



HEALTH & SOCIAL SERVICES

PROGRAM SUMMARY

Prince Albert Grand Council's Health and Social Development has completed its 24th year in providing health and social programming and services to our 12 member First Nations. Our department continues to display excellence and innovation through the implementation of the latest in technology and best practices in health care.

Our Treaties serve as a foundation for our health care programs and services at PAGC, and, even though the current health environment has shifted from an exclusive federal Treaty-based premise to a collaborative inter-jurisdictional approach, we continue to promote and protect our Treaty rights when building partnerships with external health and social agencies. An example of our collaboration with our communities is evidenced through regular engagement, participation, and feedback from the PAGC's Health Directors Working Group, Health Commission Chiefs, and Women's Commission.

As we plan for the future, we are considering options to improve our health system. One path could lead to an engagement with the Prince Albert Parkland Health Region, related to their hospital renewal plans. The other path may lead to the development of an independent hospital, which we believe has strong potential of becoming a reality with the support of the community, our leadership and joint partners. We are also working on plans to establish a First Nations wholesale prescription drug distribution company. While these projects are a work in progress, we will continue to retain service agreements with health professionals, pertaining to vision care, dental care, physician services and all manners of professional medical services to "occupy the field."

We pride ourselves on providing the best in health care, and one vital component in ensuring we achieve our goals is through the recruitment of

staff who understand the health status of our First Nations communities and have the desire to make a difference.

Most recent to join the team:

- Moe Elrafihi – Environmental Health Supervisor
- Shirley Woods – Assistant Nursing Supervisor
- Patricia Hunter – TeleHealth Coordinator
- Melanie McKay – Receptionist
- Lauren Stahl- Tobacco Coordinator

We thank everyone for their hard work and dedication, and for going above and beyond the call of duty to serve our member First Nations as we work collectively with our communities to ensure that First Nations health programs are delivered from a Treaty Right to Health foundation. Over the coming year, we will continue our commitment to providing and promoting quality programs and services to our First Nations of PAGC.

PAGC ABORIGINAL DIABETES INITIATIVE (ADI)

Funded by the Aboriginal Diabetes Initiative (ADI) of First Nations and Inuit Health Branch (FNIHB), PAGC's Diabetes team consists of one part-time Registered Nurse/ADI Coordinator and two full-time Registered Dietitians and 1 CPNP Coordinator.

Our Diabetes Program is designed to build capacity within each community to help prevent and manage diabetes. Our team provides individual and group education on topics, such as healthy eating and chronic disease prevention and management. The program is delivered to the communities of Wahpeton Dakota Nation, Little Red River Reserve, Montreal Lake Cree Nation, Shoal Lake Cree Nation, Red Earth Cree Nation, Cumberland House Cree Nation, and Hatchet Lake Denesuline Nation. Screening clinics cover diabetes as well as kidney disease and heart disease.

Over the past year, Food Security initiatives have been undertaken in several PAGC communities. Projects have included community and container gardens, cooking classes, baby food-making workshops, and breastfeeding workshops. We also participate with our Head Start On-Reserve and Day-care Programs to implement new menu planning guidelines, and, in conjunction with Maternal Child Health, we offer healthy living programs to families.

The ADI team provides presentations and displays at PAGC initiatives, such as conferences, assemblies, and workshops. We also participate with health promotion committees in order to enhance the work of the ADI team in sharing the knowledge, resources, and partnerships with the communities. We routinely collaborate with other health agencies to provide an interdisciplinary and intersectoral approach to client care. In particular, we have mentored students from the University of Saskatchewan Nutrition and Dietetics Program and the Nursing Education Program of Saskatchewan.

DENTAL THERAPY

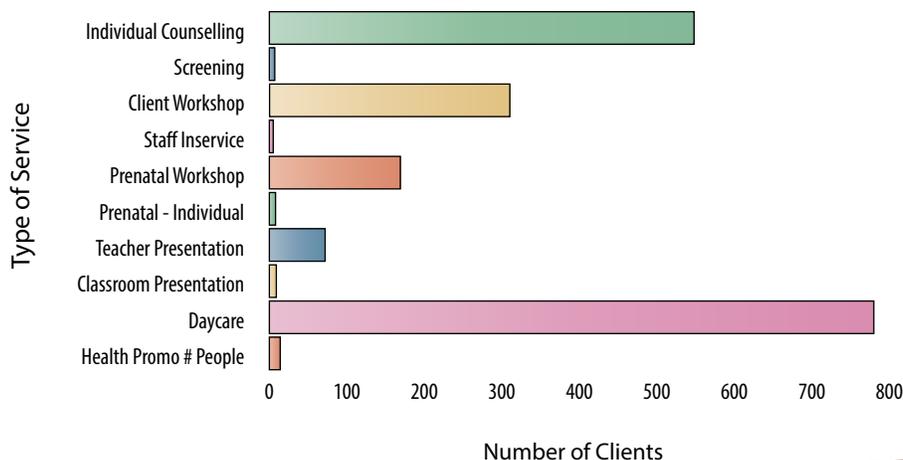
Our Dental Therapy Program is focussed on patient education and oral health. We acknowledge and recognize that the health of the mouth and the

body are integrally linked with one another, so it is important to visit the dental team on a regular basis to keep your teeth and gums healthy.

Over the past year, we have been progressing both proactively by seeing as many community members as possible, and by adapting to changes within staffing. In 2015, we welcomed aboard two Registered Dental Therapists (RDTs) to our communities: Amy Settee in Red Earth Cree Nation and Curtis Joyal in Shoal Lake Cree Nation. They complement our current RDTs: Adelaide McKenzie - Cumberland House Cree Nation and Melanie Martell - Hatchet Lake Denesuline Nation. Since they have joined our team, they have been kept busy, performing procedures, providing oral health education to the children, and tending to adult patients on an emergency basis.

Dr. David Climenhaga, DMD, is the supervising dentist. He travels to the communities of Cumberland House Cree Nation, Hatchet Lake Denesuline Nation, Red Earth Cree Nation and Shoal Lake Cree Nation to provide dental treatments not only to patients who require treatments but also to any community member who books an appointment (or walks in).

PAGC Diabetes Team/Dietitian Visits 2014 - 2015



In addition to our doctor and RDTs, we receive support from our Dental Aides, who are responsible for contacting patients, booking them, and filing charts. Currently, each of our communities has a dental aide and we welcome you to contact them to schedule an appointment. They are Isabel Whitehead (Red Earth Cree Nation), Kayla Carriere (Cumberland House Cree Nation), Brenda Benonie (Hatchet Lake Denesuline Nation), and Tasha Bear (Shoal Lake Cree Nation).

Through continued education and training, Dr. Climenhaga and the rest of our Dental Therapy team will continue to provide PAGC communities with dental services to the best of their ability.

MATERNAL CHILD HEALTH

The most influential time on the healthy growth and development of a child is from the period of conception to the age of six. This is a critical time for brain development, parent-child interaction, family functioning, and culture practices. It is also vital for the mental and physical health outcomes for the child, mother, family, and ultimately, the community.

The vision of Maternal Child Health (MCH) is to support pregnant First Nation women and families with young children reach their fullest developmental and lifetime potential. This is achieved by providing access to a local, integrated, and effective program grounded in First Nations culture that responds to the needs of the individual, family, and community.

The role of the Home Visitor in the delivery of the MCH services is critical to the improvement of the health of pregnant First Nations women and families with young children.

HOME VISITORS

All aspects of the MCH program are voluntary, strength-based and culturally safe. Home Visitors (HV) spend 70% of their time conducting home visits with their clients. The HV spends the rest of their time researching, planning, and scheduling home visits, as well as organizing and facilitating parent programs in the community. In addition, MCH and Fetal Alcohol Spectrum Disorder (FASD) programs are designed to provide culturally safe

programs that acknowledge and respect cultural differences in each community.

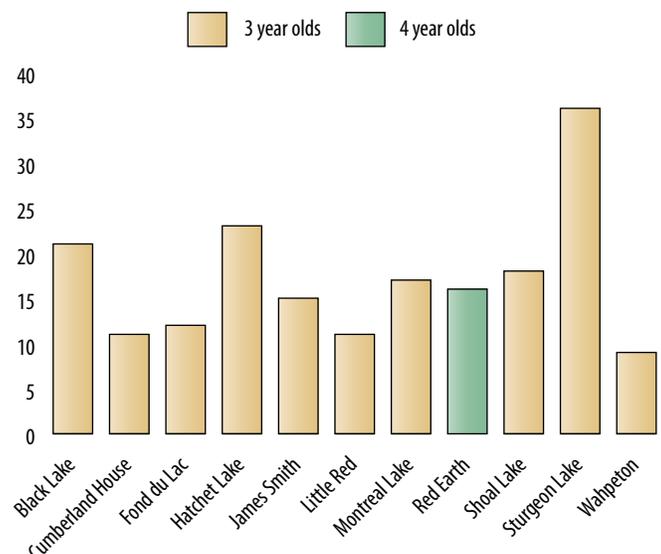
Overall, HVs provided home visits to 90 families who learned about parenting and early childhood development, culture, traditions, and the importance of retaining two languages. In these sessions, parents also learned the importance of secure attachment and bonding, which promotes healthy families and children.

Promoting healthy pregnancies and enhancing healthy families through culture and tradition

As an integral component of MCH, Elders from the communities share teachings about culture and traditions. Some of the activities included the following:

- Elders regularly attended our MCH meetings where they provided guidance and wisdom on healthy relationships, especially traditional child-rearing practices.
- Knowledge Keeper Janet Fox facilitated the workshops: "Fatherhood is Sacred and Healing the Caregiver," as well as the "Importance of Self Care."
- Home Visitors trained with resources from the BC Aboriginal Child Care Society, including the video, "The Best Start in Life," and the facilitator's toolkit, "What Youth Need to Know about Fetal Alcohol Spectrum Disorder?"

Head Start 2014 - 2015 Enrolment



- Home Visitors were trained as facilitators for the Fempower, 2BBoys, and Girl Power program. Some of the topics were about healthy moms, healthy babies and children, building the future, challenges for young moms, being assertive, and historical trauma.

NIPISSING DISTRICT DEVELOPMENT SCREENING TOOL

MCH continues to utilize the Nipissing District Development Screen, which is a developmental screening tool used by the parents. Geared for children and infants from zero to six years of age, it provides a snapshot of their child’s development in areas, such as vision, hearing, emotional, fine motor, gross motor, social, self-help, communication, learning, and thinking.

In our work to integrate culture into MCH with FASD programs, we are currently researching health promotion practices and encourage our HVs to initiate or assist with the prenatal and youth-focussed FASD prevention.

CHILDCARE AND HEAD START

The goal of the Childcare program is to provide a healthy and safe environment for children to grow socially, emotionally, physically, intellectually, culturally and spiritually. This program is funded by

the Saskatchewan Indian Training Assessment Group (SITAG). This is a fee-for-service program offered to children aged 0-12 years.

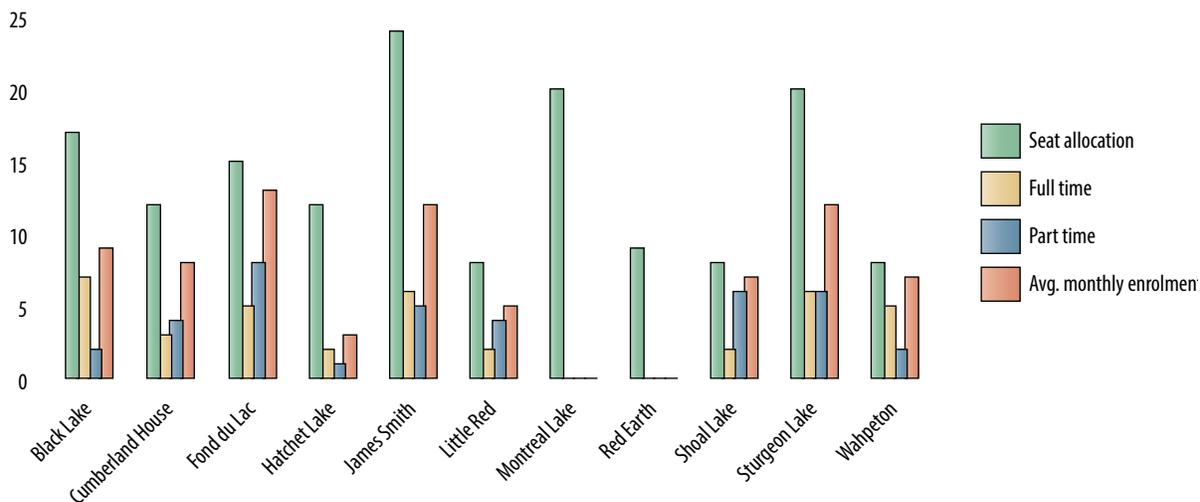
The goal of the Head Start is to provide all children with a safe, nurturing and enjoyable learning environment that supports their development with the skills and knowledge necessary to succeed in school and life. Head Start is funded by FNIHB, and is free for families with children aged 0-6 years. Overall, Head Start has six components incorporated into the program: culture and language, health promotions, nutrition, parent and family engagement, social support, and education.

PAGC staff is committed to providing high quality programming for both the programs. Staff respects children as individuals, cultural values, and families of the community.

Childcare enrolment is based on allocated seats. The chart shows the pre-determined maximum seat capacity at each PAGC community compared to its average monthly intake. Even though attendance rates may be growing, there are available seats in most of the communities.

In general, the maximum enrolment is based on the physical dimensions of the facility size in each community. Even though the program is offered to children between the ages 0-6, many communities only offer it to 3 to 4 year olds. Overall, enrolment is high at each of the centres.

Childcare 2014 - 2015 Enrolment



ENVIRONMENTAL HEALTH

Environmental Health Services were provided in all the parameters of Public Health to all communities and urban facilities. A team of three Environmental Health Officers, a supervisor and an Administrative Assistant were directly responsible in maintaining and delivering the program. Adhering to the requirements of Health Canada, we provided programs in water quality, food hygiene, housing and communicable disease investigation. As well, our team responded to various requests by Chiefs, Health Directors, Home Care nurses, Community Health representatives and residents.

WATER QUALITY PROGRAM

Environmental Health continues to make safe drinking water its main focus. This program demands maximum attention because of the possibilities of water borne illnesses spreading. Overall, it accounts for 60% of the workload. Having concentrated on maintaining safe drinking water in accordance with AANDC protocols has resulted in the up-grade and frequency of bacteriological testing and the addition of sampling for chemical parameters, in order to ensure a safe water supply to all communities.

- 4,487 bacteriological samples were field tested
- 984 chemical samples were laboratory analyzed

In addition, precautionary boil water advisories were issued to eight communities who experienced mechanical failures and power outages. The Drinking Water Quality of each community continues to meet the guidelines of Health Canada.

HOUSING

There has been a high demand for various services in this area. Requests for inspections continue to increase due to overcrowding, disrepair, lack of maintenance, plumbing defects, dampness, poor indoor air quality, mold growth and presence of pests. Advice on corrective measures was given, and in a few cases, relocation of families was recommended. Overall, staff responded to 194 requests or complaints. They included the following areas:

- 101 for moulds
- 34 for pest control, such as insects and rodents
- 17 for air quality
- 17 for disrepair, lack of maintenance or plumbing defects
- 25 for other or miscellaneous issues

FOOD

The team continues to keep a surveillance of safe food and hygiene practices as well as follow up with the Canadian Food Inspection Agency (CFIA). Recalls and alert notices were rigidly maintained at all food premises, including convenience stores and full-scale, band-owned grocery stores on reserve, as well as those in urban areas. Prior to PAGC sports and cultural events, Environmental Health officers conducted 101 inspections at all food premises and food preparation activities.

INSTITUTIONAL HEALTH

The number of public premises in PAGC communities is on the rise. New start-ups in eating establishments, recreational and educational facilities have increased. As a result, routine Public Health inspections were completed at health, community care, general and recreational facilities as indicated below, all facilities had 100% inspection coverage.

- Health Facilities, (health centres, nursing stations and hospitals), 28 Inspections
- Community Care (day cares and Head Start facilities), 54 Inspections
- General Community Care (schools, group homes, long term care, senior homes and treatment centres), 28
- General Facilities (offices and public facilities), 46 Inspections
- Recreational Facilities (arenas), 12 Inspections

SOLID & LIQUID WASTE

The Solid Waste Disposal program concentrates on inspecting solid waste disposal sites and evaluating the methods of waste collection, the site operation and waste containment, types of waste, pest control, soil conditions, groundwater conditions and

leachate analysis. Landfills and solid waste disposal sites continue to be an environmental hazard. Crude dumping, lack of covering up material and inadequate maintenance at the sites tend to create an environment that lends itself to spontaneous combustion with its resultant odours and smoke that contaminate and alter the air quality.

Twenty-one inspections were made at sanitary landfill sites and transfer stations that included responses to complaints. While the Wastewater Disposal program focuses on community wastewater treatment plants, it also covers on-site sewage disposal systems. Altogether, 28 inspections were carried out in response to new or existing on-site sewage systems and 26 inspections were completed as part of routine visits to waste water treatment plants. During this reporting period, two sewage spills incidents occurred. Both incidents were investigated, follow-up recommendations were provided, and remedial work was completed at both sites.

VECTOR-BORNE DISEASE INVESTIGATION

From August 6 to November 23, 2014, an extensive investigation into the Hantavirus disease was conducted at Hatchet Lake Denesuline Nation. Our EHOs inspected several public buildings and affected residences, and then provided information, education, and training sessions on setting up bait stations, mice trapping, handling dead mice, and cleaning rodent droppings.

TRAINING & EDUCATION

Altogether, we developed and provided comprehensive training in the areas of water quality testing and monitoring. Training in food hygiene was also provided to several community groups, schools and other institutions.

In addition, WHMIS training was provided to janitorial and maintenance staff.

- Safe Food Handling courses were provided to 420 participants in 28 sessions.
- 17 hands-on training and refresher sessions were provided to Water Quality Monitors
- 10 sessions on WHMIS were provided to 143 workers

In general, Environmental Health was provided routinely and regularly with no unusual circumstances. Overall, Environmental Health functioned without much disruption and was able to provide 100% coverage in all areas to all the communities.

NURSING SERVICES

PAGC's Nursing Services provide first-level nursing services in Public Health, Home & Community Care, and Primary Care to six PAGC First Nations communities, including Shoal Lake Cree Nation, Red Earth Cree Nation, Hatchet Lake Denesuline, Little Red River Reserve, Wahpeton Dakota Nation and Cumberland House Cree Nation. Support at the secondary level is also provided Sturgeon Lake Cree Nation, James Smith Cree Nation, and Montreal Lake Cree Nation. Comprehensive nursing services are provided through an integrated, holistic Population Health and Primary Health Care models. These models empower and promote wellness and independency amongst individuals, families and communities.

PAGC Nursing Services are responsible for the following functions:

- Nursing administration, including management/supervision of nursing and diabetes initiative personnel, obtaining supplies and equipment, and capital resources;
- Recruitment and retention of Registered Nurses and Licensed Practical Nurses for PAGC communities;
- Program development and implementation that reflects current Standards of Practice;
- Program monitoring and evaluation to ensure high quality nursing service delivery;
- PAGC representation on NITHA Working Groups, FNIH and FSIN Working Groups;
- Liaising with other health agencies, including three regional health authorities; and,
- Collaboration with other PAGC service providers in ensuring an interdisciplinary team approach.

PUBLIC HEALTH

Public Health (Community Health) focuses on these essential nursing functions: health promotion, disease and injury prevention, health protection, health surveillance, population health assessment, and, emergency preparedness and response.

Public Health nurses complete these functions through programming in immunization, communicable disease, maternal child health, school health and the chronic disease program.

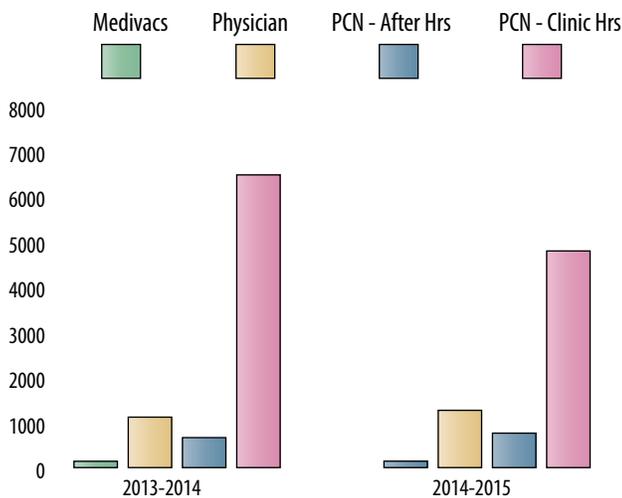
Communicable diseases, including immunization, are mandatory programs. This year, our Influenza Program included an “immunize or mask” policy similar to the province and other jurisdictions across the country. This program requires that any staff having contact with clients must either receive the influenza vaccine or wear a mask during client care from October to April. Most of our communities were successful in implementing this program, resulting in better health for our communities.

PAGC also had a successful Community Influenza Program. As we work to encourage more individuals to be immunized, this year most communities have been immunized at a similar rate as previous years.

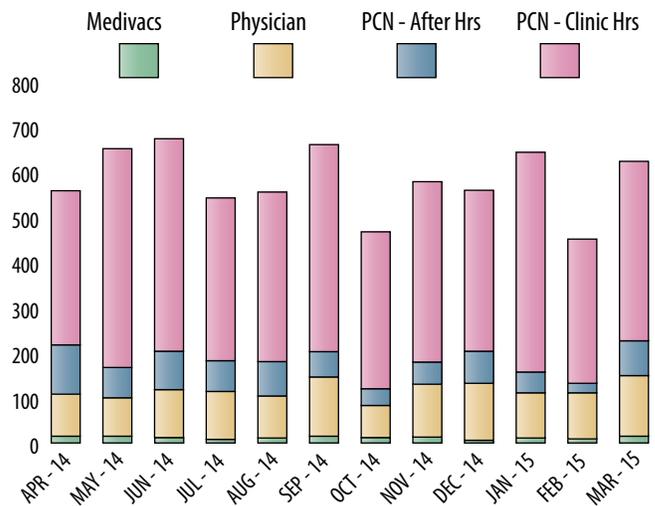
One of the goals of our immunization program is to achieve rates over 95%. Once this rate is achieved, we will have herd immunity, which means that enough people have been immunized to prevent the bacteria or virus from being able to spread. The following graph shows that, overall, PAGC communities are below this rate. While some communities have all their children protected in this age, there is a low of 47% in one community.

The charts below illustrate the number of cases of communicable disease in PAGC communities over the past eight years.

Primary Care Statistics - Yearly



Primary Care Statistics - Monthly



Community Immunizations 2014 - 2015

COMMUNITY	6 mo. - 8 years	9 - 17	18 - 64	>= 65	TOTAL
Cumberland House	17	11	27	2	57
Hatchet Lake First Nation	126	103	233	32	494
Little Red River First Nation	32	38	66	20	156
Red Earth Cree Nation	211	173	268	8	660
Shoal Lake Cree Nation	125	102	153	3	383
Wahpeton Dakota Nation	15	25	41	4	85
Prince Albert Grand Council	8	12	39	2	61

Methicillin-Resistant Staphylococcus Aureus (MRSA) infection continues to be a challenge in PAGC communities. It is difficult to determine when a person has cleared the bacteria and when a new infection is acquired and, therefore, only newly diagnosed cases are included in this report. Hepatitis C (Hep C) is a chronic liver disease caused by a virus. Sharing contaminated drug paraphernalia, such as syringes, is the main mode of Hep C infection. Twelve cases were reported during the year under review. Influenza comprises the majority of vaccine preventable diseases. Enteric diseases are diarrheal diseases that are often spread through contaminated food and inadequate handwashing.

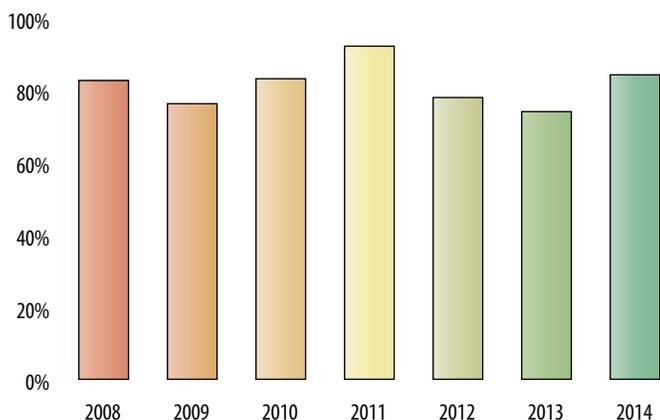
Chlamydia and Gonorrhea continue to be high in PAGC communities.

HOME & COMMUNITY CARE

The Home & Community Care Program is based on five essential elements, including assessment (case management, linkages, referrals, medical supplies and equipment), nursing services (education, medication monitoring and health assessment), personal care (by Certified Home Health Aides), home management (house cleaning, water delivery, reassurance visits), and in-home respite. Program management, supervision, and data collection are also included.

The goal of the Home & Community Care is to assist clients to maintain optimum health and remain living independently in their communities by assisting clients and family members to meet the client-assessed care needs. The program supports and improves the care provided by family and community but should not replace it.

PAGC 2 year old Immunization Avg. Rate

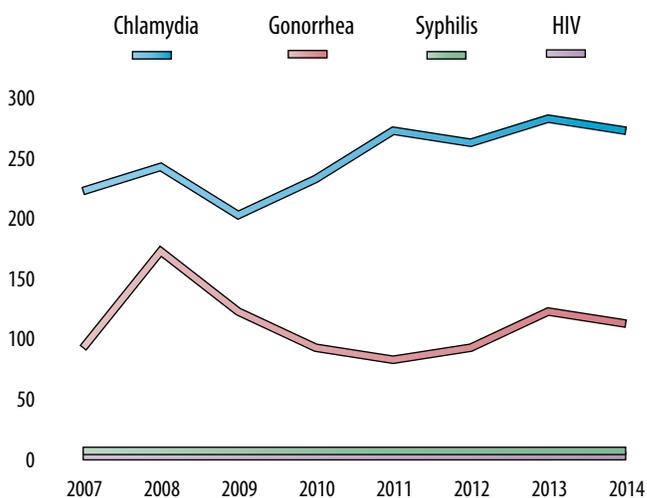


PRIMARY CARE

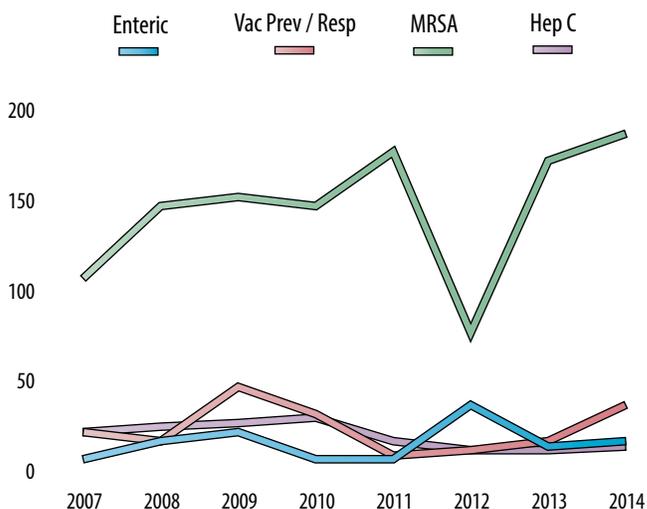
Services for primary care are provided in the community of Hatchet Lake Denesuline Nation. Generally, these services are provided by Registered Nurses with advanced clinical skills under the Transfer of Medical Function. These services include 24-hour medical emergency care and advanced clinical nursing services.

The policies and procedures for Transfer of Medical Function will soon be replaced by Clinical Decision Tools, developed by various health professionals, including the Saskatchewan Registered Nurses Association and physicians. The implementation of clinical decision tools will begin in December 1, 2016. Registered Nurses currently working in this expanded role have also been taking extra courses to meet the competencies required by the Sas-

PAGC Cases of Sexually Trans. Diseases



PAGC Cases of Communicable Diseases



Saskatchewan Registered Nurses Association in order to obtain the Advanced Authorized Practice in December 1, 2016.

PAGC's Registered Nurses with advanced clinical skills dedicate their services to the community of Hatchet Lake Denesuline Nation. The following graphs demonstrate the provided services compared to other primary care service providers.

TOBACCO CONTROL

In partnership with NITHA, we are delivering a Tobacco Control Program to address tobacco control in PAGC communities. From March 2 to 5, 2015, a Federal Tobacco Control Strategy (FTCS) meeting was held in Winnipeg, Manitoba aimed to discuss the strategy and indicators for the duration of the funded project, which began in 2014 and ends in 2017. Guided by FTCS, PAGC is set on reducing the extremely high rates of tobacco misuse, protecting non-smokers from exposure to Environmental Tobacco Smoke (ETS) and preventing youth from starting an addiction to nicotine. The six essential elements incorporated into tobacco control activities are protection, prevention, education, cessation, reducing access to tobacco products, and data collection and evaluation.

Four PAGC communities are serving as "pilot" communities, which will involve survey dissemination and collection. They include James Smith Cree Nation, Hatchet Lake Denesuline Nation, Little Red River Reserve and Wahpeton Dakota Nation.

Since the beginning of the project, research has been done in the areas of tobacco knowledge, cessation, behavioural changes and best practices. In addition, presentation material has been developed, collected, informally evaluated, and adapted to best suit target audiences. Collecting posters, pamphlets, videos, and additional resources for each community is in progress. Partners include the Saskatchewan Lung Association, Government of Saskatchewan, Canadian Cancer Society-Smoker's Helpline, Cancer Care Ontario-Aboriginal Tobacco Program, and the Saskatchewan Prevention Institute.

Continuous communication and partnership is vital to addressing the nicotine addiction that pertains

to a majority of the population in our communities. To meet common goals, we are working closely with the Northern Healthy Community Partnership (NHCP)'s Northern Tobacco Strategy (NTS) in developing resources and delivering its campaigns.

HOLISTIC WELLNESS

RESPONSIBLE GAMBLING PROGRAM

The Responsible Gambling Program provides education about gambling responsibly to the communities. Our staff provides one-on-one counselling for gambling as well as drugs and alcohol. We have a 10-bed inpatient treatment program at the Holistic Wellness Centre, which is available for in-patients as well as day patients. It is offered once a month with four days of education.

Our program made up of three phases. The Controlled/Risk Reduction Model maintains that people can be social gamblers and can gamble for recreation and not have a problem with gambling. The Disease/Abstinence Model recognizes that there will be individuals who will develop major gambling problems and their only recourse is abstinence. The Circle of Care Model encompasses the Medicine Wheel teachings and taking a holistic approach to healthy living.

PRESENTATIONS

Gambling Awareness Presentations, # of participants

- MACSI (8 presentations), 88
- Northern Lights Casino (open house), 150
- Waterhen First Nation (3), 90
- Flying Dust First Nation, 30
- Honouring Our Traditions (2), 20
- Sakwatamo Lodge (6), 58
- Urban Services – Youth, 10
- Crisis Intervention, 50
- White Bear First Nation, 20
- Ochapwace First Nation, 25
- Kinistin First Nation, 15
- Montreal Lake School – Grades 7-12, 66

TREATMENT

Gambling Intake

- Treatment Phase 1 – 1 participant
- Treatment Phase 2 – 2 participants
- Treatment Phase 3 – 1 participant

- Telephone Counselling – 98
- Outpatient/Visits – 50
- Follow-up (individual/community) – 10

INTEGRATED WELLNESS COORDINATORS

Integrated Wellness Coordinators have been providing second-level services for nine years with a base of two staff. Our belief is that we stand with the communities and staff in National Native Alcohol and Drug Abuse Program (NNADAP), Brighter Futures and Mental Health therapists. We also have partnerships with Maternal Child Health and we are involved in crisis intervention. We have maintained our partnerships by presenting modules to Indigenous Parenting. We have a relationship with staff that involves mentorship and assisting them to orient in a very large area of addiction and mental health. Brighter Futures' staff is supported as well, if needed. Mental Health therapists are invited to annual NNADAP trainings.

This year we gathered at our annual NNADAP and Mental Health Gathering with staff and therapists, as well as Brighter Futures staff and a Health Director. We reviewed cultural historical practices and the new Mental Health strategy based on research findings that positive strides are found in utilizing the culture. We accessed new training to deliver new programs for youth for prevention, most particularly with the Buffalo Riders program that is based on cultural teachings. Critical Incidence Stress Debriefing Training for groups and individuals was given to many more communities to expand a larger community support system. The mentorship program is now well into its second section and second year. Wahpeton Dakota Nation and Shoal Lake Cree Nation have completed all the required modules and have since presented on them. On the second manual, staff is learning the skills and knowledge of addictions counselling.

We are nearing our second year into our five-year work plan, and we are currently completing the areas of cultural elements and mentorship. We are establishing these capabilities within our youth, which is coming to life as we are developing parenting groups with young mom and dads who are wanting to learn more about culture and support each other. As we continue to serve our membership through counselling in office, our clients have increased to a point where we are dealing with more issues of grief. As we work into the future, we are continuing to serve and support our communities with a need to expand and to find more resources. Overall, we have had a successful year and we are grateful for the opportunities to work with all of our communities.

EMBRACE LIFE PROGRAM

The Embrace Life Program falls under the umbrella of National Aboriginal Youth Suicide Prevention Strategy (NAYSPS). We have been working hard to find strategies that work in our communities to help prevent suicide. From the beginning, we recognize that suicide is a complicated issue since it is a symptom of other social issues found in the communities. Suicide is all about pain, being stuck in the past and rejecting change, due to unresolved grief that finds its roots in a history of colonization and residential schools. To find solutions, we must mobilize as many community members as possible in each of our communities to work together to build a stronger future.

Using a community development process, the Moving Towards a Stronger Future program has found ways to promote life and move forward. Over the past year, we have worked with Montreal Lake Interagency to start development of a community SafePlan. Looking at the glass as being half full has given us opportunities to celebrate the small steps, which have included engaging with the youth. In particular, PAGC's Youth Action Council (YAC) has been trained in using the model, and 55 young adults have since gathered this spring to learn more about themselves and how to live the best life possible. We are planning to form a YAC Core Group with two members from each of our participating communities, and we will be meeting monthly to network and make plans for larger events such as training sessions and conferences.

We have found the focus on the young adults has brought a decline in violence, given them a sense of purpose and belonging, and opened up a willingness in them to make a difference.

Another strong training opportunity, the Leadership from the Heart program, which was facilitated by James Anderson -- an Anishanabe-Ojibway Native American from northwestern Wisconsin -- empowered and energized its participants to continue to build safer, more vibrant communities. James Smith Cree Nation and Shoal Lake Cree Nation held training and they have both noticed a boost in momentum to take action.

The number one health problem in the world is violence and suicide, which is an extreme act of violence. The needed response to suicide comes under the three headings: prevention, intervention and postvention. Our prevention activities explore the root of the problem found in unresolved grief and incomplete relationships.

The following activities address our prevention strategy:

- Thirty-five participants from nine communities attended the Edu-Therapy Solutions' Healing the Heart, facilitator training and updates.
- Grief and Healing the Heart Outreach, a six-week program, was provided four times in Prince Albert, which is now being provided in PAGC communities. (Many one-on-one sessions took place, with 25 graduating.)

- Five new members from five of our PAGC communities became Applied Suicide Intervention Skills Training (ASIST) trainers.
- Traditional teachings were provided as research has shown culture heals.
- Over 100 young adults were engaged and empowered, which has made a tremendous difference.
- Forty Developmental Assets was introduced to four communities.
- Forty young people and their adult allies participated in the fourth annual Good Grief Camp for Youth at Camp Kinasao.

Intervention helps those at risk of suicide before they act upon their thoughts of suicide. We have trained over 100 community members in ASIST. Congratulations to the administration of Cumberland House School for training all their staff to better protect the lives of the young students. Already young people are approaching these trained listeners to talk, which is the best medicine for suicide. Our goal is to develop local teams of community members to respond to the needs in their communities due to critical incidents.

The formation of our community Mental Wellness teams has built skills and confidence in dealing with local crises. This year we trained 25 in Critical Incident Stress Debriefing (CISD). We also trained community members, staff and adults who interact with youth in Mental Health First Aid. Another very



SHOAL LAKE CREE NATION SOD TURNING CEREMONY FOR DAYCARE

successful program is our ten-day Honouring our Traditions: Shaping Healthy Behaviours Anger Resolution Program. We hold two programs for men and another two for women annually. This past year, we had over 30 graduates.

Suicide Postvention deals with what takes place after a suicide and if done properly it can be the best prevention available to community members. We have helped communities develop protocols and policy so that staff and volunteers are prepared and react efficiently to the needs presented in times of crises. Our greatest challenge is continuing after-care at the community level, but it is much better in some communities than in the past. Overall, 33 participants have graduated from our Grief Recovery Outreach Programs and continue to move forward. Over the past year, talking circles and healing circles were held for five grieving families.

Our Embrace Life Program continues to move forward by building on the strengths of the community, using an interagency approach that includes the voice and involvement of young people and Elders. Suicide is a community problem that needs a community solution. Together we can promote a balanced lifestyle, protect life, and promote good mental health.

SAKWATAMO LODGE

Sakwatamo Lodge is the only treatment center in Saskatchewan to offer treatment to full family units, including both parents and children. Based on the Bio-Psycho-Social Model, this program is centered on the belief that alcohol abuse is a result of biological, psychological, and social factors. We offer cultural and clinical resources that complement one another, offering clients an easier, less stigmatized approach to therapeutic counselling. Our program components consist of drug and alcohol awareness, cultural awareness, building healthy family relationships, life skills, and self-esteem development.

CERTIFICATION

Sakwatamo Lodge staff continues to work towards certification status through workshops offered by PAGC and training offered by SIIT. Staff received training in the areas of Mental Health and Addictions, including the Addictions Management In-

formation System (AMIS), First Aid CPR & AED, Leadership from the Heart, Mental Health First Aid, Small Group Counselling, and Family Violence.

ACCREDITATION

Sakwatamo Lodge staff continues to work to maintain current accreditation status with our next accreditation survey, scheduled for October 2015. We continue to maintain a high standard of client safety with no incidents to report this fiscal year.

DEMOGRAPHIC / STATISTICAL DATA

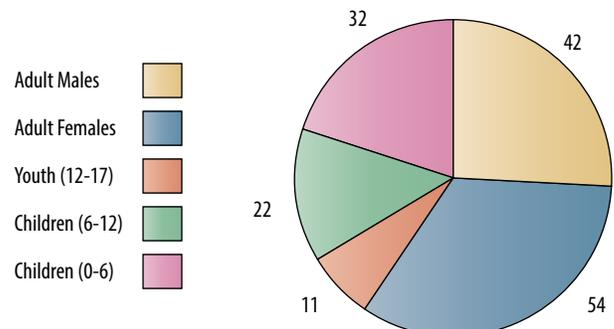
Eight six-week cycles occurred during this fiscal year. However, client intake occurred on a weekly basis. There were 121 families referred to treatment and, of these, 53 families were admitted, 42 completed Treatment, 4 were repeating Treatment.

MENTAL WELLNESS HEALTH CARE PROVIDER

The Mental Health Care Provider position is responsible for coordinating and participating in the crisis response team in training, skill development, team debriefing, follow-up, and liaising with the community.

Highlights of this past year has been working with PAGC and the communities of Shoal Lake Cree Nation, Red Earth Cree Nation, James Smith Cree Nation, and Cumberland House Cree Nation in the development of Mental Wellness teams. Each of our teams has completed their PATH, which includes developing a vision and setting out attainable goals.

2014 - 2015 Clients Admitted



The Mental Wellness teams in each of the communities have participated in a number of training events throughout the year, including crisis intervention, stress management, knowledge gatherings and planning meetings. PAGC and the communities of Shoal Lake Cree Nation, Red Earth Cree Nation, Cumberland House Cree Nation, and James Smith Cree Nation attended knowledge gatherings in Regina in October 2014 and Winnipeg in March 2015.

Each of these gatherings provided information, support, and networking in the development of community-based Mental Wellness teams. As well, they participated in the Gathering Power Cultural Teachings by Phil Gatensby from Whitehorse, Yukon. His teachings that focus on the importance of Land Based Training have helped to build a healthy foundation for each of the team members who also attended the Jackson Lake Land Based Healing Camp in March 2014.

The Mental Health Care Provider sits on PAGC's Mental Wellness Team Steering Committee as well as the provincial-wide Mental Wellness Team Steering Committee. Teams were established in each of the above-noted communities and are meeting on a regular basis.

Each of the teams is providing support to individuals in their community, which has resulted in one request for crisis support from a community that lasted from April 2014 to March 2015. To support

the PAGC Crisis Response team, we help coordinate and participate in the training, skill development, team debriefing, follow-up, and liaising between program and community. Through this program, Mental Health support is provided to all of the PAGC communities either directly or indirectly through consultation and information sharing.

SPRUCE LODGE

Spruce Lodge Boarding Home is a medically approved home that provides meals, accommodation and transportation to registered First Nations clients who come to Prince Albert to access medical services not available in their home community. The program is funded by Health Canada and follows the Non-Insured Health Benefits policy framework. We currently employ 10 full-time and eight casual staff.

As our First Nation population grows, so does the number of clients we assist each year. Over the last year, we assisted 17,986 clients with various programs and services.

Generally, in-city transportation numbers have not changed, which may be attributed to NIHB's implementation of the 48-hour rule, which requires all medical travel requests to be made with a minimum of two working days. The only exception is if the appointment is an emergency. As a result, this rule has resulted in many trips being denied by NIHB.

Our After-Hours Call Centre continues to be highly utilized. The service is open to all registered Treaty First Nations residing in Saskatchewan who require after hours assistance with meal, travel and accommodation. Assistance is not provided for scheduled appointments, as per our contribution agreement. Overall, the costs associated with the program have exceeded \$650,000.

Spruce Lodge looks forward to possibly expanding in the coming year to allow us to accommodate a higher number of clients, which will further result in more employment opportunities for our PAGC membership.

RESOLUTION HEALTH SUPPORT WORKERS



TEACHING THE 7 SACRED GIFTS

IAP / POI HEARINGS

Resolution Health Support Workers (RHSW) continue to provide claimants with emotional support at hearings. We work with clients and their lawyers before, during, and after the hearings. We also provide interpreting services in Cree, Saulteaux, Dakota and Dene to the claimants so there is a better understanding of the lawyers and adjudicators.

Hearings are scheduled on a weekly basis in the Prince Albert and Saskatoon areas at which we provide them with health support. Hearings also take place at the hospital, the penitentiary, the men and women's correctional, and in homes as requested. RHSW's work is busy in this area, which is one of the most essential pieces to providing our PAGC members with emotional and cultural support. We experienced a rush in meeting the deadline of September 19, 2012 for IAPs. There were more hearings going on due to the deadline. To ensure the well-being of the claimants, we also provided follow-up support to clients after the hearings.

ELDER COMPONENT

Our Elders continue to help claimants in hearings by providing prayers and smudging ceremonies. Also helpful to our staff, our Elders provided guidance and mentorship to everyone involved. Our Elders provide one-on-one traditional counselling on an appointment basis, working an average of twice a week in Saskatoon. For future care, our Elders will continue to provide support to survivors with a sweat lodge that is made available to them and others who wish to participate.

IAP APPLICATIONS

While the deadline for Independent Assessment Process (IAP) has passed, we continue to provide support in the process of helping out claimants. We work with mental health therapists and ensure claimants have the necessary support while they are going through the hearing.

Claims are currently being settled through negotiated settlement or short form decisions, which is faster and less stressful process on claimants. Our team also provided support at local and national events in Saskatchewan as many survivors are from our PAGC communities.

FUTURE CARE

RHSW and our Elders will continue to support claimants in the IAP hearings. We will begin to offer Future Care programs as the interest begins to grow. Elders continue to encourage Sharing Circles in their respective communities as part of the healing process, and we will be involved as time and opportunity allows.

COMMUNITY PRESENTATIONS AND OUTREACH

Our team provided presentations on the Personal Education Credits, which can only be utilized by claimants for themselves or their children. Credits could also be contributed to a community-based project. Workshops were also presented to survivors to help them understand the intergenerational effects of the residential schools, and we will continue to provide workshops and presentations upon request.



**CHIEF BEAR AND YOUTH AT SOD TURNING
EVENT FOR DAYCARE**