Honouring Our Connections
Annual Report 2021/2022

Dilico
Anishinabek Family Care
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Anishinabek families’ connection to land, language and culture is essential to the well being and quality of life of the Nation. Dilico Anishinabek Family Care recognizes the disruption to these connections for families and offers family support services that are based in Indigenous traditional teachings and values. We strive to reconnect people with land and cultural based programs and services.

From the moment Anishinaabek were lowered down from the star world, they developed a close relationship with the sacred elements. There is an understanding that these elements we see around us exist within us, too. We were all made from earth, air, fire, and water.

In an Anishinaabek worldview, all living beings are interconnected and inextricably linked to one another, depending on each other for survival. When we heal ourselves, we heal our past generations, future generations and our mother earth (Mama Aki) where we come from.

Making connections gives us strength. We must honour and nurture our connections; connections to each other, to the land, to our culture and traditions, and to our inner selves. Connecting to our roots is essential to knowing ourselves, and is the pathway for connecting to our community.

At Dilico, we make it a priority to ensure that our children have the opportunity to learn where they come from, and connect with their histories and ancestors. Young people are influenced by those they are surrounded by, and by forging meaningful connections within their communities, they can create strong familial and cultural bonds.

Honouring our connections celebrates and shows gratitude for all of our lives and all of creation.

*At Dilico Anishinabek Family Care, we forge many types of connections with children, families, staff members, and the community. We believe that creating these connections allows us to provide the most well-rounded and culturally relevant care. Learn more stories of connection in this report.*
Message from Senior Leadership

We are pleased to jointly report for the fiscal period of 2021-2022. Dilico Anishinabek Family Care along with First Nation Leadership have worked tirelessly at building an integrated model of care that supports families and children. The organization has undergone an in-depth strategic planning process with a thorough review of a wide variety of offerings, successes, and challenges. Interviews with multiple audiences occurred to provide qualitative information that has assisted in setting new long-range goals for the organization.

Child Wellness services remain committed to ensuring the highest level of support and care are provided to children, families, and communities. We are proud of the ongoing work that occurs to regularly communicate with over 100 First Nations. We have been providing active support to First Nations with child and family service planning. Dilico has been involved in meaningful work on the development of an Indigenous information system to address data ownership concerns, increase utility in the field and lessen reporting pressures.

Following a comprehensive review and evaluation process; Health Services and the adult treatment centre were awarded: Accreditation with commendation. Focus continued on providing services and support to the communities with vaccination and testing. Additional support was provided to assist First Nations with community crises and break outs this year. Health was instrumental this past year in rolling out the mass urban indigenous clinics. A thorough five-year evaluation process was completed and shared to all health transfer affiliated communities. New health services include: a new indigenous facilitator/discharge planner, additional midwives and physicians hired, and a new mobile clinic.

Mental Health and Addictions expanded post treatment services and increased bed capacity giving more opportunity for people who complete residential treatment to continue on their recovery and sobriety plan in a supported living environment. A new streamlined referral system was launched to serve as a single point of access for all mental health and addiction services. Cultural services worked hard to offer services both virtually and in person; the return to in person ceremonies were celebrated. Dilico Youth Council planned four virtual gatherings to connect over 300 youth through laughter, art, culture and education.

Significant renovations have been coordinated at Dilico facilities to update staff and programming spaces. Facilities worked diligently to develop a new health and wellness centre to centrally locate our staff and services to increase accessible and offerings. Regular staff wellness initiatives continue to be offered to support and encourage self care and maintaining a healthy work life balance. Work is being finalized on a managers competency framework complete with a training and mentoring plan. Dilico hosted two career fairs (one virtual, one in person) with many attendees joining the Dilico family shortly thereafter.

A new website was launched to streamline service information and enhance the user experience. Dilico’s annual Christmas Wish campaign was very successful with the assistance of an incredible amount of community support. Our 12th year of the Step Up campaign was focussed on amplifying Indigenous youth voices and featured local indigenous youth sharing their personal thoughts and hopes for a bright future. The Mazinaajim Children’s Foundation Board of Directors coordinated numerous staff education sessions and returned with their first in person fundraising event: a Dilico Staff golf tournament. They have seen a steady increase in applications and bursaries awarded to youth that have been connected to Dilico’s services.

Our theme for this year’s AGM is “Honouring our Connections” to recognize the many wonderful individuals that contribute to the success of children, families, and communities. Meegwetch to our Chiefs and Board for their continued commitment and to the Elders Committee and Youth Council for being a part of meaningful discussions and sharing feedback. Chi-meegwetch to all our connections.

Respectfully Submitted,

Chief Theresa Nelson, President
Darcia Borg, Executive Director
Senior Management

Left to right – Tina Bobinski, Director of Mental Health and Addictions, Natalie Paavola, Director of Health Services, Darcia Borg, Executive Director, John Dixon, Director of Integrated Services
Dilico Anishinabek Family Care’s Board of Directors are responsible for setting the long-term vision for Dilico and providing guidance for operational efficiencies. All directors are independent from management and represent the First Nation communities in Dilico’s service area.

Chief Theresa Nelson  
President  
Aninhkoo Zaagi’igan  
Anishinabek

Shirley Tyance  
Vice President  
Long Lake 58 First Nation

Don Humphries  
Secretary/Treasurer  
Michipicoten First Nation

Bonnie Goodchild  
Biigtigong Nishnaabeg

Michele Soloman  
Fort William First Nation

Kelly Fortier  
Ginoogaming First Nation

Chief Wilfred King  
Kiashke Zaaging  
Anishinaabek

Tracy Gibson  
Paying Neyaashi  
Anishinabek

Raymond Goodchild  
Paayki (Pawgwasheeng)  
First Nation

Edward Wawia  
Red Rock Indian Band

Diana Nayanookeesic  
Whitesand First Nation

Vacant  
Netmizanongamig  
Nishnaabeg

Vacant  
Biijitwaabik Zaaging  
Anishinaabek
Who We Are
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. Dilico cares for the welfare of children and families, 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. On September 21, 1994 the Robinson Superior Chiefs gathered to recognize that the child welfare system had been adversely affecting the quality of life within their Nation. The respective First Nations participated in a traditional ceremony on the Fort William First Nation to express their intent and recognition of jurisdiction of the citizens within their Nation in regards to child welfare matters regardless of residency.

Mission
Dilico promotes healing and well-being of the Anishinabek people using an integrated holistic approach in a way that honours values, culture and traditions.

Vision
To be identified as a self-governed organization that is recognized as a leader in the research and delivery of child welfare, mental health and addictions, and health services. Delivery of community based services that enhance the well-being of Anishinabek children, families and communities in a culturally safe manner.

Core Values
- Client centered 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.
Dilico programs and services are available for Aboriginal and First Nation residents of any age in Dilico’s jurisdiction and for children in care of Dilico and their caregivers.

First Nation communities in Dilico’s jurisdiction are:

1. Animbiigoo Zaagi’igan Anishinaabek (Lake Nipigon)
2. Biinjitiwaabik Zaaging Anishinaabek (Rocky Bay)
3. Bingwi Neyaashi Anishinaabek (Sandpoint)
4. Fort William First Nation
5. Ginoogaming First Nation
6. Kiashke Zaaging Anishinaabek (Gull Bay)
7. Long Lake #58 First Nation
8. Michipicoten First Nation
9. Pays Plat First Nation (Pawgwasheeng)
10. Pic Mobert First Nation
11. Biigtigong Nishnaabeg First Nation (Pic River)
12. Red Rock Indian Band
13. Whitesand First Nation
Years of Service Staff Listing
March 31, 2022

5 Years
Brandon Hudyma
Shaylynn Dykeman
Avery Rosenuk
Natalia Benincasa
Nancy Lynch
Rachel Coffey
Leslie Sabourin
Lawrence Wanakamik
Diane Bannon
Tina Dennis
Joanna Mazanti
Keana Ward
Cindy Grann
Ashley Olson
Cheryl Mundell
Melissa Veinot
Maria Dobson

10 Years
Alicia Wright
Jenna Brown
Susan Mayor
Tom Auger
Carla Mulholland
Melanie Cheesaquay
Elizabeth Afonso
Catherine Pelletier
Lesley Harding
Carleigh Taylor
Samantha Deagle
Brianne Harrison
Shelly Foulds
Tracy Michano-Stewart
Renata Sokol
Lorna Turner

15 Years
Karen Ronquist
Meredith Francis
Catherine Hakanen
Laura Gottfred
Darlene Zupan
Brandy Brake-Weldon
Darcia Borg
Holly Cody

20 Years
Charlene Tyance
Warren Wilkes
Emilie Albert
Monty Hardy

25 Years
Diana Lewis

30 Years
Derek Wallace

Retired
Manyon Lue-Kim
Sharin Gilligan
Agnes Rissanen
Celeste Kastern
Elizabeth Maxwell
Wilma Kleynendorst
Teresa Moorhead
Elders Committee

In order for us to be able to look to the future, we first have to understand the past. The Dilico Elders Committee is made up of Elders from many of our member First Nations who hope to pass down culture, traditions and knowledge to the younger generations. Like our Youth Council, our Elders Committee brings forth issues that each of their communities are facing, and together, look for solutions. Gathering a variety of perspectives is something that Dilico values greatly, as it enables us to understand what each community needs, and provide support based on their advice. We are committed to hearing from each member community and often spend many hours actively listening to what Elders need to share. Our Elder Committee helps to fill in those knowledge gaps and ensure everyone feels heard.

With the wisdom from our Elders, we can make a difference for the generations to come. Because our Elders all have varying backgrounds, they are able to offer unique perspectives on issues in their communities and help Dilico to provide appropriate resources. They are also our language keepers, and assisted with the ceremony to retrieve Dilico’s spirit names – Animkii Binesi (Thunder Bird) and Migizi (Eagle) – as well as providing names for programs like the Early On Centre - Abiinojishilk-amino-yawook (children raised in a good way).

Dilico finds great value in the connections made between Elders, but also between the generations. This past year, our Elders Committee and our Youth Council have had the opportunity to get together and discuss their hopes and dreams for their communities, and they learned so much from each other. Despite the serious nature of some of their discussions, meetings with the Elders Committee are always full of laughter. It’s all about connecting in a meaningful way, and forging bonds between communities and generations. Moving forward in a positive way, fueled by the knowledge of those who came before us.
April 2021
Milestone 10,000 COVID-19 Vaccinations administered by Dilico

May 2021
Children’s mental health week activities

June 2021
Dilico has PRIDE

July 2021
New website launch

August 2021
Celebrating Dr. Braunberger

September 2021
Be Safe Launch
Turtle Concepts visit our classroom

September 2021
Orange Shirt Fundraiser | Staff Golf Fundraiser
Larry Wanakamik
Residential School Story

Lawrence (Larry) Wanakamik has been sharing his story of resilience and determination for the past 30 years. As a residential school survivor with an incredible healing journey, he’s found that connecting through his story over the years has helped to make him feel stronger. He believes it is important for younger people to understand how our histories and our pasts shape who we are today, so Larry decided to share his story in the hopes of fostering a deeper understanding of the impacts of residential school.

His personal story is intertwined with messages of interconnectedness to mental health and addictions, and encourages those listening to reflect on the generations of families that have been affected. Many have told him that they have family members who went to residential schools, but do not speak about their experience, and Larry hopes to encourage them to come to terms with their experiences in their own way. He has received hopeful feedback from those who have heard his story, and found that they were able to gain a deeper understanding of the trauma. Larry is a proud graduate of the Aboriginal Mental Health Worker program and is valued at Dilico Anishinabek Family Care in his role as a Cultural Coordinator working in the Whitesand District office.

Trigger warning: Viewers may be triggered by the recount of Residential School experience. If you or someone you know is triggered by this story, please reach out and contact the 24 hours National Crisis Line: 1-866-925-4419

To listen to Larry’s story, visit the link: www.dilico.com/culture/video-library/
Cultural Program
Bimaadiziwin Wiidookaagewin (Good Life Helper)

In April, with the 2nd year of the pandemic underway, programming continued virtually via the Bimaadiziwin Wiidookaagewin Facebook Page or through Zoom with Grandfather Drum & Hand-drumming, Dibaajimowin, Teachings & Tea with Two Grandmas, Ojibwe, Children’s Story Book Time with Grandma Bea, Crafts, Medicine Harvesting, Fishing, Moose Hunting, and special commemorations to honour special days, e.g., May when the 215 unmarked graves were found in BC; National Indigenous Day in June, and Overdose Awareness Day in August, and Orange Shirt Awareness Day in September, and Christmas songs in December. Majority of contacts were by phone; some home visits were made following covid protocols. Staff started to meet in-person with the clients, making crafts, ribbon skirts, baby onesies and regalia. Staff and clients enjoyed the positive experiences.

The 3rd Annual Berry Fast Gathering was held in October (19 participants attended via Zoom: 10 in-person). Teachings shared – Rites of Passage, Grandmother Teachings, Full Moon Teachings, Water & Cedar Bath Teachings, Creation Story, Skirt Teachings, Four Stages of Life, Roles & Responsibility as it Relates to Anishinabekwe and Give-away. Five berry fasters shared their berry fasting stories.

Nine berry fasters were supported monthly via Zoom starting in November with a sacred circle and teachings, e.g., Traditional Parenting, Grandmother Bundles, 4 Day Fasting, Full Moon and Medicine Teachings.

The Ontario Arts Council (OAC) project to support Berry Fasters started in September with in-person birch-bark baskets, moccasins, medicine bag pouches, earrings, and rattles. With another wave at the end of November, ribbon skirts, tobacco bags, and scissors cases, bundle blankets, dream catchers, painting and feather holders were scheduled via Zoom. The project was completed in February.

Cultural support programming continued at the Treatment Center, Dilico School-Based Services, the Aftercare Program, Mission Rd Residence, Richmond Rd Residence, and the Family Healing Wellness Centre.

In May, Traditional Healing sessions started up again with covid protocols. Monthly Foster Parent Teachings began via Zoom, with topics e.g., Cultural Program, clan system, full moon, 2SLGBTQ, medicine wheel, tobacco, water, and regalia. With the finding of the mass graves in B.C., a sacred fire was lit for staff who wanted to offer tobacco & prayers. (The Orange Abinoojii Movement held one of their sacred fires at Dilico at the end of August for 4 days.) A couple staff went to support the Melgun Fasting Camp near Pic River.

In July & August, medicine picking was held with clients and staff. Drumming socials were held at Anemki and Kookom’s Place in the summer, and teachings were shared at the SNAP Summer camp. The Traditional Parenting Program was revised. A Traditional Parenting – Training of Trainers was held for staff in November via Zoom with 35 participants.

In September, monthly Noonde-kendaan (I Want to Learn) sessions began via Zoom for staff on topics, e.g., residential school, smudging, sweat lodge, 2-spirit, pipe, clans, and full moon. To honour Orange Shirt Day, a Hand-Print Mural was made for anyone who wanted to put their handprint on the mural, and orange ribbon skirts were made with those who wanted to learn how to make skirts. Cultural support was provided at the RST Youth Conference, and the youth learned to make hand-drums & receive teachings via Zoom. Standing Bear, Grandfather Drum, was brought up on Anemki Wajiw (FWTN) to celebrate the first official Truth and Reconciliation Day.
All Dilico buildings were smudged in May and October. Small feasts were held in the spring and fall attended by the Cultural Coordinators. The old tobacco-cedar ties were taken down and replaced with new ones in October. In October, the 2nd Annual Cultural Days for cultural staff were held at the treatment center with a sacred circle and sharing of traditional knowledge.

In November, Anemki had its first sweat lodge since the pandemic with proof of vaccines as a requirement. Regular sweets were held with clients at the Treatment Center, Richmond Rd Residence, Three C’s and the Family Healing Wellness Centre. LL58 members received teachings on the Seven Grandfathers at the NorWester. In January, Early-On was taught how to make beaded medicine pouches.

In March, a Gii-we-goo-zii-win ceremony was held at the Family Healing wellness Center for young mother and her baby, who returned home with her. A leather mitt making workshop was held during the month.

In the district, a Grandfather Drum drop in program with the youth was started in Biigtigong. The winter teaching lodge was put up again in Longlac for drumming circles, Chakra sessions and cooking and making cedar tea for the elders. There was a land-based activity of snaring rabbits, but the snow covered the snares; also coordinated an Orange Shirt Day Walk from the Longlac Dilico office to the Point on LL58. In Gull Bay, started and tended a sacred fire for a family loss, and held pipe ceremonies and sharing circles in Gull Bay and Whitesand in honouring the unmarked graves found in BC. In May, re-started the KZA Weekly School Ancillary Program sharing teachings on the sweat lodge, vision quest and feasts.

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### Elders/Cultural Resources at Locations:

<table>
<thead>
<tr>
<th>Location</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemki</td>
<td>7</td>
</tr>
<tr>
<td>Longlac</td>
<td>3</td>
</tr>
<tr>
<td>Mobert</td>
<td>4</td>
</tr>
<tr>
<td>Armstrong</td>
<td>6</td>
</tr>
<tr>
<td>Nipigon</td>
<td>2</td>
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### Virtual Teachings Hosted by Bimaadiziwin Wiidookaagewin Cultural Services

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>7,638</td>
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### Non-Client Service Referrals (District)

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>1,277</td>
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### Non-Client Service Referrals (Anemki)

<table>
<thead>
<tr>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>48</td>
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### Staff Received Cultural Orientation

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>168</td>
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### Views of Virtual Teachings Hosted by Bimaadiziwin Wiidookaagewin Cultural Services

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>53,463</td>
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### Attended Land Based Activities

<table>
<thead>
<tr>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>114</td>
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### Made Regalia

<table>
<thead>
<tr>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>14</td>
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### Attended Smudging Ceremonies

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>2,220</td>
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### Attended Agency Feast Ceremonies

<table>
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<th>Count</th>
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<tbody>
<tr>
<td>15</td>
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### Attended Rites of Passage Ceremony

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>29</td>
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### Attended Sacred Sharing Circles

<table>
<thead>
<tr>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>288</td>
</tr>
</tbody>
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### People Attended Traditional Healing Appointments

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
</tr>
</tbody>
</table>

### People Attended Traditional One on One

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>925</td>
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### People Were Assisted with Grief or Funeral Support

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>87</td>
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</table>

### People Received Cultural Service Coordination

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,221</td>
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### Cultural Service Consultations

<table>
<thead>
<tr>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
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</table>

### Cultural Interventions

<table>
<thead>
<tr>
<th>Count</th>
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<tbody>
<tr>
<td>15</td>
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</table>
Our connection to the future lies with the young people of today. The Dilico Youth Council is made up of future leaders who have a passion for bringing their communities together. Each youth involved is from one of Dilico’s member First Nations. The goal with the Youth Council is simple; to elevate young people to be leaders and to make their voices heard. It’s important for Dilico to hear youth voices and get their input on how we move forward as an organization, and as a community.

These youths have become ambassadors for Dilico’s programming, spreading information about support-based programs in their communities, and sharing the work that Dilico is doing. The organization remains committed to following-through on the suggestions they make to improve connections between individuals, families and communities.

In 2021, the Youth Council proudly put together a gathering, including four virtual conferences, to connect with other young people from various communities, build relationships, and look toward the future. The most amazing part is that the youth members are the catalyst for everything. They plan, organize, and execute all on their own, and Dilico is in the wings making sure they have what they need to be successful.
One Youth Council member, Kiefer Sabourin, said we can help other young people find their confidence by, “...spreading more awareness about mental health or other problems that kids face today. Talking, or having one-on-one conversations with every child just to let them know that they matter.”

Kaleb Calder added, “I think that if more youth groups and events and activities and workshops existed to bring youth together, it would make people connect better.”

Many of these youth have been part of the program since its inception, and watching them grow from children to teens to young adults just goes to show the strong relationships we can build when we work to have meaningful connections with others, and we encourage each other to speak out about important issues.
Child Welfare

Customary Care

Dilico Anishinabek Family Care has been working within our codeveloped Mikinaak model of customary care for many years. We have been keeping families together and have been working collaboratively as a community led and governed organization. An act respecting first nations has recognized the inherent rights of the first nation to implement customary care and control the services provided to our children.

We are entering a period of change and transformation in the Child Welfare space and it is incumbent on us as leaders to work together collaboratively, with the best interests of children and families at the forefront. The changes we make will have implications for the next seven generations and we must be mindful of the impacts of the past and we must be cognizant of the potential needs of our people as we heal from the scars of colonization.

We must be warriors in the coming years and ensure that we protect the hard-won recognition of our inherent rights.

Protocols

Dilico Anishinabek Family Care has been diligently updating protocol agreements with our partners in the education, justice, and health sectors this last year. We have completed updating our protocol with the TBRHSC and look forward to a strong working relationship that supports the needs of children and families moving forward.

Covid-19

Dilico Anishinabek Family Care has maintained service provision to children and families despite the impacts of the pandemic. We kept kids safe and managed to keep our residential places adequately staffed and safely equipped to deal with the health and safety needs of the programs. We managed outbreaks with the support of our integrated colleagues in other departments and we kept kids supported and well cared for despite the considerable challenges.

“...

We managed outbreaks with the support of our integrated colleagues in other departments and we kept kids supported and well cared for despite the considerable challenges.

"
Step Up Campaign

This year’s annual step-up campaign included some virtual family activities and challenges that families could showcase on social media for a chance to win some fabulous “family oriented” prizes, in addition to our public awareness initiatives to amplify young indigenous voices.

Human Trafficking and Substance Abuse

To combat the ongoing concerns with human trafficking and substance abuse we have provided in service training to staff on the indicators, vulnerabilities and services for survivors and supports for families.

Indigenous Authorization Training

Dilico Anishinabek Family Care has worked for almost a year updating the mandated ministry training for new staff. The training will provide cultural knowledge and connections with elders and story tellers to give new hires a better sense of our history and our needs from an Indigenous intersectional lens. The coordinator has recruited a roster of knowledge keepers and traditional people to assist in facilitating the course content. As this decolonizing work is undertaken, we will adjust and finalize the document to be used as a mandatory training guidance for new staff.

<table>
<thead>
<tr>
<th>Child Welfare Referral Statistics</th>
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</thead>
<tbody>
<tr>
<td>Physical Harm – Primary Caregiver</td>
</tr>
<tr>
<td>Abusive Sexual Activity</td>
</tr>
<tr>
<td>Inadequate Supervision</td>
</tr>
<tr>
<td>Neglect of Child’s Basic Needs</td>
</tr>
<tr>
<td>Caregiver Response to Child’s Physical Health</td>
</tr>
<tr>
<td>Caregiver Response to Child’s Mental, Emotional and Developmental Condition</td>
</tr>
<tr>
<td>Caregiver Response to Child Under 12 Who Has Committed a Serious Offence</td>
</tr>
<tr>
<td>Child Exposed to Partner Violence</td>
</tr>
<tr>
<td>Caregiver Has History of Abusing/Neglecting/Exploiting</td>
</tr>
<tr>
<td>Caregiver has problem and is unable to care for child</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

We must be warriors in the coming years and ensure that we protect the hard-won recognition of our inherent rights.

156 Kinship Children Placements 213 Customary Care Arrangements 108 Children in Care with a Legal Status 110 Continued Care and Support for Youth/Voluntary Youth Supports 72 Kinship Approved Homes
Step Up 2021

Every October, Dilico holds the Step Up campaign to raise awareness and encourage children and youth to speak out for themselves and for others. The goal is to encourage young people to find confidence and feel comfortable talking about issues that affect themselves and their communities. In 2021, Step Up was all about coming together with friends, family and the community to ensure the safety and wellbeing of young people.

We were honoured to be able to gather ideas and inspiration from young people across various communities and Nations that brought forth their recommendations on how to protect children and youth, and ways to provide them with safe spaces.

Laura Twance, explained, “As an Indigenous youth, I feel like the way people can make youth feel more safe is ensuring an individual has a safe place to talk, and knowing their voice will always be heard, regardless of whether their idea is little or too big.”

Dilico hosted a virtual youth gathering that gave youth and opportunity to come together safely to discuss what the community can do to help them feel connected and hopeful for the future. We were grateful for the opportunity to be welcomed into schools to offer motivational talks and encourage youth to step up in positive ways. It was so inspiring to see young people advocate for each other through this campaign.
Health Services

Accreditation

Accreditation Canada evaluated the extent to which our agency’s governance, leadership, Health Services, and the Adult Residential Treatment Centre meet national standards of excellence. At the end of the on-site survey, we were rewarded with a decision of Accredited with Commendation. Being accredited is a significant achievement! We are maintaining safe, high-quality services for our clients.

Health Transfer Evaluation

The 5-year evaluation process was successfully completed this past year in partnership with the communities. The Evaluation process consisted of community visits, virtual meetings, phone calls to leadership and community members. The response and outcome of the evaluation have been shared, presented and distributed to all Health Transfer affiliated communities. We look forward to our continued partnerships with the communities and improving upon all feedback provided.

Mobile Clinic

Dilico’s Mobile Clinic supports the operation of health service delivery in the communities. The Mobile Clinic operates a robust vaccination program while utilizing our current health services including Community Health Nursing; Home and Community Care; Primary Care Traveling Team; Family Health Team; and Mental Health Nursing programs. Throughout the pandemic these programs came together to meet the needs of our communities. However, the challenges that arose were the vast geographical areas that needed to be covered in our service area. The Mobile Clinic will be providing in-community health care to anyone in a remote, Dilico affiliated community. We will service clients across the lifespan, from prenatal to end of life. The Dilico Mobile Clinics will increase accessibility within the communities and help facilitate care for our clients.

Home and Community Care

Assisted living has expanded in 2022 to a total of 20 beds delivering care to Indigenous Community members living within the city limits of Thunder Bay. We have been providing high-risk seniors who require personal support and homemaking services, reassurance checks and case management since 2020.

Home and Community Care services provide a range of in-home healthcare and support services to clients who have acute, chronic, rehabilitative, or palliative care needs from birth to end of life. The Home and Community Care Program provides case management, personal support, and professional in-home health care that may be required on a periodic or ongoing basis. This service provides alternatives to institutional care for community members of all ages whom, because of short-term illness; physical challenge, aging, or long-term illnesses need help to function as independently as possible in their own homes.

Community Health Services

Community Health Services and the Diabetes Chronic Disease programs were amalgamated this year. Our registered nurses hold Diabetes Educator Designation and or are being trained to receive the Diabetes Educator Designation. All programming continues as expected providing immunizations, communicable disease care, Indigenous Healthy Babies Healthy Children, foot care, diabetes education, and medication management.

Covid 19 immunizations, testing and contact tracing were completed with participation from all health programs throughout the pandemic. Moving forward, Community Health Nurses continue to provide small-scale Covid 19 vaccination clinics offering first, second, third and fourth doses.

Community Health Services continues to offer holistic care services through clinical visits, home visits and now through secure virtual visits such as video dialogues. Community Health Nurses and Diabetes Educators work closely with all health disciplines to ensure patients receive safe and culturally appropriate care.

Health Client Encounters 2021/22 (Over 56,344)
Family Health Team

The Family Health Team received expansion funding, which includes two Family Physicians, an Outreach Social Worker to support the Indigenous Midwifery Program, and a Traditional Healer. We have successfully recruited a Physician, Traditional Healer, and the social worker.

The Midwifery program continues to expand into the district seeing a number of expecting mothers.

Dilico has been working with NorWest Community Health Centres, North of Superior Programs and People Advocating for Change through Empowerment to open a Rapid Access Addictions Medicine (RAAM) clinic in Longlac.

Dilico Anishinabek Family Care was the recipient of the award for “Small, Rural and Northern teams that have taken care of their communities during COVID-19” by the Association of Family Health Teams of Ontario.

Mental Health Nursing

Mental Health Nursing continues to grow to ensure the holistic needs of our clients are identified and managed in a good way. Each member of our team is trained to provide specialized mental health care to Dilico clients, families, and communities. The team travels out to our communities weekly to ensure services gaps are filled and comprehensive mental health care needs are being met.

Our team provides culturally safe care and will see clients in the home, the clinic, over the phone, or virtually to build trust and to provide clients a comfortable space to receive mental health and health services. We provide mental health condition support to those living with grief, anxiety, depression, emotional dysregulation, as well as pre/post–addiction services and assistance. One-to-one counselling, mental health condition support, and mental health assessment supports are all prominent uses of our services.

Primary Care Travelling Team

The Primary Care Traveling Team (PCTT) (a multidisciplinary collaborative health care team) has been providing primary care and allied health services to remote First Nation Communities for the past three years. Over the past year we continued to experience a steady increase in the number of clients, and client encounters. The Primary Care Traveling Team provided COVID-19 testing, supported vaccination clinics locally, and in remote First Nation communities.

Due to COVID-19 virtual care was provided to many clients over the course of the year.

Our Mental Health Nurse Practitioner continues to experience a steady increase in patient referrals and face to face visits over the past year.

The PCTT remains committed to increasing access to quality care services to all clients. The team continues to seek out opportunities to engage with remote First Nation community members to determine where services can be improved, and to receive feedback on the quality of services. The team have enhanced collaborative relationships with community partners, in attempts to better service our clients, and obtain program goals.

The PCTT has experienced great success over the past year and looks forward to building on this success over the next year.

Community and Personal Support Services

With increased demand for services Community and Personal Support Workers have moved to one collaborative client schedule to better coordinate care. Personal Support Workers are empowering clients to develop and reach their goals.

We continue to provide excellent support to palliative care clients and continue to provide end of life support to families. The Personal Support Workers have been requested to assist with testing and vaccine clinics within the communities.

Quality Assurance

Dilico Health Services established a new Client and Family Advisory Committee (CAFAC) in March 2022. The committee meets on a regular basis to plan and discuss changes that will help improve the safety and quality of care for clients receiving health services at Dilico.

Client satisfaction is a key indicator for Health Services. Client satisfaction surveys are conducted on a regular basis to obtain feedback on the quality of the client and family care experience.

We continue to enhance our efficiencies in collecting and analyzing demographic and utilization data through our Electronic Medical Records system. Client encounter forms are completed on each individual client for every visit/encounter.

“Accessibility and the in-home care services meets my needs 100%. It’s so nice to have someone in your home that cares and understands your concerns.”
Mental Health & Addictions Services

Key Highlights

Integration of Health, Mental Health & Addictions and Child Welfare resources remains a top priority. There are many internal initiatives ongoing that involve the leveraging of resources and expertise in all areas to ensure client and family care is of highest quality. This includes the development of specific service pathways and internal mechanisms that ensure workers come together to strategize and provide integrated care.

Infant Mental Health and Native Child and Family Counsellors supported Ages and Stages (ASQ) clinics throughout the City and District communities and within school boards. 130 ASQ screenings for children between the ages of 4-6 were completed. The ASQ is an evidence-based screening tool that provides families and caregivers strengths-based approach to supporting a child’s development.

The development of a new Post Treatment site has reached its completion. The site welcomed new individuals for post treatment supportive housing in October 2021 and has remained at capacity. According to client feedback, the site is meeting their post treatment supportive housing needs. Clients shared they enjoy the accessibility of the new site and felt it was a convenient location as it’s close to other social supports.

Dilico Anishinabek Family Care hosted the 9th annual “Empowering and Promoting Healthy First Nation Communities” conference virtually on March 8 and 9, 2022. 175 individuals attended the training. The conference featured topics including:

- Coping through COVID-19: Managing Stress and Fostering Resilience
- Youth Engagement - Exploring Effective Strategies to Promote Overall Wellness
- Impacts of Trauma on Childhood Development
- Land Based Healing & Self-Care

Mental Health & Addictions programs formally launched an on-line eReferral system. The eReferral system is a single point of access for all Dilico Anishinabek Family Care Mental Health and Addictions services that have referral and intake processes. This new process has made it easier for First Nation community-based workers to get people connected to the services they need. Intake staff still take in-person and over the phone referrals where internet connectivity or lack of devices is a barrier.

Adult Mental Health and Addictions Services

The Family Healing & Wellness Centre received referrals for 38 families ranging from single parent families, dual parent families and families living with extended family members. Referrals are received directly from families, as well as First Nations, local agencies, police services, school boards and social services. The length of treatment is 28 days, and the program is culturally-centered. The program helps families address grief and loss, parenting, historical trauma including from residential schools, addictions, emotional regulation, healthy relationships, and child development.

The Adult Residential Treatment Centre graduated 143 individuals this year with a graduation rate of 82%.

Three C’s Reintroduction Centre as well as the Seaway Apartment Complex have been at full capacity with an on-going waitlist. Program participants engaged in regular offsite land based & recreational outings such as skating, hockey, cedar picking, fishing, sweat lodges, men’s teachings, and seasonal feasts. Program feedback continues to be highly favorable. Individuals continue to express their appreciation for the variety of Cultural programming offered.

The Transitional Discharge Workers situated at the Thunder Bay Regional Hospital provide brief transitional support services for individuals who are being discharged back into the community from inpatient services in Adult Mental Health and Children and Adolescent Mental Health units.

In collaboration with Health Services, the planning for the expansion of the Rapid Access to Addiction Medicine (RAAM) to a district site has been well underway. The district site is a partnership with various other agencies within the city and district. Dilico representatives have been actively participating in the planning of the site. The in-city RAAM continues to see high volumes of individuals seeking a harm reduction approach to addiction services. The RAAM counsellor serviced 345 individuals this year. There has been a trend of increases in opioid related overdoses this year. As a response the RAAM clinic has increased distribution of harm reduction supplies including Naloxone kits and promotion of the use of the Lifeguard App.

Adult Clinical counsellors supported 132 adults using evidence-based theories and treatment. 106 met their treatment goals, presenting symptoms were reduced and there was an increase in healthy coping skills.

<table>
<thead>
<tr>
<th>Highlights</th>
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<tbody>
<tr>
<td>411 Applications received for the Adult Residential Treatment Centre</td>
</tr>
<tr>
<td>371 Adults provided with Addiction Aftercare Services</td>
</tr>
<tr>
<td>612 Adults experiencing Mental Health and Addictions issues assisted by Adult Care Management</td>
</tr>
<tr>
<td>38 Individuals serviced by Three C’s Reintroduction Centre</td>
</tr>
<tr>
<td>20 Individuals serviced by Seaway</td>
</tr>
<tr>
<td>16 Individuals serviced by Post Treatment Unit</td>
</tr>
<tr>
<td>101 Individuals serviced by Transitional Discharge Workers</td>
</tr>
</tbody>
</table>
Children’s Mental Health Services

The Infant Child Development program works with parents and other caregivers and their children between the ages of 0-6. They offer developmental screenings to ensure children are meeting their milestones and families have the appropriate services in place to meet the needs of their children. The program supports parents and caregivers to optimize their children’s development with relationship and play-based learning and supports. Services were provided to 135 families including 143 children.

Abiinojishik-amino-yawook EarlyON Child and Family Centre provides onsite parenting supports and early learning activities for families with babies and toddlers. The programming includes drop in, midwifery, traditional circle time, hand drumming and other ceremonies. The program served 213 children.

Children’s Mental Health Counselling provided service to 178 children and youth ages 6-18 years of age. Positive outcomes were achieved and reported by the clients where there was reduction in severity of needs or symptoms, improvement in functioning and enhanced strengths, and caregivers agreed there was a positive outcome. 81% of children/youth waiting for services reported a prompt response to their inquire; 86% were informed of all relevant services that are available for themselves or family members; 80% felt supported while waiting for services and 89% felt confident that the situation would be manageable in the future.

Dr. Aislin Mushquash and the clinical counsellors developed and facilitated an ongoing youth focused Dialectical Behavioural Therapy (DBT) group. DBT teaches mindfulness, emotion regulation, interpersonal effectiveness and distress tolerance.

The clinical team supports City and District Psychology needs. 135 children were assessed, and parents/caregivers were provided with clinical recommendations on how to support their child at home and in community.

Dilico is the regional Coordination Agency and Access Site for Child and Youth Tele-Mental Health services. 22 children/youth were able to access consultation with a Psychiatrist affiliated with Toronto Sick Kids Hospital. Consultations occur within 4-8 weeks regardless of the patient’s geographic location. Psychiatry access through this method ensures children receive high quality clinical expertise. Recommendations are provided to the parents, caregivers, schools and mental health counsellors.

Case Management and Service Coordination leads the coordination of services for children and youth with complex needs. The service workers will book and facilitate regular integrated meetings, complete referrals, and provide the Care team with updates on the child/youth’s needs and strengths and well as overall care plan. 224 children/youth received this service this year.

Transitional-Aged Youth (TAY) Services support young people to develop individual goal plans, access community services, attend appointments, and with food security. In collaboration with our Youth-in-Transition service and Housing Support Workers, they continue to help youth find safe, suitable and sustainable housing, as well as access employment and education opportunities such as applying for post-secondary education. Individual goals focus on life skills, financial stability, housing security and social skills. The Transitional Age Support Worker program supported 107 youth throughout the past year. Some success stories include a TAY completing the Practical Registered Nurse program at Confederation College, supporting another TAY working full-time as a personal support worker, providing a student placement for a TAY in the social services field, supporting a TAY attending the Concurrent Education program at Lakehead University, and another applying and accepting an education opportunity at the University of Ottawa.

Family Preservation services provided intensive services to 91 families in the city and in the District. Primary goals included parenting and parent-child reunification. This program allows for workers to support parents and children in the home with routines, structure, accessing community resources, advocacy. As well as attend Circle of Security and Triple-P parenting programs.

The Research Advisory Committee had the following research initiatives ongoing this year: Joy Pop App trial, Youth focused Trans-diagnostic study, Adverse Childhood Experiences study.

Integrated Services Team provides immediate support and assessment for families that are considered high risk. 24 families received parenting skills development, parent substance use interventions, family reunification support, and addressed trauma and attachment related concerns. This team works to identify, assess, and intervene to reduce risk for families with children and infants below the age of 6. Developmental, health and other wellness screenings are completed immediately to help the care team make short and long term wellness and health services recommendations. 80 referrals were serviced this year.

<table>
<thead>
<tr>
<th>Highlights</th>
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<tbody>
<tr>
<td>345</td>
<td>Individuals serviced by the RAAM Program</td>
</tr>
<tr>
<td>107</td>
<td>Children served by SNAP Program</td>
</tr>
<tr>
<td>517</td>
<td>Access Network referrals for Children’s Mental Health Services</td>
</tr>
<tr>
<td>313</td>
<td>Children supported by Counselling and Clinical Services</td>
</tr>
<tr>
<td>91</td>
<td>Families supported by Family Preservation Services</td>
</tr>
<tr>
<td>42</td>
<td>Families completed Circle of Security program</td>
</tr>
<tr>
<td>492</td>
<td>Families joined the Triple P Parenting Program</td>
</tr>
<tr>
<td>38</td>
<td>Referrals received by the Family Healing Wellness Centre</td>
</tr>
</tbody>
</table>
Ensuring our communities are connected to primary care and specialists is a priority to Dilico Anishinabek Family Care. We understand the importance of providing services within the communities, avoiding unnecessary travel for our patients. We are proud to have on the team: two nurse practitioners, a psychologist, chiropodist, social worker, two registered practical nurses, pharmacist, dietician, lab technician and traditional healing liaison.

Our multi-disciplinary team travels weekly on a rotational basis to provide services to every health transferred First Nation, which is crucial for many individuals and families who are unable to travel distances to receive care. One patient said “so far, I have been enjoying the services we receive on reserve as it is difficult traveling to get to appointments, especially with four kids! Keep up the good work”

We aim to offer all the services communities need where they need them. Patients have shared that they are grateful to be able to receive service without having to leave their community.

“I’m really thankful for the opportunity to be cared for and looked after. After losing my doctor at a young age and not going to a doctor in a very long time, it’s been nice to know that I’m okay and healthy, and I’m glad that it gives more of my community members the opportunity to get checked out as well” said another patient.

Dilico’s allied health care team is focused on bringing respectful holistic health care services to First Nation communities. Our teams work closely with each First Nation Health department and remain flexible to meet the unique needs in each community. When asked about these needs, one patient said “The organization has been very active in our community with vaccine programs and providing timely and safe replies to community members with health concerns that are patients of the family health team. Being available for those experiencing mental health and addiction issues has been a great benefit as well.”
Finance & Corporate Services

Fiscal responsibility is a key factor to ensuring program success at Dilico Anishinabek Family Care. With a continued focus on our integrated services model, Dilico has been able to ensure programs and services are provided within our budget constraints even with increased demands for services as a result of the Covid-19 pandemic. Program budgets have continued to be watched closely and adjusted as required given the many changes in service delivery and demands.

With a staff compliment of over 700 people, the Human Resources Department continues to support staff throughout the region. With a focus on recruitment and retention, Dilico has utilized new recruitment strategies and developed new partnerships to help ensure our programs are staffed with strong, highly qualified individuals. On-boarding and staff training and development has been a priority of the department to support the many new positions and programs being added to Dilico during the year.

Many of Dilico’s facilities have received a number of upgrades in order to ensure staff have a comfortable and safe space to work in. Staff safety, in the new work climate, has been a primary focus at Dilico and the Facilities Department has worked around the clock to ensure that our over 30 buildings were safe and well maintained. A number of new facilities were developed and current leases renewed to ensure program stability for years to come.

The Information Technology department continues to focus on automation and data security as Dilico continues to work in a hybrid model of service. Ensuring our networks are accessible and secure from wherever staff are working continues to be a top priority. The department has been working hard to find new and innovate ways to provide services to staff electronically to help maximize efficiency across the agency.

Growth in Funding (in Millions) Over the Last 25 Years

![Growth in Funding Graph]

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue (in Millions)</th>
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<tbody>
<tr>
<td>1989</td>
<td>1.3</td>
</tr>
<tr>
<td>1993</td>
<td>3.5</td>
</tr>
<tr>
<td>1998</td>
<td>12</td>
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<td>2003</td>
<td>20</td>
</tr>
<tr>
<td>2008</td>
<td>29</td>
</tr>
<tr>
<td>2013</td>
<td>45</td>
</tr>
<tr>
<td>2017</td>
<td>52</td>
</tr>
<tr>
<td>2019</td>
<td>64</td>
</tr>
<tr>
<td>2020</td>
<td>65</td>
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<tr>
<td>2021</td>
<td>64.5</td>
</tr>
<tr>
<td>2022</td>
<td>68</td>
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Condensed Financial Information

Statement of Operations - Year ended March 31

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<tr>
<th></th>
<th>2022 ($)</th>
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<tbody>
<tr>
<td><strong>REVENUES</strong></td>
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<td>Government of Ontario</td>
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<td>Health</td>
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<td><strong>TOTAL</strong></td>
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<td>Surplus From Operations</td>
<td>$1,039</td>
<td>$1,204</td>
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(Extracted Summarized information from financial statements audited by Grant Thornton LLP. Actual Statements are available upon request.)
EVERY CHILD MATTERS