




ANNUAL REPORT ¹⁴/₁₅





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MESSAGE FROM THE PRESIDENT OF THE BOARD OF DIRECTORS



On behalf of the board of directors, I am pleased to present the outstanding achievements of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) for the year 2014-2015.

The members of the board have dedicated much of their energy to supporting and monitoring the Health and Social Services Governance Project. This is an important project for the First Nations of Quebec and I am sure that the impact of the activities carried out to date will serve as a springboard to an alternative governance model in response to the needs expressed at regional meetings. A highlight was undoubtedly the joint meeting with the Chiefs and the health and social services directors, in January 2015. The meeting enabled the directors to draw up an exhaustive list of challenges faced daily and for the Chiefs to express their opinions and share the principles to be taken into account in continuing the project. Finally, it was widely affirmed that significant changes are needed to improve the health of First Nations in Quebec.

In reading this report, you will find that we participated in several representative events in collaboration with and support of the Assembly of First Nations Quebec-Labrador (AFNQL), and not only in the framework of our mandates but also in response to various bills and government action plans that can affect and/or support local First Nations governance. The Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies and the 2015-2020 interdepartmental action plan on homelessness are among the examples.

The board of directors is particularly proud of the conclusion and the renewal of certain agreements that will benefit the vast majority of communities. These include the renewal of the agreement with *Avenir d'enfants* for the years 2015-2018, enabling a number of additional communities to propose community projects. These achievements could not have come to fruition without your support and the support of all our partners and collaborators. I invite you to take note of the impressive list of projects underway and explore all the projects that are going on in your community!

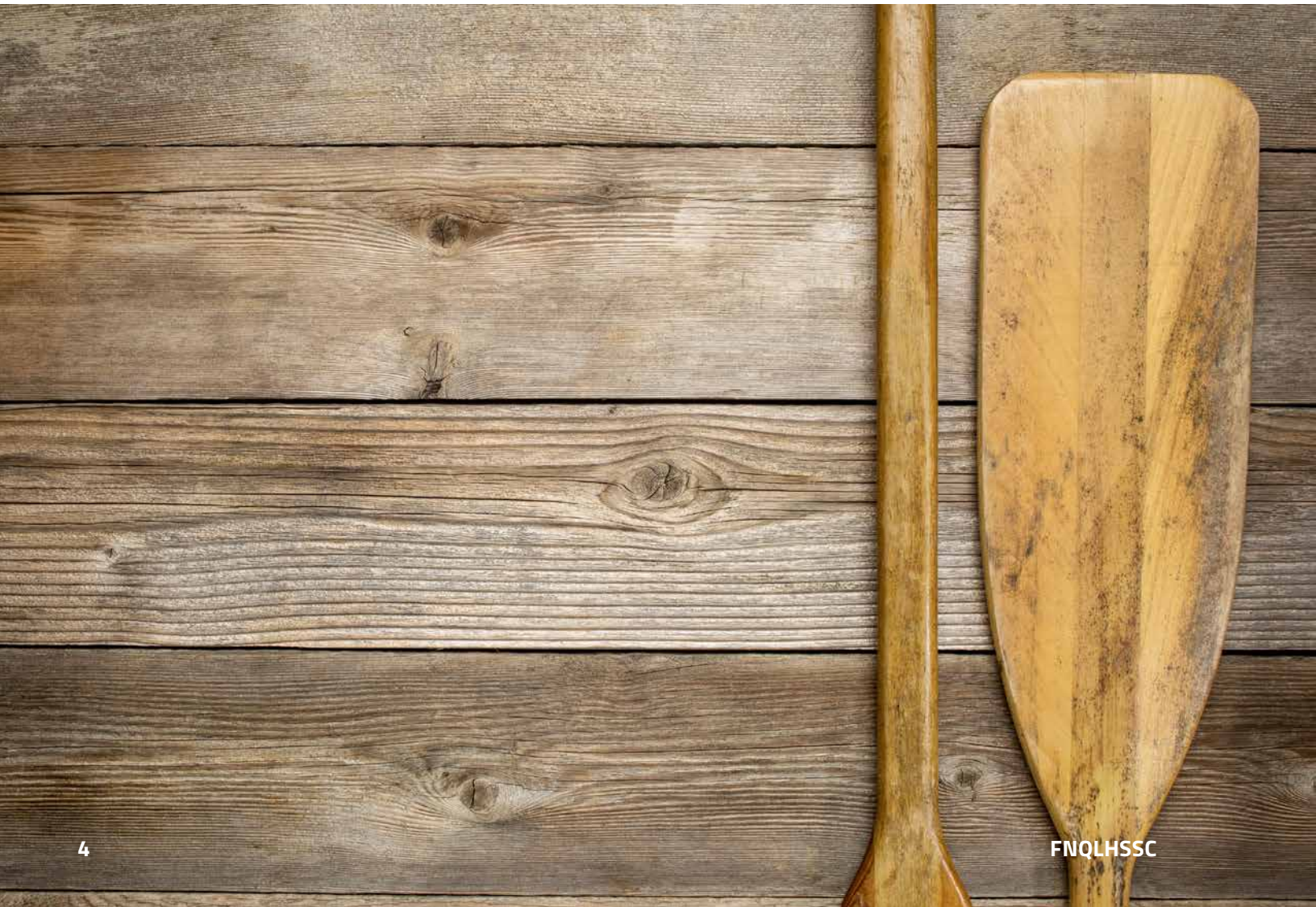


This year there are four vacancies to fill on the board of directors. For my part, I am honored to continue for another year my second term as a director and I strongly encourage you to take up this great challenge and to join a dedicated team!

I would like to take this opportunity to sincerely thank the directors and the entire FN-QLHSSC team for their support and continued efforts regarding the affirmation and defense of our interests and our rights. Finally, I would like to thank all the members of the Annual General Assembly for the confidence, shared expertise and experience that you have contributed to all the First Nations. Together, we can rely on our ancestral knowledge, live in the present moment and build the future that belongs to each and every person who walks our trails!

Meegwetch

MALIK KISTABISH



MESSAGE FROM THE EXECUTIVE DIRECTOR



Over the past year, the FNQLHSSC has worked to implement the 2014-2017 Strategic Plan. Since the accompaniment of communities and organizations remains at the heart of our priorities, the FNQLHSSC completed the drafting of an accompaniment framework, based on the principle of developing a comprehensive and integrated holistic approach designed to support the revitalization of the cultures and languages of the First Nations, while respecting their specificities. In addition, the framework promotes an approach oriented towards self-determination and supports the establishment of effective partnerships through a rigorous and informed effort.

In taking this approach, the FNQLHSSC aims to improve the quality and effectiveness of its interventions, to promote working multisectorally, to increase the skills of its staff, to encourage information sharing and greater awareness of the services it provides.

This year, the 2014-2015 achievements are presented under the following themes: political support; representation activities; programs and initiatives; signing and renewal of agreements; events; training; tools and publications.

A number of projects and initiatives have continued and, as you can see, many communities have been able to start new projects by focusing on their strengths and building on their achievements, and relying on the existence and availability of several sources of funding such as: *Fonds Avenir d'enfants*, first-line prevention services, the *Fonds québécois d'initiatives sociales*, etc.

The year was also marked by major regional events, including the Health Forum, which brought together over 80 participants and partners from across Quebec. The desire to further promote the importance of adopting healthy lifestyles was clearly expressed by the participants and they were introduced to a number of original and promising initiatives. It is important to highlight the success of a large number of interveners who were certified under the training offered through various initiatives, including the Skills and Partnership Fund (SPF). The acquisition of these new skills will undoubtedly contribute to enhancing the quality and improvement of services, while strengthening local autonomy.



All of this work could only have been accomplished through the leadership, support and involvement of the members of the board of directors. Despite the many responsibilities they assume within their respective organizations, they are fully invested in their role as directors. Finally, I could not conclude without recognizing the exceptional work of the entire FNQLHSSC team, who have at heart the mission of the organization and who are fully committed to the implementation and progress of the organization's mandates.

In conclusion, I sincerely thank you for your cooperation and the confidence you have shown us over the past year. We are proud to be able to continue accompanying you!

Tiawenhk

MARJOLAINE SIOUÏ





PRESENTATION OF THE FNQLHSSC

The FNQLHSSC is a non-profit organization founded in 1994 following the adoption of Resolution 3/1994 by the Chiefs of the AFNQL. Since its inception, it has paid special attention to all the factors affecting the living conditions of the populations it serves in respect of their realities and the specific characteristics that distinguish them from the general population.

ORGANIZATIONAL VALUES

Organizational values are the foundation and constitute the key elements necessary to mobilize the employees of any organization. To achieve its mission and meet the needs of its clientele, the FNQLHSSC relies on the expertise and experience of a committed team. In this sense, the values it promotes are:



- Respect
- Collaboration
- Defense of interests
- Integrity
- Culture

MISSION

The mission of the FNQLHSSC is to promote and care for the physical, mental, emotional and spiritual well-being of First Nations and Inuit people, families and communities. It promotes access to holistic health and social services programs adapted to and designed by First Nations organizations that are recognized by local authorities, while respecting cultures and local autonomy.

It also helps communities that wish to initiate, develop and promote their own programs in the areas of health, social services, social development, early childhood and information resources.

THE FNQLHSSC BOARD OF DIRECTORS

The FNQLHSSC is governed by a board of directors comprised of seven members elected by the general assembly. The board of directors has all the powers granted to it by the general assembly as well as all associated duties. The board is accountable to the AFNQL Chiefs and to the general assembly of the FNQLHSSC.



From left to right:

David McLaren, director, community of Eagle Village

Marie-Andrée Basile, secretary-treasurer, community of Ekuanitshit

Malik Kistabish, president, community of Pikogan

Keith Leclaire, vice-president, health, community of Kawawachikamach

Derek Montour, vice-president, social services, community of Kahnawake



Absent from the photo: **Michel Paul**, director, community of Matimekossh and Lac John
Late **Jeannine Bellefleur**, director, community of Unamen Shipu, one seat vacant.

Board of Directors meetings

During 2014-2015, the board held four regular meetings, two conference calls and a strategic planning session (*lac à l'épaule*).

Annual General Assembly and Special Assembly

In accordance with the *Charter and General By-laws of the FNQLHSSC*, the president of the board convened an Annual General Assembly that was held on July 10, 2014. In addition, a Special Assembly was convened in order to present the proposed changes to the Charter. This Special Assembly was held on September 9, 2014 and the new Charter was adopted unanimously by the members in assembly. It was subsequently endorsed by Resolution (21/2014) of the Chiefs of the AFNQL on October 23, 2014.

Board of Directors governance committees

In the framework of good governance practices, the board has established various committees to increase the participation of directors and to support the board and the executive director in achieving the strategic objectives and the implementation of mandates.



Other achievements

In addition to its representation activities and its usual responsibilities, the board adopted, in July 2014, a *Directors Code of Ethics and Professional Conduct*, and developed a Practices Guide including an evaluation tool to be used to assist them in targeting and evaluating best governance practices as a board of directors.



COMMITTEES (ADVISORY COMMITTEES, WORKING GROUPS, NETWORKS, ETC.)

ADMINISTRATIVE ORGANIZATION

The FNQLHSSC has grown to be an organization with over 70 employees' representing diverse expertise. It promotes a multisectoral approach and provides personalized support that promotes consultation, collaboration and complementarity, both internally and externally.

The upper management is responsible for strategic and organizational development, the achievement of the organization's objectives and its current administration. Backed by experienced managers, it supports and coordinates the work of the board of directors and assures that the members of the board maintain close ties to the staff of the FNQLHSSC.

Annual planning process

The FNQLHSSC 2014-2017 Strategic Plan has been developed in line with the objectives of the Blueprint for 2007-2017.² Every year the FNQLHSSC team proposes the activities to be pursued based on annual priorities established by the board of directors, taking into account the needs and information gathered from its clientele and members.*

Strategic vision

"We aim to improve the health and well-being of the populations of Quebec First Nations through the establishment of sustainable partnerships while supporting the implementation of governance models that are culturally-adapted."

The stakes elaborated in the strategic plan

- Stake 1:** Improving the health and well-being of the populations
- Stake 2:** Improving the socio-economic situation of the populations
- Stake 3:** Strengthening First Nations governance

The current structure requires the participation and collaboration of many representatives from the communities and organizations. These forums promote the sharing of expertise and practices, information gathering, networking and, at the same time, influence decisions and the establishment of annual priorities.

Main committees:³

Governance: Committees created under the Health and Social Services Governance Project (Chiefs' advisory committee, committee of experts, committee of partners and monitoring committee);

Health: Network of health and social services directors of Quebec First Nations; Non-Insured Health Benefits (NIHB) regional advisory committee;

Social services: Regional roundtable on First Nations child and family services; network of interveners involved in the National Native Alcohol and Drug Abuse Program (NNADAP); support for the network of directors of treatment centres;

Social development: Committee of the communities adhering to the Income Security Policy Framework; Quebec First Nations regional social economy roundtable;

Early childhood: First Nations regional advisory committee for early childhood;

Information resources: Regional advisory committee on Quebec First Nations infostructure; deployment committees;

Research: Advisory committee of the Common Surveillance Plan of Health Status and its Determinants among the First Nations of Quebec; advisory committees on population surveys (Regional Early Childhood, Education and Employability Survey [REEES] and Regional Health Survey [RHS]).



1 See Appendix 1.

2 "Blueprint – Quebec First Nations Health and Social Services 2007-2017: Closing the gaps... Accelerating change," FNQLHSSC, 2007.

3 Other committees may be created according to needs in order to support the development and implementation of projects or of specific initiatives.



AREAS OF INTERVENTION OF THE FNQLHSSC

Administration

The administrative team provides administrative follow up with clients, suppliers and financial partners, in addition to providing financial, administrative, advisory, technological, logistic and communications support to FNQLHSSC employees.

Research

The research sector team conducts population surveys as well as evaluations of projects, programs and initiatives. It also defends the interests of First Nations in the area of ethics as per the established priorities. In addition to facilitating knowledge transfer and providing community and organizational support, the team collaborates on research projects, and planning and implementing the projects assigned to it while working in close collaboration with the other sectors of the FNQLHSSC and other concerned bodies.

Early childhood

The early childhood team helps develop strategies for the development and learning of children aged 0-6. When required, it assists communities in the implementation of programs and projects at the local, regional and national levels. To meet its goal of improving the performance of those who work with young children and their families, the team offers specialized training and ensures that adapted tools are kept up to date.

Health

The health sector team provides technical support and helps develop strategies to support community initiatives that are adapted to the needs of First Nations and their cultures. It ensures that prevention, promotion, awareness and culturally adapted information tools as well as health-related training are continuously updated. These contributions enable interveners to learn more and to update their knowledge; to share their successes, experiences and problems; and to identify effective and sustainable solutions.

Social services

The social services team works to develop new strategies and specially adapted models, and provides expertise and support to community interveners and organizations. The team has offered a number of training sessions and organized various meetings to enable interveners to share not only their successes with each other, but also the challenges they face every day. These collaborative opportunities facilitate the discovery of new solutions to improve their clinical practices and interventions.

Social development

The social development team supports communities and organizations in applying the First Nations of Quebec Income Security Policy Framework and the associated regulations. The team also supports them in achieving their priority objectives, and provides advice on orientations and decisions required in social development according to the agreements in place and their associated responsibilities. It also assists communities and organizations in the fields of elder care, socio-professional integration, and the reduction of poverty and social exclusion.

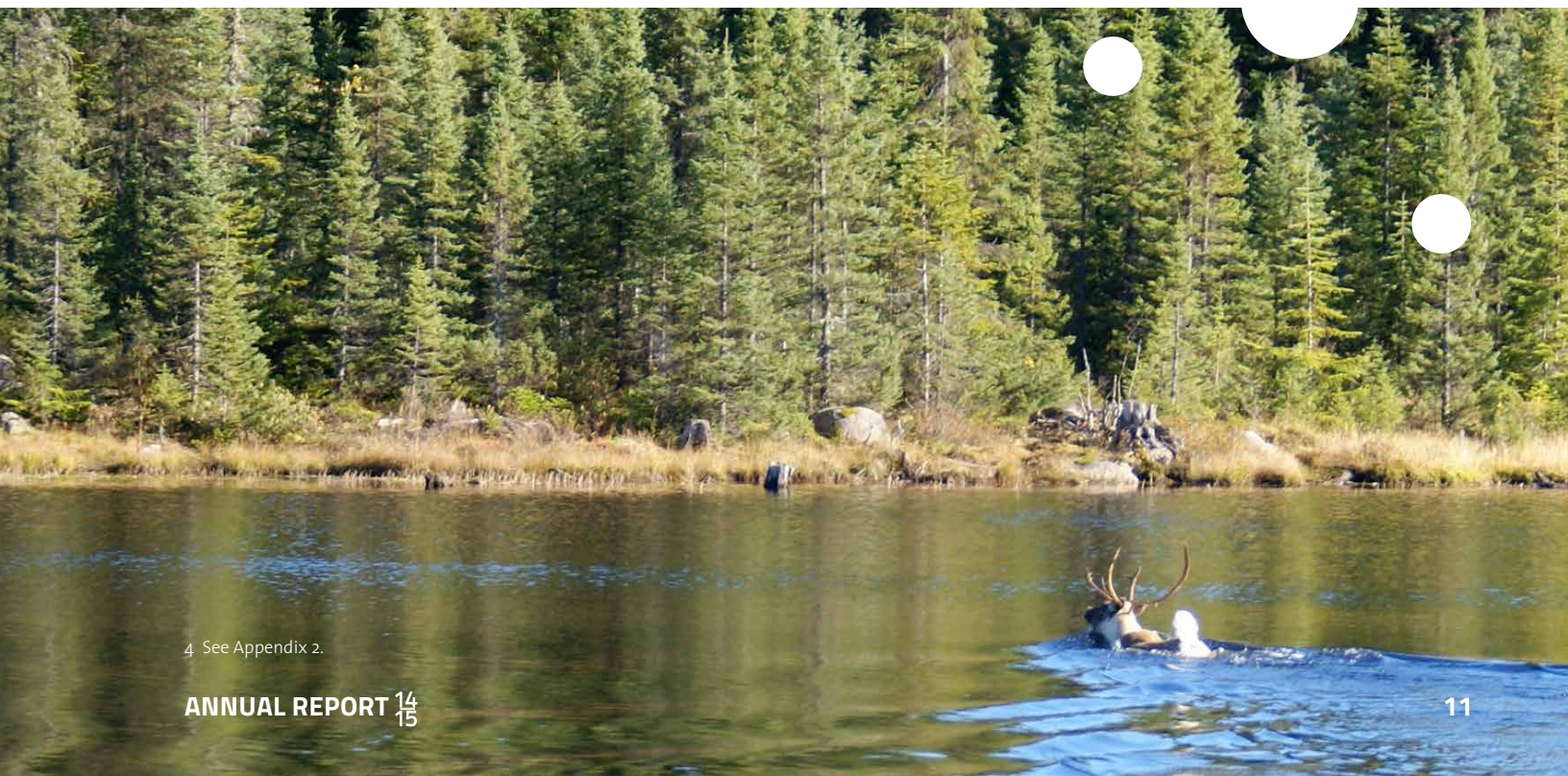
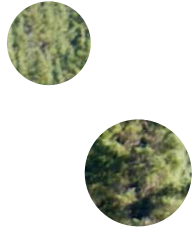
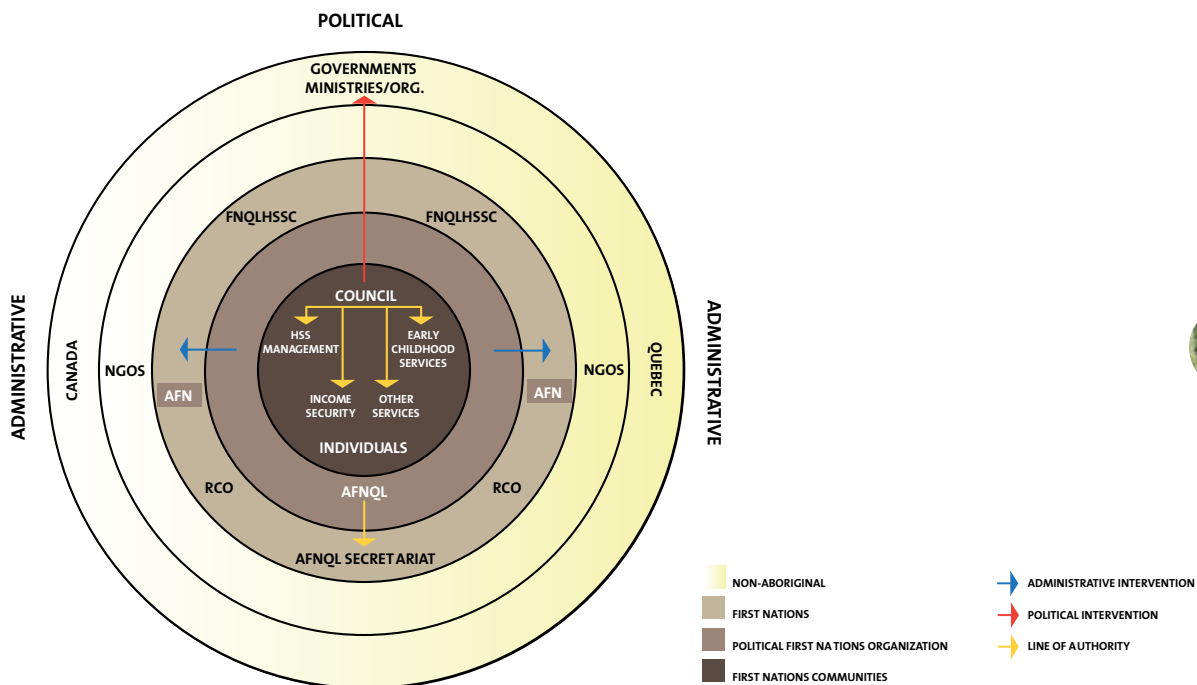
Information resources

The information resources team is involved in projects dealing with the use of information technologies to improve access to health and social services for First Nations. These services typically involve providing support to the communities and organizations involved and facilitating knowledge transfer. The purpose of the priority projects is to increase access to information and improve the protection of personal information. The data collected are used to determine the specific health and social indicators for First Nations of Quebec.



THE ENVIRONMENT OF THE FNQLHSSC

The FNQLHSSC works closely with the AFNQL and its regional commissions and organizations (RCOs)⁴ and establishes ongoing partnerships with governments, community organizations, universities, hospitals, associations and professional bodies as well as with other First Nations organizations, both regionally and nationally.



⁴ See Appendix 2.



CLIENTELE, PARTNERS AND EMPLOYEES

The FNQLHSSC serves the interveners and staff who work with First Nations in carrying out the mandates entrusted to it. The FNQLHSSC regularly interacts with First Nations political authorities and representatives of the federal and provincial governments. In addition to funding activities, a number of partners collaborate in the implementation of its activities.

In the course of conducting its mandates, the FNQLHSSC is sometimes called upon to address the media and takes these opportunities to further educate various audiences to the reality experienced by First Nations in Quebec, while also informing them of the latest data, since the primary objective is to reduce the gaps that exist between the health status of First Nations and that of mainstream society.

The progress and the results which are gradually emerging are largely the consequence of the involvement and excellent collaborative work with communities and organizations, as well as the support and backing of our partners.





ACHIEVEMENTS 2014-2015

The last year has enabled the board of directors and the entire team to strengthen its governance and its practices to meet the needs of its clientele. More concretely, listed below are a number of the activities that were carried out. For ease of reading, they are presented under the following themes: political support; programs and initiatives; events; training; and tools and publications.

POLITICAL SUPPORT

The Chiefs of the AFNQL adopted two resolutions in connection with the mandates of the FNQLHSSC:

- *First Nations in Quebec and Labrador Research Protocol*, 2nd Edition: Adoption of Resolution 09/1994, June 12, 2014.
- *Charter and General By-laws of the FNQLHSSC*: Adoption of Resolution 21/2014, October 21, 2014.

SIGNING AND RENEWAL OF AGREEMENTS

- Agreement for delegating certain powers related to childcare services (*Ministère de la Famille*, FNQLHSSC)
- Collaboration and partnership agreement with the *Institut national de santé publique du Québec* (commitment made at the 2006 Socio-Economic Forum)
- Collaboration and partnership agreement with the *Association québécoise de prévention du suicide* (AQPS)

Agreement on the exchange of income security information (*Secrétariat aux affaires autochtones* [SAA], AFNQL, *Affaires intergouvernementales canadiennes et de la Francophonie canadienne* [AICFC], *Ministère du Travail, de l'Emploi et de la Solidarité sociale* [MTESS], FNQLHSSC)

- Renewal of the 2013 Tripartite Framework Agreement to Improve the Administration of Income Assistance in First Nations Communities of Quebec (Aboriginal Affairs and Northern Development Canada [AANDC], SAA, AFNQL, AICFC, MTESS, FNQLHSSC)
- Renewal of the agreement in principle of the First Nations of Quebec Income Security Policy Framework (AANDC, AFNQL)
- Renewal of the agreement signed between *Avenir d'enfants* and the FNQLHSSC for 2015-2018



REPRESENTATION ACTIVITIES

- Awareness workshop on the reality of the First Nations in Quebec, organized by the national office of FNIHB, Health Canada - October 2014
- Forum on bullying - October 2014
- Participation at the Congress of Elected Women - February 2015
- Partners Forum of the *Regroupement des centres d'amitié autochtones du Québec* - March 2015
- Participation in the development of measures (FN) of the interdepartmental action plan on homelessness 2015-2020
- Participation in the development of measures (FN) of the 2015-2020 government action plan on the social economy
- Meeting with Minister Geoffrey Kelley in connection with the plan of action on bullying and the plan of action to fight discrimination and racism against First Nations
- An Act to enact the Act to promote access to family medicine and specialized medicine services and to amend various legislative provisions relating to assisted procreation (Bill 20) - Letter to the *Ministre de la Santé*
- An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies - Filing of a joint brief AFNQL/FNQLHSSC
- An Act respecting the optimization of subsidized educational childcare services - Letter to the *Ministre de la Famille*
- An Act mainly to implement certain provisions of the Budget Speech of 4 June 2014 and return to a balanced budget in 2015-2016 – Filing of a joint brief AFNQL/FNQLHSSC

EVENTS

Communication is at the heart of our concerns and every meeting is an important opportunity to recognize the contribution of participants and promote the exchange of information and networking. The year 2014-2015 was marked by the following events:

- Celebration of the 20th anniversary of the FNQLHSSC
- 1st Leadership Camp for First Nations youth, in collaboration with the New Pathways Foundation
- Promotion of the First Nations Day of Wellness on February 1
- Health Forum
- Campaign on the prevention of sexually transmitted and blood-borne infections (STBBIs), launch of a competition under the theme “This is my campaign”



PROGRAMS AND INITIATIVES

There are numerous projects and initiatives underway. They are being implemented with the participation and collaboration of communities and other external organizations.

Health and Social Services Governance Project - A collective reflection for the well-being of the First Nations

The approach proposed and endorsed by the Chiefs of the AFNQL is designed to increase the power of communities to take action in health and social services. By the end of the process, the First Nations will have developed one or several models of governance of health and social services aimed at assuming greater powers and responsibilities. These new powers and responsibilities constitute a unique opportunity for the First Nations in Quebec to further exercise their sovereignty and autonomy, as have other nations from coast to coast.

The FNQLHSSC continued its work by implementing the second phase of the project, which was to:

- Coordinate the partner's committee and the Chiefs' advisory committee.
- Complete a communications plan.
- Produce various research reports.
- Hold two regional meetings with Chiefs and health and social services directors (July 2014 and January 2015).
- Produce information and promotional materials to raise awareness of the project and begin a reflection about the essential elements for building an alternative model of health and social services governance.

Projects funded under the agreement between the FNQLHSSC and *Avenir d'enfants*

The year 2014-2015 was marked by the renewal of an agreement signed between the FNQLHSSC and *Avenir d'enfants* in 2012. The extension of the agreement covers the years 2015-2018 and will provide funding of approximately \$2 million per year for projects being carried out by First Nations communities in Quebec.⁵ To date, more than 13 communities have presented start-up projects and 9 of them have developed strategic plans to ensure their implementation. Following a survey conducted in the communities, 14 other communities have expressed interest in starting a project by December 2015.

Prevention of violence and aggression in the communities – PVAC

The final evaluation report of the project is now available. The project enabled two communities (Winneway and Ekuanitshit) to test a strategy to prevent violence and aggression through community mobilization. The toolkit (Migizi) is now available for interested communities and organizations to use as part of their work.

Child and family support

In relation to child and family services and youth protection services, the FNQLHSSC collaborated with the Quebec *Ministère de la Santé des Services sociaux* (MSSS) on the revision of the Framework 37.5 ministerial directives, as well as the creation of a framework document for First Nations life plans. In terms of first-line prevention services, support was provided to communities when renewing their action plans. Regarding clientele aged 0-6 years, a reflection was begun leading to the drafting of a framework document on perinatal care, supported by a working group of interveners from the communities. The services provided to interveners working with the First Nations Head Start Program and childcare services were maintained.

Income security

An action plan on the continuum of services between the employment counselors and income security counselors was developed at a regional joint meeting held in June 2014. This work was done in collaboration with representatives from the communities, the First Nations Human Resources Development Commission of Quebec (FNHRDCQ) and the FNQLHSSC, and its implementation has led to the creation of tools and training to support interveners.

Fight against poverty initiative

The alliance concluded between the FNQLHSSC and the MTESS enabled 28 communities to submit one or more projects. The great diversity of these projects unquestionably reflects the efforts and positive impacts of local initiatives that have promoted the creation and strengthening of local and regional partnerships while contributing to the establishment of levers to fight against poverty and social exclusion. This initiative also resulted in collaborations in other activities, including the pilot project led by the First Nations of Quebec and Labrador Economic Development Commission (FNQLEDC), the Breakfast Club (strategic thinking), the development of training in the field of social development, the shared supervision of an intern (social determinants of health among the First Nations of Quebec), and the Poverty Action Research Project of the Assembly of First Nations.

⁵ This Agreement does not cover the Cree Nation and Inuit as they are subject to separate agreements.



Social economy

The FNQLHSSC continued its work in promoting the social economy with several organizations and communities. The FNQLHSSC participated in work to develop measures under the government action plan on the social economy. This work provided an opportunity to work collaboratively with other First Nations organizations to establish a regional roundtable on the social economy for the First Nations in Quebec.

Access to services

Several activities aimed at improving the continuum of services between the communities and the Quebec network. Even if the difficulties are often of a jurisdictional nature, longer-term solutions should be envisaged to enable all citizens to access services to which they are entitled.

Non-Insured Health Benefits (NIHB)

In relation to benefits provided under the NIHB program, the FNQLHSSC received and processed 138 applications for support from First Nations communities and individuals. The organization also participated in national meetings held on the revision of the NIHB program, in addition to offering training and awareness workshops.

Action plan - Extended stay outside the community for medical reasons

The working committee continued its work in connection with the action plan for the implementation of strategies to improve conditions for patients undergoing long-term treatment outside of their community. Several options were proposed and will be subject to further analysis in the coming year: training for nurses, acquiring home equipment for individuals undergoing dialysis; development of partnerships between communities and friendship centres; etc.

Healthy lifestyles

This approach enables increasing the awareness of all actors to the importance of acting at all levels through a holistic approach. During the past year, this approach was supported by the following activities:

- o Kirano program implementation
- o Training sessions on creating favorable environments
- o Development of a smoking cessation toolkit
- o Participation in the North American Indigenous Games and coordination of the young athletes' travel
- o Participation and cooperation in regional activities: Inter-school Games, Science Fair, youth forum, etc.

Quebec First Nations and Inuit Faculties of Medicine Program (QFNIFMP)

This program is designed to promote the profession of doctor among the First Nations and Inuit. Since its creation in 2008, the program has supported the admission of 32 First Nations and Inuit students into medical school and has provided preclinical internships for medical students in the communities of Eagle Village, Mashteuiatsh, Manawan, Odanak, Opitciwan, Timiskaming, Wemotaci, Wendake, Lac-Simon, Kitcisakik, Pikogan, Waswanipi, the Val-d'Or Native Friendship Centre and in the villages of Kuujuaq, Inukjuak and Salluit.⁶

Public health framework

An expert committee was established to initiate a reflection process aiming to develop a framework that would enable a current portrait of the supply of public health services to be assembled, gaps and best practices to be identified, and to identify ways to ensure that First Nations benefit from public health services. A first draft of the framework was completed on March 31, 2015, and work will continue during the year 2015-2016.

6 For further information on the program, visit <http://ibecomeadoctor.com>.





Mental health

The project to develop protocols in mental health and addictions slowed following the adoption of the *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies*.

The FNQLHSSC nevertheless continued its support to the communities of the North Coast and Abitibi. For its part, the prevention program focused on a cultural and family approach to mental health came to an end. The communities of Gesgapegiag, Mashteuiatsh and Nutashquan received accompaniment aimed at adapting and implementing a prevention intervention focused on the promotion of mental health for young people 10-12 years old and their parents.

In terms of addictions, the feasibility study on detoxification services was completed and the results were presented to the partners. In the context of suicide prevention, training on suicide prevention and community mobilization meetings were held in collaboration with the University of Sherbrooke, the AQPS and the CSSS of Sherbrooke for the pilot communities of Listuguj, Timiskaming, Wemotaci and Mamit Innuat (Pakua Shipi, Ekuanitshit and Unamen Shipu).

Elders' health and continuing care

Several activities were carried out within the framework of the Action Plan to Counter Elder Abuse and the *Québec ami des aînés* (QADA) project, including the cultural adaptation and holding of a training session on the fight against abuse of First Nations elders (March 2015) and participation in the gathering of Innu elders in Matimekossh-Lac John. As well, a portrait on palliative care was produced using the results gathered through a questionnaire completed by staff working in the communities.

Population surveys

The collection of data for the REES is now complete! The interviews were conducted in 20 communities by interviewers from the communities or from mobile teams. Results will be available and distributed during 2015-2016.

Phases of REES

Phase 1	2011
Phase 2	2016
Phase 3	2021
Phase 4	2026
Phase 5	2031

The deployment of Phase 4 of the RHS continued. Several promotional tools were developed by the First Nations Information Governance Centre (FNIGC)⁷ and the FNQLHSSC in order to support the work of interviewers and promote the RHS. The communities of Essipit, Gesgapegiag and Listuguj completed their data collection on March 31, 2015, and the communities of Pessamit, Kahnawake, Eagle Village, Kitigan Zibi and Nutashquan are following along the same path. More than 21 communities will participate in Phase 4 of the RHS.

Phases of the RHS

Phase 1	1997
Phase 2	2008
Phase 3	2008
Phase 4	2013
Phase 5	2016

⁷ First Nations Information Governance Centre www.fnigc.ca

Support for the deployment of information management systems and telehealth, and access to data

Several studies have been conducted to consolidate and support this development within communities and organizations.

I-CLSC

Emphasis was placed on the deployment of the health component. Training and personalized accompaniment in the community were offered. The communities of Opitciwan, Kawawachikamach, Uashat mak Mani-Utenam, Eagle Village, Kitcisakik, Lac-Simon, Pikogan, Nutashquan, Ekuanitshit, Manawan and Wemotaci are now in production mode. The deployment and maintenance of the social component is taking place in 18 communities.

PING

This system supports income security interveners and has been implemented in 23 communities. Its database contains more than 13,000 client records.⁸ Tools developed include the launch of an online editing tool for administrative procedures and a microsite for income security counselors. An implementation plan was established to develop the Centricase platform as an eventual replacement for the PING system.

Telehealth solutions

The implementation of the diabetic retinopathy project continued, bringing to 20 the number of communities now offering this service. In order to better support the interveners and the public, educational videos on retinopathy have been developed in addition to the awareness videos destined for the population.

Materials Inventory Management Module (Panorama)

This module is now used by the communities of Pikogan, Lac-Simon, Kahnawake, Wendake, Opitciwan, Mashteuiatsh, Listuguj, Gesgapegiag, Manawan, Wemotaci and Odanak. The deployment plan for the rest of the communities is under development.

The surveillance plan of health status and its determinants among First Nations of Quebec

Efforts have been made to develop new indicators, in the production of a synoptic report and the preparation of a list of social determinants covered by the data of various departments. In order to ensure the full use of the data, training on interpretation of indicators has been developed. It is now available to communities.

Research and evaluation of programs and initiatives

Various evaluation and analysis projects were continued or completed during 2014-2015:

Title	Status
Inventory of research priorities for non-treaty communities in Quebec	Work in progress
Evaluation of the Health and Social Services Governance Project	Work in progress
Evaluation of the project to develop mental health and addictions protocols	Work in progress
Evaluation of community projects completed under the agreement signed between the FNQLHSSC and <i>Avenir d'enfants</i>	Work in progress
Research project on the trajectory of young people in the youth protection system: part 3	Work in progress
Evaluation of the Project for the Prevention of Violence and Aggression in First Nations Communities (PVAC)	Completed - report available
Evaluation of the training project for early childhood programs and services	Completed - report available
Evaluation of the suicide prevention program based on a cultural and family approach to mental health, Quebec Region	Completed - report available

⁸ Data collected and transferred by AANDC since 1999.



TRAINING

The offer of services of the FNQLHSSC is diverse and includes a wide variety of training offered by qualified FNQLHSSC personnel and, as appropriate, by other institutions. Here is the list of the main courses offered during the 2014-2015⁹ year, according to fields of intervention:

Training	Sector
Training on income security regulations as they apply to First Nations	Social development
Workshop on initiating and chairing meetings	Social development
Training on community organization and action	Social development
Training on socio-professional integration (SPI)	Social development
Early childhood education certificate program	Early childhood
Attestation of collegial studies in early childhood services management	Early childhood
Training on the Wiggle Box (children 0-6 years)	Early childhood
Case management training	Early childhood
Interviewer training as part of the RHS	Research
Videoconference workshops on various health-related topics	Information resources
Clinical training of nurses/technicians for the diabetic retinopathy project	Information resources
Workshop on change management	Health and information resources
Kirano training and training on the creation of favorable environments (to support the adoption of healthy lifestyles)	Health
Workshop as part of the school nutrition program	Health
Workshop on sexual health in schools	Health
Training on the Guide on the Procedures for Accessing Services in the Area of Health (GPS)	Health
Training on the use of the multi-client assessment tool	Health
Charlie Training (in support for developing the capacities of interveners)	Social services
Workshops on the rights of children, parents and grandparents	Social services
Intervention among men in the family context	Social services
Workshop on best practices in suicide prevention	Social services

⁹ This list does not include all training activities offered, since some of them are adapted and customized to specific needs.

TOOLS AND PUBLICATIONS

The FNQLHSSC designs tools to support and facilitate the work of interveners, professionals and staff working with First Nations. The catalog of publications of the FNQLHSSC was designed to bring together and promote in one document all the tools and publications the organization produces. Below are some of our innovations:



“First Nations in Quebec and Labrador Research Protocol” - 2nd edition

The Research Protocol is now in its second edition! In addition to serving as a collective instrument for the Chiefs and managers of communities that wish to participate or collaborate in research, it serves as a guide for First Nations communities and regional First Nations organizations and, indirectly, the scientific community, to regulate and supervise the research activities taking place on their territory. The Protocol sets forth three core values: respect, equity and reciprocity.

New electronic version of “Rising Sun”

In spring 2015, the FNQLHSSC launched the first edition of the *Rising Sun* in electronic format. This new “e-zine” aims to highlight good practices and achievements of First Nations communities and organizations in Quebec and to provide information that is useful and linked to the priorities and mandates.



“Red Memory” - A virtual exhibition on Indian residential schools

The virtual version of the Red Memory exhibition was officially launched in spring 2015 and can be viewed in French and English on the website of the FNQLHSSC. This version was produced in order to extend the life of the traveling exhibition inaugurated in 2012. *Red Memory* has now been transposed into a virtual space and continues to share this history of the Indian residential schools in Quebec.

Virtual documentation centre – improved version

The FNQLHSSC documentation centre not only provides access to its publications, but also expands research possibilities by searching online documents on topics affecting the physical, mental, emotional and spiritual well-being of the First Nations and Inuit. The search engine enables precise queries (by subject, author, title, abstract, keywords and publisher) to the entire database.



Briefs

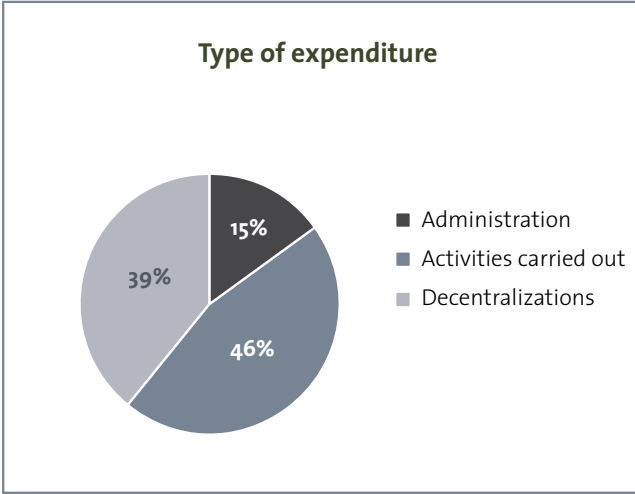
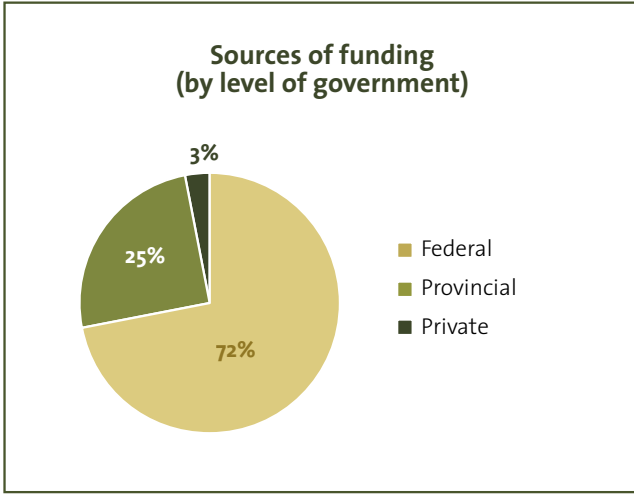
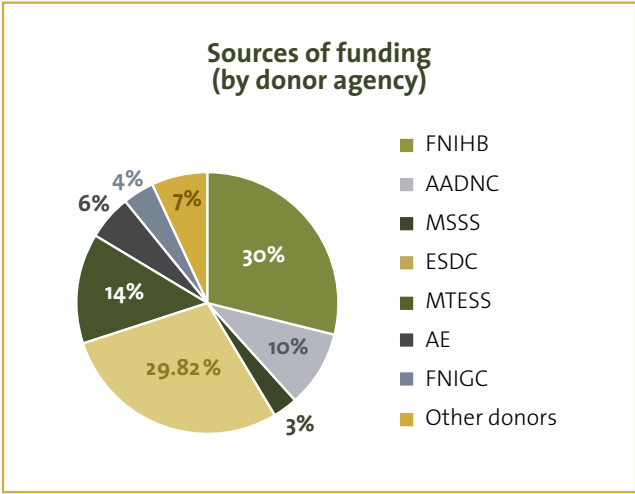
The FNQLHSSC filed two briefs in collaboration with the AFNQL. The first, under Bill 10 (*An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies*) and the second as part of Bill 28 (*An Act mainly to implement certain provisions of the Budget Speech of 4 June 2014 and return to a balanced budget in 2015-2016*).



Visit www.cssspnql.com and discover our catalog of publications and our virtual documentation centre, at centredoc.cssspnql.com

2014-2015 FINANCIAL REPORT

To successfully carry out its mandates, the FNQLHSSC receives funding from the following departments and organizations: First Nations and Inuit Health Branch (FNIHB) - Health Canada, AADNC, MSSS, Employment and Social Development Canada (ESDC), MTESS, *Ministère de la Famille*, First Nations Information Governance Centre (FNIGC), and others.



The remaining funding is used to finance, coordinate and support activities that respond to the annual priorities, such as holding events (regional committees and meetings), the creation of tools and publications, promotional campaigns, training, production of strategic documents and the basic operations of the FNQLHSSC.

The FNQLHSSC annually reviews its offer of services according to the priorities that have been established. As illustrated in the chart 46% of the funding received is redistributed to communities and organizations to finance local programs and initiatives.



Cover letter of the auditor's report



INDEPENDENT AUDITOR'S REPORT

To the members of the
First Nations of Quebec and Labrador Health and Social Services Commission

We have audited the accompanying financial statements of First Nations of Quebec and Labrador Health and Social Services Commission, which comprise the balance sheet as at March 31, 2015, and the statements of income, changes in net asset and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

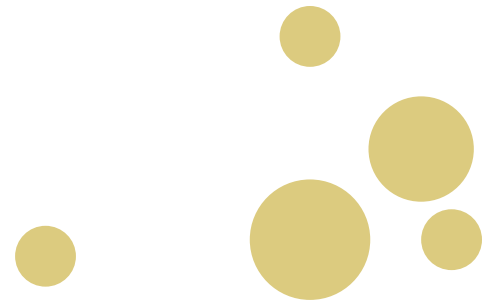
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for Not-for-Profit Organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.



Basis for the Qualified Opinion

As described in note 2, the First Nations of Quebec and Labrador Health and Social Services Commission presents the fixed assets and intangible assets acquisitions in the various programs as expense in order to facilitate the follow-up of the budgets on an annual basis and to comply with the obligations required within the scope of financial agreements with lessors. Moreover, the depreciation is directly deducted in the statement of changes in net asset and does not affect the income of the year. Respecting the same objective to facilitate the follow-up of budgets on an annual basis, the grant funding adjustments or reimbursements from previous years are considered in the net asset and not in the income of the year. The possible effects of these matters on the financial statements for the years ended March 31, 2015 and 2014 were not determined. Our audit opinion on the financial statements for the year ended March 31, 2014 was modified accordingly because of the possible effects of these situations.

Qualified Opinion

In our opinion, except for the possible effects of the matters described in the Basis for the Qualified Opinion paragraph, these financial statements present fairly, in all material respects, the financial position of First Nations of Quebec and Labrador Health and Social Services Commission as at March 31, 2015, and its financial performance and its cash flows for the year then ended in accordance with the Canadian accounting standards for Not-for-Profit Organizations.

*Malenfant Dallaire, S.E.N.C.R.L.*¹⁰

Quebec (Quebec)
June 29, 2015

¹⁰ CPA auditor, CA, public accounting permit N°. A119553

Income for the year ended March 31, 2015

			2015	2014
	Revenues	Expenses	Surplus (deficit) for the year	Surplus (deficit) for the year
Core Funding	\$2,128,371	\$2,167,665	(\$39,294)	\$13,532
National Native Alcohol and Drug Abuse Program (NNADAP)	279,623	279,623	-	-
Aboriginal Diabetes Initiative	134,613	134,613	-	-
HIV/AIDS Strategy (Public Health)	119,168	119,168	-	-
E-Health	472,160	471,924	236	-
Summit on Addictions	-	11,246	(11,246)	-
Education Survey	447,622	447,622	-	-
Regional Health Survey (RHS)	118,977	118,977	-	-
Research Coordination	101,650	101,650	-	(1,246)
Fight Against Poverty Project	1,942,979	1,942,979	-	155,232
Surveillance Plan	129,109	129,109	-	-
Suicide among First Nations and Communities in crisis	242,331	242,331	-	-
Regional Suicide Prevention Campaign	1,597	1,597	-	-
First-Line Services	500,000	448,254	51,746	-
First-Line Services I-CLSC	399,875	511,415	(111,540)	79,725
Non-Insured Health Benefits (NIHB)	241,300	241,300	-	-
Maternal Child Health (MCH)	125,318	125,318	-	-
Balance carried forward	\$7,384,693	\$7,494,791	(\$110,098)	\$247,243

Income (continued) for the year ended March 31, 2015

			2015	2014
	Revenues	Expenses	Surplus (deficit) for the year	Surplus (deficit) for the year
Balance brought forward	\$7,384,693	\$7,494,791	(\$110,098)	\$247,243
Canadian Prenatal Nutrition Program (CPNP)	132,325	132,325	-	-
Mental Health - HSIF	122,494	122,494	-	-
Governance - HSIF	396,305	396,305	-	-
Infostructure	354,343	354,343	-	-
First Nations and Inuit Child Care Initiative (FNICCI)	3,470,763	3,470,763	-	-
Maltreatment of Elders	84,993	84,993	-	1,121
Kirmayer - Mental Health Project	124,845	124,845	-	-
Social Development Office	345,000	363,106	(18,106)	14,625
First Nations Head Start Program (FNHSP)	290,885	290,885	-	-
Retinopathy Project	231,067	46,366	184,701	(48,587)
Meeting on Violence among Men	-	-	-	(43,281)
Prevention of Violence and Aggression in the Communities (PVAC)	148,070	148,070	-	-
Home and Community Care	210,504	210,504	-	2,928
Annual Meeting of the Residential Care Centers for Senior Citizens	24,200	20,583	3,617	-
Income security capacity development	130,617	96,313	34,304	(10,951)
Balance carried forward	\$13,451,104	\$13,356,686	\$94,418	\$163,098

Income (continued) for the year ended March 31, 2015

			2015	2014
	Revenues	Expenses	Surplus (deficit) for the year	Surplus (deficit) for the year
Balance brought forward	\$13,451,104	\$13,356,686	\$94,418	\$163,098
Active Measures	-	-	-	(31,618)
Regional Table on Child and Family Services	30,000	29,761	239	-
Meeting on Accreditation	22,550	14,786	7,764	870
Québec ami des aînés (QADA)	41,775	41,775	-	3,255
Medecine Program	115,723	115,723	-	-
Health Directors' Meeting	243,026	243,026	-	-
Health and Social Services Directors' Meeting	-	-	-	(20,655)
Sports and leisure	154,633	154,633	-	-
Québec en forme	9,470	9,470	-	-
North American Indigenous Games	241,666	241,666	-	-
Panorama	102,183	102,183	-	365
Early childhood Services training evaluation Project (FCP)	252,373	450,236	(197,863)	18,000
Avenir d'enfants	739,452	739,452	-	8,437
Avenir d'enfants Forum	-	-	-	11,384
People with Disabilities	-	-	-	(2,107)
ISMAF	-	-	-	(6,836)
Social Economy Project	95,113	87,975	7,138	25,766
Balance carried forward	\$15,499,068	\$15,587,372	(\$88,304)	\$169,959

Income (continued) for the year ended March 31, 2015

			2015	2014
	Revenues	Expenses	Surplus (deficit) for the year	Surplus (deficit) for the year
Balance brought forward	\$15,499,068	\$15,587,372	(\$88,304)	\$169,959
Toolbox	22,500	22,500	-	-
Tobacco control project	92,957	92,957	-	-
Forum on First Nations health	123,008	123,008	-	-
	\$15,737,533	\$15,825,837	(\$88,304)	\$169,959

Changes in net asset for the year ended March 31, 2015

	2015	2014
INVESTED IN FIXED ASSETS AND INTANGIBLE ASSETS		
Balance, beginning of year	\$336,455	\$375,527
Acquisition within the revenues	231,940	91,356
	568,395	466,883
Depreciation	160,755	130,428
Balance, end of year	\$407,640	\$336,455
INVESTED IN PROGRAMS (note 9 and 13)		
Balance, beginning of year		
Balance previously reported	\$1,085,499	\$968,154
Restatement of financial statements	-	(3,244)
Restated balance	1,085,499	964,910
Adjustments to prior years net asset		
Accounts receivable write-off	(25,766)	(34,743)
Grant funding reimbursement	(44,337)	(14,627)
Accounts payable write-off	25,491	-
Adjusted balance	1,040,887	915,540
Surplus (deficit) for the year	(88,304)	169,959
Balance, end of year	\$952,583	\$1,085,499



Balance sheet as at March 31, 2015

	2015	2014
ASSETS		
Current assets		
Cash	\$1,424,964	\$1,411,273
Redeemable term deposits, 1.15% (1.25% in 2014)	1,868,636	3,052,279
Accounts receivable (note 3)	200,682	216,879
Grants receivable (note 4)	2,199,208	2,464,982
Prepaid expenses	19,140	30,337
	5,712,630	7,175,750
Fixed assets (note 5)	371,150	303,061
Intangible assets (note 6)	36,490	33,394
	\$6,120,270	\$7,512,205



Balance sheet as at March 31, 2015

	2015	2014
LIABILITIES		
Current liabilities		
Accounts payable (note 7)	\$2,840,718	\$2,786,040
Deferred grants funding (note 8)	1,919,329	3,304,211
	4,760,047	6,090,251
NET ASSET (note 13)		
Invested in fixed assets and intangible assets	407,640	336,455
Invested in programs (note 9)		
Unrestricted	731,286	793,297
Ongoing programs	221,297	292,202
	952,583	1,085,499
	1,360,223	1,421,954
	\$6,120,270	\$7,512,205

On behalf of the Commission

Cash flows for the year ended March 31, 2015

	2015	2014
Cash flows from operating activities		
Surplus (deficit) for the year	(\$88,304)	\$169,959
Item related to net asset		
Grant funding reimbursement	(44,337)	(14,627)
	(132,641)	155,332
Net change in non-cash working capital items		
Accounts receivable	(9,569)	(115,310)
Grants receivable	265,774	(266,343)
Prepaid expenses	11,197	(17,061)
Accounts payable	80,169	403,422
Deferred grants funding	(1,384,882)	1,855,980
Net increase (decrease) in cash and cash equivalents	(1,169,952)	2,016,020
Cash and cash equivalents, beginning of year	4,463,552	2,447,532
Cash and cash equivalents, end of year (note 10)	\$3,293,600	\$4,463,552



Notes to financial statements for the year ended March 31, 2015

1. STATUTES AND NATURE OF OPERATIONS

The mandate of the First Nations of Quebec and Labrador Health and Social Services Commission was ratified by the Assembly of the First Nations of Quebec and Labrador by a resolution on April 14, 1994.

The Commission's mission is to promote and ensure the physical, mental, emotional and spiritual well-being of the First Nations individuals, families and communities to foster access to comprehensive health and social services programs that are adapted to the First Nations and designed and recognized and sanctioned by the local authorities while respecting cultures and local autonomy.

2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements were prepared in accordance with Canadian accounting standards for Not-for-Profit Organizations (ASNFPO) and include the following significant accounting policies:

Use of estimates

The preparation of financial statements in accordance with ASNFPO requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. These estimates are reviewed periodically and adjustments will be made to income as appropriate in the year they become known.

Financial instruments

Measurement of financial instruments

The organization initially measures its financial assets and financial liabilities at fair value, except for certain non-arm's length transactions.

The organization subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments in equity instruments that are quoted in active market, which are measured at fair value. Changes in fair value are recognized in net income.

Financial assets measured at amortized cost include cash, term deposits, accounts receivable and grants receivable.

Financial liabilities measured at amortized cost include accounts payable.



Notes to financial statements (continued) for the year ended March 31, 2015

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Financial instruments (continued)

Impairment

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in net income. The previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is not greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in net income.

Transaction costs

The organization recognizes its transaction costs in net income in the year incurred. However, the carrying amount of the financial instruments that will not be subsequently measured at fair value is reflected in the transaction costs that are directly attributable to their origination, issuance or assumption.

Revenues recognition

The Commission follows the deferral method of accounting for its contributions. Restricted contributions and other revenues are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Cash and cash equivalents

The organization's policy is to disclose bank balances under cash and cash equivalents, including bank overdrafts with balances that fluctuate frequently from being positive to overdrawn and temporary investments with a maturity period of three (3) months or less from the date of acquisition.

Fixed assets and intangible assets

Fixed assets are stated at cost. Depreciation is calculated on the declining balance method at the following annual rates:

Leasehold improvements	20%
Office equipment	20%
Computer equipment	30%

Intangible assets are stated at cost. Depreciation on software is calculated on the declining balance method at an annual rate of 30%.

The Commission has adopted the policy of recording the fixed assets and intangible assets as expense at the time of the acquisition to allow the follow-up of the budgets on an annual basis. Depreciation is directly deducted in the statement of changes in net asset and does not affect the income of the year.

Notes to financial statements (continued) for the year ended March 31, 2015

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Impairment of long-lived assets

Long-lived assets are tested for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value.

Pension plan

The defined contributions accounting standards are applied to this multiemployer Benefit Plan as the organization doesn't have enough information to apply the defined benefits accounting standards.

3. ACCOUNTS RECEIVABLE

	2015	2014
Accrued interests	\$11,623	\$23,912
Sales taxes	186,794	189,131
Others	2,265	3,836
	\$200,682	\$216,879

4. GRANTS RECEIVABLE

	2015	2014
Aboriginal Affairs and Northern Development Canada (AANDC)	\$152,248	\$267,479
Assembly of First Nations	-	4,000
Avenir d'enfants	131,669	64,473
The First Nations Information Governance Centre (FNIGC)	273,801	244,540
Human Resources and Skills Development Canada (HRSDC)	182,679	-
Ministère de l'Emploi et de la Solidarité sociale	584,340	330,431
Ministère de l'Éducation, du Loisir et du Sport (MELS)	-	241,666
Ministère de la Famille	100,000	-
Balance carried forward	\$1,424,737	\$1,152,589

Notes to financial statements (continued) for the year ended March 31, 2015

5. GRANTS RECEIVABLE (continued)

	2015	2014
Balance brought forward	\$1,424,737	\$1,152,589
Ministère de la Santé et des Services sociaux du Québec	123,749	319,600
Health Canada	538,000	929,427
Université Laval	83,463	56,846
Others	29,259	6,520
	\$2,199,208	\$2,464,982

5. FIXED ASSETS

	2015		2014	
	Cost	Accumulated depreciation	Net book value	Net book value
Leasehold improvements	\$71,002	\$46,617	\$24,385	\$26,111
Office equipment	297,436	243,723	53,713	50,981
Computer equipment	1,180,249	887,197	293,052	225,969
	\$1,548,687	\$1,177,537	\$371,150	\$303,061

6. INTANGIBLE ASSETS

	2015		2014	
	Cost	Accumulated depreciation	Net book value	Net book value
Software	\$224,321	\$187,831	\$36,490	\$33,394

Notes to financial statements (continued) for the year ended March 31, 2015

7. ACCOUNTS PAYABLE

	2015	2014
Accounts payable and accrued expenses	\$1,002,490	\$997,593
Decentralization to the communities	1,221,359	1,246,390
Salaries and vacation	503,791	442,645
Social benefits	113,078	99,412
	\$2,840,718	\$2,786,040

8. DEFERRED GRANTS FUNDING

	2015	2014
Aboriginal Diabetes Initiative	\$ -	\$9,563
HIV/AIDS Strategy (Public Health)	5,341	16,985
E-Health	-	53,804
Education Survey	91,428	290,000
Regional Health Survey (RHS)	328,242	145,967
Fight Against Poverty Project	884,362	2,076,047
Suicide among First Nations and Communities in crisis	-	28,699
Regional Suicide Prevention Campaign	-	1,597
Mental Health - HSIF	4,787	15,516
Governance - HSIF	216,597	16,421
First Nations and Inuit Child Care Initiative (FNICCI)	-	18,223
Maltreatment of Elders	15,007	-
Prevention of Violence and Aggression in the Communities (PVAC)	-	40,225
Québec ami des aînés (QADA)	12,895	-
First Nations and Inuit Faculties of Medecine Program	-	2,945
Health Directors' Meeting	-	10,506
Sports and leisure	-	104,633
Québec en forme	15,530	25,000
North American Indigenous Games	-	241,666
Panorama	-	36,000
Early childhood Services training evaluation Project (FCP)	-	110,787
Social Economy Project	59,752	59,627
Transfer of expertise from FQOCF and RVP	50,000	-
Tobacco control project	235,388	-
	\$1,919,329	\$3,304,211

Notes to financial statements (continued) for the year ended March 31, 2015

9. NET ASSET INVESTED IN PROGRAMS

	Net asset (deficit), beginning of year	Surplus (deficit) for the year	Adjustments to previous years and transfer to net asset of ended or existing programs	Net asset (deficit), end of year
Core Funding	\$409,733	(\$39,294)	\$ -	\$370,439
E-Health	-	236	-	236
Summit on Addictions	22,480	(11,246)	-	11,234
Research Coordination	(1,246)	-	1,246	-
First-Line Services	11,801	51,746	-	63,547
First-Line Services I-CLSC	269,881	(111,540)	-	158,341
Non-Insured Health Benefits (NIHB)	2,145	-	-	2,145
Aboriginal Health Human Resources Initiative (AHHRI)	2,761	-	-	2,761
Maltreatment of Elders	(2,123)	-	-	(2,123)
Social Development Office	106,374	(18,106)	2,625	90,893
Retinopathy Project	(184,701)	184,701	-	-
Meeting on Violence among Men	5,124	-	-	5,124
Home and Community Care	9,497	-	-	9,497
Annual Meeting of the Residential Care Centers for Senior Citizens	787	3,617	-	4,404
Income security capacity development	17,228	34,304	-	51,532
Regional Table on Child and Family Services	2,279	239	-	2,518
Meeting on Accreditation	870	7,764	-	8,634
Québec ami des aînés (QADA)	3,255	-	-	3,255
Sports and leisure Panorama	(341)	-	-	(341)
Early childhood services training evaluation project (FCP)	-	(197,863)	-	(197,863)
Social Economy Project	25,766	7,138	(25,766)	7,138
Balance carried forward	\$701,935	(\$88,304)	(\$21,895)	\$591,736

Notes to financial statements (continued) for the year ended March 31, 2015

9. NET ASSET INVESTED IN PROGRAMS (continued)

	Net asset (deficit), beginning of year	Surplus (deficit) for the year	Adjustments to previous years and transfer to net asset of ended or existing programs	Net asset (deficit), end of year
Balance brought forward	\$701,935	(\$88,304)	(\$21,895)	\$591,736
Net asset of ended programs	383,564	-	(22,717)	360,847
	\$1,085,499	(\$88,304)	(\$44,612)	\$952,583

The surplus (deficit) for certain programs has been transferred to the surplus of ended programs. Also, the unrestricted net asset of existing programs consists of surplus which come from unfinished programs, but will not be reinvested in the same project.

10. CASH FLOWS

	2015	2014
Cash and cash equivalents		
Cash	\$1,424,964	\$1,411,273
Term deposits	1,868,636	3,052,279
	\$3,293,600	\$4,463,552

11. PENSION PLAN

The employees of the organization participate in the Native Benefits Plan (NBP). The NBP is a defined benefits plan and is intended for all employees of the First Nations of Canada. The employer contributes 1.82 times of the employee contribution in the pension fund. The contribution for native employees are 8.5% of their salaries and non-native employees are 4.6% or 6.8% of their salaries.



Notes to financial statements (continued) for the year ended March 31, 2015

12. FINANCIAL INSTRUMENTS

Risk and concentrations

The organization is exposed to various risks through its financial instruments, without being exposed to concentrations of risk. The following analysis provides a measure of the organization's risk exposure at the balance sheet date, being March 31, 2015:

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The organization is exposed to this risk mainly in respect of its accounts payable.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The organization's main credit risks relate to its accounts receivable and grants receivable.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk : currency risk, interest rate risk and other price risk. The organization is mainly exposed to interest rate risk.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The organization is exposed to interest rate risk on its fixed interest rate financial instruments. Fixed-interest instruments subject the organization to a fair value risk.

13. CONTINGENCIES

Within the framework of some specifics contributions' agreements the organization may have to refund the contributions' surplus not used. As at March 31, 2015, the amount of the contributions' surplus which can be subject to a refunding is estimated at \$39,800.

14. CONTRACTUAL OBLIGATIONS

In accordance with long-term capital lease ending in April 2017, the organization rents offices for which the minimum lease payments until the end of the lease amount to \$429,500. The amounts required to be paid over the next three (3) years are approximately as follows:

\$206,000	in 2016
206,300	in 2017
17,200	in 2018



Notes to financial statements (continued) for the year ended March 31, 2015



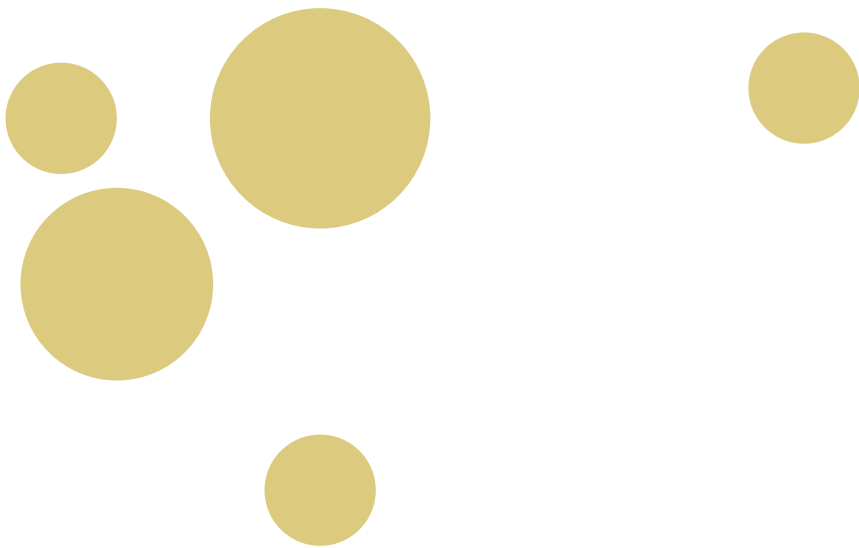
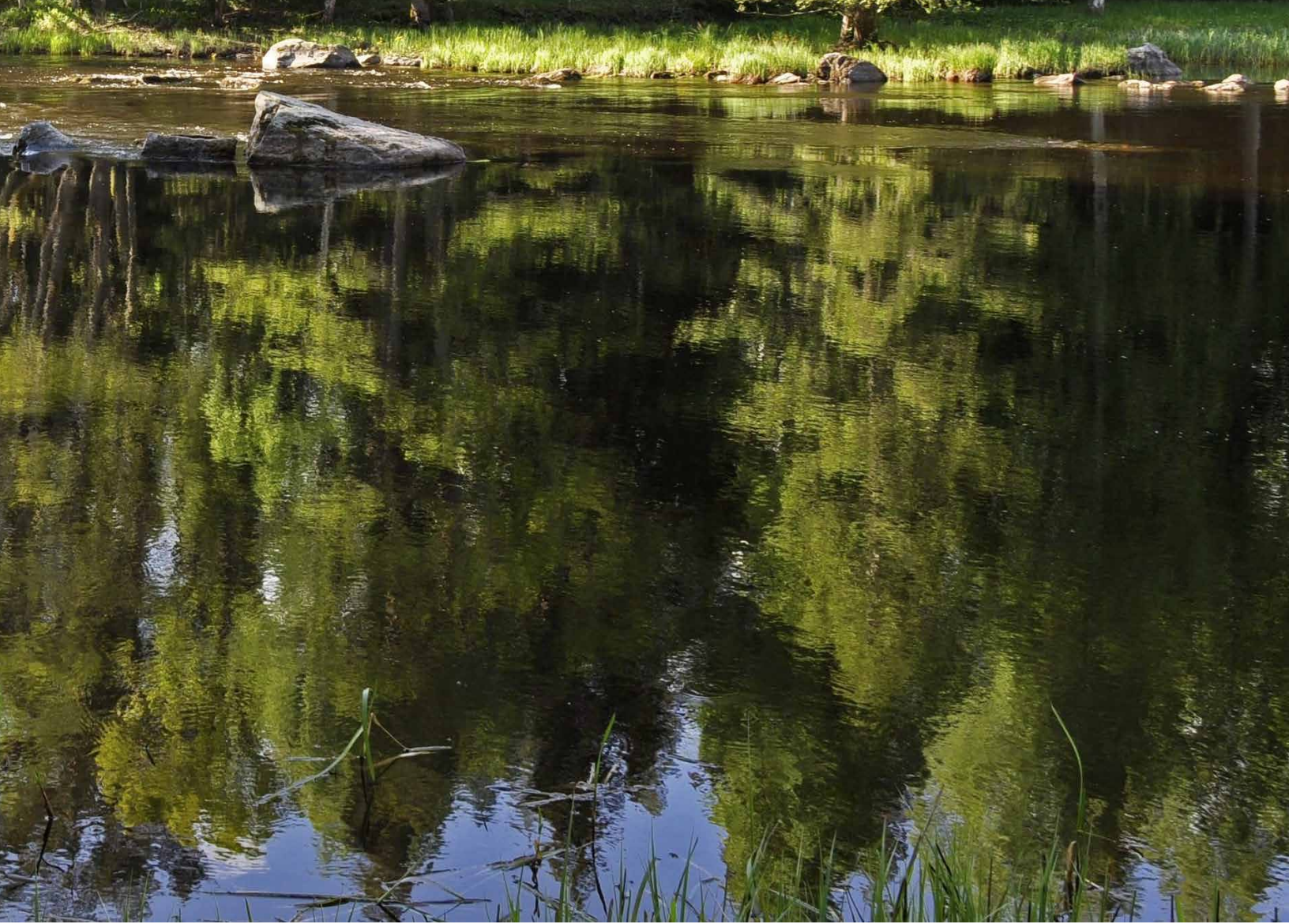
14. CONTRACTUAL OBLIGATIONS (continued)

Moreover, in accordance with long-term capital lease ending in February 2020, the organization rents two photocopiers for which the minimum lease payments until the end of the lease amount to \$71,800. The amounts required to be paid over the next five (5) years are approximately as follows:

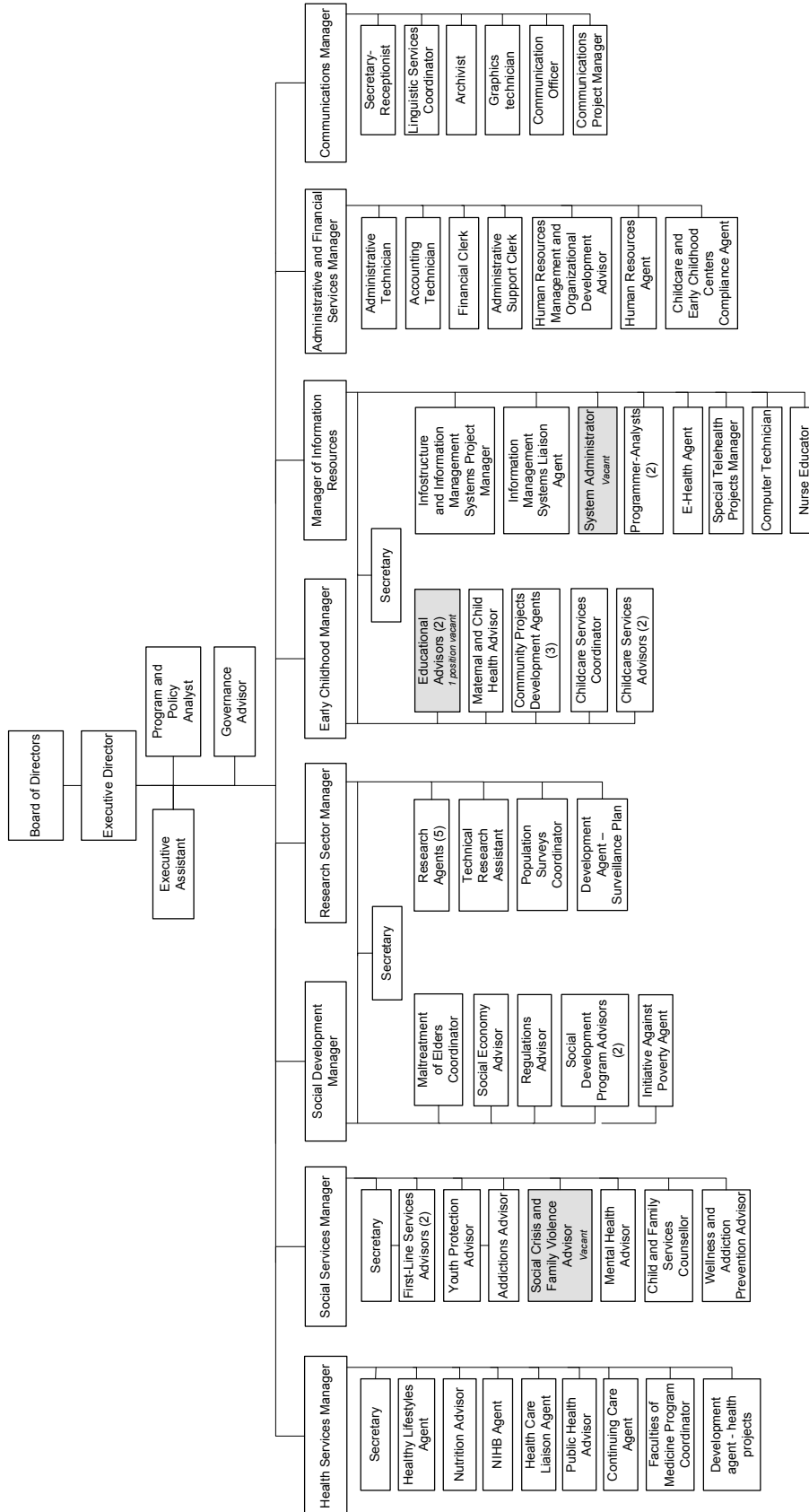
\$15,100	in 2016
15,100	in 2017
15,100	in 2018
15,100	in 2019
11,400	in 2020

15. ECONOMIC DEPENDENCE

The First Nations of Quebec and Labrador Health and Social Services Commission receives the major part of its funding from federal governmental grants. The financial agreements are renewed yearly. In the event of the non-renewal of these agreements, the Commission's operations would be compromised.



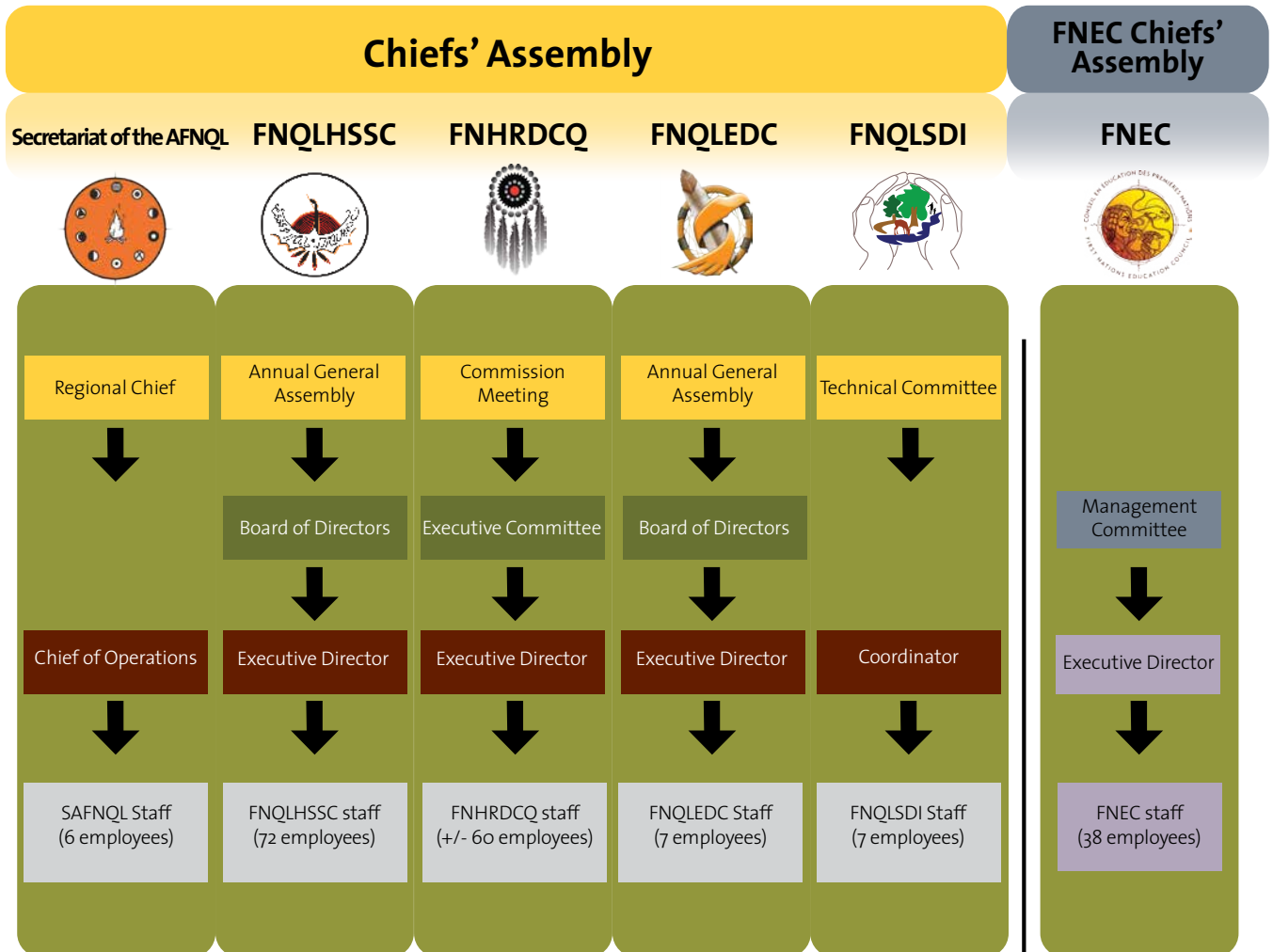
Appendix 1 – FNQLHSSC Flowchart



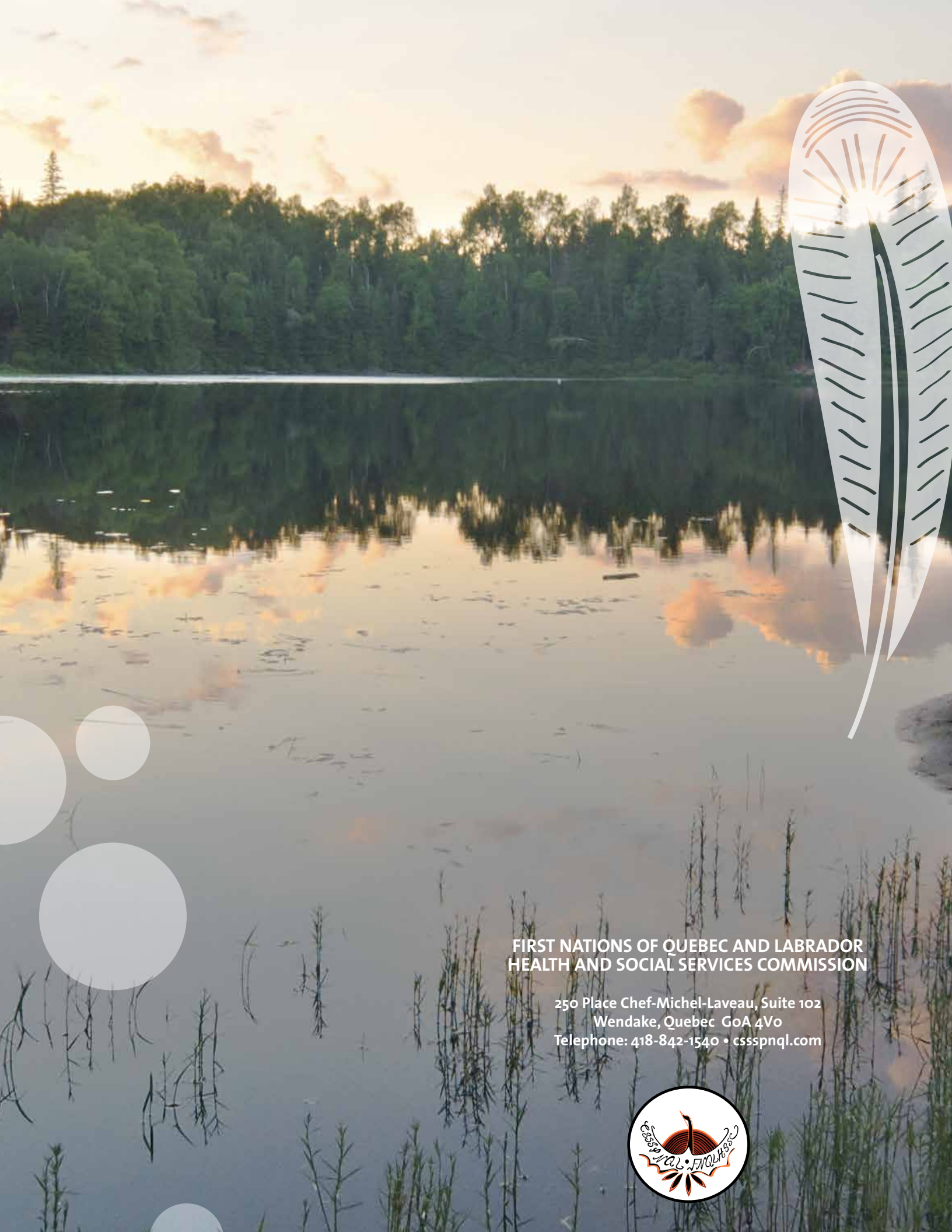
Appendix 2 – Lines of authority between the Chiefs’ Assembly and the RCOs

Assembly of First Nations Quebec - Labrador

Table illustrating the links between the Assembly of Chiefs and regional institutions of the AFNQL







**FIRST NATIONS OF QUEBEC AND LABRADOR
HEALTH AND SOCIAL SERVICES COMMISSION**

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