

annual **2020/2021**
report



canadian mental health association
Cochrane-Timiskaming



Canadian Mental
Health Association
Cochrane-Timiskaming
Mental health for all

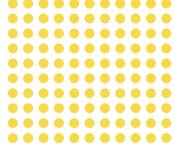
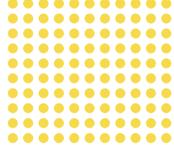


table of contents

Message from Board Chair and Executive Director	3
About CMHA Cochrane-Timiskaming	4
Programs and services	6
Strategic Plan 2021-2025	8
Ontario Health Team Temiskaming	10
Pandemic Response	10
Housing Now	11
RAAM Clinic – Timiskaming	11
Human Resources Report	12
Implementation of Telus PS Suite - Electronic Medical Record Software for Primary Care	13
CMHA-CT is grateful to our generous community partners!	14
Timiskaming Mobile Crisis Rapid Response Team (MCRRT)	15
Statistics at a glance	16
Accreditation	18
Financial report	19





Message from Board Chair and Executive Director

The 2020/2021 year for the Canadian Mental Health Association (CMHA) Cochrane-Timiskaming Branch was marked with new challenges as brought on by the COVID19 pandemic, continued and strengthened partnerships and innovation in service delivery.

The agency launched its 2021-2025 strategic plan *Flying in Formation: A Shared Journey off Mental Health*. This strategic plan will serve as a roadmap to assist us in identifying where we are today, communicate where we aspire to be and identify the priorities and underlying principles that will guide our journey over the next four years.

The stories that follow highlight the agency's success in offering services that meet the needs of people living with and touched by mental illness. We are grateful to our funders, supporters and staff, and to those we serve for their continued commitment to improving mental health and addiction services in the communities we serve. Together, we continue to aim to create caring communities where everyone belongs.



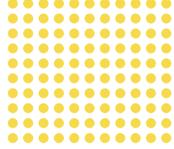
**Paul
Jalbert**

Executive Director, CMHA Cochrane-Timiskaming



**Sarah
Stewart**

Board Chair, CMHA Cochrane-Timiskaming



About CMHA Cochrane-Timiskaming



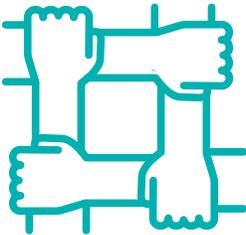
VISION

A community that embraces mental health as a key to well being. .



MISSION

The mission of the CMHA Cochrane-Timiskaming Branch is to help people living with, and touched by, mental illness by providing the supports and services needed on their journey to happy and fulfilling lives, while educating and advocating for a caring community where everyone belongs.



OUR VALUES

Accountability: We are fully accountable to all stakeholders.

Advocacy: We are a welcoming organization that provides hope to everyone and we speak up for those who have no voice.

Collaboration: We build strong relationships with all stakeholders using the principles of integrity, respect, and dignity.

Compassion: We conduct ourselves in a compassionate, consistent, and reliable manner.

Confidentiality : We ensure confidentiality and the protection of personal information.

Equity: We provide appropriate linguistic, cultural, geographic, and physically accessible services. We understand that groups and individuals have varied needs and aim to ensure that all services are viewed through an equity lens.

Safety: We value the safety of our clients, staff, and community.

Quality: We continually develop quality services and relationships through education, innovation, and leading practices.

Board of directors

Board Chair / Sarah Stewart

1st Vice Chair / Paul Crombeen

2nd Vice Chair / Norm Bolduc

Treasurer / Elizabeth Reid

Director-At-Large / Erin Cowan

Directors /

Amanda Coulas

Kelly Killins

Kelly-Ann O'Mara

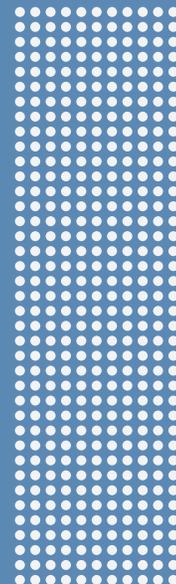
Chantal Mailloux

Jennifer Jaszan

Patrick Gervais

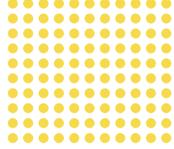
CATCHMENT AREA

Temiskaming Shores, Englehart, Kirkland Lake and Timmins





**here's
what we've
been up to
this year.**



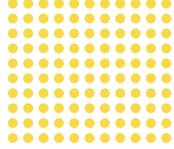
Programs and services

This past year can be best described as one of COVID-19 pandemic response. Kudos to our dedicated staff who maintained a commitment to quality services. Program managers have been huge assets during this time, creating stability while at the same time adapting to ever-changing environments and dealing with risk. Our clients, although disrupted, continued to adapt, demonstrating the same resilience, hope and courage demonstrated by staff and community.

Here are the predominant themes captured during the year:

PLANNING:

- Main goals identified were keeping staff safe, continuing operations and responding to community needs. We have marked success on all three areas.
- Privacy and confidentiality was a priority need with virtual care (online meetings), with Shelley Harrison named as CMHA-CT privacy officer.
- Special Projects enacted to allow operations to adapt to shifting needs while still accomplishing objectives. Deb Pultz named as special projects Manager.
- The move towards a stepped care model of services.
- Launch of the Generating Organizational Optimization Committee for Service Excellence (GOOSE) to improve organizational understanding of data.
- Indigenous Committee continued to meet, Comprehensive review of Timiskaming Crisis Response Service services, Structured psychotherapy successful training of three staff (Case Management, Assertive Community Treatment Team, Occupational Therapy).



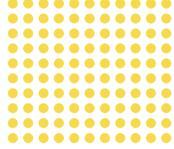
Program and services

RESPONDING:

- Recognizing vulnerable population groups that shifted during pandemic, and identifying priority populations.
- Regular wellness checks maintained, counselling services re-engaged via virtual.
- The Housing Now project found housing for over 30 people impacted by Covid-19 and shelter limitations.
- Posted positions to ensure service delivery stability and addressing pressure points.
- Mobile Crisis Rapid Response Team implemented in Timiskaming.
- Guest speaker brought in virtually to speak to resilience and hope in the face of overwhelming adversity.
- PS Suites Electronic Medical Record (EMR) tool implementation was initiated for Primary Care program.
- Collaboration with Timmins Rock hockey for a suicide awareness campaign.

ADAPTING:

- Virtual Care (telephone, Ontario Telemedicine Network, online video communications platforms), virtual psychoeducation mental health education sessions and extended hours initiated at all three sites.
- Some programs adapted for safety reasons or restrictions in congregate gathering (Peer in hospital, Intrepid Place, Northern Star, justice programs).
- Online education modules provided to staff for ongoing education while physical distancing at home.



Strategic Plan 2021-2025

Following a year of stakeholder engagement and development of the core strategic directions, the CMHA-CT 2021-2025 Strategic Plan was launched in March 2021 through a virtual presentation for all staff.

The theme of our strategic plan is Flying in Formation: A Shared Journey of Mental Health. Our theme was developed to borrow from the teachings of the Canadian Goose – true cooperation, a model of efficiency and perseverance, a sense of belonging, all while working together along a shared journey. We compare this to an individual's own journey of mental health and the lessons and challenges learned along the way.

After consulting with our board of directors, staff, clients, partner organizations, and members of the community, we incorporated the diverse feedback we received to identify five core strategic directions within the plan. These directions are:



Mique Michelle
Graffiti Artist

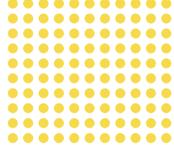


We feel that these directions accurately represent our organizational priorities and are aligned with our mission, vision, and values.

We also updated our values to better reflect who we want to be as an organization. Acceptance was changed to Advocacy as we not only accept those who seek out our organization, but we speak up for those who have no voice – particularly marginalized and vulnerable population groups. Accessibility was updated to Equity as we reinforce the necessity for services that are linguistically, culturally, and geographically appropriate – as well as physically accessible. We cannot provide true accessibility unless it is done from the perspective of equity. Finally, we added Safety to our values to reflect our priority for staff and clients throughout the pandemic.

We commissioned an artist who has gained some local popularity for creating beautiful and colourful murals for organizations and businesses in the Cochrane Timiskaming area. Mique Michelle created original art pieces that aligned with each strategic direction, as well as a cover piece that represented our theme.

We are thrilled with both the aesthetic and content of our new strategic plan and are confident it will play an active role in guiding CMHA-CT through the next 4 years.



Ontario Health Team Temiskaming

In March of 2021, CMHA Cochrane-Timiskaming endorsed the Temiskaming Ontario Health Team by signing on as a full partner. Our colleagues around the table provided us with a warm welcome and a strong platform to plan for the evolution of the health system in a meaningful and participatory way. We look forward to contributing and benefiting from this new relationship and we are hopeful that this will lead to a more fulsome suite of mental health and addictions services.

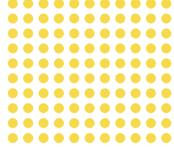
Pandemic Response

The widespread uncertainty during the early stages of the COVID-19 pandemic required the agency to adapt and implement a precautionary approach to support infection prevention and control. The safety of clients, staff, and community was prioritized and recommendations from local, provincial, and federal public health were closely followed. While adhering to these guidelines, CMHA-CT continued to provide essential mental health and addictions services to new and existing clients both in the office and within the community.

Using the public health guidelines as a baseline, we determined the most appropriate course of action to guide new policies and modify services. The agency implemented a system for telephone and virtual delivery of services (including individual and group sessions) to replace in-person encounters whenever possible. If virtual delivery of service could not occur, care and treatment approaches were adapted to provide support while maintaining staff and client safety as a priority.

To decrease the potential for transmission of COVID-19, a protective plan was put in place that included pre-screening, contact tracing, Personal Protective Equipment (PPE), high-traffic client areas, cleaning and disinfecting, physical distancing practices, response to positive or suspected cases, and education. General office modifications provided additional safety and reduced consumption of PPE.

A phased approach to gradual expansion of face-to-faces services was established in accordance with public health recommendations, allowing the flexibility to move up and down the phase based on a pre-determined set of criteria for each phase.



Housing Now

In May of 2020, Living Space, the Cochrane District Social Service Administration Board along with the CMHA Cochrane-Timiskaming came together to address the acute impact of the Covid-19 pandemic on those living in homelessness. We quickly recognized that the mantra of the pandemic “Stay home, stay safe” was not possible for everyone. Housing Now was launched to rapidly house community members with the support from the City of Timmins. Initially the objective was to support the housing needs of approximately 30 individuals. By the end of July, we had hit our mark. Other organizations joined us such as South Cochrane Addictions Services and the Ontario Aboriginal Housing Services and we continue to expand our reach from there. We have living proof of the benefits of a housing first approach and we plan on building on the strong foundation that has been established with the City, the community, and with our partner organizations.

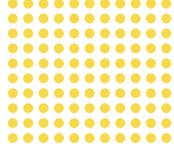
RAAM Clinic – Timiskaming

Timiskaming CMHA-CT Rapid Access to Addiction Medicine (RAAM) has established set hours and clinic locations (Kirkland Lake Tuesdays 9-11; New Liskeard Thursdays 9-11).

This transition has resulted in CMHA-CT meeting compliance with the Ontario Health North approved Meta-Phi model.

RAAM clinics are open to community members with any substance use disorder. Patients may be referred from any hospital, clinic, or community agency, or they may be self-referred. These services have strived to see people within seven days and ideally in under three.

Our RAAM clinics have remained open to in-person service throughout the pandemic and have seen a steady inflow of people with substance use disorders. Lesley Edwards, Nurse Practitioner in Timiskaming received certification to prescribe Sublocade, (injectable Suboxone) which benefits by not requiring monitoring and compliance is often increased.



Human Resources Report

Like everyone, the last year has brought new challenges to our agency in providing a safe workplace for our staff. We quickly put into place plans to invest in new safety procedures and altered our workplace to make it as safe as possible for staff and clients. We invested in technology to allow staff members and clients to meet virtually when possible. We installed plexiglass barriers, contracted additional thorough office cleaning, provided appropriate personal protective equipment and training to name a few of the changes that we made to ensure a safe environment.

During the pandemic we also identified high priority areas that we focused our attentions to such as supportive housing, primary care, injection clinics, food security and crisis response. We have added staff to our team over the last fiscal year to support these initiatives.

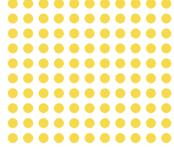
While we struggle with recruitment issues in the north and are often unable to successfully fill vacancies as quickly as we would like one of our strategies to mitigate this risk is working on employee retention. We have been able to keep our turnover rates relatively low at around the 5% mark over the last fiscal year, which translates to an average of only one employee per month. We have invested energy and resources to ensure staff are supported in numerous ways; making sure they have access to valuable training opportunities, regular check ins with staff, an employee wellness working group to name a few.

In keeping with CMHA-CT's value of providing appropriate linguistic, cultural, geographic, and physically accessible services and our understanding that groups and individuals have varied needs, we aim to ensure that all services are viewed through an equity lens.

All staff participated in Active Offer of French-language Services upon joining the CMHA-CT. This valuable training promotes the important role that care providers play in the delivery of services in French to those individuals whose preference is to receive services in the language of their choice.

The LGBT2SQ communities face unique challenges and barriers to accessing care. Rainbow Health Ontario has developed a seven-module course on lesbian, gay, bisexual, transgender, and Two-Spirit health for healthcare and social service providers. This training has helped build our employees' foundational knowledge for providing care to this population and has formed part of the organizational training program for all employees. As new employees embark on their journey with us, they are enrolled in this training to support their comfort level and competency in providing high-quality inclusive, affirming, welcoming, and culturally sensitive care.

In 2020, the CMHA-CT invested in Indigenous Cultural Safety Training for all employees and have incorporated it into our organizational training program. Indigenous Cultural Safety Training is a unique, on-line training program designed to enhance self-awareness and strengthen the skills of those who work both directly and indirectly with Indigenous people. The goal of the Indigenous Cultural Safety (ICS) training is to develop understanding and promote positive partnerships between service providers and Indigenous people.

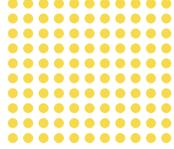


Implementation of Telus PS Suite - Electronic Medical Record Software for Primary Care

We have enhanced our documentation and communication technology infrastructure by implementing Telus PS Suite electronic medical record software with the Primary Care program at all sites in the last year. The software is commonly used by many physician and nurse practitioner clinics and provides a variety of features that will help the Primary Care program expand to its full potential. PS Suite is designed to give prescribers powerful customized tools to build a client database and organize it so that it can be easily accessed. Many efficiencies have been predicted and will be gained when it is running to its full capacity.

The implementation of this software was a lengthy upfront process which was compounded by navigating this implementation project during a pandemic. The software can connect with surrounding hospitals and medical laboratories which allows for integrated data sharing. Other relevant features will enable and improve side-by-side documentation, scheduling, faxing, electronic prescribing, consultation requests, timely and secure record sharing, remote chart access, etc. Improved data collection tools will improve our ability to use and report data for funder accountability requirements, client outcome improvement, and clinical supervision. The agency is hopeful that with PS Suite, we will be able to increase our client capacity and improve the quality of care offered by this program.

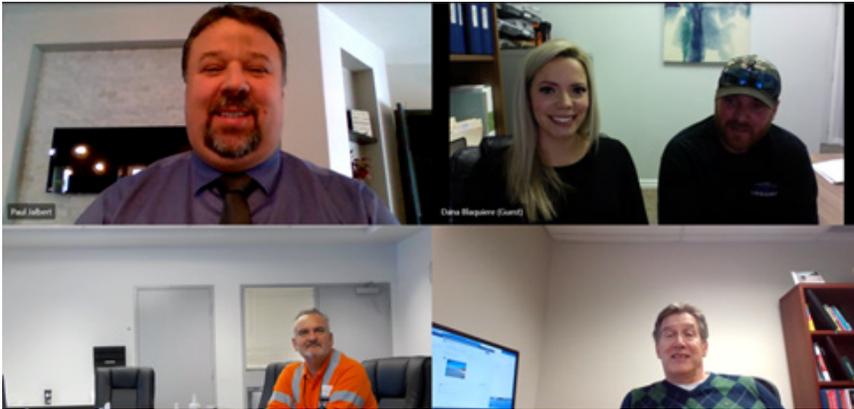




CMHA-CT is grateful to our generous community partners!

DONATIONS AND FUNDRAISING

We are proud to announce that the CMHA-CT has received a total of \$41,136 in monetary donations within the past fiscal year from various organizations and individuals from the communities we serve.



This past year, the CMHA-CT was fortunate to receive generous donations of \$10,000 from NPLH Drilling, matched by \$10,000 from KL Gold.



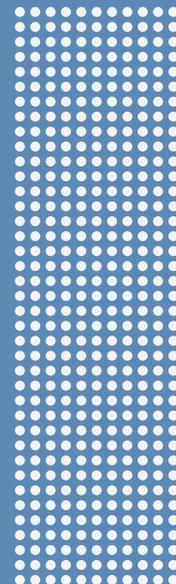
\$16,766 was donated via a New Year's Eve fundraising initiative organized by Temiskaming area business owner, Marc Dessureault.

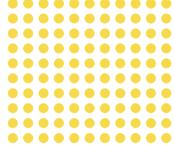
CMHA-CT also received \$2,000 from RBC Securities and \$1,000 from the New Liskeard Rotary Club.

Sheldon Reasbeck of PowerPlay Hockey in Kapuskasing donated \$1,370 designated to be used by the CMHA-CT Northern Star program. To all of our donors, thank you for your donations to CMHA-CT. They are appreciated and we are all touched by the generosity of our communities.



\$41,136
DONATIONS
RECEIVED





Timiskaming Mobile Crisis Rapid Response Team (MCRRT)

PROJECT OVERVIEW

The Kirkland Lake and New Liskeard office of CMHA-CT successfully implemented a mobile crisis rapid response team (MCRRT) in partnership with the Ontario Provincial Police. This partnership was made possible through the District of Timiskaming Social Services Administration Board funding. The MCRRT designates Addiction & Mental Health workers who are available to respond to calls for service at the request of law enforcement officers. The workers are available to accompany officers on calls for service related to mental health and addictions crisis in the communities. When the MCRRT workers are not available after hours the officers will notify the workers the next business day to develop a plan to follow up with individuals who have reached out to law enforcement due to a mental health and addiction crisis.

The role of the Addiction and Mental Health Worker in attending these calls for service or following up with individuals who have reached out to law enforcement is to ensure they are connected to appropriate community services to address the reason(s) they reached out to law enforcement. Police are not equipped to deal with mental health and addiction related crisis. Adding a skilled worker to their repertoire of resources serves in the best interest of the individual reaching out to police for assistance. Police officers can maintain their role in doing police work and maintaining community safety, while our addiction & mental health staff can respond to clients in crisis and get them the help they deserve and need.

The goal of MCRRT is to divert individuals from unnecessary involvement in the criminal justice system and/or emergency room visits. These crisis workers are skilled at helping to stabilize encounters and assume responsibility for securing addiction & mental health services for persons, including those in crisis who may need further assessment and treatment, referrals to other services such as housing, income security, emergency funding and primary care.

SUCCESS STORY:

In 2020, Police received 43 mental health related calls for service for one individual in the community. Client was brought to ER on multiple occasions as a result of those calls. Police received 19 calls for service from Jan -Feb 15, 2021 for this same individual. In February 2021, the attending Officers requested the assistance of MCRRT. Our staff became involved at this point. Successful collaboration occurred between police and mental health & addiction worker and as a result of getting the most appropriate services in place, Police have not received any further calls for service.



Statistics at a glance



MENTAL HEALTH PROGRAMS

FUNDED BY NORTHEAST LOCAL HEALTH INTEGRATED NETWORK

2,143
INDIVIDUALS SERVED

16,078
FACE-TO-FACE VISITS

44,765
TELEPHONE VISITS



PRIMARY CARE

FUNDED BY MINISTRY OF LONG-TERM CARE

208
INDIVIDUALS SERVED

591
FACE-TO-FACE VISITS

1,036
TELEPHONE VISITS



HOMELESSNESS INITIATIVE

FUNDED BY COCHRANE DISTRICT SOCIAL SERVICE ADMINISTRATION BOARD & DISTRICT OF TIMISKAMING SOCIAL SERVICE ADMINISTRATION BOARD

161
INDIVIDUALS SERVED

97
FACE-TO-FACE VISITS

102
TELEPHONE VISITS

Statistics at a glance



YOUTH JUSTICE

FUNDED BY MINISTRY
OF CHILDREN,
COMMUNITY AND
SOCIAL SERVICES

5
INDIVIDUALS SERVED

0
FACE-TO-FACE VISITS

11
TELEPHONE VISITS



JUSTICE PROGRAMS

FUNDED BY NORTHEAST
LOCAL HEALTH
INTEGRATION NETWORK

194
INDIVIDUALS SERVED

769
FACE-TO-FACE VISITS

2,220
TELEPHONE VISITS



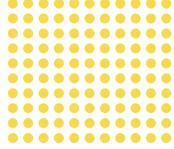
HOUSING SUPPORT TAMISKAMING

FUNDED BY MINISTRY
OF HEALTH

233
INDIVIDUALS SERVED

2,888
FACE-TO-FACE VISITS

2,277
TELEPHONE VISITS



Accreditation

Last year, CMHA-CT began the multi-year process of organizational accreditation through Accreditation Canada.

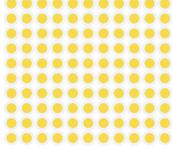
The accreditation process resulted in the creation and modification of several committees and working groups; the privacy committee, nursing clinical working group, infection prevention and control was added to the joint health and safety committee, client safety working group, Generating Organizational Optimization for Service Excellence (GOOSE) committee. Some of these groups have been created to specifically develop accreditation-related work, but others will become permanent fixtures of our organizational structure. This work has resulted in the development of many new organizational resources and practices – including privacy policies, incident reporting procedures, emergency and pandemic preparedness plans, staff orientation and training plans, medication management policies, board reporting structure, among many others.

The Accreditation Steering Committee also saw the addition of a new member in the organization's communications specialist. It is important not only to develop new policies and implement new practices to meet accreditation requirements, but to clearly relay that information to those affected by them. An accreditation update newsletter was developed which provided a summary of accreditation meetings as well as new and upcoming resources as they became available.

Due to the pandemic, Accreditation Canada developed a new hybrid survey model which combines topic-specific virtual discussion groups and on-site validation of key documents. We look forward to showcasing the hard work of CMHA-CT staff toward accreditation during our primer status survey on June 21st – 23rd, 2021 and will continue to refine our services in preparation for the full Qmentum status in 2023.

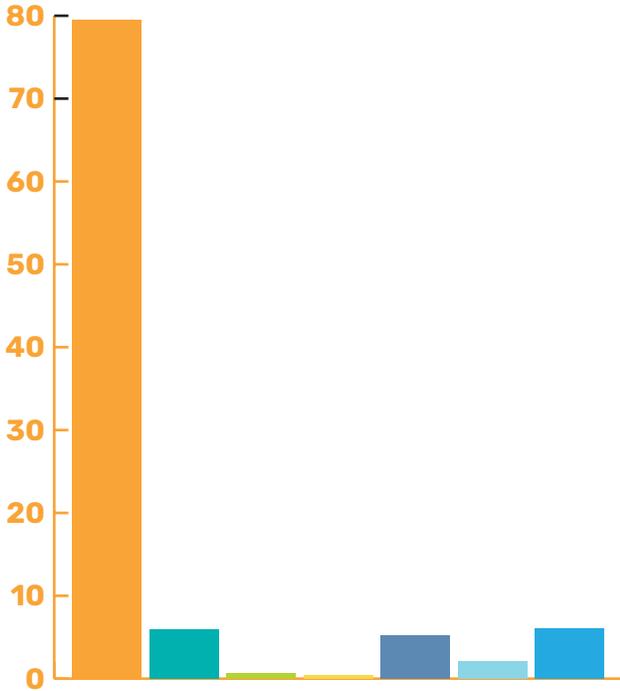


ACCREDITATION
CANADA



Financial report

The Independent Auditor's Report will be made available upon request.

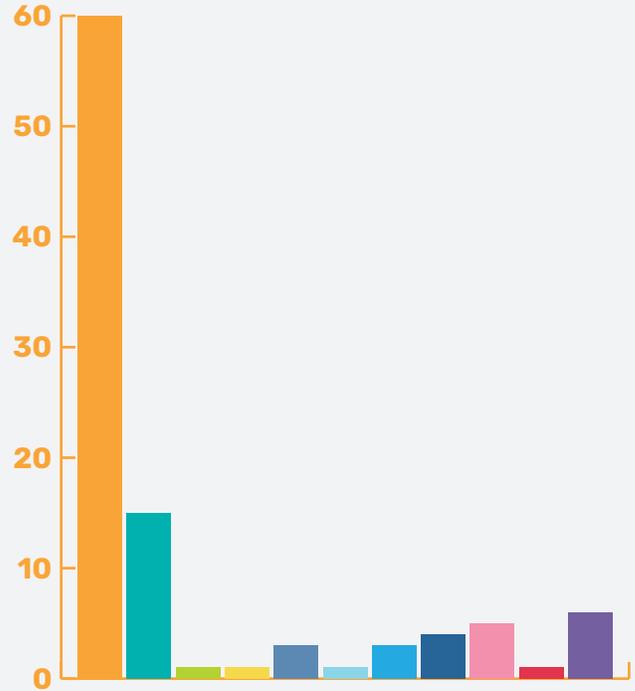


SOURCES OF REVENUE

TOTAL: \$13,479,620

North East LHIN	\$10,719,107 [79.5%]
MOH	\$804,200 [6%]
Other provincial government	\$91,276 [0.7%]
Donations	\$55,100 [0.4%]
Rental income	\$703,523 [5.2%]
Amortization of deferred capital contributions	\$285,448 [2.1%]
Interest and other income	\$819,636 [6.1%]

REVENUE TREND



PROGRAM EXPENSES

TOTAL: \$13,477,656

Case Management, Mental Health Counselling & Treatment, Crisis Intervention	\$8,115,448 [60%]
Assertive Community Treatment Teams	\$1,987,673 [15%]
Community Mental Health Clinic	\$164,721 [1%]
Early Psychosis Intervention	\$150,837 [1%]
Mental Health Court Support	\$442,101 [3%]
Social/Recreational, Peer Support	\$192,403 [1%]
Psycho-geriatric Services	\$376,921 [3%]
Addictions Treatment	\$473,520 [4%]
Housing	\$636,845 [5%]
Health Promotion and Education	\$72,711 [1%]
Commercial rental	\$864,476 [6%]



canadian mental health association
Cochrane-Timiskaming



Canadian Mental
Health Association
Cochrane-Timiskaming
Mental health for all



www.cmhact.ca



[@CMHACochraneTimiskaming](https://www.facebook.com/CMHACochraneTimiskaming)



[@CMHACochraneTim](https://twitter.com/CMHACochraneTim)

Timmins Office

330 Second Avenue, Suite 201
Timmins, ON P4N 8A4
Tel: 705-267-8100

Kirkland Lake Office

5 Kirkland Street West
Kirkland Lake, ON P2N 1N9
Tel: 705-567-9596

Temiskaming Shores Office

20 May Street South
Temiskaming Shores, ON P0J 1P0
Tel: 705-647-4444

Ontario 