

...You





The theme for this year's Annual General Meeting is "Now more than ever... invest in yourself." These are difficult times and the best way to manage stress is to invest in the things that matter most. The Board of CMHA/Peel is strongly invested in our community. To quote CMHA National, "When you join or volunteer with community

groups, clubs and organizations, you feel a part of something bigger. You feel connected to a place and to a network of people. It's a good way to build personal and collective resilience in difficult times."

With this in mind, the Board spent time at their annual retreat redefining their goals, in order to clearly identify targets and

ensure the appropriate amount of time is spent on each. The Local Health Integration Network (LHIN) requires community boards to collaborate as they identify what services are needed in our community, and set about providing them. This furthers CMHA/Peel's investment in our community, as together with other service providers, we enhance the health care system. The Board developed a governance policy that reflects our commitment to collaboration and education. The policy will enhance our knowledge about other organizations, their governance models and the services they provide. In addition, each CMHA/Peel Board meeting contains an educational component, where the focus is either on an internal program or service or an external agency. In the past year the Board reviewed a number of tenets of policy governance and



heard presentations on the specifics of mental illness, governance leadership, and Peel Addiction Assessment Referral Centre (PAARC).

Finally the Board discussed in detail the new Multi-Service Sector Accountability Agreement to ensure that all of its implications were understood. Their efforts increased their collective and personal investment in both CMHA/Peel and the broader community.

Throughout the year, the Ownership Task Force of the Board developed a presentation for the Dufferin Peel Catholic District School Board to increase awareness of mental illness in youth and demonstrate the value of CMHA/Peel's youth focused programs. The presentation was well received and we are optimistic about the possibility of working with the Dufferin Peel Catholic District School Board, in order to invest in the future of our young people.

The Board hosted a Board/Staff dinner to recognize the value of staff and to help foster a common vision. Dr. Alvin Curling presented his report on "Roots of Youth Violence". Dr. Curling felt that unaddressed mental health problems are a root cause of youth violence. Once again, the importance of investing in early intervention programs for youth was highlighted.

Immediately after our last AGM, the Board approved CMHA/Peel's expanding its catchment area into Dufferin with the caveat that additional resources would be required. This is in keeping with the geographic boundaries of the Central West LHIN, which includes Bolton, Brampton, Caledon, Dufferin County, Orangeville, Malton, Rexdale, Shelburne and Woodbridge.

As we move forward in this challenging environment, the Board is optimistic that investment – in family, in friends, in community and in the workplace – will support us collectively and individually, to deal with uncertainty and maintain our mental health.

CMHA/Peel's work wouldn't be possible without the tremendous commitment and investment of our funders, partners, members and supporters. We thank all of you for that.

Finally, to our clients, who every day demonstrate their resilience and competency: there is no more important reason for investing in our community.

With sincere thanks,

Linda Nasato

Linda Nasato

Chair, CMHA/Peel



# **Client Feedback Survey**

This year, for the first time, certain direct service programs participated in an organization-wide client feedback survey. Previously client feedback was obtained on a program-by-program basis. For example, certain Resource Centre programs do a survey after training events and community awareness sessions. Just over 200 clients responded to a survey which was based on one developed in Fort Francis, Ontario by consumer/survivors.

The process was established with Peer Support Workers in place to provide assistance as necessary. The overall feedback was exceptionally positive with the following highlights:

- 97% of clients felt comfortable asking questions
- 94% of clients felt workers respected their rights
- 91% of clients said workers encouraged them to make their own choices.

All of the above are critically important to one's recovery as staff work alongside clients on their journey.

The full results of the Client Survey are posted on our website.



## Central Intake – A Welcoming & Open Front Door

A critical component of our Strategic Plan over the past year was the establishment of a CMHA/Peel Central Intake. Under the leadership of Christine Devoy (Clinical Director) a cross-functional team put the principles identified by senior management into operation. The result: an open and welcoming front door, building on the strength of Information & Referral as practised by the Resource Centre.

Two staff act as intake workers, meeting in our newly renovated intake office at 2 County Court Blvd., Brampton, or, if appropriate, in

the community. After being assessed, clients' stories are brought to a weekly meeting where managers identify if a client is eligible for one of CMHA/Peel's programs. If there is a wait list, managers discuss how to best meet a client's needs in the meantime.

Currently Central Intake addresses Access to Recovery Case Management and Assertive Community Treatment Team clients and referrals have increased by over 40%. We are hoping to roll Central Intake out to additional programs in the coming year.

## **Guiding Principles**

• Central Intake will be a welcoming "front door" to CMHA/Peel and its programs.

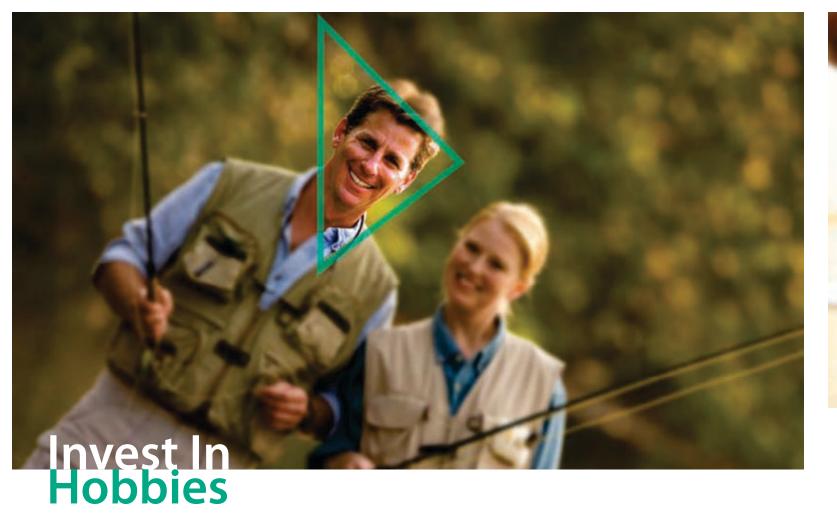


- CMHA/Peel maintains standards of practice to ensure that the "front door" remains open.
- Central Intake will be a Recovery-based Clinical Assessment service that is holistic and strength-based.
- Service begins from first point of contact and is offered continuously thereafter, even if clients have to wait for their primary service.
- Central Intake processes endeavour to ensure that clients only have to tell their story once in the least intrusive manner.
- All Central Intake structures and processes will support the highest quality service for all clients through a planned team approach.
- We will build on current strengths within CMHA/Peel to

- develop our intake processes: The Resource Centre has a role in triage; PAR has a role in intake of clients to their service.
- CMHA/Peel commits to providing an enriching, balanced job for their intake workers, along with continuous intake coverage for clients; as such it is committed to a hybrid model of job function. This means that the workers who provide Central Intake are case managers and housing support workers, who focus at least half of their time on Central Intake.
- Central Intake is an accountable service, meeting all existing standards and reporting requirements.

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# **Strategic Plan**

To implement the Framework for Support (FFS) in CMHA/Peel.

Case managers support consumers (people with a mental illness) with housing, work, education, etc. As well, we help consumers develop control of their own lives, and an understanding of their illness, well-being, and the importance of hope.

Connect and support families to have a bigger role in recovery.

We involve family and friends in our services, when clients request it.

Strengthen capability for peer support in recovery.

We want to expand peer support, which is how consumers work with other consumers.

To expand and enhance our vocational services.

We want to find added opportunities for consumers to work, and increase understanding of mental health issues in the workplace.

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 consumers can provide the support our consumers identify as part of their recovery.

To develop a continuum of services that focuses on youth (12 years +) and develop a continuum of services that focuses on older adults.

For both youth and seniors, we want to address the gaps in services.



To support clients in making full use of generic community services and groups.

We are constantly using our experiences and research to improve our services.

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 as many needs as possible.

Reform our infrastructure and processes to build an integrated, healthier cross-functional organization.

We always endeavour to ensure that everything we do works well together and that gaps in service are addressed.

To support staff success.

We improve our consumer services by increasing the skills and abilities of our staff.

## **CMHA/Peel Invests in Staff Wellness**

MHA/Peel's staff wellness plan encourages a workplace that promotes a healthy lifestyle and a sense of well being for staff. Physical health is connected to mental health and with this plan, CMHA/Peel encourages their staff to invest in their overall fitness through exercise, massage and alternative health therapies to relieve stress and improve their physical health.

Each staff person is entitled to \$250.00 annually to improve their wellness. Staff feedback recognizes that this investment is appreciated and a significant stress reliever confirming our investment in their mental and physical health.

Canadian Mental Health Association • 2008 - 2009



## **Service Statistics**

#### Resource Centre

- 4,658 people served
- 14 workshops and 23 training sessions held
- 531 individuals trained in Mental Health Works
- 276 Information and Referral callers cited CMHA/Peel website as their referring source
- Over 90% of clients satisfied or very satisfied with Applied Suicide Intervention Skills and Non Violent Crisis Intervention Training
- 100% of callers would call again
- Designated lead agency of Community Information Partners Peel

#### Youth Net

- 2,091 youth served
- 10 displays served 985 youth
- 464 youth completed stress surveys

Client Quote: "Facilitators are cool - the group was good the way it was"

#### FACT Peel+

- 27 clients served
- 74% of clients returned to school or secured employment

#### Concurrent Disorders (Crisis Services)

- 3 Concurrent Disorder Training sessions offered to 77 individuals
- 6 Applied Suicide Intervention Skills training for 118 persons
- 62 Agencies are members of the Concurrent Disorders Network

#### Consumer Survivor Support Network

- 3,381 visits to Eden Place Drop In Centre
- 166 individuals attended self help groups

#### Assertive Community Treatment Team (ACTT)

- 29 clients served
- 40% increase in intakes with CMHA Central Intake

#### Davidson Scholarships

• 16 scholarships awarded

#### McEvenue Homeworks Program

• 19 individuals received a total of \$11,643.56 to support them with their housing

#### Mental Health & Justice Services

- 320 clients received court support and discharge planning
- 992 consultations provided
- 20 clients served by Justice housing

#### Access to Recovery (ATR)/Housing and Support Peel (HASP)

- 274 clients served by ATR
- 48 clients received employment support
- 66 clients served by HASP

### Region of Peel Street Outreach

- 698 face to face visits (70% of target)
- 2,798 telephone visits (double the target)
- 49% of 140 households on the street moved to permanent housing
- 100% of 112 households at risk of homelessness stabilized

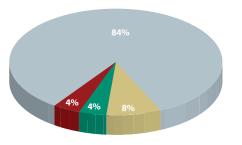
#### PAR North and PAR South Clubhouse Programs

- 504 clients served
- 2,298 case management support contacts
- 96 members participated in employment programs
- 51 members received housing support

## **CMHA/Peel Branch**

Statement of Revenue and Expenditures April 1, 2008 to March 31, 2009

#### Revenue by Source - \$7,882,601

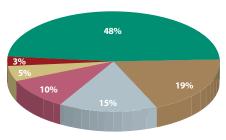


84% Central West LHIN

8% Region of Peel4% United Way

4% Trillium/Resource Development

## Expenses by Program – \$7,835,321



48% Rehabilitation – (PAR Clubhouse, FACT Peel+, Mental Health & Justice, Access to Recovery, ACTT)

19% Crisis – (COAST Peel, Peel Crisis Capacity Network, Training)

**15%** Management, Administration, Community Development, Resource Development

10% Homelessness/Outreach

**5%** Promotion/Education/Community Awareness

3% Consumer Survivor Support Network

Full audited financial statements are available on request

## Statement of Financial Position as at March 31, 2009

2009

2008

248,637

4,047,501

#### **ASSETS**

	2007	2000
Current		
Cash	\$ 2,165,193	\$ 2,619,789
Short term investments	383,570	291,154
Accounts receivable	279,894	232,120
Prepaid expenses	60,235	49,060
	2,888,892	3,192,123
Long Term Investments	792,898	735,866
Other Assets	24,018	24,018
Capital Assets	439,903	445,748
	\$4,145,711	\$ 4,397,755

#### LIABILITIES

Current		
Accounts payable and accrued liabilities	\$ 800,027	\$ 1,070,273
Ministry of Health payable	1,899,164	1,933,425
Deferred revenue	364,933	352,645
Deferred capital contributions	168,096	192,393
	3,232,220	3,548,736
Future Employee Benefits	250,000	250,128

#### **NET ASSETS**

Invested in capital assets	5,851	4,718
Internally restricted	102,089	102,089
Unrestricted	289,595	243,447
	397,535	350,254
	\$ 4,145,711	\$ 4,397,755

APPROVED ON BEHALF OF THE BOARD:

**Deferred Capital Contributions** 

Pinda Vasato Fourd Chair
Fr. O. N. Board Vice Chair

265,956

3,748,176

# **Invest In Yourself**

The best way to manage your stress is to invest in the things that matter most.

...Family ...Hobbies ...Work ...Fitness

...Health ....Community ...Friends ....Learning

...Your Mental Health!

## **CMHA/Peel Branch**

#### **Resource Centre**

2 County Court Blvd., Unit #102 Brampton, ON L6W 3W8 Tel: 905-451-2123

#### **Finance & Operations**

250 Clarence St., Unit #5 Brampton, ON L6W 1T4 Tel: 905-451-1718

Visit our website www.cmhapeel.ca

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