

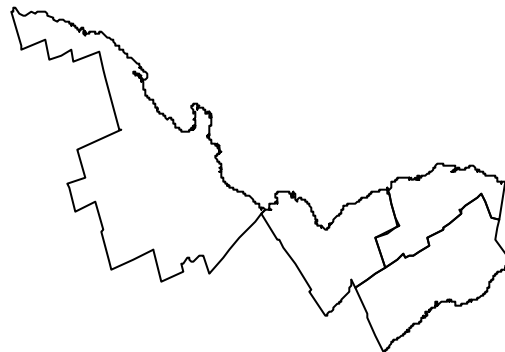


**CHAMPLAIN DISTRICT MENTAL HEALTH
IMPLEMENTATION TASK FORCE**
navigating mental health reform

FOUNDATIONS FOR REFORM

Section 3.2

**Strengthening
Consumer / Survivor Initiatives
In the Champlain District**



December 2002

Table of Contents

1. Background	1
2. What are Consumer/Survivor Initiatives?	2
3. Why do we need Consumer/Survivor Initiatives?	3
4. Do Consumer/Survivor Initiatives “work”?	5
5. What is the Need/Demand for Consumer/Survivor Initiatives in the Champlain District?	8
6. Overview of CSIs, Self-Help Groups and Consumer Advisory Groups in the Champlain District	9
7. Identification of Issues	15
7.1 Feedback from CSIs	15
7.2 Input from the Ontario Peer Development Initiative (OPDI)	18
8. Recommendations	19
8.1 General Recommendations	19
8.2 The “Fit” of CSIs within the Champlain District Mental Health System Design	22
8.3 Specific Recommendations	24
References	30
Appendices	
Appendix A: Overview of Planning Process	32
Appendix B: Housing, Consumer & Family Supports Committee	33
Appendix C: Consumer Advisory Council	34
Appendix D: Sample Sponsorship Agreement	35
List of Figures	
Figure 1: The Person Centred Recovery Focused Context	4
Figure 2: Current Champlain District Consumer/Survivor Initiatives in the Organizational Structure	11
Figure 3: Outline of the Structural Components of the Proposed Champlain District Mental Health System Design	23
Figure 4: New Ottawa CSI	24
Figure 5: Proposed CSI Organizational Structure for the Champlain District	29
List of Tables	
Table 1: Summary of Consumer Survivor Initiatives in the Champlain District	12



1. Background

The Ministry of Health and Long-Term Care's operational framework for the delivery of mental health services and supports identified consumer self-help and consumer initiatives as some of the key elements of best practice for a reformed mental health system. The mandate of the Housing, Consumer & Family Supports Committee of the Champlain District Mental Health Implementation Task Force (CDMHITF) included an examination of Consumer/Survivor Initiatives (CSI) across the Champlain District in order to make recommendations to the CDMHITF reflecting the current operating environment of these projects, as well as their anticipated role in a reformed mental health system.

The CDMHITF has also established a Consumer Advisory Council (CAC). This group has taken a champion lead role in reviewing and finalizing the report on Consumer Survivor Initiatives.

(See also: Appendix A: Overview of Planning Process, Appendix B Housing, Consumer & Family Supports Committee membership, and

Appendix C: Consumer Advisory Council membership).

It is important to note that there are overlaps in the boundaries between the Champlain and the Southeastern Ontario districts. This report highlights specific areas where this overlap occurs and indicates the need for planning to occur in conjunction with the Southeastern Ontario Mental Health Implementation Task Force.



2. What are Consumer/Survivor Initiatives?

Consumer/Survivor development initiatives began in 1991 when the Ministry of Health announced anti-recession program funding for a special project designed to tap the skills, knowledge and commitment of people with direct experience in the mental health services system. Since 1991, support for CSIs has grown and currently, the MOHLTC provides limited funding for 60 CSIs, **approximately \$5 million or less than one percent of the total mental health budget** for both provincially based organizations and those that operate locally or regionally.

The Ministry of Health's plan for mental health reform, *Putting People First*, stated that one of the four elements central to the strategy is "supports planned and run by consumer/survivors and families as alternatives to the formal mental health system."²

Making It Happen lists the following three key functions of Consumer/Survivor Initiatives (CSI)³:

- Offer unique opportunities to consumer/survivors to find support from others who have direct experiences of what it means to be a consumer/survivor;
- Provide opportunities for consumer/survivors to become involved as members and take on leadership and decision-making roles in the planning and operations of their own organizations; and
- Operate based on the needs and interests of consumers/survivors in local areas.

The Federal/Provincial/Territorial Advisory Network on Mental Health identified a number of best practices for consumer self-help and consumer initiatives. CSIs and self-help groups use non-service models to engage in⁴:

- Mutual support (Self-help and peer support groups)
- Advocacy
- Artistic and Cultural Activities
- Knowledge Development and Skills Training
- Public Education
- Education of Professionals
- Economic Development

CSIs are consumer/survivor run and driven. They are grounded in the principles of self-help, self-management and self-determination and guided by a set of values such as empowerment, participation, social justice, creating a sense of community and mutual

¹ MOHLTC Inventory of Mental Health Services for lists the monetary expenditure for 2000/2001 for **the province of Ontario = \$2.7 billion; therefore, \$5 million CSI funding = .2%** of the total.

² *Putting People First: A Plan for Mental Health Reform in Ontario*. Ontario Ministry of Health. June 1993. page 17.

³ *Making It Happen: Operational Framework for the Delivery of Mental Health Services and Supports*. MOHLTC, 1999, page 45.

⁴ *Ibid*, page 26. and "Review of Best Practices in Mental Health Reform" prepared by the Federal/Provincial/Territorial Advisory Network. 1997., page 8.



learning. Consumer/survivors manage CSIs and make up the full complement or are the majority members of CSI Boards or Advisory Committees (in the case of unincorporated programs sponsored by agencies).

The MOHLTC also sponsors the Ontario Peer Development Initiative or OPDI (formerly the Consumer Survivor Development Initiative - CSDI). The OPDI is an incorporated provincial organization based in Toronto and made up of a team of 6 consumer/survivors, including a half time position of a Peer Advocacy Liaison.

According to its own literature, OPDI has two primary functions:

1. Support the development of a province-wide base of consumer/survivor - controlled projects and organizations.
2. Support these projects in utilizing the skills and capacities of people who have used the mental health system.

OPDI is currently in a period of redevelopment and transition. As of September 2002, three new positions are being created which will focus on providing guidance, direction, expertise and training to non-profit organizations in three key areas:

- Peer Program Infrastructure
- Peer Communications
- Peer Leadership and Team Development

3. Why do we need Consumer/Survivor Initiatives?

Consumer/Survivor Initiatives are an integral part of the person centred recovery focused system. They play a key role in meeting many basic needs and improving the quality of life for consumers. They provide a supportive social and work environment and a peer network that can foster the recovery process.⁵

The WHO definition of health states that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."⁶ The determinants of health are described by the WHO to include the follow prerequisites for health: "peace, shelter, education, social security, social relations, food, income, empowerment, a stable eco-system, sustainable resource use, social justice, respect for human rights and equity. Above all, poverty is the greatest threat to health."⁷ CSIs work towards trying to meet many of these basic needs and emphasize wellness rather than illness. The following figure shows the key supports for maintaining health:

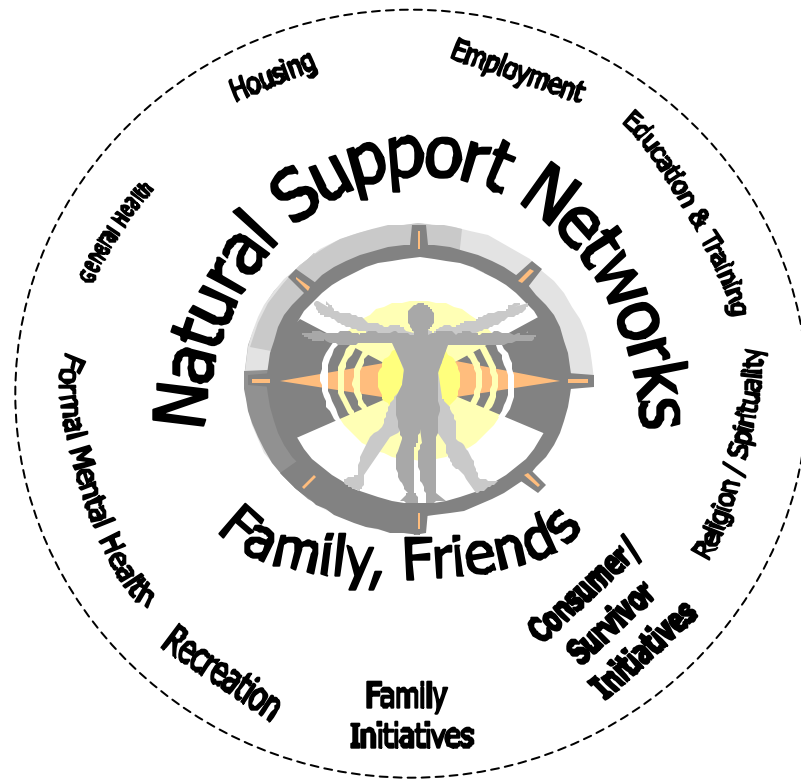
⁵ Young, S.L. and Ensing, D. "Exploring Recovery from the Perspective of People with Psychiatric Disabilities". University of Toledo, Ohio.

⁶ World Health Organization. Fact Sheet No 220. Strengthening Mental Health Promotion: Mental Health is not just the absence of mental health disorder. November 2001. <http://www.who.int/en/>

⁷ World Health Organization. The Jakarta Declaration on Health Promotion into the 21st Century. <http://www.who.int/en/>



Figure 1: The Person Centred Recovery Focused Context





4. Do Consumer/Survivor Initiatives “work”?

A number of evaluations of CSIs have been conducted. Survey data demonstrate clear reductions in health service use (inpatients days, number of inpatient admissions, use of hospital out-patient services, use of private physicians and use of crisis services) due to benefits of peer support (Trainor et al, 1996). The “Review of Best Practices in Mental Health” prepared by the Federal/Provincial/Territorial Advisory Network on Mental Health in 1997 found that, while there is variability in the quality of studies conducted to evaluate self-help and consumer initiatives, there is consistency in the findings.

Participation in self-help is associated with:

- Reduced hospitalization
- Reduced other service use
- Increased knowledge, information and coping skills
- Increased self-esteem, confidence, sense of well-being and of being in control
- Stronger social networks and supports

The Advisory Network supported the use of appropriate, alternative methods to evaluate the effectiveness of these initiatives. It also recommended that the general public and mental health professionals be educated about the value of self-help. In addition, the importance of attracting and training strong leaders for self help and consumer initiatives was emphasized.

The Substance Abuse and Mental Health Services Administration, Centre for Mental Health Services in the U.S. undertook a demonstration and evaluation project to promote self-help, peer support and client-directed approaches. The technical report developed in the mid-90s reached the following conclusions:

- Consumer/survivor initiatives focus on priority needs (as identified by consumer/survivors) which are often not addressed by the formal mental health system.
- Consumer/survivors can provide a broad and diverse range of services.
- Consumer/survivor operated projects can serve large numbers of low-income individuals with significant mental health concerns who have diverse backgrounds.
- Consumer/survivors can develop service organizations with moderate costs that are autonomous and, yet, collaborative with a myriad of different sectors to meet consumer/survivor needs.
- Consumer/survivor initiatives need adequate resources, training, and development as well as mutually respectful collaborations with public and private sectors.
- Consumer/survivor-operated services are successful in increasing the overall quality of life, independence, employment, social supports and education of consumer/survivors.

Recently, the National Council on Disabilities in the United States recommended that the availability of mental health services and supports provided through consumer-directed



organizations be maximized. Their report states that: “For the past decade, the Federal Government has provided funding and logistical support for three consumer-run technical assistance centers. These centers have helped to document, establish and refine successful alternative approaches to the provision of mental health services and supports through the use of other people who have experienced mental illnesses. The Federal Government should increase incentives to state mental health systems to adopt such models and to expand their use.”⁸

In May 2002, initial findings were released on a research project at the University of Western Ontario / London Health Science Centre – Research to test a Transitional Discharge Model.⁹ The model is based on a combination of 1) the bridging of inpatient staff support to community care, and 2) peer support. Having these kinds of supports in place while a person was awaiting needed community based services, facilitated shorter lengths of hospital stay and resulted in cost savings of over \$12 million. The project is now in its second year of follow-up. The first year follow-up results using the intervention included improved functioning and better quality of life related to social relations. Cost savings were demonstrated for the group as a whole but these were particularly significant for the “lonely” subgroup (people who describe their quality of social relationships to be neutral or unsatisfactory at enrolment) who constituted 26% of the sample. The “lonely” subgroup used \$20,300 less per person in hospital/ER services than the group receiving the usual discharge care.

One of the key implications of the study is that partnerships between consumer organizations and professional mental health services can yield cost savings and improved care. The study also underscores the need for ongoing funding of peer support programs to offer this service. The cost savings from reduced hospital/ER costs through this model for just one lonely person per year would pay for a part-time peer support volunteer coordinator.

A longitudinal study of CSIs in Ontario funded by the MOHLTC’s Community Mental Health Evaluation Initiative (CMHEI) is currently underway. This study is the first independent evaluation of consumer/survivor initiatives in Canada. It will evaluate the impact of participating in consumer peer initiatives at an individual level as well as at the community level in terms of systems change. Preliminary findings for the baseline and 9-month dataset are being analyzed and the 18 month follow up should be completed by the end of 2002.

The researchers expect to find the following ¹⁰:

Individual Level	System Level
------------------	--------------

⁸ National Council on Disability. “The Well Being of our Nation: An Intergenerational Vision of Effective Mental Health Services and Supports”. September 16, 2002.

⁹ Forchuk, C. et al. “Therapeutic Relationships : From Hospital to Community”. University of Western Ontario / London Health Science Centre – Research. 2002.

¹⁰ Presentation Slides on Research Process and Preliminary Findings on “A Longitudinal Study of Consumer/Survivor Initiatives in Community Mental Health in Ontario” from Centre for Research and Education in Human Services.



Y Decreased use of mental health care	Y Better understanding of how CSIs operate
Y Improved social supports	Y Increased opportunities for consumer participation
Y Improved personal empowerment	Y Increased psychological sense of community and peer support
Y Better community integration	Y Better understanding of positive effect on communities and mental health system (public education, political advocacy, community planning, action research)
Y Better access to valued resources (education, housing, employment)	
Y Improved life satisfaction	

Preliminary findings at the individual quantitative level found that: “Controlling for demographic variables and baseline scores on the outcomes measures, amount of CSI participation is significantly related to empowerment, quality of life, and symptom distress at the 9-month interview (for the first 66 people to complete baseline and 9-month interviews).” Some of the preliminary findings at the individual qualitative level include:

- There is more evidence of self-reflectiveness (learning from struggles) in the interviews of CSI participants.
- CSI participants report exerting more control over their mental health treatment.
- CSI participants report being more independent in terms of their housing, finances, and ability to hold down a job.
- CSI participants felt more supported and that the CSI plays a major role in that support.¹¹

In addition to consumer/survivor and family initiatives, the CMHEI project is studying a number of community mental health services including, case management and crisis intervention. Overall the evidence is consistent and positive, indicating that the investment in community mental health programs is paying off. Preliminary findings across all these projects indicate that:

- Individuals using mental health services and supports are showing improvement in their community functioning (e.g., decreased symptoms and use of substances, fewer crisis episodes and days in hospital).
- Different populations access and are helped by different types of community mental health programs, therefore, maintaining a range of options is essential for consumer choice.
- The importance of healthy communities and the basics of housing, income, medical and dental care in the well being of people must not be underestimated.¹²

Benefits include:

¹¹ Ibid.

¹² CMHEI Newsletter, Spring 2002.



- A 60% reduction in visits to emergency rooms.
- An 86% reduction in admission to the hospital; and
- A 34% reduction in crisis events.

The return on investment in community-based mental health services is three fold.¹³

5. What is the Need/Demand for Consumer/Survivor Initiatives in the Champlain District?

The Health Systems Research and Consulting Unit of the Centre for Addiction and Mental Health, with the assistance of a Champlain District Steering Committee, conducted a community assessment pilot project (CAPP) in 2001. This project was an extension to the comprehensive assessment projects undertaken across the province to identify the needs and preferences of the provincial psychiatric hospital population. The purpose of the community assessment pilot project was to identify the care needs and preferences of the clients of community mental health program/services in the Champlain District.

The study found that many clients are rated as needing rehabilitation services and supports, particularly for social/recreational and meaningful daily activity. The rates of need as identified by consumers were high for accessing drop-in centres or self-help/peer support groups (50%) and for help with planning leisure activities (48%). The researchers found that access to social and vocational support is limited and that programs offering these services need to be enhanced and this can be accomplished through alternatives that are complementary to the rest of the mental health system.

Consumer resource centres / drop-ins, peer support and other non-professional resources in the Champlain District are described in

Table 1: Summary of Consumer Survivor Initiatives in the Champlain District, page 12.

¹³ Communiqué. Study Shows the Mentally Ill “Criminalized” by Lack of Community-based Services: More funding for community-based health services needed now. Canadian Mental Health Association, Ontario Division, September 24, 2002.



6. Overview of CSIs, Self-Help Groups and Consumer Advisory Groups in the Champlain District

CSIs provide peer-support services including: advocacy, peer-support counseling, referrals of more challenging clients to more traditional programs and social recreational activities. CSIs in the Champlain District have described their roles as:

- Providing public education on mental illness;
- Attempting to reduce stigma;
- Providing consumer/survivors (C/S) with a safe place to go;
- Providing C/S with a sense of ownership through participatory decision making;
- Empowering C/S through role modeling and sharing of experience;
- Building and developing community;
- Providing resources and information sharing;
- Providing volunteer opportunities; and
- Providing some C/S with meaningful employment (through creating CSI employees).

Figure 2, on page 11 provides an overview of the organizational structure of CSIs in the Champlain District. It should be noted that not all the CSIs in the Eastern Region that are members of the ERN are included in this figure.

The Eastern Regional Network (ERN) is an association that represents and is composed of all the CSIs in the Champlain District. It also includes some projects that operate in the area covered by the Southeastern Ontario MHITF. The ERN receives minimal funding and is supported by a Regional Coordinator funded for one day per week. Even within its limited funding, the ERN has been able to develop a forum for the sharing of diverse experience and for building capacity and support across groups. It provides a collective regional voice for C/S.

Table 1, page 12, provides a summary of each CSI in the Champlain District including, service details and location, as well as the most recent statistics available on the number of consumer/survivors served; levels of staffing and volunteers; amount of MOHLTC funding; and other sources of funding. This information was obtained from the CDMHITF's database of mental health services as well as from further information gathered from individual organizations. The intent of this data table is to provide a general overview of the scope and nature of CSIs across the district and is not designed to compare individual CSIs as there are many differences in communities served and types of programs offered. For example, it should be noted that there is no standard way to determine the numbers of C/S served and the numbers need to be interpreted in each case. Some of the factors that need to be considered include: urban and rural distinctions; how often membership lists are updated, etc.



The Depression, Manic Depression Mutual Support Groups National Capital Region (DMD) focuses on an important and growing area of need. Mood disorders rank among the top 10 causes of worldwide disability; about 1 out of 6 adults have depression during their lifetimes; for 10-15% of men and 15- 25% of women, depression can persist and become a significant health concern. DMD is somewhat unique in that it has both consumer and family initiatives. The Consumer/Survivor Initiatives of DMD are 100% consumer planned, run and directed. (refer to Table 1 for a description of the CSI components). At the board level, 90% are consumers. There are also links with other CSIs and some integration of activities, e.g., with PSO, APPLE and Les Ateliers de L'Élan. The family initiatives include: (1) NAMI Family to Family program which offers education for family members of those with severe mental illness - these 12 week courses are free; and (2) family support groups (Orléans and Kanata).

Six out of seven CSI projects in the Champlain District receive a total MOHLTC funding of \$307,586 (excluding the CSI in Lanark, Leeds & Grenville Counties whose catchment area crosses into Southeastern Ontario). Given the very limited government funding, most of these projects can only operate with the support of fundraising, donations, and help from sponsoring agencies in some cases. The eight projects (including ERN) have a total of about 12.5 FTE staff but all rely, in part or in full, on the support of volunteers. Some of the CSIs employ a number of C/S working part-time to fill the full time equivalent positions.

While the CSIs do not have adequate resourcing (e.g., staff, computers, expertise, etc.) to collect and compile detailed statistical data for evaluation purposes, all of them do maintain information on numbers of consumer/survivors served. These data show that CSIs in the Champlain District reach out to many consumers through their memberships and activities which also include non-members. As well with the radio show, Sound Mind which is broadcast weekly and can be accessed on the Internet, the reach has extended even beyond Eastern Ontario.

It should be noted that there are a number of self help groups that bring together C/S. One of these is the Schizophrenia Support Group which does not receive any CSI funding. It serves 150 C/S and is located at the Carlington Community Health Centre in Ottawa. It hosts speakers/educational sessions, games nights, food preparation and purchasing, outings and events.

In addition, there are a number of Consumer Advisory Committees of hospitals and mental health agencies whose membership is made up of consumers. Some examples are the ROH Consumer Advisory Council and CHEO's Youth Net. The Montfort Hospital is currently reactivating its Consumer Advisory Council. These groups play an important role in providing advice as well as in public education and advocacy efforts (refer to Champlain District Advocacy / Public Education Inventory).



Figure 2: Current Champlain District Consumer/Survivor Initiatives in the Organizational Structure

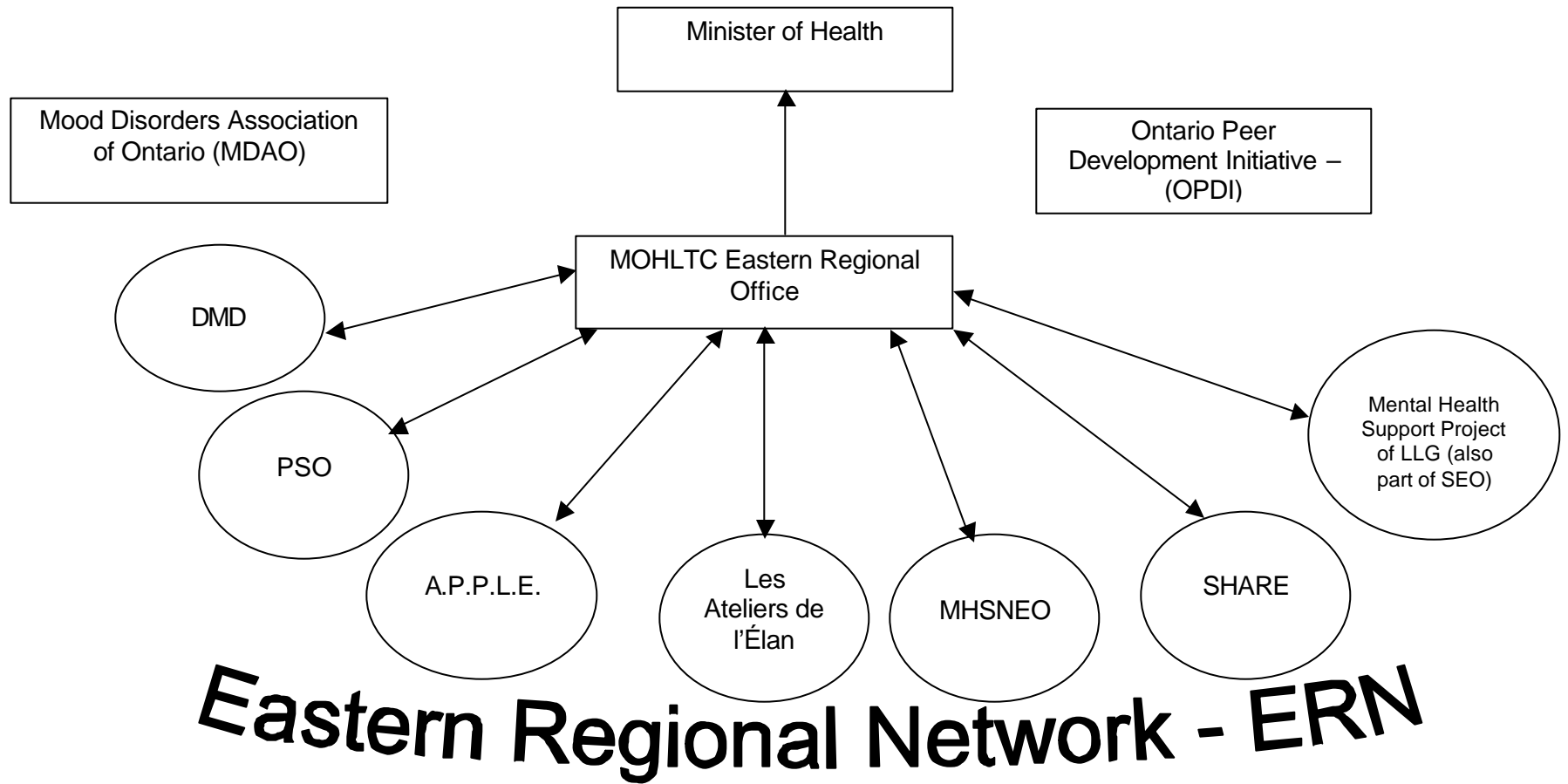




Table 1: Summary of Consumer Survivor Initiatives in the Champlain District

CSI	Description	Location	Estimated Number of c/s Served	Staffing (FTEs)	MOHLTC Funding	Other funding
Ottawa						
A.P.P.L.E. A Post Psychiatric Leisure Experience	Recreational drop-in centre offering: public education; social rehab/recreation; vocation/employment; self-help/peer support Hours of Operation: Evenings Mon, Wed, Fri (4 hrs); Sun noon to 8 p.m. and Sat noon to 4 p.m.	Drop in Centre at 211 Bronson, basement	226 (2000/2001) est. 350 (2001/2002)	0.63 PSW (split amongst 10 c/s)	\$34,563	1x CMHA funding
PSO Psychiatric Survivors of Ottawa-Carleton	Education (monthly newsletter, focus groups for the community); PSO Community Resource Guide; Community & Advocacy Coordinator; computer, Internet & e-mail training; peer support (outings, events); drop-in programs; telephone peer support (12-4 p.m. daily)	Drop-in and Resource Centre at 211 Bronson, suite 313	Approx. 200 (2000/2001)	0.83 Pgm Mgr 0.71 PSW 0.77 Ass't Pgm Mgr Note: all programs supported by volunteers	\$114,588	n/a
Les Ateliers de l'Élan	Integrate c/s in community creative workshops and educational programs; referral from crisis service, advocacy, family support group; outreach as required; specialized services for women at "Le cercle des amies"	Centre based Outreach as required	130	Part time	\$36,070	Fundraising 1X funding City of Ottawa SCOHS
Depression, Manic Depression Mutual Support Groups National Capital Region (DMD)	CSI: -Discovery 2000 – social recreational activities (4 subsidized events/month); Committee of C/S for planning, coordination and implementation -Discussion Groups facilitated by C/S (Charlie's Rap Group and Kanata Rap Group) -Sound Mind Radio Show 93.1 FM or on the Internet www.ckcufm.com 9:30 - 10 a.m. C/S run/produced/committee	CMHA Ottawa 1355 Bank Street CKU Carleton University		Volunteers	\$7,000	
Eastern Counties						



Champlain District Mental Health Implementation Task Force

CSI	Description	Location	Estimated Number of c/s Served	Staffing (FTEs)	MOHLTC Funding	Other funding
MHSNEO (Mental Health Support Network of Eastern Ontario Committee) Unincorporated Sponsored by the CMHA – SDG/PR	Peer support/self help groups, drop-in centres, community kitchens, individual support, education and promotion (Note: . Starbright Drop-In Centre in Cornwall will be moving to a new building in January which will have full kitchen facilities. Oasis, the Hawkesbury Drop-In is now a permanent drop-in with full kitchen facilities.)	SDG: Starbright Drop-In, Cornwall Alexandria Kitchen Cornwall Kitchen Winchester Kitchen Alexandria Peer Group Cornwall Peer Group Winchester Peer Group Prescott & Russell: Hawkesbury Drop-in Hawkesbury Peer Group Casselman Drop-in Casselman Kitchen Hawkesbury Kitchen Casselman Peer Group	(2001/2002) 60 8 10 6 6 12 5 Tot SDG = 107 20 10 8 8 8 0 Tot PR = 46	2 PSW for SDG 1.6 PSW for PR	\$63,365 CSI budget	CMHA budget approx \$216,000 (Community Reinvestment)
Renfrew County						
SHARE (Self Help Through Awareness, Recreation & Entertainment) Unincorporated Sponsored by the Community Mental Health Services of Renfrew County	<ul style="list-style-type: none"> Recreational Drop-In Social rehab/recreation Self-help/peer support Computer availability & training Internet & e-mail training Public education/promotion Referrals Self advocacy Life skills education (e.g., budget, dealing with disabilities) Some meal provisions (e.g., pot luck supper, collective kitchen) Fundraising 	196 Albert St., Pembroke 270 Argyle St., Renfrew	65 30	1.0	Approx. \$52,000	Fundraising
Lanark (only Northern Lanark is included in the planning for the Champlain District)						
Mental Health Support	Services include Consumer/survivor support	Smiths Falls (Support	50 members for the	1.0 Project	\$160,211	



Champlain District Mental Health Implementation Task Force

CSI	Description	Location	Estimated Number of c/s Served	Staffing (FTEs)	MOHLTC Funding	Other funding
Project of Lanark, Leeds & Grenville Inc. (Also part of Southeastern Ontario) Sponsoring Organization: North Lanark County CHC	network-group meetings, outreach, social/recreational/educational activities; vocational opportunities; 3 peer support groups weekly; community education forums (with Lanark County Mental Health Program)	Group and The Link) Carleton Place (Support Group)	Link activity resource centre which began operations in October 2001 Weekly Support Groups – average participation = 25 C/S per week Advocacy Services to 20 members Telephone inquiries = 228 in five months	Coordinator /Outreach Worker 1.7 Outreach Workers 0.3 Office Manager Total = 3.0 Volunteers	Reinvestment Funding allowed for enhanced programing targetted for individuals with SMI. The majority of the funding is to serve residents of SEO.	
Eastern Region						
Eastern Regional Network (ERN)	Note: Funding is flowed through the PSO in Kingston			1 day/week (10 hours)	\$30,000	

FTEs = Full time equivalents C/S = Consumer/Survivor PSW = Peer Support Worker



7. Identification of Issues

7.1 Feedback from CSIs

The following are some of the major issues identified by the various organizations and their members through the discussion:

a) The Role of CSIs

The value of CSIs was expressed in many different ways on numerous occasions. Some of the most compelling came from testimonials from C/S at drop in centres who spoke of the vital role of CSIs in their lives in terms of their recovery. They stated that such settings and activities have helped in normalizing their lives and developing natural relationships and supports. This feedback was consistent in both rural and urban environments.

In articulating the role of CSIs, some CSI members forwarded the concept of the benefits of a set of core activities that each CSI would offer as a standard while at the same time recognizing that each is unique. It was also felt that some CSIs could specialize in one area, e.g., self-help, advocacy, mentoring, wellness, etc.

CSIs emphasized that their roles are driven by individual need and are responsive to their membership. While CSIs have been in existence in Ontario for more than 10 years, they are in an evolutionary process that is still at an early stage of development. Their future potential holds many possibilities.

b) CSIs and Employment:

CSIs have an important role to play with respect to employment in the following ways:

- Increasing employment opportunities within CSIs.
- Using CSIs for skill building and development, including: use of space, resources, etc. (e.g., phone, fax, desk, confidence support, résumé development, buddy system).
- CSIs can teach basic life and social skills that are important for employment readiness and the work place, e.g., keeping clothes clean, hygiene, conflict resolution, money matters, etc.

c) Evaluation and Funding Levels:

- While many CSI members do a good job of marketing to the public and to service providers, there is a need to further promote the unique supports they offer. It was recommended that the projects develop a description of their own successes and challenges.
- There was consensus from the CSIs that they are under funded.
- Budgets do not always reflect the real resource needs of each project nor do the resources received reflect the overall effectiveness of each project. CSIs provide a significant number of people with meaningful supports that they may not



- receive in the “formal” mental health system. CSIs, which represent approximately 1% of the overall MOHLTC mental health funding in the province, offer excellent “value for money”. However, there is considerable variation in funding allocations for CSIs. Many groups are stretched to the limit and the longer term sustainability of some of the projects is in jeopardy.
- CSIs have not received increases in funding and yet are experiencing significant financial pressures, such as increases in insurance rates and other operating costs that are beyond their control.
 - While recognizing the increased importance of accountability for all publicly funded services, CSIs raised concerns regarding the complexities around data collection given the nature of their services and how they operate. The fact that CSIs do not have an intake and data collection system is seen as a positive factor and yet this is a drawback in terms of MOHLTC expectations around accountability and reporting requirements, specifically the Community Mental Health Services Information Form, Health Care Programs – East Region.
- d) New Challenges that the CSIs Face in the Current Mental Health Environment:
- CSIs hold considerable appeal for people who cannot fit into the requirements of the formal mental health services/programs. A number of people are not attached to formal services either due to lack of capacity or by choice, sometimes based on negative experiences with services.
 - CSIs increasingly find themselves working with people who are quite ill. They see homeless people coming to their programs who have been discharged from hospital into the shelter system.
 - CSIs felt they were poorly equipped to deal with people who are very ill. They receive no, or at best, minimal training. All CSIs need training in non-physical intervention techniques.
 - CSIs need to have back-ups/supports and someone to call in emergencies.
- e) Relationship with Formal Mental Health Services:
- Most of the participants felt their projects are not considered credible by other formal mental health service providers.
 - There was consensus from the CSIs that they play a significant and exclusive role in a system that is designed to ensure a full continuum of mental health services, and that they are a legitimate part of the system and must be recognized as such.
 - Most CSIs seemed to feel that they were the “referral of last resort”. Providers will send hard-to-serve people to CSIs, but only if they are fed up with them and don’t want to deal with them anymore.
 - Lack of information on CSIs is a problem. Most non-peer providers know little about the CSIs. Even though CSIs often give presentations on their services to



traditional services, the internal communications and bureaucracy in institutions frequently results in a poor sharing of information.

- Roles and responsibilities in the system need to be clarified. CSIs and the formal mental health services can each benefit from presentations/information sharing to improve communication and referral abilities. Additional resources are needed to ensure this can be realized.
- There was consensus that service agreements with the rest of the mental health services are important whether they are formal or informal.
- Formal services that sponsor CSIs should ensure that the relationship fostered with CSIs provides for as much autonomy and independence for the CSI as possible. It is important to clarify the role of a sponsoring organization vis à vis governance. A sponsoring agency through which funds are flowed does not denote governance of a CSI which has its own Board. CSIs must be responsive to C/S and as such must be self-governed and administered. One example of such a CSI is the Mental Health Support Project of Lanark, Leeds and Grenville Inc. which has its own Board and is self-governed and administered but whose funds are flowed through the North Lanark County Community Health Centre as sponsoring agency.
- It was recognized that there are some distinct benefits that can accrue from the sponsorship arrangement, particularly with respect to administration such as, being a part of a larger organization's insurance and benefits packages.
- Two CSIs sponsored by mental health agencies seem to function as an extension of formal mental health services.
 - The SHARE program in Pembroke described themselves as an evening extension of the day program operated by Renfrew Community Mental Health Services of the Pembroke General Hospital and have little sense of ownership, identity or autonomy. The fact that they are located in the same premises as the day program, reinforces this perception and causes confusion for consumers.
 - The MHSNEO functions as a committee of the Board of CMHA – SDG/Prescott-Russell branch. The sponsorship arrangement was initially developed in 1996 with the MOHLTC – CSI funding approval of \$63,365 to hire two part time peer support workers. Since then a portion of the Community Reinvestment funding received by the CMHA sponsor was allocated for expanding peer support programs. The additional \$216,000 resulted in an increase in the number of peer support worker positions for information/education programs, peer helper groups, drop-in centres and collective kitchen programs.

CMHA provides support to the MHSNEO and have helped to stabilize it and provide some consistency. The branch is committed to hiring consumers as peer support workers attached to their Community Support Teams. The Board supports the MHSNEO to become incorporated if they



decide to do so, at which time the Branch would negotiate with them as to the services/programs and staff they might manage.

- f) General Suggestions from the Eastern Regional Network (ERN) members:
- The opinions on autonomy relative to TPA (transfer payment agency) status varied among projects. Some CSIs felt that they wanted to concentrate on providing services rather than on administration and preferred to have an auspice agency. Others felt that being independent, having budget control and a TPA status are essential.
 - Budgets do not always fully support administrative functions. Most projects felt that by the nature of what they are, they have inherent expertise in peer-support, but do not necessarily possess administrative or management abilities. For some CSIs support from an auspice agency, particularly in the formative stages of the CSI, has helped to meet administrative support needs. However, it was agreed that the movement of CSIs towards greater independence is a goal. In the meantime, it is essential that TPAs as auspice agencies be aware of the need for CSIs to operate as independently as possible. The development of service agreements between CSIs and auspice agencies is critical.
 - Salaries are not competitive. It was agreed that salaries should reflect the tasks performed and the skills required to perform them. A suggestion was made by the OPDI representative for salaries to reflect the salary grid created by the Ontario Federation of Community Mental Health & Addictions Programs.
 - It was felt that projects do not receive sufficient support. Overall training of C/S is insufficient, particularly as it relates to working with hard-to-serve persons and maintaining a safe and secure environment for everyone.
 - Board recruitment and functioning are long-standing challenges. More training for board members is required. Access to expertise (e.g., financial/legal) is essential.

7.2 *Input from the Ontario Peer Development Initiative (OPDI)*

- OPDI feels that there is a definite need for enhancements and that CSIs are under funded. They also see potential for new CSIs to be developed.
- It is the position of OPDI, based on consultations with CSIs, that CSIs remain as independent organizations, not as part of service agencies. This was the intent when CSIs were originally developed. However, with a change in governments during funding decisions for new initiatives under the Community Investment Fund, no new organizations could be formed. OPDI has continued to advocate for as much independence as possible for CSIs, helping initiatives develop letters of agreement with sponsoring agencies.



8. Recommendations

8.1 General Recommendations

CSI projects are an essential part of a full continuum of mental health services. CSIs are easily accessible to consumers. They provide a valuable peer-support component. There are no waiting lists, no admissions criteria and no criteria for participation.

8.1.1 A range of consumer/survivor directed and consumer/survivor driven initiatives that address the health and well-being of people with mental illness is supported. These initiatives would have the following three key objectives:

1. To improve the ability of those with mental illness to make and engage in positive lifestyle choices.
2. To increase consumers' self-determination and independence.
3. To increase responsiveness and meaningful input of consumer/survivors in the implementation and development of the service system at three major levels:
 - a. The individual level;
 - b. The program level; and
 - c. The systems level.

8.1.2 As integral components of the mental health system, CSIs should be accessible to consumers across the Champlain District with programs available in both official languages. In addition, attention must be given to meeting multicultural needs.

Resources for the enhancements of existing projects and possibly new projects are required. It is recommended that the MOHLTC address the lack of funding for CSIs by committing 5% of the mental health budget to Consumer/Survivor Initiatives. Note that this figure was proposed by the researchers of the longitudinal study of CSIs funded by the MOHLTC's Community Mental Health Evaluation Initiative.

Transportation to access CSIs, particularly in the rural areas, needs to be addressed. Some parts of the district are not covered, such as areas outside of downtown Ottawa as well as Renfrew County outside of the City of Pembroke which has very limited public transportation. In the Eastern Counties, there is one location in each of the five counties, but transportation to these sites is needed. (Note: Transportation issues are further elaborated in the report on "Employment Supports".)

8.1.3 Awareness of the needs of the Francophone population must be underscored with respect to providing linguistic and cultural environments which promote the active participation of the Francophone community; this includes resources for the translation of documentation and programming material.



- 8.1.4 More research into consumer/survivor-operated services is needed, such as research into who is attracted to self-help as well as process and outcomes evaluations. Criteria to evaluate the success of existing and enhanced CSIs and for the development of any new CSIs need to be determined. These criteria must respect the unique role and nature of CSIs based on community relationships rather than the traditional client/provider relationships. There is an important role for the proposed System Evaluation Unit in this work.
- 8.1.5 The MOHLTC Regional Office and CSIs should continue to work on issues related to client service data collection and the required tools, information systems and supports. A unique and appropriate data collection tool that captures relevant data for CSIs must be developed. The proposed System Evaluation Unit would contribute to developing appropriate instruments.
- 8.1.6 Budgets allocated to CSIs, like the entire mental health system, must reflect the real needs of the organization relative to the work that they are set up to perform. There should be sufficient funding for administration and training of staff and to meet financial pressures outside of the control of the CSI. There should be a salary grid that is fair and reflects the competencies and responsibilities of the staff, the scope of the project and the non-salary resource needs.
- 8.1.7 Service agreements, both formal and informal, with the rest of the mental health agencies are important. There is a need to develop an effective communication system and mechanisms to enable reciprocity (“give and take”) between CSIs and the formal mental health services; this includes a role for CSIs within other mental health agencies through the hiring of consumers in the formal mental health system as well as cross training opportunities. (See also “Peer Support and Employment Across the Mental Health System” report.)
- 8.1.8 Budget lines should be established to enable CSIs to market their services to the community.
- 8.1.9 The Ministry of Health and Long-Term Care should develop guidelines specific for sponsoring agencies of CSIs beyond the directions in the Operating Manual for Mental Health Agencies (2002). The areas currently outlined in the Operating Manual describe: the need for an Advisory Committee and an overview of its role (pages 11-12); the dispute resolution mechanism between the Advisory Committee and the Board of a Sponsored Agency (page 19); and the stipulation that the maximum allowable administrative fee that can be charged by a sponsoring agency is 5% of the budget (page 49).

CSIs in an auspice relationship need to be assured that the values and philosophies that guide consumer/survivor initiatives are respected; these include: empowerment, independence, responsibility, choice, respect and dignity, hope and recovery. A mutually supportive relationship based on a commitment to the mission and objectives of the CSI should be formalized in a



service agreement between the board of an incorporated CSI and the board of the sponsoring agency; in the case of non-incorporated CSIs, these commitments would be contained in the Terms of Reference of the CSI Advisory Committee to the Board of the sponsoring agency. The Service Agreement/Terms of Reference would be updated annually and would be a requirement from the MOHLTC. The Service Agreement/Terms of Reference would identify roles and responsibilities, e.g., the CSI would assume authority in the areas of program policy development, program development and management of operations, whereas the sponsoring agency would provide advice and direction in the areas of finances, human resources, and strategic plans and would ensure that proper management and support systems, policies and procedures, work plans and evaluation processes are in place.

The Service Agreement/Terms of Reference would also include clauses related to communications and linkages, conflict resolution process, and finances. Sample service agreements should be provided. The OPDI may also be of assistance in this area. Appendix D provides a sample Sponsorship Agreement adapted from The Mental Health Support Project of Lanark, Leeds and Grenville Inc; in conjunction with the outline in the MOHLTC Operating Manual on the role for Advisory Committees, this sample sponsorship agreement could also be used as a guide in developing Terms of Reference for non-incorporated CSIs.

- 8.1.10 Unincorporated CSIs that decide to become incorporated and to achieve greater independence within or outside of a sponsorship agreement should be supported to do so. This would require increased budgets to provide the projects their own space, equipment, etc., increased consumer training and possibly the recruitment of new consumer staff capable of operating these projects on an independent basis.
- 8.1.11 CSIs need effective forms of support. Some CSIs maintain that they do not receive enough support, or that they experience a number of operating challenges. Obvious areas of need are identified as budgeting and budget management, training of staff, board operation and community relations.



8.2 The “Fit” of CSIs within the Champlain District Mental Health System Design

It is important to determine how CSIs will be integrated within the proposed mental health system design and specifically with respect to the Integrated Community Mental Health Agencies.

The CDMHITF has developed a proposed mental health system design which includes five Integrated Community Mental Health Agencies (ICAs) for the Champlain District. These are aligned by geography, language and natural referral patterns and include:

- Renfrew County ICA
- Stormont, Dundas and Glengarry (SDG) ICA
- French Language ICA (Ottawa and Prescott and Russell)
- Ottawa & surrounding ICA
- Lanark County

The challenge is how best to “align” CSIs so that there is a “fit” with the rest of the system, while at the same time respecting the basic premise that CSIs need to have their own strong voice as alternatives that are complementary to the rest of the system. As such, merging CSIs directly under the ICA umbrella is NOT considered an option. To support CSIs, the enhanced regional supports (Eastern Regional CSI Network) as well as the Consumer Advisory Council are fundamental to ensuring this strong voice.

The CSIs in Lanark, Renfrew County and the Eastern Counties (SDG and Prescott & Russell) currently correspond to the proposed configuration for ICAs (with the Eastern Counties rolled up one more level).

In Ottawa, Les Ateliers de l'Élan match up with the configuration for the French Language Services ICA.

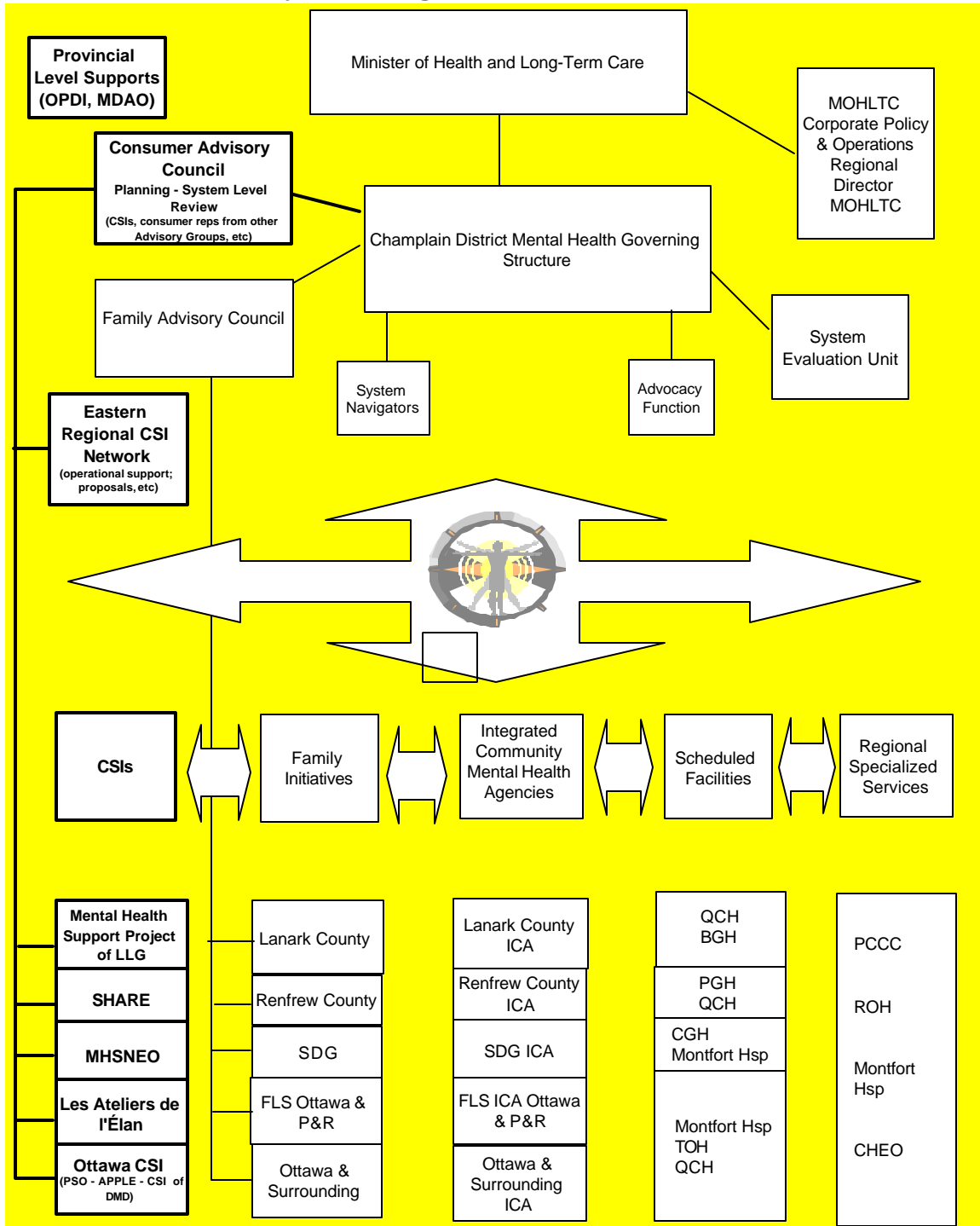
There is a need to further examine how the other CSIs in Ottawa (APPLE, PSO and DMD) can “fit” within the system.

Figure 2 on the following page shows diagrammatically how CSIs are aligned with the rest of the mental health system. The key features are:

- Five CSIs across the district at the same level as the rest of the mental health service providers and aligned with the five ICAs.
- Formal and informal partnerships and agreements between the CSIs and the rest of the mental health system.
- A close relationship with System Navigators and with the Advocacy Office as well as the System Evaluation Unit.
- A Regional CSI Network.
- Representation on the Consumer Advisory Council as well as the Governing Structure.



Figure 3: Outline of the Structural Components of the Proposed Champlain District Mental Health System Design





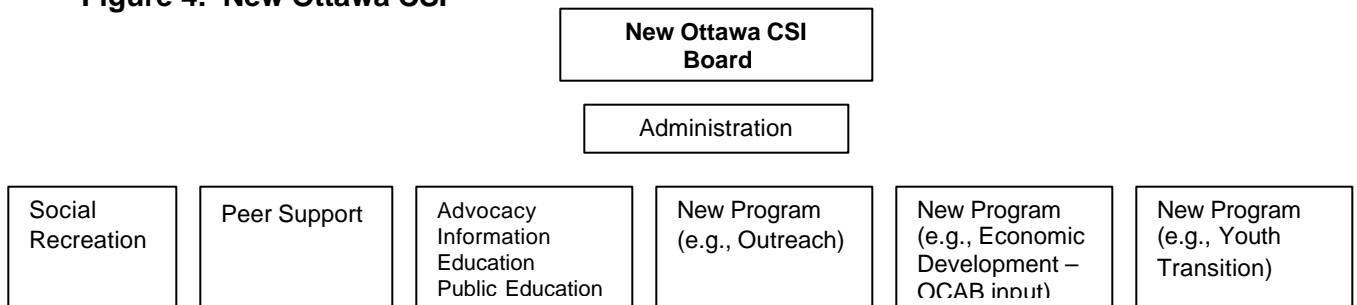
8.3 Specific Recommendations

The following organizational changes are recommended:

8.3.1 Current CSI Projects

- It is recommended that SHARE become more independent of its auspice agency in the immediate term by reformatizing its relationship with its sponsoring agency in a set of Terms of Reference for its Advisory Committee. SHARE may also consider becoming incorporated and, if they wish to retain a sponsorship arrangement, negotiate a formal service agreement between its Board and the sponsoring agency board. (see also recommendation 8.1.9, page 20). SHARE will also require an increased budget to provide for its own location, equipment, etc.
- Auspice agency arrangements that are functioning well and that support the mission, goals and objectives of consumer run projects, should be maintained. This includes the Mental Health Support Project of Lanark, Leeds and Grenville Inc. as well as the Mental Health Support Network of Eastern Ontario. There is an ongoing need for these projects to review their formal agreements / Terms of Reference with auspice agencies on a regular basis. (see also recommendation 8.1.9, page 20).
- In Ottawa:
 - Les Ateliers de l'Élan should stand alone to maintain their Francophone identity while also developing closer links with other CSIs to support the language and cultural needs of French speaking consumers.
 - A merger of PSO, APPLE and the CSI of DMD is seen as the most effective way to create a strong single community and voice for C/S. While each of these organizations has some unique features and differences, they have more commonalities which form a strong basis to build on. The single most important advantage in a restructured CSI is the opportunity to revitalize and expand the functions of the CSI. Enhanced funding for one strong organization will allow the CSI to meet current needs and pressures, develop new programs and increase consumer employment. A new organization would build on the strengths of the existing CSIs and expand their reach and the programs they can offer. The following figure shows what a merger would look like:

Figure 4: New Ottawa CSI





Some areas that have already been identified as areas to consider in an expanded CSI include:

- The findings of the community CAP support enhancements in the area of peer support and social recreation; innovative models and programs should be developed for social recreation, physical recreation (sports) and health/wellness functions (e.g., access to other health professionals like dentists, etc)
- Enhanced peer support (refer also to “Peer Support and Employment across the System” report.)
- All organizations currently serve a significant number of francophones (e.g., about 35% of the current membership of APPLE is francophone); programming and a welcoming atmosphere in both French and English must be developed.
- Outreach, satellite locations and use of technology (Internet, radio, etc) to better meet the needs of C/S across the City and to meet the barrier of transportation and access.

A willingness for change is evident from preliminary discussions, however, a number of challenges have been recognized. The following process is recommended to allow for a smooth and successful transition:

- Review of the experience and process to date in Hastings and Prince Edward Counties CSIs on lessons to be learned and how challenges are being met with respect to mergers.
- A pre-transition phase which begins the process of envisaging a new organization; this includes communication and dialogue with the three existing Boards and with their membership. Access to facilitation/moderation expertise to assist in the process is needed; it would include:
 - The development of a vision/mission for the new organization;
 - An assessment of areas of need and identification of priorities for existing and new programs;
 - The development of a logic model to describe the components of the new CSI; and
 - A description of how the transition phase would be structured, including the principles and process for how a Transition Board would be established and the communication process for the restructuring phase. The process must be consumer driven.
- A well managed transition so that it is seamless and not disruptive for the membership.

Recognizing that any change process is difficult, requires tremendous effort and can be costly and disruptive, a merger is contingent upon the following conditions and supports:



- Enhanced funding to stabilize and revitalize the new organization must accompany the merger. There are no savings to be realized from a merger of severely under resourced organizations to start off with.
 - One time funding to support a pre-transition phase.
 - One time funding to support the transition phase and the costs of restructuring.
- All CSIs in the Champlain District need to explore ways in which they can support each other to meet the needs of the francophone and multi-cultural populations.

8.3.2 Self Help and Family Initiatives

As indicated earlier, DMD also has an important family component which must remain and thrive after the C/S components are merged into the new Ottawa CSI. As well, there are other family initiatives including the Schizophrenia Society which play a vital role in the mental health system. The report on “Families as Partners to Recovery in the Champlain District” provides recommendations regarding family supports and education and family involvement in the organization of services (see Section 4, pages 5-7). Family Initiatives across the Champlain District organized in a complementary fashion to the Integrated Community Mental Health Agencies and the CSIs configuration is depicted in Figure 3: Outline of the Structural Components of the Proposed Champlain District Mental Health System Design, page 23.

There are opportunities to build partnerships between CSIs and Family Initiatives and the rest of the mental health system.

The Schizophrenia Support Group (SSG) is not a CSI and receives no public funds but is a vital self-help group; there has been some indication that the SSG would like to become independent of the Schizophrenia Society. In the creation of the new Ottawa CSI, there may be some discussion on how the SSG “fits” into the system.

8.3.3 Local Boards

- Each CSI should maintain its own board of directors, which makes all decisions regarding program development/direction and budget allocation. These can be considered local governance boards.
- The full complement or the majority control of the local boards should be held by consumer/survivors.
- Non-consumers to be included in an advisory capacity as needed.
- A strong provincial and regional presence will be in place to support CSIs (see recommendations below).



8.3.4 Enhanced Eastern Regional Network

- Enhance the mandate and funding of the existing Eastern Regional Network (ERN) so that it can provide the infrastructure and resources to support CSIs in the Champlain District.

(Note: This recommendation has implications for the entire Eastern Region and therefore must also be addressed through the South Eastern Ontario Mental Health Implementation Task Force. Also, ERN will be undertaking a Visioning Exercise in January – March 2003 which will help determine its future.)

- Composed of an equal number of representatives from each CSI project, the ERN would communicate and report to the Champlain District Mental Health Authority. The ERN would also be linked to the provincial Ontario Peer Development Initiative (OPDI), the Mood Disorders Association of Ontario (MDAO) as well as other Regional Networks across Ontario.

The ERN would be responsible for:

1. Highlighting resource needs for CSIs across Champlain District through the Consumer Advisory Council to the Mental Health Authority.
2. Assisting individual boards to develop their Operating Plans and providing ongoing support as required.
3. Supporting the efficient functioning of Local Boards with assistance from the OPDI and MDAO as required. This could include working together with local CSIs on the development of:
 - a) Coordinated training
 - b) Administrative systems
 - c) Linkages and partnerships with Consumer Advisory Groups of hospitals and mental health agencies as well as other self help groups
 - d) Formal/informal service agreements with other mental health service providers
 - e) Systems for accountability measurements
4. Building awareness of the needs of the Francophone population and facilitating their involvement.
5. Building awareness of the needs of the multi-cultural communities and facilitating their involvement.
6. Advocating on behalf of Champlain District CSIs (in conjunction with the Consumer and Family Advocacy Office and others.)
7. Acting as a clearinghouse and a skills sharing resource centre for training in peer support and for linking consumers and providers who are interested in exploring opportunities for greater involvement on a number of levels in the mental health system (e.g., Advisory Committee/Board



membership, training and education sessions, facilitation and workshop sessions, job seekers and job openings, etc.)

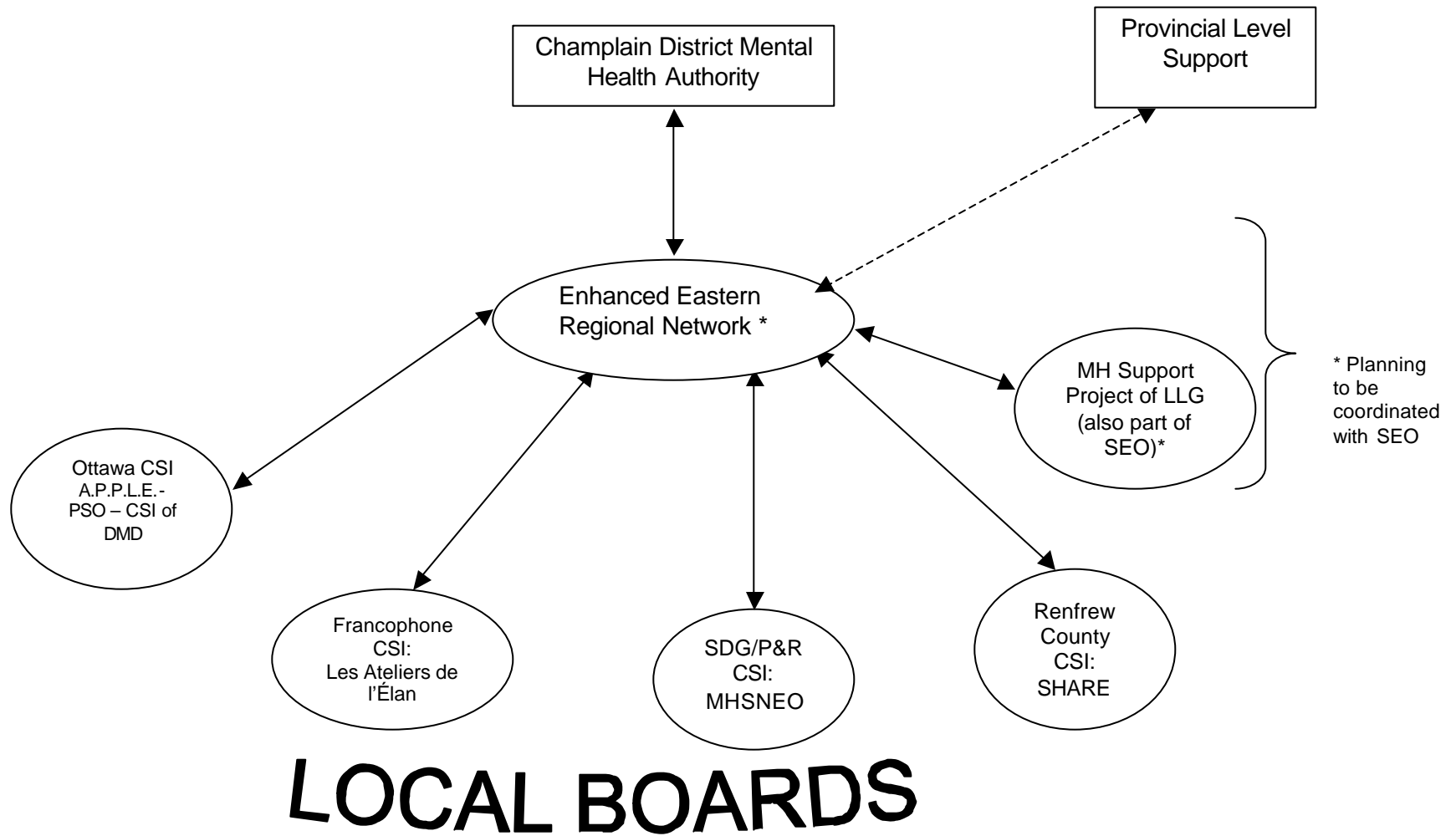
8.3.5 Provincial Level Supports

A provincial role in providing support to individual CSIs and Regional Networks of CSIs could encompass the following areas:

1. Source of access to expertise either on staff or on retainer for legal, financial and other matters.
2. Support and training in organizational and project development:
 - Leadership Development
 - Board Development
 - Organizational Development
 - Policies and Procedures Development
 - Finance and Budgeting
 - Conflict Resolution
 - Membership Development
 - Resource Development
3. The development of accountability mechanisms.
4. Research and evaluation on successes and lessons learned.
5. Sharing of successes and lessons learned across the province.
6. Promotion and support for CSIs at the provincial level.



Figure 5: Proposed CSI Organizational Structure for the Champlain District





References

- Centre for Research and Education in Human Services. Presentation Slides on Research Process and Preliminary Findings on “A Longitudinal Study of Consumer/Survivor Initiatives in Community Mental Health in Ontario” .
- Community Mental Health Evaluation Initiative in Ontario. CMHEI Newsletter. Spring 2002.
- Durbin, J. et al. (2001). “Champlain District Community Assessment Pilot Project”. Health Systems Research and Consulting Unit, Centre for Addiction and Mental Health.
- Forchuk, C. et al. “Therapeutic Relationships : From Hospital to Community”. University of Western Ontario / London Health Science Centre – Research. 2002.
- National Council on Disability. “The Well Being of our Nation: An Intergenerational Vision of Effective Mental Health Services and Supports”. September 16, 2002.
- Ontario Ministry of Health and Long-Term Care. Draft Operating Manual for Ontario Agencies Offering Mental Health and Addiction Treatment Services Funded by the Ministry of Health and Long-Term Care. (June 2002).
- Ontario Ministry of Health and Long-Term Care. (1999). Making It Happen: Implementation Plan for Mental Health Reform. Toronto.
- Ontario Ministry of Health (1993). Putting People First: The Reform of Mental Health Services in Ontario. Toronto.
- Progress Report. A Longitudinal Study of the Consumer/Survivor Initiatives in Ontario. May 2001.
- Review of Best Practices in Mental Health Reform. Prepared for the Federal/Provincial/Territorial Advisory Network on Mental Health. 1977.
www.hc-sc.gc.ca/hppb/mentalhealth/pubs/bp_review/e_index.html
- Trainor, J. et al. (1996). Consumer/Survivor Development Initiative Program Evaluation Report, Executive Summary. Consumer Survivor Development Initiative. Toronto.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Consumer/Survivor-Operated Self-Help Programs: A Technical Report.
www.mentalhealth.org/consumersurvivor/selfhelp/programs.asp
- World Health Organization. Fact Sheet No 220. Strengthening Mental Health Promotion: Mental Health is not just the absence of mental health disorder. November 2001.
<http://www.who.int/en/>



World Health Organization. The Jakarta Declaration on Health Promotion into the 21st Century.
<http://www.who.int/en/>

Young, S.L. and Ensing, D. Exploring Recovery from the Perspective of People with Psychiatric Disabilities. University of Toledo, Ohio.



Appendix A: Overview of Planning Process

The Housing, Consumer & Family Supports Committee undertook a consultation process to gather information regarding Consumer/Survivor Initiatives in order to develop advice and recommendations for submission to the CDMHITF.

A Consulting Group composed of members of the Housing, Consumer & Family Supports Committee was established to lead this process. The following key issues were identified to guide the consultation process:

- The current and future role of CSIs within the reformed mental health system.
- Services/programs currently offered by CSIs or that could be offered.
- The current relationships between CSIs and other mental health services/programs/agencies. The kinds of relationships that could exist and whether these should be formal or informal.
- Funding of CSIs.
- Accountability mechanisms.
- The kinds of supports currently provided and the supports that are needed.

Input and information on these key issues were gathering through a variety of venues including:

- A meeting with the Eastern Regional Network (ERN) of Consumer/Survivor Initiatives in Brockville on May 10, 2001.
- A meeting with Ontario Peer Development Initiative (OPDI) Program Consultants in Toronto on June 15, 2001.
- Consultations conducted by the CDMHITF in November 2001 on mental health reform system design. A number of consultations sessions were held at Drop In Centres of CSIs.
- Written and verbal communications from a number of CSIs.
- Information from the April 2, 2002 presentation by representatives of the Ontario Peer Development Initiative to the Champlain District Mental Health Implementation Task Force. Correspondence from the OPDI.
- Ongoing feedback from the Housing, Consumer & Family Supports Committee which received regular updates throughout the year.
- Meetings and feedback on earlier draft reports from the Champlain District Consumer Advisory Council on April 24, 2002 and May 6, 2002 and a meeting on May 30, 2002 to finalize the draft report for submission to the CDMHITF.
- Meetings from June to November 2002 of a Work Group of the Consumer Advisory Council to redevelop and strengthen the report based on feedback from the CDMHITF.
- Meetings with the APPLE Board and with the PSO Board.



**Appendix B Housing, Consumer & Family Supports Committee
CDMHITF**

Housing, Consumer & Family Supports Committee

Leonard Wall, Chair President Ontario Schizophrenia Society – Ottawa	Don Palmer, Co-Chair Executive Director Causeway Work Centre
Judy Threinen Director Client Services Community Care Access Centre of Ottawa	Dr. P.K. Malaviarachchi Chief of Psychiatry, Brockville Psychiatric Hospital, A division of the ROHCG
Mark Spas Home s for Special Care, Field Worker Brockville Psychiatric Hospital – A division of the ROHCG	Jan Wilson ACTT for Persons Dually Diagnosed
Pierrette Fortin-Couture Les ateliers de l'élan	Michael Grass
Bonnie Dinning Service System Manager for Homelessness People Services, Housing Branch City of Ottawa	Janet Kreda Housing Developer City of Ottawa - Housing Branch
Rosemary Abell C.C.A.C. for the Eastern Counties	Paul Welsh Executive Director Rideauwood Addiction Family Service
Bill Ayotte A.P.P.L.E.	Drew Thomas Krackers Katering
Dianne Morrison The Mission	Anna Chornenky Executive Director Ottawa Salus Corporation
Stephen Arbuckle Head, Social Work Department Royal Ottawa Hospital	Elizabeth Chin Policy & Program Manager Ottawa Housing Group
Rita Busat Resource Consultant	Carole Comeau Resource MOHLTC Eastern Region Compliance Advisor
Natasha Poushinsky CDMHITF Intern Planner	Peggy Taillon-Wasmund CDMHITF Coordinator
Tammy Williams CDMHITF Executive Assistant	



Appendix C: Consumer Advisory Council

**CDMHITF
Consumer Advisory Council**

John P. Grady, Chair Mental Health Support Network of Eastern Ontario	Janice Alexander Consumer Advisory Council ROH
Nancy Kelley Depression, Manic Depression Mutual Support Groups National Capital Region	Pierrette Fortin-Couture Les Ateliers de l'Élan
Gerry McGee Sound Mind, DMD	Sonja Cronkhite Psychiatric Survivors of Ottawa
Simon Perkins Psychiatric Survivors of Ottawa	Debbie Moss SHARE
Denise Lalande Les Ateliers de l'Élan	Sarah MacLean Consumer Advocate
Lisa Leveque Mental Health Support Project of Lanark Leeds & Grenville	Mark Parsons
Gary Holmes Depression, Manic Depression Mutual Support Groups National Capital Region	Bill Ayotte A.P.P.L.E
Elizabeth Lynch Ex-officio	Lauren Eyre Ministry of Health and Long-Term Care Ex-officio
Rita Busat Resource Consultant	Peggy Taillon-Wasmund CDMHITF, Co-ordinator
Tammy Williams CDMHITF Executive Assistant	



Appendix D: Sample Sponsorship Agreement

SAMPLE¹⁴

SPONSORSHIP AGREEMENT¹⁵

Between

CSI (insert name)

And

Sponsoring Agency (insert name)

1. Purpose of this Agreement/TOR

The purpose of this Agreement is to outline the basic sponsorship by the **Sponsoring Agency**.

The terms and conditions of this Agreement are meant to clarify and define the spirit of the sponsorship. Any other supporting documents that may be developed to further clarify the terms and conditions of the sponsorship must not conflict with the conditions established in this Agreement. Changes to this Agreement can only be made through the mutual consent of the **CSI Board** and the **Sponsoring Agency** board.

The **CSI** is committed to working towards its mission, goals and objectives (see Addendum 1), and the **Sponsoring Agency** is committed to supporting the organization to build the capacity to works towards self sufficiency in governing and managing its operations

2.1. Termination of Agreement

The parties agree that the Sponsorship Agreement can be terminated by either party, with a written notice of six (6) months, and staff, capital purchases and operational funding would be transferred to another transfer payment agency, with the approval of the Ministry of Health and Long-Term Care.

2.2. Duration of Agreement

The commencement of this Agreement will be on the date on which it is signed by both parties. A review of this Agreement will be completed within one year of commencement.

¹⁴ Adapted from the Sponsorship Agreement between The Mental Health Support Project of Lanark, Leeds and Grenville and The North Lanark County Community Health Centre

¹⁵ In addition to the outline of the role of Advisory Committees provided in the MOHLTC Operating Manual of mental health services, this service agreement can be used as a guide for the development of Terms of Reference for non-incorporated CSIs with Advisory Committees under a Sponsorship Agency.



2. Role of the Sponsoring Agency Board of Directors

The **Sponsoring Agency** is ultimately responsible for governing the **CSI** according to the **CSI** stated mission and objectives and will ensure that:

- **CSI** funds are being used in a way that supports the mission, objectives and policies of the **CSI**;
- Funds are being used for the purpose intended;
- **CSI** has in place policies and procedures for human resource management;
- **CSI** has annual work plans, as outlined in the Operating Plan and its goals and objectives, with performance indicators and evaluation tools to assess the effectiveness of the supports.

The **Sponsoring Agency** Board delegates the authority to the **CSI** Board in the areas of program policy development, program development and management of the operations. The **Sponsoring Agency** will provide advice and direction in the areas of finances and human resources.

The **Sponsoring Agency** Board agrees it will not intervene or fail to support the **CSI** Board in its actions and decisions unless the **Sponsoring Agency** Board determines that the **CSI** Board has failed to meet the above criteria or the decisions/actions of the **CSI** Board could have an impact on the integrity or the finances of the **CSI** or of the **Sponsoring Agency**.

2.1. Hiring, Dismissal, Disciplinary Action

The **Sponsoring Agency** must be apprised of any plans to hire, terminate or take disciplinary measures regarding the staff at the **CSI** prior to any action taken. The **CSI** will also advise the **Sponsoring Agency** of any resignations within the **CSI**.

2.2. Role of the Sponsoring Agency Board of Directors

The **Sponsoring Agency** Board of Directors will have primary responsibility of ensuring the **CSI** has adequate policies in place, providing advice and direction to the strategic plans for the **CSI**, ensuring proper management and support systems are in place for staff, and ensuring there is collaboration and consultation with the membership in the planning and continued development of the **CSI's** services. The **CSI** Board, will have the ability to create standing committees or time limited task forces in order to fulfill its role and to facilitate user participation.

2.3. Role of the CSI Coordinator

The **CSI** Coordinator is accountable to the **CSI** Board for program delivery, other **CSI** staff, and the day-to-day management of the operations. Through the **Sponsoring Agency** Board, the Coordinator is responsible to the **Sponsoring Agency** for:

- 2.3.1. Prudent financial management in the delivery of programs;
- 2.3.2. Development and implementation of operational procedures and policies;



- 2.3.3. Development of annual operating plans to meet objectives;
 - 2.3.4. Development of monitoring and evaluation tools;
 - 2.3.5. Development of Personnel Policies and Procedures which adhere to the Sponsoring Agency's personnel policies, adjusted to reflect the uniqueness of the CSI with respect to the reporting relationships to the CSI Board / Advisory Committee.
 - 2.3.6. Maintaining communications with the MOHLTC regional consultant.
- The **CSI** Coordinator is accountable to the Executive Director of the **Sponsoring Agency** or his/her designate for:
- 2.3.7. Any staffing issues that require the attention of the Sponsoring Agency;
 - 2.3.8. Ensuring that all documents related to revenue and expenditures are submitted in a timely manner for the development of monthly financial statements;
 - 2.3.9. Adherence to personnel policies and procedures;
 - 2.3.10. Ensuring the development of operating policies and procedures; and
 - 2.3.11. Communicating any legal or financial issues or other significant issues.

3. **Boards Communications and Linkages**

To enhance the sponsorship and ensure effective and efficient administration, the **Sponsoring Agency** Board and the **CSI** Board will keep each other informed of their activities. To ensure there is effective communication and cooperation, the following linkages should be in place:

- 3.1. A **CSI** Board member (preferably the Treasurer), the **Sponsoring Agency** Manager of Finances and Support Services, the CSI Coordinator will review the monthly financial reports for the CSI including variances and projections and will work together in the preparation of the annual budget.
- 3.2. At the commencement of this Agreement, the **Sponsoring Agency** Board of Directors will be provided with an overall summary of the **CSI** mandate and programs. In addition, the **CSI** will submit a quarterly report to the Executive Director of the **Sponsoring Agency** for the attention of the **Sponsoring Agency** Board of Directors. The report should include a summary of the progress of the **CSI**, any additional items of concern or interest pertaining to the operations of the **CSI** and a copy of the monthly financial statement.
- 3.3. The **Sponsoring Agency** Board and the **CSI** Board will share copies of minutes each respective Board meeting within 30 days of such meetings.
- 3.4. The **Sponsoring Agency's** Executive Director will attend a minimum of 4 **CSI** Board meeting per year, for a portion of the meeting, to ensure that communications are open and that any current issues or common areas of interest are discussed.



4. Conflict Resolution Process

The conflict resolution process should be used as a 'last resort' to consider and mediate disputes that cannot be resolved between the **Sponsoring Agency** Board of Directors and the **CSI** Board. The process will consist of an ad hoc committee including equal representation from each board and the **CSI** Coordinator and the Executive Director of the **Sponsoring Agency**, if appropriate. External mediators will be accessed as required.

If the differences are still not resolved, then the process outlined in the MOHLTC Operating Manual (pages 19-20) should be followed.

5. Inter-Staff Communication and Development

The Executive Director of the **Sponsoring Agency** and the Coordinator of the **CSI** should maintain regular communication, including at least one formal monthly meeting. The focus of the relationship should primarily be on ensuring effective and efficient administration services, however, this should not preclude exploring other issues as required. The Coordinator of the **CSI** is encouraged to ask the Executive Director of the **Sponsoring Agency** for advice on human resource management, financial management and other issues related to effective program delivery methods. The **CSI** Coordinator should also keep the Executive Director of the **Sponsoring Agency** apprised of major issues that might arise related to the day-to-day management of the **CSI**.

6. Finances

The **Sponsoring Agency** agrees to assume responsibility for the payroll. The **Sponsoring Agency** will also provide support and assistance to the **CSI** Office Manager and the Coordinator in developing their financial management skills and systems. Working closely with the **CSI** Office Manager and the Coordinator, the **Sponsoring Agency's** Manager of Finance and Support Services will ensure that appropriate financial management systems are in place, and that financial practices are sound and in keeping with general accepted accounting principles and practices. The **Sponsoring Agency's** Manager of Finance and Support Services will also ensure that monthly statements are completed by the **CSI**, financial reporting to the MOHLTC is timely and accurate, an annual audit is conducted, and that other financial reports required by governments are submitted as required.

Financial reports will be reviewed by the **CSI** Coordinator and the **CSI** Board prior to submission to the **Sponsoring Agency** Board of Directors. Budget submissions will be done by the **CSI**, in consultation with the **Sponsoring Agency** Executive Director and the Manager of Finance and Support Services. The budget will be reviewed and approved by the **CSI** Board before being submitted to the **Sponsoring Agency** Board for approval.

All cheques and disbursements for the **CSI** must be signed by a signing officer of the **Sponsoring Agency** and co-signed by a signing officer of the **CSI**.

The **Sponsoring Agency** agrees to process any charitable donations received by the **CSI** and deposit them into a separate account for the **CSI**.



The **Sponsoring Agency** Finance Manual, with any agreed upon adjustments to reflect specific needs and characteristics of the **CSI**, will be used by the **CSI** to guide the financial management processes.