James Smith Health Clinic's

2013-2018

Community Health Plan

OVERVIEW

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Chapter 1: Organizational Overview

1.1.2. Governance of James Smith Health Clinic

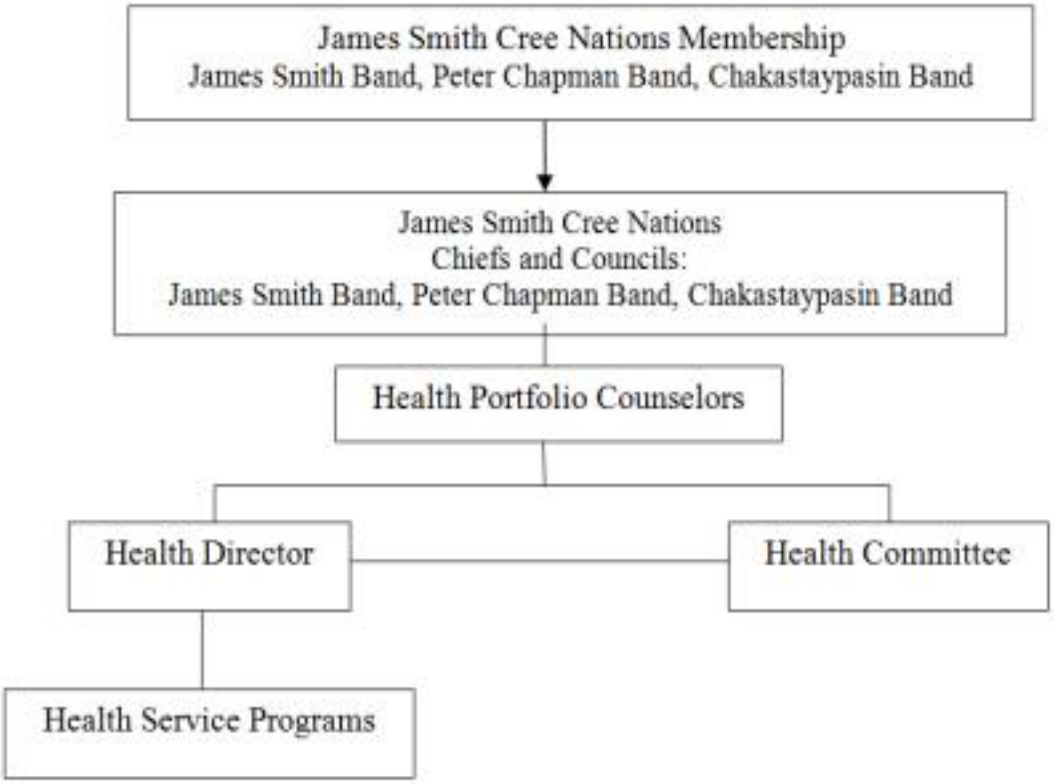

Figure 1.1: Governance Structure of the James Smith Health Clinic (JSHC)

JSHC Health Committee Terms of Reference

1. The Health Committee shall be appointed by Chief and Council for a 2year term-staggered appointments, subject to reappointment for 3 terms (six members). Designated alternate members (3) will be appointed to fill in for committee members when they are unavailable; they will also sit for a two year term. Health Director and Health Portfolio Counselors may sit as ex officio members.
2. An Elder will be brought in to open and close each meeting: rotation of Elders between Bands will occur for each meeting.
3. The Health Committee shall meet once per month to:

    a. Discuss and report on the health problems encountered on the reserve, and recommend solutions.

    b. Make recommendations for the improvement of Health Care in the Community.

c. Develop and recommend policies for community health.

d. Advise on all Health Programs and make recommendations for improvement.

e. Ensure that a quality and high standard of Health Care is provided in the community.

f. Work to ensure that adequate resources (i.e. facilities equipment and staff) are in place to provide these services.

g. Support Health Director in implementing Human Resources policies for the Health Clinic

h. Support the Health Director and Finance Committee to implement the policies and procedures of the Health Financial Administration Bylaw.

i. Health Committee advocates for improved resources or changes in policy in other government jurisdictions (i.e. Health Canada, INAC, SK Health, Health Regions)

4. Health Committee decisions shall be made using a traditional consensus approach with a minimum of 3 committee members voting, 1 from each Band.

5. Health committee shall meet with Chiefs and Councils once per year.

6. Health Clinic will provide a secretary service to the committee on an ongoing basis; minutes taken and circulated to committee members and Health Portfolio Councillors; minutes will be filed in Health Clinic for further reference.

7. Health Committee will participate in the development, review and revision of the Community Health Plan.

8. Health Committee Chair shall rotate annually. Responsibilities of the Health Committee Chair will include:

    a) Calling special meetings as required
    b) Ensuring that the Committee Code of Ethics is adhered to
    c) Ensuring that each committee member participates equally

Health Committee Representatives

Chakastaypasin Band	*James Smith Band*	*Peter Chapman Band*
John Stonestand Crystal Sanderson	Caroline Moostoos (Health Committee Chair) Evelyn Burns	Beverly Head Bobbie Head

Health Committee identified the following as priority areas for the 2013-2018 Community Health Plan:

- **Substance Abuse/Addictions:**
    - Alcohol, drugs, prescription drugs, smoking
    - FASD
    - Gambling
    - Domestic violence

- Suicide
- **Youth**
  - Reducing Teen pregnancies
  - Enhanced knowledge of Sexual wellness
  - Suicide Prevention, Intervention, grief counselling
  - Need for Engagement
  - Healthy living enabled and encouraged
- **Cultural Revitalization**
  - Sense of community needs to be re-captured
  - Customs and traditions revitalized
  - Language re-introduced
  - Traditional parenting encouraged
- **Healthy Living**
  - Recreation options developed
  - Diabetes prevention enhanced for all ages
  - Chronic disease prevention enhanced for all ages
  - Parenting classes offered for all ages and all caregivers
  - Mental wellness encouraged
  - Head lice, ticks, West Nile disease awareness and prevention enhanced
- **Injury Prevention**
  - Car seats, seat belts encouraged
  - ATV, Snow machines and other recreational toy safety encouraged
  - Bicycle safety promoted at school
  - Water safety encouraged
  - Home safety encouraged
- **Enhanced Public Services and infrastructure**
  - Addressing Mold in houses
  - Secure Water quality
  - Improper Waste management
  - Dangerous Dogs
  - Poor quality and crowded Housing
  - Inadequate Access to food; food handling etc
  - Need for Community Firefighting Team
  - Need for Community team of First responders
  - Improved Road conditions
  - Enhanced Pandemic and Emergency response planning

In an effort to focus the services, the Health Committee determined that the following three **Key Health Priorities** should be addressed by JSHC programs during the next five years:

- **Enhanced Youth programming and engagement**
- **Enhanced substance abuse and addiction prevention**
- **Enhanced encouragement/promotion of Healthy Living which includes: chronic disease prevention; injury prevention; cultural revitalization and mental wellness.**

Table 3.1: JSHC Community Health Priorities to be addressed by Health Service Programs

(Legend: cross hatching = primary focus; vertical lines = secondary; light grey = referral)

Priority Health Challenges → ***Programs & Program Areas ↓***	***Substance Abuse & Addictions***	***Youth Health & Engagement***	***Healthy Living***	***Determinants of Health[1]***
Community Health Programs				
Maternal Child Health				
Immunizations				
Early Childhood Health				
School Health				
Communicable Disease Control				
Adult Health				
Family Home Visitor				
Diabetic Educator				
Wellness & Healing Services				
Holistic Wellness Therapy				
Addictions				
Family Wellness				
Youth Program Developer				
Home and Community Care				
Home Care Nursing		NA		
Home Care Services		NA		
Dental Health				
Dental Therapy				

[1] Determinants of health - housing, income, education, employment, culture, social support, genetics, physical environment, access to care, culture, gender

Priority Health Challenges → ***Programs & Program Areas ↓***	***Substance Abuse & Addictions***	***Youth Health & Engagement***	***Healthy Living***	***Determinants of Health[1]***
COHI				

Legend: cross hatching = primary focus; vertical lines = secondary; light grey = referral

3.1.5. JSHC Funding

Funding Sources

James Smith Health Clinic programs are funded by:

- Health Canada under the Health Services Transfer Agreement (HSTA) and by various Set Contribution Agreements
- INAC funding for the Home and Community Care's Home Support Program;
- PAGC funding for a part-time Water Quality Monitor.

Table 3.2: 2012-2013 Health Canada Health Services Transfer Agreement Funding

CPNP- Prenatal Nutrition	$ 46,965.00
CHR- Community Health Rep	$ 128,404.00
O&M -Operations & Maintenance	$ 89,815.00
HPM-Health Planning MGT	$ 171,466.00
PHN-Public Health Nurse	$ 457,788.00
YSAP- Youth Solvent Abuse	$ 19,909.00
NNADAP	$ 82,326.00
BR- Brighter Futures	$ 131,712.00
MH- Mental Health	$ 101,766.00
HCC- Home & Community Care	$ 37,476.00

TOTAL	**$1,267,627.00**

Figure 1.2: JSHC 2012 Organizational Chart

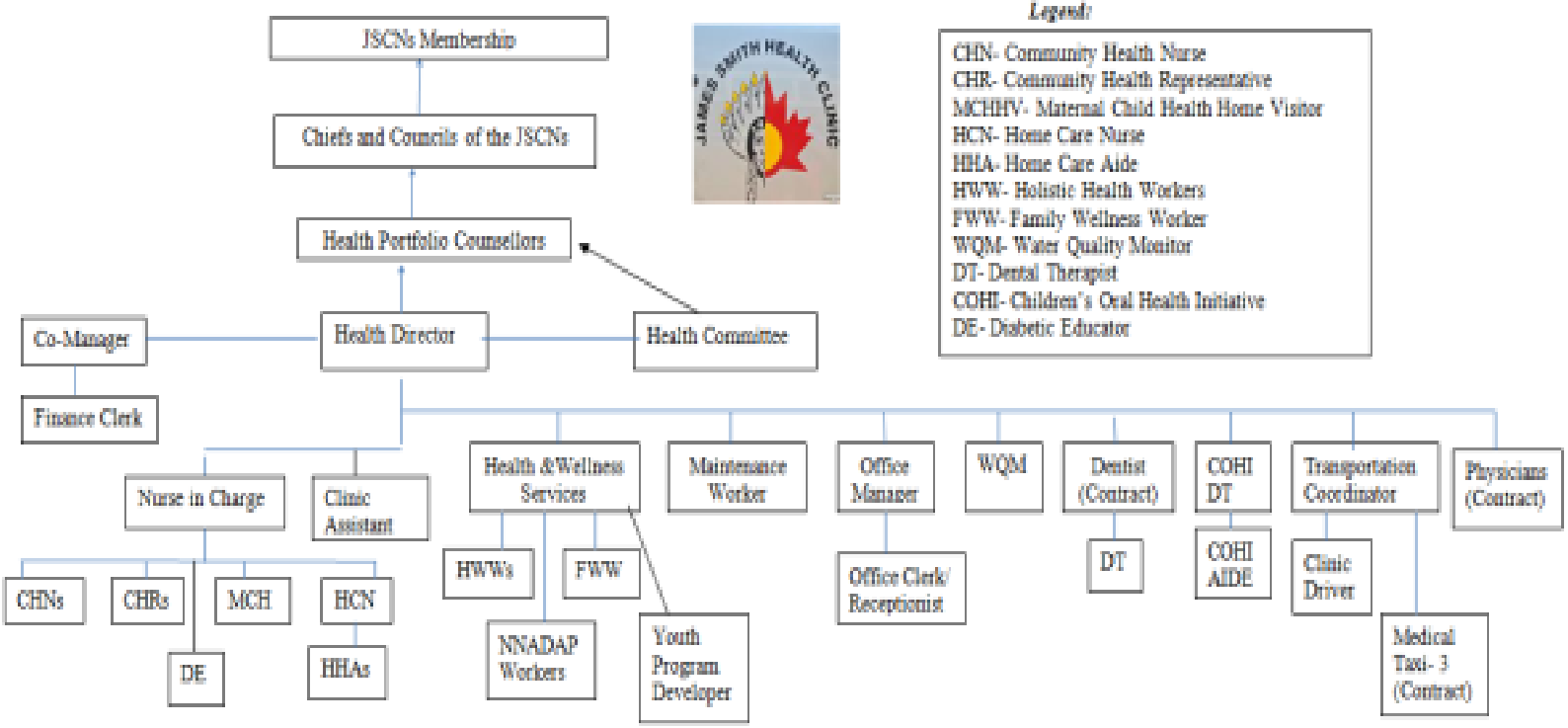

Figure 3.2: Working Teams of the JSHC NOTE: in 2012-2013 Youth Program Developer will be added to the School/Youth Health & Health and Wellness Teams

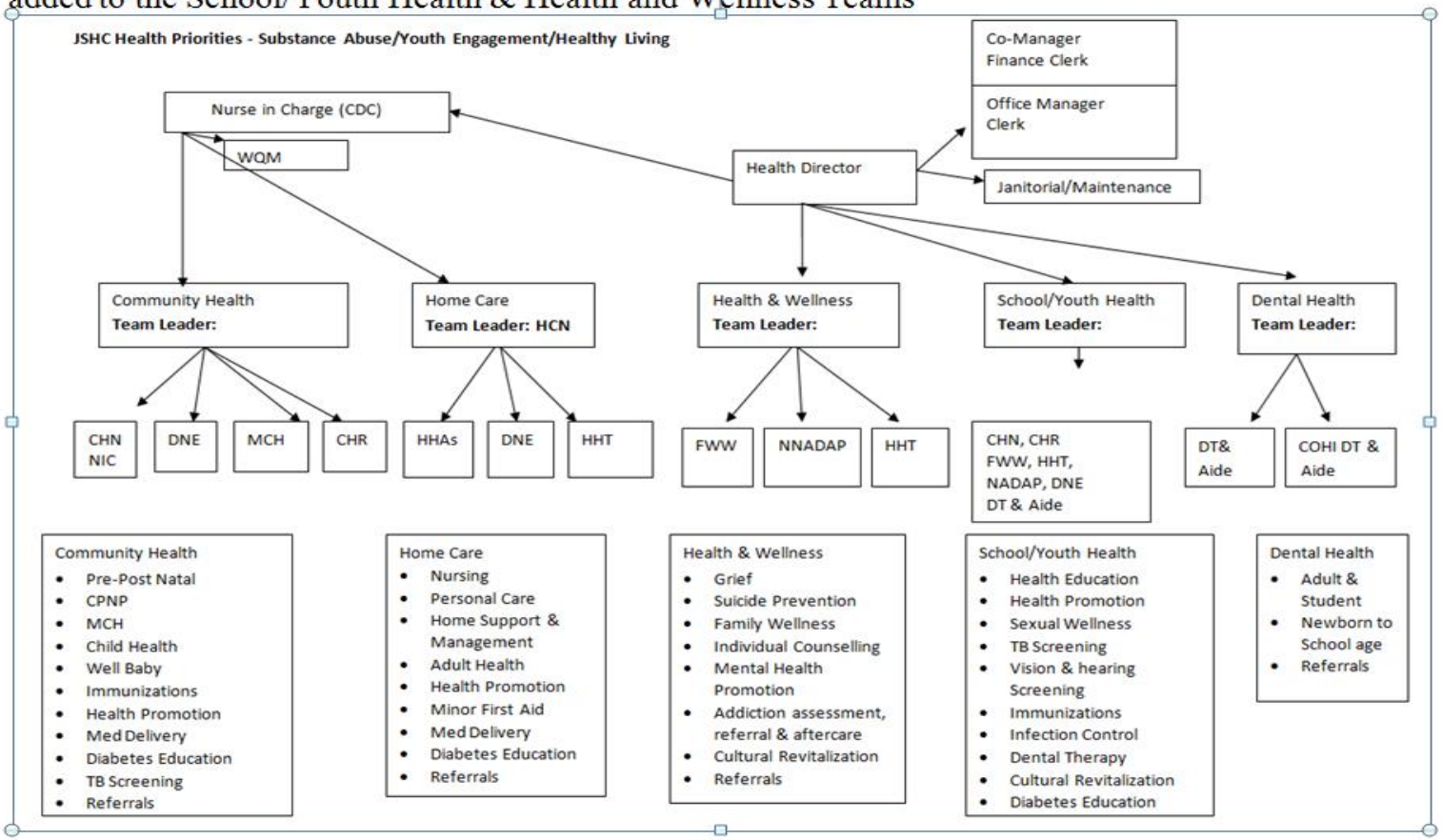

Table 3.5: 2012-2013 Health Canada Contribution Agreements Funding

FASD-Fetal Alcohol Spectrum	$ 3,000.00
MCH- Maternal Child Health	$110,496.00
CDC/IS Immunization	$ 5,314.00
FNIHCC- Home & Community Care	$355,261.00
COHI- Children's Oral Health	$ 7,020.00
NIHB/MT- Medical Transport	$220,000.00
NIHB/M&S Mgmt & Support	$ 35,000.00
NIHB- Community Dental Therapy	$100,438.00
NIHB/VPS/Phy Visiting Physician	$ 26,977.00
SSN/SEPD Nurses PD	$ 5,000.00
Aboriginal Diabetes Initiative	$ 80,000.00
TOTAL	**$948,506.00**

Table 3.6: 2012-2013 Other Funding Sources

INAC	$104,328.00
PAGC	$ 23,000.00

Funding Distribution

The JSHC divides the Health Canada Transfer Agreement funding into 3 budget components:

1. Main Health,
2. Brighter Futures and
3. CPNP

The Main Health budget is supplemented by a 10% Administration Fee charged to each of the Clinic's Contribution Agreements. The positions funded by the various funding sources are described in the following tables. It should be

noted that in addition to funding these positions, funding is also used to provide needed program supplies and program supports.

Table 3.7: JSHC Positions Supported by Health Canada Transfer Agreement Funding

JSHC Budgets	***Main Health***	***Brighter Futures***	***CPNP***
JSHC Positions	1 FTE Health Director	1 FTE Family Wellness Worker	Good Food Box & Grocery Vouchers
	1 FTE Nurse In Charge	.4FTE contracted Holistic Wellness Therapist (HHT) (2 consultants hired @.2FTE each. Consultants work 1 day each/week)	
	1 FTE CHN		
	1 FTE Finance Officer		
	1 FTE Office Manager		
	.5 FTE Clinic Assistant		
	.5 FTE Receptionist/ Clerk		
	3 FTE CHRs		
	2 FTE NADDAP Worker		
	.5 FTE Janitor		
	1 FTE Youth Program Developer (2013-2014)		

Table 3.8: JSHC Positions Supported by JSHC Contribution Agreements

JSHC Programs	***Medical Transport'n***	***Home Care***	***Dental***	***COHI***	***Community Health***	
					MCH	***ADI***
JSHC Positions	1 FTE MT Coordinator	2 FTE HCNs (1 reassigned	1 FTE DT	.5 FTE COHI Aide	1 FTE Family Home Visitor	.6 FTE DE (when hired)

JSHC Programs	***Medical Transport'n***	***Home Care***	***Dental***	***COHI***	***Community Health***	
					MCH	***ADI***
		to CH)				
	3 Taxi Contracts	1 FTE HHA	Dentist Contract			
		1 FTE Clinic Van Driver				
		.5FTE Janitor				

In addition to the above funding, INAC funds 3 FTEs Home Health Aide (HHA) positions and PAGC transferred funds supports .5FTE Water Quality Monitor.

Program Descriptions:

Each program description includes: a list of program staff, supervisor, funding, description of programming delivered and an Improvements Over Time Table. Appendix 3.1 includes the logic model for each program which details the ongoing work staff are doing (i.e. objectives, activities, Resources, Indicators and Evaluation/Reporting) and how the objectives outlined in the Improvement table will be accomplished. Staff will use their logic models to create annual work plans; program reports will also be based upon the accomplishment of objective in the logic model.

The following are some of the new program initiatives which are included in the CHP:

- Youth Program Developer Position- youth engagement, after school healthy living activities; funding proposal development
- School Health Team working out of School Health Room: NNADAP, HHT, CHRs, CHNs, DE, YPD
- Hearing tests for students
- Regular Fluoride rinses and varnishes
- High rates of completed Dental Treatment Plans
- More Home Visiting- home visiting teams CHNs & FHV
- Parenting classes for fathers
- Community kitchens for elders, diabetics, pre-diabetics including at risk youth, dads and children cooking classes
- More collaboration between programming: i.e. Health and Wellness & HCC; CHNs and HCC

- Better communication with Doctors
- New Protocol for Delivery of Medications
- New Home Care Protocol
- Fluoridation of water supply
- Water Delivery truck water delivery standards
- more work, less absenteeism, more accountability and reporting
- Programming regularly evaluated so that can STOP WHAT IS NOT WORKING.
- etc**.**

Table 3.9 Facilities Improvements Over Time Table

Acronyms: HD- Health Director; HC- Health Committee

2013-14	2014-15	2015-16	2016-17	2017-18
Improvements				
Improving infection control within Health Clinic				
Janitor adopts best practices in infection control as resources permit	*Ongoing thereafter*			
New Initiatives				
Facilities				
HD meets with Band Admin to explore need for a secure vehicle compound				
HD & Band Admin determine feasibility of secured vehicle compound project				
	If vehicle compound project is approved HD & Band Admin arrange for construction			
Maintenance				
HD, in collaboration with Janitor, develops a Cleaning & Custodial Schedule data sheet				

2013-14	2014-15	2015-16	2016-17	2017-18
HC adopts JSHC protocol for cleaning spills of blood or other bodily substances	*Ongoing thereafter*			
HC adopts JSHC protocol for cleaning spills of hazardous materials	*Ongoing thereafter*			
HD updates a a fire safety plan		*Ongoing thereafter*		
	HC adopts a JSHC Waste Management Strategy	*Ongoing thereafter*		
	JSHC adopts a Custodial Handbook to be used by current & future janitors	*Ongoing thereafter*		

Table 3.12 Community Health Program Improvements Over Time

Ongoing Core Services

Immunizations: 2 year olds and kindergarten

School Health: immunizations, TB screening, assist with vision screening undertaken at schools

Pre-post Natal: Prenatal mothers visited once a trimester; home visiting of mothers with infants; prenatal classes

Parenting Support: home visiting and collaboration in facilitation of parent groups and activities

Communicable Disease Control: client contact, contact tracing, TB, HIV-AIDS, VPD and Communicable Disease Prevention; school presentations on healthy sexuality & relationship education; awareness workshops & presentations for out-of-school youth & community adults

MCH Home Visiting: FHV home visiting and facilitation of parent groups and activities

Chronic Disease: CHNs, DE, CHRs provide education and some screening on chronic diseases including Diabetes

Reporting: In addition to compiling information described in Evaluation Plan & Responsibilities column below, CH will also report, as per CBRT: Part 3: Section A Questions 1, and **Pre/post natal classes and Parenting support:** CBRT Part 3 Q1, Section A: Q2-13, 31, 32 & 39; **CDC**:CBRT Section D: Q#1, 33-38; **Immunization** CBRT Section D Q#40&41; **TB:** CBRT Section D Q#43&44; **HIV/AIDS:** CBRT Section D Q# 45-47

Acronyms: CH- Community Health Program, CHN- Community Health Nurse, CHR- Community Health Representative, FHV- Family Home Visitor; DE- Diabetic Educator; NIC- Nurse in Charge; HD- Health Director, H&W- Health and Wellness Program, HHT- Holistic Health Therapist; MCH- Maternal Child Health

2013-14	2014-15	2015-16	2016-17	2017-18
Improvements				
More Efficient Prescription & Medical Supply Community Delivery				
NIC & HD collaborate to develop protocol for delivery & patient pick-up of prescriptions				

2013-14	2014-15	2015-16	2016-17	2017-18
Implement strategy	Ongoing thereafter			
Increased and Enhanced Home Visiting				
CH develop strategy & schedule for doing more home visits , including socializing visits				
Home visiting days are promoted i.e., indicated on a monthly calendar of activities in newsletter & website	Ongoing thereafter			
CH implements strategy & schedule for home visiting	Ongoing thereafter			
All home visits <u>always</u> include some informal health education & health promotion	Ongoing thereafter			
MCH to accompany CHNs & CHRs on initial prenatal home visit to introduce MCH program				
Research best practices in Home visiting	Best practices implemented as able	Ongoing thereafter		
Pre & Postal Natal Women's Health Program Improvement				
Ongoing core service				
Implement a monthly schedule for pre & post-natal classes	Ongoing thereafter			
Implement backup plans to ensure that a class can go on should a necessary staff member be unable to attend	Ongoing thereafter			
	Implement a HR strategy for under-taking after work hour programming to accommodate working and school-aged moms	Ongoing thereafter		
Enhance pre & post natal program & FHV reporting	Ongoing thereafter			
New initiatives for Pre-Post Natal Program				
Pre & post-natal class participants consulted regularly to identify programming needs & interests & if feasible incorporate some or all of their suggestions into programming	Ongoing thereafter			
FHV works with CHN to do screening & assessments of pre & post natal mothers	Ongoing thereafter			

2013-14	2014-15	2015-16	2016-17	2017-18
FHV designs a 'Mom & Tot' approach for all MCH programming (i.e. sharing circles, playtime, healthy snacks, etc.)				
FHV implements the 'Mom & Tot' approach for all programming	Ongoing thereafter			
FHV undertakes consultations with husbands & fathers about their interest in a prenatal program for fathers		Ongoing thereafter		
Implements a pilot father pre-natal program; evaluates	If successful, Ongoing thereafter			
	Implement a pilot Dad & Tot program	Ongoing thereafter		
	NIC and male Elder facilitates a male parenting support group			
	DE implements a dad & child cooking class; health snacks & quick meals	Ongoing thereafter		
Immunization Program Improvement				
Ongoing core service				
NIC & CHRs develops, implements & monitors protocol for collection of parent consent forms to decrease # of visits undertaken for this purpose	Ongoing thereafter			
Develop & implement strategies to increase <u>all</u> immunization rates	Ongoing thereafter			
Chronic Disease Program Improvements				
Ongoing Core Service				
	Use data on # & causes of deaths on reserve to conduct community awareness campaign on preventable causes of death	Ongoing thereafter		
School Health Program Improvements				
New initiatives				
HD works with School Administration & Band leadership to ensure that school has a consistent supply of soap, toilet paper & hand sanitizer in all washrooms	Ongoing thereafter			

2013-14	2014-15	2015-16	2016-17	2017-18
Collaborate with school to set up a volunteering program with students interested in pursuing a career with JSHC	Ongoing thereafter			
In collaboration with School, FHV develops a plan for increasing & enhancing school' health' programming to include pre-parenting & parenting classes	Implement increased & enhanced school health programming (pre-parenting & parenting)	Ongoing thereafter		
Communicable Disease Control Improvements				
Ongoing core service				
Collaborate with other Health programs to develop a community-based strategy on HIV awareness & prevention	Implement strategy	Ongoing thereafter		
Minor First Aid Improvements				
Ongoing Core Services				
Organize a First Aide Training Program for interested community members				
Maintain a contact sheet for Community Contacts at clinic (leave copy with Reception & NIC)				
Vital Statistic Collection Improvement				
Create policy & procedures (including reporting template) for collecting more accurate Vital Statistics including chronic disease information such as type of disease, age & gender of client & age at diagnosis				
Implement procedures for collecting Vital Statistics	Ongoing thereafter			
Enhanced Health Promotion				
CHRs consult with HD about establishing an Annual Health Promotion Activity Budget	If feasible health promotion activity budget utilized by CHRs	Ongoing thereafter		
NIC collaborates with NITHA Health Promotion Advisor to develop a health promotion/healthy living coaching technique training plan for all JSHC staff	Health promotion/coaching training plan implemented	Ongoing thereafter		
Develop & implement enhanced/targeted health promotion & health education programming for both sexes and population groups	Ongoing thereafter			

2013-14	2014-15	2015-16	2016-17	2017-18
Enhanced Youth Engagement				
In collaboration with School Administration, CH develops and implements a strategy for implementing **targeted health promotion** with students to include activities aimed at cultivating healthy lifestyles, healthy fun & socializing	Ongoing thereafter			
In collaboration with School Administration, develop and implement a strategy for **increased & enhanced health education** with school population to combat the development of chronic disease (i.e. anti-smoking, healthy eating, active lifestyles, violence prevention)	Ongoing thereafter			
CHRs in collaboration with H&W and Band Recreation Worker to develop a plan to organize & facilitate a youth activity at least once a month	Youth activities facilitated once a month	Ongoing thereafter		

Table 3. 15: Community Dental Therapy Improvements Over Time

Ongoing Core Services

Treatment/Basic Restorative Services: dental therapy services including: screening, emergency & completed treatment plans

Prevention, Education and Promotion: health promotion activities, fluoride rinse program, & tooth-brushing program

Reporting: DSDR reporting

Improvements Over Time

2013-14	2014-15	2015-16	2016-17	2017-2018
Improvements to Ongoing core service				

Completion of Treatment Plans				
By end of school year at least 45% of all students with treatment plans will have their plans completed	By end of school year at least 55% of all students with treatment plans will have their plans completed	By end of school year at least 65% of all students with treatment plans will have their plans completed	By end of school year at least 75% of all students with treatment plans will have their plans completed	By end of school year at least 85% of all students with treatment plans will have their plans completed
	50% of all students with treatment plans, will be on maintenance/ recall examination only	60% of all students with treatment plans, will be on maintenance/ recall examination only	70% of all students with treatment plans, will be on maintenance/ recall examination only	80% of all students with treatment plans, will be on maintenance/recal l examination only
DT utilizing a daily activity reporting log	Ongoing thereafter			
DT will undertake restorative treatment during the summer for students and adults with treatment plans	Ongoing thereafter			

Table 3.18: COHI Program Improvements Over Time

Core Services

Dental Screening: COHI DT checks children's' teeth & decides upon required COHI services

Fluoride Varnish Application: Dental Aide paints varnish on all the visible teeth surfaces- quarterly
Dental Sealants: Dental Therapist places sealants on the teeth children no yet attending school **Alternative Restorative Treatment (ART):** COHI DT undertakes ART according to service plan
Oral Health Information Sessions: provided by the COHI DT, on a one to one basis, to parents, caregivers & pregnant women so they can learn how to take care of their own & their children's teeth
Reporting: DSDR Reporting
Improvements Over Time

2013-14	2014-15	2015-16	2016-17	2017-2018
Ongoing core service				
Enhanced Home visiting & Consent collection				
CA undertakes home visit with CHR in summer months to community members home to get consents signed & apply varnish on children's teeth if is needed.	Ongoing thereafter			
CA attends Treaty Days to get child consent for dental therapy forms signed	Ongoing thereafter			
Patient files are flagged with changes in resident status based on monthly updates	Ongoing thereafter			
Collaborate with NIC and CHRs to develop ways to make appointments easier for children 0-4				

2013-14	2014-15	2015-16	2016-17	2017-2018
Attend post natal classes to obtain consents for older children	Ongoing thereafter			
Enhanced Fluoride Rinse and Varnish Program				
Hold fluoride rinse/ fluoride varnish clinics at least three times a year	Ongoing thereafter			
Enhanced Screening				
COHI DT to screen children in daycare and Head Start at the beginning of the school year	Ongoing thereafter			
New initiatives				
COHI Aide also functions as Dental Therapy Aide & expands responsibilities to include: fluoride rinses for Grade 1 to Grade 6, & Tooth Brushing program for AHSOR& Day Care to Grade 2	Ongoing thereafter			
In collaboration with AHSOR and Day Care develop strategy for enhancing dental health of students				

Table 3.20: Water Quality Monitoring: Improvements Over Time

On-Going/Core Services:

Water Sampling: Water samples taken according to schedule from: community water system, water delivery trucks, household cisterns and public facilities

Water Sample Analysis: Water samples tested in Health Clinic Lab Room for: e-coli, coliforms and chlorine levels.

Reporting: Results of water sample analysis submitted according to schedule to PAGC EHO, JSHC Health Director and JSCN Public Works Department

Improvements Over Time

2013-14	2014-15	2015-16	2016-17	2017-2018
New initiatives				
Water Delivery and Storage				
HD lobbies Band to ensure good water quality from Water Delivery Trucks, i.e. ends of hoses encased to prevent contamination; ends of hoses disinfected after every delivery	Water truck drivers provide WQM with a list of homes they visit; WQM knows which truck goes where and therefore can more easily back track samples			
PAGC Engineering supplies list to WQM which indicates which households have new cisterns				
Proactive assessment of cisterns undertaken in collaboration with PAGC	25% of old cisterns are sampled every year			

Engineering				
Work with Band to develop a plan to replace deteriorating cisterns				
Community Water Supply Improved				
HD lobbies Band to allow WQM access to Water Treatment Plant				
Water Quality Technician gains access to the Water Treatment Plant for consistent independent sampling				
Health Director and WQM, with EHO support, lobby for a fluoridated water supply				

Table 3.23: Health & Wellness Team Services Improvements Over Time

Core Services

Individual Counselling/Education/Support: adults & youth

Mental Health Promotion: collaboration on facilitating healthy socializing and relationships

Addiction Counselling, Assessment, Treatment Referral & Aftercare: adults and youth

Youth Programming: identification, development and facilitation of youth programming

Reporting

Acronyms: HW- Health and Wellness Program; HWT- Health and Wellness Team; HHT- Holistic Health Therapist; FWW- Family Wellness Worker

Health & Wellness Team Services Improvements Over Time

Implemented in 2012	2013-14	2014-15	2015-16	2016-17	2017-18
	Ongoing Core Service Enhancement & Improvement				
	Enhanced Retreats				
	Explore ways of expanding the number of participants	Implement ways expanding the number of participants	# of participants increased by 30%	# of participants increased by another 20%	# of participants increased by another 10%
	Research innovative best & promising practices for retreats	New format for retreats piloted & evaluated	Adapted format implemented	Ongoing thereafter	
	Enhanced Use of Cultural Teachings & Traditions				
	Explore best practices for incorporating traditional culture into all HW programming	Implement traditional cultural best practices	Ongoing thereafter		
	Enhanced & Improved Management Practices				
Enhanced management support	Ongoing thereafter				

Implemented in 2012	2013-14	2014-15	2015-16	2016-17	2017-18
& supervision					
	Reporting templates developed or revised & utilized	Ongoing thereafter			
	Staff report monthly & annually as a condition of employment	Ongoing thereafter			
	Annual work plans developed based on program logic models	Ongoing thereafter			
	All events & program services are regularly evaluated; findings improve program performance	Ongoing thereafter			
	Develop, advertise & implement programming schedules	Ongoing thereafter			
	Quarterly meetings with Management to check- work plan progress; staff held accountable	Ongoing thereafter			
	Enhanced Programming and Program Follow-up Support				
HWT document progress of clients who have attended treatment	HWT attempt to conduct follow-up visits with 50% of program participants at least once during the year after program participation.	Ongoing thereafter			

Implemented in 2012	2013-14	2014-15	2015-16	2016-17	2017-18
	NNADAP workers follow–up with almost all residential addiction treatment participants living in the community at 1, 3, & 6 months individually & subsequently with informal group gatherings	Participants of residential addiction treatment centers regularly followed up by staff experience an increased sense of support & sustained changes	Ongoing thereafter		
			Sustained changes experienced by 5% of participants of… treatment centers regularly supported by staff	Ongoing thereafter	
	HWT explore the possibility of having support programming for family members of substance abusers	If feasible, support group program initiated			
	HWT explore the possibility of having a Student/Youth Addictions Support Group	If feasible, support group program initiated			
	Facilitators' Guides prepared for all retreats, workshops & groups	Ongoing thereafter			

Implemented in 2012	2013-14	2014-15	2015-16	2016-17	2017-18
New Initiatives					
Initiate process of amalgamating NNADAP, HHT & FWW to form HWT	Ongoing thereafter				
Begin team building	Ongoing thereafter				
HWT established with annually rotating Team Leader	Ongoing thereafter				
Enhanced Program Accessibility					
	Promote increased community understanding of HW: i.e. clinic website and a HW pamphlet				
	Explore logistics of moving HWT to a private location; develop plan.	Move HW to new clinic addition if feasible			
		# clients accessing services increase	Ongoing thereafter		
	If INAC funding is withdrawn, HW workshop & retreat series to be funded from other sources	Ongoing thereafter			
JSHC Youth Initiative					

Implemented in 2012	2013-14	2014-15	2015-16	2016-17	2017-18
	Youth Program Developer (YPD) will have joined the HWT				
	YPD collaborates with youth & school staff to develop a plan for Integrated Youth Initiative				
	YPD with support of Interagency Committee submits proposals for funding	If funding accessed, integrated Youth Initiative implemented and evaluated			
HWT in collaboration with CHRs organize/facilitate, with youth input, a Boys & Girls Youth Group	Ongoing thereafter				
JSHC Healing Services Crisis Team					
Undertake informal needs assessment for the development of a Crisis Response Team	If needed, partner with PAGC NAYPS to assist with development of Crisis Team and a team management strategy	Crisis Team activated	Ongoing thereafter		
Enhanced Interagency Committee Focus on Community Healing					
Interagency Committee (IC) organized; HWT	Ongoing thereafter				

Implemented in 2012	2013-14	2014-15	2015-16	2016-17	2017-18
participate					
Build relationships with Band Admin	Facilitate an integrated workshop with Band Administration	Ongoing thereafter			
	Facilitate an annual healing services potluck & 'idea exchange' Health Clinic & Band staff	Ongoing thereafter			

Table 3.29: Home and Community Care Program Improvements Over Time

Ongoing Core Services

Client Care Planning: Client assessment & Case management- Client Care plans developed based upon assessment which include personal care, home management & home support services. HCC provided to assessed elderly & chronically ill band members.

Nursing Services: Foot & wound care provided as needed. Foot care done during clinics or at client's home as needed. Wound care done at health clinic or at client's home as needed.

Home Support Services: Personal Care, home management & home support provided to assessed clients according to Care Plan.

Respite Care: In home respite care provided to a maximum of 2 hours as needed. Out of home respite is provided during Elder's Day & Adult Day programming. HCN also assists clients to access long term out of home respite as needed.

Health Promotion: One-on-one self care promotion undertaken during foot care & wound care sessions & during the provision of home support services. One on one assessment & self-care counseling also provided during Treaty Days.

Charting & reporting: Completed as required according to schedule.

Access to Medical Equipment & Supplies: HCN ensures that clients have appropriate supplies, equipment & medication.

Management & Supervision: HCN supervises & consults with Home Health Aides (HHAs) on a daily basis.

Profession Development: HCN mentors & provides in-services to HHA as necessary; all staff access appropriate PD when available & possible

2013-14	2014-15	2015-16	2016-17	2017-18
Improvements to Ongoing Core Services				
Improved Reassessment				
Almost all HCC Client reassessments completed annually	Ongoing thereafter			
Enhanced Collaboration with Other Care Providers				
Collaborate with CH to develop better communication patterns (re: new diabetic, chronic,.)	Ongoing thereafter			
With HD support, arrange for more information sharing from visiting doctor regarding: wound care, HCC clients with diabetes or coronary heart disease, referrals to other care providers, & newly diagnosed diabetics				
With HD support, arrange for more information sharing from visiting doctor regarding discharged clients etc with hospital				
Collaborate with H&W for additional client support	Ongoing thereafter			
Improvements to Foot Care Clinics				
At least 50% of diabetic HCC clients receive training & coaching to increase foot- self assessment & monitoring	Ongoing thereafter			

2013-14	2014-15	2015-16	2016-17	2017-18
Non-diabetic HCC clients will receive training & coaching to increase foot- self assessment & monitoring				
25% of HCC non-diabetic clients in will have increased knowledge on foot self -assessment & monitoring	50% of HCC non-diabetic clients will have increased knowledge on foot self- assessment & monitoring	Ongoing thereafter		
At least 25% of continuously participating clients will be undertaking basic foot care tasks within their capabilities at home after 6 months of coaching	At least 50% of continuously participating clients will be undertaking basic foot care tasks…	Ongoing thereafter		
	At least 50% of continuously participating clients will be able to describe steps in foot care assessment after 6 months	Ongoing thereafter		
Improved Professional Development				
DE in collaboration with HCN and NIC will develop PD sessions in areas of Diabetes prevention, intervention & client care strategy for HCC.		Ongoing thereafter		
HHAs begin training in the area of diabetes prevention, intervention & client care				
HHAs undertake enhanced training (i.e. wound care; use of manual BP cuffs wound care; use of manual BP cuffs digital camera to document wound healing)	Ongoing thereafter			
HHAs are coached on use of e-mail, word & electronic	HHAs use laptops to do daily charting & reporting if equipment	Ongoing thereafter		

2013-14	2014-15	2015-16	2016-17	2017-18
reporting templates	available			
Re-assess the Meals on Wheels (MOW) Program				
Explore possibility of contracting meal preparation out to School Cafeteria				
Research & compile MOW program needs assessment report re: usage, costs, benefits				
Collaborate with HD to determine if MOW's program could be expanded (i.e. partnering with pre & post natal women, school, paying band members)				
Present findings & proposal for revamping MOW to Health Committee	Strategy for revamping MOW developed & approved			
	Revamped MOW in operation in stages	Ongoing thereafter		
New initiatives				
Enhanced Diabetes Awareness				
Collaborate with CHRs & DE to develop a *strategy* for hosting effective quarterly Diabetic Awareness Days	Strategy for hosting Quarterly Diabetic Awareness Days implemented	Ongoing thereafter		
Collaborate with DE to develop a *strategy* for increasing adult awareness of Diabetes prevention & self- care				

2013-14	2014-15	2015-16	2016-17	2017-18
Begin implementing strategy	Ongoing thereafter			
	Community kitchens for diabetic & pre-diabetic clients begin to be held monthly in collaboration with DE	Ongoing thereafter		
Enhanced Chronic and Home Care				
In collaboration with CHN, HCN undertake a home visit with all newly diagnosed chronic patients	Ongoing thereafter			
In collaboration with HD & NIC develop a funding proposal for needs assessment on future needs of elders (i.e. LTC Home) in the JSCN community (to include: demographic forecast & increasing rates of diabetes, other chronic diseases & personal injuries)	Needs assessment & recommendations presented to the HC for review/discussion; recommendations supported go o C&C			
	HD, NIC, HC develop action plan on needs assessment recommendations	Action Plan implemented		
	Collaborate with HD & HC to review & possibly revise JSCN Home Care Policy re: decision making path; equality of patients; & authority of care plans (i.e. clients should not be able to access extra services other than those identified in Care Plan)			
		Implement Home Care Policy: JSHC Managers &	Ongoing thereafter	

2013-14	2014-15	2015-16	2016-17	2017-18
		JSCN Councilors support the policy		

Table 3.30: JSHC Management: Improvements Over Time

2013-14	2014-15	2015-16	2016-17	2017-18
Improvements to Ongoing Core Services				
Enhanced Participation of Health Committee				
HD, CM & NIC provide in-depth orientation for the HC & Health Portfolio Counselors	HD & CM undertake other capacity building activities with the HC on a regular basis	Ongoing thereafter		
Health program staff report to HC on a quarterly basis	Ongoing thereafter			
Policies & Procedures Implementation				
Undertake a detailed review of Personnel Policy Manual to ensure staff are aware of & understand employee policy requirements & implications				
With support of HC, management implements the full range of policies & procedures approved for the JSHC including appropriate pay for hours worked	Ongoing thereafter			

Improved supervision of staff, i.e. monitor attendance; time sheet reporting; use of clinic vehicles, etc.	Ongoing thereafter	
Management ensures that all staff adhere to Oath of Confidentiality; follow policy regarding breaches	Ongoing thereafter	
Enhanced Management Support for Improved Reporting		
All program staff required to report monthly as well as annually to Program Supervisor as a condition of employment	Ongoing thereafter	
All program monthly reporting templates are reviewed & revised if required so as to capture: number of clients, number of client visits & contacts, types of services provided, types of community activities/events with participation numbers, & event evaluation results including participation engagement, progress on specific learning objectives of the event	Reporting quality improved: progress on work plan objectives & major activities more readily evident	Ongoing thereafter
All staff are responsible for their own program reporting to funders; management reviews and submits report	Ongoing thereafter	
All staff are responsible for electronic program contributions to the JSHC Annual Report	Ongoing thereafter	
Improved Management Support for Program Work Planning & Evaluation		
Managers undertake monthly or quarterly program reviews with staff to make sure work is being performed	Ongoing thereafter	
Managers ensure that all events & program services are regularly evaluated & evaluation findings are used to improve	Ongoing thereafter	

program performance	
Managers work closely with staff to produce more effective annual work plans	Ongoing thereafter
Improved Management Support(2nd level support) of Staff	
Managers support staff who may not have confidence in their skills; strategies developed & implemented to improve staff performance	Ongoing thereafter
Managers ensure that group interaction is free of lateral violence	Ongoing thereafter
Managers are consistent healthy role models	Ongoing thereafter
Management supports the development and implementation of a health promotion technique/healthy living coaching training strategy for all JSHC staff	Health promotion/healthy living coaching training plan implemented
Enhanced Training Effectiveness	
Enhanced management training for HD & NIC begins to be implemented according to CHP training plan	Ongoing thereafter
Management ensures that the CHP staff training plan is implemented	Ongoing thereafter
Before training is approved, staff will have provided written plans that describe the application of training to priority work in their unit/program. Managers & staff will review application of training during the quarterly program review.	Ongoing thereafter

Managers ensure that all staff completing training provide program supervisor a written report of the knowledge & skills gained in training & ways these will be applied to their work; verbal report given by trained staff at monthly staff meetings	Ongoing thereafter			
Management encourages staff to regularly put into practice the communication skills & knowledge they have been exposed to in teambuilding workshops	Ongoing thereafter			
Managers develop training plan to ensure that all staff are coached in the use of computers for communications & reporting				
JSHC staff begin to upgrade their knowledge & skills in using computers				
JSHC begin to use electronic communication as the primary communication method	All JSHC program areas electronically record & submit vital & program statistics.	Ongoing thereafter		
	Leaders, in collaboration with staff, develop strategy for encouraging &supporting good role models	Strategy for encouraging and supporting good role models implemented	Ongoing thereafter	
New initiatives				
Health Committee researches JSHC Incorporation	HC presents findings & recommendations to Chief & Council for discussion & decision-			

	making			
Management Initiatives				
Management facilitates a *"Grounding circle"* at the beginning of monthly clinic staff meetings to help get personal issues & feelings out into the open so they can be dealt with more effectively	Ongoing thereafter			
Management develops & utilizes organizational orientation process	Ongoing thereafter			
	Program Managers develop program orientation packages for JSHC staff positions; utilize package once developed	Ongoing thereafter		
	Management revisits & revises (if required) all JSHC job descriptions			
Management develops policy & procedures for flexible hours of work to permit evening & weekend work as required.	Policy & procedures for flexible hours of work implemented for required evening & weekend work	Ongoing thereafter		
Management develops a strategy for more effective communication with community members regarding program activities	Implement strategy for more effective communication with community members regarding program activities	Ongoing thereafter		
	NIC office moved into office area with other CH staff to assist in			

	increased supervision & support			
	Health and Wellness program moved into new area so as to enhance client feelings of privacy			
Strategies to Address Health Priorities				
Management ensures that a well-planned evidence-based pilot project on community health priorities (i.e. substance abuse, youth engagement, healthy living) is developed & funded from its reserve account	Pilot project implemented	Management evaluates evidence-based pilot project.		
	Youth Engagement Strategy developed	Youth Engagement Strategy implemented	Ongoing thereafter	
	Cultural Renewal Strategy developed	Cultural Renewal Strategy implemented	Ongoing thereafter	
	Injury Prevention Strategy Developed	Injury Prevention Strategy	Ongoing thereafter	
Management, in collaboration with Health & Wellness (H&W) Program, researches Community Development practices & initiatives	Management in collaboration with H&W Program design Community Development Strategy	Management begins to implement Community Development Strategy	Ongoing thereafter	

Management works to enhance the effectiveness of the JSCN Interagency Committee	Ongoing thereafter
Ensure Use of Best Practices in Programming	
Management encourages staff to research best practices in their own areas	Ongoing thereafter
Management encourages staff to report on best practices to other program staff & to staff meetings if appropriate	Ongoing thereafter
Program managers & team leaders ensure understanding & use of best practices	Ongoing thereafter

Table 3.31: Clinic Assistant's: Improvements Over Time

2013-14	2014-15	2015-16	2016-17	2017-18
Ongoing core service				
During Doctors Day CA will book referral and testing appointments using the phone in the Examination Room to enhance confidentiality	Ongoing thereafter			
New initiatives				
HD will request that the Doctor flag urgent prescriptions in order to ensure that patients in need of medication the day of Doctors Day will have it delivered	Ongoing thereafter			

Table 3.32: Finance Officer: Improvements Over Time

2013-14	2014-15	2015-16	2016-17	2017-2018
New initiatives				
Improved Staff awareness of Program Budget				
Program staff will be acquainted with their program budget				
Program staff will review their programs financial statements on a quarterly basis,				
Improved Program Financial Planning				
program staff in collaboration with Financial Officer will develop a financial plan for new program activities that requires financial assistance				
JSHC staff who compile financial reports to funders must collaborate with Financial officer on a regular basis				

Table 3.34: JSHC Medical Transportation: Improvements Over Time

2013-14	2014-15	2015-16	2016-17	2017-18
Ongoing core service				
MTC ensures that all Taxi Drivers will have completed, First Aid training or recertification	Ongoing thereafter			

New initiatives				
HD in collaboration with MTC compiles a briefing note to present to FNIH regarding the usage & costs associated with contracted private medical taxi use by JSHC				
	HD & Co-manager lobby FNIH to increase the private taxi travel rate & the private mileage rate to reflect current & increasing costs of transportation	Ongoing thereafter, until resolution		
JSHC lobbies FNIH to change NIHB guidelines for JSHC regarding dental service & physician access in order to allow patients their choice of practitioner in the nearby communities of Tisdale & Nipawin as the differences in transportation costs are low	Ongoing thereafter, until resolution			
JSHC explores the possibility of using a combined van/taxi service so that more than 3 clients can be transported at once (i.e. contract or clinic owned)	If feasible a combined van/taxi service initiated			

Chapter 4: Funding and Budgets:

Please NOTE: All budgets presented reflect an annual 3% increase in funding levels

Table 4.1: Health Transfer, Set Agreement and other Programs funding JSHC

Health Transfer	**Set Agreement**	**PAGC**	**INAC**
Administration	Home & Community Care	Water Quality Monitoring	Home Care Support Program
Health Education	Aboriginal Diabetes Initiative		
Community Health Nursing	Medical Transportation (NHIB)		
Community Health Representatives	FAS/FAE		
Canada Pre-Natal Nutrition	Maternal Child Health		
Addictions/ Community Development	HIV/AIDS		
Health Transfer	**Set Agreement**	**PAGC**	**INAC**
Mental Health	Immunization		
Home Care Nursing	Enhanced TB Control		
Brighter Futures	Pandemic Planning		
Maintenance Support	Dental (NHIB)		
Governance	NAYSPS		
Management	CDC-Immunization Strategy		
	Health Careers		

	Nursing Education		

4.3.1. Management (including Governance) and Administration

Management (including Governance) and Administration are supported by funding in the health clinic's Main Health Budget. The revenue from this budget is obtained from the JSCNs Health Services Transfer Agreement (HSTA), the largest funding component of the health clinics Main Health budget, and from a 10% administration fee levied against all other programs.

Staff Supported

Main Health Budget supports:

- Health Director
- Office Manage,
- Clinic Assistant
- Finance Clerk
- Nurse in Charge
- Community Health Nurse
- 3 CHRs
- 2 NNADAP workers
- Clinic Janitor

Table 4.2: Main Health (including Governance & Administration) Forecasted Budget 2013-2018

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
REVENUE					
Health Transfer Agreement	999314	1029293	1060172	1091977	1124937
Admin Fees (Other Programs)	113134	113134	113134	113134	113134
TOTAL REVENUE	**1112448**	**1142427**	**1173306**	**1205111**	**1238071**
EXPENDITURES					
Operating	327704	334141	340771	347600	354835
Wages - Gross	630064	648966	668435	688488	709143

Wages - Benefits	154680	159320	164100	169023	174094
CVA Costs (Other Programs)					
Capital					
TOTAL EXPENDITURES	**1112448**	1142427	1173306	1205111	1238071
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

4.3.2. Home and Community Care

The JSHC HCC program is supported by Set Contribution Agreement and INAC funding

Staff Supported

Set Contribution Agreement funding supports:

- 2 FTE Home Care Nurses (1 HCN re-assigned to CH)
- 1 FTE Clinic Van Driver
- 1FTE HHA/Cook
- .5 FTE Janitor

INAC funding supports:

- 3 FTE Home Health Aides.

Table 4.3: Home and Community Care Forecasted Budget 2013-2018

	2013-2014	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
REVENUE					
Contribution (fixed)	355,261	355,261	355,261	355,261	355,261
Transfer	38,600	39,758	40,951	42,179	43,445

TOTAL REVENUE	**393,861**	**395,019**	**396,212**	**397,440**	**398,706**
EXPENDITURES					
Admin Fee - Admin	39,386	39,502	39,621	39,744	39,871
Operating	83,734	84,776	85,850	86,955	88,094
Wages - Gross	214,716	214,716	214,716	214,716	214,716
Wages - Benefits	56,025	56,025	56,025	56,025	56,025
TOTAL EXPENDITURES	**393,861**	**395,019**	**396,212**	**397,440**	**398,706**
Excess (deficiency)	**-**	**0**	**0**	**0**	**0**

Table 4.4: Home Care Forecasted Budget 2013-2018

	2013-2014	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
REVENUE					
INAC	104328	104328	104328	104328	104328
TOTAL REVENUE	104328	104328	104328	104328	104328
EXPENDITURES					
Operating					
Wages - Gross	104328	104328	104328	104328	104328
Wages - Benefits					
TOTAL EXPENDITURES	104328	104328	104328	104328	104328
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

4.3.3. Community Health

The Community Health Program is supported by HSTA and Contribution Agreement funding.

Staff Supported

HSTA funding supports:

- Nurse in Charge,
- Community Health Nurse
- 3 CHRs
- 2 NNADAP workers

Contribution Agreement funding supports:

- CPNP HSTA funding supports: Community Kitchen and Food and Milk Coupon programs offered to Pre-and post natal breastfeeding mothers.
- Maternal Child Health Contribution Agreement funding supports: Family Home Visitor, guest speakers and other program supports.
- The Physician Services budget covers: Doctors travel and down time.
- ADI Contribution funds, withdrawn from PAGC, funds the Diabetic Educator position.
- FAS/FAE funding is used to support programming.

Table 4.5: Canada Prenatal Nutrition Program Forecasted Budget 2013-2018

	2013-2014	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
REVENUE					
Health Transfer Agreement	48374	49825	51320	52860	54445
TOTAL REVENUE	**48374**	**49825**	**51320**	**52860**	**54445**
EXPENDITURES					
Operating	48374	49825	51320	52860	54445
Wages - Gross					
Wages - Benefits					
TOTAL EXPENDITURES	48374	49825	51320	52860	54445
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

Table 4.6: Maternal Child Health Program Forecasted Budget 2013-2018

2013-2014	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**

REVENUE					
Maternal Child Health (CAD)	110496	110496	110496	110496	110496
TOTAL REVENUE	110496	110496	110496	110496	110496
EXPENDITURES					
Administration Fee (Admin)	11047	11047	11047	11047	11047
Operating	34938	34938	34938	34938	34938
Wages - Gross	57041	57041	57041	57041	57041
Wages - Benefits	7470	7470	7470	7470	7470
TOTAL EXPENDITURES	**110496**	**110496**	**110496**	**110496**	**110496**
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

Table 4.7: Physicians Services Forecasted Budget 2013-2018

	2013-2014	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
REVENUE					
	26978	26978	26978	26978	26978
TOTAL REVENUE	26978	26978	26978	26978	26978
EXPENDITURES					
Operating	26978	26978	26978	26978	26978
Wages - Gross					
Wages - Benefits					
TOTAL EXPENDITURES	26978	26978	26978	26978	26978
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

Table 4.8: Diabetic Educator's Forecasted Budget 2013-2018

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
REVENUE					
ADI- CA	80000	80000	80000	80000	80000
TOTAL REVENUE					
EXPENDITURES					
Operating	1500	1500	1500	1500	1500
Wages - Gross	68000	68000	68000	68000	68000
Wages - Benefits	2500	2500	2500	2500	2500
ADMIN	8000	8000	8000	8000	8000
TOTAL EXPENDITURES	80000	80000	80000	80000	80000
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

Table 4.9: FAS/FAE Forecasted Budget 2013-018

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
REVENUE					
FAS/FAE (CAD)	3000	3000	3000	3000	3000
TOTAL REVENUE	3000	3000	3000	3000	3000
EXPENDITURES					
Administration Fee					
Operating	3000	3000	3000	3000	3000
Wages					
TOTAL EXPENDITURES	3000	3000	3000	3000	3000

Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

4.3.4. Health and Wellness

The Health and Wellness Program is supported by HSTA and Contribution Agreement funding.

Staff Supported

HSTA supports:

- 2 NNADAP workers
- 1 Youth Program Developer if and when position is filled

HSTA Brighter Futures Program supports:

- Family Wellness Worker
- 2 contracted part time Holistic Health Therapists

NNADAP recruitment and retention & FAS/FAE Contribution Agreement funding partially supports:

- 2 NNADAP workers

Table 4.10: NNADAP Forecasted Budget 2013-2018

	2013-2014	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
REVENUE					
NNADAP recruitment & retention	4000	4000	4000	4000	4000
TOTAL REVENUE	4000	4000	4000	4000	4000
EXPENDITURES					

Operating	4000	4000	4000	4000	4000
Wages - Gross					
Wages - Benefits					
TOTAL EXPENDITURES	4000	4000	4000	4000	4000
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

Table 4.11: Brighter Futures/Mental Health Forecasted Budget 2013-2018

	2013-2014	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
REVENUE					
Health Transfer Agreement	240488	247703	255134	262788	270671
TOTAL REVENUE					
EXPENDITURES					
Operating	109602	112890	116277	119765	123358
Wages - Gross	130886	134813	138857	143023	147313
TOTAL EXPENDITURES	**240488**	**247703**	**255134**	**262788**	**270671**
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

4.3.5. Dental Therapy

Staff Supported

Contribution Agreements support:

- Community Dental Therapist
- COHI Aide.

Table 4.12: Dental Therapy Forecasted Budget 2013-2018

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
REVENUE					
Contribution Agreement	100483	100483	100483	100483	100483
TOTAL REVENUE	100483	100483	100483	100483	100483
EXPENDITURES					
Admin fee	10048	10048	10048	10048	10048
Operating	10750	10750	10750	10750	10750
Wages - Gross	72146	72146	72146	72146	72146
Wages - Benefits	7539	7539	7539	7539	7539
TOTAL EXPENDITURES	**100483**	**100483**	**100483**	**100483**	**100483**
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

Table 4.13: COHI Forecasted Budget 2013-018

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
REVENUE					
Contribution Agreement	7020	7020	7020	7020	7020
TOTAL REVENUE	7020	7020	7020	7020	7020
EXPENDITURES					
Operating	1020	1020	1020	1020	1020
Wages - Gross	6000	6000	6000	6000	6000
Wages - Benefits					
TOTAL EXPENDITURES	**7020**	**7020**	**7020**	**7020**	**7020**
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

4.3.6. Medical Transportation Budget

Staff Supported

Contribution Agreement for non-insured services supports:

- Medical Transportation Coordinator
- 3 Contracted Medical Taxi Drivers

Table 4.14: Medical Transportation Forecasted Budget 2013-2018

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
REVENUE					
Non insured Contribution	255000	255000	255000	255000	255000
TOTAL REVENUE	255000	255000	255000	255000	255000
EXPENDITURES					
Operating	5000	5000	5000	5000	5000
Wages - Gross	33989	33989	33989	33989	33989
Taxi Contracts	208048	208048	208048	208048	208048
Wages - Benefits	7963	7963	7963	7963	7963
TOTAL EXPENDITURES	**255000**	**255000**	**255000**	**255000**	**255000**
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

4.3.7. Water Quality Monitor

Staff Supported

Flow-through funding from PAGC to JSHC supports:

- PT Water Quality Monitor.

Table 4.15: Water Quality Monitoring Forecasted Budget 2013-2018

	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
REVENUE					
PAGC	23225	23225	23225	23225	23225
TOTAL REVENUE	23225	23225	23225	23225	23225
EXPENDITURES					
Administration Fee	2322	2322	2322	2322	2322
Wages - Gross	14322	14322	14322	14322	14322
Wages - Benefits	6581	6581	6581	6581	6581
TOTAL EXPENDITURES	**23225**	**23225**	**23225**	**23225**	**23225**
Excess (deficiency)	**0**	**0**	**0**	**0**	**0**

Chapter 5: Human Resources

Table 5.2: JSHC Positions in Need of Succession Planning

Job Title
• Health Director
• Office Manager
o Clinic Assistant/Receptionist
o Finance Clerk
o Family Wellness Worker
o 2 Home Health Aides
o Community Health Nurse
o Community Health Representative
o NNADAP worker

Chapter 6: Training Requirements & Plans

Table 6.1a: Planning, Reporting, Evaluating and Health Promotion Training Needs of JSHC staff

Type of Training	Staff Covered	Arrangements
Planning Assessment of issues; identification of priorities and barriers to change; assessment of effective interventions; developing logic models (ongoing)	All program staff	All program staff create annual work plans from CHP Program Logic Models
Reporting Monthly program reporting according to LM; quarterly summaries to JSHC Health Committee; Annual Report preparation (to be initiated in 2013-2014)	All program staff	Supervisors assist in review & revision of program reporting templates. PAGC IT to assist in computer upgrading & training Co-Manager to assist staff in upgrading computer skills Use CBRT & other required reporting to develop/maintain skills
Evaluation Ability to report: data on program objectives; ability to write evaluable objectives; ability to identify how evaluation findings can be used to improve programs (to be undertaken by June 30, 2014)	All program staff	Health Director will arrange for a workshop on evaluation.(i.e. NITHA Health Promotions Advisor) Staff develop/maintain skill by using reporting templates and applying evaluation findings
Health Promotion Best practices in health promotion; group facilitation; presentation skills, coaching and mentoring skills	All staff	NIC to work with NITHA Health Promotions Advisor to develop training plan for enhancing health promotion abilities of all staff.

Table 6.1b: Profession Development Requested by majority of all off JSHC staff

Type of Training	Arrangements
Lateral Violence Training	Internally by HHTs

Type of Training	Arrangements
Applied Suicide Intervention Skills training	Internally by HHTs
Mental Health First Aid	Internally by HHTs
Parenting /traditional parenting	Contracted
Adult Education/Coaching skills	Contracted
Facilitation , presentation, public speaking skills	Contracted
Computer Skills	PAGC, JSHC staff for 1-1 instruction or Contracted