



Keeping Care Close to Home

Annual Report 2012



Dilico

Anishinabek Family Care

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1.0	Keeping Care Close to Home	03
2.0	Message from the President of the Board of Directors	04
2.1	Dilico Anishinabek Family Care Board of Directors	05
2.2	Dilico Anishinabek Family Care Years of Service Recognition	06
3.0	Condensed Financial Information	07
4.0	Service Reports	09
4.1	Child Welfare Services	10
4.2	Mental Health & Addictions Services	13
4.3	Health Services	16

1.0 Keeping Care Close to Home

At Dilico, we're working to bring the focus back to creating healthy families and communities. We're providing takeaway treatment and healing tools for community members struggling with prescription drug abuse. We're bringing health services directly to our patients in their own homes and communities. We're exploring traditional childcare practices to strengthen the ties between our children and their extended families and First Nations. At Dilico, we're working towards a system that works and we're shifting our focus to keep families together and care close to home.

Dilico Anishinabek Family Care provides a range of responsive individual, family and community programs and services for the complete life journey of all Anishinabek people. We care for the physical health, the mental health and the health of the communities where Anishinabek people live by promoting wellness, preventing illness and trauma and providing diagnosis, treatment and rehabilitation.

The purpose of this annual report is to present our membership and our partners with a clear and informative account of our activities and expenditures from April 2011 to March 2012.

Our Vision

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

Our 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.

Our Core Values

- Client centred services based upon teamwork.
- Quality service delivery that is ethical, caring, compassionate and sensitive.
- Partnerships that advance the well-being of the Anishinabek.
- Role models who demonstrate positive leadership.
- An environment that creates positive morale.
- Effective and accountable management.
- Long-range strategic planning.

2.0 Message from the President of the Board of Directors

The past year at Dilico Anishinabek Family Care has been a year of challenges and a year of change. Over time, we have slowly strayed from our roots, from the reasons we were founded and most importantly, from the needs of our communities. Our Board remains mission-driven and we remain dedicated to strengthening our commitment to our communities and keeping care close to home.

Our communities, families and children deal with problems and difficulties each and every day. They are faced with poverty, substance abuse and physical and mental challenges. Dilico's programs and services help those in need to overcome these difficulties. I am honoured to serve as president of our Board of Directors and observe firsthand the important work that is done by the staff of this organization.

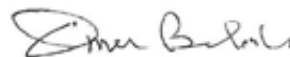
Dilico has developed into a very complex agency. This past year presented a major obstacle to overcome with respect to our funding. This was very unsettling but we eventually received the funding that allowed us to continue to operate effectively with our children, families and communities always in mind. It is my hope that going forward, we will be able to work together with the Ministry to ensure this does not happen again in the future.

Although we were faced with challenges, I am also enthusiastic about celebrating our major accomplishments, successes and triumphs:

- We acquired a home on Fort William First Nation and transformed it into a youth group home for six youth who were sent to eastern and southern Ontario. They have now come home and not only are we looking after their well-being but we are realizing the financial benefit as well.
- We undertook a customary care research initiative in order to examine the challenge of keeping children in care in our communities while still functioning within the guidelines of the Child and Family Services Act.

- Our Cultural Committee continued to provide support, guidance and cultural teachings to our staff, clients and families. The committee continues to assist with the development of agency policies related to cultural service delivery, provide language assistance and facilitate agency participation in community cultural events throughout the year.
- Our Dilico Children's Foundation worked actively to develop funds and support at the community level through community partnerships and successful initiatives. These included the Christmas Wish giving campaign, the RBC Our House Initiative and the launch of the Rising Eagle Bursary Fund. The dedicated Foundation Board of Directors continues to work for the betterment of Anishinabek children and families, particularly the children and youth Dilico serves.
- Our dedicated workforce of over 450 employees continued to expand and they remained committed to exhibiting hard work, dedication and professionalism over the past year. In the short time I have served the agency, I have seen the number of children in care increase from 400 to 600 and despite the demand placed on our staff they continue to demonstrate passion, care and commitment in their roles.

As Dilico enters into a new fiscal year, I see our agency entering into a new era. We are moving forward and with the support of our Chiefs, councils and communities, I truly believe we are moving towards something remarkable.



Omer Belisle
President, Board of Directors
Dilico Anishinabek Family Care

2.1 Dilico Anishinabek Family Care Board of Directors

Executive Committee

Omer Belisle

President
Red Rock Indian Band

Andrea Michano

Vice-President
Ojibways of Pic River First Nation

Dorothy Cheesequay

Secretary/Treasurer
Animbigoo Zaagi'igan Anishinaabek

Services Committee

Marlow Wesley

Long Lake No. 58 First Nation

Pamela Bananish

Pic Mobert First Nation

Rodney Wigwas

Kiashke Zaaging (Gull Bay) Anishinaabek

Georjann Morriseau

Fort William First Nation

Personnel Committee

Chief Valda Lesperance

Biinjitiwaabik Zaaging Anishinaabek

Myrtle Swanson

Michipicoten First Nation

Raymond Goodchild

Pays Plat First Nation

Clifford Tibishkogijig

Whitesand First Nation

Finance Committee

Dorothy Cheesequay

Animbigoo Zaagi'igan Anishinaabek

Chief Celia Echum

Ginoogaming First Nation

Grace Dow

Bingwi Neyaashi Anishinaabek

2.2 Dilico Anishinabek Family Care Years of Service Recognition

Dilico’s Board of Directors would like to recognize the dedication of the following staff who celebrated landmark years of service in 2011-2012:

20 Years	15 Years	10 Years	5 Years
Victor Chapais	Monty Hardy	Michelle Solomon	Nancy Lathem
Dave Wesley	David Angus	Tracy Clapp	Angela Kakegagumick
	Ruth (Betty) Anderson	Ramona Thompson	Ethel Galloway
	Delma Wood	Terry Favel	Vanessa Kennedy
		Emilie Moore	Amanda Varney
		Glenda Hamlyn	Nicole Collander
		Warren Wilkes	Holly Cody
		Sarah Byzewski	Norma Frasier
		Pia Listenmaa	Theresa Schussler
		Candace Lavalley	Ashley Borg
		Diane Ross	Brandy Brake
			Jill Riley

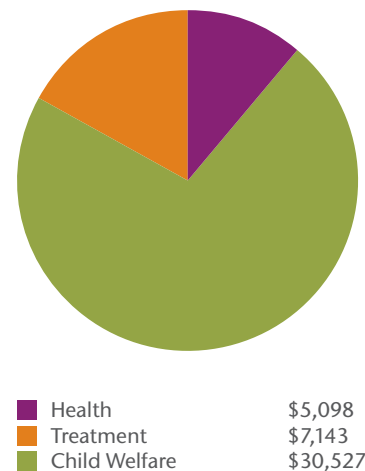
3.0 Condensed Financial Information

	Totals	
Year ended March 31,	2012	2011
	(in thousands of dollars)	
	\$	\$
OPERATIONS		
Revenues		
Government of Ontario	35,118	32,909
Government of Canada	4,970	4,097
Other	2,607	2,651
Total revenues	42,695	39,657
Expenditure		
Child Welfare	30,527	27,397
Treatment	7,143	7,141
Health	5,098	4,794
Total expenditure	42,768	39,858
Deficit from operations	73	201
Accumulated Child Welfare deficit	893	795

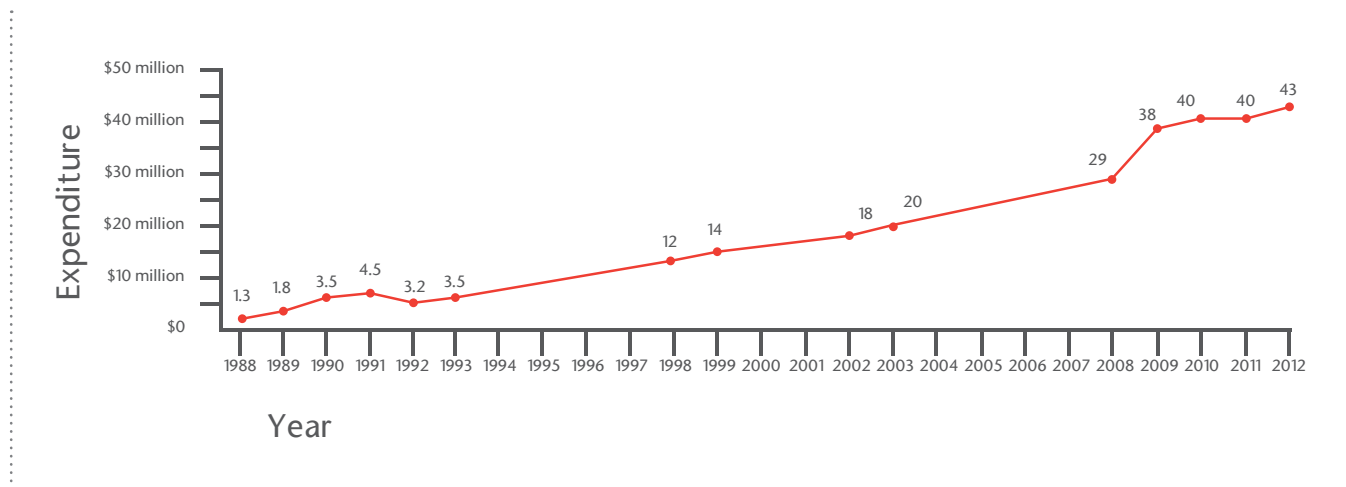
(Audited financial statements available upon request)

2012 Expenditure by Service

(in thousands of dollars)



Growth in Total Expenditure Over the Last 23 Years



Child Protection Information Network (CPIN)

To modernize information systems, the Ministry of Children and Youth Services has introduced the implementation of CPIN. This enterprise system is a single technology platform that includes case management, financial management, records management and business reporting. All children's aid societies in Ontario will use the same platform. Dilico has agreed to become an early adopter site. Testing and implementation should start in early 2013.

4.0 Service Reports

Child Welfare Services | Mental Health & Addiction Services | Health Services

4.1 Child Welfare Services

- We served **6,151** children this year
- Only **13.7** per cent of those children were brought into our care
- **208** children were living in kin service arrangements with relatives, extended family or community members

“Working here makes me feel like I am making a difference.”

- Youth group home staff member

“My worker raised my confidence in parenting and helped me identify what I did well.”

-Parent participant in Dilico’s access program

“Being here is way better than being in a place where nobody knows me.”

- Youth group home resident

“I was treated with respect and I felt listened to.”

-Grandmother caring for grandchild through kinship service program



Child Welfare Service Report

Key Highlights:

Youth Group Home

On Jan. 12, 2012, Dilico was granted a license to open a new group home for youth aged 12 to 18 on Fort William First Nation. Six youth, two males and four females, were repatriated home from outside Dilico's jurisdiction and are now living in the home. They have taken an interest in Aboriginal culture and discovering their roots and are becoming active community members.

They have participated in powwows, regalia making and local fundraising activities and are learning to live through the Seven Teachings. The youth are present in the home more often, have higher attendance rates at high school and now have fewer instances of outbursts and missing reports on a daily basis.

Access Program

Dilico continued to focus on developing our access program to support the attachment relationships of children with their parents. Access visits create an environment of learning to improve parenting skills and increase the likelihood that children will return home.

Access between parents and children also allows workers to assess parent/child relationships and parenting skills and provides a clinical/therapeutic opportunity to help families learn and develop appropriate parenting skills. This enables them to better understand their children's developmental needs and their own attachment histories as well as to build more functional attachment relationships, no matter what the future is.

Kinship Service Program

The kinship service program provides services to children who, due to protection issues within their home, cannot be cared for by their parents but are not in the care of Dilico.

The kinship service program placed 208 children in kin service arrangements this year, with fulltime care and nurturing being provided by a relative, extended family or community member or another adult with whom a child has a significant relationship. During the time that the child is with a kin service caregiver, we continue to work with the child's biological family to reduce the risk issues so that the child may return home safely.

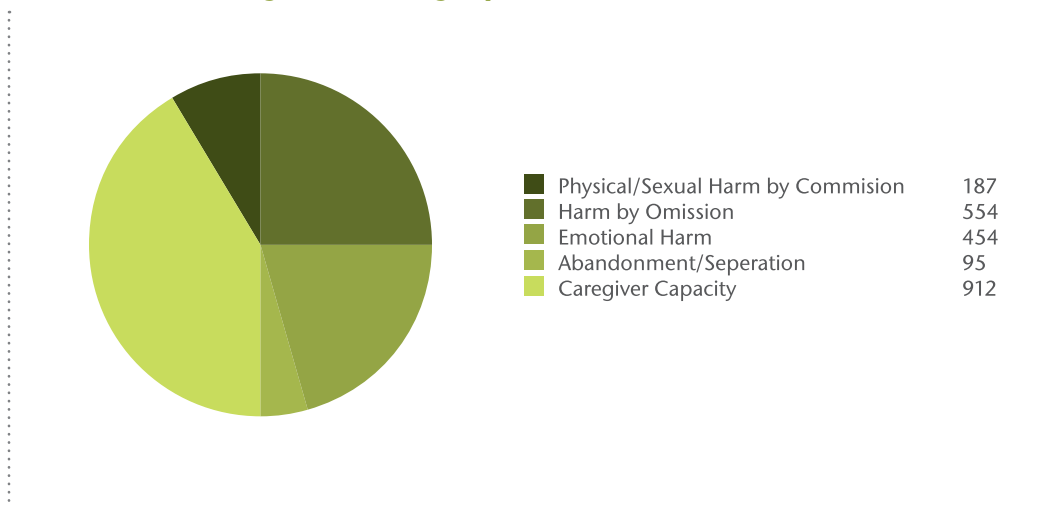
Thunder Bay Infant Response Plan

The Thunder Bay Infant Response Plan is a voluntary prevention plan developed to provide coordinated community response and preventative supports to families to reduce the risk to vulnerable infants. The plan supports families, helping them to remain together in a safe home environment through the promotion of optimal infant safety, growth and development.

The plan is offered from a prenatal stage to 36 months of age and may involve Dilico, the Thunder Bay Children's Aid Society and other service providers. There have been a number of successful outcomes for children and families involved thus far. Children and parents have been reunited and in other cases, children have been placed with kin caregivers rather than being placed in care.

Total Number of Children Served	6,151
Number of children served in their own homes	5,308
Total number of children who came into care	843
Number of children in care at the beginning of the year	516
Number of children brought into care	327
Number of children discharged from care	253
Number of children in care at the end of the year	590

Reasons for Investigations Being Opened



Total Number of Other Requests for Access to Services	1,385
Requests for counseling	2
Requests for adoption services	4
Requests for foster care services	225
Requests for assistance	1,154

4.2 Mental Health and Addictions Services

- Our district mental health and addictions staff made **30** community presentations and **350** community visits
- **374** people were served in our adult treatment and aftercare programs
- We provided Matrix Model training to **40** Dilico workers and community partners
- **80** people attended our Children's Mental Health Week awareness celebration
- We provided **165** conference attendees with culturally relevant addictions treatment tools to use in their communities



Mental Health and Addictions Service Report

Key Highlights:

Revisiting Our Journey: Healing Starts at Home

In response to a need expressed by our communities to provide addictions services closer to home, Dilico held a mental health and addictions conference on Feb. 14-15, 2012 called Revisiting Our Journey: Healing Starts at Home. The goal of the conference was to provide participants with knowledge, understanding and takeaway tools to assist workers in dealing with the challenges of addictions in their home communities. Health Canada, First Nations and Inuit Health provided some financial support for the conference.

District Continuum of Care Model

With the goal of providing addictions services closer to home, our district mental health and addictions program developed a continuum of care model which includes a community-based pre-contemplative education program (*New Directions*); community-based treatment groups (*How to get Sober and Stay Sober/Anger Management for Substance Abuse*); an intensive community-based treatment model (*Matrix Model*); and community-based aftercare (*Structured Relapse Prevention*).

These programs are used as standalone treatment options as well as wraparound programming with clients attending our adult residential treatment centre. Training for the Matrix Model was also offered to community workers and other service partners this year through funding support from the Northwest Local Health Integration Network (LHIN).

Culture-Centred Practice Initiative

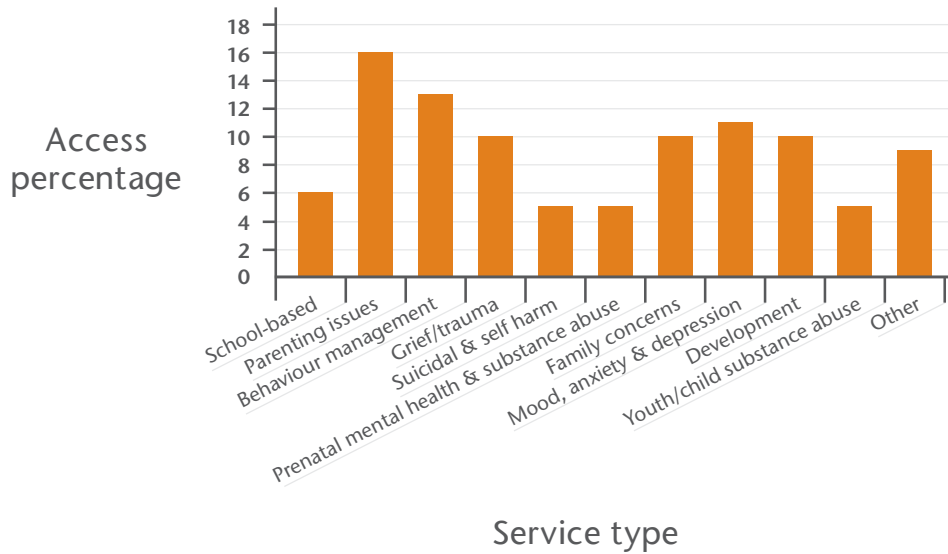
Dilico's children's mental health program has been addressing the need to strengthen cultural identity as part of treatment. This has meant shifting our philosophy of practice and getting closer to our roots. This past year we had a consultant assist staff in defining and incorporating Aboriginal culture-centred values, teachings and land-based activities into our clinical work. We believe that strengthening individual identity leads to the strengthening of a community.

Roots of Empathy

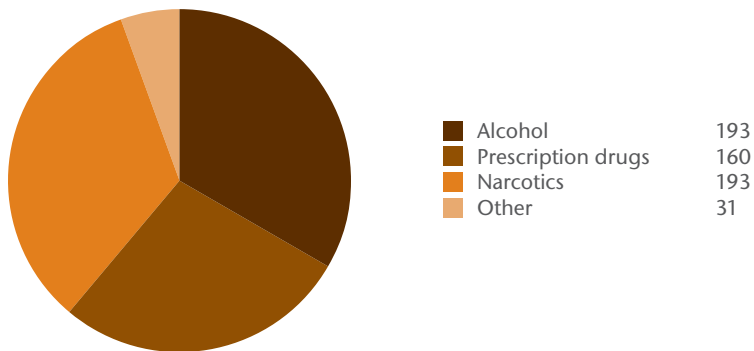
The Roots of Empathy program is an evidence-based classroom program that has shown dramatic effect in reducing levels of aggression and bullying among school children while raising social/emotional competence and increasing empathy.

The program involves a baby coming to the classroom once a month to interact with the children while reaching each developmental milestone. The infant/child development worker visits the classroom every week to provide curriculum based on what the children are learning and observing. A community member and her baby attended the school once a month during the program.

Children's Mental Health Services Accessed



Adult Mental Health and Addictions Clients Served by Treatment Type



4.3 Health Services

- Community and personal support services provided **11,030** hours of direct service to clients
- **1,149** people participated in our adult life enrichment programming
- Patients made **2,872** visits to our Family Health Team clinic
- Home and community care staff spent over **5,000** hours managing patient care
- **6,814** people participated in our community health education sessions



Health Service Report

Key Highlights:

Family Health Team (FHT)

Our fully staffed Family Health Team continued to offer multidimensional primary care services to Dilico patients. With its acute primary care outreach programs, the team was able to reach more patients this year by making services accessible at the community level.

Patients were offered a chronic disease self-management program twice yearly to assist with managing illness and to keep them informed about their diseases. Patients were also offered a weekly foot care clinic and a diabetes clinic once a month.

The Family Health Team continued to develop a traditional health program that incorporates traditional medicines, healing practices and cultural traditions in support of a holistic approach to patients requiring more than just physical care.



Community and Personal Support Services (CPSS)

Over the past year, several of our CPSS workers and care managers participated in training to become trainers in healthy change chronic conditions self-management. They are now administering the six-week course to clients to empower them to live well while managing conditions like diabetes, heart disease, lung disease and fibromyalgia.

Workers from each of Dilico's district offices were also trained in the Feet for Life program as well as an additional basic foot care course that allowed two more staff to become qualified. Through both training initiatives, CPSS can now deliver foot care to clients in all nine of the First Nations where we offer health services.

CPSS has also partnered with these First Nations to offer an Adult Life Enrichment program to provide supervised group activities and workshops to Elders and adults to support well-being through health education, exercise and social interaction.

Home and Community Care Services (HCC)

This year, HCC submitted a successful proposal through First Nations and Inuit Health to train six registered nurses in the diabetes health educator program through Confederation College. The course will enable our registered nursing staff to assist diabetic clients with education and professional care to help manage their blood glucose levels and monitor their symptoms.

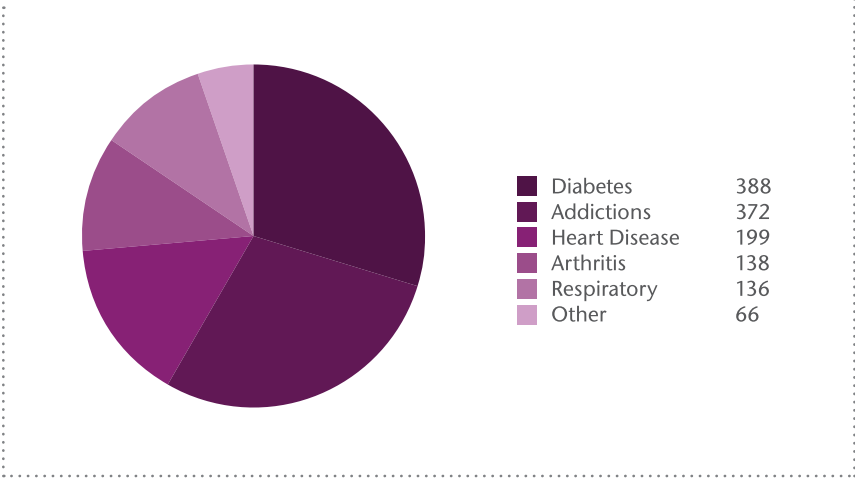
Home and Community Care Client Services Summary	
Total number of clients served	378
Total number of nursing hours	3,300
Total number of professional therapy hours	2,424
Total number of care management hours	5,230

Community Health Services (CHS)

With the assistance of health staff in nine of our First Nations, Dilico’s community health staff circulated a health conditions survey through door to door community canvassing. The data gathered through the process was helpful in the planning and development of future programming to ensure the health needs of our First Nations are being met.

Our community health team also achieved successes in several initiatives and new projects including community and planter gardens, powwow and cultural days screening booths, lifestyle education sessions and community weight loss and healthy lifestyle challenges. These included the 10 by 10 Challenge that encouraged community members to lose 10 pounds in 10 weeks and the Diabetes Mocc Walk to raise awareness about diabetes prevention.

Community Health Services Survey of Health Conditions



Notes

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Anishinabek Family Care

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