

Partnerships with Confidence

CMHA PEEL
ANNUAL REPORT
2004-2005



CANADIAN MENTAL
HEALTH ASSOCIATION
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE



Supporting Community...

Connections Choice

Understanding

Access

This is how we build a strong community

"Collaborations have the potential to strengthen communities, remove turf issues, develop relationships and improve the quality of services to the community"

As a family member and employer I know the importance and relevance of community support. As the Chair of the Canadian Mental Health Association/Peel Branch, I take extreme pride in the support CMHA/Peel provides to the most vulnerable in our community and the support that the Branch draws from the community through innumerable, invaluable community partnerships.

The role of the Board in the development of the symbiotic relationship between community support and the resulting supportive community is to ensure that the organization's governance is positioned for leadership. Strong governance results in credibility, trust, confidence, and the potential for healthy reliable partnerships with CMHA/Peel.

To that end, this year the Board of Directors reviewed and revised both our By-Laws and our Board Policies. With a growing membership and increasing community partnerships, as a Board we felt that we needed to ensure our By-Laws were relevant for the times. They needed to provide a suitable framework for the valuable service that the organization provides to the community, particularly given that it is done so through an increasing number of partnerships.

We are a Policy Governance Board and as such determine the "ends" of the organization or the change that staff work to create in the community. The refinement of our policies last year was followed this year by increased attention to identifying the moral ownership of CMHA/Peel and how we would engage that ownership in order to better define our ends.

We are in a time of considerable "transformation", a term

coined by the Ministry of Health and Long Term Care. Through senior staff, CMHA/Peel has been an active participant in the discussions regarding the new Local Health Integrated Networks (LHINs) that are charged with planning, integrating, and funding local health care. As we await the inauguration of the LHINs, we are moving ahead as planned.

It would be remiss at this point not to mention the most valuable contribution to the community of the Halton Peel District Health Council (HPDHC), now disbanded in preparation for the LHIN. The planning work done by the Council over the years contributed significantly to our supportive community and it has been appreciated.

We have cause to celebrate as in the past year there has been significant investment in community mental health. Access to Recovery, a new Case Management Program, has been launched and new funding for persons with serious mental illness who become involved in the criminal justice system has been announced. As a result of our collaborations, confidence in and of our partners has escalated and the vision of a "system" is clearer, the latter critical to Peel residents who have long believed that there is no coordination of services. As well, the United Way funded Resource Centre is celebrating its 20th anniversary.

The circle continues – supporting the community results in community support, building support ensures collaborative provision of seamless services and a healthy, supportive community.

Respectfully submitted,

Donald French

Don French
Chair, CMHA/Peel Board of Directors

...Community Support



Supporting Community...

Partnerships with Confidence

Recently, in response to community need, CMHA/Peel was a leading player in the development of a proposal for a Family Health Team in the Brampton Malton community.

CMHA PEEL Program Statistics

- Resource Centre:**
 - 780 individuals and organizations were connected to services and/or educated about the system
 - 132 people were trained in Applied Suicide Intervention Skills Training (ASIST)
- Youth Net:**
 - 820 youth were involved in discussion groups where "you could say anything and be comfortable about it"
 - 1 in 10 focus group participants were screened for the need to see a crisis worker, with 7 youth being referred for follow up to a crisis worker
 - A total of 2199 youth served
- Consumer/Survivor Support Network:**
 - 163 people were members of Eden Place and 97 individuals participated in self-help groups
 - 21 members earned a total of \$5,435.00
 - 1 member was hired as a courier between CMHA/Peel sites
- Court Support Program:**
 - 61 individuals were diverted from the criminal justice to the mental health system
 - 399 consultations to families and service providers
 - Re-Offence rate was less than 4%
- PAR Clubhouses:**
 - 43 members worked in transitional and group employment earning a combined \$46,702.00
 - 416 individuals were served by the Clubhouses
- Outreach Services:**
 - 326 individuals reported mental health issues.
 - 120 individuals were housed and 690 individuals were supported in the community
- Access to Recovery Case Management Program** (opened Dec/2004)
 - 57 clients served

We stepped up to the plate in partnership with Peel Senior Link in order to ensure the proposal move forward. Yet unfunded, this is one small example of our commitment to our core service of community development and the importance of partnerships in that context.

The organization has a detailed partnership template by which any potential partnerships are reviewed. This highlights the strengths and potential challenges and ensures confidence in the new partnership.

The theme of working in partnership is visible throughout the organization with each program having unique partnerships to best meet the needs of the particular clients served. Partners are corporate, non profit and self-help. All contribute immeasurably to the richness of services we are able to provide in Peel.

Community support and a supportive community are not possible without partnerships. Partnerships with confidence ensure we are providing the best possible services, with the resources we jointly share.

Our sincere thanks to all our partners for the contributions they are making to the mental health of our community.



Program Highlights

Access to Recovery

The Access to Recovery Case Management Program opened in late 2004 providing intensive case management services to people experiencing serious mental illness. The following represents the experience of a client after being assigned a Case Manager, "Nicole":

"I'm feeling happier these days. A lot of changes have been taking place.

I've started to get out more. I was finding it hard to get out and do things before. Nicole has been coming over and encouraging me. She suggested that I go out for walks and to the centre. I started going line dancing, and I am enjoying this. I'm starting to meet more people. I've got a psychiatrist now too. Nicole helped me to get one, and this makes it a lot easier. The doctor is reviewing my medications to see which ones are helping and which ones aren't. Nicole comes to take me to appointments and this helps. I appreciate this, because I feel anxious about seeing the doctor.

Another thing that has happened is that I've just moved into my own place. It's really great! I love it. Nicole spent the whole day with me trying to get things arranged. She talked with my family, and helped me through it all. I am so proud that I am able to do this. I am thrilled with my new place. I haven't had to go to the hospital in a long time."

- M. D.

Resource Centre

On a February afternoon, Samantha (not her real name) called about her 17 year old son who has an anxiety disorder. She was looking for behavioural therapy for him.

Her son had already seen a psychiatrist at a Toronto hospital and his medication was working. He couldn't go to school for an extended period of time but had returned recently and they were accommodating him as best they could. Samantha said that her son's goal was to gain his confidence back in order to continue with education at university and eventually be taken off medication.

The Information & Referral Specialist searched for and offered two local referral options and informed the caller of peel.cioc.ca, the online database. Samantha would have it for future reference. While Samantha seemed to be experiencing moderate stress, it was important that she felt in control of the situation and follow through independently.

Samantha called us as a result of our Branch's Mental Health Works presentation. The caller offered, "I'm really glad you were at my husband's work yesterday and that you're at workplaces talking about this. My son was lying to his friends because he didn't want them to know about his problems, given the stigma." Samantha added, "Thank you very much. I'll do my search on the database."

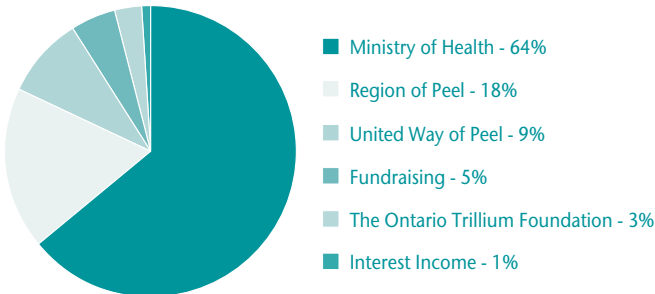
With one in five people living and working with a mental illness, the Resource Centre is here to provide accurate and helpful information, increase understanding and acceptance of mental illness, and connect people to the right treatment and support. This is just what we did for Samantha and her family.

Twenty years ago, the Centre started with a three-year grant from the Ontario Trillium Foundation and it continues with core funding from the United Way of Peel Region. We appreciate their recognition of the Centre's value to the mental health of this community and our Board of Directors' leadership and support of mental health promotion. During 2005-2006, our 20th anniversary, we plan to honour that commitment by earning an Ontario accreditation as a specialized service provider.

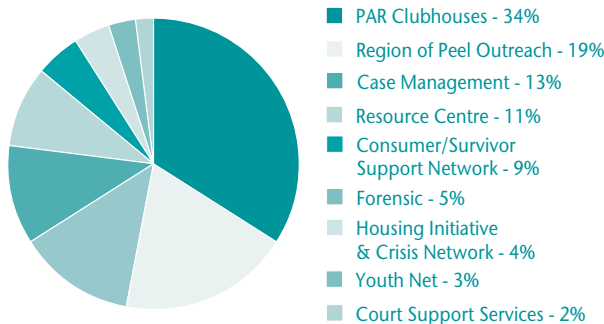
CMHA PEEL Financial Statement

Statement of Revenue and Expenditures April 1, 2004 to March 31, 2005

Revenue by Source – \$2,829,413



Expenses by Program – \$2,814,609



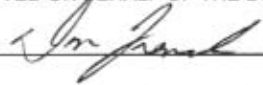
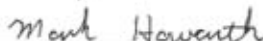
Full audited statements are available on request.

In 2004/2005, no employees of the Canadian Mental Health Association/Peel Branch were paid a salary of \$100,000 or more, as defined in the Public Sector Salary Disclosure Act 1996. Administrative expenses of 15% are incorporated into each program budget.

BALANCE SHEET – AS AT MARCH 31, 2005

ASSETS	2005	2004
Current		
Cash and short term investments	\$ 967,520	\$ 645,254
Accounts receivable	42,648	125,060
Prepaid expenses	26,739	20,680
	<u>1,036,907</u>	<u>790,994</u>
Capital Assets (note 3)	238,434	144,992
	<u>\$ 1,275,341</u>	<u>\$ 935,986</u>
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 333,211	\$ 343,452
Ministry of Health payable (note 5)	7,101	3,735
Deferred revenue	392,315	154,578
	<u>732,627</u>	<u>501,765</u>
Deferred Capital Contributions (note 4)	229,925	136,236
	<u>962,552</u>	<u>638,001</u>
Surplus		
Surplus	219,065	204,507
W.O. Davidson Bequest reserve (note 7)	93,724	93,478
	<u>312,789</u>	<u>297,985</u>
The accompanying notes are an integral part of these financial statements.	<u>\$ 1,275,341</u>	<u>\$ 935,986</u>

APPROVED ON BEHALF OF THE BOARD:

 Director
 Director

CANADIAN MENTAL HEALTH ASSOCIATION/PEEL BRANCH

2004 – 2005 Board of Directors

Aaron, Sandra*
 Ali, Ayoub*
 Dabor, Ronald C. E.
 Damiani, Lucy* Chair (April – September)
 Daysant, Paulette*
 French, Donald Chair (September – June)
 Funnell, Bud* Treasurer (April - November)
 Howarth, Mark Treasurer (November - June)
 Murphy, Karen† 1st Vice Chair
 Olsson, Gayle
 Salmon, Keith Secretary (September to June)
 Selkirk, Linda* Secretary (May to September)
 Telfer, Maxcine 2nd Vice Chair

* resigned during the year

† recruited mid-term

Visit our website @ www.cmhapeel.ca

Resource Centre

3181 Wolfedale Road, Unit #5
 Mississauga, ON L5C 1V8
 Tel: 905-804-0123

Ministry of Health and Long-Term Care



United Way of Peel



THE ONTARIO
TRILLIUM
FOUNDATION