

Annual Report

2007-2008



Dilico

Anishinabek Family Care

Vision

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

Mission

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



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President of the Board

As the Board President, I have the opportunity to provide some insight into the 2007-2008 fiscal year.

Dilico Anishinabek Family Care has been providing services for 22 years to Anishinabek children, families and communities. The 2007-2008 fiscal year was one of significant change and development as we continue to deliver programs and services that meet the needs of our communities.

All members of the Dilico family remain dedicated to providing quality care to our children, families and communities. The solid leadership of the Board of Directors and senior management and the hard work of dedicated and caring staff make it possible for us to balance our responsibilities to our families with our fiduciary and administrative duties. As a team we have worked through several challenges this year including data and financial reviews, funding allocation uncertainties and the outcomes of the recent Auditor General's Report; yet, we continue to provide quality services that are centred on our families and comply with Ministry standards.

As an agency funded by both the provincial and federal government, we must ensure we remain compliant with all legislation and requirements in the delivery of our mandate. The Board of Directors continue to meet to ensure we maintain consistent practices and that we safeguard our children, youth, adults and Elders.

This year the Board of Directors participated in Dilico's third accreditation cycle with the Canadian Council of Health Services

Accreditation (CCHSA). This involvement exemplifies our commitment to ensuring the agency maintains the highest standards in the delivery of services and administration.

Dilico's philosophy of providing assistance to children and families, and treating the roots of their crises, has evolved into responsible and flexible health, mental health and addictions and child welfare services.

The senior management team and Board of Directors are developing a strategic plan that will incorporate a community pilot project with clear goals and measurable outcomes. The plan will mature into a unique community based model that could resolve issues, which lead to, for example, the high number of children in Dilico's care. As we move forward, this new strategic plan will help us effectively manage future change and growth.

Our work is challenging, yet our vision of, "Balance and well-being for all Anishinabek children, families and communities" remains clear. I encourage everyone to become involved to ensure that we keep our children unharmed, our communities safe, our Elders free from maltreatment, and our staff healthy to do the work they are required to do.

Respectfully submitted,



Karen Bannon,
Board President

First Nations Communities

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

First Nations

Fort William, Red Rock, Whitesand, Kiashke Zaaging Anishinaabek, Long Lake #58, Animbigoo Zaagi'igan Anishinaabek, Bingwi Neyaashi Anishinaabek, Biingitiwaabik Zaaging Anishinaabek, Ginoogaming, Pays Plat, Pic Mobert, Ojibways of Pic River, Michipicoten



Your Dilico, Your Family

The Anishinabek say that all human persons are related and belong to one great family. The four quadrants of the medicine wheel show there are four symbolic races in the human family: red, yellow, black and white. The quadrants also illustrate the Anishinabek belief that a person has four aspects to his being; namely, the physical, emotional, psychological and spiritual – and that a person can meet all of his needs in each of these areas, by forming relationships with members of the physical, spiritual, other-than-human person and the human person worlds.

Dilico's holistic framework encompasses all aspects of Anishinabek culture including the medicine wheel. Our work is closely aligned with the Anishinabek system of beliefs, spiritual beliefs, kinship ties, economic ties, community and social relations. 'Family' is the best way that we can describe how Dilico works; a family that cares about each other; a family that supports each other and welcomes individuals – clients, staff, or others – to be part of the Dilico family.

The most important relationships in the human world are those of family and kinship. Family and kin provide warmth, support, stability, companionship, and emotional support.

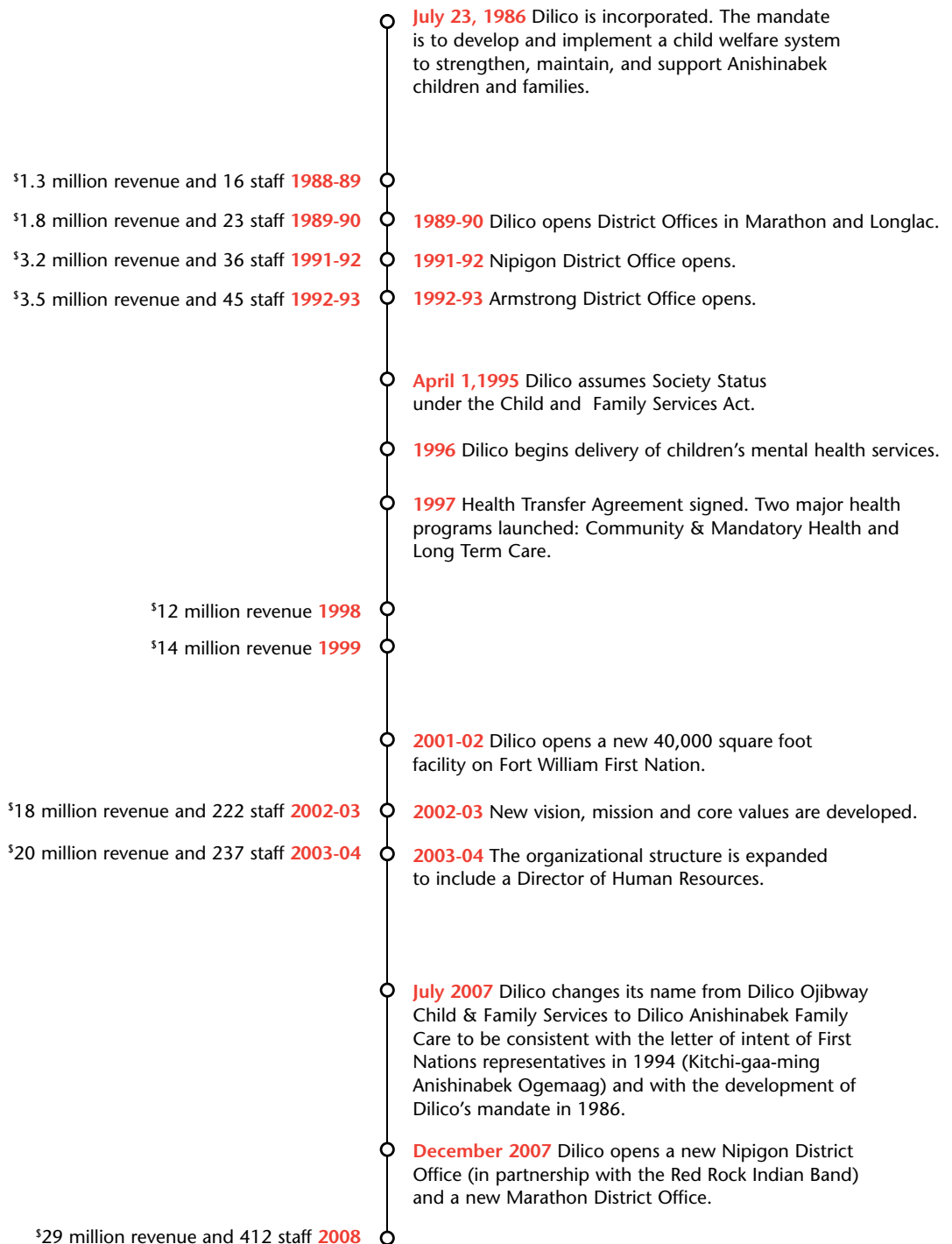
Family is everything.

"There are no short cuts. Every tree must grow according to the growth plan of the Creator. Every flower must grow according to the plan of the Creator. The moon must make its trip around the earth according to the Creator's plan. Every human being must grow according to the plan of the Creator. Sometimes we look at ourselves and we think we are not growing but we are always growing."

*Joseph Bruchac
Anebaki Tribe*



Milestones



Health Services

This past year has been an exciting one full of challenges, growth and change for Dilico Health Services. In the areas of Community Health, Home and Community Care and the Family Health Team, we continue to work diligently at providing quality health care services to improve health outcomes for our children, families and communities.


In September 2007, the Ministry of Health and Long Term Care approved the first funding agreement for the Dilico Family Health Team (FHT). After years of planning and effort, we now have an interdisciplinary healthcare team that focuses on providing primary care services to Anishinabek people. The FHT, located in the Main Office building, will consist of family physicians, nurse practitioners, a registered nurse, a diabetes educator, a social worker and administrative staff – all working collaboratively to provide quality and culturally appropriate primary care. We continue to develop the FHT programs and services, including a traditional healer program, with a vision of bringing FHT services out to our First Nation communities in the future.

In fall 2007, we began our third cycle of accreditation with the Canadian Council on Health Services Accreditation (CCHSA). The accreditation process combines the efforts of staff, management, board members, clients and partners in evaluating the care and quality of services we provide. By participating in accreditation, we are demonstrating our commitment to quality to our clients, communities, stakeholders, and partners. Through service evaluation we are able to more accurately measure our clinical and operational performance — thereby providing us with a clearer picture of our strengths and areas for improvement.

In response to the significant rise in chronic diseases, Health Services staff participated in Stanford University's Chronic Disease Prevention and Management Training program. This program provided us with new tools and skills to help our clients gain self-confidence in their ability to manage their symptoms and to educate them on how health problems can affect their lives. A partnership with the Thunder Bay District Health Unit and the Registered Nurses Association of Ontario (RNAO) allowed Community Health and FHT nurses to participate in RNAO's Smoking Cessation Best Practices Championship Workshops. Dilico nurses now have new strategies and improved skills in place to help our clients quit smoking.

Through direct services and health partnership agreements, Home and Community Care Services continues to provide case management, nursing, physiotherapy, occupational therapy, assisted living, personal care, respite, and speech and language support in our communities. Our Personal Support Worker program conducts workshops in the Adult Life Enrichment and Recreation Service areas that focus on the well being of Anishinabek adults and Elders.

Our partnerships with academic institutions that support Health Services as a teaching site continue to thrive. We provide an integrated community experience in learning about Anishinabek People, our unique health care needs and the health care delivery system. We continue to mentor Lakehead University nursing and nurse practitioner students within several programs. For a third consecutive year, Northern Ontario School of Medicine students completed placements at Dilico and we eagerly look forward to welcoming the first class of graduating Medical residents into our Family Health Team.



Healthy children need healthy families who are nurtured by healthy communities.

Community Health Services

	Total as of March 31, 2008
Teen Pregnancy	63
Births	59
Deaths	31
Home Visits	413
Milk Vouchers	1669
Over the Counter Assessments	1122
Immunizations	363
Reportable Diseases	8

Home and Community Care

Services	April 1, 2007 - March 31, 2008
Assisted Living	73
Nursing Services	143
Personal Care	28
Professional Therapies	153

Family Health Team

Services	April 1, 2007 - March 31, 2008
Number Of Patient Encounters	1332
Number Of Immunizations	169
Number Of Screenings	655
Consults With On-Call Physician	156
Referrals to General Practitioners	3
Referrals to Physician Specialists	101
Referrals to Rehab Specialists	1
Referrals for Tests including Lab	153
Referrals to Emergency Room	4
Diabetes Screening Clinics	5*
Diabetes School Clinics	5**

*140 Participants

**127 Participants

Mental Health & Addictions Services

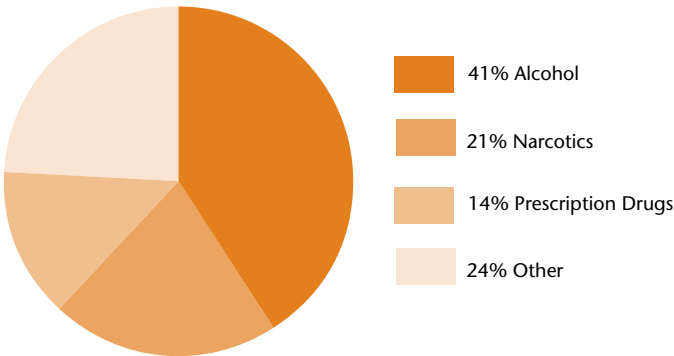
Adult Services

In our District communities, Dilico continues to provide training on current topics to both Dilico and community staff. Learning opportunities were offered in such areas as responsible gambling, methadone maintenance supportive counselling, and alcohol and drug assessment. We are enhancing our District services through the development of District Case Manager roles in crisis, forensic, concurrent disorder, dual diagnosis, and early psychosis intervention.

By continuously collaborating with our community partners on front-line teams and on senior planning committees, we are able to connect our children, adults and families to a wider range of services in their communities.

This year we welcomed a new Manager of Addictions Services. We were also able to secure one-time funding to research best practices and treatment models in First Nations treatment centres across the country. Our goal is to enhance our current residential program and provide a more complete continuum of services in assessment, pre-treatment, residential and aftercare. Dilico's Adult Residential Treatment team, District staff and Mental Health and Addictions community partners in Thunder Bay have provided input to assist in this process. Currently, seven enhancement options have been developed, and will be presented to all of our thirteen First Nation communities for input before we move forward with program development.

Adult Treatment Centre
Substance Abused Percentages
April 1, 2007 – March 31, 2008



Children’s Services

Assessment and Brief Treatment Residential Services welcomed a new Manager as well this year. This program continues to provide quality treatment services for our children, and is developing more linkages with community agencies that provide services to children.

Counselling and Clinical Support Services welcomed the services of a child psychiatrist to their program this year. Along with Dilico staff, he travelled to several of our communities to visit with school staff and gain a better understanding of issues facing each community.

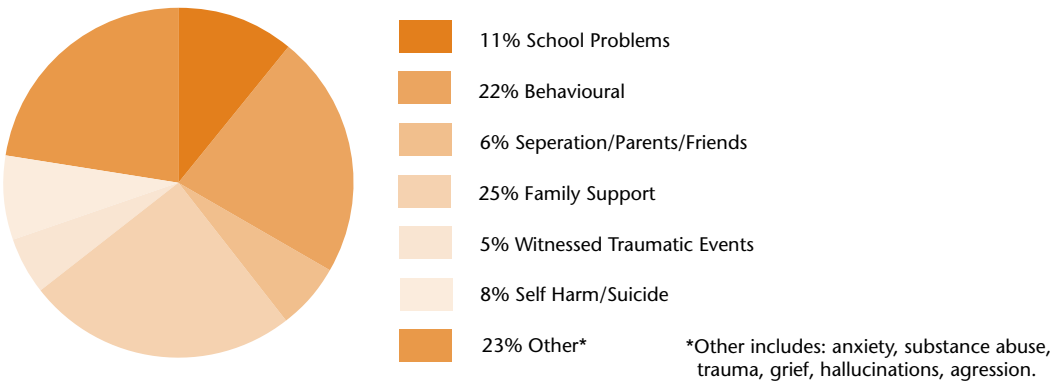
Day Treatment School-Based Services was pleased to move into the former Heath Park School. The new facility provides space better suited to the active needs of the children. It also provides additional space for staff and visitors.

This year 23 Children’s Mental Health staff were trained and accredited to deliver Triple P Positive Parenting Program to Child Welfare clients. This initiative was a collaborative effort of Dilico, the Children’s Aid Society of the District of Thunder Bay, the Children’s Centre Thunder Bay and North of Superior Programs.

In August Dilico – together with the Ministry of Children and Youth Services – officially launched Youth Outreach Services. This program has completed an extremely successful year, from start-up to the point of full service delivery. Program staff have been successful at partnering with many community agencies, delivering presentations, and helping youth access any services they require.

The June Steeve Lendrum Family Resource Centre (part of Family Preservation Services) has developed into a strong, successful program that provides a wide range of services.

Children’s Mental Health Referrals
April 1, 2007 – March 31, 2008



Child Welfare Services

Child Protection

As part of Transformation, Differential Response was launched on April 2, 2007. Child Welfare staff readily made the transition to the “new way” of working with our clients. This change involved both a different approach and a different recording system. Talking Together, other forms of family meetings such as the Family Circle, and case conferencing, are used frequently as part of this model.

The use of Customary Care has continued to grow. However, when a First Nations family does not have band affiliation, and a child cannot come into care through a Customary Care agreement, Kinship Care is offered.

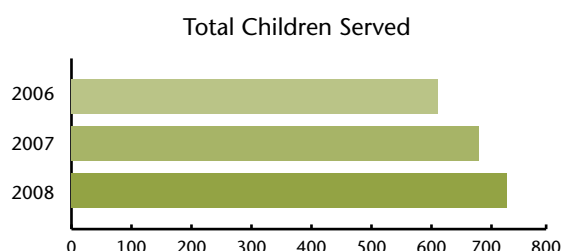
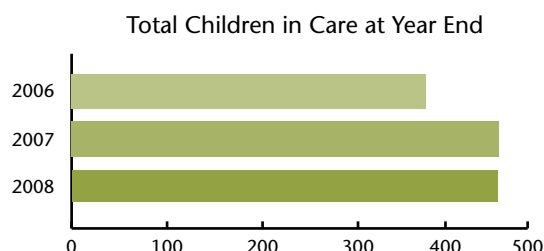
Another service offered through Differential Response is Kinship Service. There are times when a child cannot be cared for by his or her parents, but may be cared for by extended family or community members, without entering into Dilico’s care. In this situation, in addition to working with the parents towards the return of their child, we work very closely with the Kinship caregivers, providing support during the time that they are caring for the child.

The number of investigations has decreased this year. However, the most common reasons for services remain the same as last year:

- Parents who have either addictions or mental illness to the degree that it affects the care of their children
- Children who have been left with no one to care for them
- Adult conflict

The most common reason for a child to come into care is the parent’s addiction or mental health issues. This trend is increasing.

The Ontario Child Abuse Prevention Campaign is in its fifteenth year in Thunder Bay. Last October – Child Abuse Prevention month – we spread the message regarding the prevention of child abuse by bringing the “Use Your Voice” campaign to a Lakehead University Thunderwolves hockey game. Dilico staff distributed bookmarks with “No Child Should Suffer From Abuse” and purple wristbands, to fans attending the game. There were also announcements made throughout the game regarding the prevention of child abuse.



Residential Services

In previous years, Residential Services staff provided fund-raising activities to bring staff together and raise funds for children. These successful efforts resulted in available funds, which were used to provide education incentive rewards to children in permanent care. Awards and certificates were given out at an annual event that recognized the academic efforts of the children and youth.

This year, a unique partnership between Dilico, the Children's Aid Society of the District of Thunder Bay, the school boards, and the publicly funded post secondary education institutions, resulted in the newly formed Crown Ward Education Championship Team. The Team is working to establish an integrated support system designed to improve the educational outcomes for youth in permanent care. By building on existing programs, and creating new and exciting outreach initiatives to fill in the current gaps, the Team is confident that brighter futures for these children can be attained.

This pilot project occurred over the 2007/2008 academic year in four locations across the province, including Toronto, London region, Ottawa and Thunder Bay. Workshops, a


mentoring program, staff facilitated groups, and an awareness campaign were initiated.

Another successful partnership continues with the Provincial New Worker Re-Design group. As a member of this group, Dilico has been involved in the re-writing of the new worker curriculum, to encompass all aspects of Transformation, and provide our perspective as an Aboriginal agency. Training of this new curriculum is being implemented, and will develop the capacity of all staff across the province.

First and foremost, children need caregivers to whom they can connect with in a safe, nurturing relationship. A research and outcome based approach to the planning and monitoring for these children in care, has been implemented. The assessment tool, entitled Looking After Children (OnLAC) is being completed to identify a child's strengths and needs. The tool tracks a child's progress in seven life dimensions: health, identity, family and social relationships, emotional and behavioural development, self care skills, and education. The information is used to promote positive development and resilience, as well as, assist in the development of a plan for the child while in care.

Alternative Care Homes	2006	2007	2008
Homes available	196	217	238
Home studies completed	56	62	42
New approved homes	46	51	28
Homes closed	25	30	20

Alternative Care Beds	2006	2007	2008
Beds available	560	615	702
New approved beds	110	167	90
Homes closed	55	80	59



*15 years ago Dilico employed 45
individuals. As of March 31, 2008,
Dilico's staff population reached 412.*

Administration

Human Resources

The teachings of the medicine wheel recognize that all aspects of our nature: the physical, emotional, mental and spiritual, must be equally developed to create and sustain a healthy, well balanced individual, family and community. It is the goal of Human Resources to foster a work environment that embraces these teachings and reflects the Vision, Mission and Core Values of the agency.

All employees of Dilico need to have the necessary tools to perform their work and carry out their duties, in accordance with the Agency's Vision, Mission and Core Values. To that end, the Human Resource Policies and Procedures Manual is being revised.

Recruitment initiatives continue as a priority for Human Resources as Dilico's staff complement increases. Special emphasis on attracting First Nation candidates continues. Last fall, a series of Dilico recruitment and career fairs took place in many of our communities. Recruitment initiatives included our participation

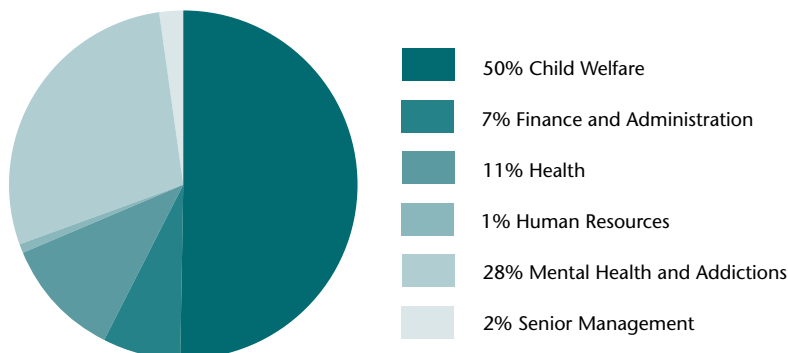
in career fairs at Lake Helen, Lakehead University and Confederation College.

Health and Safety policies continue to be developed and reviewed by the Joint Health and Safety Committee to ensure that Dilico employees are provided a safe and healthy work environment. A new initiative is the Wellness Committee which has been developed to promote healthy living to Dilico employees.

Two years have passed in the term of the collective agreement that Dilico has with CEP Local 7-0-1. During that time, the relationship between labour and management has been evolving. Senior managers and managers have been working cooperatively with union representatives to address issues of concern. Human Resources has provided training, coaching and assistance to senior managers and managers, to facilitate the development of a positive relationship between labour and management at Dilico. With the expiry of the first collective agreement set for March 31, 2009, preparations for the next round of bargaining have commenced.

Staff Population, Total 412

Ending March 31, 2008



Finance and Administration

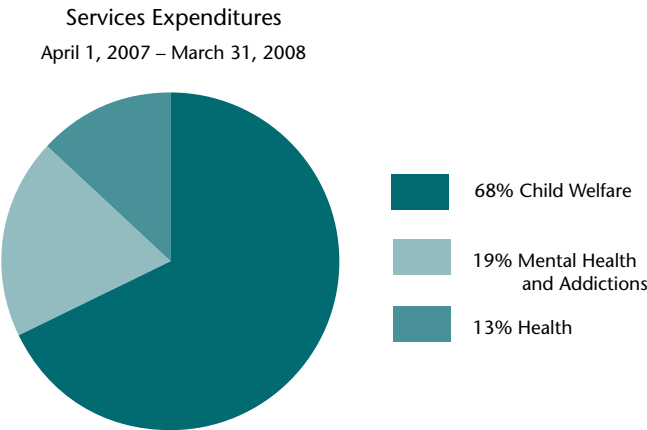
For another year Finance and Administration continued to show their commitment to quality service.

Finance continues to ensure the processing of payments on a timely basis. The continued rapid growth of Dilico Anishinabek Family Care has created an increased need for the monitoring, analysis and reporting of expenditures for internal and external users. Finance policies and procedures are currently being reviewed and revised, and will be implemented in 2008-09. Finance has also been involved in the implementation of Registered Education Savings Plans (RESP's) for children in care, a directive of the Ministry of Child and Youth Services.

Property and Administration continued to be involved in ensuring that a safe work environment was enjoyed by all staff and clients visiting our buildings. The past year was extremely busy with the relocation of the Nipigon and Marathon District Offices, as a result of service expansion.

The Day Treatment program was relocated to the previous Heath Park School location, to allow for the renovations to begin on the new Family Health Team facility, now located within Dilico's Main Office. Space was secured during the year for Youth Outreach Services. The Property department was responsible for the implementation of a recycling program during the year.

Information Services had an extremely busy and challenging year. The relocation of the Marathon, Nipigon and Day Treatment sites required the services of Information Services to ensure that staff in the new location had computer access to files and email. The documentation needs have also increased, with the implementation of RESP's for children in care who receive the Universal Child Care Benefit. A Social Insurance number is required for each child for the creation of the RESP, increasing the processing time.



Financial Summary

Year ended March 31	2008 \$	2007 \$
REVENUES		
Province of Ontario		
Ministry of Community and Social Services		
Annual subsidy	24,912,812	20,939,293
Amortization of deferred contributions	32,010	22,295
	24,944,822	29,961,588
Ministry of Health and Long-Term Care	2,773,185	2,164,073
Government of Canada		
Indian and Northern Affairs Canada	0	0
National Health and Welfare	3,794,613	4,299,044
Childrens Special Allowance	1,327,398	1,178,586
Other	1,215,643	900,797
	34,055,661	29,504,088
EXPENSES		
Amortization of capital assets	392,107	432,068
Salaries	12,718,281	11,064,273
Benefits	1,982,861	1,698,203
Interest on long term debt	27,427	28,270
Travel	1,604,962	1,433,955
Training	181,840	191,090
Purchased services	1,625,206	1,291,712
Office and administration	950,850	932,935
Program	14,712,530	12,397,019
	34,196,064	29,469,525
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENSES	(140,403)	34,563
RECONCILIATION FOR FUNDING PURPOSES		
Excess (shortfall) of revenues over expenses	(140,403)	34,563
Add:		
Amortization of capital assets	392,107	432,068
Ministry of Community and Social Services	0	0
Less:		
Amortization of deferred contributions	(32,010)	(22,295)
Capital expenditures	(562,532)	(373,069)
Payments on obligations under capital lease	(13,524)	(40,286)
Amortization of building equal to principal reduction of related long-term debt	(31,829)	(30,985)
EXCESS OF REVENUES OVER EXPENSES FOR FUNDING PURPOSES	(388,191)	NIL

Full audited financial statements available at Dilico Anishinabek Family Care.

Senior Management

Donald Auger
Executive Director

Patti Fero
Executive Assistant

Health Services

Marcia Pedri
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

Helen Eaton
Director of Human Resources

Peter Myllymaa
Director of Finance and Administration

Board of Directors

Executive Committee

Karen Bannon
Fort William First Nation
President

Michael Esquega
Biinjitiwaabik Zaaging Anishinaabek
Vice President

Blythe Morrisseau
Animibiigoo Zaagi'igan Anishinaabek
Secretary/Treasurer

Andrea Michano-Mitchell
Ojibways of Pic River First Nation
Services Chair

Scott Desmoulin
Long Lake No. 58 First Nation
Personnel Chair

Services Committee

Rita King
Kiashke Zaaging Anishinaabek

Xavier Thompson
Pays Plat First Nation

Johanna Desmoulin
Pic Mobert First Nation

Personnel Committee

Arlene Wawia
Red Rock Indian Band

Leona Clarke
Bingwi Neyaashi Anishinaabek

Finance Committee

Jerry Echum
Ginoogaming First Nation

Emile (Andy) Neyland
Michipicoten First Nation

Gary Gustafson
Whitesand First Nation

*"After all, the future is our children, and it is they who
will be our underlying strength for community growth in
the Anishnabe Way of Life for each First Nation."*

*Stanley Sabourin
1991-92 Board President*



Dilico – Main Office

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Dilico – District Offices

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Toll-Free: 1-800-465-5306

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Phone: (807) 887-2514
Toll-Free: 1-800-361-7019

Moabert Sub-Office

* Please Contact the
Marathon District Office