



ANNUAL REPORT 2018-2019

SUMMARY

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WORD FROM THE DIRECTOR

Due to water main breaks that occurred in May and November 2017, the Council had made the decision to conduct cathodic protection work on the old cast-iron water mains on Waban-Aki, Awassos and Tolba Streets. After receiving bids from contractors, the costs were deemed too expensive to justify the work. Bid amounts were double what had originally been estimated. It was therefore decided to only repair the defective valves on the water main system. These defective or inoperative water main valves were repaired in the spring and fall of 2018 to ensure that if a water main break occurred in the future, we would be able to confine the closure of the water thereby minimizing the impacts for our citizens.

We also approached Indigenous Services Canada (ISC) for a request for funding to replace the old cast-iron water mains dating back to the early 1970s. However, ISC responded that the service life of these pipes indicated that they were still good for several years.

The Council finally decided to have the old presbytery demolished. Indeed, after vain attempts to find funds to renovate this building, we had no choice but to demolish it. The demolition work on the old presbytery took place during the week of September 24, 2018 and was spread out over a period of four days after archaeological excavations were carried out during the month of August to ensure that no artefacts were on the demolition site itself. Demolition costs totalled \$ 32,626. The building that housed the previous Le Calumet restaurant was also demolished in mid-July 2018. The building required overly significant repairs for us to hope to rent. The repayment on investments would unfortunately not have yielded any profits. The demolition of Le Calumet totalled just over \$ 12,000.

Following the announcements made as part of the unveiling of the last federal budget, we learned that ISC will obtain budgets for the servicing of lots for the construction of houses. The Council intends to take advantage of this windfall by

applying for the servicing of more than 40 lots on the lands formally occupied by the CN. This will allow us to complete Mgezo Street and Pakesso Street (a new street developed on CN's former grounds in 2016-17) at Waban-Aki Street. We would end up with more than 50 lots, which would meet the housing needs for the homeownership program over the next 20-30 years. We estimate the cost of the work at about \$2 million. The funding application was sent to ISC in the winter of 2018-2019.

Work on the Sibosis Street storm outlet, which extends from Waban-Aki Street to the Saint-François River, was carried out in June 2018. All that remained was for the contractor, Excavation LJL Inc., to complete the final paving work on Waban-Aki Street and the final hydraulic-seeding landscaping work. Once these earthworks were complete, the paving work of the community centre's parking lot could be done by Pavage 132 in early July. Construction work on the new Public Works garage along Route Marie-Victorin in the industrial park area was completed in 2018.

At the beginning of July, the paving work was also carried out by Pavage 132. Public Works were able to move into their new facilities after the summer vacation period in September. Thus, the Odanak Environment and Land Office now occupies the premises of the old Odanak wastewater treatment plant in order to store their equipment. It should be noted that they were very cramped in the garage which had formerly been built for them behind the building of the former post office at 62 Waban-Aki Street. Part of Managuan Street was also paved during the same month at a cost of \$ 55,000, from Skamonal Street to Tolba Street.

Following Lisanne Côté's departure in May 2018, the Odanak and W8linak councils agreed to share a full-time resource in economic development through the Grand Conseil de la Nation Waban-Aki. So Stéphane Lecours-Aubin was hired to fill this role. For our part, we posted a part-time commercial real estate agent position, which led



DANIEL G. NOLETT

EXECUTIVE DIRECTOR

WORD FROM THE DIRECTOR



to the hiring of Mr. Claude Panadis. Mr. Panadis started his new duties on July 16th. His duties include the renting and maintenance of social and commercial housing belonging to the Council. Following the departure of Ms. Christelle Pelbois in May 2018, we recruited a new director for the Odanak Health Centre. Mr. Jean Vollant, a member of the Innu community of Pessamite, was therefore appointed Director of the Health Centre in July 2018. However, Mr. Vollant did not start until the beginning of September.

The Council has created a revitalization committee for the historic site where the Museum is located, as well as the Catholic Church, where the Pow Wow activities are held. We want community members to express themselves in order to come up with ideas for a new look. This place has been somewhat neglected over the last few years and the violent storms we have experienced in recent summers have damaged some trees. The goal is to make this site as attractive as possible for tourists as well as for us, members of the community. A first meeting was held in January 2019.

I would also like to inform you that we have renewed the contract with the Régie de gestion des matières residuals du Bas-Saint-François for the collection of waste and recyclables for a period of five years. This new agreement took effect on January 1, 2019. An increase in costs occurred in January 2019 due to the closure of the Saint-Nicéphore landfill site. Since then, the Régie has had to bury our waste in Victoriaville. In order to minimize the impact on the annual fees charged to you for the collection of waste and recyclables, since the beginning of January 2019, garbage collection has been done every two weeks rather than every week. Waste collection every two weeks will take place in the following years, during the cold period of the year, from autumn (around November) until early spring (around April). However, for this year, waste collection every two weeks started in early January. We sent you the new calendar with the waste and recyclables collection dates.

As part of the transformation process of the Department of Indian Affairs, now called Indigenous Services Canada (ISC), important announcements have been made to us recently. ISC is currently working with the First Nations Education Council and the Tshakapesh Institute to review the funding formula for the elementary and secondary education program. In addition, they are busy developing a new regional framework agreement in education.

Already, since the 2018-2019 school year, tuition fees for these same students (status and living on reserve), who attend schools off-reserve, are covered by the province. For the current year as well as the next, ISC is allowing us to keep the portion of funding we received in 2018-2019 and the portion we will receive in 2019-2020 for tuition fees for our students attending primary and secondary school in public institutions. What we can tell you right now is that communities like ours, that is, those who do not have elementary or secondary schools on their reserve, will no longer receive funding to pay tuition fees for status-based primary and secondary school students who live on-reserve and attend public schools off-reserve starting in 2020-2021. Finally, I would like to inform you that the strategic plan of the Abenakis of Odanak Council expires on March 31, 2019. We have therefore taken steps to develop a new five-year strategic plan. A brainstorming exercise was undertaken with each of the departments under the Council's responsibility to direct our elected representatives to the main orientations to be taken over the next five (5) years. To be continued.

Two meetings were held in January and February 2019, during which stakeholders from the Grand Conseil de la Nation Waban-Aki (Ndakinna Office), the Musée des Abénakis and the Council, including the Environment and Land Office, set up a committee and a policy on research protocols on the Abenaki people and the territory. Our objective is to better manage the research that is conducted about us and have better control. We especially want to obtain these



WORD FROM THE DIRECTOR

research findings and use them for our benefit. The committee will report to the Grand Conseil and, by the same token, to each of the Councils.

Parks Canada has decided to nominate Théophile Panadis, as a storyteller, guide, sculptor and Abenaki basketry artist, for his economic contribution to the community. Two commemorative plagues have been produced and will be installed in the church square. A formal ceremony will be held on Saturday, July 6, 2019 during the Pow Wow. A formal ceremony will be held on Saturday, July 6, 2019 during the Pow Wow. A four-sided monument will also be built in the spring of 2019, where the fountain once stood. On this monument, in addition to the two plaques mentioned above, the sign for the Route des Navigateurs will be shown and the commemorative plaque awarded in June 2017 concerning the migration of the Abenaki people, like the one installed near the Little Chapel, in Wôlinak. There will therefore remain a free side for a fourth potential plaque.

On January 9, Lucie Michaud Assistant Executive Director and Human Resources Director, resigned. We are currently in the process of recruiting to find a new Director of Human Resources. To be continued...

We held Strategic Planning activity in mid-March. A new strategic plan will be drafted in April. The new plan will replace the one expired on March 31st. It should be approved by the Council in late

April or early May. This is a 5-year plan and will be effective from 2019 to 2024.

I would like to take this opportunity to congratulate and thank all my team at the Council's Administrative Office, the Health Centre, the Abenaki Police Corps, the Environment and Land Office and Public Works for their dedicated work for the organization and their loyal service to community members in 2018-2019. Keep up the good work for the benefit of our members!

I would also like to sincerely thank the Council members for their support and their trust in me. I appreciate it.

I wish you all, dear members, a good reading of the 2018-2019 annual report of the activities carried out during the last financial year.

Kchi wliwni mziwi ta wli agizow8gan,

Daniel Nolett EXECUTIVE DIRECTOR

ODANAK ENVIRONMENT OFFICE



W8LAMAGWS project (Yellow Perch) at the La Commune marsh

We monitored the free movement of fish in the Odanak marshes 1 and 2, conducted respectively in 2014 and 2017. As in previous years, the purpose of these surveys was to determine the number of yellow perch using the managed streams to access the marshes to spawn. The spring of 2018 was similar to the spring of 2017. A large number of yellow perch was observed (more than in previous years, including the spring of 2017), and many of them were of smaller size (recruitment). These results are encouraging, but it is important to note that despite these positive results, the perch population of Lake Saint-Pierre and its archipelago remains fragile and in a precarious situation. Other species were also caught in large numbers, including cunner (tench) which is an invasive species. The data collected indicates that the developments carried out fulfill their functions very well, and that no problem of free movement has been observed.

Another objective of the monitoring campaign is to ensure that the infrastructure remains in good condition. It was noted in the spring that the culvert in Marsh 1 showed slight signs of subsidence due to ice accumulation during the winter. As a result, we replaced the culvert later in the fall, ensuring better soil compaction to prevent a similar situation from occurring. We also took advantage of the heavy machinery in place to rearrange certain sections that had moved over time.

The monitoring of these developments will continue in 2019 to gather data on the use of both marshes as spawning sites for yellow perch (and other species).

2. KASABA project (sturgeon) in Drummondville

The last in a series of six sampling campaigns was conducted between May 10 and June 5, 2018 to track the spawning of Lake Sturgeon in the downstream reaches of the Drummondville hydroelectric generating station. The main objective for 2018 was to evaluate the effect of Hydro-Québec's operating guidelines on the reproductive success of this species. These directives require that the total flow at the Chute-Hemmings generating station to be at least 75 m³/s and that a minimum of 20 m³/s be discharged at all times on the ridge adjacent to the Drummondville generating station, for the period between April 1 to June 15 inclusively. In the spring of 2018, the Saint-François River experienced an intense and prolonged flood, compared to previous years, which forced an adjustment to the sampling plan and led to the addition of new study areas. Spawning occurred from May 12 to 16 at temperatures ranging between 12 and 14.6°C. A total of 695 eggs were collected. In addition, 93 different sturgeons, of which 72 males, 11 females and 10 of undetermined gender were captured between May 13 and May 16. Twelve individuals were recaptured, resulting in an estimated spawning population of 170 males, 110 females and 110 of undetermined gender. Between May 27 and 31, 33 larvae were caught, suggesting an estimate of 8.563 larvae would have drifted.

Using these data, the reproductive success for lake sturgeon in the spring of 2018 at the Drummondville spawning ground was therefore estimated at 0.08%, which is the lowest value since the beginning of the monitoring campaign (not necessarily be unusual). This may be due to various reasons, such as methodological inaccuracies in the different estimates, increased egg mortality due to the high density of females at restricted spawning sites, a high condensed flood in the spillway during the spawning period, thus producing stressful conditions for the eggs and, finally, the rapid decrease of the flow rate below the required threshold of 75 m³/s which may have compromised both the larval drift and the effectiveness of the fishing gear. In order to limit any additional hydraulic pressure and to respect the current management procedures, it is



SAMUEL DUFOUR

PELLETIER

MANAGER
ENVIRONMENT
AND LAND



ODANAK ENVIRONMENT OFFICE

thus suggested to promote an adequate distribution of the water received in Drummondville in the event of a high flood period between the spillway and the power plant, and to avoid any anthropogenic manoeuver that could limit the flow rate below the minimum threshold of 75 m³/s.

A full report is available on our website, and a summary report should be prepared over the coming year, summarizing all the work carried out on lake sturgeon since 2012.

3. WIZ8WII SIPS project (Canada Warbler)

In 2018, we completed a new project on the Canada Warbler. This small yellow forest bird is designated threatened under the Canada Species at Risk Act. The Canada Warbler migrates annually from its nesting area (from New England to the boreal forest) to its wintering range (South America). This bird faces many threats, be it huge coffee plantations in Colombia or logging in its breeding area. Our project aimed to find breeding pairs to define the most used habitat elements in the Centre-du-Québec region.

In order to detect its presence, we used an automated acoustic recording system. The principle is simple: using a stereo microphone, we record the birds that sing every morning (during the reproduction period) between 5:00 am and 9:00 am. Later, at the office, we could analyze the soundtracks quietly in search of warbler species. Habitat inventories adapted to this species have ultimately determined which habitat features are most preferred.

Based on our findings, the Canada Warbler appears to be associated with mixed forests with very dense undergrowth. In the study area, certain plant species also seem to favour this bird species' presence, namely young balsam fir, young red maples or blueberry plants. The main reason is that this bird nests near the ground and needs the cover provided by these species to provide them with good protection against predators.

Ultimately, these results will assist the various recovery committees to define critical habitat for Canada Warblers based on different regions.

4. MADAGENILHAS project (bats)

Again this year, we conducted several bat surveys in the region. A listening route consisting of travelling along a standardized path with an ultrasound detection device was conducted in order to identify and characterize the bat population in the region. Several species were identified, including the Little Brown Bat which is currently at risk in Canada.

We also located several bat maternities. A maternity corresponds to a site used by bats to nest and feed their young while awaiting their departure, which occurs later in the summer. These maternities can be found in natural structures such as hollow trees or caves, but also in human dwellings. The most common species in the region is the Big Brown Bat, and it is most likely to use human dwellings for nesting or as a hibernation site. One of the most important maternities in the region is the Odanak Catholic Church, which annually has between 100 and 150 large adult brown bats. It is important to remember that these animals are safe and even offer several ecological services such as the marked reduction of biting insects. However, it is important not to handle them with your bare hands if you come across one.

5. MATGWAS project (hare): Habitat development for small game

This year, we continued our small game forest management project, started in the winter of 2018. The plan represents a management tool to be used to implement, at a later date, forest management projects aimed at improving the habitat quality of the various game species that are hunted in the community: snowshoe hare, ruffed grouse and white-tailed deer.

To date, several types of inventories have been carried out in order to compile the data necessary to prepare the management plan: 1) Snow tracking to determine areas of abundance of game species during the critical winter period, 2) Highly precise mapping of forest stands using a drone, 3) Inventory of white-tailed deer in winter ravages, 4) Location of suitable areas for American woodcock and ruffed grouse using trained dogs and 5) Inventory of forest regeneration.

The project will be continued and the final plan completed in 2019.





ODANAK ENVIRONMENT OFFICE



6. Waste management projects

a. Écocentre

This year, we have prepared plans to build a fully functional ecocentre at the site of the current Odanak disposal site. In 2019, our aim is to have the necessary infrastructures to be able to efficiently collect and sort many residual materials: household hazardous waste, construction debris, metals, wood, bulky materials, granular materials, tires, electronic waste, vegetable matter, and more. We also aim to start a partnership with the municipalities of St-Elphège, Pierreville and Saint-François-du-Lac so that they can benefit from our facilities as agreed. Work has even begun in 2018, such as the reconstruction of the access road (Tolba Street) from Asban Street in Odanak.

b. Grand-Troc (barter)

A bartering activity (Grand-Troc) was organized in the community to promote the reuse of old objects that would normally be disposed of. Several people showed up and exchanged books, jewellery, electronics, clothing and more. A small shelving unit was also made available near the community hall for everyone in order to encourage a more regular reuse of old items.

c. Other waste management initiatives

Throughout the year, we also provided support to several organizations or collaborators who wanted to go green. For example, we bought and distributed reusable bags in partnership with Dépan-O-Gaz Nimôwôn, we distributed many compostable bags to residents of Odanak so that they could dispose of their dead leaves in a more ecological way and we supported the Odanak Health Centre in the purchase of menstrual cups and washable diapers. We remain available to support anyone with ideas to reduce waste production.

7. Fish monitoring at the Drummondville hydroelectric complex

In collaboration with Hydro-Québec and the MFFP, the Environment and Land Office has developed a technique to detect and quantify the presence of fish in the spillway of the Drummondville hydroelectric dam.

The flow of the Saint-François River is divided into two parts at this location: the power station which turbines a portion to produce energy, and the spillway that evacuates the excess water. When water levels are low, the topography of the river bed produces several small pits which become isolated from one another and fish may be trapped inside. Hydro-Québec therefore voluntarily leaves a continuous flow in the spillway during the spawning period so fish may move freely.

In summer, after the spawning period, Hydro-Québec's managers adjust the flow pattern of the Saint-François River in order to turbine more water, resulting in a virtually zero flow rate in the spillway.

In order to prevent fish from becoming caught in the pits during the return of water flows, we made many observations during the spring to determine the approximate number of fish present in these pits, and to identify which species seemed the most problematic.

Two methods were tested simultaneously to answer these questions: 1) on-site observations with polarizing glasses to see better in the water and 2) observations with a drone.

The excellent collaboration with Hydro-Québec's personnel thus makes it possible to modulate water flows in order to favour a good transition to a spillway with no outflow. Thus, during the transition, the operators adjust the turbine capacity of the plant if necessary to create a succession of water withdrawal in the spillway (many small "water spurts") thereby leading to a progressive withdrawal of the fish present in the pits. With each "wave", a number of fish leave the spillway and return to the river's main channel until there are no more fish left. These interventions may take several days!

With real-time observations, it is possible to confirm that no fish are caught, and if so, we can take the necessary steps to free them.





ODANAK ENVIRONMENT OFFICE

8. Other small projects

a. Community garden

In the summer of 2018, the Environment and Land Office team began redeveloping the Odanak Community Garden to make it more accessible and better managed.

The new site now includes a greenhouse (built in 2017), 8 bins on the ground, 8 raised bins and 2 flowerbeds, a fence, a rainwater tank and composters.

For Odanak members wishing to use the community garden, you can contact us or other community service centres to register on the list of participants. Since space is limited, it is important to notify managers as early as possible in the season.

b. Communication activities

As every year, we participated in many communication activities. We have presented our work at many meetings or scientific conferences, we participated in the shooting of a television show about the importance of yellow perch for the Waban-Aki Nation and the actions that have been undertaken, and we participated in activities related to the programming of the Musée des Abénakis.

c. Monitoring night owls

We conducted a nocturnal bird inventory on a spring night to participate in the federal government's National Bird Population Monitoring Program.

9. Other tasks

- a. Consultations: watersheds, Table faune, and many others
- b. Support and advice to organizations: GCNWA, BETW, MFFP, and others
- c. Maintenance: Trails, developments, woodlands, parks, and others
- d. Maintenance and supervision of the rink
- e. Snow removal
- f. Staff and budget management
- g. Applications for funding
- h. Involvement in many of the Nation's committees

10. 2018-2019 Personnel

- a. Samuel Dufour-Pelletier (Biologist, Director)
- b. Luc G. Nolett (Technician, Field Team Supervisor)
- c. Michel Durand (Land Manager)
- d. Christopher Coughlin (Field Assistant)
- e. Joannie Beaupré (Environment project manager)
- f. Steeve Williams (Field Assistant)
- g. Evelyne Benedict (Field Assistant)
- h. Simon G. Nolett (Field Assistant)
- i. Émile Gariépy (Student biologist)
- j. Timothy Watso (Snow removal)
- k. Aurélie Gamelin (Ice rink attendant)

Samuel Dufour-Pelletier

Manager Environment and Land





SUMMARY OF ACTIVITIES 2018-2019 ODANAK LAND OFFICE

For 2019-2020, ending March 31, 2019, certain lot transfers were made along with inheritance documents. Several corrections were also made to the existing files.

Do not hesitate to contact your land manager for any questions concerning your file. It is important to locate markers before any excavation work is done on your lot.

Over the past year, the Department also changed certain procedures for estates and ATRs (Additions to Reserves).

Thank you for your cooperation.

The band council purchased part of Île Ronde, lot 879, Hosannah House. The ATR process began in February 2017 by council resolution. The band council made the purchase of the 3 lots owned by Ferme Charles et Sylvie Préfontaine on Île Ronde in May 2018. The ATR process has begun and is proceeding well. There have been a few meetings with the Department.

A meeting will soon be held with the municipality of Saint François du Lac to do a follow-up on the file.

Talks are also ongoing to finally have an easement or a right of passage to access the Domaine de Pierreville. To be continued.

Michel Durand Nolett

Lands Manager Environment and Land
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MICHEL DURAND NOLETT

LANDS MANAGER ENVIRONMENT AND LAND



Sector's mission

Provide last resort financial assistance for Odanak community members who do not have sufficient resources to support themselves.

Promote the integration of community members (employable) to the labour market through training, development of employability and employment support programs.

Provide adequate financial resources and individually-based professional services to people unable to work.

Mitigate the dependence on income security and the underemployment issues in Odanak.

Participate in various community-based projects.

Activities – Income Security (2018-2019)

- Attend training and information sessions for the implementation of the First Nations of Quebec Income Security Policy Framework;
- > Participate in the development of the new "Horizon" system with the FNQLHSSC designers (follow-up);
- Apply the administrative procedures included in the Income Security Policy Framework and followup on updates and apply them when required;
- Provide professional services to program beneficiaries in consideration of their individual needs;
- Conduct annual reassessments in order to update claimants' files;
- Monitor individual plans for employable clients;
- Develop healthy relationships with regional and provincial organizations related to income security, transfer to the province and employment;
- Work in close cooperation with each department.



ANN LANDRY
SOCIAL ECONOMIC
AND POSTSECONDARY
(CEGEP) AGENT

LAST RESORT ASSISTANCE 2018-2019





Employment-based activities, training and special projects

- Periodic meetings are held with the aim of helping and assisting clients in their efforts towards employment;
- Meetings with external resources for clients (psychologist, counsellor);
- Annual meetings (2) with communities adhering to the framework policy;
- FNQLHSSC training "Calculation of the parental contribution";
- Meetings and follow-ups of employment assistance measures;
- Work in close collaboration with the Carrefour Jeunesse Emploi (CJE) so that the clientele (16 to 35 year-olds) has access to all employment services and programs;
- The LFNC and income security are working closely to improve customer service.

BUDGET ITEM

Social assistance

In 2018-2019, income security payments totalled \$ 186,193.72 to income security program beneficiaries. Based on statistics, herewith are the results:

Social assistance benefits expenditures	2018-2019
Basic allowance	\$143,750.71
Limited capacity allowance ¹	\$39,870.00
Special allowance ²	\$1,898.01
Employment assistance measures	\$675.00
Total for 2018-2019	\$186,193.72

Data were collected internally (accounting). They have not yet been verified by the accounting auditors.

Further information on budget items

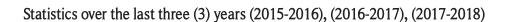
Note 1 : Limited capacity allowances are provided to people with physical or mental incapacity or due to pregnancy, age (58 and over) and for children under the age of 5.

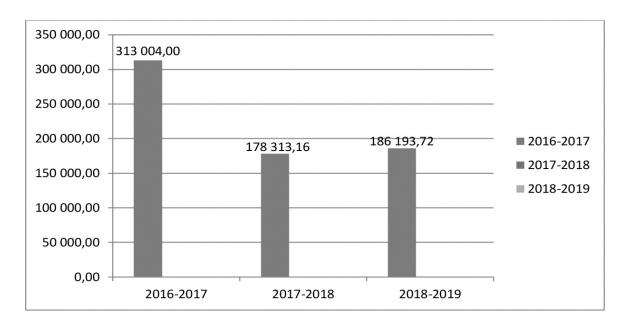
Note 2 : Special allowances are provided to people with special needs in the following situations: illness, pregnancy, tuition fees for a minor child, death of a family member, etc.



LAST RESORT ASSISTANCE 2018-2019

ANNUAL INCOME SECURITY PROGRAM





In 2018-2019, income security provided monthly financial assistance to 25 families and their dependents. Herewith the breakdown of the number of people assisted during the year.

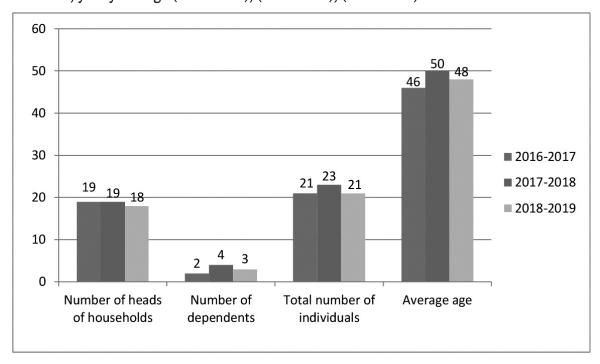
2018-2019 data				
	AGE	HEAD OF HOUSEHOLD	DEPENDENTS	TOTAL
April	48	20	6	26
May	48	19	3	22
June	49	18	3	21
July	47	17	3	20
August	47	18	3	21
September	47	18	2	20
October	47	19	2	21
November	46	18	2	20
December	48	18	1	19
January	48	18	2	20
February	48	18	2	20
March	48	18	2	20
AVERAGE	48	18	3	21

LAST RESORT ASSISTANCE 2018-2019

ANNUAL INCOME SECURITY PROGRAM



Statistics, yearly average (2016-2017), (2017-2018), (2018-2019)



Employment and training sector

Statistics over the last three (3) years

Year	2016-2017	2017-2018	2017-2018
Training (adult, vocational (DEP), college)	1	2	1
Labour market	4	2	1
Subsidized project	0	0	
Employment assistance measures	0	1	1
Social reintegration	2	0	0
Employed following the project	1	0	-
Total number of participants	7	5	3

Ann Lamdry

Socio-economic assistance agent

Education Sector Mission

• Promote, within the limits of available budgets and established guidelines, the increase in the level of education of members of the Odanak Band.

- Ensure that students from the Odanak Band receive the educational services to which they are entitled, while adopting measures that will promote educational success and prevent school dropout
- Promote funding for studies by students who pursue education in a continuous manner.



NATHALIE CARDIN EDUCATION AGENT

EDUCATION

A) ELEMENTARY LEVEL ON RESERVE

Number of status students: 31

Number of students who are citizenship code members: 4

Number of students who required individual homework assistance: 9

B) SECONDARY LEVEL ON RESERVE

Number of status students: 18

Number of students who are citizenship code members: 0

Number of students attending a public school: 9 Number of students attending a private school: 9

Graduates: 4 Drop-outs: 0

c) FINANCIAL ASSISTANCE TO FAMILIES:

Amount paid to 125 on-reserve and off-reserve families at the beginning of the school year: \$ 76,577

NIVEAU COLLÉGIAL

2018 Summer Semester	2018 Fall Semester	2018 Fall Semester
Number of students: 2	Number of students: 31	Number of students: 26
On reserve students: 0	On reserve students: 12	On reserve students: 11
Off reserve students: 2	Off reserve students: 19	Off reserve students: 15
Graduates: 0	Graduates: 1	Graduates: 6
Drop-outs/failures: 0	Drop-outs/failures: 4	Drop-outs/failures: 1

College graduates' programs of study:

AEC Early Childhood Education

DEC Human sciences

DEC Transportation logistics technique

DEC Computer technology

DEC Special education technique

E) UNIVERSITY LEVEL

2018 Summer Semester 2018 Fall Semester 2019 Winter Semester Number of students: 19 Number of students: 60 Number of students: 59 On reserve students: 5 On reserve students: 13 On reserve students: 12 Off reserve students: 14 Off reserve students: 47 Off reserve students: 47 Graduates: 7 Graduates: 7

Drop-outs/failures: 2

Graduates: 1

Drop-outs/failures: 1 Drop-outs/failures: 2

University graduates' programs of study:

Certificate in Communications

Certificate in nursing

Dec-Bac in Nursing

Bachelor of Business Administration

Bachelor of Science in Nursing

Bachelor of Biology

Bachelor of Education

Bachelor of financial & business economics

Bachelor of Arts in Psychology and Native Studies

Master's in Psychoeducation

Master's in Business Administration

Master's in Orthopedagogy

E) EXPENSES FOR BOTH LEVELS:

Tuition: \$367,254 Books: \$85,638 Subsistence allowance fees: \$579,916

Total: \$1,032,808



EDUCATION RELATED ACTIVITIES

• Verify and follow-up on and off reserve students' files at the elementary and secondary levels (125 files) as well as from the post-secondary level at the university level. At the university level, 138 files (average of 1,000 documents) were received and verified for all three semesters. At the college level, the supervisor received and verified 59 files (average of 400 documents) for the three semesters. The goal is to verify that all criteria are respected under the education policies in effect.

- Manual update for sending elementary and secondary level checks at the beginning of the school year (preparation of letters, addition of new children and removal of graduates, change of address, change of grade, date of receipt of proof of attendance and preparation for sending checks and letters). In total, 153 families were eligible for financial assistance at the beginning of the school year, but only 125 responded and received assistance.
- Manual update of on-reserve elementary and secondary school records.
- · Several exchanges between parents, students and institutions.
- Reception of various correspondences related to education (ISC, organizations, institutions offering special programs, etc.).
- Preparation of submissions and reports for the various FNEC programs.
- · Signatures of agreements with the FNEC.
- · Approval of various FNEC program expenditures.
- Attending FNEC meetings.
- Member of various committees with active participation in activities (Odanak Carnival, Community Garden and Cultural and Traditional Activities Day).
- Responsible for outings at the Montreal Book Fair, the Montréal Science Centre and the purchase of sports equipment for the Odanak ice rink.
- Update all documents used for education and ensure that they are also available on the Internet.
- Application, receipt and payment of invoices to elementary, secondary, university and college institutions (an average of 23 universities are contacted per semester). At the college level, on average 5 colleges are contacted per semester by the person in charge of this level.
- Work in collaboration with the FNCFS, the Environment and Land Office, the Musée des Abénakis, the Health Centre as well as with members of the community for the organization of activities and for the follow-up and the respect of the budgets.
- · Attending the conference on Education.
- Work in collaboration with the designer of the SSAMTA program for Education and Registrar.
- Collaboration with the transportation policy.
- Production of various documents for school transportation (forms and tickets for parents). A list with the names of the children and the street where they live was also produced to assist the driver (46 children take the bus every day).
- · Nominal and Post-Secondary list report for ISC.
- Adding on our website educational activities or programs deemed interesting for youth.
- Support for the college level supervisor.

ACTIVITIES IN COLLABORATION WITH OTHER SECTORS AND/OR DEPARTMENTS:

- 1. Abenaki language courses;
- 2. Production of DVD for language courses;
- 3. Individual homework assistance;
- 4. Summer employment for seven (7) students in 2018;
- 5. Abenaki basket weaving course;
- 6. Field trip to Salon du livre de Montréal (book fair);
- 7. Field trip to the Montreal Science Centre;
- 8. Field trip to the Musée de la civilization de Québec;
- 9. Field trip to the Biodiversity Centre;
- 10. Hosting of Techno science in Odanak;
- 11. Hosting of Sciences en folie in Odanak;
- 12. Cultural and Community Activities Day held in September 2018;
- 13. Odanak Carnival;
- 14. Continuation of the creation of the Awôssisak Space at the Musée des Abénakis;
- 15. Installation of a sound and light system at the Odanak ice rink;
- 16. Purchase of educational and sports equipment for the rink and Day Camp;
- 17. Outings/cultural exchanges for teens;
- 18. Purchase of equipment for Niona;
- 19. Traditional fall festival 2018;
- 20. Community garden.





UPDATED ABENAKIS OF ODANAK LIST OF BAND MEMBERS

AS OF JULY 23, 2019

ODANAK

Canada

United States

Other countries

Number of status Indians:

Number of status Indians: 1,545

Number of status Indians: 412

Number of status Indians:

Number of citizenship

Number of citizenship code members: 110

Number of citizenship

Total: 436

2 (France),

code members: 8

Non-Aboriginal: 136

Total: 1,655

code members: 24

1 (Holland): 3

Total population:

467

Total status members: 2285

Total citizenship code members: 142

Grand total: : 2427

ACTIVITIES

- · Production of the monthly report of events reported for ISC (births, additions to the band list, deaths, changes of address, marriage, cards issued, etc.);
- · Attending a meeting with ISC;
- · Training on new ISC forms;
- · Issue of 133 cards;
- · Updates to band list and residents list;
- · Adding an online address change form on our website;
- Receiving applications for citizenship code and sending letters of approval;
- Assistance provided to complete ISC application forms and send forms to applicants;
- Briefing held for members concerning succession and wills by Éducaloi;
- Answering various questions from registered members and those who wish to apply;
- Family research to inform people about their eligibility.

Nathalie Cardin REGISTRAR

NATHALIE CARDIN

REGISTRAR

With the housing policy, status members of the Odanak community can benefit from existing programs to build, renovate and purchase a home. Housing funds are primarily provided by Indigenous Services Canada (ISC), the Native Commercial Credit Corporation (SOCCA) and the Canada Mortgage and Housing Corporation (CMHC).

RRAP

Three (3) RRAP program requests were accepted in 2018-2019, which ended on March 31, 2019, for a total of \$ 20,001.58.

MINOR REPAIRS

Twelve (12) requests for minor repairs were accepted for a total of \$ 21,797 in grants awarded to community members.

CONSTRUCTION AND RENOVATIONS

Three (3) ministerial guarantees were processed for the construction of a new home, one for the purchase of an existing home and one for the construction of a garage.

One subsidy was also awarded for the construction of a new home, but did not require a ministerial guarantee.



CLAUDE PANADIS
HOUSING AGENT

Claude Panadis HOUSING AGENT The programs of the LFNC are support and guidance measures, training and professional development measures, and employability measures. The following is a brief description of the measures:

SUPPORT AND GUIDANCE MEASURES ("A" MEASURES)

- Information about the job market, provide job notice boards, etc.
- To offer professional resources that can help the clients develop professional integration strategies



TRAINING AND PROFESSIONAL DEVELOPMENT MEASURES ("B" MEASURES)

- Enables individual clients to acquire the professional competencies required for a specific job
- · Allows a client to finish her high school education in order to obtain a better job or allows a client to enter the work field

EMPLOYABILITY MEASURES ("C") MEASURES

- Job creation initiatives provide employers with incentives to help clients re-enter the workforce and acquire work experience.
- Self-employment assistance provides members who want to start their own business with financial support during the first years of business operation

ELEANOR HOFF

LFNC AGENT

ALL THESE MEASURES ARE CONDITIONAL TO ODANAKS' LFNC POLICY AND AVAILABLE FUNDS.

The targeted clientele are natives living in Quebec on and off reserve, not receiving allowances from education and not on an employment measure with social assistance. The main role of the LFNC is to offer training and job development services that promote short or medium-term integration into Quebec's on- and off-reserve job market. To enable individual clients to acquire the professional competencies required for a specific job. The program also allows clients to increase their skills in order to obtain a job or re-orient their career, finish their high school studies in order to undertake post-secondary training or re-enter the labour force.

In the past year we assisted financially clients that have entered adult education, vocational training, provided employers with incentives to help clients enter the workforce and the client acquires sufficient work experience to move on to better paying jobs. (Below you find the details for the measures).

					Summer
Measure	Assisted	On-going	Finished	Abandoned	Students (2018)
Information/Resources	10	0	10		
Vocational training	12	4	8	1	
Adult education	14	6	2	6	
Student(summer 2018)	16	О	16		16
Self employment measures	3	1	2		
Job creation	21	4	26		

(Financial assistance given to 76 members)

PARTICIPANTS THAT FINISHED VOCATIONAL TRAINING

- 1. Welder (1)
- 2. Electrician(1)
- 3. Heavy machinerie operator (3)
- 4. Loader operators (2)

During the past year the following was done:

- Attended the regional meetings
- Visited facilities where we have students (adult, vocational education)
- Assisted members with renewal for unemployment insurance
- Produced EI reporting for some members
- Prepared the payments and monthly allowances according to our policy
- Did the follow-ups for students in vocational and high-school levels
- Worked in close cooperation with adult education teachers for the progress of our students
- Assisted and supported my colleagues with the use of ALMASS (Aboriginal Labour Market Adaptation Support System) with social services and education depts.
- ➤ Held a workshop on Services from Service Canada and Service Québec
- > Did replacement at the front desk when asked for by the direction
- Performed some translating of flyers for the community
- Attended regional job market meetings with Service Canada/Service Québec

Eleanor Hoff

LFNC AGENT

ABENAKI POLICE FORCE (CPDA)

It is my pleasure to submit the Abenaki Police Force 2018-2019 Annual Management Report. The following pages highlight the results of our efforts over the past year and our commitment to making the CPDA an evolving organization focused on the future and on its core public safety mission. I would like to thank the civilian and police members who, through their hard work and dedication, make the CPDA an effective, credible and trusted organization. We also want to acknowledge the continued collaboration of all our partners in achieving our many successes.

MISSION

The mission of the CPDA is to protect the lives and property of citizens, to maintain peace and public safety, to prevent and combat crime and to enforce the laws and regulations in effect.

In partnership with the institutions, economic and social organizations, community groups and citizens of Odanak and Wôlinak, the CPDA is committed to promoting the quality of life of Abenaki communities by reducing the crime rate, improving road safety, promoting a sense of security and developing a peaceful and safe environment, in respect of the rights and liberties guaranteed by the Canadian and Quebec Charters.

VISION

Our vision is to be a team at the service of its community, recognized for its professional interventions, its excellent practices and for the quality of its skills.

VALUES

The CPDA adheres to the values of the communities of Odanak and Wôlinak, i.e. responsibility, courage and respect. The following values also motivate us in the fulfilment of our mission and our vision:

- Service

Citizen safety is at the heart of our priorities. We are convinced that through the quality of our daily actions and our commitment, we are able to maintain our priority of providing them with a safe living environment.- Éthique

Tout policier doit être exemplaire au chapitre du respect des lois. Il doit en assurer l'application tout en faisant preuve de jugement dans l'exercice de ses pouvoirs discrétionnaires. L'intégrité, le respect et l'imputabilité caractérisent notre conduite, et cela est essentiel au maintien de la confiance qu'a la population en nous.

- Ethics

Every police officer must be exemplary in respect of the law. The officer must ensure application of the law while using judgment in the exercise of his discretionary powers. Integrity, respect and accountability characterize our conduct, and this is essential to maintaining public trust.

- Partnership

Our professional relationships with our partners are based on united objectives and interests and concerted initiatives.

- Commitment

Our personnel are motivated by a sense of belonging to the organization and the profession; they identify with the objectives of the service and share the resolve to devote themselves to the well-being of the community.

- Communication

Attuned to the needs of the population we serve, we communicate with our internal and external clients in a dynamic and proactive way.

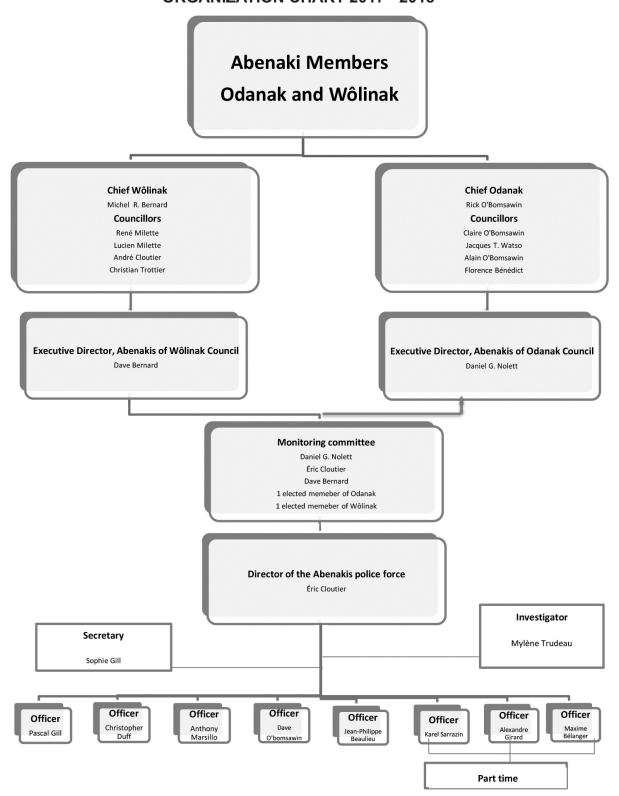


ÉRIC CLOUTIER
DIRECTOR ABENAKI
POLICE FORCE
(CPDA)

ABENAKI POLICE FORCE (CPDA)



ORGANIZATION CHART 2017 - 2018





ABENAKI POLICE FORCE (CPDA)

AGREEMENT

For several years now, we have been working to obtain an adequate police agreement for your police service. We are therefore proud to announce that this year we have been successful in securing a ten (10) year agreement. This agreement between the Quebec and Canadian governments as well as the two Abenaki communities ensures a service for the future and a gradual increase in budgets over a 10-year period.

ROAD SAFETY

Improving quality of life, saving lives and promoting better sharing of the roads between motorists, pedestrians and cyclists. This sums up the focus of CPDA officers throughout the year.

With 295 traffic tickets issued this year, the CPDA showed its commitment towards road safety so that everyone feels safer on our roads.

CRIME STATISTICS

In 2018-2019, in addition to the traffic tickets issued, the CPDA handled 351 cases concerning many different issues. Of these 351 cases, the CPDA handled 52 criminal offenses on our territory and 299 non-criminal cases. Here is a list of these offenses:

Criminal cases:

- 5 for breaking and entering
- 4 for misdeeds
- 4 for uttering threats
- 4 for impaired driving
- 3 for thefts under \$5,000 in a vehicle
- 3 for failure to comply with a condition
- 2 for common assault
- 2 for thefts under \$5,000
- 2 for hit and runs
- 2 cannabis production
- 2 for cannabis possession
- 2 misdeeds under \$5,000 on a vehicle
- 2 for fraud
- 2 for criminal harassment

- 1 for unauthorized possession of a firearm
- 1 for motor vehicle theft
- 1 for shoplifting
- 1 for sexual assault
- 1 for personation with intent
- 1 for offense relating to police officers (public mischief)
- 1 for intimidation
- 1 for possession of cannabis for the purpose of trafficking
- 1 for dangerous driving
- 1 for other sexual offences
- 1 for theft other than a vehicle
- 1 for assault with a weapon causing bodily harm
- 1 for possession for the purpose of trafficking
 - other substances

Non-criminal cases:

- 56 for public assistance
- 42 for assistance bailiff/ambulance/ other police services)
- 40 for information received from the public
- 31 for assisting the SQ
- 29 for police operations
- 18 for alarms
- 14 for accidents
- 8 for executing a warrant
- 8 for animal related calls
- 7 for administrative work (background checks)
- 6 for family disputes
- 6 for unfounded 911 calls
- 6 for order services for planned events (e.g. Pow Wow, community activities)

- 5 for mental health disorders
- 4 for suicide attempts
- 4 for noise complaints
- 3 for disappearances
- 2 for people in distress
- 2 for non-criminal fires
- 1 for trouble in a public place
- 1 for civil affairs
- 1 for municipal by-laws
- 1 for stored/abandoned vehicle
- 1 for income law
- 1 for vehicle stolen and found on the territory
- 1 for remains of unidentified bones
- 1 for natural death



ABENAKI POLICE FORCE (CPDA)



Prevention

This year, the CPDA focused its prevention on road safety by carrying out several radar operations and roadblocks.

We also held a fraud awareness day where we distributed booklets explaining what fraud is and what to do if you're a victim.

A presentation on bullying and cybercrime for teenage clients was also given at the Odanak family hall.

We also conducted several car-seat verification campaigns at the daycare centre and at the police station.

We also held a workshop entitled "Coffee with a police officer" in Odanak and Wôlinak.

The project "Coffee with a police officer" is another opportunity for CPDA officers to interact with citizens concerning their needs, expectations and ideas. These meetings also make it possible to reach certain clienteles who would not normally approach a police officer on the street or to call the police station to ask for information. Thus, this direct contact makes it possible to collect information, to detect problems and to propose solutions.

Following several requests from the population, we organized two child-identification days, one in Odanak and one in Wôlinak. This activity is aimed at recording important details about the child along with his/her photo. During a disappearance, every minute is important and it is proved that a rapid intervention greatly improves the chances of finding the child. A total of 35 children were identified during these two days.

Finally, we participated in an activity entitled "Les couloirs de la violence amoureuse" (The corridors of dating violence) in collaboration with the Abenakis of Wôlinak Council. This activity was held at the Kiuna Institute over a period of three weeks. This activity brought together several stakeholders, both at the police level, that is, the CPDA and the Sureté du Québec, and the various social workers.

The objectives of the corridors of dating violence were to:

- Make students aware of the warning signs of violence and its cycle.
- Recognize the expression of different types of violence.
- Provide young people the tools necessary to live harmonious love relationships based on respect and balance of power.
- Decrease domestic violence cases.
- Encourage victims and abusers to consult the available support groups and use the means proposed.
- Make these corridors accessible to as many students as possible everywhere in Quebec.

CONCLUSION

Finally, as you can see, your Police Department takes its responsibilities for public safety seriously. Be assured that we will continue to offer the best possible service.

Thank you and be safe,

Éric Cloutier

DIRECTOR ABENAKI POLICE FORCE (CPDA)



The 2018-2019 Annual Report describes the main accomplishments of the Odanak Health Centre and the activities that marked the year. In addition, the report reflects the major orientations defined in the Health Centre's Community Health Plan for the 2016-2021 period. It also highlights the efforts of the Health Centre to meet the needs of its Abenaki population.

Word from Management



Dear members of the Abenaki community of Odanak,

I hereby join Mr. Daniel G. Nolett, Executive Director of the Abenakis of Odanak Council, in presenting the annual report of the activities of the Odanak Health Centre for the period from April 1, 2018 to March 31, 2019.

I would first like to take this opportunity to thank all employees and partners for their commitment to community members.

JEAN VOLLANT DIRECTOR HEALTH SERVICES This annual report represents the continuity of this proven ability by Health Centre staff to plan their activities according to the needs of the Odanak community, while taking into account their strengths and the constraints they will face.

Since the beginning of my mandate. I have had the opportunity to meet all of my staff to identify strengths. weaknesses, difficulties, criticisms, winning strategies, aspirations, desires as well as certain objectives that animate this team.

These meetings allowed me to establish realistic objectives, corresponding to the aspirations of the Odanak community which will contribute to the increase of the health and well-being of the Abenaki population.

As you leaf through our annual report, you will find that the Odanak Health Centre has established numerous services and projects to meet the needs of its clientele covered by its mandate. The Health Centre is active in its community and continues to work with its partners to identify and respond to the various needs.

In closing, I take advantage of this annual period to highlight the work of all those who, from near and far, participate in the smooth running of the Odanak Health Centre.

> Jean Vollant OHC Director

ODANAK HEALTH CENTRE



MISSION

The role of the Odanak Health Centre is to contribute to improving the health and well-being of members of the Odanak community through health programs that focus on prevention and health promotion, and by favouring a respectful holistic approach, beliefs and cultural values emanating from the Abenaki Nation.

VISION

Contribute to the empowerment of community members in the management of their health by providing health services focused on prevention and the promotion of healthy habits and contribute to the improvement of the collective well-being.

PHILOSOPHY OF CARE

The philosophy of care advocated by all workers at the Odanak Health Centre is biopsychosocial in nature, i.e. an approach that takes into account the needs of the individual as a whole (physical, emotional, mental, spiritual and social) in respect of their Abenaki culture values and beliefs.

2016-2021 COMMUNITY HEALTH PLAN

OVERALL OBJECTIVE

_	
1	Strengthen the prevention of suicide and non-violence among the general population
2	Promote the biopsychosocial development of all children and youth in the community
3	Provide appropriate health services in line with the specific needs of the Odanak population
4	Increase the well-being of Odanak elders
5	Reduce the rate of substance abuse in the community
6	Reduce the food insecurity index in the Odanak population
7	Significantly increase the physical activity rate in the Odanak population
8	Increase to a ratio of one in two who will adopt the elements of a healthy diet according to Canada's Food Guide
9	Provide more culturally appropriate interventions
10	Increase public awareness of the standards and criteria of a healthy home
11	Increase the number of OHC clients/users so that 50% of the population has a user record
12	Improve collaboration and internal/external communication related to the OHC's medical records department

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ODANAK HEALTH CENTRE

DIRECTOR'S REPORT 2018-2019 FISCAL YEAR September 4, 2018 to March 30, 2019

INTRODUCTION

This quarterly report outlines activities that occurred under the Community Health Program for the period October 1 to December 31, 2018. The financial report for this program will be produced by the Finances and HR departments.

OVERALL OBJECTIVE

The Abenakis of Odanak Council's Health Centre aims to contribute to the improvement and maintenance of the health and sense of well-being of the members of the community while promoting the empowerment of these individuals.

PROGRAM OBJECTIVES

- 1st axis: Increase and maintain high quality care provided by the Odanak Health Centre Augmenter et maintenir une haute qualité des soins offerts par le Centre de santé d'Odanak.
- 2nd axis: Promote the practice of healthy habits and activities
- 3rd axis: Increase the sense of pride and belonging to the Odanak community

COMMITTEE | WORKING GROUP | CONCERTATION TABLE ETC. MANAGED BY THE ORGANIZATION | THE COUNCIL | THE CORPORATION | THE TRIBAL COUNCIL

- Health Centre team meetings | October 24, 2018, November 21, 2018 and December 19, 2018
- Community garden | November 8, 2018 | Person in charge: Michel Durand
- Suicide crisis protocol | November 15, 2018
- Visit by the Director of the Wapan Aboriginal Therapy Centre I November 13, 2018

- Mental health services meeting | November 14, 2018
- Elder abuse training | November 20, 2018
- Training on the new purchasing process | November 20, 2018
- Food label conference | November 20, 2018

FNCFS | FIXED | TRANSITIONAL CONTRIBUTION AGREEMENT

- Individual meetings with program managers;
- · Budget monitoring;

· Monthly activity monitoring.

SUPPORT TO THE COMMUNITY

See section Other activities.

FREGIONAL FORUM OR SPECIFIC TRAINING

- First aid training | October 22 and 23, 2018
- Elder abuse training | November 20, 2018
- Training on the new purchasing process I November 20, 2018
- Food Label Conference | November 21, 2018
- ➤ Meeting mental health form ("formulaire santé mentale") I November 21, 2018
- Drug policy | Lucie Michaud | October 18, 2018
- Evacuation plan ("Plan d'évacuation") | Richard Desmarais, Director of the Pierreville Fire Department | October 25, 2018
- ➤ Single record meeting ("Dossier unique") | December 18, 2018

ODANAK HEALTH CENTRE



PARTICIPATION IN SEMINARS | CONFERENCES | TRAINING

- ➤ Interview period for available positions
- ➤ Interview with Ms. Linda Blanchard | Social worker position | September 10, 2018
- Interview with Ms. Joanie Larivière Boisvert | Dietary technician position | September 19, 2018
- Interview with Linda Bissonnette Trudel | Archivist position + MT (medical transportation) | October 03, 2018
- ➤ Working group meeting decision process I October 9, 10 and 11, 2018 Quebec
- ➤ Welcoming the new employee, Ms. Linda Blanchard, case worker | October 16, 2018
- Conference call for the FNQLHSSC working committee
- Meeting with Ms. Suzie O'Bomsawin regarding the medicinal plants workshop
- Management committee meeting | November 13, 2018
- Mental health services meeting | November 14, 2018
- ➤ Kiuna Education Conference | December 4, 2018
- ➤ Meeting in Quebec City with the FNQLHSSC working committee | December 10 to 13, 2018
- Human resources meeting on the employee handbook l December 13 and 20, 2018
- Single record working committee meeting | December 18, 2018
- ➤ Meeting in Quebec City with the FNQLHSSC working committee I January 21 to 25, 2019
- ➤ Drafting of a research policy for the W8banaki Nation I January 9, 2019
- Elders' wellness round table ("Mieux-être des aînés" l End of January 2019

PUBLICATIONS AND DEVELOPING TOOLS

- 1.1 User complaint form
- 1.2 Policy review
 - 1.2.1 Access to care and services policy, Odanak Health Centre
 - 1.2.2 Second hand smoke survey

(Drug Addictions Officer)

1.2.3 Case load (Drug Addictions Officer) Individual follow-up form

(Drug Addictions Officer)

- 1.2.5 Reference profile in treatment centres (Drug Addictions Officer)
- 1.2.6 Quarterly report
- 1.2.7 Monthly work plan
- 1.2.8 Performance evaluation form, Odanak Health Centre
- 1.2.9 MT user survey (September 2018)
- 1.2.10 Access to care and services policy, Odanak Health Centre, October 31, 2018

THEME DAYS (EXAMPLE: NATIONAL CHILD DAY, BREAST CANCER, HIV-AIDS, FAMILY WEEK, ETC.)

PUBLICATIONS: EXAMPLE, INFORMATION BULLETINS, FLYERS, BROCHURES, ETC

Job postings: Case worker, MT driver, Kinesiologist, Nutritionist, Social worker, Dental hygienist, Nutrition technician, Clinical nurse.

OTHER ACTIVITES

A monthly work plan is drafted by service program managers.

DIFFICULTIES ENCOUNTERED

During this period, a request for maternity leave was filed by Marie-Pier Desnoyers. We thereby filled this position by hiring Joanie Boisvert until October 2019.

ANNUAL REPORT 2018-2019 FISCAL YEAR April 1, 2018 to March 31, 2019 SECTOR: Nursing care

Prepared by: Daphnée Couture

INTRODUCTION

This quarterly report presents the management of nursing and other programs for the period of April 1, 2018 to March 31, 2019. The financial reports for the programs cited in this report will be produced by the Finances and HR departments.

Work carried out on various health files:

• HIV/AIDS (331)

Overall objective 3 "Provide appropriate health services in line with the specific needs of the Odanak population"

➤ 14 hours online training and another 7 hours face-to-face training, both provided by the INSPQ: STBBI screening: acting competently, adapting interventions (Dépistage des ITSS: agir avec compétence, adapter les interventions) | February 2019 | Isabelle Dupuis and Daphnée Couture.

HOME CARE (334)

Overall objective 3 "Provide appropriate health services in line with the specific needs of the Odanak population"

Activity 3G: Needs assessment and safe adaptation of the living environment of clients registered for home care services. o request for occupational therapy assessment because we have adapted several homes with technical aids (bed rails, bath bars)

<u>>Activity 3H</u>: Optimization of home care and nursing services for 30 active files in the FNI HCC program; 22 clients received nursing care. See Appendix 1 for the number of consultations.

NURSING CARE (335)

Overall objective 3 "Provide appropriate health services in line with the specific needs of the Odanak population"

<u>> Activity 3F</u>: Optimization of front-line services (routine care).

See Appendix 1 for the number of consultations.

IMMUNIZATION (336)

Overall objective 3 "Provide appropriate health services in line with the specific needs of the Odanak population"

- <u>Activity 3B</u>: Bi-annual immunization activities to demystify and prevent preventable diseases.
- Online training on vaccination book and data entry (December 2018)
- Tetanus vaccination campaign: **18 individuals vaccinated** (July 2018)
- •Influenza vaccination campaign: **91 individuals vaccinated** (November 6 and 7, 2018)

SUICIDE PREVENTION (341)

Overall objective 1: "Strengthen the prevention of suicide and non-violence among the general population"

A meeting was held on November 15, 2018 at the Odanak Health Centre to discuss the issue of lack of a safety net on the community in the event of a suicidal crisis.

- <u>>Activity 1A</u>: Deployment of 4 prevention activities per year.
 - As part of the annual suicide prevention week, February 3 to 9, 2019: Poster campaign in public places (post office, OHC lobby, etc.) and distribution of contact information for available resources near the community.
- <u>Activity 1B</u>: Activity to maintain and reinforce professional skills (conference/training)
 - Update Training "Follow-up of good practices in suicide prevention" at the Trois-Rivières Accalmie Suicide Prevention Centre | February 28, 2019

ODANAK HEALTH CENTRE



• FAMILY VIOLENCE (349)

Overall objective 1: "Strengthen the prevention of suicide and non-violence among the general population"

<u>Activity 1C</u>: Prevention of family violence and awareness of healthy social relationships.

November 2018: Training provided and adapted for the following groups: case workers, police officers, management and for community elders.

Trainer: Maude Ostiguy-Lauzon of the FNQLHSSC

Second phase: April 2019

<u>> Objective</u>: Develop a service trajectory if there is violence within a family in the community.

The telephone interviews were held with Maude Ostiguy-Lauzon of the FNQLHSSC in order to discuss and plan the second phase (April 2019) of the service trajectory project in the event of violence within a family in the community.

STATISTICS

Appendix I Statistics – Home care and routine care

Annual nursing care statistics (April 1, 2018 to March 31, 2019)

	2017-2018	2018-2019	Variation
NB of consultations at the OHC	964	893	-71
NB of consultations – home care	659	870	+211 (*)
NB of telephone consultations	88	112	+24
NB of doses of influenza vaccine	85	91	+6

^{*} This increase can be explained in part by the average age of the clientele served, i.e. 75 years and over with multiple pathologies. Three (3) deaths in our home-based clientele and one (1) placement in a CHSLD. Three (3) new clients with loss of independence at home were added during the last quarter.

Services are better known by the population, more referrals are made for temporary and spontaneous follow-up services (E.g. spontaneous injury requiring follow-up, postoperative follow-up, follow-up during chemotherapy, etc.).

The arrival of complex cases in our community requiring mental health/psychosocial care without the presence of a dedicated resource (for much of 2018-2019).

Nursing care statistics (April 1, 2018 to March 18, 2019)

NB of consultations at the OHC	964
NB of consultations – home care	659
NB of telephone consultations	88
NB of doses of influenza vaccine	91





ODANAK HEALTH CENTRE

Maternal and child health (MCH) related statistics

NB of pregnancy reports received at the OHC	1
NB of births	2
NB of pregnancy follow-up appointments	12
NB of eligible cases participating in the OLO program	4
NB of forms issued on foetal alcohol syndrome and smoking	5
NB of consultations at the OHC 0-5 years	41
NB of vaccine follow-ups 0-5 years	16
NB of post-natal follow-ups	8
NB of requests for washable diapers	0
NB of forms completed relative to psychomotor assessment of	16
infant and children	
NB of consultations of pregnant women – OHC	6
Age of pregnant women – 21-32 years	

Diabetes (ADI) related statistics

Visitors	M	W	Total
Clients with insulin-dependent diabetes diagnosis	5	6	11
Clients with non-insulin-dependent diabetes diagnosis	132	94	226
Total	137	100	237

Consultations	
Number of new cases detected	3
Case follow-ups (diabetes)	57
Capillary glucose tests conducted	36
Number of documents issued	12
Number of participants in activities	31
Number of screenings (HbA1C in non-db)	42

Daphnée Couture, BScN / Responsible for nursing care

JORDAN'S PRINCIPLE, SERVICE DELIVERY ANNUAL REPORT (NO DE L'ICD – SC-XXXX)

- 1) Within 120 days after March 31, or after the end of activities, whichever comes first, an annual report for :
- a) Total number of communities served: 1
- b) Total number of children followed living on reserve: 34
- c) Total number of children followed living off-reserve: 9
- d) Total number of children referred to a YP regional contact point for funding the resolution of access to services: 0
- e)Number of children living on and off reserve by type of service or support provided through service coordination: 43





Service/support	Number of children on reserve	Number of children off reserve
Speech therapy	6	2
Extracurricular activity	0	1
Occupational therapy	4	1
Osteopathy	1	1
Chiropractic	2	1
Orthopedagogy	0	0
Audiogram	2	0
Neuropsychological assessment	11	4
ASD assessment	0	0
Orthopedagogical assessment	0	0
Kinesiologist	1	0
Learning support material	2	3
Laptop + Lexibar software	2	0
Educational support	1	1
Multidisciplinary assessment	1	0
Group B meningococcal vaccines	0	1
Psychoeducation	1	0
Special education technician	2	2
Orthodontic treatment	1	0
Orthopedic boot	0	0
Pharmaceuticals	0	1
Eye dilatation	1	0
Homework assistance (group request)	6	0
Parenting skills training (group request)	7	1
Individual homework assistance	1	0
Private course	1	0
Sound device for nocturnal enuresis	1	0
Gym membership	1	0



ODANAK HEALTH CENTRE

- a) Qualifying information, in particular:
- i. Description of activities carried out to identify clients who may need service coordination and to raise awareness to improve the situation of families living on a reserve.
- ii.Examples of how relationships between health care and social services systems and government orders have provided clients with better access to these services, and how the knowledge gained from this function will help improve access to services for future clients.
- iii.Description of opportunities to develop cultural competencies within health care and social services systems or to provide clients with culturally appropriate and safe care.
- iv. Collect qualitative information on the achievement of objectives and activities, including, as appropriate, successes, barriers, challenges, future needs, etc., including the positive stories of the families served.

Isabelle Dupuis, Clinical Nurse MCH Coordinator, Jordan's Principle

Activity 1:

Name of activity: Child development screening day before the start of the school year

Date: June 9, 2018

Number of participants: 5 children

Objectives:

- Screen children aged 4 and 5 before they start kindergarten to ensure they have optimal development.
- 2. Refer children in need as part of Jordan's Principle.

Activity summary:

- 1. 4 stations were set up
 - a. Snellen chart station by Isabelle Dupuis, MCH nurse
 - b. GED station, motor dimension by Jessica Papineau, kinesiologist
 - c. GED station, cognitive, linguistic and socioaffective dimensions by Laure Tardif, IEJF
 - d. Oral examination station by Marie-Claude Turcotte, dental hygienist
- 2. Evaluations took place from 9 am to 11 am. A total of five (5) children were present. They had to go around the stations, and then each child was evaluated individually.
- 3. Results were given to parents between 11 am and noon.
- 4. A folder with the results was given to the parents, which included various information concerning the optimal development of a child aged 5 years and more as well as the various resources in the region if needed.

Contacts:

Laure Tardif, IEJF FNCFS Jessica Papineau, kinesiologist Marie-Claude Turcotte, dental hygienist

RESULTS

The children collaborated well with the activity. No child screened presented any problem. Parents seem to have enjoyed this activity.

ODANAK HEALTH CENTRE



ANNUAL REPORT 2018-2019 FISCAL YEAR April 1, 2018 to March 31, 2019

SECTOR: Maternal and Child Health (MCH) STBBI

Prepared by: Isabelle Dupuis

INTRODUCTION

This annual report presents the activities of the MCH Program for the period from **April 1, 2018 to March 31, 2019**. The financial report for this program will be produced by the Finances and HR departments.

OVERALL OBJECTIVE 2 (PRS 2016-2021)
Promote the biopsychosocial development of all children and youth in the community.

Activity

- 2B. Continuing health activities (3 times per year) at the Day care centre, OHC and with the FNCFS (lice screening, Azew8 group)
- 2D Individual and group pregnancy monitoring activities
- 2E Activities to monitor the optimal development of children (immunization, growth curve, psychomotor development)
- 3A Activities to promote safe sexual behaviour (HIV/STBBI)

PROGRAM OBJECTIVES

- 2. Promote the biopsychosocial development of all children in the community.
 - Planning meeting for the Brindami workshop with Laure and Karine from FNCFS | October 23, 2018
 - 3 meetings for the Single record | April 24, 2018, December 18, 2018 and February 12, 2019
 - 4 OHC team meetings (October 24, 2018, November 21, 2018, December 19, 2018 and January 29, 2019)
 - One meeting with Indigenous Services Canada I November 29, 2018
 - One planning meeting for the Brindami workshop with Karine FNCFS | February 4, 2019
 - One meeting with Nathalie Gratton, nurse at the Wôlinak Health Centre | February 1, 2019
 - Meeting with Daphnée Couture, RNC, for performance evaluation | February 26, 2019

PARTICIPATION IN SEMINARS CONFERENCES | TRAINING CONFÉRENCES | IFORMATIONS

- Training in Montreal given by the OIIQ entitled La santé des voyageurs : mieux la connaître pour faciliter la pratique infirmière | May 8, 2018
- Webinar on wound care: clinical case | May 9, 2018
- Webinar on the health of queer and transgender individuals I May 17, 2018
- Webinar on suicidal risk in adolescents I June 6, 2018
- Birth support training | October 16 and 17, 2018
- ADHD training | November 3, 2018
- Training on front-line intervention | November 19, 2018
- Elder abuse training | November 20, 2018
- STBBI screening training | February 15, 2019
- Patient attendant training concerning Bill 90 | March 15, 2019

OTHER ACTIVITIES

- Information session on menstrual cups and washable diapers | April 22, 2018
- Activity on nasal hygiene during the Bedons Ronds workshop | June 14, 2018
- Activity for Father's Day at Arbre en Arbre I June 17, 2018
- 3 happy-hour type meetings with the group Azew8 I October 4, November 8 and December 13, 2018
- Lice screening at the day care centre | October 10, 2018
- Influenza vaccination activity at the OHC | October 6 and 7, 2018
- Awareness-raising activity on sexual diversity with 12-18 year olds at Espace Jeunesse | November 23, 2018
- Brindami workshops at the day care centre | February 6, 13 and 27, 2019
- Father-child outing at Valcartier | February 16, 2019



ODANAK HEALTH CENTRE

DIFFICULTIES ENCOUNTERED

- The MCH team would like to implement an individual follow-up program for vulnerable families inspired by the SIPPE program (perinatal and early childhood integrated services) in the public health network, in order to document the development and progress of babies and children aged 0 to 6 years. Collaboration with the MCH nurse, the nutritionist and a child-youth-family worker from the FNCFS should be established. The drafting of the program guidelines is expected for the coming year.

STATISTICS

The statistics are attached and correspond to the SMCH program objectives.

Appendix I

Vital statistics Objective #1

Appendix II

Pre & postnatal statistics Objective #2

Appendix III

Family visit statistics Objectives #2-3

Appendix IV

Nutritionist statistics Objective #4

Appendix V

Kinesiologist statistics Objective #5

Appendix VI

Prevention activity statistics Objectives #6-7-8

SUMMARY:

During the first quarter, only one pregnancy was reported. However, following this information, one spontaneous abortion took place.

During the 2^{nd} quarter (July-August-September 2018), there was a total of one (1) birth, one (1) girl. This pregnancy was at risk because the mother had type 2 diabetes. The baby's weight was normal and the delivery was via caesarean section. No breastfeeding took place. Since the family does not reside in the community, there was no postnatal visit. The family was therefore treated postpartum by the CIUSSSMCQ CLSC.

During the 4th quarter (January-February-March 2019), one (1) birth occurred and two (2) new pregnancies were reported.







Vital statistics (Appendix I)

Total births	1
Number of girls	2
Number of boys	2
Mother's age	
10-14 years old	0
15-19 years old	1
20-24 years old	1
25-29 years old	1
30-34 years old	1
35-39 years old	0
40-44 years old	0
45-49 years old	0
50 years old and above	0
Unknown	0
CSSS births (health and social	4
services)	
Vaginal delivery	3
Caesarean delivery	1
Complications during a caesarean	0
section	
Gare	1
Teenage pregnancy	0
Premature	0
Twins	0
MUT	0
Gestational diabetes	0
Type I diabetes	0
Type II diabetes	1
Weight ≥ 4,000g (mother db)	0
Weight \geq 4,000g (mother gestational	0
db)	
Weight ≤ 2,500g	1
Weight 2,500g-4,000g	2
Weight ≥ 4,000g	0
Maternal death	0
Stillbirth	0
Total breastfeeding	1
Duration: less than 3 months	0
3-6 months	0
6-12 months	0
More than a year	0



ODANAK HEALTH CENTRE

Pre & postnatal statistics (Appendix II)

Mother's age	
10-14 years old	0
15-19 years old	1
20-24 years old	1
25-29 years old	3
30-34 years old	2
35-39 years old	0
40-44 years old	0
45-49 years old	0
50 years old and above	0
Unknown	0
Girl under 1 year old	10
Girl 1-6 years old	8
Boy under 1 year old	2
Boy 1-6 years old	5
Health Centre follow-up	29
Infant vaccines	18
Home	3
Initial visit	1
Subsequent visit	2
Infant follow-up	19
Prenatal follow-up	6
Dermato	3
Digestive	1
ORL	3
Respiratory	1
Urinary	0
Ophtalmo	0
Musculoskeletal	2
Trauma	0
Bandage	1
Postnatal follow-up	3
Postpartum follow-up	1
GVI + follow-up	0
TX + RX Physician	0
Special follow-up	1

ODANAK HEALTH CENTRE



ANNUAL REPORT 2018-2019 FISCAL YEAR April 1, 2018 to March 31, 2019

Prepared by: Marcelle Hannis

INTRODUCTION

This annual report covers activities for the period from April 1, 2018 to March 31, 2019. The financial report for this program will be produced by the Finances and HR departments.

Overall objective 1: "Strengthen the prevention of suicide and non-violence among the general population"

<u>Activity 1B</u>: Activities to maintain and strengthen relevant professional skills (convention, training)

- Pre-convention training in Montreal entitled Les soins de stomies: optimiser la qualité de vie de la clientèle (Ostomy care: optimizing quality of fife for clients) l November 4, 2018
- Gerontechnology training for home support at the Salon des ressources at the Delta Hotel Trois-Rivières I November 5, 2018
- Elder abuse and assistance training at the OHC I November 19, 2018

Overall objective 3: "Provide appropriate health services in line with the specific needs of the Odanak population"

<u>Activity 3D</u>: Formation auprès des intervenants travaillant auprès des malades chroniques (diabète)

• Lunch-training with "One Touch" at the OHC (1h) I October 10, 2018

<u>Activity 3D.2</u>: Training for case workers working with chronic disease (diabetes)

• In collaboration with the CIUSSS-MCQ, we trained the GCNWA patient attendants regarding certain rights under Bill 90 in order to relieve nurses | March 5, 2019

<u>Activity 3H</u>: Optimizing home care and nursing services

• Training in Longueuil on intervention approaches and strategies to optimize the autonomy of people with cognitive deficits I October 23, 2018

<u>Activity 3J.:</u> Development and implementation of a professional skills development and maintenance plan (annual training plan and others e.g. CPR, PDSB)

- Webinar "Wound Care, Clinical Case" (2h) | May 9, 2019
- PDSB training at the Odanak Health Centre (2 half days) | April 3 and 4, 2018
- First aid training at the Odanak Health Centre | April 18 and May 29, 2018
- Online training with the Institut national de santé publique du Québec (INSPQ) entitled *Le défi émergent de la maladie de Lyme*. This online training was aimed at perfecting the clinical medical approach to the emergence of Lyme disease in Quebec, to ensure adequate patient management in preventive, diagnostic and therapeutic aspects | August 2018

ACTIVITY

Overall objective 1: "Strengthen the prevention of suicide and non-violence among the general population"

<u>Activity 1C</u>: Activities to prevent family violence and raise awareness of healthy social relationships.

 Meeting with Daphne Couture and Stéfanie O'Bomsawin to begin a trajectory on elder abuse and to plan a November 2018 training for case workers | September 24, 2018

Overall objective 2: "Promote the biopsychosocial development of all children and youth in the community"

Activity 2B: Continuation of health activities (3 times per year) at the day care centre, OHC and FNCFS (screening, vaccination, promotion/prevention workshops for educators and children)

• Lice screening, in collaboration with Isabelle at the day care centre | October 10, 2018

Overall objective 3: "Provide appropriate health services in line with the specific needs of the Odanak population"





ODANAK HEALTH CENTRE

<u>Activity B</u>: Bi-annual immunization activities to demystify and avoid preventable diseases

- Influenza vaccination campaign at home I October 31, 2018
- Influenza vaccination campaign at the OHC | November 6 and 7, 2018

<u>Activity 3D</u>: Prevention and awareness activities related to healthy lifestyles and diabetes

 Walking bus (Pédibus): Accompanying participating students

<u>Activity 3F</u>: Optimization of front-line services such as collective prescriptions, OIIQ prescribers, blood sampling services, systematic follow-up of clients

 Bid and prepare our "small equipment" for their annual preventive maintenance to ensure their reliability with Previmed with the help of our MT services (accreditation purposes). I February 5, 13, 15, 20 and 22, 2019

<u>Activity 3H</u>: Optimization of home care and nursing services (blood sampling, podiatry care, nursing care)

- Meeting at the OHC with Chantal Pellerin, coordinator of home care providers at the CIUSSS Nicolet-Yamaska, to explain how they work/home communication tools to standardize our tools I July 18, 2018
- Meeting with Chantal Camirand to discuss our common cases | October 10, 2018
- Meeting with the new social worker and Daphnée to provide a summary of clients to be referred | October 16, 2018
- Major power outage: Visits to vulnerable and at-risk customers to ensure their safety | November 28, 2018

<u>Activity 3 I</u>: Strengthening the offer of support services to family caregivers and case workers (lunch-conferences, respites)

 Lead, coordinate meetings with the family of an ALS client to improve communication, share tasks and accompany them (with a CIUSSS member) | April 5, May 3 and 24, 2018

- Meeting at the CIUSSS in Nicolet for a clinical case for a partnership with them. Daphnée Couture, Chantal Camirand, caregiver, Karina Paquin, social worker, Line Poisson (ASI), Amélie Guay (ASSS team leader) and a family member were present. This meeting was to conclude an agreement to fill an OHC service gap (evenings and weekends) to offer support to the caregiver I July 19, 2018
- Meeting with Chantal Camirand, caregiver, to discuss two clinical cases that require significant support | April 12 and 26, May 24, September 17 and 26, 2018

Overall objective 9: "Provide more culturally appropriate interventions"

<u>Activity 9B</u>: Formation of an OHC/FNCFS working group for the development of culturally appropriate attitudes, activities and programming

<u>Activity 9C</u>: Provide culturally appropriate programming by 2019

•Form a committee and plan meetings to create an intergenerational week in mid-late June 2019, in partnership with the Odanak Health Centre, the FNCFS and the Musée des Abénakis | February 19 and March 12, 2019

Medical internship:

• Visit of the Odanak community, the Aw8ssisak day care centre and the Kiuna Institution with medical interns (alternately). The interns were also invited to follow us during our home visits to our clients I July 5, 16 and 18, 2018



ODANAK HEALTH CENTRE



QUARTERLY REPORT 2018-2019 FISCAL YEAR July to September 2018

Prepared by: Marie-France David, nutritionist

<u>I – Individual nutrition consultation statistics for the period</u> <u>July 1 to September 7</u>

It should be noted that the following statistics are for just over two months, from July 1 to September 7, 2018:

II - Nutritional consultation

a) Number of nutrition consultations at the Health Centre:-

- Number of consultations from July 1 to September 7: 50 consultations
- Six (6) home based follow-ups, double the previous period
- Number of clients from April to June 2018: 19 clients

Description of the nutrition clientele:

8 new clients among the 19

Age profile:

Most cases are complex: morbid obesity with many other physical and mental health conditions (e.g. malnutrition, eating disorders, bulimia nervosa, depression, chronic anxiety disorder, unbalanced diabetes, heart health problems, age related loss of independence, dysphagia, etc.)

There was an increase in referrals for home support during the months of July and August (loss of autonomy and malnutrition, elderly dysphagia, cancer cases and food insecurity).

Individuals experiencing food insecurity often have complex issues, psychological problems in addition to financial problems, and require more support and reminders for nutritional monitoring.

8 out of 19 clients were experiencing food insecurity and could be diagnosed.

Description of nutrition based interventions:

Follow-ups last about 45 to 60 minutes. The evaluation of a new client takes about 1.5 hours or more depending on the complexity of the medical situation. Some interventions are more complex and require contact with nurses and/or physicians and/or psychologists and/or kinesiologists, offreserve medical staff (hospitals, clinics), the director of homecare workers, homecare workers and sometimes the client's entourage (family, friends).

Taking over clients with more specific clinical nutrition monitoring needs has required some updating, updates made via the sites of the Ordre professionnel des Dietitistes du Québec and other clinical nutrition sites. An update of the nutritionist's office records was also made.

III - Food security

As mentioned in the previous quarterly report, the food security interventions organized in the five-year plan had to be modified and streamlined, as there will be less time allocated to this sector and there will be no more research and evaluation work at this level. The research-evaluation work was indeed carried out as a research professional and not a nutritionist, and was done on a contractual basis taking into account fees different from those paid to a nutritionist.

a) Distribution of game

Game meat had been kept in order to distribute it at this strategic moment, thus announcing the interventions that were starting for the OHC and the FNCFS related to nutrition (collective kitchen, meals on wheels, Spark program breakfasts). The new procedure to reach the more vulnerable population was retained:

- Contact with Ms. Ann Landry for an up-to-date list of social assistance recipients;
- Direct telephone contact to reach the most vulnerable people in the new distribution list.



ODANAK HEALTH CENTRE

The distribution of deer to vulnerable people gave them the opportunity to present themselves at the OHC and some took the opportunity to consult the nurse about their health. Others (single mothers with food insecurity, etc.) also joined the collective kitchen when I explained that the activity was starting soon. Finally, some parents enrolled their children in the Spark program breakfast/walking bus activity after I explained what the activity was about. It is undeniable that the distribution of game meat is a golden opportunity to reach the vulnerable population and encourage them to participate in activities promoting healthy eating and physical activity, thereby reducing long-term health inequalities.

Quantity of deer distributed in August and September:

At the time of writing this report, the distribution was not complete. In fact, some people still had to pick up their bag of deer meat at the Health Centre. The amount of deer available was fully bagged (1 serving, 2 servings, 3 servings and family). For the time being, vulnerable individuals who do not meet one of the OBC's three eligibility criteria (i.e. social assistance recipient, age 65 and over, single parent) were not contacted because the amount of deer available was lower.

Currently, 80 people are on the distribution list, including those who have already come for game and meet one of the three eligibility criteria. Vulnerable individuals who do not meet one of the three eligibility criteria (e.g. person living alone, student, unstable job, etc.) who were screened in collaboration with the liaison officer are also on this list. In total, if we include families living with these people, more than 130 people end up being serviced by the game meat program, about a quarter of the population of Odanak. This is consistent with the 2012 food security study, which showed food insecurity for 25% of the population. Some people may have received deer because they met eligibility criteria but were not necessarily vulnerable in terms of food security (e.g. age 65 and over), but every effort was made to reach the population vulnerable to food insecurity in Odanak. We hope that the amount of deer hunted continues to be as significant as in 2017-18, as this type of food security measure does not negatively impact people's pride and is effective in helping them improve their lifestyle and their health.

b) Collective kitchens

During the summer of 2018, a binder with economic and nutritional recipes was developed for the head cook. This

binder includes, among other things, nutritious desserts and less rich in fat and concentrated sugars. This binder was given to the person in charge of collective kitchens, Ms. Caroline Cardin, to help her in her work and better meet the demand that had been made by the young mothers participating in the collective kitchen program. In addition, these are recipes that could also be used by the meals on wheels service, thus promoting a better nutritional status among elders in the community.

I announced to the whole population the return of collective kitchens through the mail, as well as personally to the vulnerable customers and others during the distribution of the game meat.

The collective kitchen activity resumed on September 10, according to the formula adopted over the last two years.

c) Community garden

Some visits were made to the community garden during the summer with my colleague Marie-Pier Desnoyers. The new organization (with the raised bins, the polymer membrane, etc.) seems to have been positive and the vegetable production was much more successful than in previous years, which is encouraging for the participants. Some telephone contacts were made with Ms. Stéfanie O'Bomsawin to ensure the smooth running of the activity, but given the changes to the food security mandate excluding action-research approaches, the evaluation is now left in the hands of Ms. Stéfanie O'Bomsawin and Suzie O'Bomsawin, in charge of the community garden program.

IV – Nutrition based activities:

As summer is not an ideal time to hold educational activities in nutrition, we spent more time developing tools for the person in charge of collective kitchens, which were presented and explained during the last week of August. Additional nutrition activities planned in the five-year plan are scheduled later in the fall.

ODANAK HEALTH CENTRE



ANNUAL REPORT2018-2019 FISCAL YEAR April 1, 2018 to March 31, 2019

Sector: Program 339 – Kinesiology consultation Prepared by: Jessica Papineau, kinesiologist

INTRODUCTION

This quarterly report presents the activities of the kinesiology consultation program, Budget item 339, for the period of April 1, 2018 to March 31, 2019. The financial report for this program will be produced by the Finances and HR departments.

PROGRAM OBJECTIVES

- By March 2019, provide individuals with chronic diseases with organized physical activities (group classes, winter hiking).
- By March 2019, increase the autonomy and motivation of individuals in their approach to health through individual consultations.
- By March 2019, provide individuals at risk of falling with adapted physical activities and prevention workshops.
- By 2019, provide motor development activities to children aged 0-5 to promote optimal development for school entry, using a holistic approach (physical and psychological).

COMMITTEE | WORKING GROUP | CONCERTATION TABLE, ETC. MANAGED BY THE ORGANIZATION | COUNCIL | CORPORATION | TRIBAL COUNCIL

- Meeting with Isabelle Dupuis and Laure Tardif (Assessment of 4-5 year-olds for kindergarten preparation) | April 10, 2018• Réunion avec Raymonde Nolett pour Avenir d'enfants | 24 avril 2018
- •Meeting with Raymonde Nolett for Avenir d'enfants l April 24, 2018
- •Clinical consultation | May 10, 2018
- •OHC/FNCFS working meeting | May 17, 2018
- •OHC working meeting
- Meeting with the director
- ·Winter carnival committee meeting
- Single record committee meeting

SUPPORT TO THE COMMUNITY

Not applicable

REGIONAL FORUM OR SPECIFIC TRAINING

- •PDSB training | April 3 and 4, 2018
- •First aid training | April 18 and May 29, 2018
- •Training on budget management at the Abenakis of Odanak Council (AOC) by Catherine Bussières I September 19, 2018
- •Private training during pre and postnatal stages in Quebec City | September 29 and 30, 2018
- •Regional meeting of sports and physical activities organized by the FNQLHSSC in Montreal | October 24 and 25, 2018
- •Training on the AOC purchasing process by Catherine Bussières | November 27, 2018
- •Secondary school physical activity Webinar I January 25, 2019
- •Online training on prenatal yoga I January 25, 2019
- •Online record keeping training by the Fédération des kinésiologues du Québec (FKQ) | November 10, 2018

PARTICIPATION IN SEMINARS | CONFERENCES | TRAINING

- •Conference call for I-CLSC | May 23, 2018
- •Symposium on cardiorespiratory rehabilitation | February 22 and 23, 2019

PUBLICATIONS AND DEVELOPING TOOLS

- •Learning guide for throwing through activities at home with Raymonde Nolett | May 2018
- •Home assessment protocol for preventing falls I February 2019

THEME DAYS (EXAMPLE: NATIONAL CHILD DAY, BREAST CANCER, HIV-AIDS, FAMILY WEEK, ETC.)

- Kinesiology week | November 19 to 25, 2018
- •Odanak carnival: snow snake activity and Zumba l February 9, 2019





ODANAK HEALTH CENTRE

OTHER ACTIVITIES

- •Individual consultations (at home and at the OHC)
- •Assessment of 4-5 year-olds for kindergarten entry l June 9, 2018
- •Aquafitness group classes (50+) at the Odanak pool I From July 31 to August 14, 2018
- •Walking club (50+) | From September 26 to November 15, 2018
- •Preparation of the health basket for the participants of the walking club, in collaboration with Joanie L. Boisvert | December 2018
- •Activity participation prize draw week | From December 17 to 21, 2018
- •No-impact Zumba for adults
- •Interview for the kinesiologist position
- ·Chair yoga for elders

DIFFICULTIES ENCOUNTERED

- •Regular attendance and recruitment of clients over 75 for the walking group.
- •Challenges in assessing vulnerable customers at home.
- •Implementation of the falls prevention program.
- •Achieving goals for home consultation for the falls prevention project.

ANNUAL SUMMARY

Individual consultations:

Participation in the Hexfit computer program greatly facilitated the prescription of exercises. We called on a repair technician to inspect the cardiovascular equipment in the OHC meeting room. The elliptical machine and the bike no longer work. The availability of the meeting room conflicts with the kinesiology consulting service that takes place in the same room. Until now, the service has benefited a diversified clientele of people between the ages of 14 and 85 who are consulting for various health reasons such as hypertension, diabetes, mental health, musculoskeletal problems, etc. This service also allows primary prevention and early detection of certain problems such as hypertension and diabetes.

Prevention of falls: The implementation of the falls prevention project required a lot of thought and preparation. The needs of the clientele are quite diverse with regard to physical evaluation and the prescription of exercises. An evaluation protocol was prepared in light of the different experiences. This protocol will have to be implemented for the 2019-2020 period. It is very likely that a review will be required along the way. It would be beneficial for the replacement to have access to ongoing training for clients who are losing their autonomy in order to improve the project and its implementation.

Community expectations regarding the provision of group classes and other services may conflict with the time required to provide adequate service to clients at risk of falling.

Reminder of the criteria defining the clientele at risk of falling according to the fall prevention strategy.

- The falls prevention program at the Odanak Health Centre is open to all people aged 65 and over, regardless of their health status or level of vulnerability.
- The promotion and education strategies of the falls prevention program are aimed at all members of the community and specifically target elders and their families.
- The intervention strategies of the falls prevention program are aimed primarily at elderly people at risk of falling, namely:
- Older individuals who have previously fallen,
- Older individuals with balance or walking issues.
- More specific intervention strategies for people with high vulnerability of falling

Clarifications for management and the community:

week to a lack of service in 2017-2018 for financial reasons. In 2018-2019, the service resumed for 3 hours per week, including the falls prevention project, from April to September 2018-2019. The number of hours has been increased to 7 hours (falls prevention and consultation in kinesiology) from September to March 2019. Upon the arrival of the replacement, Ms. Christina Béland-Racine, the service will be offered about 6 hours per week for individual consultations and 6 hours for fall prevention. This variation in hours inevitably influences the service offered to the population.

Many requests have been made by the population to have access to more group classes (Aquafitness, Zumba, walking group) and individual consultations. It is important to inform people of the objectives of the individual consultation program and the priority given for the fall prevention project to meet the Accreditation Canada requirements.

Avenir d'enfants:

Collaboration was temporarily suspended during the pregnancy leave of the kinesiologist for health reasons. It will be possible to resume activities with Raymonde Nolett for psychomotor activities with the day care centre.



ODANAK HEALTH CENTRE



ANNUAL REPORT 2018-2019 FISCAL YEAR April 1, 2018 to March 31, 2019

SECTOR: Étincelle program 6-12 year-olds and Skweda program 13-18 year-olds

Prepared by: Jessica Papineau

GUIDELINES FOR DRAFTING YOUR REPORT

Activity reports must cover the period from July 1, 2018 to September 30, 2018 (according to the requirements of the funding body or others) and must contain information to evaluate the work carried out during this period.

INTRODUCTION

This quarterly report outlines activities that occurred as part of the Étincelle program for the period **July 1, 2016 to September 30, 2016**. The financial report for this program will be produced by the Finances and HR departments.

OVERALL OBJECTIVE

Promote the biopsychosocial development of all children and youth in the community.

PROGRAM OBJECTIVES

- 2.1 Develop a supportive community environment for physical activity and healthy eating among youth ages 6-12 and 13-17:
- 2.2 95% or more of 6-12 year olds residing in Odanak will participate in at least one Étincelle activity annually;
- 2.3 30% or more of parents of 6-12 year olds in the community will participate in at least one Étincelle activity annually;
- 2.4 40% or more of 13-17 year olds residing in Odanak will participate in at least one Skweda activity annually;
- 2.5 15% of parents of 13-17 year olds in the community will participate in at least one Skweda activity annually;
- 2.6 By 2018, 80% of youth participating in Skweda and Étincelle programs will have developed a taste for healthy foods:
- 2.7 By 2018, 50% of youth participating in Skweda and Étincelle programs will have developed cooking skills;
- 2.8 By 2021, at least 50% of youth participating in Skweda and Étincelle programs will have developed a positive body image;
- 2.9 By 2021, at least 50% of youth participating in Skweda and Étincelle programs will consume five servings of vegetables and fruit a day;
- 2.10 By 2021, 100% of youth participating in the Étincelle program will be active for at least 30 minutes a day, every day;

- 2.11 By 2021, 50% of 13-17 year olds participating in the Skweda program will be physically active for at least 30 minutes a day, five days a week;
- 2.12 By 2021, at least 50% of youth participating in Skweda and Étincelle programs will have developed a positive body image (to be removed idem 2.8);
- 2.13 By 2021, at least 50% of youth participating in Skweda and Étincelle programs will consume five servings of vegetables and fruit a day (to be removed idem 2.9);
- 2.14 By 2021, 100% of youth participating in the Étincelle program will be active for at least 30 minutes a day, every day (to be removed idem 2.10);
- 2.15 By 2021, 50% of 13-17 year olds participating in the Skweda program will be physically active for at least 30 minutes a day, five days a week (to be removed idem 2.11).

COMMITTEE | WORKING GROUP | CONCERTATION TABLE, ETC. MANAGED BY THE ORGANIZATION | COUNCIL | CORPORATION | TRIBAL COUNCIL

The committee or multidisciplinary working group met on the following dates:

- Committee for adolescents | September 20, 2018
- Clinical consultation | September 20, 2018
- Meeting with director | September 26, 2018

SUPPORT TO THE COMMUNITY

Not applicable

REGIONAL FORUM OR SPECIFIC TRAINING

Budget management training | September 19, 2018

PARTICIPATION IN SEMINARS | CONFERENCES | TRAINING

Not applicable

PUBLICATIONS AND DEVELOPING TOOLS

Not applicable

(Teen workout program at the urban gym) (Parent-child workout program at the urban gym)





ODANAK HEALTH CENTRE

THEME DAYS (EXAMPLE: NATIONAL CHILD DAY, BREAST CANCER, HIV-AIDS, FAMILY WEEK, ETC.) Not applicable

PUBLICATIONS: EXAMPLE, INFORMATION BULLETINS, FLYERS, BROCHURES, ETC.

- · Hand out information bulletins to parents of day camp youth (6 to 12 years old) + recipe sheets | July 17, 2018
- Advertising of activities for adolescents | July 16, 2018
- Walking bus advertising | July and August 2018
- Advertising for hiking activity at Mont-Ham Regional Park | September 2018

OTHER ACTIVITIES

- Community garden: Visit and maintenance of the garden once a week with 5-12 year-olds from the Odanak day camp | July and August 2018
- Community garden: Planting and maintaining the garden with 13-18 year-olds | June to August 2018
- Urban gym Part 2 (Children 6 to 12 years old and their families): Introduction to the training circuit at the outdoor sports facilities located at the pool area. Team

- training adapted to families | July 11, 2018
- Urban gym 12 to 18 years old: Introduction to the training circuit at the outdoor sports facilities located at the pool area. Team training adapted to families | July 16, 2018
- Yoga and cooking workshop with 5-12 year-olds from Odanak's day camp | July 17, 2018 Slackline, spikeball and cooking workshop with 12-18
- year-old youth | August 8, 2018
- Spikeball initiation and throwing technique with 5-12 year-olds from the Odanak day camp | August 14, 2018
- Training of two youth as assistant crossing guard for the walking bus (Pédibus | August 29, 2018
- Walking bus: twice a week, from September 4 to November 22, 2018
- Hiking at Mont-Ham Regional Park during the equinox period for 12-18 year-olds - activity cancelled due to lack of registrations | September 22, 2018

DIFFICULTIES ENCOUNTERED

- Recruitment of clients aged 13 to 18;
- · Attendance and family involvement in activities.

STATISTICS

ACTIVITY	RESPONSIBLE	DATE	CLIENTELE	NB YOUTH	NB PARENTS
Community garden	Marie-Pier D.				
Community garden	Marie-Pier D.				
Urban gym and nutrition workshop	Jessica P. Marie-Pier D.	July 11	Families with children 5- 12 years old	3	1
Urban gym	Jessica P.	July 16	12-18 year- olds	3	
Yoga and cooking workshop	Jessica P. Marie-Pier D.	July 17	5-12 year- olds	9	
Slackline, Spikeball	Jessica P. Marie-Pier D.	August 8	12-18 year- olds	2	
cooking workshop					
Throwing technique and spikeball	Jessica P.	August 14	5-12 year- olds	11	
Crossing guard assistant training	Jessica P.	August 29	10 year and above	2	
Walking bus (Pédibus)	Jessica P.	September 4 to November 22	5-12 year- olds	11 + 1 (breakf ast)	3
Breakfast	Marie-Pier D.	September 4, 11, 18 and 25	5-12 year- olds	26	

ODANAK HEALTH CENTRE



QUARTERLY REPORT 2018-2019 FISCAL YEAR January 1 to March 31, 2019

SECTOR: Program 339 – Kinesiology consultation Prepared by: Jessica Papineau

INTRODUCTION

This quarterly report outlines activities that occurred as part of the Étincelle program for the period January 1 to March 31, 2019. The financial report for this program will be produced by the Finances and HR departments.

OVERALL OBJECTIVE

Objective 3: "Provide appropriate health services in line with the specific needs of the Odanak population"

- 3C. Maintain an environment and equipment conducive to the practice of physical activity.
- 3D. Prevention and awareness activities related to healthy lifestyles and diabetes.

Objective 4: "Increase the well-being of Odanak elders"

- •4.1 By 2021, 30% of the population aged 75 and over will have 30 minutes of physical activity 4 days or more per week
- •4.2 By 2021, 45% of the population aged 55 to 74 will have 30 minutes of physical activity 4 days or more per week.
- -4B. Set up a walking group for elders.

Added to the five-year plan following the recommendations for Accreditation Canada:

Implementation of a falls prevention program:

- -Implementation of the P.I.E.D. program (integrated dynamic equilibrium program)
- -Maintain and offer group classes (walking with 4B sticks, tai chi, chair yoga)
- -Individual kinesiology consultations
- -Walking and balance assessment by the kinesiologist

Objective 7: "Significantly increase the physical activity rate in the Odanak population"

- •7.1 By 2021, 50% of the population will practice 30 minutes of physical activity 4 days or more per week.
- •7.2 By 2021, 40% of people with chronic diseases (respiratory, endocrine, diabetes, CVD) will practice 30 minutes of physical activity 1 to 3 days per week.
- •7.3 Increase the offer of sports activities in the community.

7B. Healthy lifestyles program (Kirano)

- 7C. Set up a running club or group activity (walking, aquafitness)
- 7D. Offer courses and/or low-cost sports activities in various groups by qualified instructor

7E. Train a walking group instructor

7F. Service for lending sports equipment and implementation of a sports equipment loan service

PROGRAM OBJECTIVES

- -By March 2019, provide individuals with chronic diseases with organized physical activities (group classes, winter hiking);
- -By March 2019, increase the autonomy and motivation of individuals in their approach to health through individual consultations;
- -By March 2019, provide individuals at risk of falling with adapted physical activities and prevention workshops;
- -By 2019, offer motor development activities for children aged 0 to 5 to promote optimal development for entry to school, using a holistic approach (physical and psychological).

COMMITTEE | WORKING GROUP | CONCERTATION TABLE, ETC. MANAGED BY THE ORGANIZATION | COUNCIL | CORPORATION | TRIBAL COUNCIL

The committee or multidisciplinary working group met on the following dates:

- Single record committee | February 12, 2019
- Meetings with the director I January 8 and February 6, 2019
- Winter carnival committee meetings | January 22nd and February 6th, 2019

SUPPORT TO THE COMMUNITY

Not applicable

REGIONAL FORUM OR SPECIFIC TRAINING

- Secondary school physical activity Webinar I January 25, 2019
- Online training on prenatal yoga | January 25, 2019

PARTICIPATION IN SEMINARS | CONFERENCES | TRAINING

• Seminar on cardiorespiratory rehabilitation | February 22 and 23, 2019

PUBLICATIONS AND DEVELOPING TOOLS

 Home assessment protocol for falls prevention | February 2019





ODANAK HEALTH CENTRE

THEME DAYS (EXAMPLE: NATIONAL CHILD DAY, BREAST CANCER, HIV-AIDS, FAMILY WEEK, ETC.)

 Odanak carnival: snow snake activity and Zumba I February 9, 2019

PUBLICATIONS: EXAMPLE, INFORMATION BULLETINS, FLYERS, BROCHURES, ETC.

• Advertising for the Zumba course (APPENDIX 1)

OTHER ACTIVITIES

- No-impact Zumba for adults;
- Interview for the kinesiologist position;
- · Chair yoga for elders.

DIFFICULTIES ENCOUNTERED

Achieving goals for home consultation for the falls prevention project.

Period between January a and March 31, 2019

Cours de groupe – Zumba:

The course is a continuation of the walking group. The majority of participants expressed interest in a Zumba class to compensate the suspension of the walking group with poles during the winter season. It was agreed with the Zumba instructor that the course should meet the needs of 50+ year-olds (no impact). The number of registrations confirmed the interest for this type of class. The class also reached a younger clientele. The class will have to be evaluated to ensure it corresponds to the target audience (50 years and over).

Falls prevention:

The home consultation objective was not achieved. The time required for other projects and the administrative aspects (meetings, registrations, medical authorization, training) exceeded the estimated time. It will be important to prioritize this clientele for the spring of 2019.

Currently, 24 clients are on the fall risk screening list. Five home follow-ups (5-6 meetings) were completed. Two (2) refused follow-ups. Four (4) candidates participated in the aquafitness and/or walking club (morning group) activities and/or chair yoga classes. Ten (10) clients still need to be contacted to conduct an assessment at home to determine whether a follow-up will be done individually or in groups.

Recruitment should also be attempted for a semi-private (chair yoga) formula for individuals who are able to leave the house.

Chair yoga for elders:

This activity was set up for the elders of the Kchaïak group who frequent the Alnôbaïwi hall. The contact was made with Barbara Watso to determine the dates. The sessions take place before or after the community lunch to help with the elders' displacements. A 20 minute session is planned. At the last meeting on February 26, 2019, the group unanimously mentioned that they preferred the yoga class to be after lunch, at 1 pm, and before the knitting activity.

STATISTICS

	onsultations: 33 tations: 8 Num	ber of falls prev			
Nb of clients:		lar clients: 1			
New falls clie	ents: 0				
14-34 year-	35-54 year-	55- 74 year-	75 years and	Fo	miler
olds	olds	olds	over	Га	mily
	1	2			
Respiratory diseases	Endocrine diseases	Cardiovascular diseases	Musculoskeletal diseases	Mood disorders	Falls prevention
	1	2	1		1
	I January 1 to M ions: 25 Nb of pa		e confirmed)		
14-34 year-	35-54 year-	55- 74 year-	75-84 year-	94 110011	s and over
olds	olds	olds	olds	64 years	s and over
9	12	4			
Respiratory diseases	Endocrine diseases	Cardiovascular diseases	Musculoskeletal diseases	Mood disorders	Others
	1		5		Concussions (1)
Chair yoga w	rith elders (from	January 1 to M	arch 31, 2019)		
Session 12	Session 26				
February: 3	February: 10				
participants	participants				

ODANAK HEALTH CENTRE



QUARTERLY REPORT 2018-2019 FISCAL YEAR September 1, 2018 to September 30, 2018

Sector: FNHS
Prepared by: Raymonde Nolett

INTRODUCTION

This quarterly report outlines activities that occurred as part of the FNHS program for the period September 1, 2018 to September 30, 2018. The financial report for this program will be produced by the Finances and HR departments.

OVERALL OBJECTIVE

Promote the child's overall development.

PROGRAM OBJECTIVES

Develop children's sense of belonging to their culture.

COMMITTEE | WORKING GROUP | CONCERTATION TABLE, ETC. MANAGED BY THE ORGANIZATION | COUNCIL | CORPORATION | TRIBAL COUNCIL

Not applicable since I am not part of any committee in the FNHS program.

FNCFS | FIXED | TRANSITIONAL CONTRIBUTION AGREEMENT

None

SUPPORT TO THE COMMUNITY

None

REGIONAL FORUM OR SPECIFIC TRAINING

None

PARTICIPATION IN SEMINARS | CONFERENCES | TRAINING

Not applicable

PUBLICATIONS AND DEVELOPING TOOLS

Incentive kit on overall child development sent to all families with children aged 0-5.

THEME DAYS (EXAMPLE: NATIONAL CHILD DAY, BREAST CANCER, HIV-AIDS, FAMILY WEEK, ETC.)

Registration day, entry and discovery of FNHS facilities I September 2018

PUBLICATIONS: EXAMPLE, INFORMATION BULLETINS, FLYERS, BROCHURES, ETC.

Incentive kit

OTHER ACTIVITIES

Playful, creative and cultural activities daily

DIFFICULTIES ENCOUNTERED

None

STATISTICS

20 children enrolled: 11 boys and 9 girls

Rate of participation: 90 %



ANNUAL REPORT 2018-2019 Presented to: Jean Vollant

By: Andréanne Gouin and Paule Leïby Health liaison officersMedical archivists / Physician supportMT program managers Community health managers (CHM)

1. LIAISON OFFICER Non-Insured Health Benefits (NIHB)

Health Canada's Non-Insured Health Benefits (NIHB) program is available to First Nations people. This program covers a defined range of medically necessary products and services that clients do not qualify for in other plans and programs. In the event that a benefit is covered under another health plan, the NIHB program will coordinate the payment of eligible benefits. The Non-Insured Health Benefits (NIHB) program covers the following benefits:

- · Vision care;
- · Dental benefits;
- Medical transportation;
- Drug benefits;
- Medical equipment and medical supplies;
- Mental health intervention services for short-term crisis;
- Health services approved outside Canada;

As health liaison officers, our mandate is to support workers providing health care and social services to members of the Odanak community in the process of accessing health services. In addition, our mandate is to inform members of the Odanak community about the various health programs and services available.

1.1 PHARMACY

According to the medication prescribed by a physician, the pharmacist is imposed a pre-authorization process by Health Canada in order to offer the patient the prescribed medication free of charge.

In 2018-2019, we filed a number of appeal requests (exceptions) for non-resident and resident clients in the Odanak community for drugs not initially covered by the NIHB program. Filing an appeal requires a lot of work to obtain the supporting letter and medical documents necessary for the approval of the application. A supporting letter must be issued by the prescribing physician and other health professionals to support the request to Health Canada.

DRUG EXCEPTIION CENTRE

The Drug Exception Centre is located in Ottawa and has several officers who are responsible for evaluating, analyzing and authorizing all drugs requiring prior authorization.

In order to help us with the appeal request files (exception), we have an analyst for reference in the Ottawa office. Thus, Mr. Steven Chiasson is now the first resource for our questions and/or inquiries.

When an exception request is authorized by the Drug Exception Centre, the pharmacist obtains a number associated with the authorization request. The decision whether or not to cover a drug will be confirmed by fax to the pharmacist as soon as the prescribing physician has completed the exception request form.

1.2 VISION CARE

Certain benefits are subject to frequency of reimbursement limits before being re-approved by Health Canada. For example, clients 18 years of age and older are eligible to receive a refunded eye exam for each 24-month period. If the client wishes to have another eye exam within this period, reimbursement for this service is automatically declined. However, in specific situations, justified by a physician or other professionals, an additional exam may be authorized by sending an exception request to the NIHB program.

1.3 DENTAL CARE

ABefore starting dental treatments, it is important for the dentist to obtain Health Canada's response to the treatment plan sent by the dentist or denturist to the NIHB program. The client will therefore be informed of the amount paid by the insurance regarding the dental treatments requested. This authorization request will inform the client of the amount allocated by NIHB and, if so, the amount the client will be required to pay.

In 2018-19, we noticed that virtually all dentists refuse to deal directly with Health Canada. In this case, clients must send us their invoices so we may begin the refund request process.

ODANAK HEALTH CENTRE



This approach leads to certain financial surprises for clients. Moreover, when professionals (dentists) refuse to deal with Health Canada, an application for payment authorization is not made. There is a risk that the care and/or services received may not be included in the Health Canada Dental Benefits Guide and not eligible for reimbursement.

Once the treatments have been approved, Health Canada will send a predetermination confirmation letter to the Dental Centre. When there is a NIHB refusal, the client contacts me to file an appeal, which leads to additional steps.

The professional (dentist) must inform the client of any cost difference before offering the service. When this is not done, it leads to unpleasant surprises for clients.

Finally, if reimbursement for a dental service is denied by Health Canada, appeal requests may be initiated. That's when, as liaisons, we need to start the process with the professionals.

1.4 ORTHODONTICS

Health Canada also offers orthodontic services. Orthodontic care must be performed before the age of 18, with the exception of treatments for the following anomalies: cleft lip and cleft palate (no time limit).

The assessment of orthodontic cases is done on an individual basis by a team of professionals from the NIHB National Dental Predetermination Centre. In case of refusal of a treatment plan, the client can initiate an appeal request with our help.

1.5 MEDICAL SUPPLIES

The NIHB program covers a variety of medical supplies and equipment such as hearing aids, orthotics, bath and toilet aids, walkers, oxygen and breathing supplies, and more. Prior authorization of medical equipment and medical supplies is important because there are exceptions and exclusions.

It is important to note that professionals are not required to comply with the fee schedule set by Health Canada. Clients should be notified of what they will have to pay before receiving a service, at all times. This is not always done by the professional providing care and/or services.

In case payment/refund is denied, an appeal process may be initiated and will be evaluated case by case.

1.6 MENTAL HEALTH

During the year, we had the opportunity to respond to certain requests for mental health information. Applications are always forwarded to the NIHB mental health department office. As liaison officers, we refer several community members to psychologists in the region.

1.8 STATISTICS REGISTRY

> APRIL 2018

Table 1

	MEN	WOMEN	TOTAL
CALLS	34	86	120
IN PERSON	14	15	29
BY EMAIL	1	8	9
BY FAX	1	0	1
TOTAL	50	109	159

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	2	
VISION CARE NIHB	5	
MT	78	
DRUG EXCEPTIONS	8	
MEDICAL SUPPLIES	13	
MENTAL HEALTH NIHB	2	
ENVIRONMENTAL HEALTH	0	
JORDAN'S PRINCIPLE	0	
GENERAL INFORMATION	2	
OTHER TYPES OF REQUESTS	4	
GAME MEAT	4	
MEDICAL ARCHIVES	21	
PHYSICIAN	19	
TOTAL REQUESTS	158	

MAY 2018

Table 1

	MEN	WOMEN	TOTAL
CALLS	33	82	115
IN PERSON	9	13	22
BY EMAIL	0	5	5
BY FAX	0	0	0
TOTAL	42	100	142



ODANAK HEALTH CENTRE

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	3	
VISION CARE NIHB	2	
MT	81	
DRUG EXCEPTIONS	12	
MEDICAL SUPPLIES	5	
MENTAL HEALTH NIHB	2	
ENVIRONMENTAL HEALTH	0	
JORDAN'S PRINCIPLE	1	
GENERAL INFORMATION	1	
OTHER TYPES OF REQUESTS	3	
GAME MEAT	1	
MEDICAL ARCHIVES	15	
PHYSICIAN	18	
TOTAL REQUESTS	144	

> <u>JUNE 2018</u>

Table 1

	MEN	WOMEN	TOTAL
CALLS	17	58	75
IN PERSON	6	9	15
BY EMAIL	0	1	1
BY FAX	0	0	0
TOTAL	23	68	91

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	1	
VISION CARE NIHB	1	
MT	57	
DRUG EXCEPTIONS	7	
MEDICAL SUPPLIES	4	
MENTAL HEALTH NIHB	2	
ENVIRONMENTAL HEALTH	2	
JORDAN'S PRINCIPLE	0	
GENERAL INFORMATION	0	
OTHER TYPES OF REQUESTS	5	
GAME MEAT	0	
MEDICAL ARCHIVES	7	
PHYSICIAN	6	
TOTAL REQUESTS	92	

> <u>JULY 2018</u>

Table 1

	MEN	WOMEN	TOTAL
CALLS	20	64	84
IN PERSON	7	4	11
BY EMAIL	0	3	3
BY FAX	0	0	0
TOTAL	27	71	98

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	0	
VISION CARE NIHB	0	
MT	57	
DRUG EXCEPTIONS	3	
MEDICAL SUPPLIES	8	
MENTAL HEALTH NIHB	0	
ENVIRONMENTAL HEALTH	0	
JORDAN'S PRINCIPLE	1	
GENERAL INFORMATION	1	
OTHER TYPES OF REQUESTS	2	
GAME MEAT	0	
MEDICAL ARCHIVES	12	
PHYSICIAN	13	
TOTAL REQUESTS	98	

> **AUGUST 2018**

Table 1

	MEN	WOMEN	TOTAL
CALLS	24	29	53
IN PERSON	5	9	14
BY EMAIL	0	1	1
BY FAX	0	0	0
TOTAL	29	39	68

ODANAK HEALTH CENTRE



Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	3	
VISION CARE NIHB	3	
MT	16	
DRUG EXCEPTIONS	5	
MEDICAL SUPPLIES	6	
MENTAL HEALTH NIHB	1	
ENVIRONMENTAL HEALTH	0	
JORDAN'S PRINCIPLE	1	
GENERAL INFORMATION	5	
OTHER TYPES OF REQUESTS	6	
GAME MEAT	0	
MEDICAL ARCHIVES	20	
PHYSICIAN	32	
TOTAL REQUESTS	95	

> September 2018

Table 1

	MEN	WOMEN	TOTAL
CALLS	17	34	51
IN PERSON	10	5	15
BY EMAIL	1	0	1
BY FAX	0	0	0
TOTAL	28	39	67

<u>Tableau 2</u>

TYPE OF REQUESTS	
DENTAL CARE NIHB	3
VISION CARE NIHB	4
MT	8
DRUG EXCEPTIONS	5
MEDICAL SUPPLIES	9
MENTAL HEALTH NIHB	0
ENVIRONMENTAL HEALTH	5
JORDAN'S PRINCIPLE	0
GENERAL INFORMATION	3
OTHER TYPES OF REQUESTS	2
GAME MEAT	0
MEDICAL ARCHIVES	7
PHYSICIAN	22
TOTAL REQUESTS	68

○ OCTOBER 2018

Table 1

	MEN	WOMEN	TOTAL
CALLS	41	93	134
IN PERSON	5	7	12
BY EMAIL	2	1	3
BY FAX	0	0	0
TOTAL	48	101	149

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	5	
VISION CARE NIHB	4	
MT	25	
DRUG EXCEPTIONS	7	
MEDICAL SUPPLIES	10	
MENTAL HEALTH NIHB	0	
ENVIRONMENTAL HEALTH	1	
JORDAN'S PRINCIPLE	0	
GENERAL INFORMATION	1	
OTHER TYPES OF REQUESTS	4	
GAME MEAT	0	
MEDICAL ARCHIVES	7	
PHYSICIAN	16	
TOTAL REQUESTS	80	

> NOVEMBER 2018

Table 1

	MEN	WOMEN	TOTAL
CALLS	19	38	57
IN PERSON	8	8	16
BY EMAIL	0	0	0
BY FAX	0	0	0
TOTAL	27	46	73



ODANAK HEALTH CENTRE

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	6	
VISION CARE NIHB	1	
MT	64	
DRUG EXCEPTIONS	3	
MEDICAL SUPPLIES	7	
MENTAL HEALTH NIHB	0	
ENVIRONMENTAL HEALTH	7	
JORDAN'S PRINCIPLE	1	
GENERAL INFORMATION	4	
OTHER TYPES OF REQUESTS	14	
MEDICAL ARCHIVES	7	
PHYSICIAN	35	
TOTAL REQUESTS	149	

DECEMBER 2018

Table 1

	MEN	WOMEN	TOTAL
CALLS	16	49	65
IN PERSON	11	9	20
BY EMAIL	1	0	1
BY FAX	1	0	1
TOTAL	20	FO	07
TOTAL	29	58	87

<u>Table 2</u>

TYPE OF REQUESTS		
DENTAL CARE NIHB	5	
VISION CARE NIHB	0	
MT	51	
DRUG EXCEPTIONS	2	
MEDICAL SUPPLIES	0	
MENTAL HEALTH NIHB	1	
ENVIRONMENTAL HEALTH	4	
JORDAN'S PRINCIPLE	4	
GENERAL INFORMATION	0	
ACCREDITATION CANADA	0	
OTHER TYPES OF REQUESTS	10	
MEDICAL ARCHIVES	8	
PHYSICIAN	13	
TOTAL REQUESTS	98	

> January 2019

Table 1

	MEN	WOMEN	TOTAL
CALLS	41	78	123
IN PERSON	18	17	35
BY EMAIL	0	3	3
BY FAX	0	1	1
TOTAL	59	99	162

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	7	
VISION CARE NIHB	6	
MT	73	
DRUG EXCEPTIONS	4	
MEDICAL SUPPLIES	7	
MENTAL HEALTH NIHB	0	
ENVIRONMENTAL HEALTH	4	
JORDAN'S PRINCIPLE	0	
GENERAL INFORMATION	0	
ACCREDITATION CANADA	0	
OTHER TYPES OF REQUESTS	14	
MEDICAL ARCHIVES	12	
PHYSICIAN	38	
TOTAL REQUESTS	165	

► FEBRUARY 2019

Table 1

	MEN	WOMEN	TOTAL
CALLS	41	91	132
IN PERSON	19	12	31
BY EMAIL	1	4	5
BY FAX	0	0	0
TOTAL	61	107	168

ODANAK HEALTH CENTRE



Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	7	
VISION CARE NIHB	2	
MT	80	
DRUG EXCEPTIONS	9	
MEDICAL SUPPLIES	5	
MENTAL HEALTH NIHB	0	
ENVIRONMENTAL HEALTH	12	
JORDAN'S PRINCIPLE	0	
GENERAL INFORMATION	5	
ACCREDITATION CANADA	0	
OTHER TYPES OF REQUESTS	24	
MEDICAL ARCHIVES	12	
PHYSICIAN	17	
TOTAL REQUESTS	173	

> MARCH 2019

Table 1

	MEN	WOMEN	TOTAL
CALLS	46	75	121
IN PERSON	14	11	25
BY EMAIL	0	2	2
BY FAX	0	0	0
TOTAL ¹	60	88	148

Table 2

TYPE OF REQUESTS		
DENTAL CARE NIHB	4	
VISION CARE NIHB	4	
MT	34	
DRUG EXCEPTIONS	11	
MEDICAL SUPPLIES	3	
MENTAL HEALTH NIHB	3	
ENVIRONMENTAL HEALTH	4	
JORDAN'S PRINCIPLE	2	
GENERAL INFORMATION NIHB	1	
ACCREDITATION CANADA	1	
OTHER TYPES OF REQUESTS	16	
MEDICAL ARCHIVES	5	
PHYSICIAN	59	
TOTAL REQUESTS 1	147	

MEDICAL TRANSPORTATION

Several tasks fall under the responsibility of the medical transportation coordinator, including:

➤ Submit to Health Canada a statistical report of medical transportation services for the community of Odanak.

Three (3) such reports are sent annually to Health Canada:

Period 1: 1er April to August 31

Period 2: September 1 to November 30

Period 3: December 1 to July 29 + annual written report

It has now been five years since we took possession of a vehicle to fulfill our medical transportation requests (MT). This year, our MT team has grown. We now have three MT drivers to meet the medical transportation demand. One of the drivers holds a permanent position while the other two are contractual on call. This change has led to an increase of work to keep up to date the different tasks related to this team management. Situations particulières et améliorations

> Special situations and improvements

Situation 1

The MT coordinator manages the medical transportation from the client's request to the MT driver's schedule, as well as the contract driver's schedule. The coordinator tries to coordinate transportation in the same directions, but this is difficult because clients have medical appointments over several areas to cover and the MT service has only one vehicle at its disposal. Thus the importance of having two contract drivers on call.

The MT coordinator must also manage the clients' medical appointments which occur in opposite directions. In this type of conflict, an authorization to use a private vehicle is issued to the client. However, a problem occurs in the case where a customer has no private vehicle or that nobody can accompany them to their medical appointment. When a medical appointment cannot be changed, we use one of the contractual drivers.

Situation 2

If it's impossible to coordinate with another client or to change the date of the medical appointment, we allow transportation by private vehicle, if this is possible for the client.

When clients wish to use their own vehicle for their medical appointment, but the MT vehicle is available, we systematically deny a refund their gasoline at a rate of \$ 0.225 per kilometre.





ODANAK HEALTH CENTRE

Situation 3

Once again this year, we had a client who was receiving the MT service for her medical appointments for the duration of her treatments and follow-ups. In order to accommodate this client's transportation, we had to consider her as a temporary resident of Odanak. So, to complete this file, we had a proof of temporary residence signed in Odanak by the Abenakis of Odanak Council. This statement is in the client's file. Moreover, this proof of temporary residence in Odanak was signed by our Director of Health Care for the duration of her follow-ups since this client faces a recurrence of her illness.

Situation 4

This year, we are still doing business with Taxi Élite for our customers who need adapted transportation. This company offers us a quality service regarding our customers with special needs. In addition, the cost is lower than previous paratransit companies.

Situation 5

In order to eliminate our issue of last minute cancelled transportation, we sent a notice to the public to remind them of the delays to be considered before late cancellations. This notice is as follows:

"Following a **first failure** to notify, a verbal warning will be issued by the Medical Transportation Coordinator. Thereafter, after two failures, the medical transportation service will be denied to the offending client for a period of one month. If a **third failure** occurs, the medical transportation service will be denied a second time for a period of one month and a \$ 20.00 fee will be payable to the Abenakis of Odanak Council to compensate for the travel cost."

Since sending this notice, we have noted an improvement in the cancellation of transportation. The customer realizes that this service is offered free of charge and that it is their responsibility to contact us as soon as possible if their appointment is cancelled or if they no longer require transportation for personal reasons.

Situation 6

We also maintain a record of warnings, penalties and refusals. When refusing medical transportation, we send a letter to the client explaining this refusal and we inform our directors (the Director of the Odanak Health Centre, the Executive Director of the Band Council and the Deputy Director of human resources). In this letter, we mention the reason for the refusal to offer transportation or to provide a refund in the case of transportation by private vehicle.

Situation 7

This year we had a change in the community. The family physician who was providing services to the people of Odanak decided to leave our Health Centre.

As a result, we asked Health Canada, through an action plan, whether we could provide medical transportation for a few clients who would like to follow this family physician to the other clinic where she practices, in Saint-Eustache. The response to this action plan was positive. Health Canada authorizes us to travel with about ten of the physician's patients for a maximum of one year. This authorization will therefore alter our MT statistics and budget.

Situation 8

For a year now, we have included the **Visiting Health Care Professional Services (VPS)** program in the MT budget. This program reimburses certain expenses (mileage, meals and accommodations) for self-employed professionals traveling to the communities to provide their services. This reimbursement is done with a rate grid already established by the program. Since we had a change in one of our professionals, i.e. moving further away from the Health Centre, we had to make an upward planning of our 2018-2019 MT budget to compensate for the related VPS increase. In addition, we included this budget increase in our 2019-2020 financial forecast.

In 2018-2019, we sent three notices to the population. These notices were used to remind the people of Odanak of the transportation options that can be authorized under Health Canada's framework. In addition, these notices, whether by mail or on the OHC Facebook page, remind the medical transportation clients that there can be sanctions for failures.





MEDICAL TRANSPORTATION PER RESIDENT MEMBERS OF THE COMMUNITY IN 2017-2018

END OF MARCH AND APRIL 2018 TRANSPORTATION REQUESTS		
TRANSPORTATION CARRIED OUT	24	
ADAPTED TRANSPORTATION	2	
COORDINATED TRANSPORTATION (COMBINED)	1	
CANCELLED TRANSPORTATION	6	
CANCELLED TRANSPORTATION PER MY REQUEST (MT CONFLICT)	1	
MT BY CONTRACT DRIVER	4	
PRIVATE VEHICLE	2	

MAY 2018 TRANSPORTATION REQUESTS		
TRANSPORTATION CARRIED OUT (MT	27	
VEHICLE)		
ADAPTED TRANSPORTATION	2	
COORDINATED TRANSPORTATION	3	
(COMBINED)	3	
CANCELLED TRANSPORTATION	14	
CANCELLED TRANSPORTATION PER MY	2	
REQUEST (MT CONFLICT)	2	
MT BY CONTRACT DRIVER	3	
PRIVATE VEHICLE	5	

JUNE 2018 TRANSPORTATION REQUESTS		
TRANSPORTATION CARRIED OUT (MT	23	
VEHICLE)	23	
ADAPTED TRANSPORTATION	1	
COORDINATED TRANSPORTATION	2	
(COMBINED)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CANCELLED TRANSPORTATION	9	
CANCELLED TRANSPORTATION PER MY	1	
REQUEST (MT CONFLICT)		
MT BY CONTRACT DRIVER	2	
PRIVATE VEHICLE	4	



ODANAK HEALTH CENTRE

JULY 2018		
TRANSPORTATION	REQUESTS	
TRANSPORTATION CARRIED OUT	24	
ADAPTED TRANSPORTATION	3	
COORDINATED TRANSPORTATION	5	
(COMBINED)	5	
CANCELLED TRANSPORTATION	7	
CANCELLED TRANSPORTATION PER MY	0	
REQUEST (MT CONFLICT)	0	
MT BY CONTRACT DRIVER	2	
PRIVATE VEHICLE	5	

AUGUST 2018		
TRANSPORTATION I	REQUESTS	
TRANSPORTATION CARRIED OUT (MT	24	
VEHICLE)	24	
ADAPTED TRANSPORTATION	2	
COORDINATED TRANSPORTATION	2	
(COMBINED)		
CANCELLED TRANSPORTATION	5	
CANCELLED TRANSPORTATION PER MY	1	
REQUEST (MT CONFLICT)	1	
MT BY CONTRACT DRIVER	6	
PRIVATE VEHICLE	5	

SEPTEMBER 2018 TRANSPORTATION REQUESTS		
TRANSPORTATION CARRIED OUT (MT	21	
VEHICLE)	21	
ADAPTED TRANSPORTATION	0	
COORDINATED TRANSPORTATION	1	
(COMBINED)		
CANCELLED TRANSPORTATION	6	
CANCELLED TRANSPORTATION PER MY	0	
REQUEST (MT CONFLICT)	0	
MT BY CONTRACT DRIVER	1	
PRIVATE VEHICLE	7	

OCTOBER 2018 TRANSPORTATION REQUESTS		
TRANSPORTATION CARRIED OUT	37	
ADAPTED TRANSPORTATION	1	
COORDINATED TRANSPORTATION (COMBINED)	3	
CANCELLED TRANSPORTATION	6	
CANCELLED TRANSPORTATION PER MY REQUEST (MT CONFLICT)	0	
MT BY CONTRACT DRIVER	10	
PRIVATE VEHICLE	3	





NOVEMBER 2018		
TRANSPORTATION REQUESTS		
TRANSPORTATION CARRIED OUT (MT	REQUESTS	
(27	
VEHICLE)		
ADAPTED TRANSPORTATION	0	
COORDINATED TRANSPORTATION	2	
(COMBINED)		
CANCELLED TRANSPORTATION	6	
CANCELLED TRANSPORTATION PER MY	1	
REQUEST (MT CONFLICT)		
MT BY CONTRACT DRIVER	7	
PRIVATE VEHICLE	5	
DECEMBER 2018		
TRANSPORTATION I	REQUESTS	
TRANSPORTATION CARRIED OUT (MT	16	
VEHICLE)	16	
ADAPTED TRANSPORTATION	1	
COORDINATED TRANSPORTATION	0	
(COMBINED)	0	
CANCELLED TRANSPORTATION	3	
CANCELLED TRANSPORTATION PER MY	0	
REQUEST (MT CONFLICT)	U	
MT BY CONTRACT DRIVER	3	
PRIVATE VEHICLE	4	

JANUARY 2019 TRANSPORTATION REQUESTS		
TRANSPORTATION CARRIED OUT	27	
ADAPTED TRANSPORTATION	4	
COORDINATED TRANSPORTATION (COMBINED)	3	
CANCELLED TRANSPORTATION	10	
CANCELLED TRANSPORTATION PER MY REQUEST (MT CONFLICT)	1	
MT BY CONTRACT DRIVER	5	
PRIVATE VEHICLE	6	

FEBRUARY 2019 TRANSPORTATION REQUESTS			
TRANSPORTATION CARRIED OUT (MT	28		
VEHICLE)	20		
ADAPTED TRANSPORTATION	3		
COORDINATED TRANSPORTATION	6		
(COMBINED)	6		
CANCELLED TRANSPORTATION	5		
CANCELLED TRANSPORTATION PER MY	1		
REQUEST (MT CONFLICT)			
MT BY CONTRACT DRIVER	15		
PRIVATE VEHICLE	4		



ODANAK HEALTH CENTRE

MARCH 2019 TRANSPORTATION REQUESTS			
TRANSPORTATION CARRIED OUT (MT VEHICLE)	29		
ADAPTED TRANSPORTATION	1		
COORDINATED TRANSPORTATION (COMBINED)	1		
CANCELLED TRANSPORTATION	6		
CANCELLED TRANSPORTATION PER MY REQUEST (MT CONFLICT)	1		
MT BY CONTRACT DRIVER	9		
PRIVATE VEHICLE	5		

TOTAL STATISTICS FOR 2018-2019

Total transportation requests for the year: 542

Total transportation carried out with our MT vehicle: 307

Total transportation carried with contractual driver: 67

Total transportation *authorized using private vehicle*: <u>55</u>

There was an increase in transportation compared to 287 in the previous year. There was also a decrease in MT by private vehicle. We can therefore confirm that it is still necessary to include the contract driver in our MT budget, as already requested from Health Canada. Having two contract drivers helps us greatly in minimizing transport conflicts, which are becoming more and more frequent given the vast territories to be covered and the high demand for transportation. It is also important to have a contract driver for replacements during leaves (holidays, sickness, etc.) of our permanent MT driver.

This increase can be explained by the fact that we have had many MT requests for medical appointments with children, with many follow-ups and appointments made through Jordan's Principle. In addition, we are facing an aging population and clients who have serious health issues such as cancer.







1.9 ACTIVITIES 2018-2019

> ANNUAL MEETING WITH HEALTH CANADA, NOVEMBER 2018

November 29, 2018

SCHEDULE	TOPICS	RESPONSIBLE
9:15 am - 9:45 am	Presentation of the organizational structure of FNIHB - Quebec Region • Greetings - Presentations • Visit facilities and different sectors • Presentation of the different sectors	Marie-Eve Bastien, Liaison Officer Joanne Dion, Director of Operations
09:45 am - 10:30 am	NIHB • Vision, medical supplies and equipment • Medical transportation • Drugs (Pharmacy)	Metaxia Kopsiaftis, Senior Program Officer Dominic Sandy Pascal, Coordinator of Contribution Agreements

		Myriam Groleau , Interim - Manager MT
10:45 am - 11:20 am	 Nursing care Clinical practice and client care First Nations and Inuit Home and Community Care (FNIHCC) Medical archives 	Lynda Lynch, Regional Nurse Educator Julie Ranger, Nursing Consultant Marie-Josée Lévesque, Regional Coordinator for Home and Community Care Valérie Bérard, Nursing Care Interim Manager
11:20 am - 12 pm	Professional services	Michèle Deschamps, Regional Coordinator, Communicable Disease Control and Management David Duval, Environmental Health Officer, Environmental and Public Health Services Franck Giverne, COHI Coordinator



ODANAK HEALTH CENTRE

12 h - 13 h 15	Lunch	Julia Thibeault, Policy
1:15 pm - 1:45 pm	 Jordan's principle eHealth Infostructure	Analyst Christine Fogl, Policy Analyst
1:45 pm - 2:15 pm	 Community programs Role of program/programing officers Service offering related to programming NNADAP Mental health intervention and crisis management 	Sonia Duval, Program Delivery Manager Josée Guilmette, Senior Program Officer Caroline Thériault, Senior Program Officer
2:30 pm – 3:00 pm	Funding and administration	Maria Mattiace, Senior Program Officer Madone Wainright, Senior Program Officer
3 pm - 3.30 pm	Varia Closing Remarks	Marie-Eve Bastien, Liaison Officer and other representatives as required

2. ENVIRONMENTAL HEALTH

- Inspections:
- Community restaurants
- Kiuna Institution
- Day care centre
- Abenakis of Odanak Council
- Odanak Health Centre
- Community convenience stores
- Community hall

All inspections were conducted in the company of Mr. David Duval, Environmental Health Officer from Health Canada, to ensure adequate safety of establishments frequented primarily by members of our community.

From now on, inspections of public establishments in the community as well as for private homes are conducted by David Duval and George Normand, Odanak Public Works Supervisor and Water Quality Officer. Our only mandate now is to record the results and reports drafted by Mr. Duval as well as to manage appointments for inspections in the community.

>MAPAQ TRAINING

As of October 26, 2018, training on food handling was planned. The training was delivered to nine Kiuna Institution students by Health Canada's Environmental Health Officer for our community, David Duval. In addition, the same training was offered on November 2, 2018. The training was confirmed for two representatives of the restaurant Le Gourmet, two representatives of the Resto-Rapide Odanak and four students from the Kiuna Institution. It should be noted that only the Kiuna students attended the training.

Another training will be offered over the next year for the establishments mentioned above.

Under the Regulation respecting food, any establishment that prepares food for sale, whether they hold a MAPAQ permit or not, is required to ensure that one or more employees have received training and ensure the maintenance of food hygiene and safety.

ODANAK HEALTH CENTRE



The regulation is aimed at improving:

• Recognition of health risk situations in food handling or preparation

- The capacity to determine means to control risks
- Training: a must for responsible management

Skills targeted by the training:

- Handle food to preserve its qualities and safety:
- Recognize responsibility for food handling and safety
- Apply good practices and meet food handling requirements

The passing mark for the training was 60%. All individuals who received the training on October 26 and November 2, 2018 scored the same or higher. In addition, a success certificate was mailed by Mr. Duval to all who received the training.

WILD MEAT

meat by mail and through Facebook. The first was sent in November 2018, the second in January 2019 and the third in February 2019. Since community hunters had an exceptional hunt, we decided that the third notice could be distributed to a broader public in the community. Thus, in addition to the usual criteria, we decided, with management's approval, that people between the ages of 55 and 64 would be eligible for wild meat.

Eligibility criteria:

- Single-parent families;
- Families receiving income security;
- Community elders (65 years and older);
- Age 55+ (added criterion) for the 2018-2019 distribution campaign.

For the last notice sent to the population, we indicated that the Abenakis of Odanak Council reserved the right to review the criteria if the community hunting was less productive in the future.

On March 13, 2019, wild meat was distributed to 60 families from the Odanak community. In total, thanks to the three notices to the population, we distributed approximately 129 bags of meat. In addition, we gave two bags of ten packets of ground meat each for community activities such as the Odanak winter carnival and the collective kitchen.

3. MEDICAL ARCHIVES

To ensure follow-up and continuity of care and adequate services, we continue to sit on the single record management committee at the Odanak Health Centre.

The committee consists of:

- •Two (2) medical archivists from the Odanak Health Centre:
- •Two nurses;
- One FNCFS case worker (First Nations Family and Child Services);
- Director of Health Services
- Kinesiologist
- Addictions counsellor

The committee meets approximately once (1) a month in order to follow up on the questions, comments and modifications to be made in the management of the single record.

Circulation of users' files

Now that the single record system is in place, we have developed a procedure entitled: Procedure for the internal circulation of medical records at the Odanak Health Centre. The circulation of the record allows accessibility and the sharing of information for all workers working at the Odanak Health Centre and the First Nations Child and Family Services.

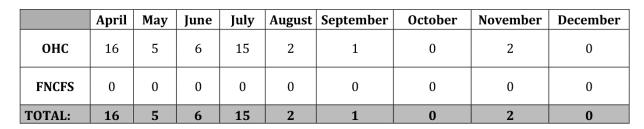
To request a record, the worker must complete record request form. The medical archivists replace the relevant documents by the record. We have also, in collaboration with the single record management committee, developed a record circulation chart to facilitate the procedure to be followed.

Completion sheets

The analysis of the users' record is an opportunity to identify major problems (possible lawsuits) and report them, if necessary, to management. If necessary, to make a correction to the user's record, we include an orange completion sheet intended for the case worker who must modify and/or correct an item in the record on the cover of the record.



ODANAK HEALTH CENTRE



	January February Mai		March
онс	3	1	4
FNCFS	0	0	0
TOTAL:	3	1	4

Physician, Statistics April 2018

PHYSICIAN APPOINTMENT STATISTICS			
MONTH	APRIL 2018		
	11-04-2018	14-04-2018	
Appointments given (PEC)	2	4	
Did not show	0	0	
Total			
Odanak members (status and spouse on the community)	11	12	
Non-member (non-status and living off community)	0	2	
Total for the month (member and living on community code and spouse)	23		
Total for the month (non-member)	2		
Total appointments	25		





May 2018

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT					
	May 2018				
	2018-05-02 2018-05-16 2018-05-30 TOTAL				
Appointments given (PEC)	9	11	9	29	
Without appointment	4	2	2	8	
TOTAL PLANNED APPOINTMENTS				37	
Did not show	0	1	0	1	
Odanak member users (status resident and non-resident / spouses residing in Odanak)	12	12	10	34	
Non-members (Outside users, non-status members and spouses living off community)	1	1	1	3	

<u>June 2018</u>

une 2010				
PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT				
	June 2018			
	2018-06-13	2018-06-27	TOTAL	
Appointments given (PEC)	9	9	18	
Without appointment	3	2	5	
TOTAL PLANNED APPOINTMENTS			23	
Did not show	1	0	1	
Odanak member users (status resident and non- resident / spouses residing in Odanak)	11	11	22	
Non-members (Outside users, non-status members and spouses living off community)	1	0	1	

<u>July 2018</u>

<u> </u>				
PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT				
	July 2018			
	2018-07-11 2018-07-25 TOTA			
Appointments given (PEC)	8	10	18	
Without appointment	3	0	3	
TOTAL PLANNED APPOINTMENTS			21	
Did not show	0	0	0	
Odanak member users (status resident and non-resident / spouses residing in Odanak)	9	8	17	
Non-members (Outside users, non-status members and spouses living off community)	2	2	4	



ODANAK HEALTH CENTRE

August 2018

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT			
	August 2018		
	2018-08-08	2018-08-22	TOTAL
Appointments given (PEC)	11	11	22
Without appointment	0	1	1
TOTAL PLANNED APPOINTMENTS			23
Did not show	0	0	0
Odanak member users (status resident and non- resident / spouses residing in Odanak)	10	9	19
Non-members (Outside users, non-status members and spouses living off community)	1	2	3

September 2018

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT			
PHYSICIAN APPOINTMENT ST	ATISTICS; DRE PASC	LALE RUBERT	
	September 2018		
	2018-09-05	2018-09-19	TOTAL
Appointments given (PEC)	HOLIDAYS	12	12
Without appointment		4	4
TOTAL PLANNED APPOINTMENTS			16
Did not show		0	0
Odanak member users (status resident and non-resident / spouses residing in Odanak)		13	13
Non-members (Outside users, non-status members and spouses living off community)		3	3

October 2018

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT			
	October 2018		
	2018-10-03	2018-10-17	2018-10-30
Appointments given (PEC)	CANCELLED	12	11
Without appointment		2	3
TOTAL PLANNED APPOINTMENTS			
Did not show		0	0
Odanak member users (status resident and non-resident / spouses residing in Odanak)		14	12
Non-members (Outside users, non-status members and spouses living off community)		0	2





November 2018

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT				
	November 2018			
	14-11-2018	28-11-2018		
Appointments given (PEC)	11	CANCELLED		
Without appointment	2			
TOTAL PLANNED APPOINTMENTS	13			
Did not show	1			
Odanak member users (status resident and non- resident / spouses residing in Odanak)	12			
Non-members (outside users)	1			

December 2018

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT			
	DECEMBER 2018		
	2018-12-12	2018-12-19	
Appointments given (PEC)	2	4	6
Without appointment	13	8	21
TOTAL PLANNED APPOINTMENTS			27
Did not show	1	1	2
Odanak member users (status resident and non-resident / spouses residing in Odanak)	13	8	22
Non-members (Outside users, non-status members and spouses living off community)	2	4	6

January 2019

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT			
	2019-01-09	2019-01-23	TOTAL
Appointments given (PEC)	11	16	27
Without appointment	3	0	3
TOTAL PLANNED APPOINTMENTS			30
Did not show	1	0	1
Odanak member users (status resident and non- resident / spouses residing in Odanak)	14	15	29
Non-members (Outside users, non-status members and spouses living off community)	0	1	1



ODANAK HEALTH CENTRE

February 2019

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT		
	2019-02-20	TOTAL
Appointments given (PEC)	12	12
Without appointment	2	2
TOTAL PLANNED APPOINTMENTS		14
Did not show	0	0
Odanak member users (status resident and non-resident / spouses residing in Odanak)	14	14
Non-members (Outside users, non-status members and		
spouses living off community)	0	0

March 2019

PHYSICIAN APPOINTMENT STATISTICS; DRE PASCALE ROBERT			
	MARS 2019		
	2019-03-07	2019-03-20	TOTAL
Appointments given (PEC)	ABSENT	3	3
Without appointment		10	10
TOTAL PLANNED APPOINTMENTS			13
Did not show			
Odanak member users (status resident and non- resident / spouses residing in Odanak)		13	13
Non-members (Outside users, non-status members and spouses living off community)		0	0





STATISTICS FILE RELEASES 2018-2019

April 2018

Stakeholders	File requests
Accreditation Canada	0
Medical archivists (filing)	83
Coordinator MAD	33
Nurses	229
Addictions counsellor	3
Kinesiologist	3
Physician	32
Nutritionist	13
Nutritionist	5
Psychologist	65
RNC (Responsible nursing care)	0
FNCFS	2
TOTAL:	468

May 2018

Stakeholders	File requests
Accreditation Canada	0
Medical archivists (filing)	23
Coordinator MAD	27
Nurses	171
Addictions counsellor	0
Kinesiologist	4
Physician	56
Nutritionist	6
Nutritionist	16
Psychologist	57
RNC (Responsible nursing care)	0
FNCFS	0
TOTAL:	360

<u>June 2018</u>

Stakeholders	File requests
Accreditation Canada	0
Medical archivists (filing)	46
Coordinator MAD	45
Nurses	148
Addictions counsellor	0
Kinesiologist	3
Physician	37
Nutritionist	17
Psychologist	24
RNC (Responsible nursing care)	2
FNCFS	0
NIHB	19
TOTAL:	341



ODANAK HEALTH CENTRE

<u>July 2018</u>

Stakeholders	File requests
Accreditation Canada	0
Medical archivists (filing)	57
Coordinator MAD	32
Nurses	161
Addictions counsellor	7
Kinesiologist	10
Physician	33
Nutritionist	15
Psychologist	50
RNC (Responsible nursing care)	2
FNCFS	1
NIHB	82
Total:	450

August 2018

Stakeholders	File requests
Medical archivists (filing)	102
Coordinator MAD	27
Nurses	186
Addictions counsellor	3
Kinesiologist	0
Physician	41
Nutritionist	24
Psychologist	41
RNC (Responsible nursing care)	4
FNCFS	0
NIHB	81
Total:	509

September 2018

Stakeholders	File requests
Coordinator MAD	15
Nurses	187
Addictions counsellor	6
Kinesiologist	5
Physician	50
Nutritionist	2
Psychologist	51
RNC (Responsible nursing care)	9
NIHB	123
FNCFS	3
TOTAL:	451





October 2018

Stakeholders	File requests
Medical archivists	123
Coordinator MAD	0
Nurses	326
Addictions counsellor	10
Kinesiologist	7
Physician	72
Nutritionist	0
Psychologist	55
FNCFS	0
Social worker	7
TOTAL:	600

November 2018

Stakeholders	File requests
Medical archivists	22
Coordinator MAD	27
Nurses	217
Addictions counsellor	13
Kinesiologist	9
Physician	28
Nutritionist	0
Psychologist	21
FNCFS	1
NIHB	115
Social worker	16
Total:	469

December 2019

December 2017	
Stakeholders	File requests
Medical archivists	57
Coordinator MAD	18
Nurses	168
Addictions counsellor	6
Kinesiologist	3
Physician	44
Nutritionist	0
Jordan's principle	6
Psychologist	41
FNCFS	0
NIHB	71
Social worker	15
Total:	423



ODANAK HEALTH CENTRE

January 2019

Stakeholders	File requests
Medical archivists	56
Coordinator MAD	49
Nurses	181
Addictions counsellor	3
Kinesiologist	6
Physician	28
Nutritionist	0
Jordan's principle	13
Psychologist	35
FNCFS	2
NIHB	133
Social worker	18
Total:	524

February 2019

Stakeholders	File requests
Medical archivists	58
Coordinator MAD	21
Nurses	198
Addictions counsellor	8
Kinesiologist	3
Physician	46
Nutritionist	0
Jordan's principle	15
Psychologist	35
FNCFS	1
NIHB	125
Social worker	26
TOTAL:	536

March 2019

Stakeholders	File requests
Medical archivists	94
Coordinator MAD	25
Nurses	161
Addictions counsellor	9
Kinesiologist	2
Physician	24
Nutritionist	0
Jordan's principle	27
Psychologist	50
FNCFS	14
NIHB	56
Social worker	24
TOTAL:	486

^{*} Note that the total is not final as we have yet to present the statistics to Management by the end of March 2019.

ODANAK HEALTH CENTRE



Access request

TAII access requests must be processed by the medical archivists. We have therefore developed an access to information procedure. When we receive access requests, we must, depending on the type of claimant and by law, remove third party information that may be seriously prejudicial.

More specifically, section 17 of the Act Respecting Health Services and Social Services establishes that, for any user of fourteen (14) years of age and over, the right of access to their record based on the following terms: "Every user 14 years of age or over has right of access to his record. However, the institution may deny him access to it temporarily if, on the advice of his attending physician or the physician designated by the executive director of the institution, communication of the record or any part thereof would likely be seriously prejudicial to the user's health. In that case, the institution, on the recommendation of the physician, shall determine the time at which the record or the part thereof to which access has been denied can be communicated to the user, and notify him thereof."

To ensure proper follow-up, we have developed an electronic statistics registry to account for all requests we receive. In this register we have included the response time in order to verify whether we respond within the deadlines prescribed by law.

ACTIVITIES 2018-2019 1. Legal training, November 2018

November 23, 2018, 8 am to 4 pm, Louis-H-Lafontaine Hospital Montreal

Jurisprudence and your concerns.

- ✓ Applicable general rules;
- ✓ Notion of uniqueness of the user's record;
- ✓ Content of the decision file in response to an access request;
- ✓ Adequate and efficient processing of photocopying fees;
- ✓8 practical cases of access requests from the user;
- ✓ Principle of confidentiality of the user's record;
- ✓ Notion of personal information.

Article 23 of the Act Respecting Health Services and Social Services analyzed from every angle

Five different situations - same questions to consider:

- 1. Who can file an access request?
- 2. What information can they obtain?
- 3. For what reasons?
- 4. Does the applicant present the required supporting documents?

1st situation: Heirs, legatees by particular title and legal representatives;

2nd situation: Person entitled to payment of a benefit under a life insurance policy or a pension plan;

3rd situation: Spouse, ascendants or direct descendants;

4th situation: Holder of parental authority;

5th situation: People related by blood; 11 practical cases.

Budget

Name	Amounts	Description
Training	\$ 590	Training costs for two people
Travel, accommodation and meals	\$ 661.07	Costs for two people



ODANAK HEALTH CENTRE

NNADAP

In 2017-2018, the focus of the NNADAP was on smoking cessation. This year, I twice made an advertising campaign to quit smoking, but without success. Only one person registered but then cancelled a few days later, even though I had created an advertisement with a focus on continuous registration with open dates to start the group. From the moment we have 4 registrations or more, we will meet and choose a starting date to hold the workshops.

However, the new SMOKING CESSATION program using SOFT LASER and hypnosis was a success in terms of participation. The big difference was the budget. All forms of dependency have consequences, whether in the short, medium or long term. Awareness of certain addictions and subsequent consequences is not always visible and can be very different from one individual to another. 2017-18 will represent a promotional milestone in active advertising for upcoming workshops with ongoing registrations.

Abenaki representative on the Wapan Centre Board of Directors

Since June 2016, I have assumed the position of Chair of the Wapan Centre Board of Directors. Our major purpose is to improve the well-being of our communities with respect to addictions. The Wapan Centre receives funds for 12 beds, but the ultimate goal over the next few years is to reach its maximum potential of 24 beds. I attended the four (4) Board of Directors meetings and the AGA, which takes place in June each year. In addition, 3 conference calls were made for specific dossiers.

Since the introduction of the new 34-day therapy, in August 2015, based on a 12-step approach combined with a cultural approach, the satisfaction rate has increased. Clients really appreciate being able to explore some of their roots.

As far as our community is concerned, there is unfortunately no cultural program in place to continue their cultural journey. I have tried to explore the possibility of introducing a cultural project but this did not make it to the Council's table. In the near future, I would like to modify this project in order to reexamine the possibility of creating something that could promote the continuity of cultural activities with people who wish to continue their journey. In addition, this could be an opportunity to expand the project and, as much as possible, work collaboratively with other workers to create traditional and contemporary activities related to their roots.

Pilot project to provide medical withdrawal at the Wapan Centre

Wapan can accommodate up to 24 people with its 24 beds. But in reality, the Centre receives funds for only 12 beds. This limits the possibility of developing new therapeutic activities.

Over the past year, the Director, Ms. Louise Généreux, tabled a proposal to the board of directors of exploring the possibility of carrying out a pilot project to offer medical withdrawal at the Wapan Centre.

In October 2017, we had a first exploratory meeting with Health Canada. Dr. Samuel Blain is responsible for a community care intervention team that he founded in January 2014. By making local health care his primary focus, this unconventional doctor wants to reach the most vulnerable people in society. The meeting yielded positive results. The possibilities of carrying out such a project are very interesting because we know that the needs are palpable in the francophone Aboriginal communities of Quebec. So we formed a small working committee to explore the project more closely and analyze what this medical withdrawal project may entail at the Wapan Centre.

The committee is comprised of Wapan management, the clinical coordinator, a board member, Health Canada and Dr. Samuel Blain. A consultant from the firm GRIPMA will join the committee to set up meetings and help implement the project.

In our two meetings, there was talk of organizing a visit to certain facilities offering medical withdrawal services. Dr. Blain and Mr. Pierre Picard, Aboriginal consultant, are responsible for organizing visits in May of this year to institutions such as Domrémy (Pointe-du-Lac) and Saint-Luc hospital.

Risk management committee representative (Wapan)

I sit on this committee as a Board representative. The risk management committee usually meets the day before Board meetings.

The person in charge reports all incidents and accidents that occurred during the quarter. We monitor each event and ensure the files are complete. There are a lot of discussions to identify permanent solutions to the issues. Subsequently, a report is presented to the Board of Directors to inform, to provide a follow-up and to ensure effective execution.

ODANAK HEALTH CENTRE



Regional addictions working group

The Regional Addictions Working Group (WG) brings together workers from various First Nations communities in Quebec, a Health Canada representative, as well as mental health and addictions counsellors and the Community Wellness Program representative from the FNQLHSSC.

The issue of addictions is very hard on First Nations communities in Quebec, and the situation has not improved much. We have been exploring various alternatives related to addictions. In addition, during our two annual meetings, we have met for one-day meetings to address these issues with workers and the treatment centre directors to identify the problems concerning certain requests, to facilitate admission requests, to modify or reframe admission criteria, etc.

In the last meetings, the topics explored were addictions, of course, but also environmental factors, poverty, housing, etc.

- Addictions and social issues with negative consequences for the individual and family;
- · Comorbidity, mental health and addiction issues;
- Increase in the type of addiction;
- More substances available;
- · Increased gambling and cyber addiction.

New training will be necessary with the legalization of cannabis.

This year, I attended two (2) meetings with the purpose of implementing a three-year plan for the working group to provide assistance to NNADAP workers in Quebec. Worker support is the group's priority.

Avenir d'enfants project

Collaboration with Raymonde Nolett

For the recipe book project, I worked on photos, editing and layout throughout 2016-2017.

Support relationship: follow-ups with addiction clients

This year, the number of follow-ups with clients with addiction issues totals about fifty-three (53) meetings. There is a certain level of stability in support relationships. With the intention of providing more support, I will be presenting a new advertisement concerning the support offered and I will provide more information on customized addiction information.

References

This year, I referred three (3) clients to a psychologist after evaluating their needs.

Treatment centres

In 2017-2018, three (3) clients out of three were admitted to a treatment centre. Two (2) people were sent to the Wapan Rehabilitation Centre and one to a private treatment centre.

Hypnosis

Wapan workshops

We proposed a dinner-conference with the director of the Wapan Centre twice this year.

CHP (Community Health Program)

I attended CHP meetings with Isabelle Picard.

Information workshops with Wapan

For budget reasons, we had to postpone the scheduled workshops with Wapan this year.

Annual meeting

I attended the NNADAP officers' annual meeting at the Wapan Rehabilitation Centre.

Clinical meetings and/or case discussions

I attended about 14 meetings for case discussions and/or meetings with the clinical team.

Training

This year, I attended an interesting training on record-keeping given by the AIDQ (Association des intervenants en dépendance du Québec).

Accreditation

I attended the risk management team meetings and collaborated during the Accreditation Canada visits.

La Chrysalide, a community mental health centre

With the collaboration from the Chrysalide centre, I organized a visit to this mental health facility for Daphnée Couture, head nurse, and Anik Sioui, psychologist at the Health Centre, to raise awareness about the services offered.

Community brochure

As the person in charge of the community brochure, I produced the two (2) intended brochures.

NNADAP forms

Updates made and creation of a new form for follow-ups with support relationship clients.



ODANAK HEALTH CENTRE

Walguan First Nations youth rehabilitation centre

Received the visit, at the Health Centre, of Ms. Nathalie Clark, worker at the Walgwan centre. She came to present the program. There will be a full article in the new 2017-2018 brochure for teens.

Smoking cessation program

Review of the program J'arrête pour moi, mais à deux c'est mieux.

Workshop revisions and updates

The program includes 7 workshops over 7 weeks and 5 others based on supporting participants. Each workshop proposes a specific theme in the cessation process.

- Workshops 1, 2 and 3: Understanding when and why they
- Workshop 4: Committing to quitting, developing an action plan
- Workshop 5: Weight gain issues. Understanding the sources of weight variations
- Workshops 6 and 7: Learning to resist the urge to smoke

Each workshop includes a round table discussion, three parts of the workshop plus a 15 minute break. The personal journal

is specifically designed for participants. It includes customized reminders of the procedure to be followed during the workshops. The workshops encourage group discussions for support. Practice relaxation exercises, communication activities (smoking is often a reaction to stress and everyday conflicts). au stress et aux conflits quotidiens).

Despite the advertising sent to the population, as mentioned in the introduction, unfortunately we did not have a sufficient number of registrations to start-up the workshops.

Next June, we will relaunch the project with CONTINUOUS REGISTRATION ads for all upcoming workshops.

Raising awareness about second-hand smoke

At the smoking cessation workshops, we use this opportunity to educate participants about second-hand smoke. With the new data on the long-term consequences of second-hand smoke, we explain how it can cause irreversible damage. Program participants will be able to make informed choices.

> André Gill Addiction Counsellor

SOCIAL WORKER

Linda Blanchard social worker OHC February 5, 2019

Clients since the start	files	hours	Clientele	Sex
Loss of autonomy	2	8	65 +	M-F
Caregivers	2	7	65+	M-F
Psychosocial service	1	12	65+	M
Mental health	1	16	18-64	F
Adult follow-up	1	6	18-64	F
•	5	12	65 +	M-F
Cilea auguently bandlad.				

Files currently handled:

65 and over with loss of autonomy: 2

65 and over psychosocial: 1

65 and over grief: 2

24-64 mental health: 1

Support caregivers: 2

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ı	mn	ementation	AT C	ATVICA
J		CITICITICATION	OI 3	CI VICC

Implementation of service			
CIŪSSS	1	3	65
Association of caregivers	2	2	65
Tandem	1	1	65
Reservation housing	2	1	65
Team meeting			
David Plante	2	3	
Nurses	2	1	
Team meeting	1	2	

M-F 5+

M M-F





Clientele March, 2019	files	h/week	Clientele	Sex
Loss of autonomy	4	3	65 +	F-M
Caregivers	2	1	65+	F-M
Psychosocial service	1	1	65+	f
Mental health	1	2	18-64	F
	1	4	65 +	F
Adult follow-up	3	3	65 +	F-M

Files currently handled:

65 and over with loss of autonomy: 4

65 and over psychosocial: 1

65 and over grief: 2 65 and over abuse: 1

24-64 mental health: 1

Support caregivers: 2 New relocation request: 1

Implementation of service

CIUSSS	1	65+	F
Nicolet hospital	1	65+	M
Association of caregivers	1	65+	F
Reservation housing	1	65+	F

Priorities upcoming weeks: Help for a caregiver in an elder abuse case Request for relocation for an elder Mental health support: weekly follow-up Psychosocial and mental health follow-up Grief follow-up Follow-up elder isolation Application for opening protective regime

> Linda Blanchard. Social Worker



ODANAK HEALTH CENTRE

CHALLENGES/OBJECTIVES 2019-2020

- Develop and implement a memorandum of understanding with the CIUSSSS MCQ to cover home care outside the Health Centre's opening hours;
- In partnership with the GCNWA, train and supervise patient attendants to implement activities under Bill 90;
- Ensure the protection of all possible risks of damaging the single records kept in the medical archives (water, fire, theft);
- Achieve a higher level of accreditation through Accreditation Canada;
- Obtain the services of a physician one day per week;
- Increase by 5% the number of participants in physical activities offered by the Odanak Health Centre;
- Plan various nutrition prevention activities for Odanak's elders;
- Provide mental health services;
- Implement a grief support group, art therapy, to break the isolation of adults, elders and persons with reduced mobility in Odanak.

CONCLUSION

The Odanak Health Centre is an organization with well proven experience, expertise, knowledge and professionalism towards its clients.

We are always striving to improve the services offered to our clientele. The members of our team experience great personal satisfaction in providing successful services to the population of Odanak.

We know how important it is for them in terms of physical, psychological and social health. We are therefore committed to continuing our mission of contributing to the improvement of the health and well-being of members of the Odanak community through health programs focused on the prevention and promotion of health by fostering a holistic approach that respects the cultural beliefs and values of the Abenaki Nation.

Jean Vollant
Director
Odanak Health Centre

Summary financial statements of the

Odanak Band Council

March 31, 2019

March 31, 2019

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Independent auditor's report on the summary financial statements

To the members of Odanak Band Council

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2019 and the summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules, revenues and expenses, surplus under I.S.C. rules and fund balances - by department and segment information and the summary statement of change in net financial assets for the year then ended, and a summary of significant accounting policies and other explanatory information, are derived from the audited financial statements of Odanak Band Council (the "Organization") for the year ended March 31, 2019. We expressed a qualified audit opinion on those financial statements in our report dated July 16, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, based on criteria describe in Note 1. However, the summary financial statements contain an anomaly equivalent to audited financial statements of Odanak Band Council for the year ended on March 31, 2019.

Summary financial statements

The summary financial statements do not contain all the disclosures required by Public Sector Accounting Standards ("PSAS"). Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the Organization's audited financial statements and the auditor's report thereon.

The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed a qualified audit opinion on the audited financial statements in our report dated July 16, 2019.

Our qualified opinion is based on the fact that the Odanak Band Council did not consolidated Development Corporation Odanak Inc. The investment has been accounted for by the modified equity method. According to the Canadian Accounting standards for the public sector, this society should have been considered as a government unit and to be on the financial statements because it does not answer all the characteristics of a government business enterprise. Had Development Corporation Odanak Inc. been consolidated, many elements in the financial statements would have been affected. The effects of the non-consolidation consolidated on the financial statements ended March 31, 2019 and 2018 have not been determined. Our audit opinion on the financial statements for the year ended March 31, 2018 was modified accordingly because of the possible effects of this departure from PSAS.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance based on criteria describe in Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

July 16, 2019

Deloitte LLP

¹ CPA auditor, CA, public accountancy permit No. A122666

Summary statement of revenues and expenses

Year ended March 31, 2019

	2019	2018
	<u> </u>	\$
Revenues	10,172,313	11,805,498
Expenses	8,359,109	8,766,517
Surplus	1,813,204	3,038,981

The accompanying notes are an integral part of the summary financial statements.

Summary statement of surplus under I.S.C. rules

Year ended March 31, 2019

	2019	2018
	\$	\$
Surplus	1,813,204	3,038,981
Reconciliation of I.S.C.		
Fixed assets		
Additions of fixed assets	(1,331,261)	(2,739,302)
Depreciation of fixed assets	839,658	786,298
Gain on disposal	(21,312)	(35,760)
Disposal of fixed assets	28,000	106,504
	(484,915)	(1,882,260)
Financing		
Product of long-term receivables	=	(700,000)
Repayment of long-term receivables	62,474	
Repayment of long-term receivables - prior year adjustments	55,625	_
Repayment of long-term debt	(219,986)	(178,716)
Product of long-term debt	78,175	842,780
Financing to be received on fixed assets	-	271,282
	(23,712)	235,346
Allocation		
Various reserves	33,370	(72,375)
Accumulated surplus	=	(130,392)
	33,370	(202,767)
	(475,257)	(1,849,681)
Surplus under I.S.C. rules	1,337,947	1,189,300

The accompanying notes are an integral part of the summary financial statements.

Odanak Band Council
Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information
Year ended March 31, 2019

- F					φ.	φ	69	than I.S. C	ь	69	8 8	than I.S.C.	2019
900, 907, 910 and 924 920 and 950 915													
900, 907, 910 and 924 920 and 950 920 and 950 913 915													
900, 907, 910 and 924 920 and 950 913 915													
913	Moyer contributions First on employer	1,141,542 10,433	1,009,723 124,330	131,819 (113,897)		131,819 (113,897)	(500,167) (124,330)	631,986 10,433	(276,779) (588,254)		(500,167) (124,330)	355,207 (577,821)	(144,960) (702,151)
913	loyer contributions First and employer by the law												
915	od employer y the law	35,280	35,280						•			ı	
915	nd employer by the law												
600 and 620		1,188,530	1,275	- 17,922		- 17,922	. (624,497)	642,419	. (865,033)		. (624,497)	. (222,614)	(847,111)
009 pag 009													
600 224 620													
NF00-001 670 and 675 Education - Post-Secondary		603,943 1,738,015	345,740 1,264,547	258,203 473,468	(8,571)	249,632 473,468	245,688 473,468	3,944	(46,717) 2,773,796	1 1	245,688 473,468	(42,773) 2,773,796	202,915 3,247,264
Fixed contributoin													
NP5A-001 671 Special funding-Postsecondary education		2,341,958	1,610,287	731,671	. (8,571)	723,100	719,156	3,944	2,727,079		719,156	2,731,023	3,450,179
COMMUNITY DEVELOPMENT													
Block contribution													
700, 701, 702, 703, Water and sewage - Capital assets 704 and 707 Water and sewage - Capital assets 705 Water and sewage - Renovation - Extension and major repairs NTR-002 700 Housing NTM0-002 700 Other - Capital assets NTM1-002 700 Other - Extension and major repairs	n and major repairs	715,196	752,491	(37,295)	(173,484)	(210,779)	(231,850)	21,071	(973,532)		(231,850)	(952,461)	(1,184,311)
<u>Set contribution</u>													
NTDN-002 712 Project: cultural and recreational facilities - cycling trail Kluna NTFW-001 719 Dnikhig water - 1,5 M-Looping sewer and aqueduc system Mgezo NTFW-001 723 and 724 Waste water < 1.5M- Repairing of storm sewer pipe	cyding trail Kiuna aqueduc system Mgezo wer pipe	- 573 125,404 153,143	1,450	573 125,404 151,693	(568) (154,595) (153,143)	- 5 (29,191) (1,450)	- (29,191) (1,450)	 R	4,434		- (29,191) (1,450)	4,434	4,434 5 (29,191) (1,450)
	ictures	(310)	33,331		310	(24,026) (66,904) (33,331)	(24,026) (66,904) (33,331)	(24,026) (66,904)	(8/0/8)		(24,026) (66,904) (33,331)	(8/8/18)	(876,218) (24,026) (66,904) (33,331)
Fixed contribution													
Other protection- Purchase and installation of a generator at the NTMS-001 719 Project- Pavemant and equipment ATMT-001 719 Project- Pavemant and equipment Professionary and equipment Professionary and equipment Professionary and equipment Professionary and Professionary ATMT-004	of a generator at the	3,973		3,973	. (22,780)	<u>-</u> (18,807)	- (18,807)	1 1	- (146,706)		(18,807)	(146,706)	(165,513)
720		11,500	11,500	- 207 040	- 400	- 100/		- 250 50	- 000 000				

Odanak Band Council
Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information
Year ended March 31, 2019

Program, nature of funding and service	ding and service	Description	Revenues	Expenses &	Surplus (deficit)	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. rules - I.S.C. services	Surplus (deficit) under I.S.C. rules - services other than I.S.C. \$\epsilon\$	Unrestricted accumulated surplus March 31, 2018	Allocation 2018-2019	Unspent amount as at March 31, 2019	Unrestricted accumulated surplus March 31, 2019 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2019
LAND, INCOME AND TRUST	TRUST													
Fixed contributoin		Land use planning- Environmental assessment phase 1- le Ronde												
NT7E-001 NTVA-001 NT5G-001	402 418 420	(Round Island) Environment protection of aboriginal territories Land and environment management program - Allocation	4,840 56,165 28,328	45,200 49,545	4,840 10,965 (21,217)	(10,965)	. (21,217)	. (21,217)		- (1,606) (102,022)		- - (21,217)	- (1,606) (102,022)	- (1,606) (123,239)
NTVC-001	438	Waste diversion program- Improvement of projects on waste management	26,449	23,639	2,810	(2,810)			,		ı	٠	•	
NTVG-001	448	Operation and maintenance- Operation and maintenance of the Ecocentre	8,960	8,960	•	•		•	•		•	,	,	
NTVF-001 NT70-001	458	Constitution of the immastructure of trainister stations—Ecocerine— Development of an access road Project - Planning tool for forest management	159,511	11.842	159,511	(159,511)								
	1 1		296,095	144,026	152,069	(173,286)	(21,217)	(21,217)		(103,628)		(21,217)	(103,628)	(124,845)
INDIAN REGISTRATION Block contribution	<u>N</u>													
NGMB-002	685	Core funding of lands and trust services - indian registration	22,679	11,438	11,241		11,241	11,241	,	(108,676)		11,241	(108,676)	(97,435)
SOCIAL DEVELOPMENT	IENT													
Block contribution														
NP80-001	715 160	Social security Day camp	880,879 900	298,741 8,430	582,138 (7,530)		582,138 (7,530)	582,138 (7,530)		2,736,206 (33,449)	1 1	582,138 (7,530)	2,736,206 (33,449)	3,318,344 (40,979)
Set contribution														
NP1W-001	806	Cultural and Educational Centers	i	16,947	(16,947)	i	(16,947)	(16,947)	i	(8,890)	1	(16,947)	(8,890)	(25,837)
Flexible contribution														
NPE0-001	349	Prevention programs Canacity building in governance in planning and risk management-	4,451	4,451						(5,376)	•		(5,376)	(5,376)
NG1J-001	921	Development of an operational planning	11,932 898,162	11,932 340,501	557,661		557,661	557,661		2,688,491		557,661	2,688,491	3,246,152
NEGOCIATIONS														
Set contribution														
NGBM-001	803	Submission special specific claims (Surrender 38 lots St-François (1858-1884))	29,656	31,095	(1,439)		(1,439)	(1,439)	•	(75,462)	•	(1,439)	(75,462)	(76,901)
NGBM-001	904	ouninssun special special cialins (celgineural system (1002-1863))	29,656 59,312	36,845 67,940	(7,189) (8,628)		(7,189) (8,628)	(7,189) (8,628)		(135,013) (210,475)		(7,189) (8,628)	(135,013) (210,475)	(142,202) (219,103)
ECONOMIC DEVELOPMENT	OPMENT													
Set contribution														
NT91-001	760	Community Readiness and Opportunities Planning (CROP)-Major projects-Industrial park infrastructures	95,160	559	94,601	(95,160)	(559)	(659)		(1,458)	,	(559)	(1,458)	(2,017)
Balance of funds as at March 31, 2018 Share of the sumlus for the year of bloo	at March 31, 201 for the year of blo	8 ock contributions not attribuable to LS C								(488,834)		8,033	(496,867)	(488,834)
Total fund balance	as at March 31,	Total fund balance as at March 31, 2019 (In 5-year agreement)	5,911,375	4,144,131	1,767,244	(872,207)	895,037	227,598	667,439	1,645,444		235,631	2,304,850	2,540,481
SERVICES - OTHER THAN I.S.C. ADMINISTRATION	THAN I.S.C.													
31	315, 615, 810 and													
	906	Contributions and miscellaneous projects	25,099	85,061	(29,962)		(59,962)		(59,962)	(829,172)			(889,134)	(889,134)

Odanak Band Council
Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information Year ended March 31, 2019

Program, nature of funding and service	arvice Description	Revenues \$	Expenses \$	Surplus (deficit)	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. rules - I.S.C. services	Surplus (deficit) under I.S.C. rules - services other than I.S.C.	Unrestricted accumulated surplus March 31, 2018	Allocation 2018-2019	Unspent amount as at March 31, 2019	Unrestricted accumulated accumulated surplus March 31, 2019 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2019
LAND MANAGEMENT													
425	Land management program of First Nations												
COMMUNITY DEVELOPMENT													
781, 782, 783, 784, 785, 786, 860, 862,	2. 7.84, 0. 862,												
865 and 866 916	866 Operation and maintenance New administrative office	472,047	1,113,688	(641,641)	802,531	160,890	•	160,890	858,621			1,019,511	1,019,511
746		20,4,0	2,0						(5,020)			(5,020)	(5,020)
762	Industrial incubator-Phase 2 Leasehold improvement-commercial premises 3 to 6 of industrial	30,633	•	30,633	(30,633)	•		•	(7,843)	1		(7,843)	(7,843)
763		257,480		257,480	(257,480)	. (5 142)		(5 142)	. (8 152)			- (13 204)	- (13 294)
769		•	440	(440)	440	(7)		(1, (2)	(440)			(440)	(440)
774	CIP 150- Museum CIP 150- Community centre												
754		800.418	1.154.386	(353,968)	509.716	155.748	. .	155.748	(14,601)			(14,601)	(14,601)
ECONOMIC DEVELOPMENT													
120	Economic development	24.577	24.577				,		(6.279)			(6.279)	(6.279)
SOCIAL DEVELOPMENT													
CCC		24.410	24.412										
NZ19-011 330		71 + '+ 7	71 + 47	•				1		1		•	•
	Capital properties - Operation and Management	673,695	278,737	394,958	(8,750)	386,208	•	386,208	390,404	•	298,855	477,757	776,612
		3,312	3,312 161										
333		14,446	14,446		•			į				,	•
	Home care (contribution) Nursing care	175,688	175,688 62,968										
		1,857	1,857										
NZ19 338 NZ19 338	Planning and nealth management Home care	12,156	12,156 299										
NZ19 339 NZ19-020 340		13,851 109,383	13,851 109,383										
	National Aboriginal Youth Suicide Prevention Strategy (NAYSPS) (set)	2.343	2.343										
NZ19-004NZ19- 344		12,487	12,487									•	
		20,522	20,522										
NZ19-008NZ19- 347	Environnemental health	25,278	25,278		ì								
		26,061	26,061										
	Program-Children's oral health initiative activities for children and oral heath professionals (COHIOHPA)	595	595			,							
NZ19-023 355		30,967	30,967		1			1				,	
NZ19-025 385 NZ19-037 385													
	Program - Jordan's principle - Dental Program - Iordan's principle - Pharmany												
		120,563	120,563			•				٠			
NZ19-019 357	Canada Agreement Program- First Nations and Inuit home and community care-	12,739	12,739							•			
NZ19-028 358		5,271	5,271									,	
NZ19-007 359 NZ19-012 361	Health information system Drugs distribution	6.673	6.673										
364		71,100	71,100					•		ı		•	
NZ19 366 367	Single medical record and archives FNQLHSSC Tobacco control project	45,277 6,251	45,277 6,251										

Odanak Band Council
Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information
Year ended March 31, 2019

	Description	Revenues \$	Expenses \$	Surplus (deficit) \$	Reconciliation under I.S.C. rules	Surplus (deficit) under I.S.C. rules	Surplus (deficit) under I.S.C. rules - I.S.C. services	Surplus (deficit) under I.S.C. rules - services other than I.S.C.	Unrestricted accumulated surplus March 31, 2018	Allocation 2018-2019 \$	Unspent amount as at March 31, 2019	Unrestricted accumulated surplus March 31, 2019 - Services other than I.S.C.	Total unrestricted accumulated surplus March 31, 2019
370 NZ19 372 NZ19 374 NZ19-024 376 NZ19 378	On the path to health program (FNQLHSSC) Project - Food security Project - Avenir Enfant (start up phase) Project - Avenir Enfant FNQLHSSC (starting the project) Program - Avenir Enfant HNQLHSSC (starting the project) Program - Avenir Enfant Human Resources Initiative (AHHRI) Social worker Project - Québec Ami des Ainés	229 4,858 - 27,818 9,996 14,585	229 4,858 - 27,818 9,996 14,585										
NZ19-033 384 926 929 930	Program - Mental health-Traditional healer (MH-Traditional healer) Curtural projects Caracidan Heritage (Aboriginal Languages Initiative)- aln8ba8dwada Lefs speak abenakis vol. 2 MCCQCultural development officer	30,000 61,753 - 1,714,426	30,000 61,753 - 1,319,468	394,958		386,208		386,208	- - - 390,404		298,855		- - - 776,612
COMMONITY ACTIVITIES 801 410 and 430 416 419 428 431	Abenakis police services Project - Endangered Species Project - Consultation under the aboriginal initiatives fund Project - Perch Project - Development at 2nd marsh (perch) Project - construction of a greenhouse Project - Energy East Pipeline	771,467 86,363 30,086 6,000 8,306 - 902,222	771,467 80,239 18,086 6,000 8,306	6,124 12,000 - - - 18,124	(6,124)	12,000		12,000	(185,966) (49,117) 10,680 (3,981) -			(185,966) (49.117) 22,680 (3,981) - - - (216,384)	(185,966) (49,117) 22,680 (3,981) - - (216,384)
EMPLOYMENT 680 601 602 603 604 605 607 609	First Nation of Quebec Human Ressources Development Commission FNEC- Youth Employment - Science and technologies FNEC- Youth Employment - Summer employment FNEC- Parential Involvement and New Paths in Education FNEC- Language and culture FNEC- New Paris for Education FNEC- Professional development FNEC- Professional development FNEC- First Nations Language and culture SAA- Transmitting of traditional knowledge	526,512 10,662 16,573 5,928 24,679 13,650 1,428 6,000	526,512 10,662 16,573 5,928 24,679 13,650 1,428 6,000						(94.888) (2.541) (3.271) (4.139) - - - - - - - - - - - - - - - - - - -			(94,888) (2,541) (3,271) (4,139) - - - - - (104,839)	(94,888) (2,541) (3,271) (4,139)
SOCIAL HOUSING 870 818	Housing Committee (CMHC) Twinhouse construction on Managuan	188,766	63,142	125,624	(97,892)	27,732		27,732	184,108 (83,082) 101,026			211,840 (83,082) 128,758	211,840 (83,082) 128,758
TOTAL Balance of funds as at March 31, 2018 (as per prev Share of the Development Corporation Odanak Inc Total	rious year with I.S.C. and inactive funds)	10,172,313	8,280,293 - 78,816 8,359,109	1,892,020 - (78,816) 1,813,204	(475,257)	1,416,763 - (78,816) 1,337,947	227,598	1,189,165 - (78,816) 1,110,349	1,790,765 1,976,547 (826,670) 2,940,642		534,486 137,887 - 672,373	2,673,042 1,838,660 (905,486) 3,606,216	3,207,528 1,976,547 (905,486) 4,278,589

Odanak Band Council
Summary statements of revenues and expenses, surplus (deficit) under I.S.C. rules and fund balances - by department and segment information
Year ended March 31, 2019

n, nature of funding and service			Surplus	Reconciliation under I.S.C.	Surplus (deficit) under I.S.C.	Surplus (deficit) under I.S.C. rules - I.S.C.	Surplus (deficit) under I.S.C. rules - services other	Unrestricted accumulated surplus March	Allocation	Unspent amount as at March 31,	Unrestricted accumulated surplus March 31, 2019 - Services other	Total unrestricted accumulated surplus March 31,
number Description	Revenues \$	Expenses \$	(deficit)	rules	rules	services \$	than I.S.C.	31, 2018	2018-2019	2019	than I.S.C.	2019
CUMULATIVE SUMMARY BT DEPARTMENT												
ADMINISTRATION	1,213,629	1,255,669	(42,040)	•	(42,040)	(624,497)	582,457	(1,694,205)	٠	(624,497)	(1,111,748)	(1,736,245)
EDUCATION	2,341,958	1,610,287	731,671	(8,571)	723,100	719,156	3,944	2,727,079	٠	719,156	2,731,023	3,450,179
COMMUNITY DEVELOPMENT	1,009,479	798,772	210,707	(595,190)	(384,483)	(405,559)	21,076	(2,004,973)	•	(405,559)	(1,970,946)	(2,376,505)
LAND, INCOME AND TRUSE	296,095	144,026	152,069	(173,286)	(21,217)	(21,217)	ı	(105,941)	٠	(21,217)	(103,628)	(124,845)
INDIAN REGISTRATION	22,679	11,438	11,241	•	11,241	11,241	٠	(108,676)	•	11,241	(108,676)	(97,435)
SOCIAL DEVELOPMENT	2,612,588	1,659,969	952,619	(8,750)	943,869	557,661	386,208	3,078,895	•	856,516	3,166,248	4,022,764
NEGOCIATIONS	59,312	67,940	(8,628)	•	(8,628)	(8,628)	ı	(210,475)	٠	(8,628)	(210,475)	(219,103)
COMMUNITY DEVELOPMENT	800,418	1,154,386	(353,968)	509,716	155,748	ı	155,748	765,360			978,313	978,313
ECONOMIC DEVELOPMENT	119,737	25,136	94,601	(95,160)	(223)	(629)	٠	(7,737)	•	(228)	(7,737)	(8,296)
COMMUNITY ACTIVITIES	902,222	884,098	18,124	(6,124)	12,000	•	12,000	(228,384)		•	(216,384)	(216,384)
EMPLOYMENT	605,430	605,430						(104,839)			(104,839)	(104,839)
SOCIAL HOUSING	188,766	63,142	125,624	(97,892)	27,732	ı	27,732	101,026			128,758	128,758
Share of the surplus for the year of block contribution not attributable to I.S.C.												
Balance of funds as at March 31, 2018		•			•		•	1,560,182	•	145,920	1,341,793	1,487,713
Share of the Development Corporation Odanak Inc.		78,816	(78,816)	•	(78,816)	ı	(78,816)	(826,670)	•		(905,486)	(905,486)
	40 470 040	00000	10000	(475 057)	4 227 047	202 500	070 077	070070		070 070	070 000 0	4 270 500

The accompanying notes are an integral part of the summary financial statements.

Summary statement of change in net financial assets

Year ended March 31, 2019

	2019	2018
	\$	\$
Surplus of the year	1,813,204	3,038,981
Net change in amounts unspent fixed contributions	(376,710)	(206,672)
Ajustment of unspect net sums for block contributions 2018-2019	-	141,399
Variation of unspent net sums for block contributions related to the current		
year 	(376,710)	(65,273)
Variation of capital fund	65,510	58,616
Variation of the operating reserve CMHC	27,732	34,991
Fixed assets variation		
Additions	(1,331,261)	(2,739,302)
Depreciation	839,658	786,298
Gain on disposal	(21,312)	(35,760)
Disposal	28,000	106,504
(Decrease) increase financing to be received on fixed assets	(488,343)	271,282
	(973,258)	(1,610,978)
Variation of non-financial assets	93,967	(21,673)
Variation of financial assets	650,445	1,434,664
Net financial assets at beginning	4,400,627	2,965,963
Net financial assets at the end	5,051,072	4,400,627

The accompanying notes are an integral part of the summary financial statements.

Summary statement of financial position

As at March 31, 2019

	2019	2018
	\$	\$
Financial assets		
Cash	5,105,266	2,230,343
Assets subject to restrictions	, ,	
Replacement reserve	227,954	194,821
Operating reserve	220,322	192,590
Trust fund - Liquid assets in the Ottawa Trust Fund	2,886,247	2,820,737
Short-term investment	193,064	167,685
Accounts receivable	1,161,481	2,958,138
Long-term investments	43,374	131,777
Long-term receivables	647,113	700,000
	10,484,821	9,396,091
Liabilities		
Accounts payable and accrued liabilities	671,169	1,048,625
Accrued contributions	83,549	62,421
Deferred income	555,783	484,412
Long-term debt	3,450,875	3,104,343
Net amounts unspent contributions for fixed	672,373	295,663
Net amounts unspent contributions for fixed	5,433,749	4,995,464
		4 400 007
Net financial assets	5,051,072	4,400,627
Non-financial assets		
Prepaid expenses	124,738	218,702
Fixed assets	16,597,551	16,112,636
	16,722,289	16,331,338
Accumulated surplus	21,773,361	20,731,965

The accompanying notes are an integral part of the summary financial statements.

Contingencies and commitments (Notes 3 and 4)

On behalf of the board

Richard O'Bomsawin, chief

Florence Benedict, councillor

Alain O'Bomsawin, councillor

Claire O'Bomsawin, councillor

Jacques T. Watso, councillor

Notes

March 31, 2019

1. Summary financial statements

The summary financial statements present historical financial information derived from the complete financial statements and are less detailed than them.

They include complete financial statements, with the exception of cash flow statements, and some information from the notes to the complete financial statements. They do not include complementary information of revenues and expenses, budget data and some complementary notes included in the complete financial statements.

To obtain a copy of the complete financial statements, a request must be made to the Odanak Band Council managments.

2. Various reserves

	2019	2018
	\$	\$
Income security	150,000	150,000
Health center	87,000	87,000
Band Council	53,080	53,080
Economic development funds	150,898	150,898
Ministerial guarantee - Housing	230,000	230,000
Replacement reserve - Real estate	66,500	63,000
Public works	150,000	120,000
School bus	10,000	110,000
	897,478	963,978

3. Contingencies

Potentially refundable loans

Loans extended by the Canada Mortgage and Housing Corporation for a total amount of \$305,501 concerning the R.R.A.P. program are payable by annual payments varying between \$2,680 and \$10,030, gratuitously and fall due between June 2019 and January 2024. As of March 31, 2019, the loans balance is \$209,410 (\$7,025 in 2018). The loans are conditional upon the maintenance of the homeowner's title to the houses. In default of which, the loans become due.

Guarantees

The Council endorsed loans contracted by community members for the acquisition of personal residences for a maximum amount of \$3,868,795. As of March 31, 2019, these loans endorsed total \$3,109,809 (\$2,714,585 in 2018). Furthermore, the amount the Council might have to pay in the event of default by the Community members cannot be determined with precision. Any payment by the Council would be charged as expense in the year they occured.

In addition, the Council jointly and solidarily guarantees loan contracted by the Société Historique d'Odanak (Musée) for maximum amount of \$1,425,604. As of March 31, 2019, this loan totals \$921,427 (\$1,077,971 in 2018). The amount the Council might have to pay in the event of default by the Société Historique d'Odanak (Musée) cannot be determined with precision. Any payment by the Council would be charged as expense in the year they occured.

Notes

March 31, 2019

3. Contingencies (continued)

Other eventual liabilities

The Council entered into contribution agreements with various federal government departments. The funding provided under these agreements is subject to a refund if the Organization does not comply with their conditions.

In addition, the Odanak band council is the subject of a \$ 315,837 claim for a dismissal during 2018. It is currently impossible to assess the outcome of the litigation and the amount that the Odanak band council could have to pay. No provision has been made in the financial statements. Any settlement under this litigation will be expensed in the financial statements of the Odanak band council in the current year.

4. Commitments

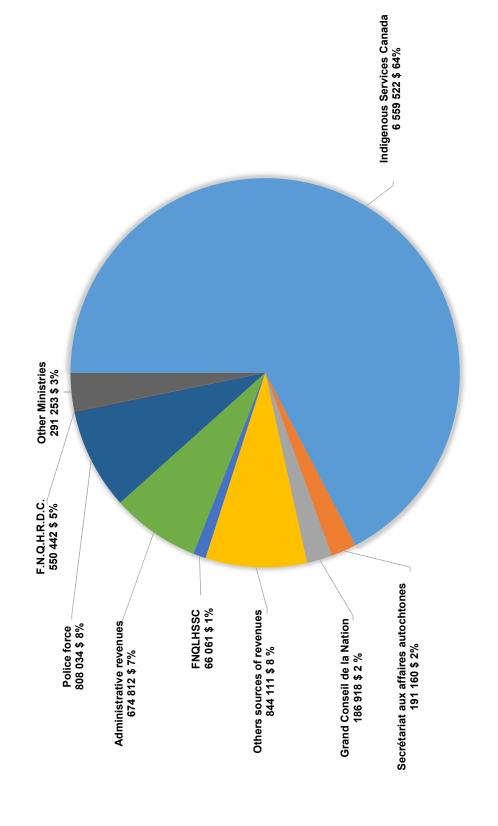
The Organization contracted agreements that fall due through 2026. Future payments amount to \$1,080,418. Payments required over the next years are as follows:

	Various	Equipment	
	agreements	rental	Total
	\$	\$	\$
2020	328,360	11,452	339,812
2021	179,119	6,840	185,959
2022	136,394	6,840	143,234
2023	132,794	6,840	139,634
2024	117,923	5,130	123,053
2025 à 2027	148,726		148,726
	1,043,316	37,102	1,080,418

The heading "various agreements" includes agreements signed for the control of blackflies, the works for the drinkable water system, waste collection, fire protection management, management of buoys, rental of land, air conditioning systems maintenance, equipment maintenance, housekeeping, health center acces, internet and cable services, by-laws review, support in the accreditation of the Health centre and building project.

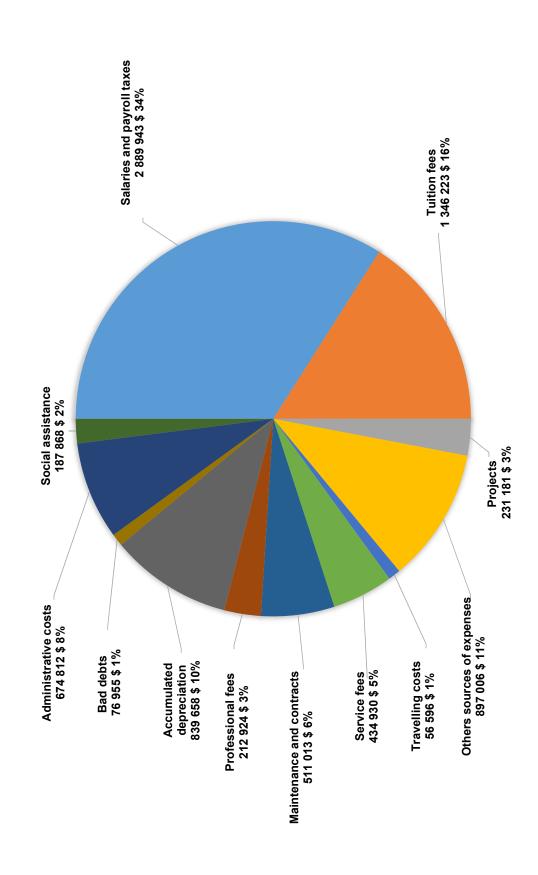
In addition, Odanak Band Council is committed by resolution to pay the annual operating deficit of the Centre de la petite enfance "Aw8ssisak" of Odanak.













Expenses by sector as at March 31, 2019 Total expenses: 8 359 109\$

