



**Canadian Mental  
Health Association**  
Sudbury/Manitoulin  
*Mental Health &  
Addiction Services*

**Association canadienne  
pour la santé mentale**  
Sudbury/Manitoulin  
*Services de santé mentale  
& de toxicomanie*

# ANNUAL REPORT

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# 2022 2023

Canadian Mental Health Association-  
**SUDBURY/MANITOULIN**



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**Ontario**

# VISION, PURPOSE, VALUES



## VISION

Thriving communities that nurture recovery, resilience, and hope for all.



## PURPOSE

To support healthy people and communities through advocacy and the provision of safe, inclusive, and accessible mental health and substance use disorder services.



## VALUES

**Person Centred:** We build on the strengths of people and support their unique needs and situations.

**Inclusive:** We welcome and treat everyone with dignity and respect.

**Equitable:** We advocate for social justice, the removal of systemic barriers and communities in which every member has an opportunity to achieve optimal mental health and wellness.

**Innovative:** We use evidence and best practices and continuously improve what we do.

**Collaborative:** We work closely with the people we serve, our colleagues, partners, and funders to achieve collective outcomes

**Accountable:** We use our resources wisely and are transparent with our stakeholders.

# BOARD OF DIRECTORS

Christophe Leduc, Chair  
Renée Fuchs, Vice Chair  
Amanda Minutti, Treasurer

## Directors

Mike Garbutt  
Jessica Grenier  
Nishi Gupta

Paula Morrow  
Ashley Paajanen  
Michael Pignozzo

Jill Riva  
Marnie Staffen

# A MESSAGE FROM BOARD CHAIR AND CEO

Inspiration, passion, commitment, and lots of heart describes staff, leadership, and Board of Directors at CMHA-Sudbury/Manitoulin (CMHA-S/M). Without those qualities, navigating the past couple of years would have been much more difficult. Through the changes and challenges of the pandemic, we continue to provide quality programs and services, be a valuable community partner, and create initiatives to meet evolving and newly identified needs.

It would be unrealistic to paint this past year as completely rosy. There have been hardships. Some of our most vulnerable community members have been disproportionately impacted by the pandemic and opioid crisis. We have been in a health human resource crisis that has demanded a quick and elevated response. These challenges have elicited intensified advocacy on our part to ensure essential mental health and substance use disorder services are accessible to all.

Fortunately, our success this past year has been prolific and impactful. We continue to be an active partner in the development of the Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team. This process has brought together existing partners with new ones to provide unique perspectives and meaningful conversations around collaborative health care in our region. Teams across the agency worked diligently to demonstrate their commitment to high quality services in preparation for our third Accreditation Canada survey which took place in May. We greatly appreciate the Individual

and Care Partner Advisory Council members who continue to share their perspectives and feedback to inform our internal review process.

Following the many challenges of COVID-19, we have prioritized bringing joy and energy back into the workplace. Opportunities to recognize staff, like our BBQ last June, have brought teams together in-person. All in attendance enjoyed great music, food, games, and company! We look forward to more of these celebrations as one small way to show CMHA-S/M staff how much we value them and appreciate their work. Thank you to our Healthy Workplace Team, and the Diversity, Equity, and Inclusion Committee, for facilitating many events, activities, and education opportunities.



A handwritten signature in black ink, appearing to read 'Chris Leduc'.

**Christophe Leduc**  
Chairperson



A handwritten signature in black ink, appearing to read 'Patty MacDonald'.

**Patty MacDonald**  
Chief Executive Officer



# STRATEGIC PLAN UPDATE



A typical strategic plan at CMHA-S/M has a 3-year term but with COVID-19, these past few years have been anything but typical. In 2021, the decision was made to extend the existing plan by two years. Instead of 2019-2022, the plan will remain in place until 2024.

In the wake of the pandemic, organizational priorities shifted to ensure safe and seamless service delivery. As such, some strategic actions were put on hold and others moved forward more slowly than anticipated.

Now that we have entered a period of pandemic recovery, CMHA-S/M is in a better position to reflect on the progress made to-date, as well as the work that still needs to be done.

While there is always more work to be done, substantial progress has been made towards several goals such as:

- Improving health equity
- Addressing gaps in mental health and substance use disorder services
- Being recognized as a leader in mental health and substance use disorder system integration and transformation
- Being known as an employer of choice in our community
- Building a strong organizational infrastructure
- Establishing new sources of funding and funder relationships

The next steps for CMHA-S/M include wrapping up outstanding action items and looking towards our next strategic planning cycle.

# NAVIGATING STAFF SHORTAGES AMIDST A HUMAN RESOURCE CRISIS

CMHA-S/M faced many challenges due to the pandemic including the rapidly changing COVID-19 restrictions; integration of new processes to prevent the spread of infection; adapting to new ways of working via remote and virtual care models; and responding to the increased complexity of needs among those who access supports. Combined with ongoing wage disparities impacting community mental health providers, organizations across the health sector (and beyond) are experiencing a human resource shortage – now crisis – like never before.

Last year, our mental health and substance use disorder sector partners identified higher than usual rates of staff turnover and vacancies, and increased difficulty recruiting new team members. These staff shortages presented challenges for all CMHA-S/M teams. Without question, programs providing essential residential services and emergency shelter continue to feel the greatest impact. For example, the Off the Street Emergency Shelter closed its doors on six separate occasions between June and November 2022 due to vacancies and unanticipated staff absences. On those nights, 35 individuals, who should have had access to a safe bed and shelter, spent the night on the street. We are acutely aware

of the devastating consequences of staff shortages and make every effort to maintain supports for those most in need. A decision to close the shelter when there are no staff to provide support is an absolute last resort for our agency.

Although these factors are mostly beyond our control, significant work has been done to address the health human resource crisis and its impacts. Efforts include:

- Establishing a CMHA-S/M staffing contingency plan for essential programs which includes staged options for mobilizing staff supports when needed
- Developing a roster of casual/on-call staff to fill unanticipated staff vacancies
- Continuing to advocate for base budget increases to support recruitment and retention

Throughout these difficult times, we continue to strategize creative solutions, both immediate and long term. Our best efforts include prioritizing the well-being of our teams. We are especially thankful to staff from across our programs who continue to provide essential supports and services to our community.





# STRATEGIC GOALS IN ACTION



## Building Community Partnerships

Collaboration and innovation are integral values for CMHA-S/M. We take pride in partnering with colleagues, funders, and individuals we serve to build an equitable system for all.

In 2022, CMHA-S/M partnered with Cambrian College Bachelor of Science and Nursing to support the development of a virtual mental health and substance use disorder simulation. A simulation is like a computer game that allows nursing students to view a health care scenario from their computer. The scenarios are presented as videos where students watch, make decisions, complete assigned tasks, and receive feedback based on identified learning outcomes.

The Canadian Alliance of Nurse Educators Using Simulation (CAN-Sim) developed this model. With over 160 simulations, CAN-Sim promotes collaboration between nurse educators and experts in the field to develop evidence-based education. For the mental health and substance use disorder scenarios, the simulation emulates real experiences that people with lived experience (PWLE) encounter when seeking health care. Our role was to identify scenarios that accurately reflect reality and provide expertise from the agency and PWLE. Participants included two CMHA-S/M staff, a housing case manager, the manager of community development & housing, and two individuals from the Individual and Care Partner Advisory Council. This team collaborated on the project, co-designing the simulation model and identifying learning outcomes.

Planning and design is now complete and implementation begins in 2023. Remarkably, the success of the collaboration is already having a positive impact. The project will be presented at the Canadian Association of Schools of Nursing 2023 Nursing Education Conference by CMHA-S/M and professors from the Cambrian College Nursing Program. The presentation will focus on developing community partnerships with PWLE to co-create simulations grounded in authentic experiences. Because of the success of this partnership and its outcomes, we are exploring future simulations and other ways we can contribute to nursing education.



***We hope the partnership between CMHA and Cambrian College continues to grow and expand. Through our meetings, we gained valuable insights and perspectives from PWLE that informed the development of an educational tool for nurses. We hope this tool will increase confidence in nursing students to engage in person-centred care of persons living with a mental health condition. We also hope that co-creating the educational tool for nurses will promote breaking down barriers related to stigma, discrimination, and equity by providing a voice to those living with a mental health condition.***

***– Natalie Chevalier, Professor of Nursing, BSN Program, Cambrian College***



## Primary Care Partnerships

Primary care, most often provided by family doctors and nurse practitioners, is the most accessible and utilized point of health care in the Sudbury/Manitoulin area. As a core component of health, mental health and substance use disorder services are increasingly essential to primary care offerings. CMHA-S/M has prioritized partnerships with primary care providers, embedding system integration and transformation into the strategic plan as we work toward holistic, comprehensive, and quality care.

In 2020, Northeastern Ontario Medical Offices and CMHA-S/M piloted an initiative to enhance patient supports by directly connecting to community mental health and substance use disorder services. The pilot project successes included:

- Increased awareness and understanding of each other's roles and scope of practice
- Increased referrals to community services and supports by physicians. This has the potential to impact longer-term primary care referral patterns – connecting patients to appropriate community resources
- Coordinated approach to addressing the complexity of individual needs

As a result of the pilot's success, we expanded the partnership to include additional primary care providers. In 2022, CMHA-S/M developed a framework to integrate Brief Services and Case Management support within broader primary care pathways. City of Lakes Family Health Team (COLFHT) partnered with CMHA-S/M to test the new framework. CMHA-S/M service providers work closely with COLFHT to ensure individuals referred by COLFHT receive direct, timely access to assessments, appropriate referrals, and sustainable support. Partnerships between our agency and primary care providers have proven benefit to the

overall community. As we learn from this work, we will continue to seek out and foster meaningful relationships with primary care providers and other potential partners across the community.



***In 2023, we were pleased to launch a new partnership with CMHA to enhance access to community-based mental health supports. It has been a very collaborative process that has strengthened our relationship and benefitted the mental health of our patients.***

***-Dave Courtemanche,  
Executive Director, COLFHT***



# DIVERSITY, EQUITY, AND INCLUSION

As an agency committed to inclusivity, equity, and person-centred services, CMHA-S/M established an internal Diversity, Equity, and Inclusion (DEI) Committee in 2021. The committee advises and provides recommendations for social accountability in service provision, policy development, maintaining safe and inclusive physical spaces, and internal relations.

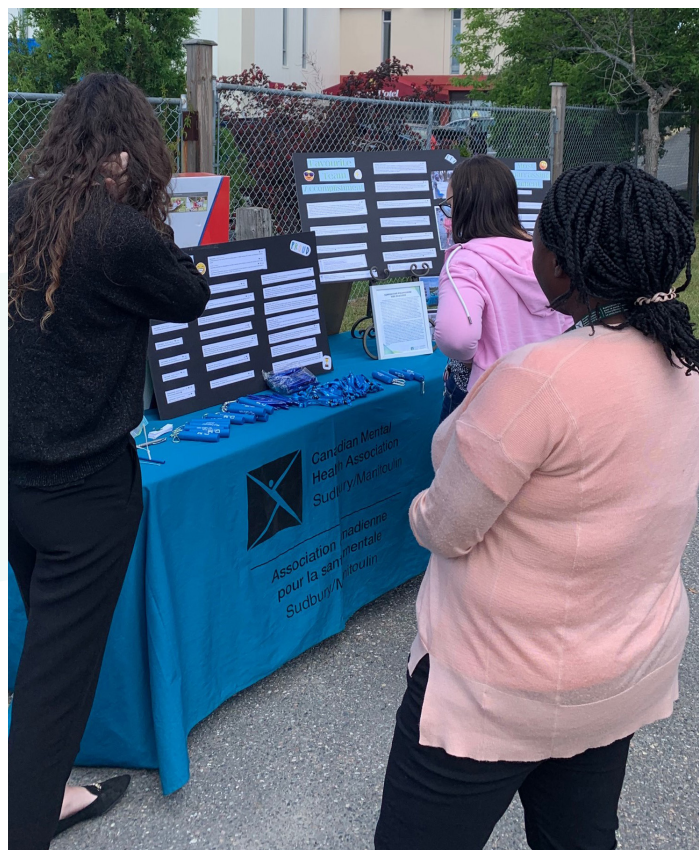
In its inaugural year, the committee identified key areas of focus such as updating language, policies, processes, and providing comprehensive DEI education. The committee's workplan and actions are guided by research, consultation, lived experience, and best practice. With this workplan in place, the committee successfully completed several projects over the past year.

One recent project enhanced staff awareness of the National Day for Truth and Reconciliation and Indigenous Culture and the significance of Orange Shirt Day. Every staff member received an orange shirt to commemorate the day and local Motivational Speaker, Indigenous Consultant, Facilitator, Storyteller, Artist and Windigo KaaN (Contrary), Carrienne Agawa, offered two educational sessions to both employees and individuals accessing services.

Working with staff and community members reflecting diverse experiences and perspectives, other activities to advance DEI within the agency included:

- Revising all agency documentation to ensure that it reflected inclusive language
- Adding land acknowledgments to documents, meeting agendas, and presentations across the agency
- Supporting a variety of training events for staff and leadership
- Hosting a DEI retreat for the CMHA-S/M Board of Directors and establishing a DEI Committee of the board

The committee made significant strides by successfully organizing more than ten projects in 2022/2023 that saw the values of DEI infused both internally and externally. The ambitious and essential work of the committee continues to improve the overall workplace culture and provision of services at CMHA-S/M.





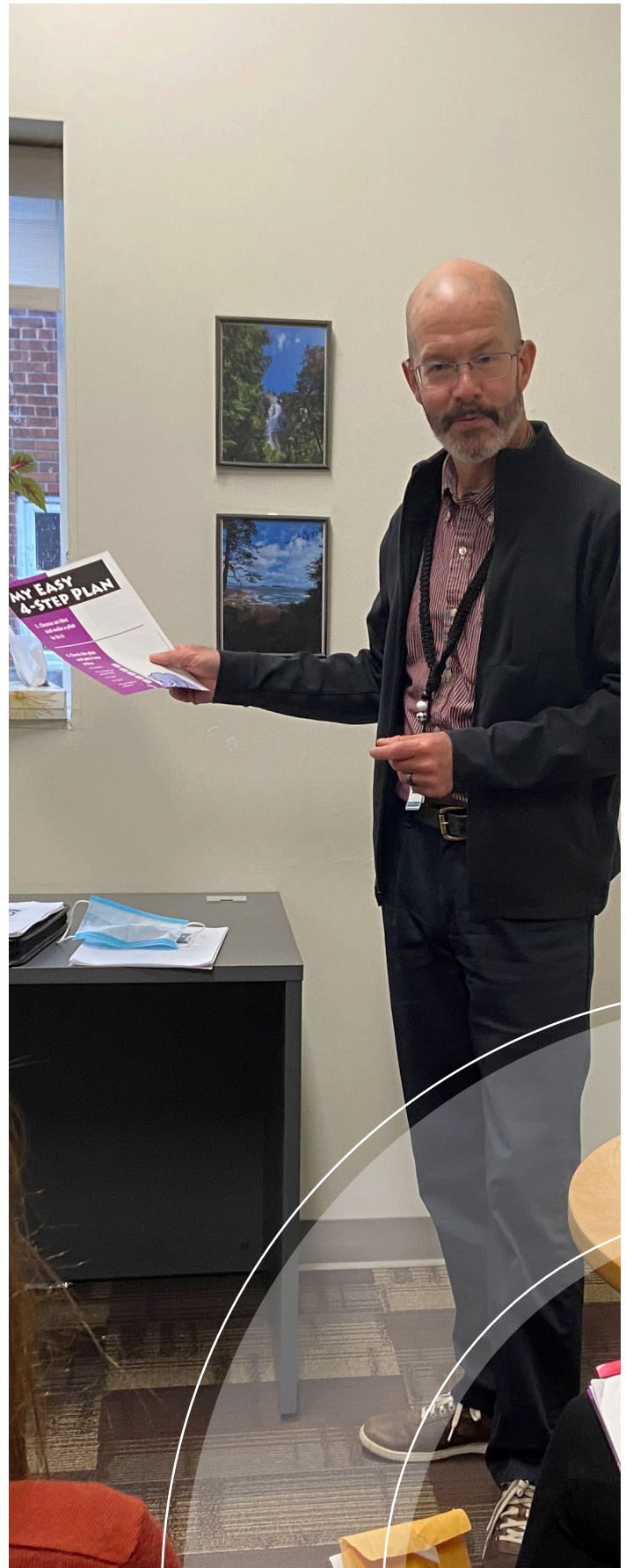
# INDIVIDUAL AND CARE PARTNER ADVISORY COUNCIL

The Individual and Care Partner Advisory Council (ICPAC) enables persons impacted by mental health and/or substance use disorders to advise and provide recommendations on CMHA-S/M policies, programs, and services. Membership is not limited to people who have themselves experienced challenges with substance use or mental health. Care partners are also key members of the council, providing their unique perspective on working through such challenges. Council members must identify as in a positive state of recovery and wellness and attend monthly meetings to help ensure CMHA-S/M provides meaningful, relevant, and person-centred services to individuals. ICPAC promotes recovery, wellness, the elimination of stigma, and a strong voice for individuals with lived experience.

Here's what one ICPAC member had to say about being on council:

“

***I love being part of ICPAC because it allows me to understand and recommend services to others!!***  
***-Sandy Stretch***



# NAVIGATING FEEDBACK: OPOC RESULTS AND ACTIONS

Dedicated to ongoing improvement, CMHA-S/M utilizes several measures to assess processes and inform progress. Two such tools are the Ontario Perception of Care tools for Mental Health and Addictions (OPOC-MHA) and the Ontario Perception of Care for Supportive Housing (OPOC-SH), which collect feedback from individuals who have accessed services at CMHA-S/M.

Developed by the Centre for Addiction and Mental Health, these surveys are a standardized way of gathering anonymous feedback around the quality of care received by individuals accessing services. They also include optional demographic questions to better understand the individuals we are reaching.

Surveys allow individuals' care experience to become a source of evidence that support program, agency, and system quality improvement (QI) efforts. As an example, OPOC surveys identified that approximately 20 per cent of respondents were unsure of how to make a formal complaint should they wish to. This became a focus for ongoing QI efforts. The optional demographic questions have increased, shaping a deeper understanding of the proportion of responses that come from individuals who identify as LGBTQ2S+ (18-25 per cent) and BIPOC (14-17 per cent). Demographic questions helped us recognize that little feedback is received from newcomers to Canada, leading the agency to explore better ways to engage newcomers.

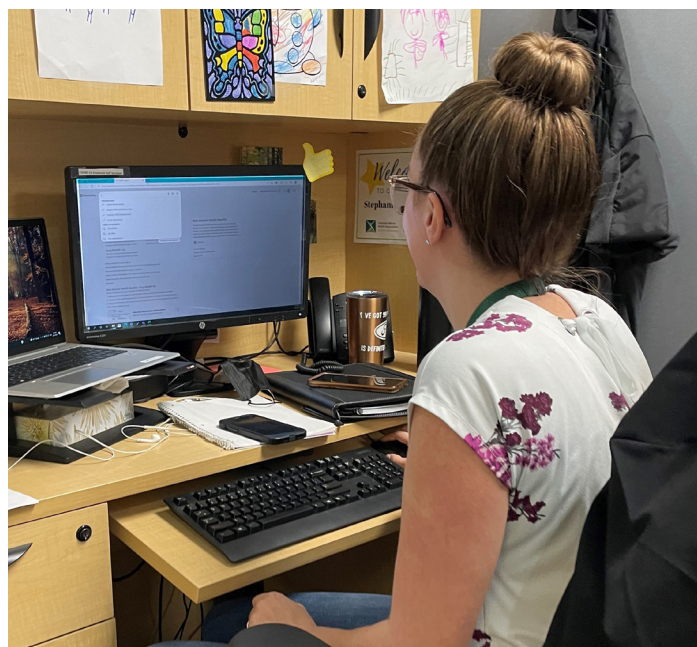
Overall, the results have been positive with almost all respondents feeling welcome from the start (96%) and feeling that the services they received helped them deal effectively with life's challenges (93%). Over 90 per cent of individuals who have accessed services at CMHA-S/M shared they would refer our services to a friend.

“

***I feel valued and not judged during conversation. My worker helps me to believe that change is possible, and I have hope.” – Individual receiving Case Management services***

“

***Rent Supplement allows me to live a healthy lifestyle. I trust the provider to be fair. The providers' workers are pleasant and efficient.” – Individual receiving Rent Supplement services***



# PROGRAMS AND SERVICES



## OFF THE STREET EMERGENCY SHELTER

The Off the Street Emergency Shelter is a low barrier shelter that serves adults 18+ who do not have permanent housing. The shelter has 35 cots. Staff are available to give information on housing lists and community resources including mental health and substance use support. The shelter is open nightly from 10pm to 8am.

- Reach-in services were made available after morning wake up, including Housing Case Management, City Client Navigators, Health Sciences North and Sudbury District Nurse Practitioners Clinic Housing Worker. These services greatly increase opportunity for individuals' to be connected to sustainable housing and primary care.
- Added 28 individuals to the By Names List (BNL) since March 2022. Ten of those individuals are now housed and one is connected with a community agency that can support their needs. Thirty-nine individuals on the BNL indicate their current primary sleeping arrangement is the Off the Street Shelter.
- Hired two security persons for increased monitoring outside 200 Larch during shelter hours over summer months to ensure safety and security.



**507**  
individuals received  
shelter services



**103**  
female-identifying



**398**  
male-identifying



**27**  
people per night access  
the shelter on average



**39.7**  
average age



average length of stay:  
**3 days**

**Out of the 231 individuals who have stayed at the shelter, 82 have a completed SPDAT (housing assessment)**



# HEALING WITH HOPE

The Healing With Hope (HWH) Residential Program works to support individuals who are homeless or at risk of homelessness and who are also impacted by alcohol dependence. The program provides access to a Managed Alcohol Program where individuals are supported with accessing housing and addressing primary care and mental health needs.

- This past year, the program focused on increasing the skills and abilities of both staff and residents, creating stronger individuals and a stronger sense of kinship.
- A new Coordinator of HWH and Nursing Services was onboarded to lead the team of nurses and support nursing functions across other CMHA programs.
- Assessment of weekly peer-to-peer sessions with Northern Initiative for Social Action found that the project, which had started in 2021, was successful and beneficial to the participation and engagement of individuals in the program. The decision was made to increase the services to twice a week.



**19** individuals served



**4** individuals discharged due to completion of goals



**4** people discharged as program did not meet current needs and goals



## CLINICAL CASE MANAGEMENT AND BRIEF SERVICES

The Clinical program provides services through a psychosocial rehabilitation approach which supports individuals to gain or regain a meaningful purpose in their life by supporting their recovery journey through recovery oriented practice. Case Management is a service that helps individuals establish meaningful roles in their community.

Intake and Brief Services are the first point of contact for mental health and addiction services. Intake workers meet in-person, by phone, or virtually to complete assessments to figure out the right programs or services for the individual.

Intake also makes referrals to other community service providers. Walk in services are available and no appointment is needed. Services are voluntary, individualized, caregiver and family centered.

The Global Appraisal of Individual Need Quick3 Motivational Interviewing Ontario (GAIN Q3 MI ONT) is an evidence-based, standardized assessment process that is required when seeking substance use treatment in Ontario.



**811** individuals served



**77** GAIN-Q3 MI ONT completed by certified staff



## JUSTICE

The Justice Program supports individuals with mental health and/or substance use issues, who are involved in the criminal justice system. Referrals to all programs can come from legal counsel, family members, friends, community organizations, or police. Services include Mental Health Court Outreach (adult and youth), Release from Custody and Mental Health Diversion.

The Justice Program received new, annualized base funding for the expansion and enhancement of the Release from Custody program. This funding supports people with mental health and/or substance use issues as they transition back into the community from Ontario's correctional facilities.



**356**  
individuals served



**5,595**  
visits



**83**  
individuals receiving release from custody support





## HOUSING CASE MANAGEMENT

The Housing Case Management program pairs individuals with a worker to tackle challenges with attaining and maintaining housing. Housing case managers advocate for and empower individuals to gain the skills and knowledge needed to meet and fulfill their housing related goals. In this program, individuals build daily living skills like routine, organization and cleanliness, and receive support with landlord/tenant relations, money management, hospital diversion, and crisis prevention.

- In partnership with Manitoulin-Sudbury District Services Board (MSDSB), a new housing case manager position was funded to provide services to individuals living in MSDSB buildings in Sudbury East.
- After a 2-year absence, the Community Paramedicine Clinics resumed their weekly visits to MSDSB buildings in Manitoulin and Espanola. Housing case managers supported over 1,500 tenant visits with paramedics to have basic medical checks such as blood pressure and to ask any health and wellness questions.

- The HCM team joined Second Harvest, a food rescue charity that offers quality food from restaurants and grocery stores that will soon be wasted if not collected. Collectively, the team “rescued” the equivalent of 694 meals which were distributed to various individuals across the agency.



**18** individuals received assistance in securing housing



**285** unique individuals served



**891** contacts with non-registered individuals



**3,589** visits



## RESIDENTIAL

The housing program includes several residential homes that support individuals living with mental illness.



**50** individuals supported





## HEALTH PROMOTION

The Health Promotion program provides mental health education to increase awareness, reduce stigma, and teach skills. Led by a Mental Health Educator, the program offers workshops, trainings, certifications, information booths and presentations and engagement on social media. The program strengthens the mental health community by doing outreach, building relationships, and hosting awareness events.



**4,475**

**participants received  
mental health education**

- Return of face-to-face public education includes in-person presentations, workshops, and booths at community events. Virtual programming will continue to be delivered post-pandemic as part of an ongoing hybrid model of service delivery.
  - Health promotion outreach statistics demonstrate that 4,475 participants received mental health education via presentations, trainings, or events.
- Target industry research has identified that the sectors relating to the construction and mining industry are at a disproportionally higher risk of declining mental well-being, workplace injuries, and suicide. Mental health stigma is a major factor in receiving and/or accessing mental health education. Thanks to a grant from Centre for Innovation in Campus Mental Health in the amount of \$10,000, representatives from CMHA-S/M Health Promotion and Cambrian College are discussing the development of a coordinated mental health curriculum for students in the trades.
- Through a new partnership with Agriculture Wellness Ontario, our mental health educator has been trained to facilitate In the Know: Farmers Mental Health Training.

- Several trainings are delivered via our mental health educator. These include suicide prevention and training programs (ASIST and safeTALK), Mental Health First Aid, and Living Life to the Full.

## OTHER HOUSING SERVICES



The Rent Supplement program is a provincially funded service that provides rent subsidy to individuals who require financial assistance to obtain or maintain suitable housing. The service operates in partnership with landlords in the Sudbury/Manitoulin district in CMHA-S/M approved units.

- Provided financial rental assistance to 127 individuals. By providing flexible supports that can decrease or increase as needed, we have a very low unit turnover rate with an average tenancy of 4.17 years.
- Other Housing Services: CMHA-S/M completed its first full year of oversight of the Community Homes for Opportunity home. Every resident is now engaged in their own care. Goal planning and ongoing support for residents has transitioned to the CMHA-S/M Case Management team. The housing coordinator continues to support the homeowner as needed and ensures compliance with Ministry of Housing standards for the home.



**127**

**individuals received financial  
rental assistance**



## COMMUNITY MOBILIZATION

Community Mobilization is a partnership among 30-plus diverse community sectors and partners including health, children's services, policing, education, mental health and substance use disorder, housing, and municipal services. Each of the partner agencies has a proven ability and mandate to serve and support individuals and families who are experiencing challenges and may be at acutely elevated risk of harm. One aspect of the Community Mobilization partnership are situation tables. CMHA-S/M continued to support three situation tables: Sudbury Rapid Mobilization Table (RMT), Espanola and Area Situation Table (EAST), and the Sudbury East Mobilization Table (SEMT). Responsibilities include facilitating situation table meetings; collecting data within the provincial risk-tracking database; and ongoing training of situation table partners. Additionally, CMHA-S/M provides situation tables with direct case management supports in response to acutely elevated risk situations.

### RMT:

**158** situations  
of acutely  
elevated risk

### Top 3 identified risk categories:



mental health



physical health



basic needs

### SEMT/EAST:

**6** situations  
of acutely  
elevated risk

### Top 3 identified risk categories:



housing

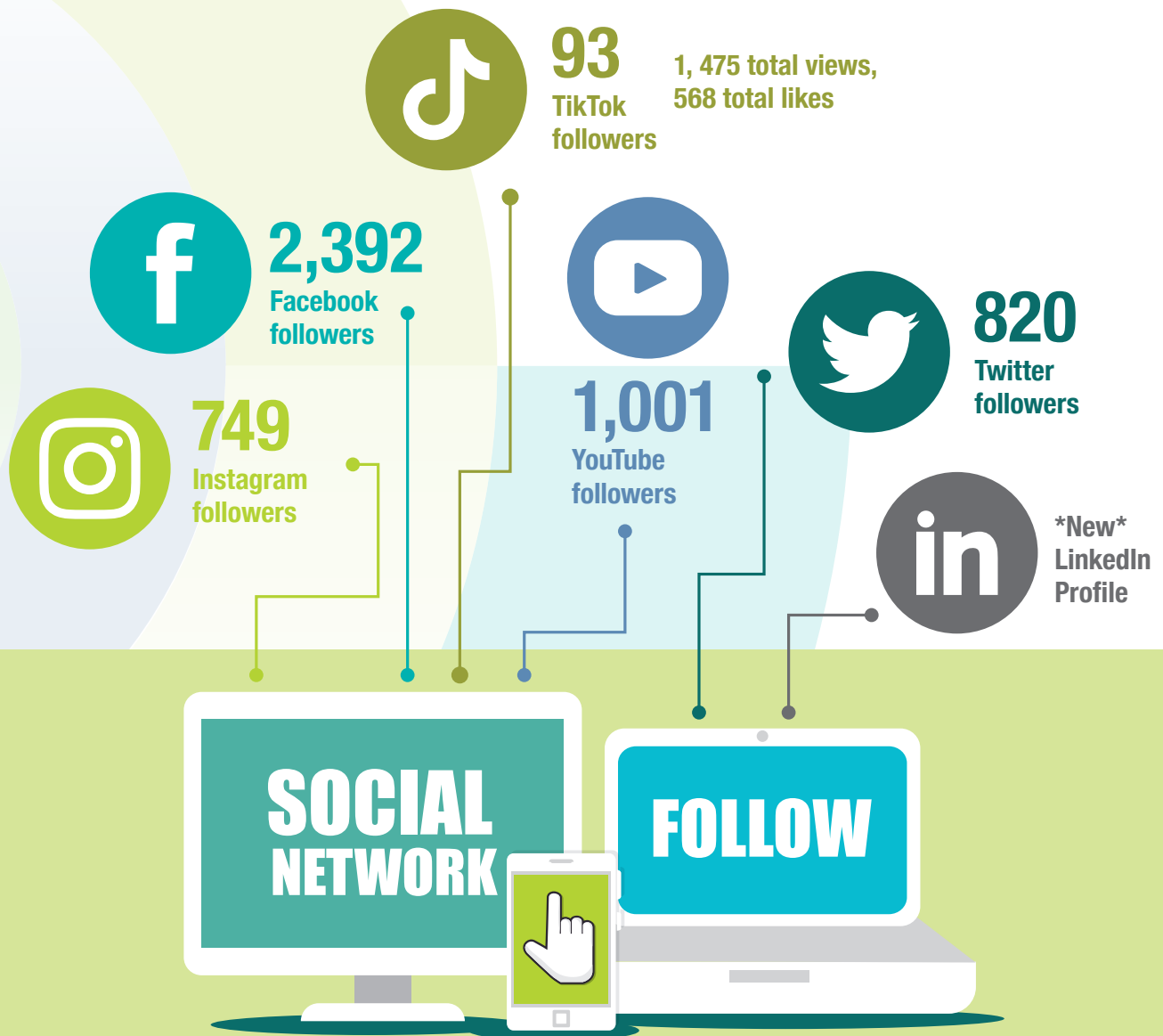


mental health

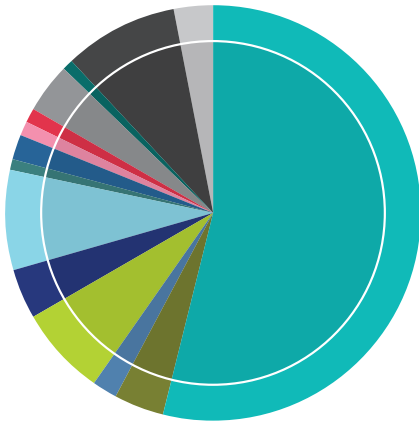


basic needs

# SOCIAL MEDIA STATS



# FINANCIAL REPORT

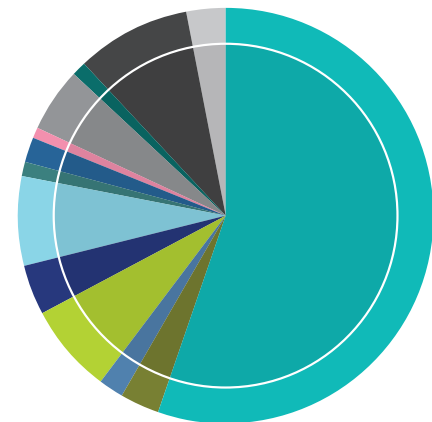


## Revenue total: \$ 11,984,267

Ontario Health North	6,550,946
Ministry of Health - Bricks and Mortar Fairview	451,663
Ministry of Health - Bricks and Mortar Moonlight	260,383
Ministry of Health - Rent Supplement	821,342
Ministry of Health - Community Homes for Opportunities	429,344
General Fund Type 3	953,476
Ministry of Children, Community and Social Services	88,199
Manitoulin Sudbury District Services Board/City of Greater Sudbury Housing Case Management	227,999
Manitoulin Sudbury District Services Board/City of Greater Sudbury Community and Mobilization Rapid Mobilization Table	173,737
Kingsmount Blvd	66,956
Victoria Street Place	39,453
Larch Street	483,421
Larch Street Non-Residential	79,686
City of Greater Sudbury - Off The Street Shelter	1,037,662
Home for Good	320,000

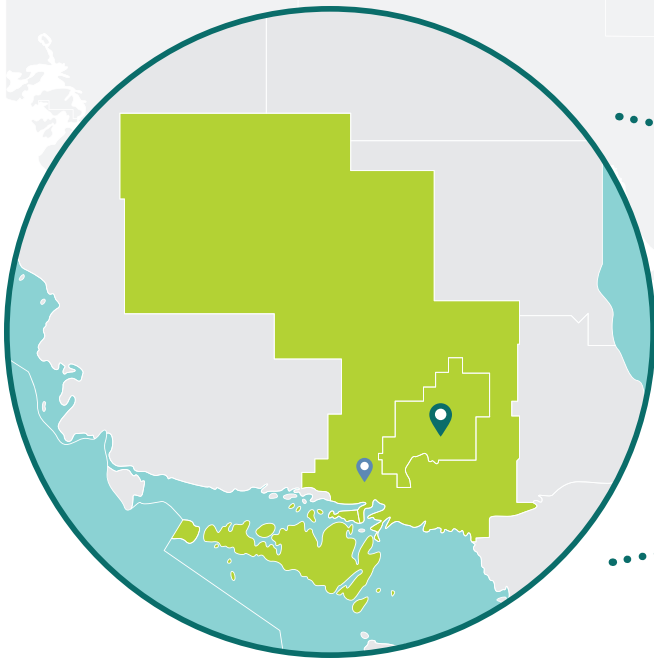
## Expenses total: \$ 11,843,013

Ontario Health North	6,593,329
Ministry of Health - Bricks and Mortar Fairview	342,793
Ministry of Health - Bricks and Mortar Moonlight	200,277
Ministry of Health - Rent Supplement	821,342
Ministry of Health - Community Homes for Opportunities	419,485
General Fund Type 3	875,341
Ministry of Children, Community and Social Services	88,199
Manitoulin Sudbury District Services Board/City of Greater Sudbury Housing Case Management	227,771
Manitoulin Sudbury District Services Board/City of Greater Sudbury Community and Mobilization Rapid Mobilization Table	174,001
Kingsmount Blvd	47,276
Victoria Street Place	40,321
Larch Street	566,096
Larch Street Non-Residential	85,696
City of Greater Sudbury - Off The Street Shelter	1,037,420
Home for Good	323,666



For a full copy of the audited financial statement, please contact the office.





# ANNUAL REPORT 2022 2023

## CANADIAN MENTAL HEALTH ASSOCIATION- SUDBURY/MANITOULIN

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