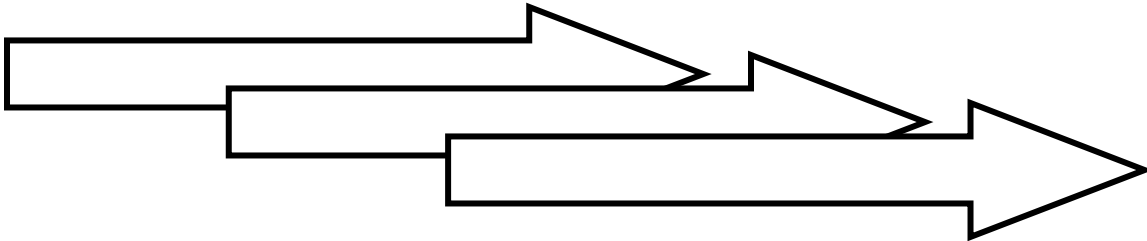


TOMORROW TOGETHER.....



**CANADIAN MENTAL HEALTH ASSOCIATION,
NIAGARA BRANCH,
STRATEGIC PLAN**

2008 to 2013

June 2008

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INTRODUCTION

This strategic plan, covering the period from June 2008 until June 2013, is an extension of the strategic plan developed by the Canadian Mental Health Association, Niagara Branch (hereafter called CMHA Niagara) in November 2005. This earlier strategic plan, entitled ***Creating Our Future***, focused largely on the internal components of CMHA Niagara, an organization that was incorporated on June 1, 2001 as an amalgamation of the Niagara South and the St. Catharines and District CMHA Branches. As the introduction to the 2005 plan put it, the plan *“involved a clarification of organizational values and the development of a strategic action plan for the branch”*.

The 2005 plan included a set of CMHA Niagara values, supplemented by values of CMHA Ontario. These values are identified below and are described more fully in Appendix One.

CMHA NIAGARA VALUES

1. Awareness of Power
2. Inclusive Community
3. Human Rights
4. Hopefulness
5. Person-Driven (Choice)

CMHA ONTARIO VALUES

1. Social Justice
2. Individual and Collective Responsibility
3. Access to Appropriate and Adequate Supports
4. Self Determination
5. Community Integration
6. Integrity
7. Partnership
8. Excellence
9. Accountability
10. Creativity

The 2005 strategic plan also generated a vision statement for CMHA Niagara:

**An inclusive community
dedicated to the rights and mental health of all people**

Based on the values and the vision statement, the 2005 strategic plan also provided a mission statement for CMHA Niagara:

CMHA Niagara Branch is dedicated to leadership in mental health. Our leadership is demonstrated by our values through:

- **The delivery of services that ensure full integration**
- **Advocacy and education that eliminates discrimination.**

The values and the vision statement developed in 2005 are still valid as guides for the 2008 strategic plan. However, in light of the new highly collaborative environment in which CMHA Niagara now operates (and will continue to operate) the mission statement has been slightly revised through the addition of the word “partnership”. The revised mission statement (shown below), underlines the additions.

CMHA Niagara Branch is dedicated to leadership and partnership in mental health. Our leadership and partnership are demonstrated by our values through:

- **The delivery of services that ensure full integration**
- **Advocacy and education that eliminates discrimination.**

The 2005 plan also identified fourteen directions, five areas for service renewal and ten recommendations grouped under these five areas. Please see Appendix Two for a summary of these features of the 2005 plan.

THE CONTEXT FOR IN THE 2008-2013 PLAN

This current strategic plan takes a more external focus. It complements, but does not replace, the strategies contained in the 2005 plan.

One reason why the current plan takes a more external focus is the changed environment in which CMHA Niagara carries out its mission. The environment has changed largely because of the creation in Ontario of fourteen local health integration networks (LHINs) which are now responsible for funding health services in their areas that had formerly been funded directly by transfer payments from Ontario's Ministry of Health and Long-Term Care.¹ In addition to this allocation role, LHINs have planning and community engagement roles. These latter two roles were at the forefront of the activities of LHINs during their first two years of operation, culminating in the development by each LHIN of a three-year Integrated Health Services Plan (IHSP) for its area. IHSPs are updated on an annual basis.

The mandate and activities of LHINs are specified in Ontario's *Local Health System Integration Act, 2006*. One of the main functions of LHINs is to work with communities and stakeholders to produce more integrated health systems.

For the purposes of LHIN activities, the Act defines integration:

"integrate" includes,

- (a) to co-ordinate services and interactions between different persons and entities,**
 - (b) to partner with another person or entity in providing services or in operating,**
 - (c) to transfer, merge or amalgamate services, operations, persons or entities,**
 - (d) to start or cease providing services,**
 - (e) to cease to operate or to dissolve or wind up the operations of a person or entity,**
- and "integration" has a similar meaning; ("intégrer", "intégration").**

Ontario's *Local Health System Integration Act, 2006, Section 2(1)*,
at http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/06l04_e.htm#BK27

¹ Not all health services are now funded directly by LHINs. Public health and practitioner services, as well as some provincial programs, are still funded directly by the Ministry of Health and Long-Term Care.

The Ministry of Health and Long-Term Care has also defined integration in a way that is consistent with the Act but which also specifies the outcomes expected from integration:

"Integration is defined broadly to encompass the process of effectively managing the alignment of multiple systems of independent (and interdependent) organizations with unique goals and objectives to achieve three important outcomes that are central to the Ministry's transformation agenda:

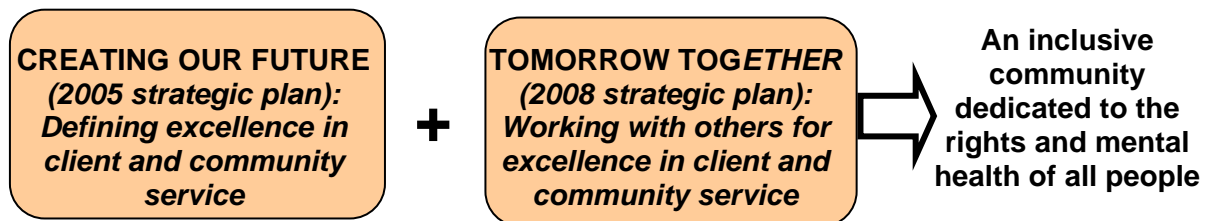
- ***Ensuring that users experience services as seamless, where boundaries between organizations are not apparent to them;***
- ***Improving the match between single services provided and the multiple needs of clients and families;***
- ***Enabling effective and efficient use of system resources and capacity by optimizing system interactions across the system and across program silos."***

While LHINs have powers under the Act to enforce certain kinds of integration, they have to date taken an approach that favours voluntary integration initiatives in their areas.

The Region of Niagara lies within the boundaries of the Hamilton Niagara Haldimand Brant LHIN, which also covers Burlington and Norfolk County. With a population in 2006 of 427,421, Niagara comprises one third of the population of the LHIN.

Approximately 75% of the budget of CMHA Niagara flows from the Hamilton Niagara Haldimand Brant LHIN. Accordingly, this strategic plan is meant to prepare CMHA Niagara to participate fully in the kinds of integrative activities specified under the Act. However, this strategic plan also maintains an appreciative awareness of crucial funding that flows to CMHA Niagara from other sources, including The United Way of St. Catharines, the United Way of Niagara Falls and Fort Erie, the United Way of South Niagara, Employment Ontario and the Region of Niagara. This strategic plan assumes that all its funding sources have an interest in seeing their funds spent in a way that helps create a more integrated mental health system, including integration with related systems.

In short, the 2005 strategic plan and the 2008 strategic plan are complementary approaches to helping CMHA Niagara live up to its vision.



THE STRATEGIC PLAN'S METHODOLOGY

In addition to review of key CMHA Niagara documents, the planning process relied heavily on direct discussions between CMHA Niagara (through The Agora Group, which was engaged to assist with the process) and key internal and external stakeholders through one-on-one meetings and focus groups.

Focus groups (each approximately two hours long) were held with:

- CMHA clients and former clients (two focus groups, which included CMHA volunteers)
- Family members of CMHA Niagara clients
- The CMHA Niagara Board
- A group of ten individuals drawn from stakeholder service agencies in Niagara (this group included two former Board Chairs of CMHA Niagara)
- CMHA staff (three focus groups were held, in Welland, Niagara Falls and Xt. Catharines).

Individual interviews (about 50 minutes in length on average) were held with:

- Sixteen external stakeholders (including service agencies, the Hamilton Niagara Haldimand Brant LHIN and CMHA Ontario)
- Five CMHA Niagara managers (the Executive Director and four program managers).

The interviews with managers and external stakeholders and the focus groups with staff and external stakeholders were guided by seven questions grouped into four categories:

- System change questions
- Evaluation questions
- Gaps/integrated solution questions
- An open ended question.

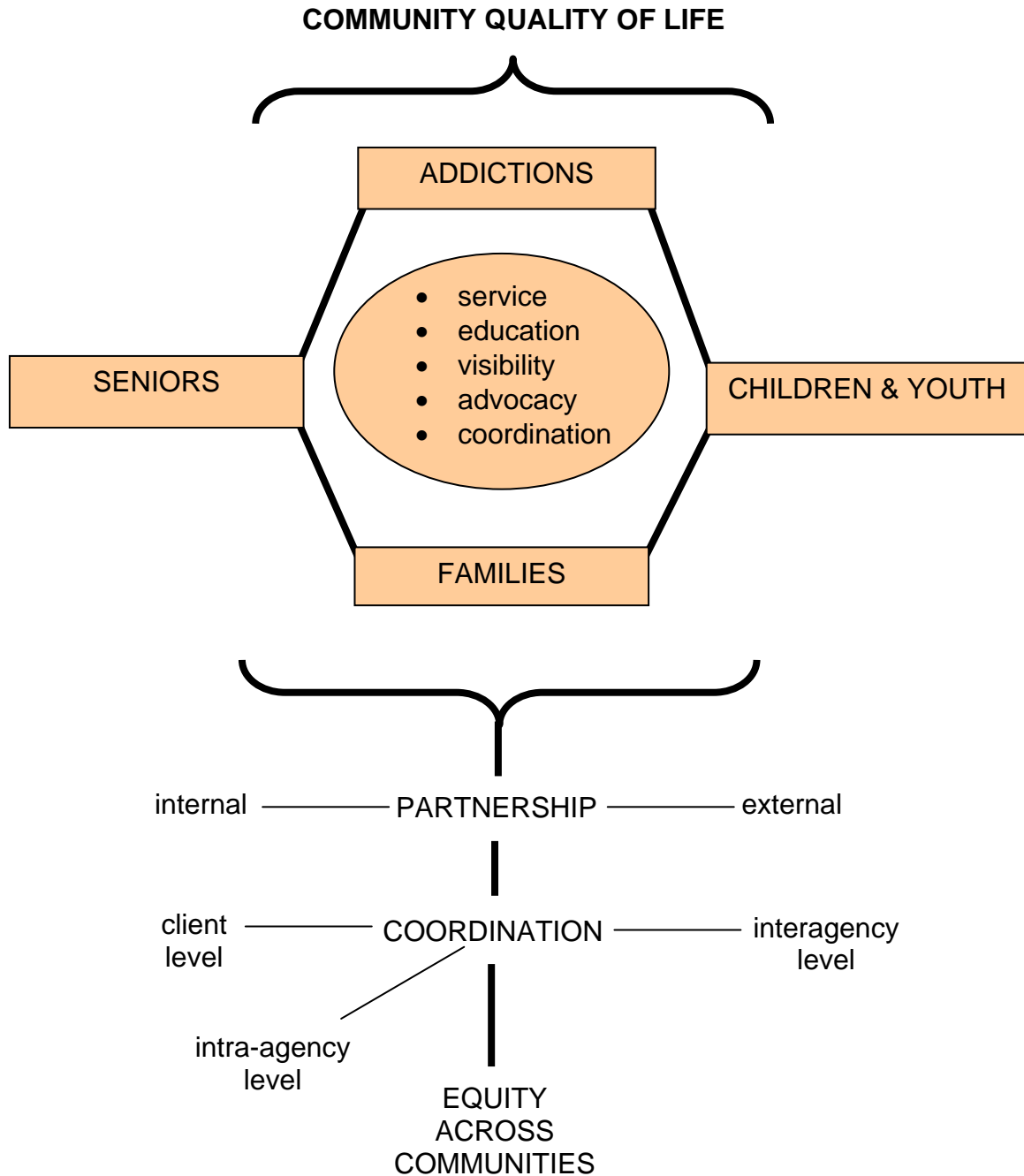
Focus groups with family members and clients were guided by four questions grouped into three categories:

- Personal experience questions
- Evaluative questions
- An open ended question.

The question frameworks are included as Appendix Three.

The responses to these instruments were then grouped into a SWOT framework (strengths, weaknesses, opportunities and threats – see Appendix Four) as a guide to the analysis that produced the twelve strategies described in this strategic plan.

The instrument results were also organized into an issues chart, shown below, that illustrated logically linked key themes.



THE NIAGARA CONTEXT

Stakeholders described Niagara an entity experiencing hard times as it moves from a heavy industry heritage towards a new paradigm for its economic base (although many stakeholders suggested that the new paradigm has not yet emerged). At present, many parts of Niagara experience a number of socioeconomic stressors that lead to mental health problems or that can exacerbate existing problems.

Stakeholders also pointed out that there is a strong sense of community in many of the towns and cities in Niagara. This was seen as positive in the sense that citizens mobilize themselves in their communities. It was seen as a negative in the sense that an inter-community sense of identity does not always easily emerge in Niagara.

Niagara comprises twelve communities. Some characteristics of these communities are shown below.

Communities (least populous to most populous)	Population, 2006 census	Population aged 0-14 (%)	Population aged 65+ (%)	Median earnings, persons aged 15+ (\$)	2001 to 2006 population change (%)
Township of Wainfleet	6,601	17.4%	13.9%	\$26,384	5.5%
Township of West Lincoln	13,167	22.9%	10.0%	\$27,865	7.3%
Town of Niagara-on-the-Lake	14,587	13.8%	24.1%	\$22,440	5.4%
Town of Pelham	16,155	17.0%	16.6%	\$31,056	5.8%
City of Thorold	18,224	17.6%	14.4%	\$27,670	1.0%
Town of Port Colborne	18,599	15.1%	21.3%	\$23,460	0.8%
Town of Lincoln	21,722	19.3%	17.4%	\$26,350	5.4%
Town of Grimsby	23,937	18.0%	15.4%	\$33,412	12.4%
Town of Fort Erie	29,925	16.6%	17.9%	\$23,430	6.3%
City of Welland	50,330	16.7%	16.8%	\$26,015	4.0%
City of Niagara Falls	82,184	16.7%	17.1%	\$24,614	4.3%
City of St. Catharines	131,989	16.2%	18.0%	\$24,345	2.2%
Total, Regional Municipality of Niagara	427,421	16.8%	17.4%	\$25,108	4.1%

Source: Statistics Canada, 2006 Census of Population

Appendix Five provides more data on the characteristics of Niagara Region and of selected comparator non-GTA communities drawn from 2006 census results. These data show that, in general, the communities in the western portion of Niagara Region have higher proportions of their populations who are children and youth and lower proportions of their populations who are aged 65 and over, higher median earnings and higher growth rates than communities in the eastern

part of the region. Of the total population, 62% is found in the three largest communities of St. Catharines, Niagara Falls and Welland.

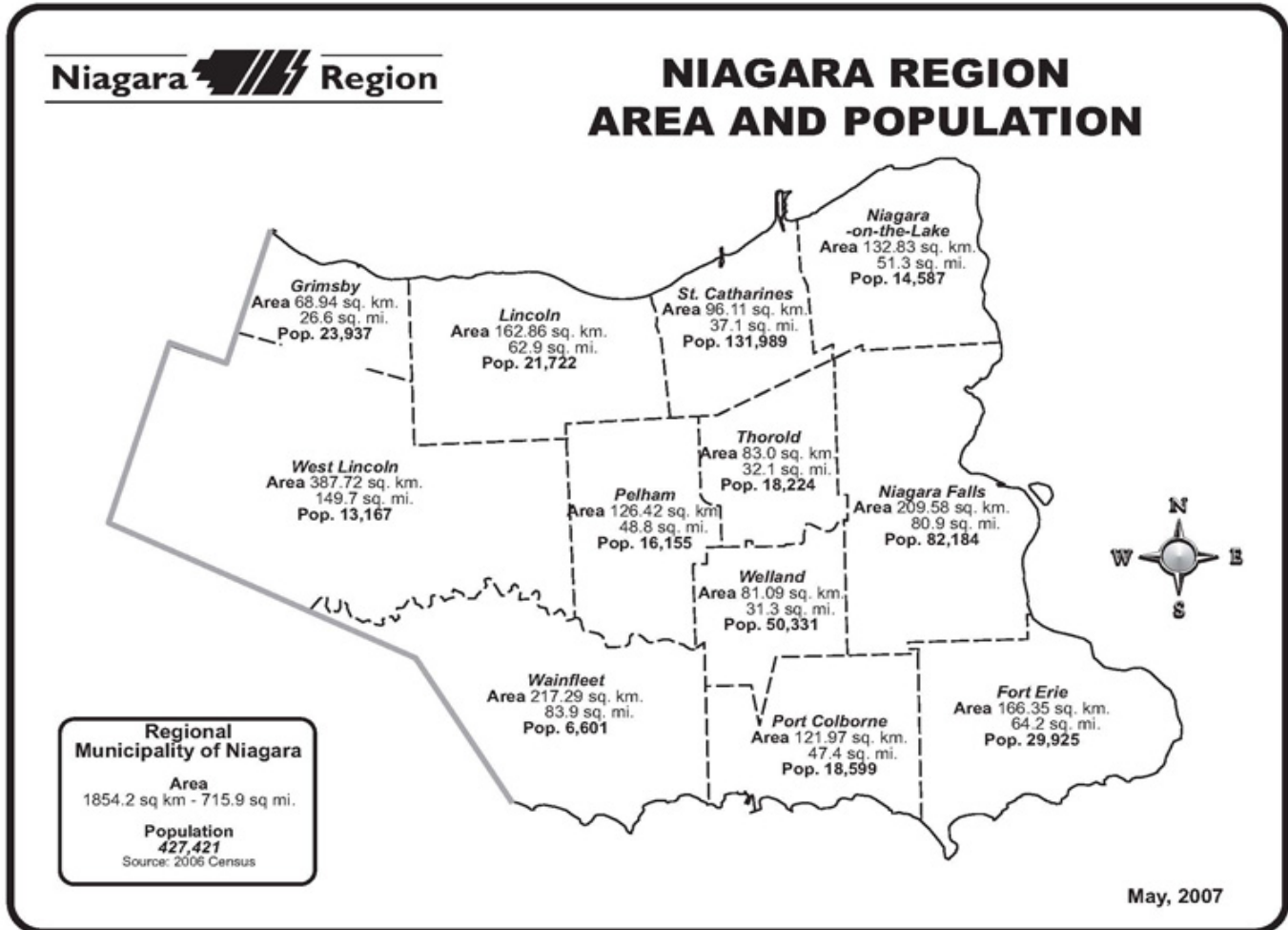
When compared to selected other communities in non-GTA Ontario, St. Catharines, Niagara Falls and Welland have low median incomes – a likely result of two factors:

- On several measures of the economic wellbeing of communities such as percentage of low-income earners and unemployment rates, Niagara's three largest communities are generally middle-of-the-pack or lower when compared to other sizeable non-GTA communities.
- The population of these three cities is more skewed to elderly population cohorts (whose members tend to have lower incomes) when compared to other sizeable non-GTA cities.

Approximately 11% of the population has French as mother tongue, with relatively large concentrations in Welland and Port Colborne. Visible minorities comprise 6.3% Niagara's population, most notably located in St. Catharines and Niagara Falls. Blacks and Latin Americans are the largest visible minority groups in the Region, although there are significant proportions of Chinese and South Asians as well.

Immigrants comprise 18% of Niagara's population. Immigrants form the largest proportion of the population in Niagara-on-the-Lake, St. Catharines and Niagara Falls. In St. Catharines, Niagara Falls, Fort Erie and Welland, the proportion of the immigrant population that is recent immigrants (i.e., those who arrived between 2001 and 2006) is highest compared to total immigrant populations.

A map of Niagara's communities is shown on the next page.



THE CMHA NIAGARA CONTEXT

CMHA Niagara is a multi-funded multi-program mental health agency serving Niagara through a number of program groupings:

Information/Resources

Information & referral

Individuals, families, and interested parties receive phone support, referrals and general information about mental illness.

Intake and Assessment

This is a self-referral service for assessment and guidance. This is the point of entry to CMHA Niagara programs

Public Education

Community members are provided with information to increase their understanding and acceptance of people with mental health issues. Information regarding positive mental health is provided.

Resource Centre

Individuals interested in learning more about mental health issues are invited to visit the Niagara Falls, St. Catharines and Fort Erie (new) locations to access resources. Staff are onsite and available to provide further information.

Volunteer Development

Volunteers work directly with consumers in our Recreation programs and through our Partnering Up program and Public Education. Volunteers also participate on our Board of Directors, and committees. Volunteers receive training and support.

Counselling

Short-Term Counseling

Individuals with emotional difficulties receive individual counseling. Counsellors provide access to other services as needed for individuals with mental health issues and persons at risk of developing mental health issues.

Support Groups

Depression and Separation/Divorce groups are offered at various times throughout the year. Individuals share common feelings and experiences towards the development of coping strategies. Trained counselors facilitate the support groups.

Crisis Care

Community Crisis Care

Crisis counsellors assist with problem solving, crisis resolution and short-term goal setting. There is a Counsellor in the office Monday to Friday 7:00am to Midnight, and on call Saturday and Sunday from 7:00am to Midnight (new hours-July 2007).

Crisis Beds

Short-term accommodation (3-5 days) for non-medical crisis resolution. Located at 15 Wellington Street, St. Catharines.

Case Management

Community Support

Individuals are helped to access and maintain housing, learn basic life skills and are linked with community resources.

Phase II Homelessness Initiative

Individuals are provided a combination of affordable housing and the ongoing, flexible supports to maintain housing. This program is for individuals with serious mental health issues who are homeless or at risk of becoming homeless.

Mental Health Court Support (Justice)

Individuals charged with minor offences as per Crown policy are supported in the court system and with their transition back into the community. Individuals are assisted to obtain the supports they need including: housing, social assistance, and medical services. Peer support and case management provided as required.

Residential Support

Group Living

Group living is provided for individuals with mental health issues who are preparing to live independently. Home support workers are available to assist the residents with goal setting and day-to-day living skills.

Location: St. Catharines and Niagara Falls

Employment

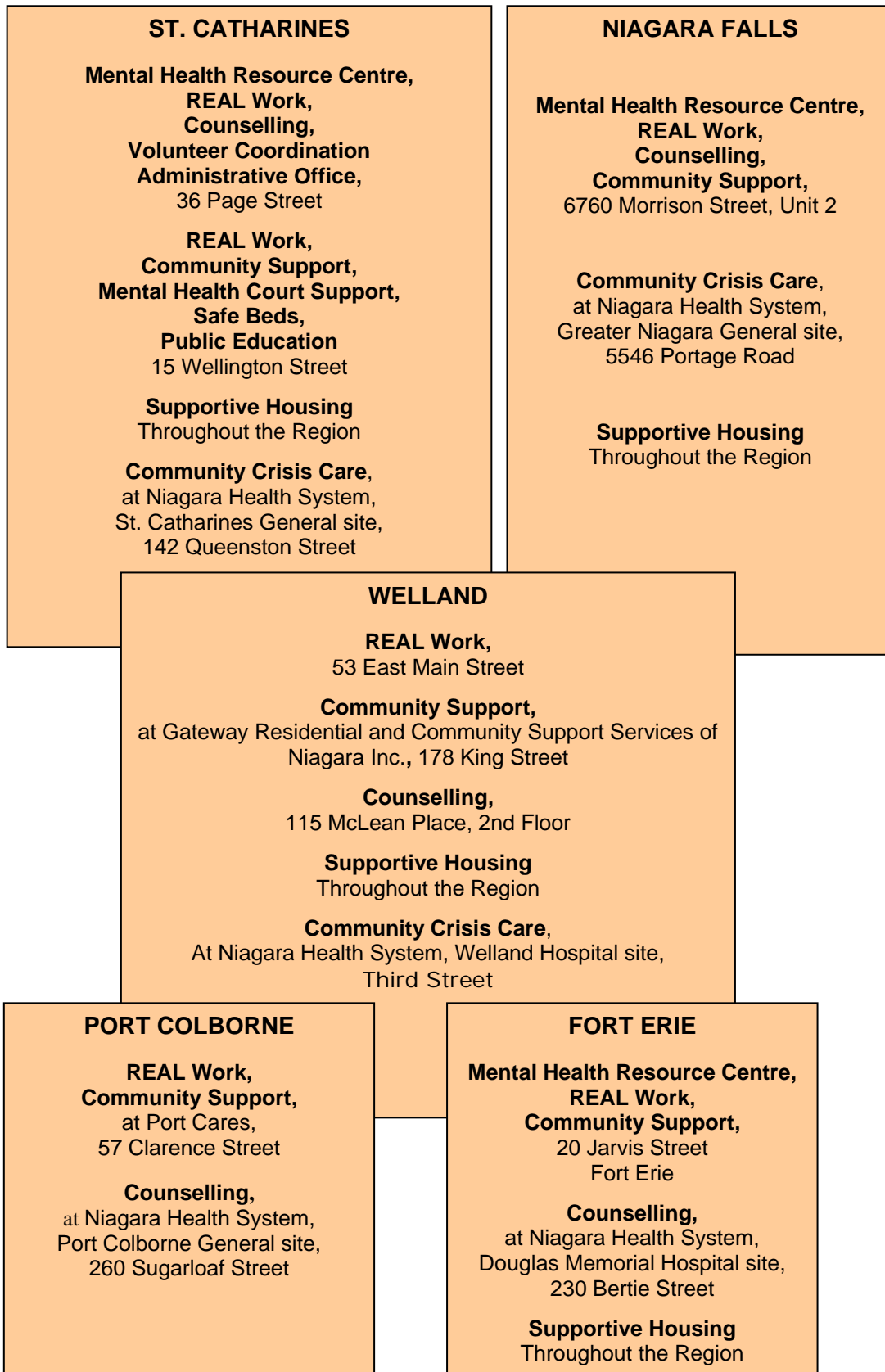
R.E.A.L Work

(Renewed Employment Access Link)

Individuals dealing with mental health issues are helped in the development of job skills and employment search. Once a job is found, individuals are assisted to maintain employment.

CMHA Niagara has a physical presence in five communities in Niagara, shown graphically on the next page.

CMHA NIAGARA SITES



THE FRAMEWORK FOR TWELVE CMHA NIAGARA STRATEGIES

The following sections outline twelve strategic directions for CMHA Niagara for the next three to five years. These are grouped into four categories:

1. **Five service support strategies.** These are meant to support CMHA Niagara so it can flourish on behalf of its clients in an environment of collaboration and system cohesion (as well as cohesion and alignment within CMHA Niagara itself).
2. **One service maintenance/quality strategy.** This strategy is meant to help ensure the quality of CMHA Niagara's services, while leaving room for expansion of services if opportunities arise.
3. **Four service growth strategies.** These strategies are meant to pursue opportunities for service growth for three population groups (the elderly, youth and people living with concurrent disorders) and for four client-focused service areas (housing, employment, engagement with the justice system, and crisis services) that may be fuelled by projected socioeconomic conditions in Niagara over the five year life of this strategic plan. This cluster also includes a growth strategy for CMHA Niagara's public communications.
4. **Two service equity strategies.** These strategies are meant to address equity of service distribution across CMHA Niagara's geographical coverage area and across the levels of severity of mental illness faced by people in Niagara.

These four clusters and the twelve strategies within them are shown graphically on the next page.

Each strategy is described in three ways:

- The reason for the strategy
- The elements of the strategy
- Activities and time lines for the strategy.²

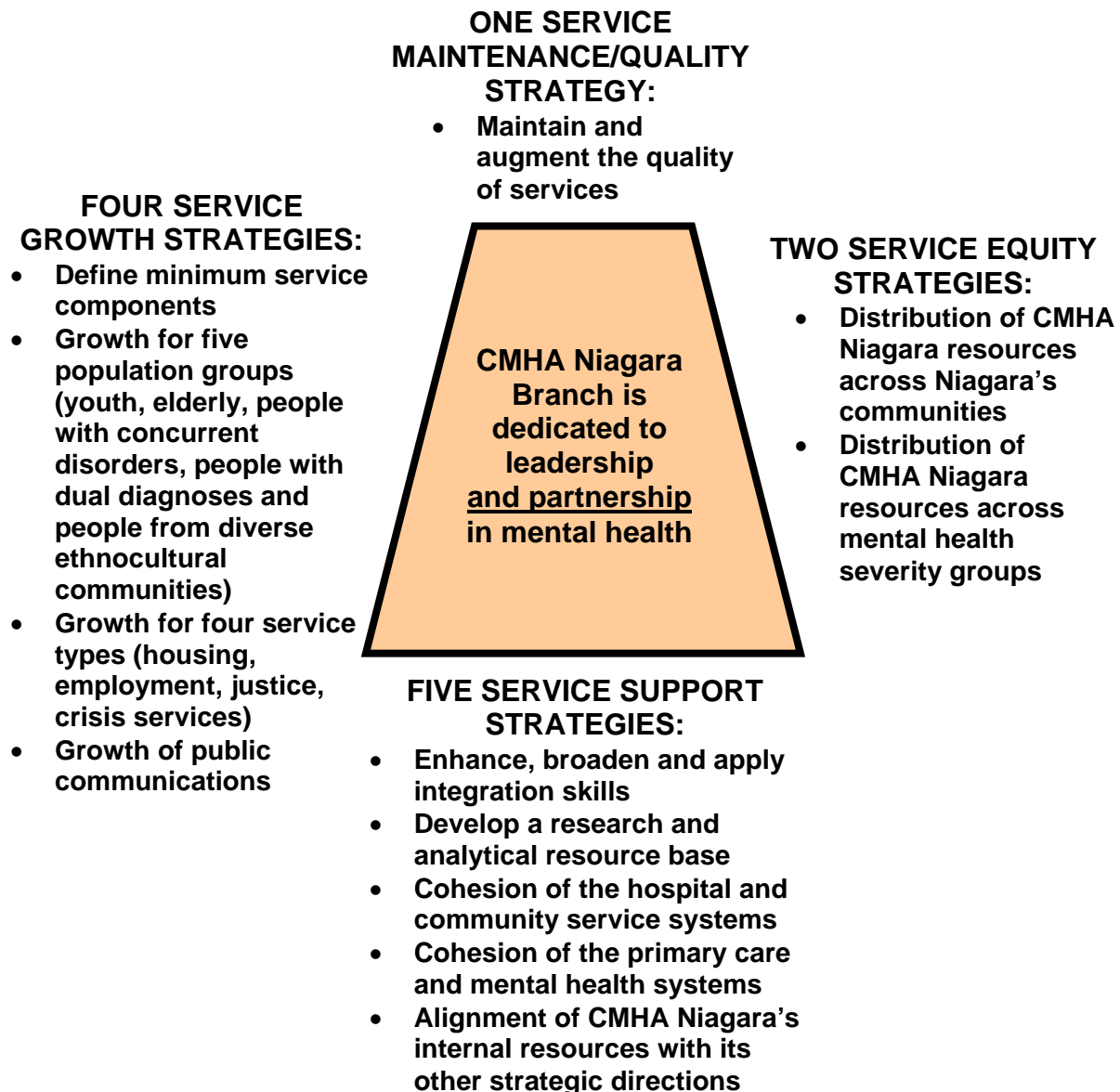
In light of the new environment of collaboration and system cohesion, most strategies involve extensive collaboration with others in Niagara or within the Hamilton Niagara Haldimand Brant LHIN.

The strategies often mention people with specific needs. It is assumed that any strategy that addresses the needs of a population group will also examine the extent to which it address the needs of families of people in the group (to embed a family perspective as well as an individual client perspective into the strategies). Each strategy also assumes that crisis services as well as acute and follow-up services will be given consideration for each population group as each

² The time line spreads strategic activities over a three year span rather than the three to five year span specified as the life of the plan. As CMHA Niagara works on operationalizing the strategies within its resource base, it may revise the timelines by spreading activities over five years.

strategy unfolds. It is also assumed that each strategy will take into account the need for concrete measures to recognize diversity and promote the inclusion of ethnocultural populations, people of all socioeconomic statuses, people with disabilities and people with gender and sexual orientation issues (see Appendix Six for provisional definitions of diversity and inclusion).³ These measures would operationalize one of CMHA Niagara's values, as cited in its 2005 strategic plan – ***an inclusive community***.

FIGURE 1: THE TWELVE STRATEGIES⁴



³ While diversity and inclusion for all diversity groups warrants continued attention, this strategic plan specifically includes a strategy related to service to people from diverse ethnocultural populations.

⁴ The strategies and activities are described below and are found in summary form in Appendix Eight.

FIVE SERVICE SUPPORT STRATEGIES

STRATEGY #1: Enhance, broaden and continue to apply the integration (i.e., partnership and liaison) skills of CMHA Niagara and of other agencies in Niagara

The reason for this strategy:

The most common theme in interviews and meetings with stakeholders was the desirability and inevitability of greater integration of services (often expressed using the words *coordination, cooperation, networks, partnership and collaboration*). Three kinds of integration were cited:

1. Integration of the mental health service system
2. Integration of the mental health and addiction service systems
3. Integration of mental health services with crucial ancillary enabling sectors such as primary care, housing and employment/economic development.

Another very common theme was the track record CMHA has already developed as a “system player”. CMHA Niagara’s Executive Director was frequently cited as a successful facilitator of integration both within Niagara and within the LHIN as a whole.

However, it was pointed out (particularly at one CMHA Niagara staff focus group) that partnerships can be “*too fast, too shallow and too unsupported*” if not developed with care. It was also pointed out that partnership development and maintenance can be very resource intensive.

It seems clear that CMHA Niagara has developed significant partnership capital in its community. There are two ways it can use this partnership capital:

1. It can enhance its own integration with other services and on behalf of a number of in-need populations. Several other strategic directions cited below are related to this use of CMHA Niagara’s partnership capital.
2. It can foster its own learning, and the learning of others in the community, about how integration skills can be developed even further. This dimension is the core of Strategy #2.

Given CMHA Niagara’s high reputation for partnership and collaboration, it would be tempting for the organization to simply decide that it will teach other organizations how integration and collaboration works. However, there are several good reasons why CMHA Niagara should not take this approach:

- It is not clear that exemplary levels of skill in partnership and collaboration development and maintenance are necessarily equally high in all components of the organization. While CMHA Niagara’s board, service delivery staff, support staff and management all seem committed to the desirability and inevitability of integration, each component of the organization may still have

some learning to do about collaboration, especially in light of the burgeoning local, provincial, national and international knowledge bases about integration. In short, CMHA Niagara may have much to teach, but also much to learn, including learning from other agencies in Niagara that have developed integration skills.⁵

- If collaborative service delivery makes sense, then collaborative learning makes sense as well. Other mental health, addictions and ancillary services in Niagara, and in the LHIN as a whole, have knowledge about integration practices that they can share with others – and like CMHA Niagara, they may also want to learn more about the “how” of integration.

A collaborative learning approach seems to be aligned with the LHIN’s approach to collaboration, including alignment with the following passage from the “enablers” section of the LHIN’s *Integrated Health Services Plan* (IHSP) developed in 2006 (the “framework” cited in this passage could be incorporated into a collaborative learning strategy):

“A key role of the LHIN is to encourage and facilitate relationships for solution building, consistent with shared accountability for health outcomes. It will be necessary for the LHIN to create the expectation and mechanisms for networks to align their activities for comprehensive solutions sought. Discussions are underway to develop a framework to guide collaboratives, their ways of work and their accountabilities.”

Elements of this strategy:

This strategy comprises five elements:

1. Continued CMHA Niagara participation in cooperative vehicles for system/issue planning and problem resolution in Niagara and in the LHIN as a whole
2. Development and use of educational vehicles concerning techniques for integration/collaboration
3. Reductions of duplication of community activities geared to system/issue planning and problem resolution
4. Creation of new cooperative vehicles for system/issue planning and problem resolution, if needed
5. Development of a tool to allow the evaluation of integration activities.

As the strategy unfolds, CMHA Niagara should consider partnerships with small agencies as well as big ones. Some stakeholders expressed concern that CMHA Niagara may have a preference for big partners, although historically it has partnered with both big and small agencies.

⁵ This learning initiative will also be able to benefit from the commitment made in CMHA Ontario’s strategic plan (described later) that it will “analyze and prioritize the risks and opportunities this transformation brings and determine what actions can be taken to mitigate any negative impacts on the ability of players to serve their communities and consumers”. In short, CMHA Ontario is both a learning partner and a teaching partner.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • Continue to participate in cooperative vehicles for system/issue planning and problem resolution in Niagara and in the LHIN as a whole • In collaboration with other agencies, develop a process inventory of cooperative vehicles for system/issue planning and problem resolution in Niagara and in the LHIN as a whole (i.e., interagency committees, coalitions and working groups) • Distribute the inventory to potentially interested parties • In collaboration with other agencies, develop and initiate a learning program on techniques for integration/collaboration, oriented to: <ul style="list-style-type: none"> ○ Organization managers ○ Front line staff ○ Boards.
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • Continue to participate in cooperative vehicles for system/issue planning and problem resolution in Niagara and in the LHIN as a whole • Determine, in collaboration with other agencies, whether: <ul style="list-style-type: none"> ○ There are any unnecessary duplications among cooperative vehicles for system/issue planning and problem resolution ○ What new cooperative vehicles for system/issue planning and problem resolution should be created, if any. • Create a collaborative interagency web site where learning material used in Year One, and any subsequent learning material, can be made available.
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • Continue to participate in cooperative vehicles for system/issue planning and problem resolution in Niagara and in the LHIN as a whole • If needed, create new cooperative vehicles for system/issue planning and problem resolution • In collaboration with other agencies, develop and begin applying a tool for evaluating cooperative vehicles for system/issue planning and problem resolution • Continue to update and disseminate learning materials on techniques for integration/collaboration.

STRATEGY #2: In collaboration with other agencies (and in particular with the LHIN), determine how the mental health services system and related systems in Niagara, and in the LHIN as a whole, can develop a research and analytical resource base to support ongoing system planning and evaluation

The reason for this strategy:

Information is the fuel for change. While the LHIN is able to meet some information needs on behalf of CMHA Niagara and other service agencies in Niagara, the degree to which it can meet information needs – and the analyses needed to turn information into action – is not fully clear. As an enabler for change, it therefore make sense for agencies in Niagara to cooperatively explore how, in concert with the LHIN, they can develop a research and analytical resource base to support ongoing system planning and evaluation.

Elements of this strategy:

This strategy involves:

- A determination of what informational and analytical skills the LHIN can provide to agencies in Niagara
- Determination of the level of agency interest in developing a research and analytical resource base to support ongoing system planning and evaluation
- If warranted, design of a research and analytical resource base, including specification of responsibilities for creating and maintaining this resource base.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • Through an initial interagency meeting (including the LHIN), determine: <ul style="list-style-type: none"> ○ What information and analytical supports the LHIN can provide to Niagara ○ The willingness of participating agencies to develop a collaborative research and analytical resource base
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • If warranted, begin the design of a collaborative research and analytical resource base
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • If warranted, complete the development of a collaborative research and analytical resource base

STRATEGY #3: In collaboration with other agencies, work closely with the Niagara Health System to ensure that:

- **Hospital-based services complement and support community-based mental health, addiction and related services**
- **Community-based services complement and support hospital-based mental health, addiction and related services.**

The reason for this strategy:

The creation of this amalgamated hospital and its future development of services and sites in Niagara (particularly its new health care complex being built in west St. Catharines which will include short-term mental health beds as well as longer-term tertiary mental health beds) were often cited by stakeholders as a chance to reinforce and improve relationships between institutional and community components of mental health service. Both the hospital and community agencies will likely perceive a common stake in ensuring that the hospital provides core services such as stabilization, specialized assessment and tertiary care, while not trying to be all things to all people (just as community agencies must avoid being seen as all things to all people).

Developing further common understanding of respective roles is crucial at a time when hospital services are in a developmental phase that may be made more complex as a result of the Hospital Improvement Plan that Niagara Health system is required to provide to the LHIN by July 15 2008, and the immanent appointment of an expert advisor to assess the plan and advise the LHIN by late fall 2008 in a manner “*informed by community conversations*”.⁶

Elements of this strategy:

This involves two dimensions:

- A relatively immediate set of actions to inform the Niagara Health Services Hospital Improvement Plan on matters related to mental health
- A longer-term strategy to define relationships between the hospital and community mental health and addiction agencies.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • Work with other agencies to inform the Niagara Health Services Hospital Improvement Plan on matters related to mental health
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • Work collaboratively with Niagara Health Services and other agencies to defining the mutually supportive relationships between the hospital and community mental health and addiction agencies, informed by the Hospital Improvement Plan

⁶ *Niagara Health System to Provide Hospital Improvement Plan*, Hamilton Niagara Haldimand Brant LHIN, media release, June 3 2008

Year Three Activities for This Strategy:	
	<ul style="list-style-type: none">• Begin implementation of actions that emerge from defining the relationships between the hospital and community mental health and addiction agencies

STRATEGY #4: In collaboration with other agencies, work closely with current and emerging primary care and psychiatric resources in and adjacent to Niagara

The reason for this strategy:

Stakeholders frequently cited the shortage of primary care resources, as well as the shortage of psychiatrists, in Niagara.

Initiatives are in place at the provincial level to increase the primary care supply and the supply of psychiatrists (strategies related to easier transition into practice in Ontario for internationally trained medical graduates for instance), and some regional and local initiatives such as the satellite McMaster medical school undergraduate campus slated for St. Catharines will likely increase the local supply in the long haul. However, in the short to medium term it is prudent for mental health agencies to work more closely and effectively with those primary care resources that are already in place or that will shortly be created – including:

- six family health teams recently created in Beamsville, St. Catharines, Niagara Falls, Smithville and Niagara-on-the-Lake
- three community health centres (CHCs) currently being planned for Fort Erie/Port Colborne, St. Catharines and Niagara Falls
- the French language community health centre (Centre de santé communautaire Hamilton/Niagara) currently operating in Welland.

The community health centres are the most promising of these sets of partners – particularly the three CHCs currently under development – in part because they were created because the socioeconomic profiles of the communities in which they will operate are the profiles that are most closely related to poorer social determinants of mental health as well as physical health:

“These communities, when compared to Ontario, have lower incomes, higher rates of unemployment and lower education levels; proportionately more seniors living alone and proportionately more single parent families.”⁷

In short, in the absence of a sufficient supply of primary care resources, it is desirable to optimize relationships with resources that already exist or will soon be put in place, accompanied by exploration of telehealth possibilities for linking primary and specialist resources to CMHA Niagara and its partners.

⁷ *Integrated Health Service Plan*, Hamilton Niagara Haldimand Brant Local Health Integration Network, 2006

Elements of this strategy:

This strategy comprises four elements:

1. Determining what primary care providers (especially family health teams and community health centres) would gain from close working relationships with mental health agencies
2. Determining what mental health agencies would gain from close working relationships with primary care providers
3. Informed by this gain/gain analysis, determining how partnerships can be developed to maximize gains on behalf of patients/clients
4. Exploring telehealth as a way to link primary and specialist resources to CMHA Niagara and its partners.

The process of determining what each set of parties would gain from the other is also an educational opportunity. Some primary care providers, for instance, may more readily serve people living with mental illness if they have a better understanding of what service systems are already in place to provide back-up to the primary care system. This process might also involve exploration of innovations such as:

- Use of psychiatric nurse practitioners within medical groups
- Augmentation of clinical resources in CMHA Niagara (and perhaps in other agencies as well) – one or more nurses for instance – who would work closely with primary care resources on medical dimensions of client care within the mental health agency context (medication management for instance).

While CMHA Niagara is unlikely to take a lead role in recruiting psychiatrists to Niagara, it can nonetheless help by working in collaboration with other agencies (particularly with the Niagara Health System) to help prepare promotional material for use in recruiting psychiatrists to Niagara. Some psychiatrists, for instance, might prefer a mixed hospital/community practice and might be attracted to a community that demonstrates that a highly coordinated community service system is in place to support their community practice component.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • In collaboration with other mental health service providers, host a meeting/meetings with the steering committees of each community health centre currently under development, and with the Centre de santé communautaire Hamilton/Niagara, to determine: <ul style="list-style-type: none"> ○ what community health centres would gain from close working relationships with mental health agencies ○ what mental health agencies would gain from close working relationships with community health centres • In collaboration with other mental health service providers, explore telehealth opportunities

Year Two Activities for This Strategy:	
	<ul style="list-style-type: none">2. In collaboration with other mental health service providers, host a meeting with family health teams to determine:<ul style="list-style-type: none">○ what family health teams would gain from close working relationships with mental health agencies○ what mental health agencies would gain from close working relationships with family health teams• Informed by these gain/gain analyses in years 1 and 2, determine how partnerships can be developed to maximize gains on behalf of patients/clients.• Work in collaboration with other agencies (particularly with the Niagara Health System) to help prepare promotional material that can be used in recruiting psychiatrists to Niagara• Initiate telehealth options if feasible
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none">• Implement partnerships with community health centres and family health teams• Continue telehealth options if feasible

STRATEGY #5: Ensure that CMHA Niagara's internal resources and practices are aligned with all other strategic directions and are aligned with each other in support of these strategic directions.

The reason for this strategy:

Although this current strategic planning cycle is meant to have an external focus, it is prudent to include a strategy meant to ensure that internal resources are aligned with those other strategies that are driven by the external environment.

"Internal resources" means:

- Governance
- Management
- Direct service personnel
- Support personnel
- Volunteers.

It is important to ensure alignment of all these resources: it is not sufficient to assume that alignment at the levels of leadership (both board and staff leadership) are sufficient to put strategies into effect. If, for example, leadership is committed to system collaboration, but significant numbers of other staff or volunteers act on a daily basis as if CMHA Niagara could operate in isolation from its community partners, then the strategies outlined in this report are more likely to fail.

Ensuring this alignment involves asking a number of key questions:

- Do all internal resources equally understand the strategic directions of the organization? How can understanding be enhanced?
- Are all resources equally committed to the strategic directions of the organization? How can commitment be enhanced?
- Do all resources feel equally supported and empowered as they play their role in achieving strategies? How can support be enhanced (through leadership for example, or through incentives, policies and practices in the organization that are geared toward achievement of strategies)?
- Do all resources feel they will be periodically engaged in evaluating progress on strategies and suggesting mid-course corrections? How can periodic engagement be enhanced?

Elements of this strategy:

Two elements comprise this strategy:

- Initial meetings of each component to discuss the strategies under the dimensions of *understanding, commitment, support/empowerment, and engagement in evaluation and revision*.⁸
- Based on the outcomes of these discussions, adjustments to the incentives, policies and practices of CMHA Niagara to assure high levels of alignment with the strategies.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • Hold separate meetings of the Board, management, direct service staff, support staff and volunteers to discuss organizational alignment with CMHA Niagara's strategies, under the categories of <i>understanding, commitment, support/empowerment, and engagement in evaluation and revision</i>⁹
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • Make adjustments to the incentives, policies and practices of CMHA Niagara to assure high levels of alignment with the strategies • Provide opportunities for the board, management, direct service staff, support staff and volunteers to receive reports on, evaluate and comment on achievement of the strategies
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • Provide opportunities for the board, management, direct service staff, support staff and volunteers to receive reports on, evaluate and comment on achievement of the strategies

⁸ In these meetings (particularly the staff meetings), issues or concerns may arise that do not seem directly related to the strategies. However, such airing of concerns is not a basket of red herrings, since any perception of dysfunction within CMHA Niagara will ultimately affect the ability of the organization to pursue its strategies.

⁹ It may make sense for some of these meetings to be assisted by a facilitator (volunteer or paid). However, facilitation should not be conducted by consultants who assisted in developing the strategic plan, since they may be perceived to have a stake in defending the plan.

ONE SERVICE MAINTENANCE/QUALITY STRATEGY

STRATEGY #6: Maintain and, if necessary and possible, augment the quality of services currently provided by CMHA Niagara

The reason for this strategy:

In the opinion of many stakeholders (including clients and families), CMHA Niagara's greatest strength is the quality of the services it offers. Maintaining and enhancing what is already provided is a way to live up the organization's mission while also maintaining or augmenting its competence capital in the community.

Other elements of this strategy:

One element of CMHA programming that concerned several stakeholders is CMHA's client intake process, which is deemed too cumbersome and complex. As part of maintaining quality service, CMHA Niagara should investigate, in consultation with stakeholders, whether the intake process can be streamlined.

Some stakeholders also expressed concern about the length of waiting lists or wait times for some CMHA programming. CMHA already has, as a goal, "zero wait lists" but it may not be able to do much to achieve this goal without additional resources. However, two options should be considered while CMHA pursues additional resources:

- An analysis to determine whether wait lists can be shortened and to determine priorities for wait list reduction
- Analysis of whether additional wait list management/support initiatives can be introduced, by CMHA alone or in partnership with others. Evidence from a number of service sectors suggests that support provided to people on wait lists (regular calls to those waiting for instance) can prevent or lessen client deterioration or actually enhance recovery. If other mental health or related service in Niagara are also experiencing wait list problems, an inter-agency session to explore promising wait list support practices may be warranted (convened perhaps by CMHA).

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none">• Develop an annual stakeholder satisfaction survey that can be sent to key CMHA partners, to determine their perceptions of CMHA service quality and whether it is decreasing, static or improving• Distribute the survey and make adjustments to it thereafter if necessary• In collaboration with stakeholders, review CMHA intake policies and practices• Adjust CMHA intake policies and practices based on this review• Determine (in collaboration with other agencies facing wait list problems)

	<p>whether any additional wait list management/support initiatives can be introduced, by CMHA alone or in partnership with others</p> <ul style="list-style-type: none"> • Implement any wait list management/support initiatives based on the above determination • Continue to explore emerging opportunities to enhance funding for current programs
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • Continue to explore emerging opportunities to enhance funding for current programs
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • Review success of any intake improvements and wait list management/support initiatives that were introduced in Year One • Continue to explore emerging opportunities to enhance funding for current programs

FOUR SERVICE GROWTH STRATEGIES

STRATEGY #7: Work with other stakeholders in the LHIN to define minimum mental health and addiction service components for all communities

The reason for this strategy:

There is a sense of foreboding among many providers about the fragility of the services as they exist today. In part this seems to be because there is no defined sustainable basket of mental health services. This concern is not limited to Niagara. In November 2007, under the auspices of the LHIN, over 50 stakeholders and consumers met with LHIN staff members and brainstormed priorities and action steps to better meet the needs of people living with mental health and addiction problems. One of the eight priorities that emerged was:

“Declare minimum service components for all communities”.

In January 2008 the LHIN convened a working session with people who indicated interest in being involved in next steps, to develop an action plan for broader discussion at the local level.

Elements of this strategy:

This strategy comprises three elements:

- A collaborative approach to defining minimum mental health service requirements for communities within the LHIN
- Comparing Niagara’s communities’ resource supplies against these minimum requirements
- Developing collaborative strategies to close the gap between what exists and the minimum service requirements.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • Participate, along with other mental health agencies and in collaboration with the LHIN, in discussions on the mental health component of minimum service requirements for communities
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • In collaboration with other mental health agencies determine shortfalls in Niagara between what actually exists and what should exist as per the minimum service components
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • In collaboration with other mental health agencies and the LHIN, develop strategies to eliminate shortfalls and identify priorities among these strategies to close the gap between what exists and the minimum service requirements

STRATEGY #8: In collaboration with other agencies, develop Niagara-specific strategies (using existing vehicles for system/issue planning and problem resolution if possible) for:

- Youth, in particular transition-age youth experiencing, or at risk of experiencing, mental health problems, and their families
- The elderly who experience, or are at risk of experiencing, mental health problems, and their families
- People who experience, or who at risk of experiencing, a mental health problem and an addiction problem (i.e., people with concurrent disorders), and their families
- People with developmental disabilities who have, or are at risk of having, a mental health problem (i.e., people with dual diagnoses)
- The ethnoculturally diverse population in Niagara Region.

The reason for this strategy:

Stakeholders often identified youth, the elderly and people with concurrent disorders as underserved populations. As well, the CMHA Niagara Board identified people with dual diagnoses as a population-in-need, and identified the emerging need to address the needs of ethnoculturally diverse populations in Niagara (which include but are not limited to refugees as well as seasonal workers drawn from other countries). Strategies to better serve these populations are therefore desirable, with the understanding that much work may have already been done in terms of planning for the mental health needs of these populations. Processes (interagency groups for instance) may exist that can be used to plan further for these populations.

In terms of its own resources it may not be feasible for CMHA Niagara to be the lead facilitator in all five areas. However, CMHA Niagara might take a lead facilitator role (or act as co-facilitator) in regard to the elderly and people with concurrent disorders:

- Funding through the LHIN for its Aging at Home strategy may be a source of resources for a collaborative and innovative “made in Niagara” approach to providing mental health and addiction services that help keep seniors from needing to use institutional resources such as hospital and long term care beds.
- Concurrent disorder practices (for example, staff cross training in addictions and mental health, which will begin once several CMHA Niagara staff have completed a train-the-trainer course) have already been instituted by CMHA Niagara, and a strategy co-facilitated by CMHA Niagara and by at least one addiction service in Niagara would move a high priority activity forward, drawing on commitment and strengths that CMHA Niagara already exhibits.

Elements of this strategy:

This strategy comprises five elements:

- Development of a strategy related to the mental health needs of youth and their families (particularly, but not exclusively, transition youth 16 to 18 years)¹⁰
- Development of a strategy related to the mental health needs of the elderly and their families
- Development of a strategy related to serving people with concurrent disorders and their families¹¹
- Development of a strategy related to serving people with developmental disabilities who also have a mental health problem and their families
- Development of a strategy related to serving people from diverse ethnocultural communities.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • In collaboration with other mental health and related agencies, develop a strategy for meeting the mental health needs of the elderly and their families, with a focus on how Aging at Home funds can be used to provide innovative collaborative mental health service to seniors and their families • Develop one or more collaborative service proposals for submission to the LHIN for Aging at Home funding¹² • Implement cross-training of CMHA Niagara staff in working with people with addictions (an initiative already scheduled) and people with dual diagnoses • In collaboration with other mental health, addiction agencies and developmental service agencies, develop a protocol for “who does what” to help people with concurrent disorders and their families, and people with dual diagnoses and their families
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • Determine if any existing community table is an appropriate place to develop a strategy for meeting the mental health needs of youth, including but not limited to

¹⁰ In Ontario, those involved in children’s mental health are concerned about the “bridge years” between children and adults. At community consultations hosted by Children’s Mental Health Ontario for the Ministry of Children and Youth Services in late 2005, one of eight priorities identified was: “eliminate the gaps in services for Ontarians between 16 and 21 years of age”.

¹¹ The LHIN’s Integrated Health Services Plan (2006) articulates a set of priorities for serving people with concurrent disorders. The section of the IHSP that addresses people with concurrent disorders is included as Appendix Seven of this report.

¹² St. Catharines may be a promising community for investment of Aging at Home funds. This city has a population aged 65 and over that is significantly higher as a percentage of total population than the province as a whole (18%, compared to 15 % for the province as a whole) and of communities within the LHIN it has the third highest percentage of seniors living alone. Source: Statistics Canada census data, access June 1, 2008, at <http://www.fin.gov.on.ca/english/economy/demographics/census/cenhi06-3.pdf>

	<p>transition aged youth 16 to 18 years old, and their families. If it does not exist, develop such a table in collaboration with mental health and youth service agencies¹³</p> <ul style="list-style-type: none"> • Determine if any existing community table is an appropriate place to develop a strategy for meeting the mental health needs of people from diverse ethnocultural communities. If it does not exist, develop such a table in collaboration with mental health and multicultural service agencies
<p>Year Three Activities for This Strategy:</p>	
	<ul style="list-style-type: none"> • Develop a strategy for meeting the mental health needs of youth, including but not limited to transition aged youth 16 to 18 years old, and their families

STRATEGY #9: In collaboration with other agencies, continue to develop Niagara-specific strategies (using existing vehicles for system/issue planning and problem resolution if possible) to assist:

- **People living with mental illness who have housing needs, and their families**
- **People living with mental illness who have employment needs, and their families**
- **People living with mental illness who are engaged with the justice system (or are at risk of engagement with this system), and their families**
- **People living with mental illness when they are in crisis.**

The reason for this strategy:

These four groups of in-need people were frequently identified by stakeholders – and in these four areas, CMHA has already developed collaborative programming. And since it is quite possible that the economic downturn in Niagara may exacerbate problems of housing and employment (and possibly engagement with the justice system) because of community stressors, development of resources in these areas may be even more important in the future.

Elements of this strategy:

This strategy involves:

- Continuing to provide services in these four areas
- Actively and collaboratively seeking opportunities to expand mental health services in these four areas.

¹³ There are six children’s mental health agencies within the Hamilton Niagara Haldimand Brant LHIN’s boundaries. One of them is in Niagara – Niagara Child and Youth Services – with locations in St. Catharines and Welland, serving children up to and including the age of 17.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • Continue to provide housing, employment, justice and crisis services • Actively and collaboratively seek opportunities to expand mental health services related to housing, employment, justice and crisis services through ongoing dialogues with CMHA's partners in these four spheres
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • Continue to provide housing, employment, justice and crisis services • Actively and collaboratively seek opportunities to expand mental health services related to housing, employment, justice and crisis services
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • Continue to provide housing, employment, justice and crisis services • Actively and collaboratively seek opportunities to expand mental health services related to housing, employment, justice and crisis services

STRATEGY #10: Explore the degree to which CMHA Niagara's public communications activities, in collaboration with the communications activities of other agencies, can:

- **Continue to raise the profile of mental health (including anti-stigma initiatives)**
- **Continue to raise its own profile, and the profile of the entire service system for people who live with mental illness**
- **Speak persuasively about mental resource levels in Niagara**
- **Speak persuasively about the determinants of mental health.**

The reason for this strategy:

A number of stakeholders gave CMHA Niagara high praise for its public communications activities, including its information, public education and resource centre activities. A number of stakeholders also proposed that CMHA Niagara augment these activities. However, a range of specific directions for augmentation was put forward:

- Some stakeholders would like CMHA Niagara to do a better job promoting itself and its services.
- Some would like CMHA Niagara to do a better job providing education to the community about the full array of mental health and related services available in Niagara.
- Some would like CMHA Niagara to do a better job educating communities about the nature of mental illness, including an enhanced anti-stigma focus.
- Some would like CMHA Niagara to do a better job advocating for additional mental health funding for Niagara.
- Some would like CMHA Niagara to advocate for improvements in socioeconomic resources and policies that relate to determinants of mental health (income, social justice, education and housing for instance).

Since resources available for public communications will likely always lag behind the need for such communications, two linked approaches are worth exploring:

- Taking a collaborative system-wide approach to public communications, in which each agency’s communications augment the communications of other agencies and in which some agencies specialize in some forms of public communication
- Specifying which kinds of public communications should be given highest priority by CMHA Niagara over the next three to five years.

Elements of this strategy:

This strategy comprises two elements:

1. Interagency dialogue on a collaborative public communications strategy for mental health issues and services in Niagara
2. Specification of which kinds of public communications should be given highest priority by CMHA Niagara over the next three to five years.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	• None
Year Two Activities for This Strategy:	
	• Initiate interagency dialogue on a collaborative public communications strategy for mental health issues and services in Niagara
Year Three Activities for This Strategy:	
	• Informed by the interagency dialogue in Year Two, specify which kinds of public communications should be given highest priority by CMHA Niagara over the next three to five years

TWO SERVICE EQUITY STRATEGIES

STRATEGY #11: In consultation with other agencies, determine how to best distribute CMHA Niagara's resources across communities within Niagara, with particular attention to communities in which CMHA Niagara is not currently visibly present

The reason for this strategy:

A number of stakeholders expressed concern that CMHA Niagara's services are not distributed across Niagara equitably. In particular, several stakeholders cited Port Colborne as a community that does not receive an equitable share of CMHA services (although there is a CMHA office in Port Colborne).

This appears to be a thorny issue, since distribution of services is affected by a number of factors other than the number of people living in communities. It is also affected by:

- Current levels and projected growth levels of priority service populations in each community
- A community's proximity to larger resource bases and availability of accessible affordable transportation to larger resource bases
- The feasibility of service outreach from a neighbouring community
- The level of need in the community (often defined by a proxy measure – the degree to which the social determinants of mental health in a community are favourable or unfavourable)
- The need to concentrate some services in a particular community to achieve the critical mass necessary to efficiently and effectively serve clients
- Conditions set down by funders. A United Way may fund a service in one community, for instance, while a United Way in a neighbouring community may not see the service as a priority for its community
- The difficulties inherent in any redistribution of services that takes some of the service away from one community to allow better service to another community.

There is not likely to be any reliable formula that can be used to allow CMHA to determine how to distribute its resources across Niagara. However, as a "due process" practice that helps make CMHA Niagara's resource allocation decisions defensible, CMHA Niagara might want to at least define those factors that it will take into account when deciding how to allocate its resources (in terms of new resources, and reallocation of existing resources).

Even though it was only mentioned by only one stakeholder, the issue of on-site service in the western part of Niagara Region may be worth consideration over the next three to five years.

Grimsby in particular has no CMHA Niagara on-site presence within its boundaries. Of 82 census subdivisions in Ontario between 2001 and 2006 that had populations between 10,000 and 25,000, Grimsby was the fourth fastest growing census subdivision, outpaced only by Wasaga Beach, Wilmot and Bracebridge. The population of Grimsby grew by 12.4% between 2001 and 2006.¹⁴ With a 2006 population of 23,937, Grimsby is the largest community in Niagara that does not have an on-site CMHA Niagara presence. West Lincoln, adjacent and immediately to the south of Grimsby, had the second largest growth rate in Niagara between 2001 and 2006 (7.3%).

Developing a strategy for CMHA Niagara services in Grimsby should be done in collaboration with the West Lincoln Memorial Hospital, which operates the West Niagara Mental Health Program in Grimsby and which serves the communities of Lincoln, West Lincoln and Grimsby.

Elements of this strategy:

This strategy comprises two components:

1. Developing a list of factors to be taken into account when CMHA Niagara decides to distribute or redistribute its services
2. Developing an approach to serving Grimsby and adjacent parts of West Niagara, up to and including the provision of on-site services in or adjacent to Grimsby. Until services are on-site in Grimsby and environs, the community would likely be reassured if it knew what provisions CMHA has made for serving Grimsby in the absence of on-site services.

Consultation with other agencies is advisable as CMHA Niagara addresses these two components, even though CMHA Niagara would retain the right to make the final decision on distribution of its resources.

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • none
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • In consultation with other agencies, develop a list of criteria to be used by CMHA Niagara when it makes decisions about distribution or redistribution of its resources • Begin development of a resourcing plan for Grimsby and environs
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • Complete development of a resourcing plan for Grimsby and environs

¹⁴ 2006 Census Highlights, Fact Sheet #3, Office of Economic Policy, Labour and Demographic Analysis Branch, Ontario Ministry of Finance. Accessed June 1, 2008, at <http://www.fin.gov.on.ca/english/economy/demographics/census/cenhi06-3.pdf>

STRATEGY #12: In consultation with other agencies, explore the extent to which CMHA Niagara can and should serve populations other than people living with serious mental illness.

The reason for this strategy:

For a number of years, the provincial policy base for mental health has given priority to services for people living with the most serious mental illnesses. CMHA’s programming in large measure serves this population, while balancing this with “upstream” services such as public education, meant to help people before they become most seriously mentally ill.

Several stakeholders suggested that CMHA Niagara should give consideration to augmenting service to some populations that are not most seriously mentally ill – most notably, people whose mental health problems exhibit themselves through disruptive or self-defeating behaviours.

This suggests that CMHA should more broadly examine the extent to which it should or could better serve some populations who are not seriously mentally ill. Even if this review ends up reiterating CMHA Niagara’s current approaches to serving a multiplicity of populations, the exercise at least reassures the organization that it is on the right track. On the other hand, such an examination might produce changes in the balance of service between those who are most seriously mentally ill, and other in-need populations.

Elements of this strategy:

There are two elements to this strategy:

- Consultation with other agencies to find out what they perceive to be the optimal balance of CMHA services to populations whose mental health problems have varying levels of severity
- A joint discussion, including all levels within CMHA Niagara, to further explore the issue of service balance across all levels of severity of mental illness (informed by the results of consultation with other agencies).

Activities and time line for this strategy:

Year One Activities for This Strategy:	
	<ul style="list-style-type: none"> • None
Year Two Activities for This Strategy:	
	<ul style="list-style-type: none"> • Consult with other agencies to find out what they perceive to be the optimal balance of CMHA services to populations whose mental health problems have varying levels of severity
Year Three Activities for This Strategy:	
	<ul style="list-style-type: none"> • Hold a half day planning session involving CMHA Niagara board members, management, service delivery staff and support staff, to further explore the issue of service balance across all levels of severity of mental illness (informed by the results of consultation with other agencies)

CMHA NIAGARA'S STRATEGIC FIT WITH CMHA ONTARIO'S STRATEGIC PLAN

Recently CMHA Ontario completed a strategic plan for the period from 2007 to 2010, comprising four strategic directions. Within these strategic directions, 16 strategic goals are cited. It is therefore appropriate to examine the fit between CMHA Niagara's strategic plan and CMHA Ontario's strategic plan. The first point of concurrence between the strategic plans is one major observation about the changed environment. As CMHA Niagara's strategic plan puts it:

“The environment has changed largely because of the creation in Ontario of fourteen local health integration networks (LHINs) which are now responsible for funding health services in their areas that had formerly been funded directly by transfer payments from Ontario's Ministry of Health and Long-Term Care. In addition to this allocation role, LHINs have planning and community engagement roles. These latter two roles were at the forefront of the activities of LHINs during their first two years of operation, culminating in the development by each LHIN of a three-year Integrated Health Services Plan (IHSP) for its area. IHSPs are updated on an annual basis...

While LHINs have powers under the Act to enforce certain kinds of integration, they have to date taken an approach that favours voluntary integration initiatives in their areas.”

As CMHA Ontario's strategic plan puts it:

“Fundamental to all mental health providers in Ontario over the next 12 to 36 months is the shift in authority from the Ministry of Health and Long-Term Care to the local health integration networks (LHINs). The direct and indirect ramifications of this shift are extremely significant and pose the most opportunities and threats. From service roles to funding, and from governance to mission, every aspect of a provider's ability to fulfill its mission will be impacted. CMHA Ontario needs to analyze and prioritize the risks and opportunities this transformation brings and determine what actions can be taken to mitigate any negative impacts on the ability of players to serve their communities and consumers...

The Integrated Health Services Plan (IHSP) and the Annual Health Services Plan are the de facto system plans for the region. TPAs funded by the LHINs will need to align their activities with the IHSP or face potential funding loss or even be subject to an involuntary integration order. For CMHA Ontario the change in focus of the branches and other providers from local/provincial to local/regional affects how we relate and remain relevant in this changed environment.”

In short, aligning activities with a LHIN's IHSP and Annual Health Services Plan involves a firm commitment to integration – including partnerships and other forms of collaboration – as the new way of doing business.

What follows is a list of CMHA Ontario's strategic directions and goals, as well as an assessment of how CMHA Niagara's strategies fit with these strategic directions and goals.

CMHA Ontario Strategic Direction #1: Advancing organizational excellence

CMHA Ontario's Strategic Goals	Fit with CMHA Niagara's Strategies
1. CMHA Ontario will promote and facilitate province-wide accreditation of all (eligible) CMHA branches.	CMHA Niagara is pursuing accreditation.
2. CMHA Ontario will enhance branch/division accountability by negotiating and implementing a new agreement with all branches	Not at variance with CMHA Niagara strategic plan for 2008-2013.
3. CMHA Ontario will support governance and organizational capacity building by developing e-learning, webinars and other resources in partnership with other stakeholders and experts.	CMHA Ontario's goal is consistent with CMHA Niagara's strategy of alignment of CMHA Niagara's internal resources with its other strategic directions, its strategy of enhancing, broadening and applying integration skills and its strategy of developing a research and analytical resource base.
4. CMHA Ontario will work with CMHA National and CMHA divisions to implement strategies and projects that build on each other's expertise and capabilities.	CMHA Ontario's goal is consistent with the partnership approach that pervades CMHA Niagara's strategic plan – in particular, its strategy of enhancing, broadening and applying integration skills.
5. CMHA Ontario will adopt a model/style of governance that best supports its strategic directions and will implement the necessary recruitment, development and evaluation strategies.	Not at variance with CMHA Niagara strategic plan for 2008-2013.

CMHA Ontario Strategic Direction #2: Fostering the integral role of consumers and families

CMHA Ontario's Strategic Goals	Fit with CMHA Niagara's Strategies
1. CMHA Ontario will advance the work of its Ontario Consumer and Family Advisory Council (OCFAC) by assisting the council in developing its policies, protocols, succession plan, orientation and ongoing education.	Not at variance with CMHA Niagara strategic plan. Consistent with direction #1 of CMHA Niagara's 2005 strategic plan: <i>"To help people control their lives, organizations should help people express preferences about services"</i> .
2. CMHA Ontario will support the council's approved projects with appropriate staffing and other necessary resources.	Not at variance with CMHA Niagara strategic plan for 2008-2013.
3. CMHA Ontario will develop a speakers bureau for consumers and families to communicate their stories that reinforce the positions and messages of the organization.	CMHA Ontario's goal is consistent with CMHA Niagara's strategy for growth its public communications.
4. CMHA Ontario will support the voice of consumers and families through our partnerships with other provincial stakeholders.	CMHA Ontario's goal is consistent with CMHA Niagara's strategy for growth of its public communications.
5. CMHA Ontario will support the development of a provincial network of family organizations.	Not at variance with CMHA Niagara strategic plan for 2008-2013.

CMHA Ontario Strategic Direction #3: Being a recognized leader in mental health in Ontario

CMHA Ontario's Strategic Goals	Fit with CMHA Niagara's Strategies
1. CMHA Ontario will become the go-to resource for quality information pertaining to policy and planning for Ontario's community mental health system.	This is consistent with CMHA Niagara's strategy to develop a research and analytical resource base.
2. CMHA Ontario will develop a strategic communications plan to guide the effective dissemination of its policy development and knowledge transfer activities.	This is consistent with CMHA Niagara's strategy to develop a research and analytical resource base.
3. CMHA Ontario will develop, in partnership with others, a complementary policy research niche that will inform the policy direction of government and LHINs.	Consistent with CMHA Niagara's strategy to develop a research and analytical resource base, and its strategy to enhance, broaden and apply integration skills.

CMHA Ontario Strategic Direction #4: Being an influential voice in mental health promotion in Ontario

CMHA Ontario's Strategic Goals	Fit with CMHA Niagara's Strategies
1. CMHA Ontario will undertake a strategic assessment of its skills and capacity to contribute in new roles to the advancement of mental health promotion in Ontario.	CMHA Ontario's goal is consistent with CMHA Niagara's strategy for growth of its public communications.
2. CMHA Ontario will partner with the private sector and broader public sector to enhance the leverage of Mental Health Works as a vehicle for mental health promotion.	CMHA Ontario's goal is consistent with CMHA Niagara's strategy for growth of its public communications.
3. CMHA Ontario will develop a strategy to broaden investment by government and others in mental health promotion.	CMHA Ontario's goal is consistent with CMHA Niagara's strategy for growth of its public communications.

CONCLUSION AND NEXT STEPS

This strategic plan outlines twelve strategies that complement the strategies found in CMHA Niagara's earlier 2005 strategic plan. It also outlines activities, as well as timelines for achievement of activities, related to each of the twelve strategies.

These strategies have not been prioritized: for the purposes of the plan, all strategies are considered of equal worth. However, as CMHA Niagara considers the strategies in greater detail, it may choose to establish priorities among the twelve strategies.

In terms of next steps:

- CMHA Niagara staff, coordinated by the Executive Director, should determine the resource requirements for achievement of each strategy and should (when necessary) further specify the desirable outcomes for each activity cited for each strategy. Given this strategic plan's emphasis on partnership and collaboration, it is anticipated that most activities in Year One – and many in Year Two – will yield *process* outcomes. However, some outcomes in Year Two, and many in Year Three, will be service improvement outcomes, measurable either in terms of types and units of service or levels of improved functioning and life satisfaction for clients.
- Once this review by staff has been conducted and reviewed by the Board (or concurrent with the staff review), priority should be given to Strategy # 5 – ensuring that CMHA Niagara's internal resources and practices are aligned with all other strategic directions and are aligned with each other in support of these strategic directions, starting with the Year One activity of holding *"separate meetings of the Board, management, direct service staff, support staff and volunteers to discuss organizational alignment with CMHA Niagara's strategies, under the categories of understanding, commitment, support/empowerment, and engagement in evaluation and revision"*.
- The strategic plan should be distributed to other CMHA branches within the Hamilton Niagara Haldimand Brant LHIN, to the LHIN itself, to CMHA Ontario and to any other stakeholders deemed relevant (and should be posted on CMHA Niagara's web site to promote broader community understanding of the strategic plan).

APPENDIX ONE: VALUES

The following CMHA Niagara values, supplemented by CMHA Ontario values, were included in CMHA Niagara's 2005 strategic plan, ***Creating Our Future***.

CMHA NIAGARA VALUES

1. Awareness of Power

We value the opportunities and tools that equip people to address the power imbalance that might otherwise prevent improving the quality of their lives.

2. Inclusive Community

We value each person's right to live in a community where they experience equal access to all its resources.

3. Human Rights

We value each individual's right to have the freedom, resources and support to reach their full potential.

4. Hopefulness

We value the process of conveying and inviting people to believe in them selves with respect and optimism.

5. Person-Driven (Choice)

We value in-depth understanding and direction from each person's strengths, struggles, and basic needs as we commit to supporting people in their quest for an optimal quality of life.

CMHA ONTARIO VALUES

1. Social Justice

We believe that social justice includes a commitment to a basic sense of fairness, a respect for differences among people, and that every human being deserves an equal opportunity.

2. Individual and Collective Responsibility

We believe that both individuals and society as a whole share in the tasks of informing the public, eliminating causes of mental illness, and caring for those individuals who need or want care.

3. Access to Appropriate and Adequate Supports

We believe that people require friendships and other natural supports. When formal supports are needed, people should be able to choose the least intrusive

option from a comprehensive range of appropriate mental health programs and services, without undue delay and as close to their home community as possible.

4. Self Determination

We respect differences among people and the right of every individual and community to make choices and decisions based on unique individual beliefs and community norms. Basic to this right of self-determination is the need of people to be involved in decisions that affect their lives.

5. Community Integration

Community integration of all people is an essential prerequisite to the development of healthy communities. We are committed to removing the barriers that prevent people, especially those with mental disorders, from fully participating in the life of the community.

6. Integrity

We believe that our day-to-day work must be true to our shared values and beliefs and dedicated to promoting public trust and a sense of confidence within the organization.

7. Partnership

Partnership is dependent upon shared values and the cooperative efforts of all those working towards a responsive and accessible mental health system. One important partnership includes consumers, families, service providers, and the community. We are committed to sharing, and view participation and partnership as essential to realizing our goals and objectives.

8. Excellence

We are committed to developing and maintaining the highest possible standards of management and operation to ensure that programs and services meet the needs and expectations of the community.

9. Accountability

We are guided by our shared mission, values, goals, and objectives. As a publicly funded charitable organization we are committed to using our funds as efficiently and effectively as possible, and to being open to the highest standards of public scrutiny.

10. Creativity

As an organization we must encourage innovative ideas and new ways of doing things that are responsive to changing attitudes and needs in the community as well as to ongoing organizational changes.

APPENDIX TWO: KEY OUTCOMES OF THE 2005 STRATEGIC PLAN

FOURTEEN DIRECTIONS

Direction #1

To help people control their lives, organizations should help people express preferences about services. Services should then be built around needs and desires in a personal plan.

Direction #2

A person's support network plays a central role in his/her life. At the person's direction, other people will be invited and supported to participate in a personal planning process.

Direction #3

Staff should help expand a person's support network to help him/her move from exclusive dependency on formal mental health services. Involvement of a variety of people in the life of the person leads to *interdependence* in the community.

Direction #4

Staff must provide all information a person needs to make choices on life directions and strategies to attain outcomes, and will support ongoing exploration and give information and support for chosen alternatives.

Direction #5

When helping the person to locate and use community resources, generic services available to the whole community should be used, with specialized support for access.

Direction #6

Emphasize helping people obtain valued roles desired by any member of society. This focuses on community integration as process and outcome to overcome barriers.

Direction #7

To foster community acceptance & responsibility, education and community development are key tools to support integration.

Direction #8

To ensure services meet needs, resources and decision-making power must be in the hands of those providing the direct service, requiring new approaches to accountability.

Direction #9

A single entry point into support services, with a seamless system internally, and links to external agencies and support through planning and implementation.

Direction #10

The organization must structure itself around the comprehensive support, not specific programs and services.

Direction #11

Personal life planning would be the basis of all work carried out on their behalf.

Direction #12

Creation of an Individual Crisis Plan that outlines how the person chooses to be supported, and by whom, during crisis. Choices can be pre-determined in a supportive atmosphere at a time when self-determination can be exercised.

Direction #13

Treatment issues are often a big part of a person's health and wellbeing. The role of support services should be to educate and help people understand all aspects, and to minimize dominating effects of such issues in the life of the person.

Direction #14

Reduce power imbalance and role conflicts faced by people who use services.

TEN RECOMMENDATIONS (Grouped under five areas for service renewal)

Personal Planning

Recommendation 1: Carry out personal planning as a central aspect of service mobilization and delivery

Person-Centred Support Services

Recommendation 2: Assemble resources around a person, not a facility

Recommendation 3: Employ a generalist model of direct service

Recommendation 4: Continue and enhance utilization of the team approach

Recommendation 5: Enhance service accessibility by deploying generalist teams by geographic area

Recommendation 6: Optimize informal support

Facilities

Recommendation 7: Transform the drop-in model to a resource centre model

Recommendation 8: Shift the lodging home model

Crisis Services

Recommendation 9: Enhance accessibility to crisis services

Public Education and Advocacy

Recommendation 10: Enhance the roles that education and advocacy can play in fulfillment of the mission of CMHA Niagara

APPENDIX THREE: QUESTION FRAMEWORKS FOR INTERVIEWS AND FOCUS GROUPS

Basic Framework for Interviews/Focus Group with External Stakeholders

	SYSTEM CHANGE QUESTIONS
1.	How will the mental health system in Niagara change over the next three to five years?
2.	How should your organization's or sector's relationship with CMHA Niagara change as a result of this change?
	EVALUATIVE QUESTIONS
3.	What does CMHA Niagara do extremely well?
4.	Are there things CMHA Niagara could do better?
	GAPS/INTEGRATED SOLUTION QUESTIONS
5.	What are the major gaps or shortfalls in mental health services in the Niagara Region?
6.	For each gap or shortfall: <ul style="list-style-type: none"> • Could CMHA Niagara do anything to help address this gap/shortfall? Is so, what should it do? • If so, who (if anyone) should be CMHA Niagara's partner(s) in addressing this gap/shortfall?
	OPEN ENDED QUESTION
7.	What other advice would you give to CMHA Niagara about its programs and services for the next three to five years?

Basic Framework for Board and Staff Focus Groups

	SYSTEM CHANGE QUESTIONS
1.	How will the mental health system in Niagara change over the next three to five years?
2.	How should CMHA Niagara's role evolve as a result of this change?
	EVALUATIVE QUESTIONS
3.	What does CMHA Niagara do extremely well to serve its communities?
4.	Are there things CMHA Niagara could do better to serve its communities?
	GAPS/INTEGRATED SOLUTION QUESTIONS
5.	What are the major gaps or shortfalls in mental health services in the Niagara Region?
6.	For each gap or shortfall: <ul style="list-style-type: none"> • Could CMHA Niagara do anything to help address this gap/shortfall? Is so, what should it do? • If so, who (if anyone) should be CMHA Niagara's partner(s) in addressing this gap/shortfall?
	OPEN ENDED QUESTION
7.	What other advice would you give to CMHA Niagara about its programs and services for the next three to five years?

Basic Framework for Family and Client Focus Groups

	PERSONAL EXPERIENCE QUESTIONS
1.	What services do you use to enhance your/your family member's mental health status and your general life status?
2.	What services need to be changed, added or enhanced to help you/your family members?
	EVALUATIVE QUESTIONS
3.	What does CMHA Niagara do extremely well to serve you/your family member?
4.	Are there things CMHA Niagara could do better to serve you/your family member?

APPENDIX FOUR: SWOT ANALYSIS

<p style="text-align: center;">Strengths</p> <ul style="list-style-type: none"> • Services, especially court diversion, Safe Beds, counseling in supportive housing, employment programs, education programs • Client focus • System level player • Leader within MH and health services planning (several people gave the example of ED's involvement with the successful CHC proposal) • Willingness and ability to partner • Advocacy (but also noted as weakness) • Management (Executive Director seen as fair, engaged, open, wise) 	<p style="text-align: center;">Weaknesses</p> <ul style="list-style-type: none"> • Intake process • Wait lists • Accessing \$\$ for MH for region (can do more) • Not enough up-stream intervention • MH services in larger centres – contributing to inequity of access (goes beyond CMHA and is tied to regional transportation issues) • More likely to partner with bigger agencies • Advocacy (could do more to raise profile of mental health within the region/LHIN) • Evaluation of programs
<p style="text-align: center;">Opportunities</p> <ul style="list-style-type: none"> • Work with hospital providers (NHS and St Joe's) to improve access to assessment/psychiatry services • Implement more programs for youth, families, caregivers • Smaller organizations looking to CMHA for leadership in MH planning • Work cross sector e.g. with addictions services providers to better serve clients with CD • Work cross sector e.g. with region on issues of concern to the community, such as transportation, seniors, homeless. • Take the lead in 'bringing home' the new planning agenda – more integration, better coordination, improved access, improved quality of services – by enabling collaboration with other providers in the area AND by continuing to advocate/advise the LHIN about Niagara Region realities 	<p style="text-align: center;">Threats</p> <ul style="list-style-type: none"> • Lack of adequate assessment and diagnosis due to lack of health professionals • People who fall through the cracks and then enter the system with greater more acute needs • Stresses on all service providers from changes to social fabric of area including unemployment within changing economy of region, growing numbers of seniors combined with more retirement communities, lack of access to primary care, underemployment and housing costs. • Some smaller organizations perceive CMHA Niagara more interested in partnering with bigger organizations such as the region • Ongoing struggles among MH providers due to differing approaches to care, how to implement a continuum of services to clients • Some stakeholders looking to CMHA to be more business oriented, even if less consumer focused

APPENDIX FIVE: SELECTED SOCIODEMOGRAPHIC DATA

Total Populations

Communities (least populous to most populous)	Population, 2006 census	Population aged 0-14 (%)	Population aged 65+ (%)	Median earnings, persons aged 15+ (\$)	2001 to 2006 population change (%)
Township of Wainfleet	6,601	17.4%	13.9%	\$26,384	5.5%
Township of West Lincoln	13,167	22.9%	10.0%	\$27,865	7.3%
Town of Niagara-on-the-Lake	14,587	13.8%	24.1%	\$22,440	5.4%
Town of Pelham	16,155	17.0%	16.6%	\$31,056	5.8%
City of Thorold	18,224	17.6%	14.4%	\$27,670	1.0%
Town of Port Colborne	18,599	15.1%	21.3%	\$23,460	0.8%
Town of Lincoln	21,722	19.3%	17.4%	\$26,350	5.4%
Town of Grimsby	23,937	18.0%	15.4%	\$33,412	12.4%
Town of Fort Erie	29,925	16.6%	17.9%	\$23,430	6.3%
City of Welland	50,330	16.7%	16.8%	\$26,015	4.0%
City of Niagara Falls	82,184	16.7%	17.1%	\$24,614	4.3%
City of St. Catharines	131,989	16.2%	18.0%	\$24,345	2.2%
Total, Regional Municipality of Niagara	427,421	16.8%	17.4%	\$25,108	4.1%

Source: Statistics Canada, 2006 Census of Population

Growth Rates

Communities, lowest growth to highest growth	2001 to 2006 population change (%)
Town of Port Colborne	0.8%
City of Thorold	1.0%
City of St. Catharines	2.2%
City of Welland	4.0%
Total, Regional Municipality of Niagara	4.1%
City of Niagara Falls	4.3%
Town of Niagara-on-the-Lake	5.4%
Town of Lincoln	5.4%
Township of Wainfleet	5.5%
Town of Pelham	5.8%
Town of Fort Erie	6.3%
Township of West Lincoln	7.3%
Town of Grimsby	12.4%

Source: Statistics Canada, 2006 Census of Population

Child/Youth Populations

Communities, lowest, % child/youth to highest % child/youth	Population aged 0-14 (%)
Town of Niagara-on-the-Lake	13.8%
Town of Port Colborne	15.1%
City of St. Catharines	16.2%
Town of Fort Erie	16.6%
City of Welland	16.7%
City of Niagara Falls	16.7%
Total, Regional Municipality of Niagara	16.8%
Town of Pelham	17.0%
Township of Wainfleet	17.4%
City of Thorold	17.6%
Town of Grimsby	18.0%
Town of Lincoln	19.3%
Township of West Lincoln	22.9%

Source: Statistics Canada, 2006 Census of Population

Elderly Populations

Communities, lowest % 65+ to highest % 65+	Population aged 65+ (%)
Township of West Lincoln	10.0%
Township of Wainfleet	13.9%
City of Thorold	14.4%
Town of Grimsby	15.4%
Town of Pelham	16.6%
City of Welland	16.8%
City of Niagara Falls	17.1%
Town of Lincoln	17.4%
Total, Regional Municipality of Niagara	17.4%
Town of Fort Erie	17.9%
City of St. Catharines	18.0%
Town of Port Colborne	21.3%
Town of Niagara-on-the-Lake	24.1%

Source: Statistics Canada, 2006 Census of Population

Median Earnings, Niagara Communities

Communities, lowest median earnings to highest median earnings	Median earnings, persons aged 15+ (\$)
Town of Niagara-on-the-Lake	\$22,440
Town of Fort Erie	\$23,430
Town of Port Colborne	\$23,460
City of St. Catharines	\$24,345
City of Niagara Falls	\$24,614
Total, Regional Municipality of Niagara	\$25,108
City of Welland	\$26,015
Town of Lincoln	\$26,350
Township of Wainfleet	\$26,384
City of Thorold	\$27,670
Township of West Lincoln	\$27,865
Town of Pelham	\$31,056
Town of Grimsby	\$33,412

Source: Statistics Canada, 2006 Census of Population

Median Earnings, Unemployment Rates, Low Income Levels and % of Income from Government Transfers, and Youth and Elderly Populations, Niagara's Three Largest Communities Compared to Ten Other Ontario Non-GTA Large Communities

Median earnings, 13 selected non-GTA cities, lowest to highest	Median earnings, persons aged 15+ (\$)
St. Catharines	\$24,345
Niagara Falls	\$24,614
Kingston	\$25,357
Welland	\$26,015
Sudbury	\$26,815
Windsor	\$27,543
Brantford	\$27,977
London	\$28,169
Hamilton	\$28,933
Barrie	\$29,876
Kitchener	\$30,078
Cambridge	\$31,191
Ottawa	\$34,343

St. Catharines, Niagara Falls and Welland combined comprise 62% of the population of Niagara

Source: Statistics Canada, 2006 Census of Population

Median earnings for those working full year full time, 13 selected non-GTA cities, lowest to highest	Median earnings, persons aged 15+ (\$)
Niagara Falls	\$37,866
St. Catharines	\$40,179
Brantford	\$40,479
Welland	\$40,890
Kitchener	\$42,218
London	\$42,226
Kingston	\$43,744
Cambridge	\$43,839
Hamilton	\$43,970
Windsor	\$44,863
Barrie	\$45,123
Sudbury	\$45,128
Ottawa	\$52,635

Source: Statistics Canada, 2006 Census of Population

Unemployment rates, 13 selected non-GTA cities, highest to lowest	Unemployment rate¹⁵
Windsor	9.7%
Sudbury	7.8%
Welland	7.3%
Kingston	7.0%
Brantford	6.7%
St. Catharines	6.6%
London	6.5%
Hamilton	6.5%
Niagara Falls	6.2%
Barrie	6.0%
Ottawa	5.9%
Cambridge	5.9%
Kitchener	5.7%

Source: Statistics Canada, 2006 Census of Population

% low income, after tax	% low income
Windsor	14.2
Hamilton	14.0
Ottawa	12.3
London	11.8
Kingston	11.1
St. Catharines	10.5
Welland	10.2
Brantford	10.1
Niagara Falls	9.6
Sudbury	9.4
Kitchener	8.7
Barrie	8.4
Cambridge	7.1

Source: Statistics Canada, 2006 Census of Population

¹⁵ Refers to the unemployed expressed as a percentage of the labour force in the week (Sunday to Saturday) prior to Census Day (May 16, 2006).

TOMORROW TOGETHER..... CMHA NIAGARA STRATEGIC PLAN. 2008 TO 2013

Government transfers as % of total income, 13 selected non-GTA cities, highest to lowest	Government transfers as % of total income
Welland	15.8%
Niagara Falls	14.4%
St. Catharines	13.7%
Brantford	13.6%
Windsor	13.0%
Sudbury	12.6%
Hamilton	12.0%
Kingston	11.4%
London	10.8%
Kitchener	9.9%
Cambridge	9.6%
Barrie	9.4%
Ottawa	7.3%

Source: Statistics Canada, 2006 Census of Population

Population 65+, 13 selected non-GTA cities, highest to lowest	Population 65+
St. Catharines	18.0%
Niagara Falls	17.1%
Welland	16.8%
Sudbury	14.9%
Hamilton	14.9%
Brantford	14.6%
Windsor	14.3%
London	13.7%
Kingston	13.4%
Ottawa	12.4%
Kitchener	11.7%
Cambridge	11.3%
Barrie	10.9%

Source: Statistics Canada, 2006 Census of Population

Population aged 0-14, 13 selected non-GTA cities, highest to lowest	Population aged 0-14
Barrie	21.3%
Cambridge	20.4%
Brantford	18.7%
Windsor	18.7%
Kitchener	18.5%
Hamilton	17.8%
Ottawa	17.6%
London	17.3%
Sudbury	16.8%
Welland	16.7%
Niagara Falls	16.7%
St. Catharines	16.2%
Kingston	15.8%

Source: Statistics Canada, 2006 Census of Population

Mother tongue

% of population for which French is the sole mother tongue (highest to lowest)	French only
Welland	11.4%
Town of Port Colborne	5.3%
Niagara Region	3.3%
City of Niagara Falls	2.5%
Township of Wainfleet	2.5%
St. Catharines	2.3%
Town of Pelham	2.1%
City of Thorold	2.0%
Town of Fort Erie	1.8%
Town of Niagara-on-the-Lake	1.6%
Town of Grimsby	1.4%
Town of Lincoln	1.1%
Township of West Lincoln	0.8%

Source: Statistics Canada, 2006 Census of Population

% of population for which mother tongue is a language other than English or French (highest to lowest)	Other languages
Town of Niagara-on-the-Lake	23.6%
City of Niagara Falls	19.0%
St. Catharines	18.9%
Niagara Region	16.1%
Town of Lincoln	15.5%
City of Thorold	15.0%
Town of Pelham	12.8%
Town of Grimsby	12.7%
Welland	12.4%
Township of West Lincoln	11.6%
Town of Port Colborne	10.5%
Town of Fort Erie	10.5%
Township of Wainfleet	8.4%

Source: Statistics Canada, 2006 Census of Population

Visible Minorities

Visible minorities as % of total population (highest to lowest)	% visible minorities	Top visible minority as % of total population	Second visible minority as % of total population
City of St. Catharines	10.0%	Black (2.0%)	Latin American (1.8%)
City of Niagara Falls	7.8%	Chinese (1.5%)	Black (1.3%)
Niagara Region	6.3%	Black (1.2%)	Latin American (1.0%)
Town of Niagara-on-the-Lake	5.9%	Chinese (1.0%)	Latin American (0.9%)
Town of Fort Erie	5.5%	Latin American (1.4%)	Chinese (1.2%)
City of Welland	3.7%	Black (1.3%)	Latin American (0.7%)
Town of Lincoln	3.2%	Latin American (1.0%)	South Asian (0.6%)
Town of Grimsby	3.2%	South Asian (0.7%)	Black (0.6%)
Town of Pelham	2.2%	South Asian (0.9%)	Chinese (0.3%)
City of Thorold	2.1%	Black (0.7%)	Latin American (0.4%)
Township of Wainfleet	1.8%	South Asian (0.7%)	Latin American (0.5%)
Town of Port Colborne	1.5%	South Asian (0.4%)	Black & Filipino (0.2% each)
Township of West Lincoln	1.4%	Chinese (0.4%)	Black & South Asian (0.3% each)

Source: Statistics Canada, 2006 Census of Population

Immigrants

Immigrants as % of total population (highest to lowest)	Immigrants as % of total population	Recent immigrants (2001-2006) as % of total immigrant population
Town of Niagara-on-the-Lake	28.1%	7.2%
City of St. Catharines	21.1%	12.9%
City of Niagara Falls	20.0%	12.4%
Niagara Region	18.0%	10.4%
Town of Fort Erie	17.5%	12.7%
Town of Lincoln	16.5%	5.3%
Town of Grimsby	16.4%	5.2%
Town of Pelham	15.6%	3.4%
City of Thorold	14.2%	4.5%
Township of West Lincoln	12.6%	4.2%
City of Welland	12.3%	9.1%
Town of Port Colborne	12.2%	7.2%
Township of Wainfleet	8.6%	1.8%

Source: Statistics Canada, 2006 Census of Population

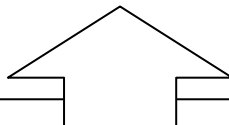
APPENDIX SIX: DIVERSITY AND INCLUSION

These are provisional definitions of diversity and inclusion. They are meant to be a starting point, to be refined by individuals and communities in Niagara who care about, and who are experienced in, diversity and inclusion.

These are meant to be action definitions (i.e. they state what needs to be done) rather than end-state definitions.

Diversity recognizes what already exists.

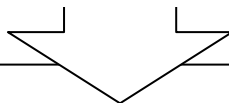
It involves understanding and embracing the different and rich points of view, life experiences, capacities and barriers experienced by people within Niagara.



We strive to understand and embrace diversity,

and

We include, and we act on the basis of inclusion



Inclusion recognizes and creates what ought to be.

It is a strategy to ensure:

- that diverse and rich points of view, life experiences and capacities all find a home within the mental health system,
- and that these diverse points of view, experiences and capacities are used to overcome barriers and strengthen health for all.

APPENDIX SEVEN: EXCERPT FROM THE LHIN's INTEGRATED HEALTH SERVICES PLAN (2006) RELATED TO CONCURRENT DISORDERS

Support Persons with Mental Health and Addiction Issues

Coordinate approaches to assessment and treatment for persons with concurrent disorders to improve health outcomes

Services will work together to:

- Share program successes, strengths and solutions.
- Promote best practices and standards of care.
- Develop a LHIN-wide plan for cross-training of staff and cross-sector staff secondments.
- Investigate the feasibility of inter-agency service delivery teams and/or co-location of services in one location.
- Develop protocols for increased service collaboration and shared care between mental health and addiction programs.

Initiatives will build on existing work in the Central South Mental Health Implementation Task Force Report (2002). Processes and outcomes will be shared at regional and area mental health and addiction networks.

Expected Outcomes

- Programs and services that are responsive to client needs in the community.
- Ensure people with concurrent disorders have access to services in a system that is committed to a "recovery" focus.
- Promote collaboration among programs and services to recognize and share innovation and creativity.
- Commit to early identification and intervention to improve health outcomes.

APPENDIX EIGHT: SUMMARY OF STRATEGIES AND ACTIVITIES

FIVE SERVICE SUPPORT STRATEGIES					
	STRATEGY #1: Enhance, broaden & continue to apply integration (partnership & liaison) skills of CMHA Niagara & of other Niagara agencies	STRATEGY #2: In collaboration with other agencies & the LHIN, determine how the mental health system & related systems in Niagara & in the LHIN can develop a research/analytical resource base for system planning & evaluation	STRATEGY #3: In collaboration with other agencies, work closely with the Niagara Health System to ensure hospital services complement/support community mental health, addiction & related services & community services complement/support hospital mental health, addiction & related services	STRATEGY #4: In collaboration with other agencies, work closely with current and emerging primary care and psychiatric resources in and adjacent to Niagara	STRATEGY #5: Ensure that CMHA Niagara's internal resources & practices are aligned with all other strategic directions & are aligned with each other in support of these strategic directions
Year 1	<ul style="list-style-type: none"> Continue to participate in cooperative vehicles for system/issue planning & problem resolution in Niagara & in the LHIN In collaboration with other agencies, develop a process inventory of cooperative vehicles for system/issue planning & problem resolution in Niagara & in the LHIN (i.e. interagency committees, coalitions & working groups) Distribute inventory to interested parties In collaboration with other agencies, develop & initiate a learning program on integration/collaboration techniques, for managers, front line staff & Boards. 	<ul style="list-style-type: none"> Through an initial interagency meeting (including the LHIN), determine: <ul style="list-style-type: none"> What information and analytical supports the LHIN can provide to Niagara The willingness of participating agencies to develop a collaborative research & analytical resource base 	<ul style="list-style-type: none"> Work with other agencies to inform the Niagara Health Services Hospital Improvement Plan on matters related to mental health 	<ul style="list-style-type: none"> In collaboration with other mental health service providers, host a meeting/meetings with steering committees of each community health centre under development & with the Centre de santé communautaire Hamilton/Niagara, to determine what community health centres would gain from close working relationships with mental health agencies, and what mental health agencies would gain from close working relationships with CHCs In collaboration with other mental health service providers, explore telehealth 	<ul style="list-style-type: none"> Hold separate meetings of the board, management, direct service staff, support staff & volunteers to discuss organizational alignment with CMHA Niagara's strategies, under the categories of <i>understanding, commitment, support/ empowerment, & engagement in evaluation and revision</i>
Year 2	<ul style="list-style-type: none"> Continue to participate in cooperative vehicles for system/issue planning & problem resolution in Niagara & the LHIN Determine, in collaboration with other agencies, whether there are unnecessary duplications among cooperative vehicles for system/issue planning & problem resolution, & what new cooperative vehicles for system/issue planning & problem resolution should be created Create a collaborative interagency web site where Year One learning material & subsequent learning material can be made available. 	<ul style="list-style-type: none"> If warranted, begin the design of a collaborative research/analytical resource base 	<ul style="list-style-type: none"> Work collaboratively with Niagara Health Services & other agencies to defining the mutually supportive relationships between the hospital and community mental health & addiction agencies, informed by the Hospital Improvement Plan 	<ul style="list-style-type: none"> In collaboration with other mental health service providers, host a meeting with family health teams to determine what family health teams would gain from close working relationships with mental health agencies, and what mental health agencies would gain from close working relationships with family health teams Informed by gain/gain analyses in years 1 & 2, determine how partnerships can be developed to maximize gains for clients Work collaboratively with other agencies (particularly the Niagara Health System) to help prepare promotional material for use in recruiting psychiatrists Initiate telehealth options if feasible 	<ul style="list-style-type: none"> Make adjustments to the incentives, policies & practices of CMHA Niagara to assure high levels of alignment with the strategies Provide opportunities for the board, management, direct service staff, support staff & volunteers to receive reports on, evaluate & comment on achievement of the strategies
Year 3	<ul style="list-style-type: none"> Continue to participate in cooperative vehicles for system/issue planning & problem resolution in Niagara & the LHIN If needed, create new cooperative vehicles for planning & problem resolution In collaboration with other agencies, develop & begin to apply a tool to evaluate vehicles for planning & problem resolution Continue to update/disseminate learning materials on integration/collaboration techniques 	<ul style="list-style-type: none"> If warranted, complete the development of a collaborative research/analytical resource base 	<ul style="list-style-type: none"> Begin implementation of actions that emerge from defining the relationships between the hospital and community mental health and addiction agencies 	<ul style="list-style-type: none"> Implement partnerships with community health centres and family health teams Continue telehealth options if feasible 	<ul style="list-style-type: none"> Provide opportunities for the board, management, direct service staff, support staff & volunteers to receive reports on, evaluate and comment on achievement of the strategies

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FOUR SERVICE GROWTH STRATEGIES				
	STRATEGY #7: Work with other stakeholders in the LHIN to define minimum mental health & addiction service components for all communities	STRATEGY #8: In collaboration with other agencies, develop Niagara-specific strategies (using existing vehicles for system/issue planning and problem resolution if possible) for: <ul style="list-style-type: none"> o Youth, in particular transition-age youth experiencing, or at risk of experiencing, mental health problems, & their families o The elderly experiencing , or are at risk of experiencing, mental health problems, & their families o People experiencing, or who at risk of experiencing, a mental health problem & an addiction problem (i.e., people with concurrent disorders), & their families o People with developmental disabilities who have, or are at risk of having, a mental health problem (i.e., people with dual diagnoses) o Niagara's ethnoculturally diverse population. 	STRATEGY #9: In collaboration with other agencies, continue to develop Niagara-specific strategies (using existing vehicles for system/issue planning and problem resolution if possible) to assist: <ul style="list-style-type: none"> o People living with mental illness who have housing needs, & their families o People living with mental illness who have employment needs,& their families o People living with mental illness who are engaged with the justice system (or are at risk of engagement with this system), & their families o People living with mental illness when they are in crisis. 	STRATEGY #10: Explore the degree to which CMHA Niagara's public communications activities, in collaboration with the communications activities of other agencies, can: <ul style="list-style-type: none"> o Continue to raise the profile of mental health (including anti-stigma initiatives) o Continue to raise its own profile, and the profile of the entire service system for people who live with mental illness o Speak persuasively about mental resource levels in Niagara o Speak persuasively about the determinants of mental health
Year 1	<ul style="list-style-type: none"> • Participate, along with other mental health agencies & in collaboration with the LHIN, in discussions on the mental health component of minimum service requirements for communities 	<ul style="list-style-type: none"> • In collaboration with other mental health & related agencies, develop a strategy for meeting the mental health needs of the elderly and their families, with a focus on how Aging at Home funds can be used to provide innovative collaborative mental health service to seniors & their families • Develop one or more collaborative service proposals for submission to the LHIN for Aging at Home funding • Implement cross-training of CMHA Niagara staff in working with people with addictions (an initiative already scheduled) & people with dual diagnoses • In collaboration with other mental health, addiction agencies & developmental service agencies, develop a protocol for "who does what" to help people with concurrent disorders and their families, & people with dual diagnoses & their families 	<ul style="list-style-type: none"> • Continue to provide housing, employment, justice & crisis services • Actively & collaboratively seek opportunities to expand mental health services related to housing, employment, justice and crisis services through ongoing dialogues with CMHA's partners in these four spheres 	<ul style="list-style-type: none"> • None
Year 2	<ul style="list-style-type: none"> • In collaboration with other mental health agencies determine shortfalls in Niagara between what actually exists & what should exist as per the minimum service components 	<ul style="list-style-type: none"> • Determine if an existing community table is an appropriate place to develop a strategy to meet the mental health needs of youth, including but not limited to transition aged youth 16 to 18 years old, & their families. If it does not exist, develop a table in collaboration with mental health & youth agencies • Determine if an existing community table is an appropriate place to develop a strategy for meeting the mental health needs of people from diverse ethnocultural communities. If it does not exist, develop such a table in collaboration with mental health & multicultural service agencies 	<ul style="list-style-type: none"> • Continue to provide housing, employment, justice & crisis services • Actively & collaboratively seek opportunities to expand mental health services related to housing, employment, justice and crisis services through ongoing dialogues with CMHA's partners in these four spheres 	<ul style="list-style-type: none"> • Initiate interagency dialogue on a collaborative public communications strategy for mental health issues and services in Niagara
Year 3	<ul style="list-style-type: none"> • In collaboration with mental health agencies & the LHIN, develop strategies to eliminate shortfalls & identify priorities among these strategies to close the gap between what exists & the minimum service requirements 	<ul style="list-style-type: none"> • Develop a strategy for meeting the mental health needs of youth, including but not limited to transition aged youth 16 to 18 years old, & their families 	<ul style="list-style-type: none"> • Continue to provide housing, employment, justice & crisis services • Actively & collaboratively seek opportunities to expand mental health services related to housing, employment, justice and crisis services through ongoing dialogues with CMHA's partners in these four spheres 	<ul style="list-style-type: none"> • Informed by the interagency dialogue in Year Two, specify which kinds of public communications should be given highest priority by CMHA Niagara over the next three to five years

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ONE SERVICE MAINTENANCE/QUALITY STRATEGY	
	STRATEGY #6:
	Maintain and, if necessary and possible, augment the quality of services currently provided by CMHA Niagara
Year 1	<ul style="list-style-type: none"> • Develop an annual stakeholder satisfaction survey that can be sent to key CMHA partners, to determine their perceptions of CMHA service quality & whether it is decreasing, static or improving • Distribute the survey & make adjustments to it thereafter if necessary • In collaboration with stakeholders, review CMHA intake policies & practices • Adjust CMHA intake policies & practices based on this review • Determine (in collaboration with other agencies facing wait list problems) whether additional wait list management/support initiatives can be introduced, by CMHA alone or in partnership with others • Implement any wait list management/support initiatives based on the above determination • Continue to explore emerging opportunities to enhance funding for current programs
Year 2	<ul style="list-style-type: none"> • Continue to explore emerging opportunities to enhance funding for current programs
Year 3	<ul style="list-style-type: none"> • Review success of intake improvements and wait list management/ support initiatives that were introduced in Year One • Continue to explore emerging opportunities to enhance funding for current programs

TWO SERVICE EQUITY STRATEGIES		
	STRATEGY #11:	STRATEGY #12:
	In consultation with other agencies, determine how to best distribute CMHA Niagara's resources across communities within Niagara, with particular attention to communities in which CMHA Niagara is not currently visibly present	In consultation with other agencies, explore the extent to which CMHA Niagara can and should serve populations other than people living with serious mental illness
Year 1	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • None
Year 2	<ul style="list-style-type: none"> • In consultation with other agencies, develop a list of criteria to be used by CMHA Niagara when it makes decisions about distribution or redistribution of its resources • Begin development of a resourcing plan for Grimsby & environs 	<ul style="list-style-type: none"> • Consult with other agencies to find out what they perceive to be the optimal balance of CMHA services to populations whose mental health problems have varying levels of severity
Year 3	<ul style="list-style-type: none"> • Complete development of a resourcing plan for Grimsby & environs 	<ul style="list-style-type: none"> • Hold a half day planning session involving CMHA Niagara board members, management, service delivery staff & support staff, to further explore the issue of service balance across all levels of severity of mental illness (informed by the results of consultation with other agencies)