



CANADIAN MENTAL
HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE
WINDSOR-ESSEX COUNTY BRANCH



Help us unveil the person behind the mask

ANNUAL REPORT
2004-2005

2004-2005 Board of Directors

President

John Clark, Lawyer, Clarks Barristers & Solicitors

1st Vice President

Gisèle Sullens, Director Community Affairs,
Windsor Regional Hospital

2nd Vice President

Ken McFarland, Police Superintendent,
Windsor Police Services

Treasurer

George Sandala, Retired Vice President, TD Bank

Past President

William (Bill) Wrye
Senior Advisor, Ontario Government House Leader

Dr. Kumar Chatterjee

Retired Professor of Social Work, University of Windsor

Doug Cozad

President, Health Smart Drug Store

Rev. Kevin George *

St. Mark's by-the-Lake

Tom Groulx

Faculty, St. Clair College

Bill Jesty

President, Windsor Mood Disorders

Gary Katz:

Mortgage Broker, Unimor Capital Corporation

Judy Musgrove

Legal Nurse Consultant, Plunkett & Cooney P.C.

Rachel Olivero

Diversity Officer
Greater Essex County District School Board

Dale Talbot

Tool & Die Maker, Machine Repairman,
Ford Motor Company

Andrea Mary Thielk

Lawyer, Clarks Barristers & Solicitors

* Retired from Board of Directors through the year.

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Vision

Mentally Healthy People in a Healthy Society

Mission

To enhance and promote the mental health of all persons and support the resilience and recovery of people experiencing mental illness in our community through education, prevention, advocacy and services.

Values

Holism
Creativity
Integrity

Accessibility
Excellence
Social Justice

Self Determination
Person Centered Approach

Ends Statements

1. To provide high quality services which build on natural supports, are confidential and safe and provide or link individuals to the least intrusive services to meet their needs.
2. To provide integrated physical and mental health services to persons with a serious and persistent mental illness.
3. To identify and strive to eliminate gaps in mental health services in Windsor and Essex County.
4. To cultivate partnerships with consumers, families, and other service providers locally, regionally, provincially and nationally in furtherance of our mission.
5. To advocate for change that will enable people with mental illness to achieve the highest quality of life possible and to advocate for broader public policies that promote optimum mental health.
6. To build community awareness of mental health issues and to educate the community on the impact of mental illness on individuals, families, friends and society at large.
7. To position the Canadian Mental Health Association, Windsor-Essex County Branch as a leader in the provision of mental health services.
8. To ensure the governance policy process supports excellence, accountability and strategic planning.



President's Report



John Clark, President

We have had quite an extraordinary year.

In addition to programme announcements and funding approvals, the board completed its consideration and adoption of a new policy governance model, and passed related policies and by-law amendments, the last of which will be presented for membership approval at the Agency's Annual Meeting May 4th.

We are indebted to our Past

Chair, William Wrye, 1st Vice President Gisèle Sullens, Treasurer George Sandala and Pam Hines, who joined me on the Policy Governance Working Group, for their diligence in seeing the process through to its completion. The board is now in the midst of adapting to the new governance model. I believe that it will serve the Agency well as it enters into the new ventures outlined by our CEO.

We were pleased to welcome three new board members this year, Douglas Cozad, Rachel Olivero and Andrea Thielk. Doug brings a wealth of experience in the health care field – he is a practicing pharmacist and former board Chair at Windsor Regional Hospital. Rachel, who is employed by the Greater Essex County District School Board, has brought a background and deep conviction in the benefit of serving all communities in our ethnically diverse City and County. This will become even more important as our new Community Health Centre becomes operational. Andrea serves as the legal advisor on the board, and has already provided much-appreciated guidance in connection with the governance policy changes and legalities concerning the new community health centre and operating agreements with some of our newer community partners.

It is with regret that we shall bid adieu at the Annual Meeting to three very loyal and hard-working board members: Gary Katz, Bill Jesty and Kumar Chaterjee, each of whom has contributed significantly for five years on board and operational committees, as well as at directors' meetings. Regrettable as well was the resignation, reluctantly accepted by the board in January, of Reverend Kevin George, who added a refreshing perspective to board meetings, delivered with the wit that travelled well with him

from his native Newfoundland. We wish every success to Gary, Bill, Kumar and Kevin. Each would be a valuable addition to any community volunteer board of directors fortunate to count him as a member. We thank each of them. They will be missed.

Of course, a board of directors only points out the direction an agency will pursue, after considering the vision of its management. It is left to management to blaze the trail, lay down tracks or pave the roadway - then, to lead Agency clients along the road, assisted by expert and dedicated staff and the tireless contribution of volunteers. This year, as Pam Hines reports, the Government of Ontario has turned its attention to community mental health in a manner not witnessed in over 15 years – programmes have been announced and funding has been approved. To stretch the transportation metaphor a little further – these programme enhancements funds are the steel, the concrete and the asphalt an agency needs to build the road to a better life for our clients. As a board, we are confident that we have the management and staff expertise to turn these programmes and funding announcements into a reality for the benefit of our clients.

We are proud of the accomplishments of our Agency over the past year. If we have one regret, it is only that so many in the City and County do not appear to have an appreciation of how much CMHA-WECB means to our community – what it has accomplished for our clients and the entire community in striving to achieve our vision: "Mentally Healthy People in a Healthy Society". Consequently, we are pursuing exciting new Community Relations and Public Education and Fund Development strategies to spread the word about CMHA-WECB.

We have committed to primary health care for the benefit of our clients and for all in the City who live in our new community health centre's catchment area: north of Tecumseh Road, from Central Avenue to the east and Crawford Avenue to the west. One of our newly adopted "Ends" value statements expresses it perfectly: "We are committed to a holistic approach to health services based on the determinants of health. We recognize that a combination of physical, mental, emotional and social issues impact on the mental health of all individuals."

Yes, there is much to do, in implementing our new services and promoting what we do. It promises to be another hectic, but rewarding year.



Chief Executive Officer's Report

The mental health system has reason to be encouraged about future directions to improve access and availability of services in the community.

In recent months the current government has demonstrated commitment to mental health reform. The provincial government has released "Getting Results for Ontario", a progress report of the initiatives under taken during the government's first year in office. The report emphasizes the importance of community care stating that, "the next step is to improve the capacity of community and public health services, thereby reducing the pressure on hospitals, which provide the most expensive type of care." The increased funding will assist people with a full range of chronic and severe mental illnesses and provide much needed support to families and caregivers. It will result in expanded case management, crisis response and early intervention services and more accessible services for people with severe mental illness.

The District Health Councils (DHC's) across the Province closed as of March 31, 2005. The Provincial government is establishing Local Health Integration Networks (LHIN) to replace the planning function of the DHC's. We extend our appreciation to the former staff of the Essex, Kent and Lambton District Health Council for their significant contribution in planning and coordinating health services in our community.

One of the principles guiding the LHINs' mandate is to ensure measurable, results-driven outcomes, based on strategic policy formulation, business planning and information management.

The Branch embraces this vision and to that end we have almost completed full implementation and compliance with the Ministry of Health and Long-Term Care requirements for Ministry Information System (MIS) and the Common Data Set (CDS). These systems will provide information regarding outcomes for services and information to assist in planning and accountability. Additionally, the Branch has applied for accreditation with the Canadian Council on Health Services Accreditation (CCHSA) and we are scheduled for our site visit in mid May. We have completed the self-assessment process and look forward to feedback from the accreditation team.

Major accomplishments this year include the completion of the capital renovation in December 2004. These renovations allowed us to reconfigure the space to be more efficient and provide adequate space for an ever-growing staff – without whom, none of our services or programs could exist. This capital project reflects the Ministry's ongoing commitment to ensure the continuation of mental health services to the Windsor-Essex community and to accommodate the needs of staff that are vital to the successful delivery of these services.

Although today we have much to celebrate, as an Agency, we recognize that there remains much to be done.

Recent announcements from the Ministry of Health and Long-Term Care for the Branch include: a satellite Community Health Centre of the Teen Health Centre, Early Intervention Case Management and Subsidized Housing, Case Management and Safe Beds for people in contact with the law.

Implementation of these services will be a priority in the next several months. We are excited about this opportunity to collaborate with other partners in the system and to provide enhanced services to our community.



Community Relations and Fund Development

The Branch is grateful to the many sponsors, volunteers and the generosity of the community in supporting the Branch services that rely on fund development revenue. This past year there was a 14.94% increase in revenues from 2003, largely due to the success of special events and results of gaming initiatives. Special events provide an opportunity to profile the Branch services to individuals who otherwise may have no awareness of the Branch.

In order to continue providing existing programs the Branch needed to explore alternate fund development activities that would add to the revenue from special events. In 2004, the Board contracted with DVA Navion to provide an assessment of our fund development activities and to develop a work plan to improve existing programs and initiate new areas of opportunity. Moving into 2005, the results of that work plan have begun to take shape and a new Community Relations and Fund Development slogan, as seen on the cover, has been introduced.

Last year, the Branch had the opportunity to review, revise and revitalize its website. The new site offers visitors increased information about our branch; new online donating capabilities; and links to new resources including downloadable pamphlets on mental illness and mental health issues and multi-language brochures.

In 2004-2005 there were 180 volunteers who took on roles that supported our agency, its programs and consumers. Our volunteers provided expertise to committees and boards, insight to family and friends, inspiration to consumers and support to our staff.

Volunteers assist our organization by providing unique perspectives on programs and services through their professional, personal or social experiences. Almost half of all active volunteers participated in advisory roles on committees, helping us to provide quality programs and services to our community. Another quarter of volunteers were on-hand to help staff, assisting the agency in executing programs and completing projects. Other volunteers shared their experiences, offering inspiration to current group members or assisted in direct services, providing a caring relationship for a consumer.

While the contributions of volunteers were extraordinary, we would also like to thank staff who demonstrated continued commitment to CMHA-WECEB by contributing of themselves as volunteers or those who helped to make volunteers welcomed and appreciated at the Agency by working with them throughout the year.

We would like to extend our sincerest gratitude to all our volunteers for their commitment, ideas, inspiration and compassion.

To see the new site, visit us online at www.cmha-weceb.on.ca.

Staff

Our staff are our most valuable asset. Growth, change and new directions in the health sector have had an impact on staff. In response to this shift, we are developing a recognition program and are reviewing the agency's training program. We are committed to improving the quality of work life for staff and to finding the best ways to communicate as an organization. Staff commitment has been demonstrated by their response to participation in the Open House and the CDS and Accreditation Projects. Each staff member brings a unique skill set and commitment to the agency and we thank them for their efforts.



Programs and Services

Case Management Services

To provide individual support in the community to persons with a serious mental illness helping them to cope with the illness, move towards independence and improve their quality of life.

FTE 28.5 665 served

Information/Referral Services

To provide mental health information and referral for anyone looking for mental health related services in Windsor-Essex County.

FTE 2 1,209 served

Ombudsman Services

To help people with a mental illness problem solve or access appropriate services in the community and to provide education and support to family members.

FTE 2 191 served

Justice Program

To help people with a mental illness avoid contact with the law.

FTE 2.7 119 served

Discharge Follow-Up Program

To help people with a mental health problem who are leaving the hospital.

FTE 2 180 served

Outreach Services

To help people who are mentally ill, often homeless, and not receiving care to link with services and supports.

FTE 1 39 served

Adult Bereavement

To support adults to understand and cope with the grieving process.

FTE 1.8 487 served

Kids Griefworks

To assist children to cope with the death of an important person in their lives.

FTE 1.5 149 served

Primary Care Services

To provide primary care to people with a serious mental illness.

FTE 2 Nurse Practitioners

PTE 2 Medical Doctors 1,280 served

Psychiatric Services

To conduct on-site assessment, consultation and treatment to support primary care and case management.

PTE 2 Psychiatrists provided 3 days per week.

Psychology Services

To provide testing, counselling and assessment to assist in diagnosis and treatment of mental illness.

FTE 0.8 96 people seen 43 participate in Aikido Classes

Supportive Housing Services

To provide different types of supportive housing for individuals with mental illness.

FTE 6 24-Hr Group Home - 10 units

Group Homes (semi-independent) - 14 units

Independent Housing Units - 116 units

Vocational Employment

To help people with a mental illness acquire skills training in order to get a job.

FTE 2 141 served

Public Education

To provide information to the public about mental illness and mental health.

FTE 1 11,806 served

Breaking Loose

To help people cope with the multiple stressors of being unemployed.

FTE 0.5 366 served

FTE (FULL TIME EQUIVALENT)
PTE (PART TIME EQUIVALENT)



Partnerships

Mental Health Program for Older Adults

To provide education, care giver support and to provide mental health support

Windsor Regional Hospital

FTE 3.6
95 Individuals supported

Community Treatment Order Program

To assist people to avoid hospitalization by following their treatment plans

Hôtel-Dieu Grace Hospital

FTE 1 (Initiated in April 2004)
19 Individuals Apr.-Dec. 2004

Early Intervention Program (Schizophrenia and First Episode Psychosis Program)

Early detection, treatment, support and rehabilitation for individuals with a new diagnosis of schizophrenia and/or psychosis

Windsor Regional Hospital

FTE 2



Workplace Health Services

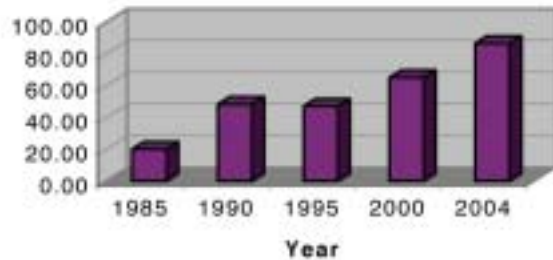
A new development this year was the construction of a Workplace Health Services website. We are excited to extend our services in this new venue to provide information about services and access to counselling for individuals and families. In addition to the wellness newsletter and e-intake, we will be including e-counselling in the near future.



Indicators of quality, growth and progress 2004-2005

CMHA-WECB Staffing Growth

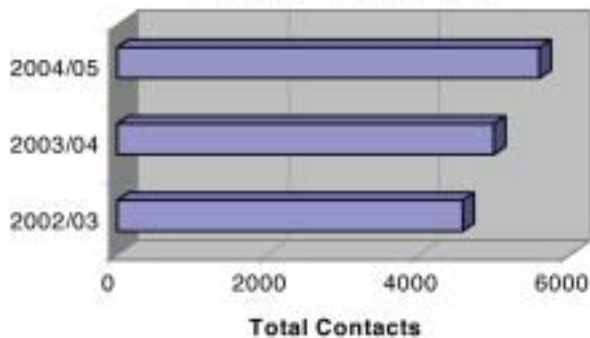
CMHA-WECB Full Time Equivalent Comparison



This graph illustrates an increase in the number of staff. It does not include a significant number of staff that will be added in 2005 as a result of a number of program expansions.

CMHA-WECB Leamington Satellite Program

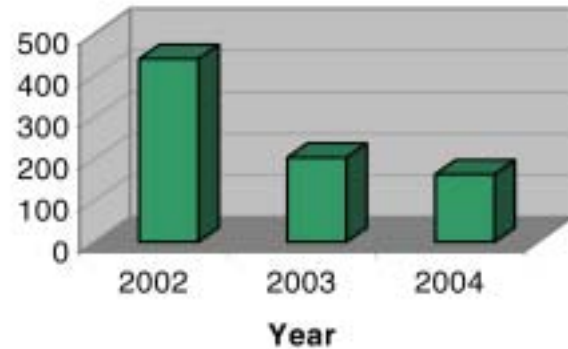
**Client contacts over time
Location - Leamington**



To demonstrate our commitment to serving clients close to their home setting, we have six case management staff that provide services in the Leamington/Essex county area. A designated staff member also provides culturally sensitive services in consultation with community providers to the Low German-speaking Mennonite population.

Managing Scarce Resources

CMHA-WECB Case Management Waiting List



With public education sensitizing the community to their mental health needs and with the agency informing the public about our capabilities and programs, demand for our services continues to grow.

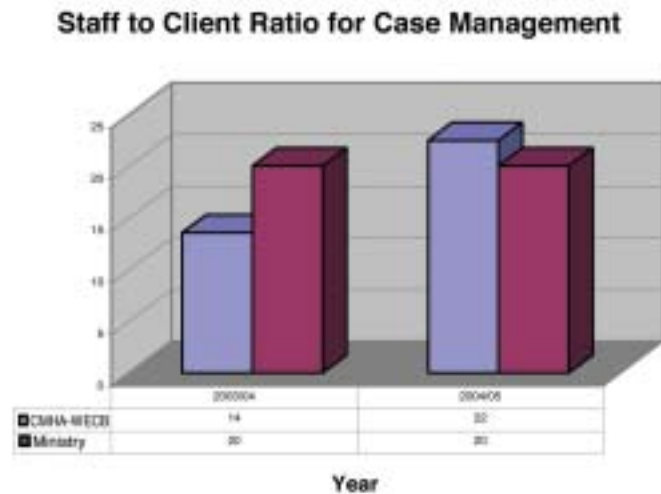
Most of our resources are dedicated to case management services; our core function. The waiting list is monitored on a monthly basis and we have applied continuous quality improvement to reduce the wait times for services. We have plans to further investigate and improve access to case management services in 2005.



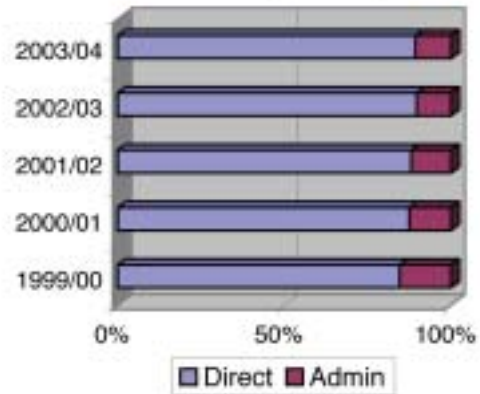
Indicators of quality, growth and progress 2004-2005

Managing and Monitoring Workload

Ministry of Health guidelines for case management services require the agency to monitor and report the number of clients assigned and managed by each case manager. The industry standard is 20:1. This graph demonstrates the agency exceeds this benchmark.



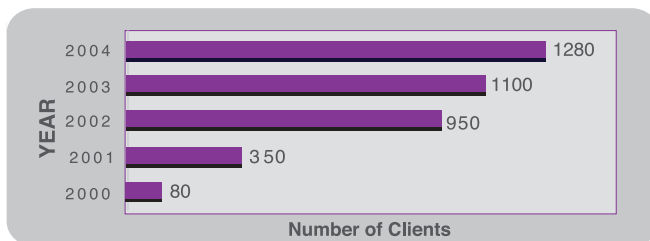
Direct Service vs. Administrative Costs Cumulative (Salaries/Wages and Other Expenses)



Over time, despite an increase in direct service costs, the agency has maintained administrative costs well below the benchmark of 18-20%.

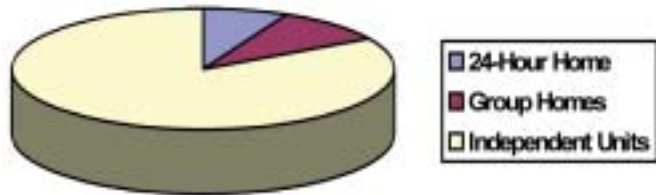
Monitoring Primary Care Growth

In 2004, two full time Nurse Practitioners provided primary health care services to 1,280 clients with a serious mental illness. Last year, hospitalization and length of stay were reduced over 74% for individuals accessing our services.



Indicators of quality, growth and progress 2004-2005

Distribution of CMHA Sponsored Housing Types

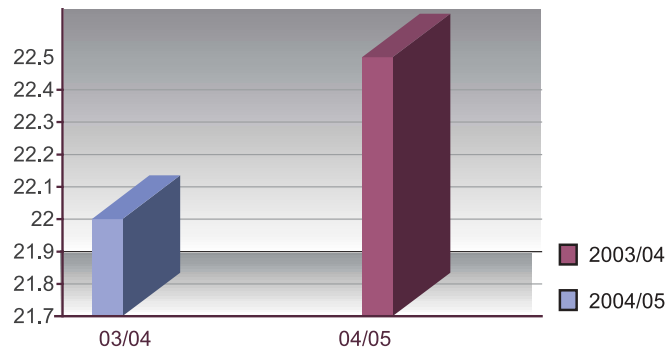


Housing and the resources integral to supporting individuals experiencing mental illness remains a vital component to the agency's services. Safe, stable affordable and supportive housing is key to improving the quality of life for those with a serious mental illness. With this philosophy in hand, CMHA-WECB strives to provide housing options to match our clients' needs.

CMHA-WECB currently owns and operates three residential housing properties that provide supportive housing to 14 individuals in a group living setting. A fourth property operates as a high support group home that is staffed 24-hour per day, housing an additional 10 tenants. Each housing scenario is governed by the regulations of the Tenant Protection Act of Ontario, with case management resources available to assist clients in negotiating their rights and obligations attached to the legislation.

Stability in Independent Housing Units

MONTHS



For those clients who are more independent yet remain at risk for loss of housing due to their illness and/or economic condition, CMHA-WECB provides supported housing and rental subsidy support through the

Homelessness Initiative Program. This program received funding last year to house and support 116 clients within different areas of the community. Case management resources and supports are provided in order to ensure stability of residence. The program is results oriented and an indicator of success is an average length of stay of approximately 2 years.

Vocational Employment Services

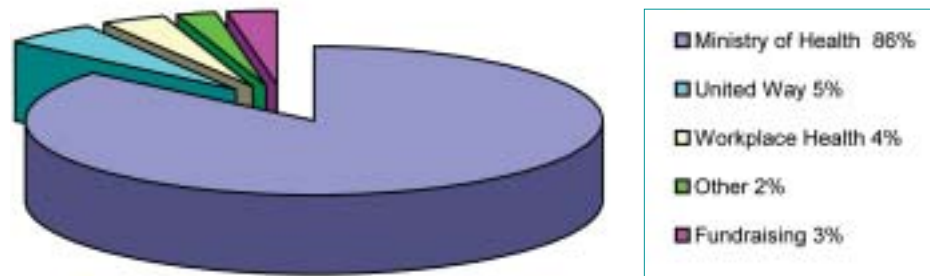


Employment is an essential component to one's wellness, providing income, self esteem and societal bonds. The Branch offers a Vocational Employment Program (VEP) to consumers of mental health services that provides support to those seeking work. VEP actively supports clients in pre-employment, experiential learning, career planning and job development, and job placement through services tailored to individual client needs and abilities. During the year VEP served 141 clients. 86% of clients who completed the program secured full or part-time paid employment



Revenues and Funding

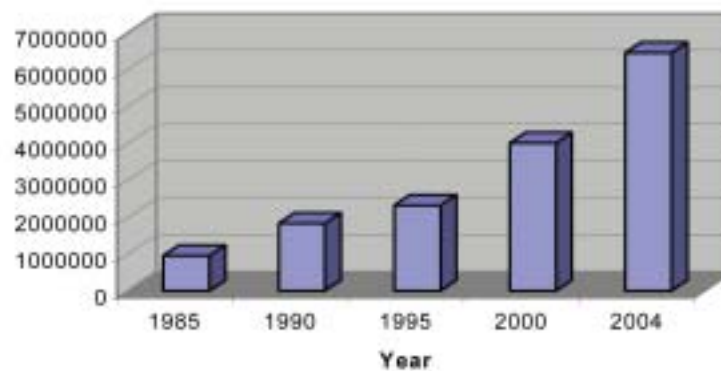
CMHA-WECB Revenues 2004/2005



Growth and progress at CMHA-WECB 2004-2005

Keeping pace with mental health reform, the agency's budget has grown significantly over time.

CMHA-WECB Base Funding Comparison



Audited Financial statements are available.

Auditors: Sovran & Greenwavy, Chartered Accountants.

In 2004, one employee was paid a salary, as defined in the Public Sector Salary Disclosure Act 1996 of \$100,000 or more by the Canadian Mental Health Association, Windsor-Essex County Branch.



CMHA-WECB gratefully acknowledges the generous support of our donors, members and volunteers.





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