



**CANADIAN MENTAL
HEALTH ASSOCIATION**
ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE

NIAGARA BRANCH—ANNUAL

REPORT 2009-2010

PRESIDENT'S MESSAGE

To say simply that this has been a year of change, would fail to recognize the tremulousness we have lived through. Quite a few things helped to brew this tempest in our teapot. The organization has recently completed its first year under a new contract with the LHIN and is busy processing all the learning that comes with such things. We also negotiated and signed a new collective agreement that will help govern us for the next three years. Finally, if these things weren't enough we, with the rest of the world, have been living through the recession.

I'm happy that the first two instances, while difficult and trying, have provided us with clear ways forward and beneficial insight for the staff, management, and the organization as a whole. Sadly, however, the last instance has not provided us with as clear or as beneficial an outcome. The loss of United Way of South Niagara funding for counseling

in Welland is the first time that our branch has been forced to reduce service in a community. This loss has a human face both in the people we serve and in our staffing. We are hopeful that as the economy recovers that we may regain our funding for this program and bring a vital service back to the community.

While these events and milestones have defined our year, the board has also been busy with a number of projects. We are all very excited to present our up-dated By-Law to the membership this June; this has been the work of many hands and a few years. I believe that this By-Law will provide a firm foundation for good governance and reinforces our commitment to service and accountability. This year also represents the ending phases of our strategic plan, with over 88% of items successfully completed. This plan has enabled us to move toward agency accreditation, which officially started earlier this year.

In the coming year our board will continue the process of accreditation, forward our advocacy against stigma, and devise a new strategic plan. Further, the board will continue the excellent work begun over the last years with an eye toward strong governance and accountability.

I'd like to express my heartfelt thanks to my fellow board members whose experience, integrity, and friendship saw me through this first year as president. I'd also like to thank our partners in the Niagara community for the work they do. Finally, I'm always impressed by the dedication of our volunteers who see us through and help us grow. I'm looking forward to my second year and I'm confident that together we'll achieve our goals.

Respectfully submitted,

Michael Lethby, President

**Mike Lethby, CMHA Board
President**



OUR VISION:

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

OUR MISSION:

CMHA Niagara Branch is dedicated to leadership in mental health, demonstrated by:

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

PROGRAM AND SERVICE HIGHLIGHTS

The **REAL Work** employment support program continues to have great success with its community partnering model of service. Our yearly service targets were well surpassed by the Team in each of 5 categories. With the redesign of employment supports at the provincial level our Team will need to develop a number of new partnerships within the Region in the next few months. Our contract renewal for the 2010/2011 fiscal year has given some hope that the provincial government, with lobbying by CMHA Ontario, will more appropriately fund em-

ployment supports for those in need of special support. The next 12 months will see much advocacy work done in support of our program.

Transitional Housing Support With the assemblage of Manchester, Glendale, and Stamford houses into one program, an opportunity for program redesign was born. The long-term housing program transformed into a transitional housing program with concurrent disorder, life skill facilitation, and illness management support. The program has identified a male only home, a female only

home, and a co-ed home. A program goal is to develop each site, through staff development and training, into an illness management and recovery facilitated site. Empowerment, personal responsibility, goal setting, psycho-social education, and motivational support are cornerstone program fundamentals.

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**AGM June, 2009
George Kurzawa,
Executive Director**

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The **Safe Bed Program** was able to reach out to more people in crisis this past year, as the result of educating the public more about the program and opening up direct referrals to community agencies. Some changes were made to the program in order to improve client service including an adjustment to the average length of stay. The program offered group support for clients for the first time last year. The team successfully completed five psycho-educational programs with the assistance of various community agencies. More recently, the team introduced a mindfulness meditation group to clients in the evening which is starting to take off. Our plans for the coming year include: establishing stronger community relationships and offering follow up services to clients who have been through the program.

The **Justice Program** continues to support numerous individuals through ongoing intake and no wait list. Over the past year, the team was able to develop a much stronger relationship with Niagara Detention Centre (NDC). We now have a Community Support Worker attending NDC regularly for release planning and we are offering several programs to incarcerated individuals who have mental health issues. Our plans for the coming year involve: the development and implementation of a structured training program for Niagara Detention Centre Staff and the development of relationships and a new protocol with the Dementia Sector to appropriately service the aging population.

Case Management Program provides a combination of affordable housing and the ongoing, flexible supports to maintain the housing for individuals with serious mental health issues. Individuals are helped to access and maintain housing, learn basic life skills and link with community resources. Two levels of support are provided; moderate support 1-2 visits per month or intensive support 2-3 visits per week.

The program has also developed strong working relationships with community partners in both the senior and youth sector as both populations have a need for mental health case management.

A relatively small group of eight full time individuals known as **The Admin Team**, continue to perform silently in the background for CMHA, Niagara. The team has met its four strategic goals of defined criteria and protocol for client trusteeships, performance indicators reporting and support to all front-line teams, enhanced external information referral through website development and whole agency access and training to internal global communication, scheduling and information tools utilizing the agency's terminal network and MS Outlook. The team is currently completely revamping its Accounting and Human Re

sources systems while maintaining a high quality of service to the whole agency and Board of Directors.

A constant struggle in our **Counselling Program** is to respond to the needs of the community, while keeping staff from being over extended. We're the little program with a lot of heart. To try and address this, we have kept the type of counselling we do linked to a brief, solution, strengths based model. When clients come in with more complicated issues, we have worked at linking them with more appropriate services. One of the areas that would be included in this is trauma related issues. Many of the clients who come to counselling do have some trauma in their background. Our counselors do their best to provide support and counselling that can assist clients in managing any symptoms they may have from this. With the growing unemployment, and closing of factories, we are seeing a more intense impact on individual's mental health and in some cases even leading to traumatic impact. Also, the pressures of the settlement process for New Canadians and especially refugees have been flagged as a key in either exacerbating or relieving trauma like symptoms. This year we received funding from Canada Post to provide services to New Canadians struggling with trauma issues as well as the unemployed. We have enough funding to deliver this for a year. The year will be up December, 2010.

In the meantime, staff from counselling and Resource and Intake have worked hard to make our Depression Support Group run consistently throughout Niagara. The Depression Support group runs for 8 weeks, with 2 hours sessions. For more information please contact our Intake Department.

The door through which many of the folks who receive services walk through, is our Intake and **Resource Centres**. We have worked diligently to try to provide prompt service in our centres in St. Catharines, Niagara Falls and Fort Erie.

The **Volunteer Program** continues to provide support to the agency and with existing clients, by relieving social isolation through our Warm Line and Partnering Up Program. In combination with our Public Education Program, the Volunteer Speakers Group work at breaking the stigma associated with mental illness through the sharing of their recovery stories.

Community Crisis Care (CCC) plays such an important role in the hospital's busy Emergency Rooms and also in the community. This fall we received a new addition to the program. To replace Joan Graham, who after many long years in crisis retired, Kim Andrews, a highly experienced crisis clinician was hired. She is a wonderful addition to the crisis team.



Volunteer of the Year—2009

Dennis Glazebrook



Volunteer of the Year—2010

Tom Greensides

with

Angelica Reyes, Volunteer Coordinator

EXECUTIVE DIRECTOR'S REPORT

It has been a year of hard earned accomplishments at CMHA Niagara. Some of our program successes have included our Canada Post grant for new Canadians, the continued funding of our employment program, added service to the Niagara Detention Centre, and the acceptance of our pilot Transitional Housing to regular project status.

Unfortunately, our Branch has also been impacted by some of the provincial fiscal restraints that have emerged over the past year. Our collective bargaining process was difficult, culminating in a near strike. After 15 years of service in Welland and Port Colborne hospitals, our United Way was unable to continue funding our counselling program. While we celebrated continued recognition of our employment program as best practice, we received only a one year reprieve from Employment Ontario.

This past year our strategies for success have focused on the development of strategic goals, accreditation and service targets.

Thanks to the work of our staff teams, we have accomplished an outstanding 88% of our strategic goals to date. Our work towards an Accreditation Canada evaluation has progressed with only 10 of 61 action items requiring a priority focus. Our most challenging task has been the maintenance of service targets within prescribed corridors. While in many programs we have exceeded the required corridors, we still have much work to do improving the predictability of our targets.

We know that our services make a difference in the lives of people living with mental illness. A majority of our clients across our programs have reported positive changes in their work, housing, symptom management and other critical life areas. We will always look to improve the success of our clients, but we are gratified knowing that we are on the right track.

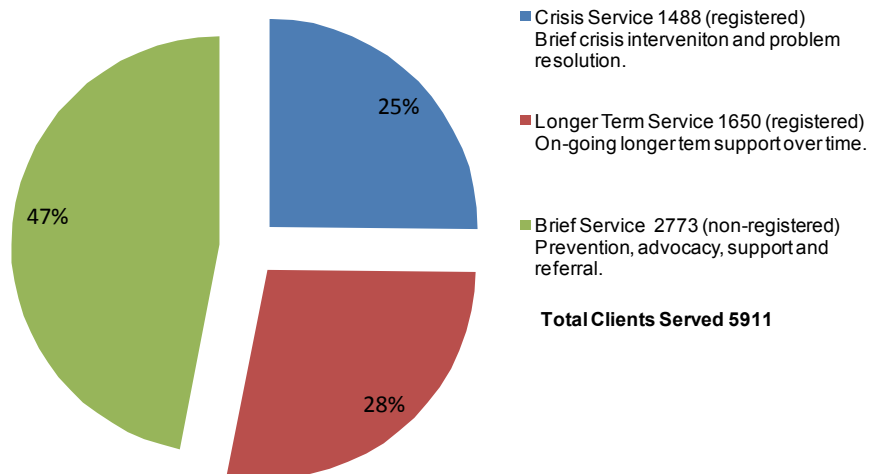
As always, we are proud to serve as one of the oldest continuing voluntary health organizations in Canada.

George Kurzawa, Executive Director



SERVICE STATISTICS 2009-2010

Total Clients Served - April 1, 2009 to March 31, 2010



NIAGARA BRANCH

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St. Catharines, Ontario
L2R 5P7

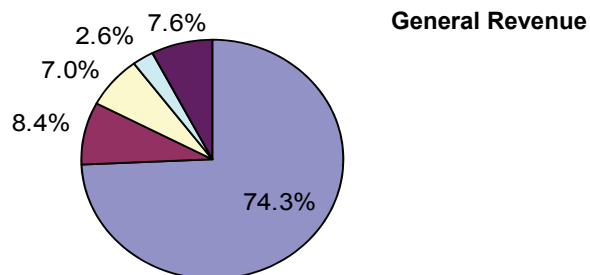
Phone: 905-641-5222

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Email: info@cmhaniagara.ca

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2009-2010 Year		
Item	%	Net
Local Health Integration Network (not incl. CHC flowthrough)	74.3%	\$4,474,087
Ministry of Health and Long Term Care (Housing)	8.4%	\$508,840
Ministry of Training, Colleges & Universities - Employment Ontario	7.0%	\$423,771
United Ways (St. Catharines, South Niagara, Niagara Falls/Fort Erie)	2.6%	\$159,265
Rent, Fundraising, Interest and Other	7.6%	\$456,250
Total	100%	\$6,022,213



- Local Health Integration Network (not incl. CHC flowthrough)
- Ministry of Health and Long Term Care (Housing)
- Ministry of Training, Colleges & Universities - Employment Ontario
- United Ways (St. Catharines, South Niagara, Niagara Falls/Fort Erie)
- Rent, Fundraising, Interest and Other

BOARD OF DIRECTORS

2009-2010 Board Members:

President Mike Lethby
 Vice President Laura Garner
 Treasurer Judy Cassan
 Directors: Sandy Bird
 Francis Garwe
 Carrie Holterman
 Toni Pidsadnick
 Cathy Simon
 Andy Waldron

2010-2011 Proposed Slate of Officers:

Sandy Bird
 Judy Cassan
 Laura Garner
 Francis Garwe
 Mike Lethby
 Toni Pidsadnick
 Diana Richards-Silver
 Cathy Simon
 Andy Waldron

Nominees will be presented at Annual General Meeting