



2012 Annual Report



2011-12
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Vice President

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Children First is a family centred early intervention program. We are funded by the Ministry of Children and Youth Services to offer Children's Mental Health and Infant and Child Development services and by the City of Windsor to offer Special Needs Resourcing to child care programs. Our agency is accredited by Children's Mental Health Ontario and we are members of the Ontario Association for Infant and Child Development. Children First is also a registered charity that can accept donations.

Children First offers services to families of children between birth and six years of age who have special needs (developmental and/or mental health or are at risk for either) and live in the Windsor and Essex County area. A diagnosis is not required for families to access services

Mission

Children First in Essex County partners with families and the community to provide individualized support for children (birth to 6 years) with developmental and/or mental health challenges, helping them reach their full potential through early identification, education, and clinical intervention.

Vision

Children First is a leader in providing services where:

- All children and families are supported to help them reach their full potential;
- Children are supported to feel a sense of inclusion and belonging in the community;
- Relationships are nurtured with families, partner organizations and the community to assist children who have developmental and/or mental health challenges;
- Timely and tailored supports are provided by professional staff who use innovative evidence-based practices.

Values

We believe in:

- Supporting the child's best interest, recognizing that family relationships are the foundation for growth and learning.
- Providing timely, flexible services that support children to reach their potential.
- Promoting continuous learning, innovation and evidence-based services among our valued staff.
- Honouring our partners and committing to work together to address the unique and evolving needs of children, families and the community.

President's Report

As reported in last year's Annual Report, a Strategic Plan was approved by the Board of Directors that will allow Children First to provide streamlined, flexible services in close partnership with the families we serve and other community service providers. Such results in much change, both for the way we operate and for the people who work within such system. One of life's most predictable and pervasive challenges is to adjust to change. While some people look forward to change, others struggle losing the predictability of the familiar. However there is no escaping change or the inevitable challenge of making the transitions necessary to adapt to it.

As we close the books on the agency's 31st year of service, Children First is in the process of making a number of transitions. The needs of families today are different than those experienced thirty, twenty and even ten years ago. Thirty years ago, few people made regular use of a computer, the internet, a cell phone or a debit card. Almost everyone uses them and those that don't feel the loss from failing to make use of such tools. In our service world, funding bodies are demanding greater accountability, money is tighter and the catch phrase today is service integration. Research increasingly informs practice and outcome measurement is the new normal. Staff and Board Members, some with many years of service, leave the agency to accept new challenges or simply for the sake of change.

Change is stressful but it is also an opportunity. The keys to successful transitions are preparation, support and attitude. To manage transitions successfully, it is critical to see changes coming, make appropriate preparations and provide support. At Children First, we have invested in an updated computer system, embraced new evidence based service approaches, acquired new treatment tools and prioritized research and staff training. In the coming year, we will (1) implement a new service model; (2) implement a marketing campaign to ensure that parents of children with special needs are aware of our services and how we can help; (3) and engage in succession planning in anticipation of future needs to replace valued long serving staff and Board Members. A positive attitude towards ongoing change goes a long way and is ultimately critical in being successful.

I am honoured and quite humbled to serve as the President of a very dynamic, energized and committed group of people. I thank my fellow Board Members for their obvious dedication, our management staff for their leadership and our staff for their skill and professionalism. Together, we have achieved a great deal over the past several years. In my view, our experiences in managing the transitions that have occurred over the past few years demonstrates that we will continue to do so in the future.

I believe that an exciting time of continuing change lies ahead for Children First and most important, the further strengthening of our services to families with children who have special needs.

Paul Layfield, Board President



Executive Director's Report

The past year has been interesting, productive and challenging. The agency has taken some significant steps forward towards the achievement of the agency's strategic objectives established two years ago. Highlights include:

- A new organizational service model has been approved by the Board and will be fully implemented in September of this year. The revised structure is intended to facilitate the delivery of more specialized, evidenced based treatment services.
- An evidence based needs identification tool has been selected and staff have received extensive training in its use. The instrument is called CANS- POC and is being used extensively in Canada and the United States.
- Under the direction of the Board of Directors, a marketing campaign is being planned and targeted for implementation in the fall of this year. The objective of the plan is to ensure that families with children who have special needs and service partners are aware of the agency's programs and how to access them.
- Outcome measurement and quality assurance have been elevated as agency priorities. We have initiated procedures to examine demographic service trends as documented elsewhere in this report.
- We have made significant investments in staff training with particular emphasis on evidence based service approaches.
- We have continued to strengthen our computer systems and look forward to a revamped, more user friendly web site to be developed this year.
- Despite limited resources, we have maintained reduced wait times for service in several program areas. In particular, we are able to complete psychological assessments much quicker than is typical across the province. Our intake service team responds almost immediately to requests for service. We have expanded our parenting group programs and our speech and language pathologists are consistently meeting or exceeding provincial guidelines.
- There is no substitute for genuine talent and commitment to a cause. Children First is blessed to have both. I am genuinely thankful for the support of the Board of Directors and staff over the past year. Their efforts made the accomplishments noted above possible. Children First is fortunate to have engaged and dedicated Board members who roll up their collective sleeves and get the work done despite their own busy lives. Staff have embraced change and supported the need to deliver services using evidence based approaches. Their work is stressful and there are never enough resources to meet all the demands for service.

The competition for limited social service dollars is fierce. I am convinced that the changes that have been made by the agency, and those to come, will enable Children First to strengthen its role as a key support for families with children who have special needs. I look forward to the journey.

Mark Donlon, Executive Director



Board Director Annual Committee Reports

Marketing Committee

At the time of last year's Annual Report, the Marketing Committee had issued a request for proposals from various marketing firms with the intention of retaining the help of professionals to assist in the development of an Agency Marketing Plan. An unexpected outcome of this process was the announcement that Child First was selected as the recipient of the *HCA/Mindbox Gives* Program. As this year's not-for profit agency recipient, Children First will receive \$15,000 worth of pro-bono services offered by the marketing professionals; including branding, the development of a marketing plan, and the design of a communications platform. Throughout the year, staff from HCA/Mindbox have collaborated with the Marketing Committee, comprised of both Board and Staff members.



As part of the “re-branding” of the Agency, a new logo has been designed and will be formally launched later this year. With the support of HCA/Mindbox, the Committee has developed a draft marketing plan which identifies strategies for public recognition of our name and logo, enhancing the Agency profile with the medical community and child care partners, and provides for public education regarding children's development. In addition, consideration is given to promoting the work of the agency through an updated and more interactive website, Facebook, and media outreach. Finally, preliminary plans are currently being developed for an Agency ‘event’, providing an opportunity to showcase the work of Children First and the important role we play in our community.

Gina Liovas, Chair

Fundraising Committee

Children First hosted our 3rd Annual Children First Family Run-Walk-Wheel on June 10, 2012, which raised more than \$2600 that will go directly to supporting families who have children with special needs in our community! This year there was a change of location from Malden Park to the Ganatchio Trail which was very well received by all. This venue offered a nice play area for the children and a family friendly path to walk and run.

The most exciting event of the day was the Kid's 100 Meter Dash! The children had so much fun participating; we decided to let them run a second race! Thanks to Children First's very own Karen Palamides, each child received a very delicious cookie “medallion” to hang around their neck. These special treats were clearly made with love by a very talented lady! Every child also received a special ‘door prize’ for coming out to the run. Special recognition goes to Board Director Jennifer Pestrin for securing more than 25 prizes for these little ones. The smiles on the children's faces said it all!

Congratulations go to Colleen Blair who raised \$460 in pledges and won the Top Pledge Earner Award – Individual. The Toupin Family collected over \$200 and received the award for the Top Pledge Earner - Family! Thank you to all of you for helping to raise money for a great cause.

Thank you to the many volunteers who came out very early in the morning to help to make this event a success. Without your dedication, events like this would not take place. The WRACE Organization did a great job running the technical side of the event too!

Thank you to the very generous sponsors who donated items for the food table, door prizes and gave special discounts on services and products.

Children First would once again like to thank the Rotary Club of Windsor (1918) for very generously donating 50 Easter baskets filled with goodies which were distributed to disadvantaged children who receive services from our agency.

Karen Hall, Chair



Recruitment and Nomination Committee

The committee is pleased to announce the newest addition to the Board of Directors, Dr. Joan Daly-Bertoia. Dr. Daly-Bertoia has served our community as a Psychologist for many years.

It was recommended again this year through the Board Directors Survey that the recruitment of a Physician or Paediatrician is a priority, this is identified as a missing skill set on the Board. It has also come to the committee's attention through the Board Directors survey, that there will be a need to replace four Directors next year, and after discussion by the Board, recruitment will be to replace the skill set similar to Board of Director's leaving, while also making a conscious effort while recruiting to have the Board better represent our multi-cultural community.

Laura Scali, Chair

Governance Committee

Over the past year, the Governance Committee completed three annual requirements as follows:

- 1) Annual Board Effectiveness Survey
- 2) Organizational Performance Assessment Report
- 3) Annual Risk Task List Report

This year an additional element was added to the Board Effectiveness Survey with each Board member completing an on-line assessment tool offered by www.boardcheckup.com. This tool provided the Board with a few different perspectives on self assessing. Some additions were also made on the Annual Risk Task Report.

Time was spent this past year on re-evaluating and then re-working our policy on "CRIMINAL REFERENCE CHECK" to better align it with other similar agencies and to simplify some of the renewal process.

The Committee focused on various uses of "FUND RAISING" dollars and requested ideas and suggestions from each group including staff, Management, Executive Director and the Board of Directors. A presentation was made to the Board of the various feedback received and then time was spent at a Board meeting evaluating and ultimately selecting a number of priority items to be focused on. It has now been left in the hands of Senior Management to report back to the Board on recommendations within each of the identified key areas.

The work of the Governance Committee continues and we look forward to additional tasks for the coming year.

Rick Farrow, Chair

Finance Committee

Each month, the Finance committee of Children First meets to review the financial statements and operations of the Agency. Marina Iannitelli, CMA, Board Treasurer and Chair of the Finance Committee, Melissa Coletti, CA, a member of the Board of Directors, Jane Patterson, CA, Administration Manager for Children First and our Executive Director, Mark Donlon review actual results and prepare an explanation of variances to the budget for presentation to the Board.

Financial Statements are included in each Board package and Directors are asked to motion the inclusion of these statements for the minutes of these meetings.

The Finance committee also presents motions to the Board for spending from fund raising when required, reviews the Agency's insurance coverage annually for approval, and advises the board regarding Children First's investments on a quarterly basis.

Annually, the Finance committee meets with the auditor to review statements prior to presentation of the audited financial statements at the Annual General Meeting.

Marina Iannitelli, Chair

Service Highlights 2011-12

Promotion of Parent Participation

This committee, made up of a cross section of staff, continues to meet at least quarterly and have taken on several initiatives including:

Agency Newsletter- We have been able to publish two newsletters over this past year, filled with updates and useful parenting information, some authored by our very own staff! In our most recent edition a parent's perspective on the services they received was included. The newsletter can be accessed on the agency website.

Create-a-file- Together with Ensemble we host this hands on workshop for parents to introduce and use the Create-a-file system. This personalized filing system assists parents in keeping the volumes of paperwork, pertaining to their child, organized. In this past fiscal year we have held 2 workshops with 6 parent participants.

Parent Handbook- We have translated the parent handbook into French and Arabic to further support families in understanding the services and processes as well as their rights and responsibilities pertaining to their involvement with Children First. Everyone receives a copy of this handbook when beginning services.

Web site links- To assist parents in linking to relevant community partners/resources, the list of community links was updated on our website.

This committee continues to prioritize engaging parents in meaningful ways with Children First.

Triple P (Positive Parenting Program) has become a thriving entity in Windsor-Essex County! This year 32 sessions were held, an increase from 19 the previous year. Children First staff, trained in Triple P, jointly facilitate the seminars and groups for the birth to twelve population, in both the city and county, as part of this community initiative. The community coordinator, Tammy Drazilov arranges for programs in community schools, libraries, and other settings such as the Multicultural Council, Hiatus House, Islamic Centre, Churches, etc. The word and interest is certainly spreading!!

Tammy has actively sought out grants and organized our 2nd annual book sale at Windsor Crossing to assist families with

program material costs.

The Windsor-Essex Triple P Community Partnership was successful in receiving a Knowledge Exchange Initiative grant which allowed staff to benefit from a series of three workshops presented by Triple P International representatives. Additionally, two staff were trained and accredited in a new program entitled Level 4 Stepping Stones Group. This group assists parents of children with special needs increase their confidence and competence in promoting their child's development and understanding/ managing their behaviour. Watch for upcoming groups in the community!

For those parents at Children First unable to access the programs in the community, Children First continues to offer Triple P with a trained practitioner on an individual basis, as part of their service plan.

Early Signs: In 2010 Children First assumed the lead role in ensuring children presenting with features of Autism Spectrum Disorders, have access to early diagnostic assessments. In this past fiscal year Dr. Goertzen has completed 31 assessments through our Early Signs Clinic. This initiative ensures that families have access to early intervention services and other resources that may assist them. We have valued our partnership with St. Mary's Family Learning Centre and the Summit Centre on this initiative.

Right From the Start is an 8 session group service for parents of children under the age of 24 months. This evidence based intervention program was designed for parents wishing to connect with their babies and develop a healthy parent-child relationship. The course uses video clips, problem solving discussions and skill building exercises. With support from group leaders parents are guided in using methods shown to be effective in reducing parenting stress and improving parent child interactions. Parents work together in a group format to share ideas and identify solutions to parenting challenges. Parents learn about attachment and why it is so important, how they can help their child become more secure, how to play with their child and how to build a healthy relationship with their baby. Bethany Davies and Colleen Blair from Children First were

excited to facilitate the inaugural Right From the Start group in collaboration with Grandview Ontario Early Years Centre. This group was held at Grandview OEYC beginning in January 2012. Child minding was provided by Grandview staff. Five families participated in this initial group. Participant feedback was positive with all parents indicating that they planned to use what they learned in the group. One parent shared on their survey that "this group makes me feel better".

26TH National Training Institute (NTI)

In December 2011, Cathy Martel and Sylvia Whalen were fortunate to attend the 26th National Training institute, "Connecting Science, Policy and Practice" held in Washington, DC. Zero to Three is a national (U.S.) non-profit organization that informs trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers. Every year Zero to Three provides an exceptional opportunity for multidisciplinary professionals to enhance their knowledge about early child development and network with colleagues and leaders in the field through this training institute. Cathy and Sylvia attended a number of excellent workshops on topics related to evidence based intervention, reflective supervision and practice, professional competencies for early childhood educators and developmental and parental considerations in early childhood depression and other promising intervention practices. One of the keynote presentations "The Adverse Childhood Experiences (ACE) Study: Bridging the Gap Between Childhood Trauma and Negative Consequences Later in Life" was very powerful as the authors found that:

- adverse childhood experiences are common, although they are typically concealed and unrecognized;
- they still have a profound effect 50 years later, although now they have evolved from psychosocial experience to organic disease and mental illness and
- adverse childhood experiences are the main determinant of the United States health and social well-being

This certainly supports the need for early intervention to mitigate the long term effects of adverse childhood experiences.

Who We Serve

Over the last year, Children First conducted a Demographic Study to better understand who we serve. Below are some of the trends noted in the resulting report.

REFERRAL/DISCHARGE

	2010-11	2011-12
Number of referrals	760	767
Number served annually	1224	1273
Discharges	521	502

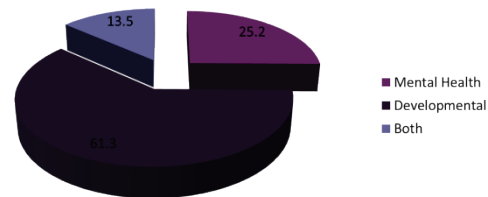
AGE

Age Range	Our Sample	CFIS Reports
0-12 months	1.2%	2.2%
13-24 months	8.0%	8.5%
25-36 months	19.0%	16.4%
37-48 months	25.2%	26.4%
49-60 months	33.7%	27.3%
61-72 months	12.9%	16.2%
73+ months	0.0%	1.4%

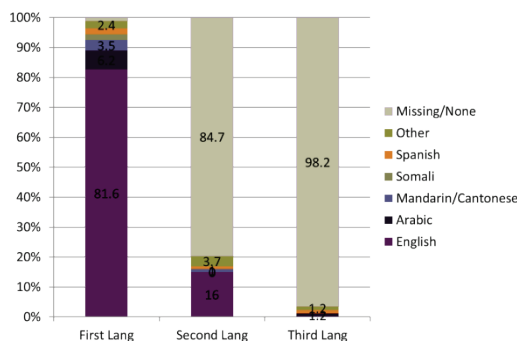
GENDER

	Our Sample	CFIS
Male	68.1%	70.4%
Female	31.9%	29.9%

SERVICE DESIGNATION

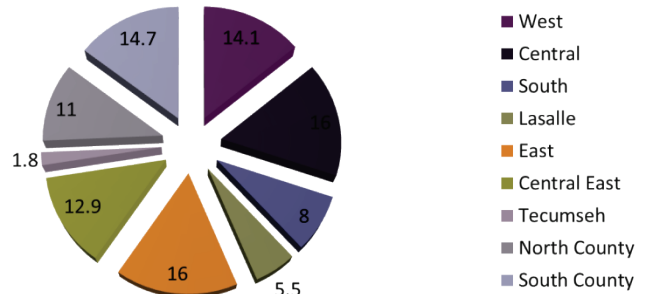


LANGUAGE



- Most families had a first language of English
- Other languages
- Arabic (6.2%), Spanish (1.8%), Somali (1.8%), Mandarin (1.2%), Cantonese (1.2%), Urdu (1.2%)
- Also: French, Bengali, Creole, French, Punjabi, Italian, Ukrainian

GEOGRAPHIC REGIONS



SCHOOL STATUS

	Percentage
Child Care	24.5%
Elementary School	28.8%
Both Child Care and School	8.0%
Home (or care of relatives)	36.8%
Other	0.6%

CHILD DIAGNOSIS

- 68.1% of children did not have a formal diagnosis indicated in their file
- Of those with a formal diagnosis (31.9%):
 - Psychological: 51.9%
 - 34.6% had Autism
 - General Medical Condition: 28.8%
 - Genetic Condition: 17.3%
 - Other: 1.9%

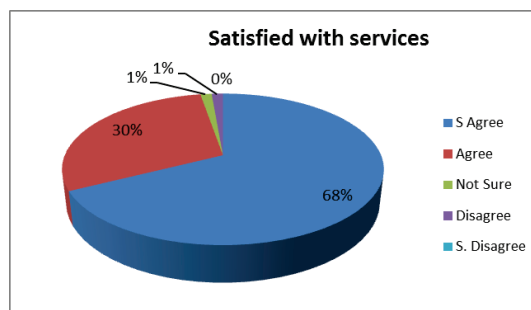
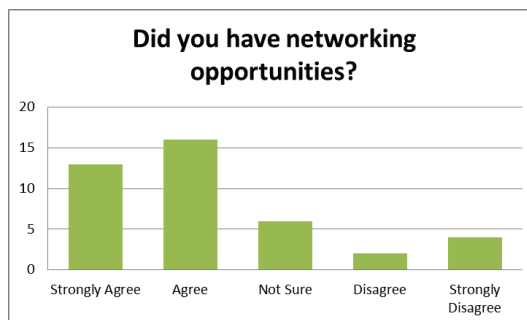
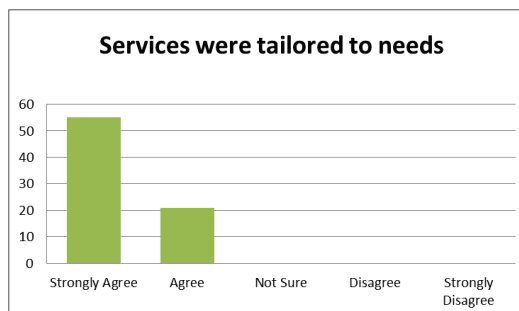
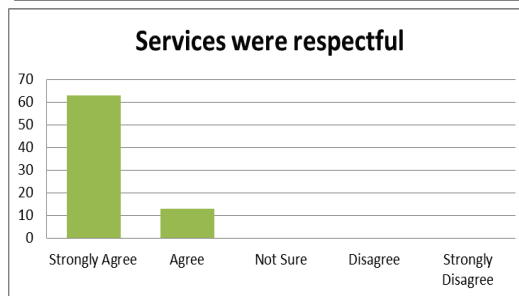
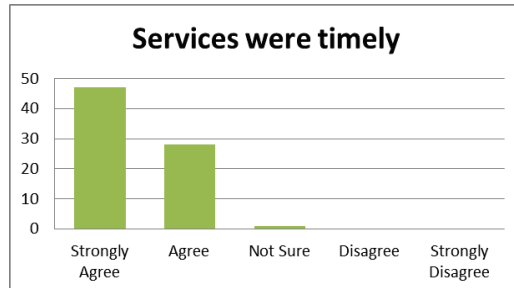
FAMILY TYPE

Type	Percentage
Two Parent	60.7%
Separated/ Divorced	17.2%
Blended	2.5%
Relatives	4.9%
Separated/ Divorced-one parent no custody	3.1%
Foster Family	4.3%
Other	6.7%

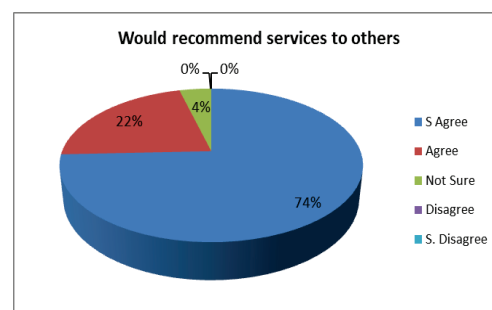
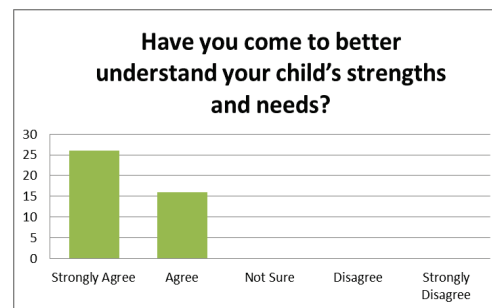
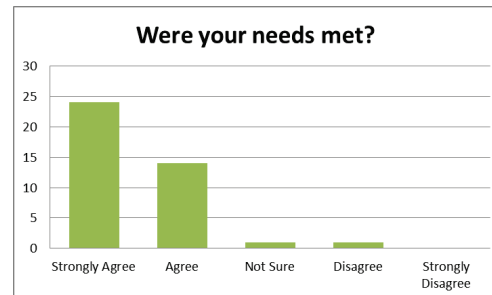
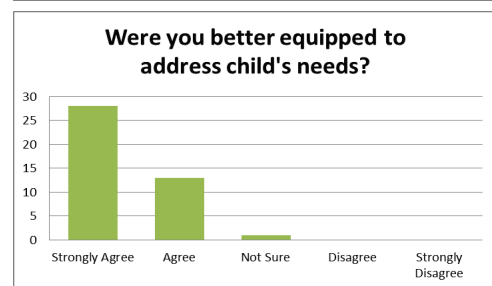
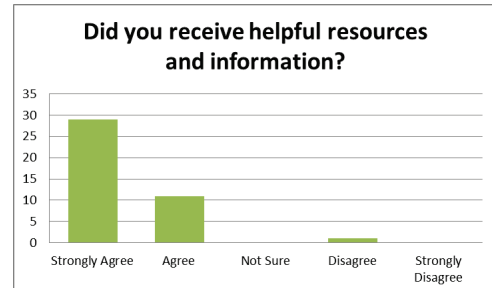
Family Satisfaction

It is important to Children First to gather feedback from the families we serve to ensure ongoing high quality services to children and families in our community. Family Satisfaction Surveys are sent to families approximately 6 months after service has begun and again at completion (discharge) of services. Surveys that were received between June 1, 2011 and March 31, 2012, were included in this analysis.

ABOUT OUR SERVICES



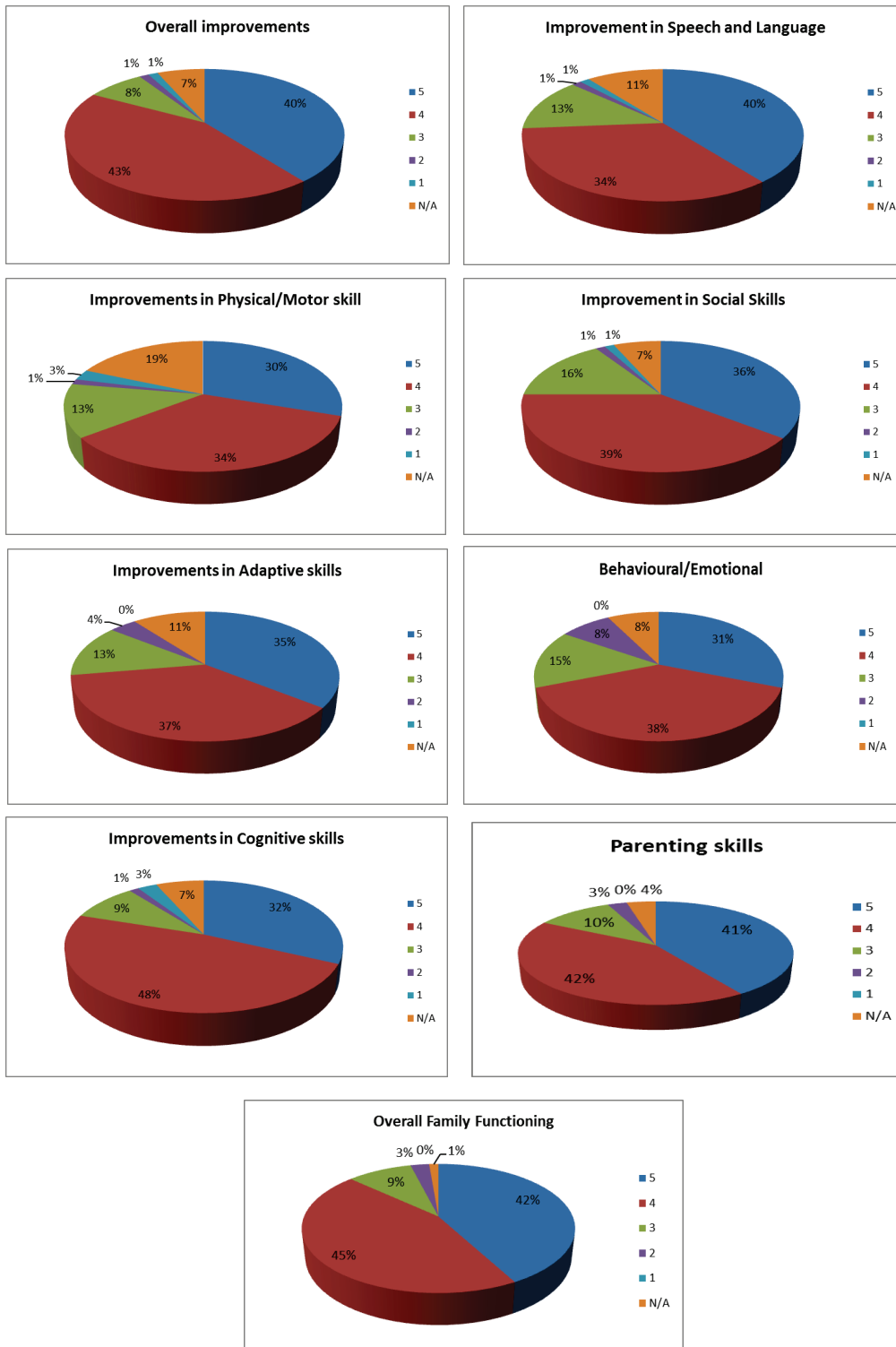
SERVICE EFFECTIVENESS



Child and Family Improvement after Services

At the conclusion of treatment, parents are asked to assess the changes they have achieved. They rate the degree of positive outcomes on a five point scale.

Strongly Agree *Agree* *Not Sure* *Disagree* *Strongly Disagree*
 5 4 3 2 1



"The Child and Adolescent Needs and Strengths — Preschool Ontario Comprehensive Version" (CANS-POC)

What is CANS-POC?

The CANS-POC is a multipurpose communication assessment tool that staff of Children First are using together with families to identify areas of strength and need. The information that is gained will assist staff and families as they work together to develop an Individual Family Service Plan. The tool includes 68 items relevant to the child and family's needs and strengths, divided into 8 domains, with each item having a 4 level rating system. The tool supports decision making and service planning, allows for the monitoring of outcomes of services and is used to accurately represent the shared vision of the family and service providers.

Implementation of the CANS-POC at Children First

It has been an exciting journey for the Management Team and the staff over the past year. Tasks have included researching information about this evidence based tool, arranging certification training in the CANS Preschool version for all staff as well as offering Train the Trainer training for specific staff and then forming and beginning to implement this comprehensive outcome tool (CANS-POC) specifically designed to assess the diverse and unique strengths and needs of the children and families that come to Children First. Phased implementation has proceeded in a very organized manner although as with any project of such a large scope, flexibility continues to be critical.

May 2011: The journey began by researching information about the tool and attending a presentation arranged by the Provincial Centre of Excellence for the Southwest Region Children's Mental Health agencies where Supervisors Dr. Kathleen Hofmans and Lee Andrews heard about implementation of the tool and subsequently connected to other agencies actively using it. This led to conversations with Dr. John Lyons, creator and researcher of many different versions of CANS and Endowed Chair of Child and Youth Mental Health Research at the University of Ottawa, Children's Hospital of Eastern Ontario.

August 2011: Dr. Lyons offered certification training at Children First to resource consultants, social workers and a few staff from related service partners. He has continued to be extremely helpful well beyond initial training and his support has been invaluable. An agency wide implementation plan was created to help guide us as we progressed through the various phases.

November 2011: Certification training for staff who were not yet certified occurred as well as a two day Train the Trainer training offered by Dr. Lyons to some Children First staff (Intake Team, two early implementing Family Service teams and "champions" from each geographic team) as well as staff from other nearby birth to six Children's Mental Health programs.

December 2011: The CANS-POC was developed by Children First and our unique tool tailored to assess the needs and strengths of the young children and families who come to us with varying needs received formal approval from Dr. John Lyons and the Praed Foundation, a public charitable organization committed to improving the well being of children and families.

February 2012: The Intake Team began to use the tool with all new children and families referred to Children First along with two Family Service teams (early implementers) who completed it along with reviews of family service plans. Regular practice sessions and discussions occurred within teams to prepare for full implementation.

February and March 2012: Certification training of the speech/language pathologists, occupational therapists, physiotherapists and psychologists occurred so that all staff would thoroughly understand the use of the tool.

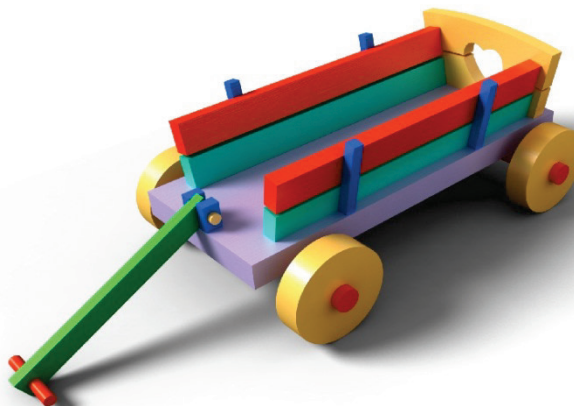
May 2012: Evaluation of the CANS-POC occurred by surveying staff who had implemented it as well as Supervisors and by contacting families that had participated in completing it. Preliminary results appear to be quite positive from both staff and families, with some changes recommended.

June –September 2012: Full implementation of the CANS-POC is scheduled to begin in the summer and the CANS-POC will be completed with families at the beginning of service and at 6 month intervals including discharge. Continued evaluation of the tool will occur as our journey progresses....

Special thanks to the primary leads for this project, Dr. Kathleen Hofmans and Kamal Haffar. Thanks to Supervisors Lee Andrews, Leslie Wagner and Lori Melnick, as well as Giavanna Jones, our extremely competent and knowledgeable University of Windsor assistant!

If you would like further information about the CANS, please visit www.praedfoundation.org

**Cathy Martel,
Program Manager
Mental Health Services**

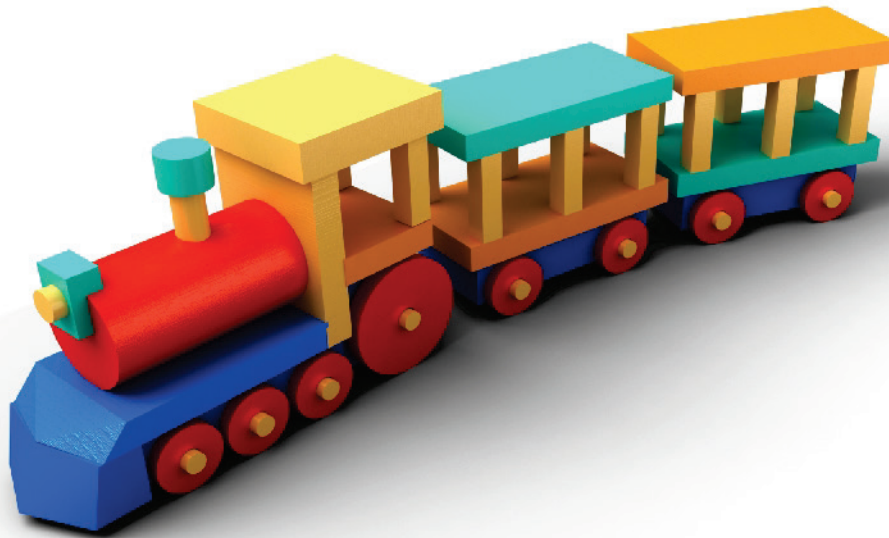


Statement of Operations and Fund Balances

Children First in Essex County				
Statement of Operations and Fund Balances for year ended March 31, 2012				
		Revenue fund	Capital fund	Total
Revenue:				
	Grant Revenues	\$ 6,286,826	\$ -	\$ 6,286,826
	Fundraising and donations	15,660	-	15,660
	Other revenue	45,641	-	45,641
		6,348,127	-	6,348,127
Program Expenses:				
	Salaries and benefits	5,089,873	-	5,089,873
	Program	93,429	-	93,429
	Transportation and travel	195,244	-	195,244
	Training	23,721	-	23,721
	Building occupancy	369,108	-	369,108
	Amortization	-	196,912	196,912
	Fundraising	2,730	-	2,730
		5,774,105	196,912	5,971,017
Administrative expenses:				
	Salaries and benefits	364,907	-	364,907
	Administration	240,058	-	240,058
		604,965	-	604,965
Total expenses		6,379,070	196,912	6,575,982
Excess of revenue over expenses (expenses over revenue)		(30,943)	(196,912)	(227,855)
Fund balance, beginning of year		629,316	1,047,882	1,677,198
Capital purchases		(31,812)	31,812	-
Fund balance, end of year		\$ 566,561	\$ 882,782	\$ 1,449,343
Statement of Financial Position as of March 31, 2012				
		Revenue fund	Capital fund	Total
Assets:				
Current assets:				
	Cash - unrestricted	\$ 206,057	\$ -	\$ 206,057
	Marketable securities	494,100	-	494,100
	Accounts receivable	48,898	-	48,898
	Due from operating fund	-	212,008	212,008
	Prepaid expenses	34,277	-	34,277
		783,332	212,008	995,340
Cash - restricted		59,482	-	59,482
Capital assets			670,744	670,744
		\$ 842,814	\$ 882,752	\$ 1,725,566
Liabilities and fund balance				
	Current liabilities	\$ 64,245	\$ -	\$ 64,245
	Due to Capital	212,008	-	212,008
		276,253	-	276,253
Fund Balance				
	Externally restricted	59,482		59,482
	Unrestricted	507,079	882,782	1,389,861
		566,561	882,782	1,449,343
		\$ 842,814	\$ 882,782	\$ 1,725,596

NOTES

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www.children-first.ca