Strong and Responsive
Canadian Mental Health Association/Peel Branch
Strategic Plan 2008 - 2013

Executive Summary

Mission

CMHA/Peel enhances the well being of all people in our community by promoting and supporting good mental health. Our mandate and charter identifies our catchment area as the Region of Peel which includes Brampton, Mississauga and Caledon.
The review/renew process is still underway. A factor to be considered in the process is that CMHA/Peel support clients in two LHINs and may be required to extend their catchment area to include Dufferin County.
At its January 2008 meeting, the Board approved staff being part of the planning process for Dufferin and deferred its final decision with respect to CMHA/Peel extending its catchment area until the needs assessment currently underway in Dufferin is completed.

Business Vision

The Canadian Mental Health Association/Peel Branch is a leading client-driven, community-based mental health organization serving the communities of Peel, recognizing its diversity in culture, personal and professional needs, and attitude. We are innovative partners in pro-actively strengthening individuals' natural supports and developing the capacity of a responsive mental health system throughout the Mississauga / Halton and Central West LHIN Regions. Managed with the highest of business and professional ethics, our practices, decisions, activities, and organizational circumstances help to maintain the integrity of our resources: human, material, and financial.

Planning in an evolving LHIN world

CMHA/Peel has a presence in both the Mississauga / Halton LHIN and the Central West LHIN. These two agencies are still in the process of evolving themselves and how they engage the service provider communities. The risk of being in two LHINs is that their directions may differ and cause CMHA/Peel to change strategies or dilute their effort and focus. In addition, funding flows through one LHIN (Central West) and increasingly there are signs that funding will not cross boundaries which could have a very negative impact on our Mississauga Services. The issue of potential Dufferin services also looms large as the geographic area is significantly larger.

Finally, though the largest percentage of our funding comes from LHINs/MOHLTC, our other funders are Peel-based.

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Recovery - Embracing the Framework for Support

CMHA/Peel introduced the CMHA/National's Framework for Support to all staff in Nov. 2006. and in Jan. 2007, all programs reviewed themselves against the recovery philosophy.
This year, the strategic plan was developed using the Framework for Support as the underlying philosophy and a framework from which to build a recovery base for the entire organization.

CMHA/Peel Growth

CMHA/Peel has undergone significant growth in the last year. The budget has gone from $8,000,000 in 2007/2008 to $11,000,000 in 2008/2009. In the past year we have received full funding for the Assertive Community Treatment Team, and enhancement funding for the concurrent disorders training/system development component, the Safe Beds and COAST Peel. Two new initiatives included the mental health case management component of the Punjabi Community Health Centre, as well as the Cross-sectoral training project for seniors and mental health and addiction service providers. The Punjabi CHC will support our work in diverse communities, and the cross-sectoral training project will develop a more comprehensive skill set for providers working in both the mental health and seniors sectors – again a focus of our Strategic Plan.
With the addition of new staff and expanded programs, much of the integration within the organization has happened vertically. The strategies focus more attention on the horizontal integration and building an organizational rather than program-focused infrastructure, e.g., merged client files, central intake.

Expanding our Client Base due to shifting demographics

Central West has the youngest population profile of all of the LHINs. The average age is 35.3 years. Simultaneously, CMHA/Peel and MOHLTC, see the need to address more thoroughly the aging population. As a result, moving forward we will focus a specific strategy on youth and aging clients. Seniors' usage, currently a smaller ratio, will grow to 54.3% by 2016. Seniors typically are more isolated and stigmatized by mental illness. In addition, people with serious mental illness age more quickly and often have serious physical health issues
The strategic plan reflects our commitment to our clients, our mission and vision, our environment, the growth in our programs, the required efforts to integrate and find efficiencies and the need to address some emerging gaps, the youth and aged.

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Operating Principles

Preamble

The following principles were identified in the initial planning and would be used to form the strategic plan.

- We are implementing the three Framework for Support pillars by:
  - Community Resource Base: encouraging our clients to focus more attention on the larger, generic and natural community set of services
  - Personal Resource Base: focusing our work more on a client's assets and strengths and less on their weaknesses and gaps in abilities
  - Knowledge Resource Base: moving away from a medical model and towards a recovery model.

- We are building on existing structures, forms, etc and use them to meet our new needs.

- We believe early intervention is key to reducing mental illness and we want to focus more attention on this population:
  - less time in the system
  - earlier recovery
  - while we have this principle, our research may show that Peel has huge aging population service gaps and we may need to focus more attention there.

- Our clients experience an integrated, seamless set of services because CMHA is managed and served by staff as such.

- Build on what we have (for example use existing research).

- Leverage existing programs and minimize disruptions.

- Each operating goal has co-leads to model the cross-functional themes.

Additionally, thoughts were expressed regarding how better we might think outside the box using the alcoholics anonymous (AA) example:

1. The AA organization demonstrates a way of community that may serve some of our clients well. In the organization, members attend regularly meetings and have resources with respect to their illness as required. However, the community of AA and by extension, the disease does not define the individual. The question is do our support structures overly support a client in creating a network solely with individuals who currently experience mental illness or are we promoting a larger network outside of the disease.

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Strategic and Operating Plan – Orientation

Very deliberately, the leadership of CMHA/Peel has dramatically changed the way they manage the organization. They have made front and center two notions: (1) recovery and programming for recovery is central to the operating plan; and (2) how we work and how we manage is with a cross-functional integrated mindset. This new orientation has several impacts which will be obvious in the operating plan:

- Immersing ourselves in a recovery world and working from this mindset in all we do.
- More use of cross-functional teams to create centers of excellence that identify opportunities for the use of peer support, family support and vocational services.

The strategic plan is guided by our mission as an organization, the vision of ourselves in the future, our values and the direction as reflected in the “ends” which we receive from our board. It reflects a review of our strengths and weakness, the opportunities and threats present in our environment.

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Company Description

Mission

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In 2007, the board began the process of reviewing and renewing its global board ends and speculated on the need for a mission for the organization.

The review/renew process is still underway. A factor to be considered in the process is that CMHA/Peel support clients in two LHINs and may be required to extend their catchment area to include Dufferin County.

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Business Vision

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Board Ends

The Global (1st level) Ends Policy, is expanded and refined through the 2nd Level Ends policies. These define who is being served, what access looks like, important consumer relationships to support, and key stakeholders to engage.

Global 1st Level Ends Policy

CMHA/Peel exists so that those affected by mental illness can experience full participation in the life of the Peel community.

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2nd Level of Ends Policy

a. "Those with mental illness" must not exclude individuals:

i. with severe mental illness;
ii. with mental health problems;
iii. classified as seniors;
iv. classified as youth;
v. with legal trouble;
vi. who may be homeless;
vii. who may be housebound;
viii. who are from diverse cultural groups and/or those who face language barriers; or
ix. with a co-morbid condition (e.g., substance use or developmental challenge in conjunction with mental illness).

b. "Those with mental illness" will have access to:

i. primary health care;
ii. rehabilitation;
iii. a safe place to live;
iv. information;
v. appropriate referrals;
vi. emotional support (including but not limited to social interaction, camaraderie, acceptance and understanding);
vii. education and skills development; and
viii. employment.

c. Families and other caregivers of "those with mental illness" will be better able to cope because:

i. They have access to information;
ii. They have relief; and
iii. They are emotionally supported.

d. The community, especially employers, education providers, the justice system, the health system, and the welfare system, will understand the issues around mental illness and support "those with mental illness" because:

i. They are aware of the issues;
ii. They are aware of the resources available;
iii. They do not stigmatize those with mental illness; and
iv. They are able to identify unmet community needs and seek solutions.

Values of the Organization

The following beliefs and values guide our mission:

- Everyone has the right to fully participate in the life of the community
- Optimism and an emphasis on ability over disability
- Everyone has the right to the basic necessities of life
- Everyone has the right to equal access to education, employment, health care, art, culture and recreation
- Diversity and individual differences enrich the community
- Mental health is an essential component of overall well-being
- Mental health should be achieved not only through the provision of services, but primarily through self-help, families, and the expression of neighbourhood spirit.

Environmental Scan

Planning in an Evolving LHIN World

CMHA/Peel has a presence in both the Mississauga / Halton LHIN and the Central West LHIN. These two agencies are still in the process of evolving themselves and how they engage the service provider communities. The risk of being in two LHINs is that their directions may differ and cause CMHA/Peel to change strategies or dilute their effort and focus. In addition, funding flows through one LHIN (Central West) and increasingly there are signs that funding will not cross boundaries which could have a very negative impact on our Mississauga Services. The issue of potential Dufferin services also looms large as the geographic area is significantly larger.

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Demographics

References to the demographic data as well at other external references can be found in the appendices.

Central West LHIN

Some key findings about this demographic are:

1) The mean age is 35.3, the lowest of all LHINs
2) The population is expected to grow by 44.4% by 2016.
3) The percentage of seniors (65 and over) is expected to grow by 54.3% by 2016. (the highest among the LHINs). More than 20% higher than the provincial average (34.6%)
4) The percent of the population in the Central West LHIN who are visible minorities is 38.8%, which is considerably higher than the province overall (19.1%).
5) The percent of recent immigrants is 7.4%, substantially higher than the province as a whole – 4.8%.

Mississauga / Halton LHIN

Some key findings about this demographic are:

1) The percentage population of seniors is 10.2% which is lower than the provincial – 12.9%
2) The percent of the population in the Mississauga / Halton LHIN who are visible minorities is 29.2%, which is considerably higher than the province overall (19.1%).
3) The percent of recent immigrants is 7.5%, substantially higher than the province as a whole – 4.8%.

CMHA/Peel Growth

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Strategic Planning Process

History

In November of 2005, a SWOT analysis was completed by all programs and the programs were presented to the Board in the manner in which each one addresses Board ends.

In November of 2006, CMHA/Peel was introduced to the CMHA National Framework for Support (FFS) and all programs were asked to review themselves against this framework

In January of 2007, all programs redid their SWOTs and the programs were presented to the boards in terms of how they operationalized the Recovery model

In the summer / fall of 2007, senior management reviewed the most recent SWOTS, the existing strategic objectives/strategies and the external drivers and created a draft set of strategic objectives and strategies.

The objectives/strategies were presented to the board in Nov 2007 and agreed to in principle. Typically these strategies are the responsibility of senior management and are developed in response to revised Board Ends, however, the timing of the Board retreat and the fact that it would focus on the mission rather than the ends indicated that it would be prudent to bring the draft directions to the Board for approval

In January of 2008, the draft strategic plan was presented to the CMHA/Peel management them and a 2nd draft was created.

The 2nd draft strategic plan was presented for comment and feedback to all front line staff, a sample of consumers, family and friends, and external stakeholders and partners, in January/February of 2008

Feedback on the Strategic Objectives and Strategies

All feedback has been strongly supportive of the objectives/strategies being taken.

Consumers

The feedback was strongly positive, in particular to the strategies that focused on recovery, involvement of family and friends, peer support and enhanced vocational services.

Comments received included:

> "*Everything seems encouraging. It would be great if all these plans were put into action. Research is essential*"
>
> "*I like this because family and friends play a role in recovery and having them play a role will help them understand mental illness better*"

> *"It is very important that clients receive support when trying to go to work. If outside agencies etc. are made aware of our philosophy and what we're about they will play a better and more active, productive role in the client's attempt to form work relationships and experience.*
>
> "I fully support the idea of more transitional employment opportunities. Working is good for additional income and helps occupy some your time. It may also help you feel wanted or needed. Even some volunteer work can be a positive experience and worthwhile exploring".

Family and Friends

Family and friends also supported the strategic objectives and strategies, in particular the ones that focused on recovery, the role families and friends play, the value of peer support and the importance of involving stakeholders and partners in the recovery philosophy.

Staff

The majority of front line staff were consulted in a 2 hour session. They were asked how they saw themselves in terms of the work with consumers and how they saw partnerships with other groups in CMHA/Peel and outside the agency.

Universally, staff could see their roles in all of the strategic objectives and how they could work with others, inside and outside the agency, in order to execute the strategies. Specifics from the data received in the sessions with staff will be used to revise the strategies and inform the business planning that will take place next.

Stakeholders and Partners

Mental Health and Addictions stakeholders and partners as well as 'Generic' stakeholder and partners were consulted. Their common feedback included the following:

- General broad appreciation and understanding of our strategic objectives/strategies.
- See emerging trends: aging and youth clients, importance of family, peers and vocational services
- Value of sessions like the one used to consult with them to share ideas, common concerns, directions being taken
- Endorsement and support to create networks to influence LHINs.

Mental Health and Addictions

This group saw potential partnerships in the strategic objectives of: family support, promotion of a recovery philosophy, a focus on youth and aging, use of peer support and the increased competency of CMHA/Peel in diversity.

Generic

This group saw potential partnerships in the strategic objectives that focus on: youth and aging, the promotion of a recovery philosophy, support for family and friends, and enhanced vocational services.

The CMHA-Peel Strategic Objectives

As previously mentioned, the strategic objectives and associated strategies were developed in the context of the recovery model and, specifically, within CMHA/National's Framework for support.

Role of Framework For Support (FFS) and Recovery

The "Framework For Support" is now in its 3rd edition and has been a model for service for almost 20 years, enhanced and added to with each edition. CMHA/Peel introduced to staff in November of 2006.

The FFS has three core characteristics:

- Transformation and support.
- Respect and recognition
- Moving forward in partnership.

Its ultimate goal is to ensure that people with serious mental health problems live fulfilling lives in the community.

The FFS is constructed with three pillars that define and support recovery:

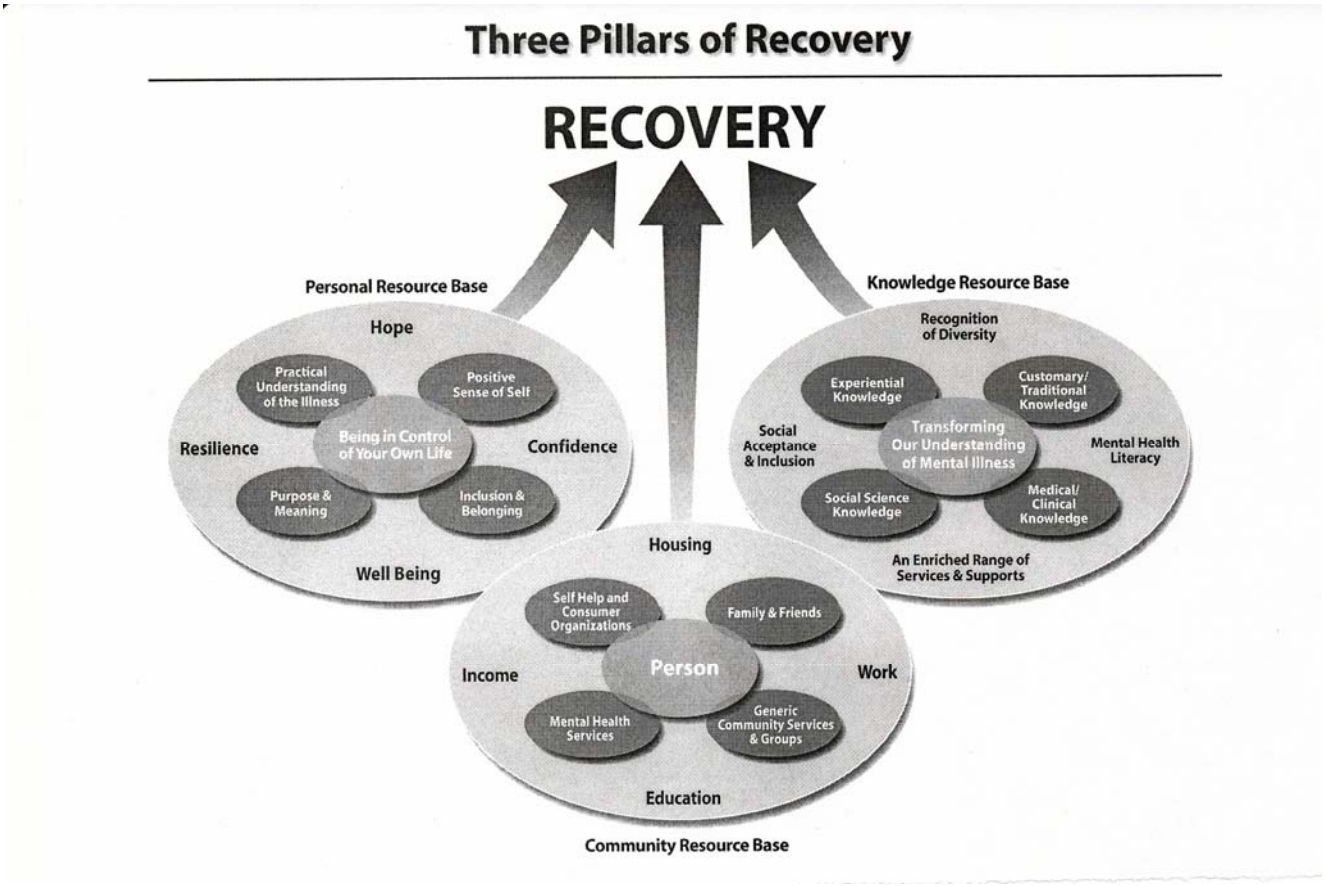
- A Community Resource Base – which anchors CMHA's thinking in the real process of consumers lives in society.
- A Knowledge Resource Base – which represents all types of knowledge for recovery.
- A Personal Resource Base – which represents consumers being in control of their lives.

Recovery as defined within the FFS is:

- Supported and enhanced by the three pillars.
- Not an end state but a continual journey
- Achievable as identified by the individual.

Mental illness, when seen through the lens of recovery, loses its central and life-defining position in the life of the individual and takes on a more secondary role.

The following image illustrates the FFS and the three pillars of recovery.



Ten Strategic Objectives

Ten strategic objectives were developed. Below is a table that outlines each one, with a commentary on how this objective would appear to a consumer, and a brief rationale for their need.

Strategic Objective	Rationale
To implement the Framework for Support (FFS) in CMHA/Peel. Case managers support consumers with housing, work, education etc. As well, we help consumers develop control of their own lives; an understanding of their illness and well being and the importance of hope.	The FSS model illustrates everything that must be in place to support recovery.

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Strategic Objective	Rationale
***Connect and support families to have a bigger role in recovery*.** We involve family and friends as identified and approved by the consumer in the relevant elements of our services.	Family and friends are seen as key contributors to consumers living fulfilling lives and achieving what they define as their recovery.
Strengthen capability for peer support in recovery. We want to expand how we work with consumers as peer-support. We are developing training, procedures and policies to make peer support happen.	Like family and friends, peers provide another strong support for consumers. Their personal experience brings a strong element of hope to others.
To expand and enhance our vocational services. Increase opportunities for consumers to work. Also, an increased understanding in the workplace, for mental health issues.	Having purposeful activities is part of both “Person” and “Being in control of our own life” pillars. A mentally healthy workplace supports all employees.
Support clients to get the services and supports from our partners, providers and stakeholders, that they require for their recovery. It’s important that all agencies working with our consumers can provide the support our consumers identify as part of their recovery.	CMHA/Peel works through partnerships. Sharing our recovery philosophy with our partners will help our consumers get the services and supports they need in a more consistent manner.
To develop a continuum of services that focuses on youth (12 years or older). ***To develop a continuum of services that focuses on older adults.*** For both youth and seniors, we want to address the gaps in services.	The age demographics of our two LHINs have identified the increasing numbers of individuals in these two under-serviced groups.

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Strategic Objective	Rationale
To support clients in making full use of the generic community services and group. We constantly use our experiences and research to improve our services.	Informal networks are part of existing and any new communities that our consumers engage with. A better understanding of these networks and how they could play a bigger role in recovery is required.
To develop diversity expertise (knowledge, skills, ability) in the organization and staff to serve the ever increasing diversity of our clients. Our community is extremely diverse in terms of cultures and we want to make sure that our services meet all of the needs.	Again, the ethnic demographic data of our two LHINs and our existing ethnic consumer profile suggest we need to increase our own expertise in working with our very diverse clients.
Reform our infrastructure and processes to build an integrated, healthier cross functional organization. We are always looking to make sure that everything we do works well together and that there are no gaps for consumers in our services.	Our intense growth in the last three years has caused us to focus attention on internal program integration. We now need to focus more attention on integration across programs and the leveraging of knowledge and resources horizontally access the organization.
To support staff success. We improve our consumer services by increasing the skills and abilities of our staff.	The ten objectives are implemented by front line staff who must be as skilled and knowledgeable as possible in the ever evolving disciplines of mental health work.

Appendix

A: Demographics – Referenced from:

Central/West LHIN website: *www.centralwestlhin.on.ca*

and

Mississauga/Halton LHIN website:
www.mississaugahaltonlhin.on.ca