian	19	125	42	44
Occupational Therapy	141	158	74	97
Developmental Pediatrician	278	388	474	111
Physiotherapy	89	153	15	104
Psychology	126	177	206	203
Speech-Language Pathology	352	498	310	149
Totals	1717	2579	2007	1324

**Note: not all programs receive direct referrals therefore are not reflected in this table.

Developmental Services

- As the number of services and providers continues to grow both within and outside of SLFNHA (private contracts in communities, tribal councils hiring their own staff, etc.) creating clear pathways for services has been a challenge. Developmental Services staff have been meeting with tribal councils and external providers to help collaborate and coordinate around service provision to ensure children are getting the services they need. This has led to more collaboration between therapists. Internally, steps to create clear triage processes are in discussion.
- Restricted access to NIHB services due to missing ID's continues to be a challenge. Developmental Services took the lead on two ID Clinics during the Northern Bands Hockey Tournament and the Tournament of Hope. Families from over 17 different communities were supported in completing needed paperwork to get critical pieces of ID such as birth certificates and status cards. Collaboration with NAN will continue to support community-based clinics to address this need.

Moving Forward

- Development of triage processes that support children and families getting the services they need quickly and ensuring referral pathways are appropriate for specialized services. This will be greatly supported by the growth of the child development educators to work more directly with children ages 0-6.
- Exploring ways to create a more neurodivergent approach to diagnostics, which will support clients to access services based on what they need now rather than placing them on the waitlist for specific diagnostic clinics.
- Continuing to promote and develop programming that supports a tiered approach to intervention. This means supporting universal programming (i.e. programming that is good for all), more focused group programming that is needed by some, and targeted programming for those that need it. This approach provides faster, more appropriate services.
- Developing our growing dietician program with a goal of supporting clinical nutrition referrals for high needs pediatric clients in community.
- Developing an approach that better meets the social-emotional, and behavioural needs of pediatric clients in communities.
- Working on collaboration with partners to better support adults with intellectual disabilities to utilize passport funding.



Trips to Community:

Community	# of Trips	# of Days
Bearskin Lake	6	14
Big Trout Lake/ Kichenuhmaykoosib	16	51
Cat Lake	5	5
Deer Lake	1	4
Eabametoong (Fort Hope)	7	19
Fort Severn	7	21
Kasabonika	24	66
Keewaywin	1	66
Kingfisher Lake	12	16
Lac Seul	2	2
Mishkeegogamang	8	22
Muskrat Dam	6	20
Neskantaga / Lansdowne House	6	8
North Spirit Lake	1	5
Pelican Falls FNHS	1	9
Pikangikum	39	103
Poplar Hill	7	23
Sachigo Lake	4	6
Sandy Lake	8	2
Saugeen	2	22
Slate Falls	6	6
Summer Beaver / Nibinamik	7	8
Wabigoon Lake	3	4
Wapekeka / Angling Lake	9	21
Weagamow Lake/North Caribou Lake	16	46
Webequie	25	71
Wunnumin Lake	8	16
TOTALS	237	595

Optometry Services

Total Clients Seen	1145
Total Adult Clients	635
Total Pediatric Clients	548
Total Diabetics	151
Adult Referrals	112
Pediatric Referrals	14
Pediatric Patients Requiring Glasses	442
Pediatric Clients without Ontario Health Insurance Plan (OHIP)	173
Pediatric Clients not registered with Status	54

Overview

Currently, this program is staffed by one manager and one research assistant. We work with external partners including those from the University of Toronto, Sunnybrook Research Institute, Ontario Health, Sioux Lookout Local Education Group, Lakehead University, Tribal Councils, and other SLFNHA departments.

Anishininiw Nanadowi'kikendamowin is currently supporting 8 ongoing projects and 4 developing projects, and developing research documents and templates that could be beneficial for communities working with researchers. This program supports research projects that are of interest to communities and helps ensure community ways of knowing are included in project design and knowledge sharing. If you are interested in being part of an advisory committee that guides this program, contact: research@slfnha.com.

Highlights

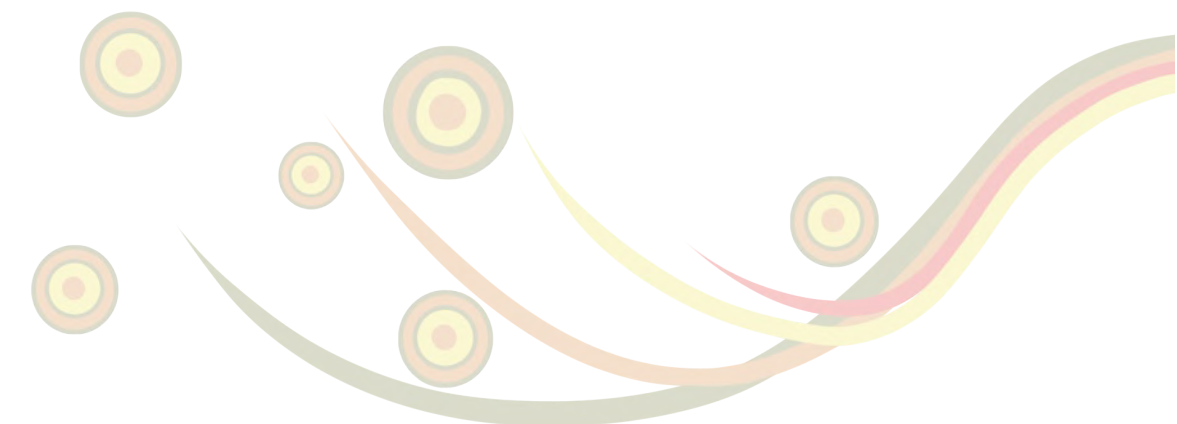
- Quarterly meetings with Research Advisory Committee to discuss proposed projects, challenges in ongoing projects, or seek advice in project design.
- Ongoing projects related to: Diabetes, Cancer Screening, Oral Health, Long COVID-19 & Chronic Conditions.
- Published research provides evidence regarding the importance of culture and the land for recovery from opioid use, and that limited access to addiction services was a significant barrier to healing (*Healing Journey: Experiences of First Nations individuals with recovery from opioid use*).

Challenges

We continue to receive many requests from external organizations to partner on research projects that may be of interest or relevant to the region. With minimal staff and resources, we prioritize these requests based on alignment with community research priority areas, resolutions, or based on advice from leadership or the Research Advisory Committee.

Moving Forward

The Anishininiw Nanadowi'kikendamowin program currently relies on piecemeal funding to sustain staff and project work. A major goal for the upcoming year is to identify a sustainable funding model to retain staff and support the program.



Nodin Mental Health Services

Overview

Nodin Mental Health Services provides counselling, support and intervention services to First Nations children, youth, adults, and families from communities served by SLFNHA. Our services assist those who are experiencing social, emotional, or behavioral problems.

Intake Service:

- Centralized gateway to accessing a number of Nodin services; the first point of contact for self-referrals and referrals from external organizations.
- Intake Workers and Clinical Intake Assessment Counsellors collect information on individuals' problems/needs, screen and assess the level of urgency, match needs to the appropriate service, and arrange travel.
- Quality Assurance Workers consistently review and ensure privacy/confidentiality policies are met, adherence to documentation standards and legislation, and care is streamlined/client-centered.

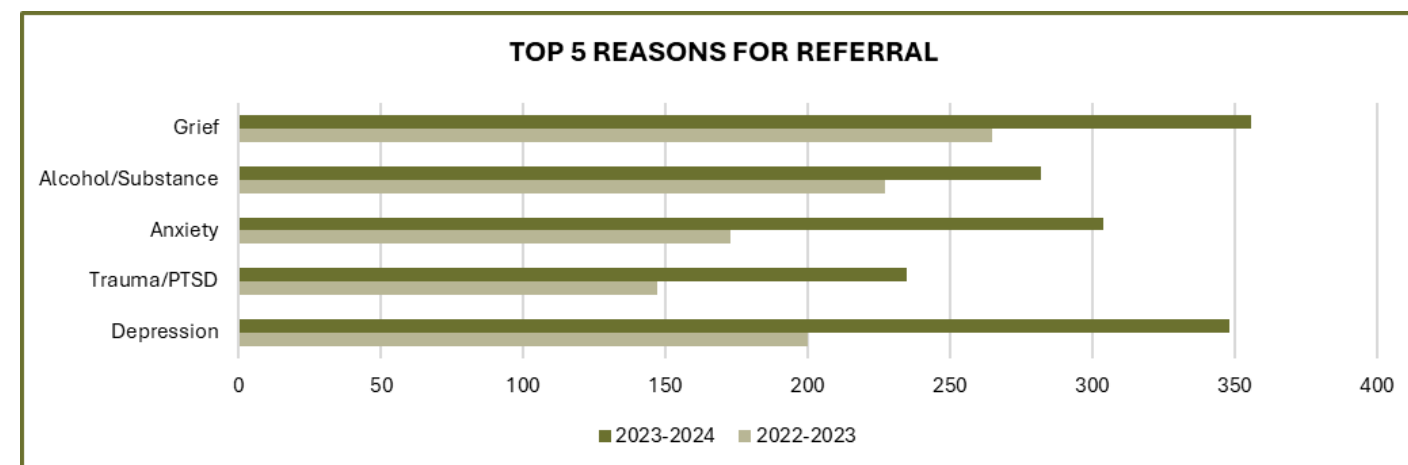
Full-time team members

1 Manager	
2 Intake Workers	2 Clinical Intake Assessment Counsellors
1 Intake Support Worker	2 Quality Assurance Workers

Highlights

- Continued auditing process for all staff involved in a client's care.

2023-2024 (Includes all of Nodin's Services)				2022-2023	
# of clients served	# of referrals received	# of sessions	# of hours of direct client care	# of clients served	# of sessions
2603	1361	6311	7737	1397	6939



Nodin Mental Health Services

Challenges

- Identifying and cataloguing who is doing what in communities, when it comes to mental health, can be a challenge when it comes to after-care referrals back to communities.
- Not all referrals are filled out improperly or not enough information which can delay service delivery.
- Not all communities or external providers have a good understanding of all the services Nodin provides.

Moving Forward

- Additions to be added to SLFNHA's Community Directory & Travel Hub to show more community resources, involvement in planning for a SLFNHA centralized intake department, and hiring a worker to update community resource lists on a regular basis.
- Create training opportunities with partners on referral requirements.
- Promoting and advertising Nodin's services (i.e. introduction of the new enhanced referral form and new description of services, community visits, radio shows, meetings with community workers).

Crisis Response Program:

- Short-term support to First Nations communities immediately following traumatic incidents/associated crises.
- Receives community requests for support, gathers information on critical incidents, collaborates with communities/other partners to formulate a collaborative support plan.
- Mobilizes resources as requested (i.e. contractual crisis workers who are either counsellors or cultural workers, volunteer crisis teams from neighbouring communities, per diem support to community).

Full-time team members

1 Manager	3 Coordinators	1 Program Assistant
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REQUESTS

From April 1, 2023, to March 28, 2024 Nodin's Crisis Response Program received 67 requests from communities for support (52 out of the 67 were unnatural deaths, and 15 out of 67 were crises not due to a death or not unnatural deaths). In many of these cases, Nodin worked with multiple partners to pool resources together to support each crisis.

805	106	27	141
Days Crisis Contractors spent in communities	Trips that Crisis Contractors took into communities	Crisis Teams arranged	Days Crisis Teams spent in communities

Nodin Mental Health Services

Historically Nodin has only provided supports following unnatural deaths, however also helped during the following times. The total crises not due to death or not an unnatural death equals 15.

3 State of Emergencies

- Water Plant Fire
- School Fire
- Nursing Station Fire

4 Mental Health Support Requests

- Upcoming Memorial
- Re-opening of an Investigation
- Multiple Tragedies / Crisis Occurred
- Trial for Past House Fire

3 Missing People

2 Suicide Pacts (3 youth in 1 community, and 1 large group in another community)

3 Other Requests

- Stabbing
- Youth Health Related Sickness resulting in a death
- Natural Death of a Leader

The following 52 tragic deaths were reported to Nodin with requests to support. Note: some deaths at the time reported have not been determined as to the cause or the cause is not reported back to Nodin.

13 Suicides

- 4 Youth (17 & Under)
- 8 Young Adult (18 – 29)
- 1 Adult (30 & Over)

Suspected Homicides

- 3 Adults

26 Other Unnatural Deaths

- 18 Sudden Death Cause Undetermined
- 4 Substance Use Related
- 4 Structure Fires
- 4 Car Accidents
- 4 Child Deaths
- 1 Missing Person (resulted in death)
- 1 Undetermined – possible suicide or homicide of youth

Nodin Mental Health Services

- Confusion as to what the organization can provide before, during, and after a crisis.
- Historically Nodin responded to crises' post tragic unnatural deaths. This has changed and it has been quite a challenge also supporting crisis not due to death or not unnatural deaths.
- Inadequate funding.

Psychiatric Service:

- Non-urgent psychiatry services to individuals from the 33 communities served by SLFNHA, as well as individuals residing in the Sioux Lookout region.
- Psychiatrists complete assessments to evaluate, diagnose, and provide treatment recommendations. At times they will also provide time-limited follow-up.
- Treatment and prevention plans are created to ensure treatment recommendations are implemented.

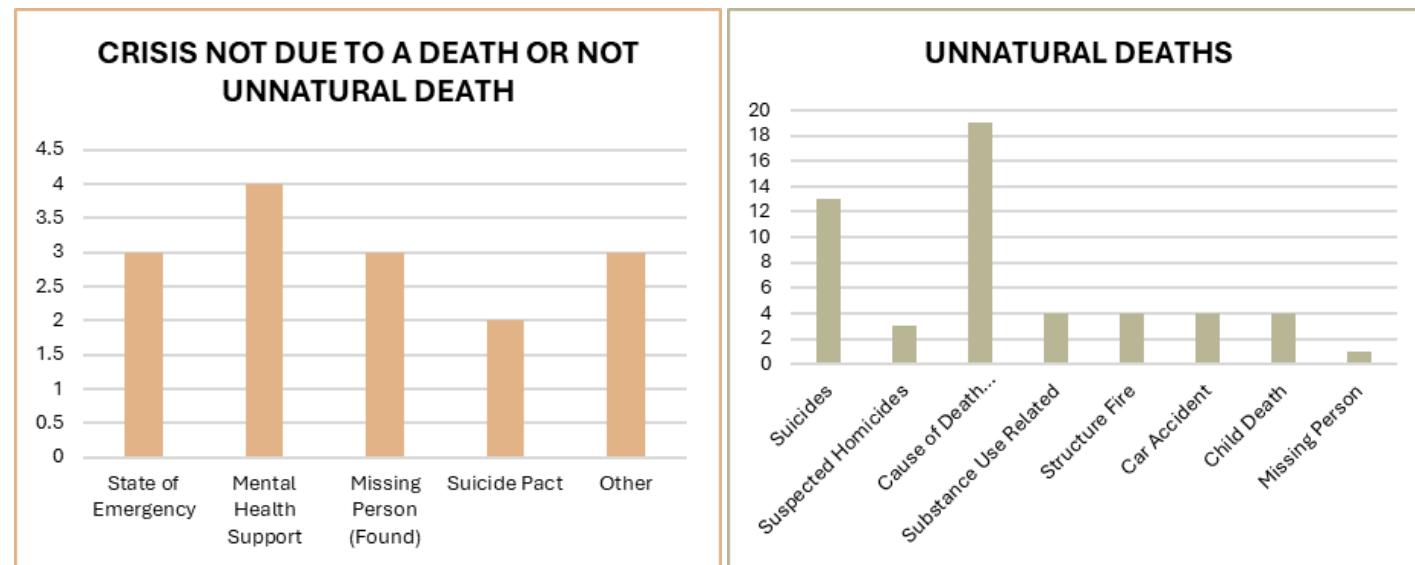
Teams include

1 Manager	
2 Case Management Nurses	1 Booking Clerk
1 Clinic Coordinator	3 Part-time Psychiatrists *

* Equal to approximately a 1.2 full-time Employees who either provide virtual care, see clients in Sioux Lookout or in First Nations communities.

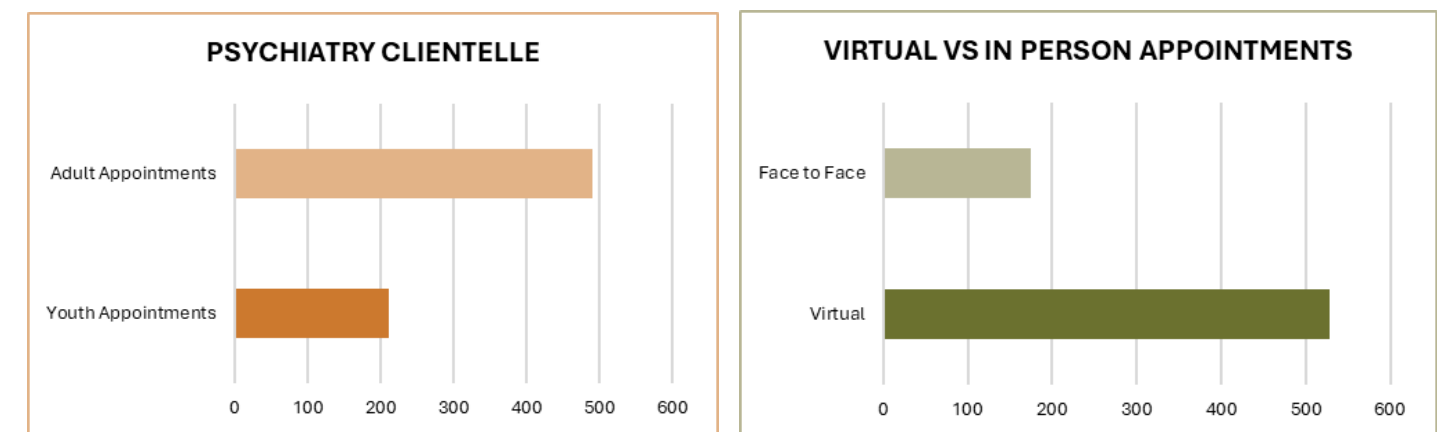
Highlights

- 321 referrals received which resulted in 185 new clients being matched with a psychiatrist. In some cases, referrals were repeat referrals, the clients declined the service, or the client was unreachable.
- In addition to new clients, 536 follow-up appointments were completed.
- Successfully recruited a child psychiatrist to provide 1 day a week of service. 212 youth appointments were completed this year.
- Successful collaboration between other SLFNHA departments (i.e. PCT, Physician Services, Developmental Services) on cases.



Challenges

- Nodin must collaborate and coordinate with other partners ensuring adequate resources and support are available. However, pooling enough resources can still be challenging between Nodin and partners.
- Lack of mental health providers in the region overall. Nodin lacks contract crisis workers and crisis teams are not easily available.



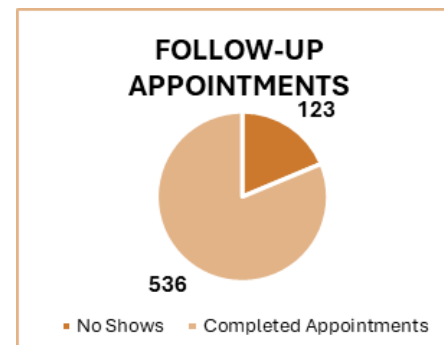
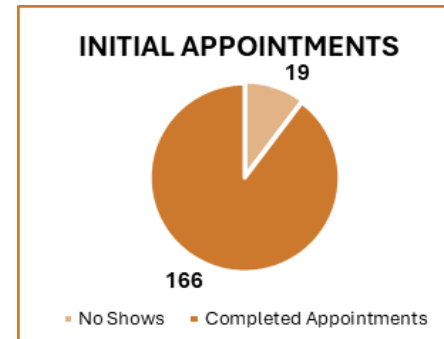
Nodin Mental Health Services

Challenges

- Coordination and communication with northern communities to plan travel for psychiatry team.
- Collaboration with Sioux Lookout partners is difficult within such large service delivery systems.
- Continued after-care.

Moving Forward

- Increase the number of clients seen face-to-face in their own communities through increased communication and trips planned at a convenient time for the community. Not dependent on clinician schedule.
- Nodin psychiatry will be integral to the success of the regional psychiatry model. The goal is to strengthen service pathways so that clients transition from urgent psychiatry care (staffed by SLMHC) to non-urgent care (provided through SLFNHA) smoothly.
- Work with community partners so that when individuals are finished with psychiatry care they have adequate access to a primary care physician or nurse practitioner to continue to monitor their wellness.



Psychology Service:

- Specialized treatment and assessment of mental health disorders.
- Part-time contract psychologist and the full-time psychology intern focus on serving children and youth. Will accommodate adult requests when time permits.
- Psychological Assessments: Diagnostic testing for any mental health concerns including, but not limited to: mood disorders, anxiety disorders, and trauma.
- Complex Trauma Therapy: Primarily utilizing principles of Eye Movement Desensitization and Reprocessing (EMDR).
- Consultation: Case-specific discussion with other mental health professionals or physicians around what may be the most beneficial treatment plan/intervention given a client's unique experience and presentation.
- Community Consultation/Training: Providing training to community-based supports (nursing stations, crisis workers, police, teachers, etc.) so that all helping professionals can use the same approach and language.

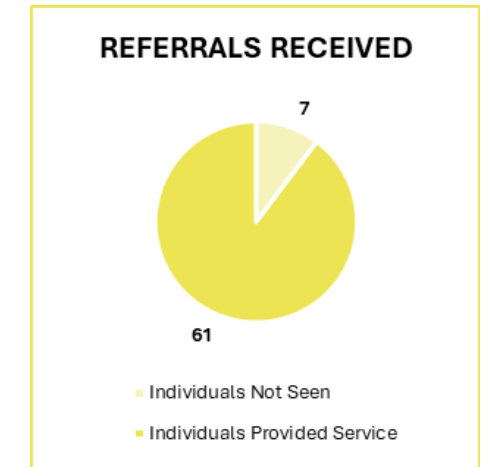
Highlights

- 68 referrals received which resulted in 61 clients being provided services.
- In a 5-year period the waitlist for psychology services has decreased from clients waiting 4+ years, to less than 3 months. In fact, in many cases, especially for youth, there is no waitlist at all. This has been accomplished through external partner collaboration, community collaboration, and excellent administrative support.
- Dramatic increase in the number of psychology students interested in completing placements at Nodin. In 2023-2024 we have had:

1 NORPIC PhD level intern full-time	2 PhD interns completing minor rotations	3 Master's level psychology students completing practicums ranging from 200-400 hours
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Nodin Mental Health Services

- Psychologist and intern have assisted in delivering 2 family treatment programs combining land based healing as well as family sharing circles, individual therapy, group therapy and healing through increased communication and recreation.
- Psychologist has been integral in changing many system processes related to NIHB travel, community collaboration, service delivery in crisis situations, continuity of care, and continued education for frontline staff in the north and at Pelican Falls First Nations High School.



Challenges

- Historically, psychology personnel have been available on a contract basis only.
- Communication with other service providers can be challenging.
- Helping clients understand the nature of psychology services and how psychology differs from counselling and psychiatry.

Moving Forward

- In 2024-2025 looking towards having full-time permanent staff in this area. This initiative is well underway and likely to be completed in 2024.
- Over the past calendar year psychology has integrated into the Outpatient Mental Health Service (OMHS) team. We will continue to develop interdisciplinary team processes in an effort to develop a well-rounded client experience.
- Psychology is to take on a more active role in the promotion of psychology and Nodin's OMHS service throughout the north.

Outpatient Mental Health Service:

- Specialty service, located in Sioux Lookout. A service designed to help First Nations children and youth who have moved from a crisis state to a place where they are ready to address the underlying issues that lead to crisis or cause unsafe or harmful high-risk behaviours.
- Priority given to children and youth referrals (i.e. ages 0-17.99). Will also accept referrals for adults.
- Counselling and cultural teachings on using more effective coping strategies to deal with past and current problems, prevent high risk behaviours, and break the cycle of crisis and intergenerational trauma.

Interdisciplinary team:

1 Manager		1 Admin Assistant	
2 Clinical Assistants	2 Mental Health Counsellors	2 Substance Abuse Counsellors	1 Art Therapist
1 Psychologist	1 Psychology Intern	1 Case Manager	2 Cultural Support Workers

Voluntary service, referrals must go through a Nurse or Physician due to travel arrangements required to come out to Sioux Lookout.

Nodin Mental Health Services

- Individuals receive service over 5 days. The hours of operation are 8:30 a.m. to 4:30 p.m. Monday to Friday.
- OMHS is not a crisis response program. Individuals with acute safety-related concerns are to access the nearest Emergency Department (ED)/nursing station. Acute safety concerns include: suicidal intent/attempt, acute psychosis, and homicidal ideation/intent.

Highlights

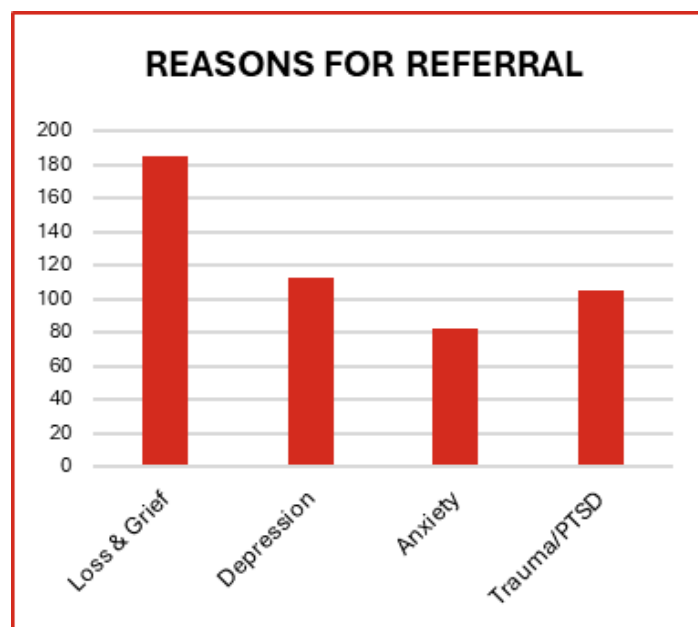
- 742 individuals were seen.
- 8835 sessions.
- Developed group programming for youth to allow a comfortable and safe environment to address presenting concerns. These areas include grief, anxiety, substance use, and emotional regulation.
- Streamlined a more efficient referral pathway from SLMHC Mental Health and Addictions Program to Nodin's OMHS. This pathway allows for more open communication and less wait time for client transfers.
- All frontline staff completed Motivational Interviewing (MI) training this winter which better equips them to assist clients with substance abuse/addictions issues. MI is much more successful at helping individuals overcome their substance abuse/addiction than some former strategies which are too shame based or viewing the issue as a personal weakness in character.
- Standardized documentation process was implemented for counsellors to ensure quality and process control, continuity of care, facilitate transfer of information, and meet legal requirements.
- Ensuring that all staff are in compliance with regulatory bodies. We were able to review all staff and ensure everyone in their roles met their requirements thus ensuring quality client care.

Challenges

- No show appointments due to issues with travel arrangements (i.e. clients not getting travel papers in a timely manner in order to travel to/show for appointments, clients not reachable to inform that travel papers are ready for pick-up).
- Problems with getting escorts, unexpected return home of escorts before client sessions are done, and some unreliable/inappropriate escorts for youth.

Moving Forward

- Written communique to be disseminated to all partners on OMHS (i.e. purpose, length, eligibility etc).
- Presentation development for program promotion.
- Offer virtual meetings to inform community partners about OMHS and how to refer.
- Advocate for an escort program.



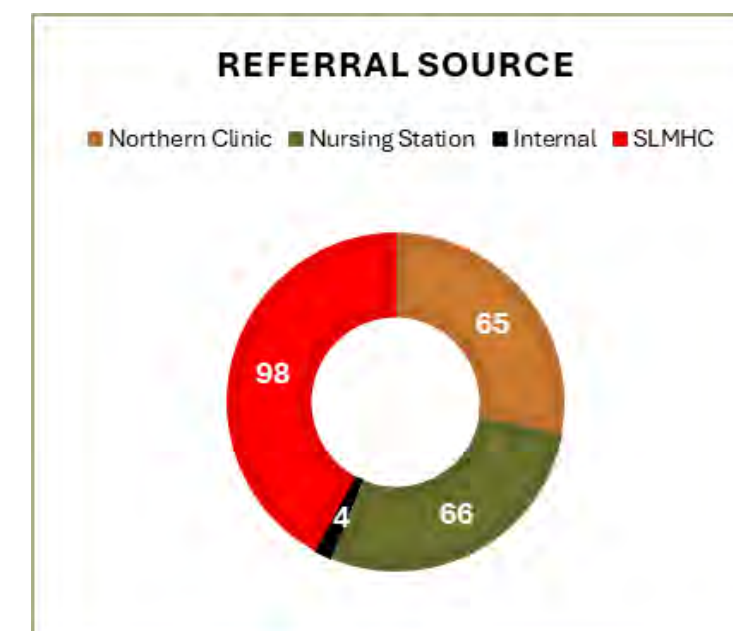
Nodin Mental Health Services

Travelling Mental Health Counsellors:

- Counsellors based in Sioux Lookout designated to travel to First Nations communities to provide counselling and group work.
- Assigned cases following referrals to Nodin's intake service, and each counsellor assigned two communities each, rotating visits to each community.
- Utilize a variety of therapeutic techniques that specifically work with individuals dealing with cognitive, behavioural, and emotional issues.
- Help people experiencing psychological challenges to resolve or cope better, enhance overall well-being by solving problems, improve resilience, increase healthy behaviors, improve relationships, etc.

Highlights

- For the majority of the year, there were only two Travelling Counsellors in place until one more began in January 2024.
- 191 clients were seen.
- 46 trips to communities were made between 5 communities.
- Counsellors made a huge effort to build and maintain strong relationships not only with clients but with community partners and leadership.
- Did not only focus on scheduled individual sessions but increased efforts to partake in community events, help with crisis, help community partners connect with other needed supports, help coordinate events/activities, etc.



Challenges

- Recruitment for full-time Travelling Counsellors extremely challenging and vacancies longstanding.
- Only 3 out of 14 positions are filled.
- Accommodations (i.e. losing accommodation to other health providers).

Moving Forward

- Enhanced recruitment efforts.
- Building the counselling skills of counsellors and helping community service providers build their skills.

Crisis Response & Harm Reduction Mobile Outreach Team:

- Harm reduction and crisis response services offered and provided in Sioux Lookout to those with complex needs, substance use and mental health issues, and who find it difficult to navigate/access the healthcare system via traditional streams.
- Help the most vulnerable population
- Collaboration amongst local and regional service providers for timely access to services, enhanced access to primary care, and reducing the number of incidents that result in ED visits and criminal charges.
- Outreach allows for the team to meet individuals where they are at to help them access appropriate services.

Nodin has 2-Mobile Outreach Mental Health and Addictions Counsellors who are a part of a large team involving:

Northwestern Health Unit (NWHU)	PCT	Canadian Mental Health Association (CMHA)	OPP
Sioux Emergency Shelter	KDSB	SLMHC RAAM Clinic	

Highlights

- Utilizing a Harm Reduction approach to create relationships of trust with individuals who are marginalized by the greater society. This includes many casual engagement sessions over time to build trust, one encounter at a time, and getting a bigger picture of each individual to better inform on how best to help them.
- Helping people get home who have no other resources to assist them. Their dilemmas can arise from various situations (i.e. released from custody, missing too many arranged flights due to substance use issues which cause other scenarios such as loss of identification, etc).
- Referrals from various sources and partnerships including: OPP, NWHU, CMHA, RAAM, and Emergency Room (ER). This led to many triage situations where all partners worked together to assist individuals who ended up in the shelter or homeless and with no resources to find a solution on their own.
- Staff completed numerous referrals to detoxes and treatment centres throughout the year. Along with these, they completed many KDSP referrals to Ontario Works, disability services, and housing applications once the clients secured financial support.

Challenges

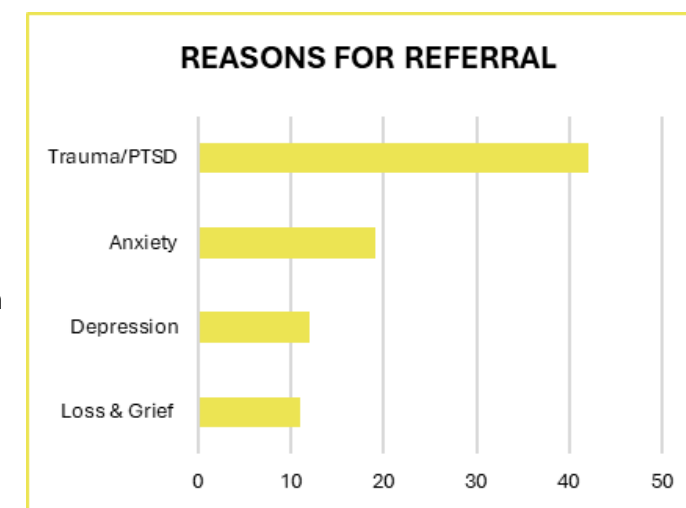
- Nodin's workers were funded by the NWHU who had an agreement with Health Canada. Unfortunately, funding was not approved for 2024-2025. We have to use other dollars to keep our workers in place.
- Require more staff to cover the workload and work more hours per day to meet the need. Generally, crisis situations arise after hours.
- Returning to respective communities after appointments are completed in Sioux Lookout (i.e. challenge to ensure individuals make it to their pre-booked flight).
- A serious challenge is when staff work with clients who have been BCR'd (Band Council Resolution) or have been sent out without a BCR with no plan other than they are told to leave.

Moving Forward

- Advocate for long-term and sustainable funding.
- Hire more staff to increase hours of work.
- Regular round table discussions on clients/situations (i.e. hostel, NIHB, airline staff, airport security) to help all partners stay on the same page to help clients.
- Service promotion and explanation to partners (i.e. Chief and Council, Tribal Councils, etc). as to what the Mobile Outreach Counsellors can do.

Youth School Counsellors:

Nodin has two Youth School Counsellors providing mental health counselling to First Nations students attending Sioux North High School. The counsellors remain in the schools all day throughout the week. They provide individual counselling and group psychoeducational sessions. This helps students overcome behavioural/mental health problems and improve mental wellness and student success. The counsellors also hold presentations to students and staff regarding various mental health topics, like grief, bullying, etc.



Highlights

- 134 students were seen.
- 1616 sessions.
- Worked collaboratively with other youth service providers (Independent First Nations Alliance (IFNA), Firefly, Art Therapy) when youth presented acute needs. This helped manage high risk situations.
- Implementation of more traditional teachings for the students within the school (smudging, dreamcatchers).
- Ensured that outcome surveys for clients' experience with counselling were completed by all clients/counsellors. We made this a formal process and included it in the audit process to ensure completion.

Challenges

- Unscheduled walk-ins in need of acute care. We implemented a process for counsellors to refer to appropriate acute services like Mental Health and Addictions Program (MHAP) and ER.

Moving Forward

- Based on trends that youth are experiencing for presenting concerns, the counsellors will continue to educate themselves appropriately on what is the most prevalent presenting concerns for the youth.
- Continue working collaboratively with external agencies (Firefly, Tribal Councils, Four Directions) to support students.
- Continue to deliver cultural workshops as this is important for First Nations students (some of the workshops: dreamcatchers, tobacco teachings, medicine bags).
- Continue classroom presentations on mental health topics identified by students and staff. Topics such as emotional regulation, grief, and drug use effects on mental health/wellbeing.

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

Nodin has some staff who are Community Mental Health & Addiction Workers (CMHAWs), who live in First Nations communities. They provide children and youth diagnosed with mental health and addiction difficulties with: counselling, crisis intervention, psycho-educational sessions, group work, and culture care.

Highlights

- Workers participate in many traditional or cultural activities with youth within the communities (i.e. hunting, fishing, preparing food).
- Provided support to community members after tragedies or during other crisis situations.
- Supported community events when in-community.
- Training for workers to support clients.
- Support Elders by utilizing the language or translating for them. This includes the Youth as well.

Challenges

- Clinical Supervisor provides support to community based CMHAWs from afar, at times feels isolating for workers.
- From inception, the CMHAWs have been recruited, managed day-to-day and clinically supervised by Nodin instead of the communities.
- Vacancies longstanding; only three positions filled under the management of Nodin, and 1 position on a contract for service with a community.
- Funding allocation for these workers has not changed in many years. The result is 14 positions will reduce to seven positions.

Moving Forward

- The goal is to see communities have control over and manage these community-based positions.
- Build capacity around: Service agreements, flow dollars to communities to allow for recruitment, day-to-day management, clinical supervision, and financial management (i.e. admin fees, materials/supplies, rent, telephone/fax/IT, communication, salaries/benefits).
- More training for CMHAWs.

Overview

The Oral Health Services Department will be continuing its work on the development of an oral health program and clinic, managed and operated by SLFNHA. This will be done with SLFNHA served Communities, Tribal Councils, Janet Gordon (Vice President, Community Health), and the Oral Health Advisory Group.

Oral Health Project:

Highlights

- SLFNHA's GADI is a partnership between SLMHC, the Sioux Lookout Anesthesia Program, Jordan's Principle, and ISC Sioux Lookout Dental Program. Since inception (Winter 2023), GADI has assisted 774 children receive surgical dental treatment in Sioux Lookout.
- Completed a four operatory SLFNHA dental clinic renovation in Sioux Lookout. The clinic is compliant with infection control and COVID-19 requirements. Opening date is to be determined.

Starting 2 research projects with the University of Toronto:

- Economic evaluation of a dental care program for First Nations children in Northwestern Ontario.
- Mixed methods evaluation of a First Nations preventative pediatric oral health program in Canada.

Challenges

- Finding a suitable oral health business case candidate.
- Fiscal year 24-25 GADI, full-time surgery initiative not approved.
- Resumption of clinical dental services in Sioux Lookout.
- Gathering information and data from ISC Sioux Lookout Dental Program.
- No response to meeting requests to SLFNHA from Crown Indigenous Relations and Northern Affairs Canada (CIRNAC) - Access to information and privacy request.

Moving Forward

- The Oral Health Department plans to focus on the development of the SLFNHA Oral Health Business Case and the operation of the dental clinic in Sioux Lookout.
- Services in Kiiwetinoong and Sioux Lookout will include dentist, hygienist and oral health prevention services to 31 SLFNHA communities.

Health Services Coordination

Overview

SLFNHA's Comprehensive Client Coordination System (CCCS) and Health Service Coordination Unit. Phase 1 focuses on supporting communities and SLFNHA departments in coordinating internal and external health services. Phase 2 involves designing a CCCS through community-driven engagement with a client-centered approach. This initiative is currently staffed by three full-time members, including one Health Services Coordination Administrator and two Health Service Navigation Leads.

Mobile Ultrasonography:

SLFNHA now has two Ultrasonographers (part-time & full-time) to assist in the resumption of services. Initially, our services will be focused on communities with larger populations, but our commitment extends to expanding our reach in the future, ensuring that all SLFNHA clients can access this essential service.

Recognizing the importance of community and client ownership of health information, we have developed a new service pathway that aligns seamlessly with a client-centered approach.

Highlights

Community Directory and Travel Hub on SLFNHA SharePoint

- Offers live updates for current community contacts.
- Accessed over 24,000 times with 350+ staff visits since launch.
- Reduces need for calls to communities.
- Acts as a go-to guide on work devices.
- Fosters organization-wide sharing, reducing information silos.

Re-Launched Ultrasound Services in Sandy Lake

- Shifted from external control of Ultrasound to a SLFNHA-led service delivery.
- Launched Velox Imaging, an innovative picture archiving and communication system.
- SLFNHA regained managing client health data and imaging.

Nomadis Working Group

- Transitioning from the sunset of the existing SLFNHA travel calendar system, Wellsky, has prompted the exploration of alternative systems, leading to the discovery of Nomadis.
- Led a comprehensive working group of 32 people to explore the feasibility of incorporating Nomadis within SLFNHA operations.



Health Services Coordination

Challenges

- Wellsky will be phasing out our current travel calendar system. Consequently, a new scheduling working group was formed to start to gather current SLFNHA scheduling needs and demo potential systems. This led into the formation of the Nomadis Working Group.
- Re-designing SLFNHA Mobile Ultrasound service delivery from external control to a SLFNHA-led service model. We moved to a new imaging system that allowed us to manage client data and imaging that tailors to our operational and community needs.

Moving Forward

- Host an internal design thinking workshop to explore centralization of referral & intake to benefit clients, partners and departments.
- Develop Community/Partner Engagement plan & tools.
- Develop a recommendation model for an electronic CCCS concept based on Community Driven engagement, with a supportive client-centered approach.
- Expand Mobile Ultrasound services in additional communities.



Nursing Transition

Overview

Our purpose is to collaborate with external partners to further develop and create an operational plan for the regions Nursing Strategy 2018 report. This includes:

- Establishing SLFNHA's role in supporting communities and Tribal Councils in developing their own nursing service delivery plan.
- Identifying potential costs for operations by referring to existing reports and engagement strategies for reference.
- Provide direct nursing support, input, and networking for communities.
- Mobilize health transformation teams in the design and delivery of nursing services.

Staff:

- 1 full-time staff and 2 part time consultant/advisors.

Highlights

- The start of a Regional Nursing Advisory Team made up of several organizations. This team has expertise in supporting nursing services in communities, a desire to see a more coordinated system, and value the roles that each organization brings.
- Nursing Senior Leaders Gathering on Nov 30, 2023: A gathering held for the purpose of establishing nursing partnerships and advocacy.
- Permanent funding for 39 Public Health Nurses funded through the MOH.
- Revitalizing Northern Nursing report drafted. This report provides a strategy to move the Nursing Strategy forward.
- Built direct partnerships with Ontario Health and ISC for community nursing leaders to access support and funding opportunities.

Partnership developed with Oshki-Wenjack Training Institute. Consultation was given on curriculum development covering the following:

- Basic and advanced nursing physical assessment
- Community Health Representative curriculum
- Birth Worker
- Indigenous wellness and addictions
- Paramedic
- Facilitating connections to communities to foster capacity building

Challenges

There are no resources in the region that support organizations working together.

In the moving forward section, a plan has been developed for:

- Regional program goals and health outcomes to support coordination of services.
- Development of public health policies.
- Rigid structures in funding, organizational priorities, and programing are barriers to health care professionals when working together to meet the needs of the community.
- Current health care practices do not align with regional nursing goals.

Nursing Transition

Moving Forward

Develop a comprehensive approach to health service delivery across the 4 key areas:

Integrating nursing needs and northern nursing skills into a larger health system.	Set clear goals and outcomes for each area.
Identify designated community and regional nursing service providers.	Establish clear boundaries to ensure effective service delivery and avoid competition for funding.

- Expand Public Health and Home and Community Care Services by using the strengths and inherent knowledge demonstrated by First Nations communities (The COVID-19 Pandemic is an example of the capacity communities have to mobilize). Through this we can advocate for appropriate funding, training, and expansion of services as per the Nursing Strategy Report.

Create flexible health service delivery policies and processes that can adapt to:

- Changing community needs.
- Promoting First Nations ownership.
- Proactive healthcare with a plan to have immediate collaboration and coordination with clinical service delivery in community.
- Provide access to training for all categories of nurses to work within their full scope of practice mandated by their licensing body (the College of Nurses of Ontario on July 1, 2023).
- Establishing a process for rapid testing instruments (GeneXpert and ID Now), funded employment positions, and new point of care equipment. This includes equipment selection, training, operational procedures, policy development, and quality checks to facilitate local diagnosis and treatment.
- Provide technical support for nursing service delivery through COVID-19 tools, data sharing agreements for service delivery, and regional compensation frameworks for nursing and community health workers.



CHW Diabetes Program

Overview

The CHW Diabetes Program aims to strengthen diabetes care in the Sioux Lookout area First Nations communities; recognizing that these communities experience exceedingly high rates of diabetes. The program was piloted in 2014 with 4 First Nations communities and has since expanded to include 21 communities, with 4 additional communities expressing interest in joining the program beginning April 2024. The goal of this program is to build capacity within communities by empowering CHWs to play an active role in patient care. Additionally, supporting people living with diabetes to better manage their condition and prevent diabetes complications including hypertension, amputations, kidney failure, heart attacks, and stroke.

Currently, there are 3 full-time SLFNHA staff members that comprise the CHW Diabetes Program Team: Program Coordinator, Community Engagement Lead, and Program Assistant. These team members work together to deliver diabetes management training and education for CHWs, support CHWs in planning and developing community events, and offer additional education and learning opportunities for community workers to better their knowledge and further their career.



Highlights

- Filled vacant positions of Program Assistant.
- Filled new position of Research Coordinator to manage CIHR Grant.
- Project commenced April 1, 2023.
- On-boarded 3 additional communities to the CHW Diabetes Program, bringing the total to 21 communities.
- Provided training for 19 CHW (across 15 communities) in Sioux Lookout.
- The study, *Flash Glucose Monitoring for First Nations Living with Type 2 Diabetes on-reserve in Northwestern Ontario*, passed the University of Toronto Research Ethics Board's review.
- Held first in-person Annual Forum since 2019.
- Brought 8 CHWs to the Indigenous Health and Wellness Conference in Calgary, AB.
- Selected for a plenary presentation at the 24th International Conference on Integrated Care, Belfast, Ireland.
- Partnered with Matawa Health Co-operative to hold walk at the Intercity Shopping Centre in Thunder Bay for International Diabetes Day (November 14th, 2023).
- As a result, CBC Radio and Thunder Bay Newswatch reached out to Janet Gordon (Vice President, Community Health), to discuss the diabetes crisis facing First Nations communities in Northern Ontario.
- Held first Diabetes Support Group meeting in North Caribou Lake.
- Of the 21 communities currently enrolled in the program, only 2 have a vacant CHW position.

CHW Diabetes Program

Challenges

Many of the challenges that have been hindering the growth and expansion of the CHW Diabetes Program were a direct result of the pandemic. Significant steps to mitigate these challenges have been taken and have been largely successful:

- Increased position vacancies and turnover in CHW positions in recent years due to burnout.
- Increased communication, support, and providing unique training opportunities have decreased the number of vacant positions in communities and have also increased the longevity of CHWs in their role.
- Lack of inclusion in circle of care in nursing stations (Particularly evident with fewer consistent Nurses In Charge).
- The Program Coordinator regularly attends monthly Community Health Nursing meetings to inform nursing staff of the CHW's skillset and the contact information of the diabetes CHW in each community.

If challenges persist, the Program Coordinator and/or Community Engagement Lead meet with the nurses one-on-one to address concerns and support CHWs in advocating for their role. Lastly, there was a vacancy experienced within SLFNHA's CHW Diabetes Program. The Program Assistant position was vacant from October 6, 2023, to January 9, 2024.

Moving Forward

The CHW Diabetes Program has several goals to work towards:

- On-board four more communities to the program and complete initial training sessions for the CHWs in these communities.
- Start the project, *Flash Glucose Monitoring for First Nations Living with Type 2 Diabetes on-reserve in Northwestern Ontario*, in September of 2024.
- Host the Annual Forum (pending funding) at Onaman Ziibi once again for CHWs enrolled in the program. This year, many CHWs have expressed interest in learning about Traditional Healing as well as traditional skills so that they may bring this knowledge back to their community.
- Partner with the Indigenous Diabetes Health Circle (IDHC) to provide a Level 1 Footcare course to CHW in the Fall of 2024.
- Continue to strengthen relationships with SLFNHA's PCT as well as external organizations such as Matawa, IFNA, KO, ISC, and SLMHC to advocate for the inclusion of CHWs in the circle of care, as well as identify areas where the CHW Diabetes Program can better support CHWs to fill service gaps within communities.



Physician Services

Overview

Established in 2010, SLRPSI was created to provide innovative, patient-focused physician services in the Sioux Lookout area. SLRPSI was founded with the aim of managing physician services within the region, and this commitment to that remains strong. The mission is to provide innovative, exemplary, patient-focused, physician services that optimizes the quality of life. This is delivered by a committed team through the integration of clinical and academic expertise, in support of the vision of SLRPSI.

SLRPSI Board Members 2023-2024:

Physician Members	SLMHC Members	SLFNHA Members
Dr. Ben Langer, Board Chairperson	Dr. Laurel Laakso	Howard Meshake, Vice-Chairperson
Dr. Usne Butt	Dean Osmond, Secretary	Samuel McKay
Dr. Joanne Fry	Matthew Hoppe	Michelle Kakegamic

The SLRPSI Board extends its heartfelt appreciation to the following outgoing Board members. Thank you all for your unwavering commitment and dedication to advancing SLRPSI's mission:

- Roy Fiddler, SLFNHA Rep, 5 years of service
- Dr. David Folk, Physician Rep, 9 years of service
- Allan Tait, SLMHC Rep, 7 years of service

The SLRPSI Board welcomed 3 new board members:

- Dr. Usne Butt, Physician Rep, accepted December 15, 2023
- Matthew Hoppe, SLMHC Rep, accepted February 16, 2024
- Michelle Kakegamic, SLFNHA Rep, accepted February 16, 2024

SLRPSI Governance

- Approval and appointment of a SLRPSI Interim Medical Director.
- Reviewed all committees and working groups terms of reference.
- Review and approval of SLRPSI 2023-2024 Budgets.
- Successfully updated SLRPSI bylaws to be compliant with ONCA – December 2023.
- Through the Mainframe Working Group, successfully presented the updated Business Case for re-negotiation of the Mainframe Agreement with MOH and the Contribution Agreement with ISC in February 2024.

SLRPSI Specialist Program

- Specialist administrative funding started flowing to SLRPSI on May 2023.
- Successfully onboarded a part time away Pediatrician as of July 2023. Providing alternating services to the following communities - Bearskin Lake, Kasabonika Lake Sandy Lake.
- Successfully onboarded a full time Internal Medicine Specialist as of October 1, 2023.
- Established specialist working groups for 3 out of the 5 specialty areas and moving forward with program development: Pediatrics, Internal Medicine, and Psychiatry.

Physician Services

Physician Coverage Highlights

Facts	Figures (22-23)	Figures (23-24)	(% change)
Family Medicine Physician Days - Northern communities	2682	3339	24.5% increase
Northern In-Person Client Encounters	16,790	22,944	36.6% increase
Addiction Specialist Physician in northern communities – Opiate Replacement Therapy Programs.	97.5	194	99% increase
**General Pediatric Speciality Days – Northern communities	N/A	41	Program Initiated July 2023
**General Pediatric – Northern In-person Client Encounters	N/A	157	N/A
Client general health visits to the Sioux Lookout Northern Clinic* (locums, contracted physicians)	5307*	4167	21.5% decrease
Client visits for speciality clinics (which includes both Sports Medicine and 2SLGBTQ+ clinics) at the Sioux Lookout Northern Clinic	580*	567	2.2% decrease
Client visits with the Nurse Practitioner(s) at the Sioux Lookout Northern Clinic	1345	42	96.9% decrease Nurse Practitioner Role Vacant – January 2023.
Average number of clients seen per day, average per week at the Sioux Lookout Northern Clinic	22	16.80	26.6% decrease
Average number of clients seen per week at the Sioux Lookout Northern Clinic	102*	80	21.5% decrease
Northern Clinic Client Total No Show	1238*	935	24.5% decrease

*Calculations were re-evaluated.

**General Pediatric Specialty Days do not include Developmental Services Pediatric services days and encounters to the north.

Physician Services

Physician Services:

Through a management agreement between SLRPSI and SLFNHA, the Physician Services Department provides direct administrative support to execute the strategic direction of the SLRPSI Board. The day-to-day management of Physician Services is overseen by Janet Gordon (Vice President, Community Health), and the Director of Physician Services. Within SLRPSI, physicians have the flexibility to work in a variety of service areas including hospital-based services working in the ED room, as a hospitalist rounding on inpatients, outpatient clinics, visiting northern communities, and supporting northern communities remotely 24 hrs a day.

SLFNHA Executive provides management and support to the governance of SLRPSI and its obligations within the MOH mainframe agreement. SLFNHA Executive and Physician Services team supports and participates in various committees and working groups established by SLRPSI:

Governance Committee	Mainframe Working Group
Finance Committee	Per Diem Working Group
EMR Committee	Specialist Working Group
R & R Committee	

- The Physician Services Team maintains and progresses the management of the electronic physician health records and provides technical support.
- Providing nursing and clinical care including onsite interpreting services at the Northern Clinic.
- Providing administrative support to all physicians (contract or locum) through medical office administrative support, recruitment, orientation, retention, accommodations, travel coordination, human resource planning/scheduling, contracting, physician finance oversight, and compensation (including physician Ontario Health Insurance Plan (OHIP) processing).

Highlights

- Attended 10 in-person physician conferences.
- SLRPSI and Physician Services Team welcomed and onboarded 56 new Locums to the Sioux Lookout region (73% of these new locums have returned to the region).
- Improved physician accommodations experiences by allowing re-occurring locums and part time away contracted physicians to leave bins in units for easier travel to and from Sioux Lookout.
- Increased Physician Services, PCT, Nodin, and Developmental Services integration and collaboration.
- Increased access to EMR – OSCAR for external users. This initiative aims to enhance patient care.

Challenges

- Ongoing and continuous challenges with physician shortages for the region.
- Lack of ED physician resources and increased use of Emergency Department Locum Program (EDLP).

Physician Services

- Decreased physician resources for daytime phone support (8am-5pm) with struggles filling the community coverage role weekly.
- No increases to the Recruitment and Retention budget.
- Continuous challenges recruiting and signing full time contracted physicians.
- Challenges with maintaining outpatient clinics are due to lack of consistent physician resources.
- The Northern Clinic has been without a Nurse Practitioner since January 2023.
- ER Follow-Up & Day Med Role inconsistently being filled and redirecting physicians into roles which causes multiple clinic cancellations.
- Continuous and ongoing physician accommodations shortages.

Moving Forward

- SLFNHA/SLRPSI to continue to work on the Mainframe Agreement re-negotiation with MOH and ISC.
- SLRPSI/Physician Services to continue to work towards updating governance manual and update SLRPSI Strategic Plan.
- SLRPSI/Physician Services to continue to move forward with program development of the Specialist Services – Pediatric, Psychiatry and Internal Medicine being the priority.
- Continue to build on SLRPSI/Physician Services relationship within our First Nations communities and leadership.
- SLRPSI/Physician Services participating in the collaboration of regional initiatives for an integrated regional health records system.
- Physician Services to continue to collaborate with interdepartmental partners (Nodin, Developmental Services, and PCT) on the development of regional programs.



Miigwetch to our Partners!



Aboriginal Healing & Wellness Strategy
Carleton University
Canada Council of the Arts
Chiefs Council on Health
Chiefs of Ontario
Children's Mental Health Centre of Excellence
Children's Hospital of Eastern Ontario
Choose Life
Community Counselling & Addiction Services
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
Independent First Nations Alliance
Independent First Nations
Jordan's Principle
Keewaytinook Okimakanak
Kenora Chiefs Advisory
Maamwesying North Shore Community Health Services
Nishnawbe Aski Nation
Northwestern Health Unit
Northwestern Ontario Infection Control Network
Ornge
Ontario Sick Kids Telepsychiatry
Ontario Provincial Police
Ontario Health
Ontario Trillium Foundation
Province of Ontario
Matawa First Nations Management
Ministry of Children, Community & Social Services
Ministry of Health
Municipality of Sioux Lookout
Sioux Lookout Area Tribal Councils
Sioux Lookout - Hudson Association for Community Living
Sioux Lookout Meno Ya Win Health Centre
Sioux Lookout Pastoral Care Services
Sioux Lookout Regional Physician Services Inc.
Shibogama First Nations Council
Southcentral Foundation
Tikinagan Child and Family Services
Thunder Bay District Health Unit
Wabun Tribal Council
Weeneebayko Area Health Authority
Windigo First Nations Council



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