

**DANILA DILBA BILURU
BUTJI BINNILUTLUM
HEALTH SERVICE
ABORIGINAL
CORPORATION**

ABN 57 024 747 460
ICN 1276

ANNUAL REPORT 2010

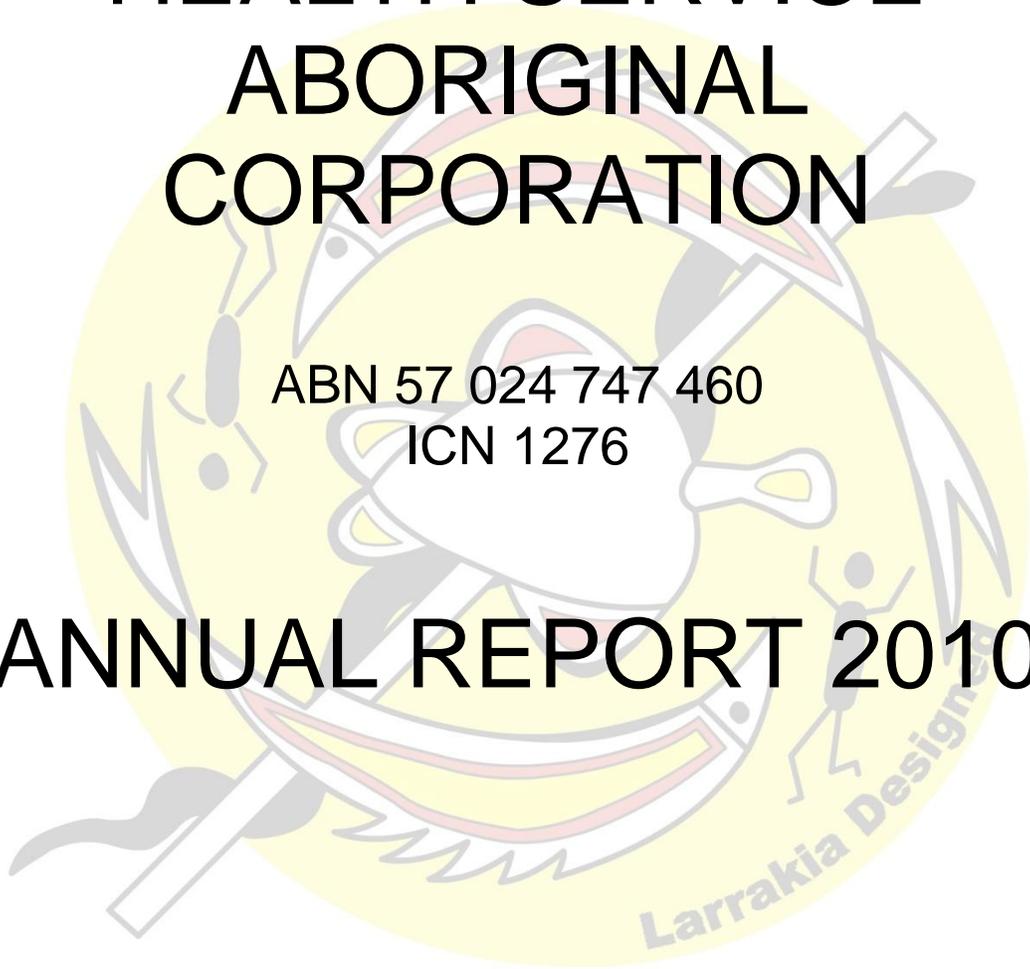


Table of Contents

Welcome	3
Organisational Profile	3
Strategic Goals	4
Message from the Chairperson	6
Board of Directors	7
Chief Executive Officer's Report	8
Corporate Services	9
Health Services Report	10
Family & Community Development Report	11
Workforce Development	14
Emotional Social Wellbeing Centre Report	16
Clinical Compliance	19
Major Partners	23
Contacts	24

Welcome to the Danila Dilba Health Services Annual Report for 2010

The *Danila Dilba* Vision Statement

Danila Dilba aims to provide culturally appropriate Primary Health Care Services of the highest quality to Aboriginal and Torres Strait Islander peoples of the Greater Darwin area.

The *Danila Dilba* Purpose

To improve the physical, mental, spiritual, cultural and social wellbeing of the Biluru community of the Yilli Rreung Region through innovative comprehensive primary health care programs that are based on the principles of equity, access, empowerment, community self-determination and inter-sectoral collaboration.

Our Core Values

The core values of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation underpin our activities:

- Provision of and advocacy for services that are equitable, professional and of a high quality standard
- Working mutually with our community to ensure a culturally acceptable environment that promotes safety, comfort, tolerance and respect

Danila Dilba – Health For Life

Danila Dilba Health Service is a community controlled organisation providing comprehensive primary health care services to Biluru communities in the Yilli Rreung Region of the Northern Territory. Danila Dilba is an all Biluru Governing Committee, whose members are chosen by the community. The name Danila Dilba Biluru Butji Binnilutlum was given by the Larrakia people, who are the traditional owners of Darwin and Palmerston. In the Larrakia language Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'blackfella (Aboriginal people) getting better from sickness'.

Our logo was designed by Larrakia elder Reverend Wally Fejo. The story of the logo is: "The fish being in a school are excited when jumping around and convey to us our exciting, healthy life. The turtle represents the people going back to lay her eggs. The stick represents a hunting tool on how to find her eggs. The overall circle is like looking inside a dilly bag from above. The snake brings the threat of danger to our wellbeing and reminds us that we should always sustain ourselves and be on our guard for health."

Biluru is a Larrakia word that collectively describes Aboriginal people who are living in or visiting the Yilli Rreung Region.



STRATEGIC GOALS 2009 - 2011

1. Accountability

Ensure effective corporate governance and sustainability of the organization.
Respect, promote and recognise obligations associated with cultural traditions and beliefs of Biluru peoples.

Key Performance Goals

- Develop accountable governance practices in line with contemporary standards
- Financial accountability that includes developing sustainable income streams
- Fulfill reporting commitments to funding bodies, regulatory authorities and our community
- Promote social, cultural traditions and beliefs that support strong healthy lifestyles
- Consistent use of logo, name and branding standards

2. Access

Improve access to comprehensive primary health care services and information that supports improvement in Biluru health and wellbeing.

Key Performance Goals

- Establish and continually evaluate effectiveness of a range of innovative multidisciplinary primary health care programs
- Provision and distribution of culturally appropriate information to individuals, communities and other organizations
- Improve integration of services across the organization
- Improve integrated IT systems that support service delivery

3. Collaboration

Develop strong partnerships and collaborative processes with other government and non-government services providers to improve service coordination and health outcomes for Biluru.

Key Performance Goals

- Work in collaboration with other service providers to improve coordination, reduce duplication of services and develop alternative service delivery models
- Establish and continually evaluate joint projects with other providers and communities designed to meet identified community needs
- Develop joint best practice projects with other service providers
- Advocate for improvement in services that address 'determinants of health' as required in partnerships with governments and relevant service providers

4. Consultation

Establish mechanisms that provide the opportunity for staff, individuals, communities and organisations to have a say in the planning, design, development, delivery and evaluation of services.

Key Performance Goals

- Establish a range of consultative mechanisms with key organizations and communities and continually improve over time
- Initiate regular Darwin Aboriginal Agency meetings that promote partnerships in working together to look at effective relationships that enable collaborative approaches to advocacy, support and effective strategies to achieve better outcomes for the social determinants of health.
- Implement effective workplace consultative mechanisms and continually evaluate their effectiveness

5. Capacity

Build the capacity and resources of the organization and workforce to undertake effective and sustainable comprehensive primary health care services. Build community capacity and strengthen local communities.

Key Performance Goals

- Maintain AGPAL and other Best Practice Quality Assurance
- Develop staff training plans
- Develop and continually evaluate human resource management practices that complement service delivery
- Implement a quality framework that will facilitate general organizational improvement
- Integrate a community development philosophy into service programs
- Strengthen health promotion, education and prevention programs at the community level

6. Future Directions

Key Performance Goals

- Advocate for birthing and ante/post natal services for Aboriginal and Torres Strait Islander families in the Darwin region.
- Develop and advocate for appropriate men's health program and funding.
- Investigate the development of services in other areas such as aged care, dental and physiotherapy.
- Liaise and negotiate with government agencies and community based allied health organizations to develop partnerships and service initiatives.

MESSAGE FROM THE CHAIRPERSON

This year's annual report will highlight the considerable amount of work being undertaken to deliver best practices through our comprehensive primary health care services.



Throughout the year the Board of Directors has shown good governance and met on numerous occasions to provide guidance, assurance and leadership to the CEO and staff of Danila Dilba Health Service. During the year the Board has worked very hard on monitoring the organizations strategic directions and continuing to manage the CEO through key performance measures that are linked to the Strategic Directions of the organisation. The strategic goals are highlighted in this report and indicate Danila Dilba Health Service commitment to our clients, members and key stakeholders.

As a Board we have developed a strong team approach to improving the profile of the organization as well as being more aware of our members and clients needs.

Operationally this year saw internal changes to the Organisations systems, reviews of services, plus the beginning of our Chronic Disease services and a significant increase in the outcomes for our patients suffering from chronic diseases.

The health of our people is very dear to the Board of Directors. We want to see our elders live long healthy lives, we want to see grandparents and their children and their grannies be strong and healthy. Our grannies are our future and without their good health and strength our community will suffer. Too many of our people still smoke tobacco and drink alcohol to excess.

During the past year our staff has really worked hard at changing the way we provide good services to our Chronically ill patients as well as developing new ways of working with our children. It is at times like this that I can on behalf of the board of directors thank the dedicated staff of our Organisation for their ongoing commitment and tireless efforts to our clients and members.

There continues to be numerous meetings and discussions with various Northern Territory and Australian Government Ministers and their staff, regarding our continued drive for our new clinic to be built in Palmerston. However, we still do not seem to be any closer to realising our dream of a purpose built, culturally appropriate health centre. It is our belief that the community and our members have waited a long time for this building, we cannot wait forever. The Board plan to step up the advocacy and lobbying with both Governments in the coming year and we will definitely be calling on our members to support this process. Together as a community we can keep up the pressure on both governments to acknowledge our need for a new health clinic.

Finally I would like to thank my fellow Directors for their continued active participation in managing the strategic directions of the organisation.

On behalf of the Board of Directors for the 2009-2010 year we are proud to report to the Membership that Danila Dilba Health Service continues to proceed through another phase of its evolution.

With Best Wishes

Cherrie McLennan
Chairperson

THE BOARD OF DIRECTORS 2009/2010

Danila Dilba Health Services Board of Directors is drawn from the membership, who are Aboriginal people living in the Yilli Rreung Region. The Board has ten members who are elected for a two-year term and consists of a Chairperson, Deputy Chairperson and Treasurer and seven ordinary members. At least one of the 10 members must be a Larrakia person.

The Board of Directors is responsible for managing and controlling the affairs of Danila Dilba Health Service in accordance to the Rules of the Association (Constitution) and the CATSI Act 2006. It meets as often as it considers necessary to take care of Danila Dilba Health Service business, but must meet at least once every two months. It must also hold an Annual General Meeting (AGM) within three months of the end of the financial year.

Members of the organisation who have served on the Danila Dilba Health Service Board of Directors during the past 12 months are:

Chairperson:	Ms Cherrie McLennan
Deputy Chairperson:	Mr Anthony Castro
Treasurer:	Ms Joan Mullins
Ordinary member:	Ms Ngaree Ah Kit
Ordinary member:	Ms Erin Lew Fatt
Ordinary member:	Mr Boyd Scully
Ordinary member:	Ms Barbara Cummings
Ordinary member:	Mr Jason Cubillo
Ordinary member:	Ms Jeanneen McLennan (Larrakia person)
Ordinary member:	Mr David McDowell



Back: Ngaree Ah Kit, Anthony Castro (Deputy Chairperson), Erin Lew att, David McDowell, Boyd Scully, Jeanneen McLennan, Joan Mullins and Cherrie McLennan (Chairperson).
Absent members: Barbara Cummings and Jason Cubillo

CHIEF EXECUTIVE OFFICERS REPORT

The past year has been a very busy one with the implementation of the new Quality Chronic Disease Management and Patient Pathways for services within Danila Dilba Health Service.



The organization has had a year of rebuilding and refocusing on our core business of delivering quality Comprehensive Primary Health Care, whilst maintaining service delivery at our three Health Centres, through the Mobile teams and to the Community Camps. At times this has been quite challenging as our service is spread over a large geographical area which also brings with it the challenge of managing the additional pressure to staff rosters. However, the commitment from our staff continues to be a key component of our drive in meeting our clients and patients health needs. On behalf of the staff at Danila Dilba Health Service I would like to acknowledge the support and patience of our clients and members during this period of refinement in clinical services, it has been appreciated.

We continue to aim at providing the best practice model of comprehensive primary health care and now we have the direction to move forward in achieving this for the Yilli Rreung Community. It is my belief that we can deliver on this through the good governance that the organization is proud of and the extensive networks and partnerships we have in place. The most exciting and very important factor is that the staff and the patients are working together in achieving this goal.

Our relationship with our funding body continues to play a key role and I believe that all parties have developed this extensively over the past 12 months. The management of any relationship is often time consuming and it is one of the key functions of my role as the CEO. Danila Dilba Health Services continues to be represented on the NACCHO Board, the CRCAH Board and the AMSANT Board. As an AMSANT member we also represent AMSANT on the NT Aboriginal Health Forum, which is a critical forum for progressing Aboriginal Primary Health Care in the Northern Territory. With the many changes that the National Health and Hospitals Reforms are recommending, we will see the conversion and transition of Primary Health Care responsibility taken on by the Australian Government on the 1st July 2011. Again it is critical for us as an urban Aboriginal Medical Service to be strategic and innovative in our planning and service modeling, to benefit adequately within the National Health Reform that will impact significantly on all of our patients and community.

I reflect back on this year and am confident that we have the right measures in place to achieve our Strategic Directions. The new challenge for all of us here at Danila Dilba Health Service is to make sure that we continue to bring our patients, our clients and our community members with us on our journey to preventing Chronic Diseases that make our life expectancy much shorter than our non Aboriginal neighbours and friends. We can only do this if we are all working together and I look forward to fully focusing on this over the next year.

In closing I would like to thank the Board of Directors for their ongoing support and leadership, the members and clients for keeping us informed and relevant to their needs and most importantly the dedicated and committed staffing team at Danila Dilba Health Service. The staff work tirelessly for the improved health gains of our community.

I would like to personally thank the staff for their honesty, patience and support that they have given to me as their CEO and I acknowledge the very important role that all have individually performed on a daily basis in delivering our services to the community that we all share.

Paula Arnol
Chief Executive Officer

CORPORATE SERVICES

The 2009/2010 financial year presented the Corporate Services Division with a number of challenges including the loss of David Morgan, Danila Dilba's Deputy Chief Executive to the Lowitja Institute. David's knowledge and leadership has been missed, however, the Corporate Staff have been able to meet the challenge of continuing operations whilst the position of Corporate Services Manager was recruited to.

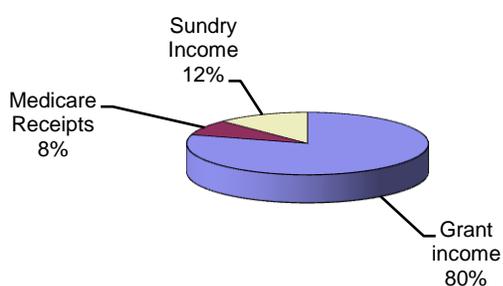
During the year Danila Dilba experienced a 36.5% growth in income and a corresponding increase in expenditure of 31.77%. In line with the increase in income, staffing levels at Danila Dilba continued to grow with full time staffing levels now around 95.

The growth in income, expenditures and staffing levels presents a number of challenges for the organization in the coming year. During the 2010/2011 year, Danila Dilba will conduct a full review of the Corporate Services Division to ensure that the Corporate team is able to respond to and meet the operational requirements of the organization whilst continuing to meet legislative and funding body requirements. As part of this review, the human resource practices, policies and procedures will undergo reform providing a clear framework for our staff to work under.

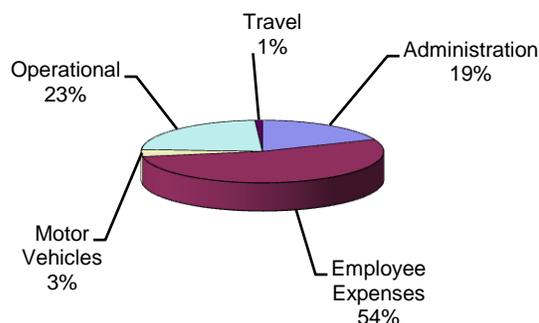
Danila Dilba Health Service for the Year Ending 30 June 2010

	Income and Expenditure			Balance Sheet	
	2010	2009		2010	2009
	\$	\$		\$	\$
Income					
Grant income	11,777,232	9,419,615	Current Assets	5,460,986	3,957,415
Medicare Receipts	1,201,968	882,387	Non-Current Assets	3,125,660	2,842,711
Sundry Income	1,842,681	555,150	Total Assets	8,586,645	6,800,126
Total Income	14,821,881	10,857,152			
			Current Liabilities	1,662,786	1,674,407
Expenditure			Non-Current Liabilities	68,181	49,857
Administration	2,448,650	917,131	Total Liabilities	1,730,967	1,724,264
Employee Expenses	6,989,169	5,840,987	Net Assets	6,855,679	5,075,862
Motor Vehicles	463,328	362,185	Accumulated Funds	6,855,679	5,075,862
Operational	3,011,649	2,607,194			
Travel	129,269	169,706			
Total Expenditure	13,042,064	9,897,202			
Surplus/(Deficit)	1,779,817	959,949			

2009/10 Income by Category



2009/10 Expenditure by Category



HEALTH SERVICES

Danila Dilba Health Service clinic's provide a wide range of comprehensive primary health care services to the Aboriginal and Torres Strait Islander community that resides in the Yilli Rreung region. Danila Dilba has the following four clinical services available to our community:

- Darwin Clinic – 32-34 Knuckey Street, Darwin
- Men's Clinic – 42 McLachlan Street, Darwin
- Family Centre – Unit 1/7 Rolyat Street, Palmerston
- Women's Clinic – Unit 1/7 Rolyat Street, Palmerston

The following clinical streams are delivered by Danila Dilba:

- Acute Care
- Immunisation
- Male health
- Sexual health
- Chronic Disease management
- Women's health
- Child and Maternal health
- Pharmacy

Year in Review

Danila Dilba has had an exciting and productive 12 months.

We have doubled our numbers of clients having a chronic disease GP management plan (for people with conditions such as diabetes, lung and heart disease) and we are about to hit the ground with an innovative family focused chronic disease pilot program. The pilot is aiming to identify and break down barriers to Danila Dilba clients engaging positively with their health issues. AHW's, nurses and Dr's at Danila Dilba are committed to putting the clients concerns first to achieve this.

Chronic disease represents about 70% of the reason why Aboriginal and Torres Strait Islander people in the top end are dying around 17 years younger than the average Australian – Danila Dilba is a leader in this area.

The service vaccinated almost 1400 of our clients against Swine flu this year (that's double last year's total). As a result we are well placed to prevent the spread of the flu to the most vulnerable in our community.

In addition to these measures the child health team have been developing a new evidence based strategy to get Danila Dilba kids the health checks and best practice care they deserve. This will be commencing in November 2010 and 2011 and should see a better coordination in how Danila Dilba tackles the big issues around our kids health.

The Men's clinic has been recognized as a centre of excellence by the Australian Medical Association, we have won the individual award for chronic disease practice in the NT as well as having one of our health workers nominated for male AHW in the delivery of chronic disease care.

The next year is going to be one of further excellence and more successes. There is always more work to do but we have committed and passionate team. We look forward to a great 2011.

FAMILY AND COMMUNITY DEVELOPMENT

The Family and Community Development Division deliver the following range of programs to individual clients and to the wider community.

- Mobile Medical Services
- Eye health program
- Kidney Program
- Nursing home visits
- Health Promotion / Community Engagement
- Nutrition Program
- Alcohol, Tobacco and Other Drugs

Mobile Medical Services and Expanding Health Service Delivery Initiative (EHSDI)

Throughout the 2009 / 2010 period the Mobile Medical services continued to expand its services to the residents of the Town Communities as well as the Indigenous transient / homeless population group's throughout Darwin and Palmerston. In addition to this the teams also provided a home visiting service to clients that are physically unable to visit any of our Primary Health Care Centre's, including those who are aged and frail or disabled.



Health Promotion /Community Engagement

The Health Promotion/Community Health Engagement Program aims to increase access to a range of health information, education and activities that encourage and promote healthy lifestyle choices. Throughout 2009/2010, the team engaged in a number of activities ranging from the prevention of specific diseases and illness, information about access to Danila Dilba services, the promotion of the adult and child health checks and the development of appropriate health information tailored to suit our Community.

Nutrition Program

The recently established nutrition program aims to address some of the nutritional issues faced by our clients. Using a combination of clinical nutrition and public health strategies, the program focuses on one of the cornerstones of a healthy lifestyle – including the food we eat. Nutrition plays a fundamental role in the prevention of chronic disease and also contributes to the success of managing your chronic health conditions.

The management and prevention of Diabetes, Cardio Vascular Disease and Renal disease also relies on being active and regular exercise. Through targeting individual's behaviour and changing the cultural habit around food consumption, we hope to see a reduction in these lifestyle related diseases.

The nutrition program aims to address failure to thrive and nutritional deficiencies such as anaemia, which impact the health status of our younger generation. Strong and fit children become strong and healthy adults which increase their chances of living a long and healthy life.



Sexual Health Program

The aim of the Sexual Health Program is to provide the community with the necessary information about general health including Sexual health Education to enable them to make healthier lifestyle choices and to maintain good health.

Recent sexually transmitted infection (STI) statistics indicate that Indigenous people continue to have the highest notification rates of STIs in the Northern Territory. In an effort to lower these STI rates the Sexual Health Team has focused on delivering culturally appropriate and effective preventative STI education.



The Sexual Health Team has worked hard to implement a series of sexual health promotional activities and culturally appropriate resources in an attempt to encourage Indigenous people to take precautions against STIs.

Alcohol, Tobacco and Other Drugs Outreach Program

The first aim of the Alcohol, Tobacco and Other Drug (ATOD) program is to reduce the harmful drinking and smoking levels among Aboriginal and Torres Strait Islander people throughout the Greater Darwin and Palmerston region and the second aim is to facilitate access to culturally appropriate ATOD Treatment and Rehabilitation services.

The ATOD Program uses innovative strategies to address substance misuse which includes combating some of the major contributing factors to poor health. These include the trialing of the Danila Dilba Respite and Rehabilitation Project (R&R Project) at Galawu Hostel.

The R&R projects aim is to use is to provide support to access short term accommodation for clients whilst they are awaiting admission to treatment facilities whilst receiving intensive case management support from our ATOD Team. The accommodation is also used upon completion from the various programs or treatment centre's (e.g. CAAPS or FORWAARD) whilst longer term accommodation is sourced or prior to returning to their home Community. R&R has 4 beds (two rooms) for accommodation for individuals, couples and families. Goal setting, care planning, Relapse Prevention, community inclusion activities and addressing any health issues are a focus whilst clients are residing at Galawu.

ATOD is also involved in the in a variety of partnered outreach programs (e.g. Arts in the Grass hosted by HEAL at Larrakia Nation) aimed at reducing the stigma and shame of ATOD issues, which historically has been a major barrier in individuals seeking support for rehabilitation and treatment.

The program is also trialing activities such as a Soup Kitchen which focuses on harm minimisation and diversion. The Soup Kitchen is aimed at our transient clients who generally have poor health and high risk drinking behaviours and have difficulty accessing services.

WORKFORCE DEVELOPMENT

The Workforce Training and Development Unit delivered many workshops throughout the year for both staff at Danila Dilba and staff from other agencies in the Darwin and Katherine Region. The key focus for the year was Mental Health literacy training and training around a screening tool for alcohol and other drugs and emotional and social wellbeing.



Photo- IRIS training 2009. From left. C. Plummer, M. Laughton, and M. Darling.

Mental Health First Aid (MHFA)

Over the past 12 months, 42 participants attended a series of Indigenous Mental Health First Aid training and one standard Mental Health First Aid training. Whilst attendees were mostly from Danila Dilba a number of attendees were from other organisations including, Catholic Care, Queensland Health, Team health, CRS Australia and Australian Broadcasting Corporation. In the new year, two Danila Dilba staff members will complete a trainer the trainer program which will enable Danila Dilba to continue to deliver the mental health literacy program.

Certificate IV and Diploma of Project Management for 21 staff!

A training needs analysis conducted last year identified a skills gap in project management. As a result of the analysis, Danila Dilba applied for and was successful in securing funding through the Training Development Scheme to support staff in undertaking the following training:

- Diploma of Project Management (19 staff)
- Certificate IV Project Management (2 staff)
- Sharepoint 2007 Web Development
- Managing and Troubleshooting Exchange Server 2010
- Diploma of Human Resource Management
- Masters of Public Health

Indigenous Risk Impact Screen (IRIS)

One of the key projects for training was to implement IRIS training to all clinical staff at Danila Dilba and increase the referral rate between services. IRIS is a screening tool that



IRIS training October 2009

incorporates alcohol and other drug screening with emotional wellbeing screening. To date we have trained more than 50 staff from Danila Dilba and other agencies and according to Queensland Health we have trained more staff than anyone else in Australia. We are also the only health organisation to incorporate this Indigenous validated tool into our online health checks.

A staff wellbeing and job satisfaction survey was conducted during the year with around 33% of staff participating. The results of the survey provided some good information and highlighted ways to improve organizational culture. In response to the survey, Danila Dilba provided stress management training sessions for all staff as well as 'Emwave' where staff were shown how to use stress management software. The software was installed on one computer in each workplace so staff can access in times of stress and self manage accordingly.

A Burnout e-learning and a staff wellbeing folder was also made available for all staff to ensure they had some resources on hand to assist them with maintaining resilience. The folder also contains fact sheets on mental health and various other fact sheets and information for staff and their families.



Stress Less September BBQ at all staff meeting. From left, Michelle Hewitt, Hilary Bloomfield and Stephanie Johnston.

In September 2009 Danila Dilba focused on staff wellbeing and a month of activities aimed at supporting staff and acknowledging the hard work and dedication of all Danila Dilba staff. Stress less September kicked off with an all staff meeting and "dress up day" at East Point Reserve. The theme of the dress up day was "Floral or Funky", our winners were Hilary Bloomfield for attention to 'funky' detail and second prize to Jackie Scrymgour with devotion to all over floral and funk.

About Giving Vaccines Course

All of our nurses and Aboriginal Health Workers updated their training around giving vaccines bringing them in line with current legislation.

CSO's

Our CSO's received a series of training sessions from EASA about communication, relaxation, time management, attitude, customer service skills and stress management. A number of CSO's all received 'Triage for receptionists' training through GPNNT.

Aboriginal Health Workers Certificate IV

A number of our health workers worked hard with Batchelor college and C.A.R.D.s to map their certificate III in AHW to Certificate IV. This required much work on the AHW's behalf in collecting relevant evidence and documentation as well as observation of practices and completed case studies.

Student Placements

There were a number of students placed within Danila Dilba from interstate as well as local areas. These students were:

- student nurses,
- student doctors, and
- students from local colleges and high schools, including one student from the high school at Maningrida.



Below: Kirsty Nicols learning to use Emwave

EMOTIONAL AND SOCIAL WELLBEING CENTRE

COMMUNITY SERVICES

The Emotional and Social Wellbeing Centre is located in premises at Malak Shopping Centre and it has continued to be well patronized through the Healing Room for Stolen Generations and the 'Chillout' room for young people. Both spaces are proving very popular.

Most of our services are provided at our Malak premises however we also conduct home visits for those clients who are unable to make it into our services such as the elderly clients or sometimes mums with younger children. We can see our clients outside of their home in places they might feel a lot more comfortable such as the beach/coffee shop, or we can see clients in the Danila Dilba clinic. Generally, all new clients are seen in the office first and then at a later date the counselor will decide if it is appropriate to see them outside the office. Personal safety during home visits is one of our primary considerations.



Shelley Hampton and Rebecca Orr

During the 2009/10 financial year there has been a daily intake meeting for all new referrals. This has improved access issues identified by some service providers and on average referrals are contacted within 2 to 3 days with an appointment time.

The Danila Dilba Community Services Division has had some changes to its funded programs in 2009/10. There are still four programs under its umbrella, two programs that are operating from the Emotional and Social Wellbeing Centre (ESWB), Malak, the Bringing them Home (BTH) counseling service and the Dare to Dream (D2D) youth and carer counseling service plus the Youth Service in Palmerston. In 2009 the funding for the Indigenous Regional Centre Emotional

and Social Training ceased however, recently funding has been allocated by FaHCSIA to a new program 'Back to Bush' Cultural camps.

Community Services has a total of thirteen staff as of 30 June 2010 the Manager, Rebecca Orr and receptionist Shelley Hampton plus four counselors in BTH, three youth workers in the Youth Service plus two counselors and two community workers in the D2D team.

Bringing Them Home Program (BTH)

The BTH program staff consists of a Coordinator (Sue Whitfield), two clinical Psychologists (Anita Gupta and Maria Haros) and Provisional Psychologist (Rosetta Smith). Three BTH counselors have been assessed to do Alcohol and Other Drug Diversion work for indigenous clients referred by the courts, under the NTG Alcohol and Other Drug Program.

The Danila Dilba Stolen Generations' Wellbeing and Healing Room has seen a very busy year with an average of three gatherings each of the Garden Point, Retta Dixon and Northern Territory Stolen Generation groups per fortnight. The Crocker Island group has also used the Stolen Generations room. The Healing space has enabled the stolen generation groups and other individual groups to come together and feel comfortable enough to organise their own programs which are reflective of their needs in their wellbeing and healing pathways.

In 2009 support was given to the Retta Dixon Reunion which was extremely successful seeing over 150 Retta Dixon members reunited.

Maria Haros, Sue Whitfield, Anita Gupta and Rosetta Smith



Dare to Dream Program (D2D)

Dare to Dream has continued in their third year of operation to provide assessment, counseling, support and educational services to the local indigenous community. The program which has a male and female counselors and a male and female community worker, is designed to provide support and counseling for Indigenous youth who are demonstrating early signs of mental health concerns or established mental health conditions and their carers. The aim of the program is to ensure that youth have open access to appropriate mental health care and community support services.

A key task of the Early Intervention program is to promote mental health awareness in schools and to schooling staff, which specifically targets mental health concerns. Advocacy and support services are also currently provided to clients who may require the services of other community agencies.

For example, staff of Dare to Dream have continued to work closely with the counseling services at Nungalinga College, Kormilda College and Darwin Middle School on a group program called the "Work Ready Program."

Staff of the Dare to Dream program who are appropriately trained continue to work closely with external agencies such as Balanu, Youth Diversion Program, Kormilda College, Darwin Middle School, Casey House, Melaleuca, Family and Children Services and Danila Dilba Youth Service toward participant recruitment for these programs.

The Youth 'Chillout' centre at Malak has been established as a safe place for youth of the Malak area. A new staff member, who has considerable experience in youth programs has been employed through the Dare to Dream program to oversee the operational aspects of the program but also to promote the youth service. Service delivery involves advocacy for the youth,

mental health prevention and education, counseling referrals and support.

Greg Donald and Alexis Hignett



Youth Service - Palmerston
Youth services have had three very dedicated staff involved in the program over this financial year who, have ensured that the service has had many successful programs operating.

Palmerston has been successful with average of 24 youth attending activities including basketball, pool competition, game console competitions and making healthy foods. A successful

trail on opening to 9pm on a Friday night has proven extremely successful and efforts will continue to implement this much needed service.

Youth Service & Issues Promotion Program, has been working on “Simple As” DVD Series which has had a huge response to the first DVD created on drink driving, especially from youth and youth sector agencies. The service was asked by *headspace* to develop one on mental health which has been completed. One of the most exciting things about this is that some of the younger aged youth (11-14) who have seen both the DVDs have asked if they can make the next one based on stealing and being bullied. We will also be using the new Indigenous-focused Marvin software to develop educational and promotional DVDs.

Other programs like the “PPC”, Project Pay Check, Sistarz and Young men’s group have been held weekly. These groups cover areas such as, work readiness, health body/ healthy mind, relationships, Alcohol and Other Drugs and Sexual health.

Also over the last 12 months the Youth Team has been very active in many Promotional and Educational activities involving school visits, Snake Promotions, National Youth Weeks, and Basketball competitions like Vibe 3on3.



Peter Detourbet and Mark Munnich

Clinical Compliance

The Clinical Compliance Unit is responsible for the following: Healthy for Life, Chronic Disease, Quality/Risk, Information Technology, Patient Information Recall Systems, Data Quality, Medicare, Reporting and Funding Submissions.

Healthy for Life

Healthy for Life is an Australian Government program that aims to:

- improve the health of Aboriginal and Torres Strait Islander mothers, babies and children;
- improve the quality of life for people with a chronic condition; and,
- over time, reduce the incidence of adult chronic disease

Danila Dilba started Phase One – Program Planning, in 2008/09 and commenced Phase 2 – Service Delivery, in the 2009/10 year. The Healthy for Life Coordinator has spent the last 12 months working with clinicians to re-develop the organisations Chronic Disease pathway as well as the following:

- Coordination of the annual Fluvax campaign
- Coordination of clinical audits
- Coordination of IPL Pilot Student Patient in conjunction with the Outreach Team
- Support of the immunisation data cleanse
- Coordination of intensive clinical audits for Chronic Disease Clients
- Coordination of intensive staff in-services on Patient Journey, Goal Setting, Chronic Disease Management and Communicare templates and training.

The Healthy for Life Unit will focus on Child Health in the 2010/11 year to continue the improvement in the Healthy for Life Key Performance Indicators and to meet the goals set by members of the Child Health Team.

Chronic Disease

The 2009/10 year has seen giant leaps in the organisations provision of Chronic Disease Care, with 62% of recorded Chronic Disease clients having a current GP Management Plan. Intensive review through the Healthy for Life program highlighted the need for a dedicated Chronic Disease Unit to improve outcomes for our clients. The best practice model of care implemented by the acting Chronic Disease Coordinator Hilary Bloomfield, with support from RN Jane Bell, has seen a marked improvement in patient outcomes and has received positive feedback from external organisations. In 2010 we welcomed Malcolm Darling as the new Coordinator along with Emma Brown the Chronic Disease Receptionist, who continue to work on the implementation and management of the area. During 2009/10 both the Clinical Compliance Manager and the Chronic Disease Coordinator presented the model to the following forums:

- OATSIH Annual Organisational Workshop – Darwin
- OATSIH Annual Organisational Workshop – Alice Springs
- Healthy for Life Biennial Conference – key note speaker

Quality/Risk

Danila Dilba continues to maintain AGPAL Accreditation for the Knuckey Street Clinic and during the 2009/10 year registered both the Men's Clinic and the Palmerston Family Centre for stand alone AGPAL Accreditation. The organisation also continues to maintain accreditation as a RACGP General Practice Training Post and has five General Practitioners registered as Level 1 GP Trainers. Both the Men's Clinic and the Palmerston Family Centre

are classed as satellite training posts under the RACGP standards. A key aim of the Quality Unit is to achieve stand alone RACGP Training Post accreditation for the Palmerston Family Centre in the 2010/11 year.

Danila Dilba also participates in the following Quality Programs:

- QUAAMS
- APCC
- One21Seventy Audits (previously Menzies ABCDE Auditing)
- Healthy for Life
- WYNrisk – internal risk management tool

Danila Dilba successfully received funding under the 'A Better Future for Indigenous Australians – Establishing Quality Health Standards' measure (EQHS) to support clinical and organisational accreditation.

The EQHS measure provides a number of support mechanisms to assist organisations to achieve accreditation by June 2011 including:

- One-on-one expert assistance provided by a specialist accreditation facilitator accessed from a panel of OATSIH Quality Improvement and Accreditation Facilitators;
- Accreditation Support Grants to help organisations to address barriers to accreditation;
- Local Support at the national and jurisdictional level provided by the Aboriginal and Torres Strait Islander community controlled peak bodies;
- Access to various training options through the Training and Development Scheme, either short-term courses to support accreditation or longer-term non-clinical training; and
- Access to various activities provided through the OATSIH National Quality Network

Data Analysis

While this area remains unfunded, the Clinical Compliance Unit has continued to provide comparative reports and data to encourage and support the PDSA (Plan, Do, Study, Act) cycle of planning within the organisation. The ability to review data at regular intervals throughout the year enables improvement that is timely and reflective of organisational change and expansion. The data below shows the 3 year trends in service provision, which reflects the growth in staff numbers, funding and data quality.

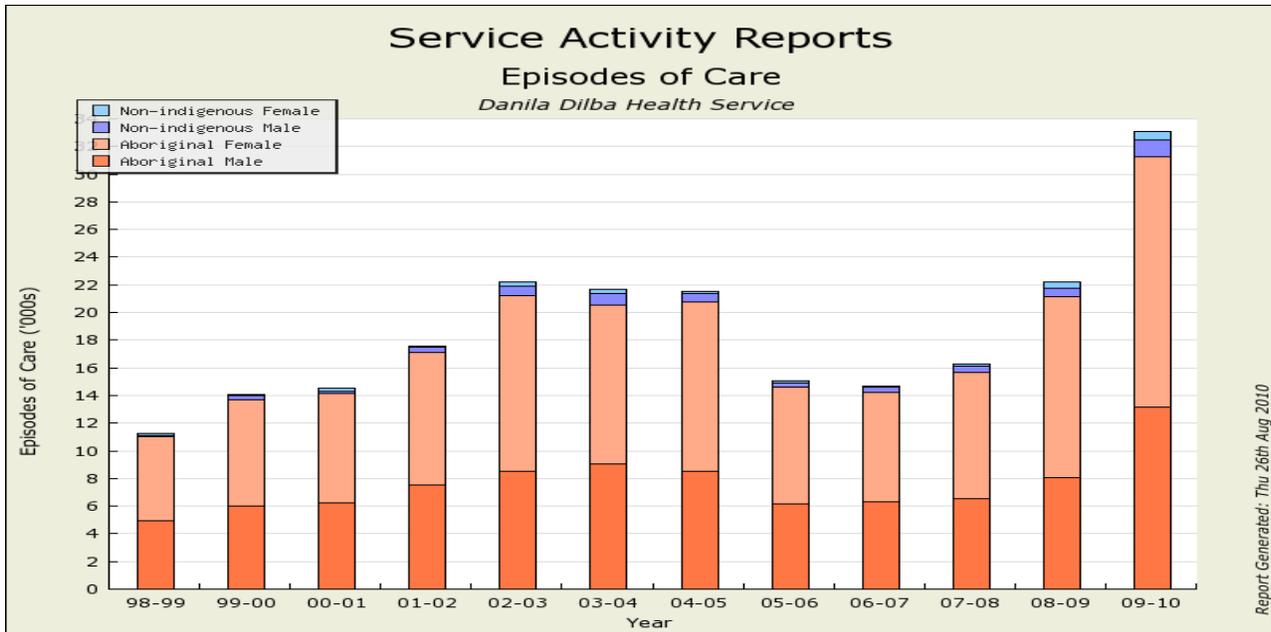
Information Technology

The Information Technology Unit continues to strive for improved systems and to maximise user experience when using all areas of technology in our service. The IT unit has begun developing the Danila Dilba Intranet in collaboration with AMSANT and plans to provide a fully functional system in 2010.

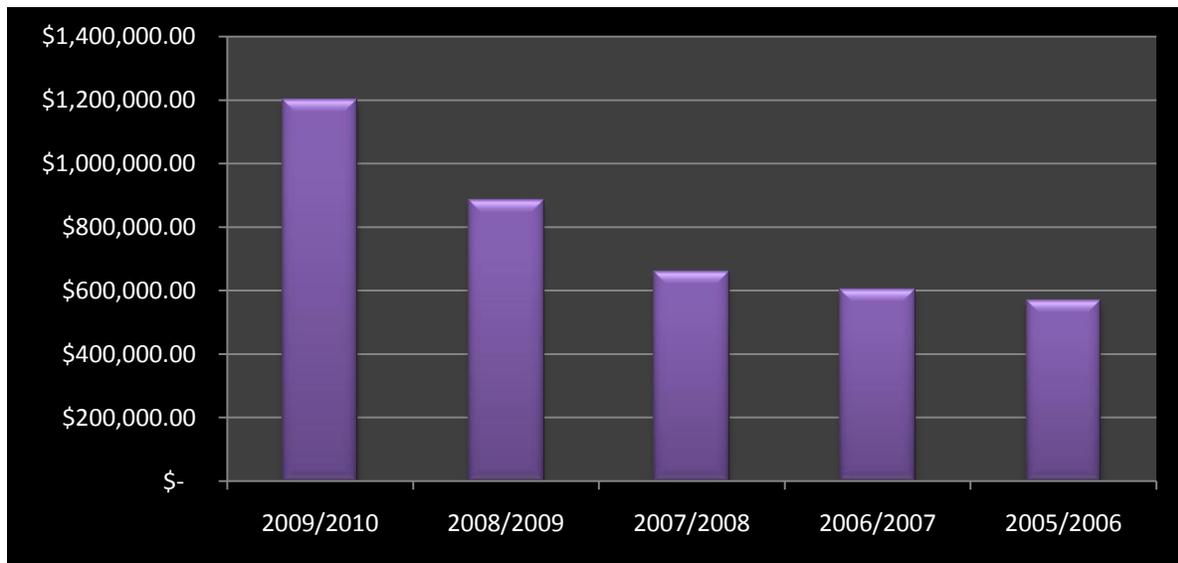
The Information Technology Unit has been kept busy with the installation of equipment at the Palmerston Family Centre, Dental Clinic and Acacia EHSDI Clinic as well as on-going day to day user support.

Medicare/Practice Incentive Program

2009/10 has been a successful year for the Medicare Unit, meeting and exceeding budgeted Medicare goals and providing ongoing, quality support to clinicians. Through ongoing Medicare billing audits and with a dedicated team including the Clinical Compliance Manager, Medicare Officer and Medicare Support Officer, the organisation has seen a rise in Medicare income of 36.2% from the previous year and almost double the income of 2007/2008.



DANILA DILBA MEDICARE INCOME from 2005 to 2010



The Medicare Unit is responsible for the maintenance of existing and implementation of new initiatives under the Practice Incentives Program (PIP). The program provides a number of incentives that aim to encourage general practices to improve the quality of care provided to patients. The 2010 year has seen the implementation of the Indigenous PIP Health Incentive as well as the PBS Co-Payment Incentive.

Reporting

Danila Dilba compiled and submitted the following reports in line with reporting requirements under our funding agreements:

- OATSIH 6 monthly SDRF Reports
- OATSIH Risk Assessment
- OATSIH Service Activity Report
- OATSIH Healthy for Life SCARF Report
- EHSDI NT KPI Report and SDRF Report
- Organisational NT AHKPI Report
- Health and Community Services Ombudsman Report
- NT Health and Families 6 monthly Mobile Team Report
- OATSIH 2010/11 Annual Plan
- OATSIH 2010/11 Core Services Document
- EHSDI Quality SDRF

MAJOR PARTNERS

Aboriginal Medical Services Alliance of the Northern Territory

Danila Dilba is a member of the Northern Territory peak body, the Aboriginal Medical Services Alliance of the Northern Territory (AMSANT).

Cooperative Research Centre for Aboriginal Health

Danila Dilba is one of the partners of the Cooperative research Venture for Aboriginal Health (CRAH). Together with Central Australian Aboriginal Congress (CAAC), DANILA DILBA represents the Aboriginal community based health service providers on determining the collaborative research agenda for the CRCH.

DANILA DILBA's Chief Executive Officers is a representative on the Board of Directors. The Board supports the increased research capacity of Aboriginal Medical Services. One of our key contributions on this board has been to ensure the transfer of knowledge gained by research into practical support and assistance in our Health Services that benefit our clients.

Northern Territory Aboriginal Health Forum

The aim of this forum is to better improve health outcomes for aboriginal and Torres Strait Islander people with the Commonwealth, Northern Territory and AMSANT working collaboratively. Danila Dilba is the AMSANT representative on the NT Aboriginal Health Forum.

FUNDING BODIES

- Office of Aboriginal and Torres Strait Islander Health / Department of Health and Ageing (Commonwealth)
- Department of Families, Housing community Services and Indigenous Affairs (Commonwealth)
- Department of Health and Families (Northern Territory Government)

OTHER KEY PARTNERS

- | | |
|-------------------------------------|---|
| • GPNTE | • Aboriginal Services Support Unit (Aboriginal Liaison Unit) at RDH |
| • Mission Australia | • Palmerston City Council |
| • Larrakia Nation | • Palmerston Community Care Centre |
| • Department of Health and Families | • Centre for Disease Control - Sexual Health and Blood Borne Viruses Unit |
| • Larrakia Aged Care | • St Vincent De Paul |
| • Bagot Community Health Centre | • Clinic 34 |
| • Save the Children | • Northern Territory Corrections |
| • Early Childhood Australia | • Sexual health/Blood borne Viruses Unity |
| • Good Beginnings | • NTAHC |
| • Red Cross | • GPNNT |
| • Bachelor College | • NT Schools |
| • Darwin City Council | • Darwin Community Arts |
| • Team Health | • FORWAARD |
| • Darwin withdrawal service | • YMCA |
| • CAAPS | • Royal Darwin Hospital eye Clinic |
| • Fred Hollows | • Centre for Eye Research Australia |
| • ICEE | |
| • Vision 2020 | |

DANILA DILBA HEALTH SERVICES

Corporate Services

Location: 2/56 Pruen road
Berrimah, NT 0828
Postal: GPO Box 2125
Darwin, NT 0801
Phone: (08) 8943 5100
Fax: (08) 8943 5101
Email: info@daniladilba.org.au

HEALTH SERVICES

Knuckey Street Clinic

Location: 32-34 Knuckey Street
Darwin, NT 0800
Phone: (08) 8942 5444
Fax: 8941 3452

Male Health Programs

Location: 42 McLachlan Street
Darwin, NT 0800
Phone: (08) 8942 2188
Fax: (08) 8941 8269

Palmerston Clinic

Location: 1/7 Rolyat Street
Palmerston NT 0830
Phone: (08) 8931 5700
Fax: (08) 8931 5799

Emotional and Social Wellbeing Centre (Incorporating Bringing them Home and Dare to Dream)

Location: 3/1 Malak Crescent
Malak NT 0810
Phone: (08) 8927 9335
Fax: (08) 8947 9002

Youth Services

Location: Shops 9 & 10 Gray Shopping Centre
Essington Avenue, Palmerston NT 0830
Phone: (08) 8932 3166
Fax: (08) 8932 9762

Outreach

(EHSDI, Sexual Health, Health Promotions, Mobile Team, AOD)

Location: 2/56 Pruen Road
Berrimah NT 0828
Phone: (08) 8943 5100
Fax: (08) 8943 5101



Thanks to those staff who allowed their photographs to be taken