



Dilico

Annual Report

2005-2006





Vision and Mission

Vision

Our vision is balance and well-being for Anishinabek children, families, and communities.

Mission

Dilico embraces a wholistic approach in the delivery of Health, Mental Health, Addictions and Child Welfare Services to compliment the strengths, values and traditions of Anishinabek children, families, and communities.





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Executive Director and Board President's Report

We are pleased to jointly report on Dilico for the fiscal period 2005 – 2006.

Improving First Nations health poses challenges to Dilico and our service delivery. Addressing the underlying causes of health problems holistically, and providing services within a targeted framework are increasingly the most effective responses to improving First Nations' well-being.

Dilico cares not only for the physical and mental health of First Nations people but also the health of the communities in which we all live. We are proud to do this through a range of responsive, accountable and effective programs, and services that promote wellness, prevent illness and trauma, and provide diagnosis, treatment and rehabilitation.

Health Services is now more focused on population health and public health models. A new Primary Health Team on the Fort William First Nation will provide a community integrated focus to improving the health status of Anishnabek children, women and men.

Substance abuse contributed to a crisis in a remote community that required a great deal of Dilico's resources and staff. To meet the mental health and addiction treatment needs of our population, Dilico continues to focus on exploring options for promoting culturally acceptable, sustainable, integrated care. To address and facilitate growth in new program areas, Mental Health and Addictions Services developed additional partnerships in the region.

The Ministry of Community and Social Services / Ministry of Children and Youth Services initiative to improve delivery of child protection services necessitated reform for service providers. Dilico's Child Welfare Services did not experience a huge shift as we have an established protocol of delivering our programs with a sensitivity and respect for Anishnabek values that compliments individuals, families and communities. Nevertheless, we are continually impelled to improve service delivery to ensure that we effectively address how First Nations people view wellness and illness based in part by cultural beliefs and values.

With the successful negotiation of the first collective agreement commencing in April 2006, Finance and Human Resources restructured to meet changes within the Dilico workforce. Throughout the process we maintained the cultural integrity of Dilico.

Joyce Pelletier, Dilico's Executive Director and respected leader moved to new opportunities. The children, families, communities and staff of Dilico wish her well as she continues to serve our people in another role. Dr. Donald Auger accepted the position of Executive Director on June 30, 2006. We look forward to the knowledge, vision and leadership that Dr. Auger will bring to our organization

Dilico continues to work collaboratively with staff, individuals, families, communities, and our partners to help First Nations people. Our priority of ensuring that all of our people enjoy long and healthy lives is clear.

Miigwech.

Respectfully submitted,

Jerry Woods
Acting Executive Director

Blythe Morrisseau
President



This we know...

The earth does not belong to man; man belongs to the earth.

All things are connected like the blood that unites one family.

Man did not weave the web of life; he is merely a strand in it.

Whatever he does to the web he does to himself.

Unknown



A Child's Story

Since I was a little girl, my parents would drink morning, noon and night. My mom has four children. She couldn't handle this task alone. My older sister took care of us. We had no food and no place to live, because my mom spent her money on alcohol. We stayed in shelter homes, with relatives, and family friends. We'd move back and forth from Thunder Bay to our reserve.

When I was five years old, we heard a knock on the door. It was the police and Dilico. My mom was drinking. It all happened so fast. I remember sitting in the car, and being taken away from my mom. I didn't know what was going on. I was confused and scared.

Dilico took me to a new home. My brothers and sister were already there. We were staying with the nicest people. We couldn't believe it, we had never seen so much food or such a big house. When we were young, all we saw was a mattress on the floor and a dirty apartment. It was like a miracle just happened.

My parents had to make a lot of changes to take us back, but all they wanted to do was drink. They didn't care. That's how bad alcoholism can affect people's lives. We were supposed to stay in care for three months, so that they could get help but they didn't. They never even tried to stop drinking. All I remember from my childhood is that my parents drank and fought all the time.

Six months later we were still in care. My mom decided to get treatment, but two weeks later she started to drink again. My mom tried hard to get help but alcoholism is a disease that's difficult to cure. It's sad how much it hurts when parents choose alcohol over their children.

After one year, we became Crown Wards. That's when children stay in foster care until they are eighteen years old. Our foster parents took in my brothers, my sister, and me. They taught us how to speak, how to write, and how to respect other people. All of us had to build our love and start a new family. A few months ago we got a dog that loves to play.

My brothers, sister and I were doing quite well with our foster family. After five years, my brothers had to leave for treatment to work on their issues. I also went to treatment. I see a counselor regularly. Soon, I'll be graduating from grade eight. My older sister will be going to college this year. I've been staying with my foster family for ten years. The best thing they taught me is to be proud of who I am, a beautiful strong native woman.

My mom is still drinking and hasn't got help. I still love her no matter what she does. Without foster parents I don't know where I'd be, but I wouldn't be the young woman I am today.

* This was written by a child in Dilico's care as a school project.
Permission to share this story has been granted.



First Nations Communities

Dilico programs and services are available for Aboriginal residents of any age in Dilico's jurisdiction and for children in the care of Dilico and their caregivers.

First Nations

Fort William, Lake Helen, Whitesand, Kiashke Zaaging Anishinaabek, Long Lake #58, Animbigoo Zaagi'igan Anishinaabek, Sandpoint, Biingitiwaabik Zaaging Anishinaabek, Ginoogaming, Pays Plat, Pic Mober, Pic River, Michipicoten





Health Services

Health Services provides individual, family and community health programs and services for the life journey of all First Nations people. Opportunities to reinforce and learn positive health attitudes and behaviours are provided through information sessions, clinics, screenings, home visits and a spectrum of health educational tools.

The Ministry of Health and Long Term Care approved our proposal for a Primary Health Team. The project consists of positions that will include a family physician, two nurse practitioners, a dietician, chiroprapist and psychiatrist. The facility will be located at the Dilico Main Office. The Primary Health Team has engaged an engineering consulting firm and a business consultant.

The Tobacco Control Strategy proposal was approved for funding from First Nation and Inuit Health Branch, Health Canada (FNIHB). The four components of the strategy are protection, prevention, cessation and harm reduction. The project will work in partnership with the Aboriginal Diabetes Initiative.

The Day Treatment Centre received a facility and equipment-upgrading grant from Health Canada.

The Eating Healthy and Living program was approved by the Ministry of Health and Long Term Care to promote Healthy Weights and Chronic Disease Prevention in our communities. Weekly Adult Enrichment programs in each community provide exercise and a nutritious meal.

Dilico signed an agreement with the Northern Ontario School of Medicine to use Health Services as a teaching site and integrated community experience. Four students completed a four-week placement where they worked with our professional health care staff and received some traditional teachings.

Infant Child Development Services participated in the development and delivery of the “With Warmth and Wonder” parent/child interaction program in the city and district of Thunder Bay. We continue to work closely with community based programming staff to provide screening and intervention services.

A community Walk-In Clinic opened at the beginning of 2006. The clinic – open one evening a week for urgent care – has been extremely successful.

The annual Elders and Diabetes Conference was held in Thunder Bay. Elders from the communities were provided with workshops on diabetes and healthy aging.

Encouraging nurses to reside in Dilico communities is an ongoing challenge. The nursing shortage in Ontario compounds the problem. Fortunately, nurses are working in each of our communities to help reinforce positive health for our clients.

To promote Health Services within the communities and to other agencies, we worked with a professional agency to develop materials that reflect who we are, what we do and what value we offer.

The Registered Nurses Association of Ontario and Diabetes Health Thunder Bay provided training for nurses and Health Managers.

Pandemic Planning for each of the communities was completed. Community Health Services health nurses, and FNIHB provided training.



Primary Care Program

SERVICE	APRIL 05 - MARCH 06	APRIL 04 - MARCH 05	APRIL 03 - MARCH 04
NUMBER OF PATIENTS SEEN	1167	1052	1161
NUMBER OF IMMUNIZATIONS GIVEN	194	62	82
NUMBER OF SCREENINGS	1079	1004	799
CONSULTS WITH ON CALL PHYSICIAN	161	141	169
REFERRALS TO GENERAL PRACTITIONERS	2	3	2
REFERRALS TO PHYSICIAN SPECIALISTS	98	100	71
REFERRALS TO REHAB SPECIALISTS	4	2	10
REFERRALS FOR TESTS INCLUDING LAB	178	143	153
REFERRALS TO ER	8	3	4

Community Health Services

SERVICE	TOTAL AS OF MARCH 31/06	TOTAL AS OF MARCH 31/05	TOTAL AS OF MARCH 31/04
PRECONCEPTIONI HEALTH	396	183	131
PRENATAL	67	75	75
TEEN PREGNANCY	28	27	14
BIRTHS	73	58	64
DEATHS	21	21	20
HOME VISITS	144	304	257
MILK VOUCHER PROGRAMS	1722	803	146
OVER THE COUNTER ASSESSMENTS (OTC)	562	317	215
IMMUNIZATIONS	1034	937	797
REPORTABLE DISEASES	27	13	31

Infant/Child Development

TOTAL CHILDREN SERVED UNDUPLICATED 2005-2006	TOTAL CHILDREN REFERRED 2005-2006	CHILDREN RECEIVING SERVICE MARCH 31/06	CHILDREN ON WAITLIST MARCH 31/06
299	157	145	26

TOTAL CHILDREN SERVED UNDUPLICATED 2004-2005	TOTAL CHILDREN REFERRED 2004-2005	CHILDREN RECEIVING SERVICE MARCH 31/05	CHILDREN ON WAITLIST MARCH 31/05
248	142	150	28



Mental Health and Addictions

Mental Health and Addictions provides strong support and treatment services, equitable access and responsive options for individuals, families and communities. Assisting people with complex mental health issues, substance abuse problems and the challenges of daily life addresses short and long term health problems.

Adult Services

An Adult Mental Health Case Manager was hired to assist concurrent disordered clients in Thunder Bay and the District. The Case Manager is also involved in Dilico's Health and Addictions Pilot Project in Fort William First Nation.

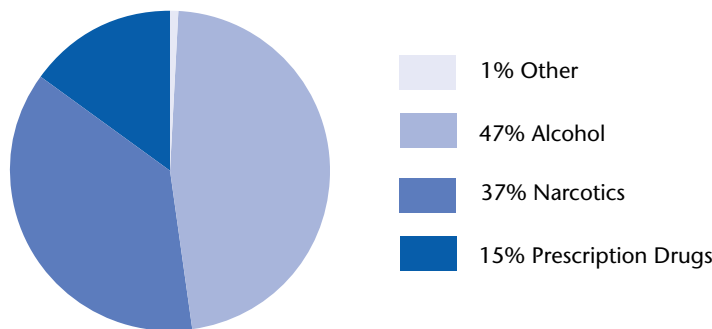
Prescription drug and opiate abuse continues to be the foremost issue. An addictions-related crisis demonstrated the impact on Dilico's services when concentrated services are required in one community. Dilico was creative in moving resources from other areas in the District to provide critical support and counselling. The Dilico Drug Strategy Committee contracted an Addictions Research Consultant to determine which Dilico services are most beneficial.

Dilico was instrumental in coordinating participation with one of our First Nation Communities regarding a documentary film on prescription drug addiction produced by St. Joseph's Care Group and the Centre for Addictions and Mental Health.

The Residential Adult Treatment Centre at Dilico had a challenging year. Severe depression among clients remains prominent. There is an increase in younger referrals with concurrent substance abuse, and a resistance to program regulations. Programming and referrals for opiate and prescription abuse has been developed. To assist with treatment planning and client support for concurrent disorders, a psychologist has been contracted.

Dilico is partnering with the Canadian Mental Health Association (CMHA) with the goal of providing district services to Aboriginal clients through the CMHA's new Early Psychosis Intervention Program.

Adult Treatment Centre – Substance Abused Percentages





Children’s Mental Health Services

The Empowering First Nations Girls Camp was held for the second year with forty-five girls participating. Dilico hosted the Interministerial Provincial Advisory Committee of the Ontario Child Advocate’s Office. Children’s Mental Health and Child Welfare Services presented cases for consultation.

One-time and annualized funding benefited several initiatives. A Case Manager/Social Worker was hired to assist mothers of young children at the June Steeve-Lendrum Centre. The June Steeve-Lendrum Centre was re-furbished. Dilico received funding to recruit a staff psychologist to provide services to children. Computers were updated to accommodate mandatory reporting to the Ministry.

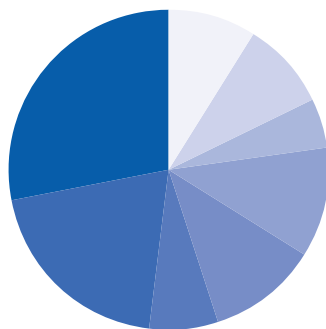
Assessment Brief Treatment Services had increased referrals of children with complex issues such as special needs, suicidality and self-harm.

The Tele-Psychiatry Program with Toronto Sick Children’s Hospital has continued high usage.

The Day Treatment Program received funding for an additional half-time teaching position. One of two classrooms has a full-time teacher complement. Community partnerships and programming for children in community schools increased.

The Ministry of Children and Youth’s new online Client Information Management System is scheduled to begin in the fall of 2006-2007.

Children’s Mental Health Referrals



- 9% Family Issues/Support
- 9% Grief
- 5% School Problems
- 11% Self-Harm/Suicide
- 11% Other*
- 7% Aggression
- 20% Behavioral Issues
- 28% Emotional Distress/Trauma

*Other includes: fire starting, depression, and witnessed traumatic event.



Child Welfare Services

To ensure that the health, safety and well-being of First Nations children are upheld and protected, Child Welfare Services works to promote and enhance family strengths. With a focus on prevention, early intervention and protection in partnership with individuals, families and communities, children are cared for with respect of their cultural background and overall quality of life.

Protection

To address worker caseload and complexity, the decision was made to lower case loads. Recruitment and hiring of additional staff began in early July. The caseloads continue to remain high owing to recruitment difficulties and other issues.

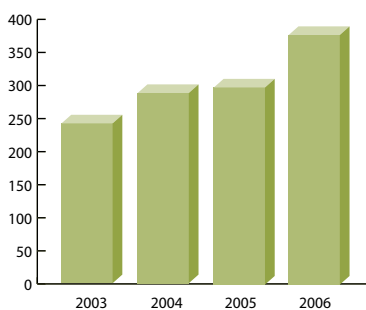
Child Welfare Transformation is a Ministry of Community and Social Service / Ministry of Child and Youth Services initiative to improve delivery of child protection services in Ontario. Transformation activities at Dilico began with orientation and training sessions concerning Transformation. Differential Response and other training will follow. Bill 210, a Parliamentary bill to amend the Child and Family Services Act, should come into force in November 2006 to provide the legal basis for Transformation and support the Differential Response initiative. Bill 210 also expands the reporting requirements of Children's Aid Societies to First Nation communities.

The Single Information System (SIS), an Ontario-wide computer system will be used to collect child welfare data and complete child welfare documentation. Dilico staff participated in the initial design and development of SIS, and will continue to remain involved. Dilico also participated in the design, development and review of the recording packages to be used by Ontario's Child Protection workers.

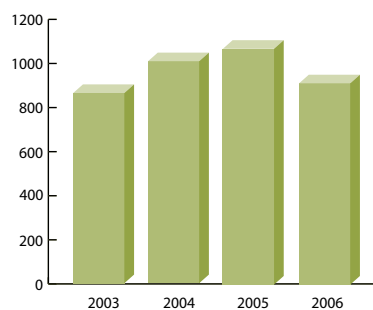
Through Collaborative Case Conferencing and the use of Customary Care, enhanced communication with the communities continues.

In 2005-2006, there were 1009 Child Welfare investigations, a 16% decrease from 2004-2005. The most common reason for a child to come into care is a parent's addictions or mental health issues. Additionally, children are left with no one to care for them. Addiction to prescription drugs, particularly opiate based drugs, continues to impact some families. To help families with babies being born addicted, Child Protection Services has worked closely with Thunder Bay Regional Health Sciences Centre.

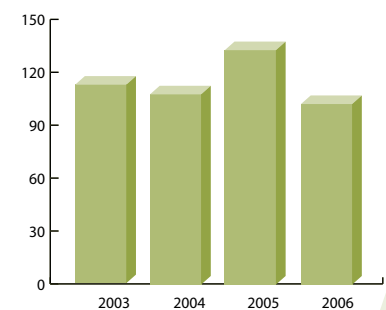
Children In Care



Service Openings Investigations



Service Opening Ongoing Protection





Residential Services

Dilico Residential Services has dealt with increasing service demands; simultaneously implementing changes to the system and providing mandated residential services. Each year has been busier than the last.

Dilico continued to offer an Agency Based Training Program for new child protection staff as a part of the Capacity Building initiative for Aboriginal Child Welfare agencies. The participation and perspectives of Robinson Superior First Nation staff that attend the training with Dilico staff have enhanced the training program. The program has also continued to be offered jointly with Children's Aid Society of the District of Thunder Bay.

Dilico continues to contribute to provincial child welfare through participation in the Provincial Training Advisory Committee, Resource Managers meetings and the Children Leaving Care initiative.

Dilico is proud to again report positive reviews by The Ministry of Community and Social Services/ Ministry of Children and Youth Services. They commended Dilico's Child Welfare Service delivery and the agency received compliance ratings above the provincial average.

Other Residential Service initiatives designed to address the needs of Anishinabek children, families and communities included:

- Treatment foster care symposium
- Structured Analysis Family Evaluation (SAFE) training
- Duty to Report community presentations
- Educating internal trainers
- Providing college and university student placements
- Participation in Customary Care Best Practice guidelines
- Car seat technicians training – for foster parents and staff
- Enhancing Positive Worker Interventions with Children and Their Families in Protection Services: Best Practices and Required Skills focus group and submission
- Parent Resources for Information, Development and Education (PRIDE) training



Number of Alternative Care Homes

ALTERNATIVE CARE HOMES	2004	2005	2006
Homes available as of March 31	192	202	227
Home studies completed	60	47	56
New approved homes	45	32	47
ALTERNATIVE CARE BEDS			
Beds available as of March 31	548	588	686
New approved beds	130	101	156
Beds closed	50	61	58
REFERRALS (APRIL 1-MARCH 31)			
Alternative Care	140	150	107
Nipigon	98	106	102
Armstrong	67	69	62
Mobert	121	94	76
Longlac	106	104	70



Administration

Finance

Finance is dedicated to providing leadership, technical support, information and advice in the development and administration of financial and information services including the preparation and management of capital and operating budgets as well as the long range plans to ensure financial stability and viability of Dilico.

The Finance Unit's monitoring and analysis of the financial expenditures helped ensure Dilico's operations were within budget and that payments were processed in a timely manner.

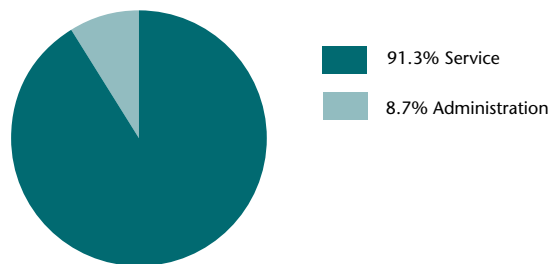
Property and Purchasing continued active involvement in ensuring a safe work environment by conducting ongoing preventative maintenance. The department coordinated the installation of a generator at the Adult Residential Treatment Centre to accommodate the continuation of operations in the event of a power outage. Funding for this project was from Health Canada, First Nations Inuit Health Branch.

The Administration Support Unit provided necessary and effective staff support throughout the agency. Restructuring of the corporate file room to provide easy access to corporate files and documents continued.

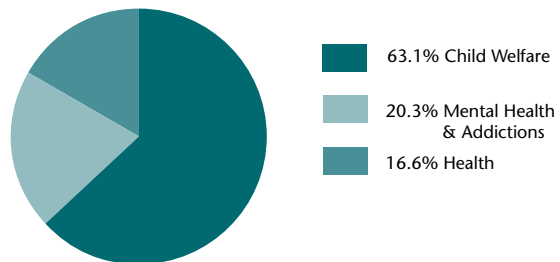
The increase in service delivery resulted in a greater demand for efficient data and file management. To allow service staff to use relevant information for decision-making, the Information Services staff ensured information was gathered in a timely and accurate manner.

The document imaging system introduced in 2003-04 assures Dilico's secure electronic storage and archival system for client files. Once the project is complete, staff will be able to access files electronically.

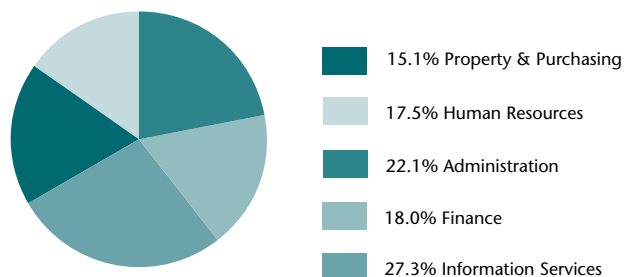
Total Expenditures



Service Expenditures



Administration Expenditures





Human Resources

Human Resources enhances Dilico by fostering a healthy, equitable work environment that attracts and retains excellent employees and enables them to develop to their full potential. The development and implementation of compliant policies, services and procedures serve all Dilico administrators, managers and employees by providing information, support and training.

After successful negotiations, the first collective agreement between Dilico and its employees was ratified on March 11, 2006. The agreement is effective until March 31, 2009.

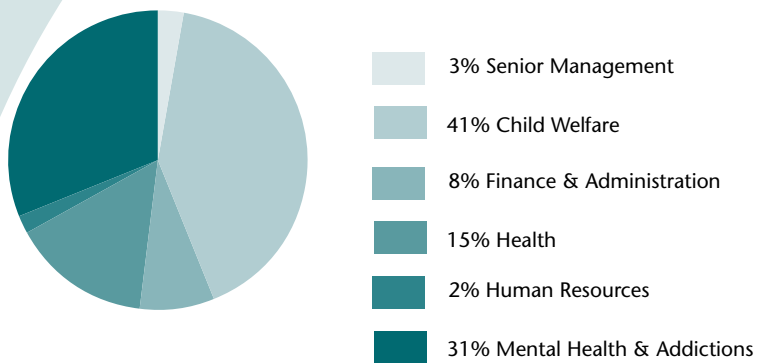
As a result of the collective agreement, internal changes were made to align Dilico's policies, procedures and systems with the agreement.

Dilico's Human Resource policies and procedures were reviewed and updated. The amended policies and procedures were ready for staff use on April 1, 2006.

The Human Resources information system was updated. Several customized reports were developed and tested to ensure relevant information is available for strategic and human resources purposes.

Human Resources continues to support the growth in all service programs.

Staff Compliment as at March 31, 2006 – Total 306



Financial Summary

Year ended March 31	2006 \$	2005 \$
REVENUES		
Province of Ontario		
Ministry of Community and Social Services		
Annual subsidy	18,573,042	15,392,306
Amortization of deferred contributions	22,295	
	<u>18,595,337</u>	<u>15,392,306</u>
Ministry of Health and Long-Term Care	1,884,564	1,673,282
Government of Canada		
Indian and Northern Affairs Canada		
National Health and Welfare	4,142,901	3,889,106
Children's Special Allowance	865,613	693,007
Other	888,308	773,637
	<u>26,406,723</u>	<u>22,421,338</u>
EXPENSES		
Amortization of capital assets	381,589	351,649
Salaries	10,324,734	8,617,428
Benefits	1,540,171	1,307,636
Interest on long term debt	31,188	37,947
Travel	1,217,861	1,086,153
Training	156,957	218,033
Purchased services	1,251,929	1,092,401
Office and administration	870,110	638,942
Program	10,684,963	8,744,389
	<u>26,459,502</u>	<u>22,094,578</u>
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENSES	(52,779)	326,760
RECONCILIATION FOR FUNDING PURPOSES		
Excess (shortfall) of revenues over expenses	(52,779)	326,760
Add:		
Amortization of capital assets	381,589	351,649
Ministry of Community and Social Services	76,600	
Less:		
Amortization of deferred contributions	(22,295)	
Capital expenditures	(285,988)	(572,325)
Payments on obligations under capital lease	(69,060)	(82,802)
Amortization of building equal to principal reduction of related long-term debt	(28,067)	(23,282)
EXCESS OF REVENUES OVER EXPENSES FOR FUNDING PURPOSES	NIL	NIL

Full audited financial statements available at Dilico Ojibway Child and Family Services.

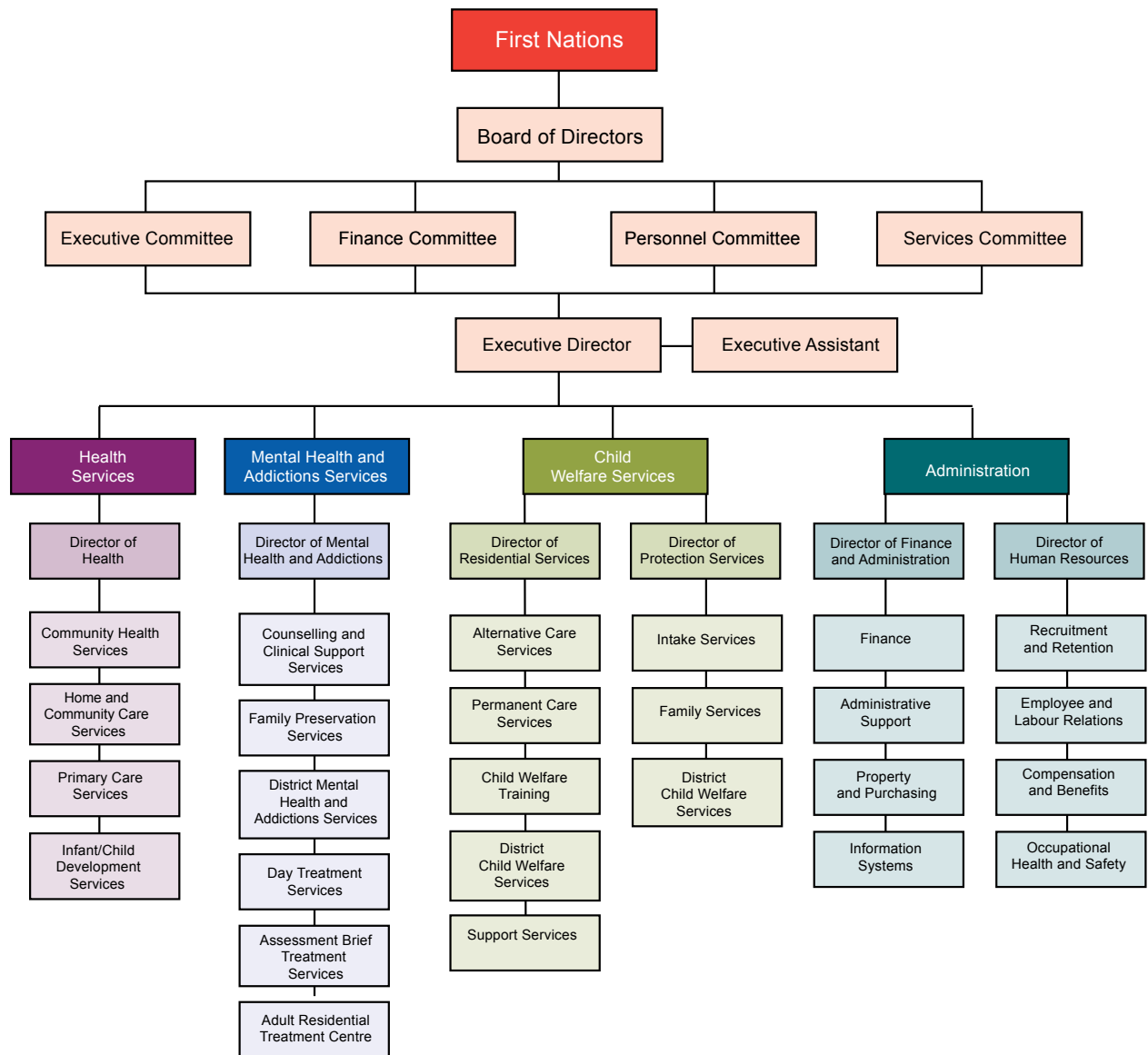


5 Year Growth Analysis

	Year ended March 31, 2001	Year ended March 31, 2006	Percentage Increase/(Decrease)
REVENUES			
Ministry of Community and Social Services	12,442,119	18,595,337	49.5%
Ministry of Health and Long Term Care	1,629,024	1,884,564	15.7%
Indian and Northern Affairs Canada	134,777	30,000	(77.7%)
National Health and Welfare	2,805,094	4,142,901	47.7%
Children's Special Allowance	316,161	865,613	173.8%
Other	548,509	888,308	61.9%
Total Revenues	17,875,684	26,406,723	47.7%
PROGRAM EXPENDITURES			
Child Welfare	10,464,648	16,464,544	57.3%
Mental Health and Addictions	4,482,874	5,351,806	19.4%
Health	2,928,162	4,314,140	47.3%



Organizational Chart





Board of Directors

Executive Committee

Blythe Morrisseau

Animbiigoo Zaagi'igan Anishinaabek

President

Rita King

Kiashke (Gull Bay) Zaaging Anishinaabek

Vice President

Karen Bannon

Fort William First Nation

Secretary/Treasurer

Andrea Michano-Mitchell

Pic River First Nation

Services Chair

Gary Gustafson

Whitesand First Nation

Personnel Chair

Services Committee

Cathy Auger

Pays Plat First Nation

Michael Esquega

Biinjitiwaabik Zaaging Anishinaabek

Geraldine Witzell

Pic Mobert First Nation

Personnel Committee

Chief Pierre Pelletier

Red Rock (Lake Helen) First Nation

Chief Paul Gladu

Sandpoint First Nation

Finance Committee

Jerry Echum

Ginoogaming First Nation

Emile (Andy) Neyland

Michipicoten First Nation

Douglas Lagarde

Long Lake 58 First Nation

Senior Management

Donald Auger

Executive Director

Patti Fero

Executive Assistant

Health Services

Carmen Blais

Director of Health Services

Mental Health and Addictions Services

Rose Pittis

Director of Mental Health
and Addictions Services

Child Welfare Services

Susan Verrill

Director of Child Welfare
Protection Services

Lori Watts

Director of Child Welfare
Residential Services

Administration

Peter Myllymaa

Director of Finance and Administration

Jerry Woods

Director of Human Resources

Dilico – Main Office

200 Anemki Place
Fort William First Nation
Thunder Bay, ON P7J 1L6
Phone: (807) 623-8511
Toll-Free: 1-800-465-3985

www.dilico.com

Dilico District Offices

Armstrong District Office

111 Queen Street
P.O. Box 306
Armstrong, ON P0T 1A0
Phone: (807) 583-2013
Toll-Free: 1-800-668-3023

Longlac District Office

121 Forestry Road, #2
P.O. Box 509
Longlac ON P0T 2A0
Phone: (807) 876-2267
Toll-Free: 1-800-465-0957

Mobert District Office

General Delivery
P.O. Box 639
Mobert, ON P0M 2J0
Phone: (807) 822-1557
Toll-Free: 1-800-465-5306

Nipigon District Office

177 Railway Street
P.O. Box 700
Nipigon, ON P0T 2J0
Phone: (807) 887-2514
Toll-Free: 1-800-361-7019